

## Sometimes it's the organisation's behaviour that needs to change!

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## Background

- Some people with Intellectual Disability show **severe behaviours of concern**, that place the person and others at risk of physical and psychological harm
- There are a range of intervention strategies available for staff to use; to **teach people skills, improve communication and enhance the environment** that might contribute to the occurrence of severe behaviours of concern
- However, despite legislation, policy and staff training, there is still a relatively high use of **restrictive interventions: physical and mechanical restraint, chemical restraint, and seclusion.**

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## Background

### Restrictive Interventions:

- Have been found **clinically ineffective** in bring about positive long-term change for people with Intellectual Disability
- **Cause harm** to both clients and staff
- Are **ethically contentious**
- In many instances they are **illegal**

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## Background

There are many better (non-restrictive and non-aversive) alternative intervention strategies ....  
 See Australian Psychological Society Guidelines, 2011

### So why do staff persist with restrictive interventions?

In some fields of human services (e.g., nursing), different factors have been identified which effect staff interactions with their clients, and staff use of restrictive interventions:

- **Staff Stress**
- **Organisational Culture & Leadership**

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## Aim of the Current Study

To inform the development of organisational strategies to improve services for people with Intellectual Disability who use severe behaviours of concern, and reduce the use of restrictive interventions in disability services, we investigated the relationship between:

- staff's experience of **severe behaviours of concern** enacted by their clients with Intellectual Disability;
  - staff's use of **restrictive interventions**;
  - staff's reports of **occupational stress**; and
  - organisational culture - **leadership**

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## Method

**Ethics approval** from the Deakin University Human Research Ethics Committee

Systematic literature **review of current scientific evidence**

### Questionnaire developed

1. Staff demographics
  2. Client behaviour profile
  3. Work Engagement Scale (not used in the current analysis)
  4. Occupational Stress Scale (selected items)
  5. Organisational Description Questionnaire
  6. Restrictive Intervention use profile
- Comments

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### Method

Agencies employing staff who support people with Intellectual Disability were identified with the assistance of Dept. Human Services

Initial contact with services made via telephone (scripted)

Staff were invited to participate Via a letter and at staff meetings

500 questionnaires circulated; 33.6% response

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### Analysis

The strength, direction and statistical significance of the relationships between variables were first explored using **correlations** (Pearson's Correlation Coefficient)

The relationships between variables were further explored using **multiple regression** to answer questions such as:

- Does leadership style predict staff stress?
- Does RI use predict staff stress?
- Does leadership style predict RI use?
- Does staff stress predict RI use?

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### Results: relationship (correlation) between variables

Table 3

Correlations among frequency of restraint use, occupational stress and leadership style

Variables	1A	1B	2	3	4	5	6	7	8	9
1. Restraint (A=Total; B=Chemical)	-									
2. Total role overload	.170*	.074								
3. Total role insufficiency	-.081	-.123	.266**							
4. Total role ambiguity	-.003	-.052	.456**	.466**						
5. Total role boundary	.107	.007	.513**	.436**	.588**					
6. Total responsibility	.124	.018	.406**	-.112	-.030	.126				
7. Total vocational strain	-.080	-.083	.462	.456	.414	.377	.214			
8. Transformational Leadership	.081	.225**	-.403**	-.520**	-.508**	-.566**	-.121	-.318**		
9. Transactional Leadership	-.051	-.157	.340**	.337**	.350	.463**	.205*	.356*	-.304**	

Note: \*p<.05; \*\*p<.001

### Results: Leadership Style & Work Stress

- Higher levels of **Transformational Leadership** style were overall associated with **lower levels of work stress**

(in the form of: *Role Overload, Role Insufficiency, Role Ambiguity, Role Boundary, and Vocational Strain*).

- [there was a weak, negative, but non-significant correlation between *Transformational Leadership* style and work stress measured in terms of *Role Responsibility*]

- Higher levels of **Transactional Leadership** style were associated with **higher levels of work stress**.

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### Results: No. of Clients, Restrictive Intervention Use & Work Stress

As the **number of clients** supported increased, staff reports of stress in the form of **Role Overload** increased

As the frequency of **restrictive intervention use** increased, staff reports of stress increased in the form of increased sense of **Role Responsibility**

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### Results: Leadership Style & Restrictive Interventions

Overall, the association between leadership style and the use of restrictive interventions appeared weak and statistically non-significant.

However, the trend was for:

- higher levels of *Transformational Leadership* to be associated with higher use of restraint (strongest and statistically significant for the use of chemical restraint) &
- higher levels of *Transactional Leadership* to be associated with lower use of restraint .

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**Results: Work Stress & Restrictive Interventions**

Overall, the association between work stress and the use of restrictive interventions was weak and statistically non-significant.

There was a weak, but statistically significant association between *Role Overload* and higher frequency of total restrictive intervention use.

There was a trend (but statistically non-significant) towards higher levels restrictive intervention use being associated with higher levels of work stress in terms of *Responsibility* and *Role Boundaries*

**Does Leadership Style Predict Staff Stress?**

Summary of Standard Multiple Regression Analyses for Leadership variables (ODQ) Predicting Staff Stress (OSI) (N = 132)

Staff Stress (OSI)	Leadership Style (ODQ)					
	Transformational			Transactional		
	B	SE B	$\beta$	B	SE B	$\beta$
Role Overload	-.315	.08	-.316	.332	.119	.226
Role Insufficiency	-.561	.094	-.458	.292	.138	.161
Role Ambiguity	-.474	.083	-.438	.291	.123	.182
Role Boundary	-.398	.063	-.455	.372	.092	.288
Responsibility	-.049	.087	-.050	.272	.128	.186
Vocational Strain	-.184	.071	-.213	.350	.104	.274

\*p < .05. \*\*p < .01.

**Does Leadership Style Predict Staff Stress?**

**Leadership Style** appears to significantly predict staff stress:

- ✓ **Role Boundary:** 39.1% of the variance,  $F(2,139) = 44.68$ ,  $p < .001$   
Transformational beta = -.46;  
Transactional beta = .29
- ✓ **Role Insufficiency:** 29.2% of the variance,  $F(2,142) = 29.31$ ,  $p < .001$   
Transformational beta = -.46;  
Transactional beta = .16
- ✓ **Role Ambiguity:** 28.6% of the variance,  $F(2,141) = 28.25$ ,  $p < .001$   
Transformational beta = -.44;  
Transactional beta = .18
- ✓ **Role Overload:** 20.9% of the variance,  $F(2,142) = 18.45$ ,  $p < .001$   
Transformational beta = -.316;  
Transactional beta = .226
- ✓ **Vocational Strain:** 16.5% of the variance,  $F(2,146) = 14.46$ ,  $p < .01$ ,  
Transformational beta = -.21;  
Transactional beta = .27
- ✓ **Responsibility:** 4.4% of the variance,  $F(2,146) = 3.38$ ,  $p < .05$ ,  
Transformational beta = -.05;  
Transactional beta = .19

**Does Leadership Style & / or Staff Stress Predict Restrictive Intervention Use?**

Standard Multiple Regressions predicting restraint use separately for both staff stress and leadership style, and then with staff stress and leadership combined.

Variable	Occupational Stress (OSI)			Leadership Style (ODQ)			Combined (OSI & ODQ)		
	B	SE B	$\beta$	B	SE B	$\beta$	B	SE B	$\beta$
Total role overload	.410	.218	.219				.437	.217	.234*
Total role insufficiency	-.123	.161	-.081				.004	.171	.002
Total role ambiguity	-.121	.189	-.070				-.042	.201	-.024
Total role boundary	.280	.246	.131				.466	.259	.219
Total responsibility	.083	.188	.044				.159	.190	.085
Total vocational strain	-.377	.230	-.175				-.387	.230	-.180
Total transformational organisational culture				.184	.171	.072	.376	.213	.202
Total transactional organisational culture				-.066	.233	-.024	-.281	.275	-.102
R <sup>2</sup>			.078			.007			0.11
F for change in R <sup>2</sup>			1.78			0.49			1.92

\*p < .05.

**Work Stress & RI Use**

1. Only work stressors were entered in the equation, but these were not on their own statistically significant predictors of restraint use.

**Work stressors** on their own explained only 7.8% of restraint use.

However, it was **Role Overload** which made the strongest contribution (part correlation of  $0.16^2 =$  approximately 3% of the variance).

**Leadership Style & RI Use**

2. Only leadership styles were entered into the equation but these were not on their own statistically significant predictors of restraint use.

**Transformational and Transactional leadership** on their own explained only 0.7 % of the use of restraint.

Examination of the Standardized Beta Coefficient suggested that neither of the sub-scales measured by the ODQ made a particularly strong or unique contribution to explaining the use of restrictive interventions (part correlation of  $0.066^2 = .4\%$  and  $-.022^2 = .05\%$ ).

### Stress + Leadership Style & RI Use

3. Work Stressors AND Organizational Leadership Culture were considered together as independent variables.

#### Combined, Work Stressors & Organizational Leadership Culture

explained 11% of the use of restraint, with the model approaching statistical significance.

However, only **Role Overload** made a statistically significant unique contribution to the model (part correlation of  $0.17^2 =$  approximately 3%)

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### Summary of Findings

Work Stress alone does not predict the use of restrictive interventions

Leadership Style alone does not predict the use of restrictive interventions overall (but might predict the use of chemical restraint)

**Leadership Style and Work Stress combined** might begin to explain the use of restrictive interventions

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### Summary & Recommendations

**Leadership style** requires further attention in research and practice

It is not that one form of leadership style (transformational or transactional) is better than another

It is that **the right combination of leadership styles** need to be present in the workplace, depending upon the needs of the workforce and the nature of the policy and procedures to be implemented

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### Summary & Recommendations

- The areas of occupational stress that appear to be most predictive of the use of restrictive interventions, and warrant intervention in the workplace are staff reports of:
  - **Role Overload** : *the extent to which staff believe that job demands exceed resources (both personal and workplace resources), and the extent to which they are able to accomplish the work expected of them*
  - **Responsibility**: *the extent to which the individual has, or feels, a great deal of responsibility for the performance and welfare of others in the job*

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### Limitations of this study

- Low level of correlation between the independent and dependent variables.
- Small sample size limited the scope for including consideration of a large number of independent variables.
- Apart from the variables under consideration other factors not included in the analyses could also affect the use of restraint
- Use of cross-sectional designed and convenience sampling limited control over the representativeness of the sample and generalisation of findings.
- The use of self-report measures was also a potential limitation given the subjective nature of the responses.
- Confounding data with the reported use of some medications prescribed for use at specific times and over which staff had no control

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### Future Directions

Future research:

- Investigate the effect on employee health & well-being of leadership style in combination with other factors such as *work engagement and staff training*
- Use experimental design (different leadership styles) to see what effect there is on the use of restrictive interventions
- Utilise focus groups and interviews to find out more in-depth information from staff.

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