

### Introduction

Adults undertaking rehabilitation for an acquired brain injury (ABI), spinal cord injury (SCI), or persistent pain (PP) condition (and their families) can experience a range of emotions and behaviours during the process of injury and adjustment, some of which may be experienced as concerning, confronting, or challenging for rehabilitation clinicians (Behaviours of Concern; BOC).

BOC have been widely examined in emergency, mental health and aged care settings [1, 2] however there is limited research regarding the type of BOC and their impact on staff working in frontline rehabilitation settings. An understanding of these issues is a necessary first step in developing local approaches for ensuring an environment in which rehabilitation professionals feel supported in working with clients and families who exhibit BOC.

### Research Overview

As part of a larger program of research, a systematic review (**Study 1**) was conducted to identify and synthesise existing rehabilitation research with attention to determining the specific types of client and family BOC reported by rehabilitation clinicians and their impact.

### Systematic Review Method

Four databases (Pubmed, CINAHL, Psycinfo, and Web of Science) were systematically searched for eligible studies. Studies were included in the review if they:

- Reflected original, peer-reviewed research published between 2000 and 2018;
- Described the views of in-patient and/ or community-based rehabilitation professionals working with adults with ABI, SCI, or PP conditions on one or more of the following:

(1) Client or family BOC,

(2) The impact of client or family BOC on rehabilitation staff

19 eligible studies were included in the review.

### Systematic Review Results

The majority of included studies focussed on clients with ABI (n=17), with very few studies examining BOC for SCI (n=1), PP (n=1), and families (n=4).

#### 1) Client / family BOC for rehabilitation staff:

Behaviours of Concern	No. studies	ABI	SCI	PP
<b>Client behaviours:</b>				
Language / communication difficulties	7	✓		
Expressed emotion (e.g., emotional lability, non-expression of emotions, grief)	6	✓	✓	
Aggression (e.g., physical, verbal or gestural)	5	✓	✓	
Cognitive impairment (e.g., lack of awareness, impaired memory/ attention / concentration)	5	✓		
Non-compliance/ resistance to therapeutic approach	4	✓	✓	
Impulsive, erratic or disinhibited behaviours	4	✓		
Denial / minimising of limitations	2	✓		
Lack of motivation	2	✓		
Agitation	1	✓		
Absconding	1	✓		
High demand on staff	1	✓		
Suicidal behaviours	1	✓		
Not taking feedback seriously/ making excuses for performance	1	✓		
Fatigue	1	✓		
Fixed ideas about injury/ rehabilitation (e.g., difficulty accepting that psychological factors influence pain experience)	1			✓
<b>Family behaviours:</b>				
Intrusive behaviours	3	✓		
Expression of grief	1	✓		
Need for continual reassurance and explanation	1	✓		
Verbal abuse	1	✓		
Presence of drug paraphernalia in the home	1	✓		
Inappropriate behaviour	1	✓		
Presence of family member triggers challenging client behaviour	1	✓		
Lack of support/ involvement	1	✓		

#### 2) Impact of BOC on rehabilitation staff:

Perceived Impact	No. of studies	Examples
Emotional	9	Feelings of disappointment, frustration, helplessness, stress, anxiety, fear, overwhelm
Physical	2	Physical health risk, bruises, scratches, fractured bones, sore muscles
Loss of productivity / workforce	1	Sick leave, consider leaving / leave job

### Interpretation

From the included studies (n=19):

- The majority of studies reported on BOC within the ABI setting with very few studies reporting on BOC in the SCI or PP setting.
- The majority of studies focussed on client behaviour, with fewer studies reporting on BOC experienced from families.
- 15 categories of client BOC and 8 categories of family BOC were identified.
- The majority of studies appeared to focus on 'active' or 'overt' behaviours (i.e., physical/ verbal aggression), with fewer studies reporting on 'passive' or 'covert' behaviours (i.e., self-neglect).
- 10 studies reported on the impact of BOC on staff. Emotional and psychological impacts were frequently reported with physical health impacts and reduced work productivity also described.

### Conclusion

The current study has identified existing gaps in the rehabilitation literature and highlights the important need for continued research to inform service development and resourcing for supporting rehabilitation clinicians in working with clients and families who exhibit BOC following injury and adjustment.

### Future Directions

As part of a wider program of research, further qualitative (**Study 2**) and quantitative (**Study 3**) studies are planned to examine the beliefs and expectations of rehabilitation clinicians in working with individuals who demonstrate BOC. It is anticipated that this research will further inform the development of local approaches for ensuring an environment in which frontline rehabilitation professionals feel supported in working with clients and families who exhibit BOC.

### References

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