Through a keen sense of observation, the caregiver recognizes the client’s feedback cues and adapts his/her verbal and non-verbal responses accordingly.

Through their communication method, the caregiver establishes a pleasant relationship with the client. Then, safety during caregiving tasks depends on the caregiver’s ability to limit negative responses on the part of the client.

The client’s feedback signals are a way to recognize their understanding of the care being given. Positive responses (smiling, an alert look, relaxed muscles) are gratifying for the caregiver. Negative feedback such as signs of violence (crying, spitting, scratching, hitting), engender emotions of fear, anxiety, sadness, and anger on the part of the caregiver.

Understanding feedback and Adaptability

Recognizing Feedback

This is a simplified diagram of the communication processes. The arrows show information being transmitted between two people. One of them sends information; the other receives it and reacts by sending a response (feedback). In an interaction, the caregiver and the client are each, in their turn, sender and receiver.

Feedback supports the relationship between the caregiver and the client. Even if the client speaks very little or not at all, he almost always sends non-verbal messages. The caregiver is always alert to be able to pick them up.
Adaptability

To maintain a safe and harmonious relationship, the caregiver constantly adapts his or her spoken communication and movements according to the feedback that the client transmits.

• Because caregiving implies a relationship, there is no one universal way of doing things; the caregiving situation depends on the characteristics, preferences and specific needs of the client and the caregiver.

• The caregiver provides his/her observations to the nurse, along with any difficulties encountered, as well as effective strategies with a given client, so that this information can be passed on to the team.

• The caregiving team conduct their own analyses, share their trials and errors and their adapted ways of doing things for each client. What works for a client is specific and detailed in the caregiver’s work plan.

Protection Tips

• Aggressive movements on the part of the client are, most of the time, negative feedback resulting from the necessary activities of caregiving.

• Before approaching a client, the caregiver determines their usual behaviour (by asking colleagues or reading the file) and any specifics about their state on that day.

• The caregiver observes the client to pick up hints of any tension.

• Does the client see properly, hear well, does he feel pain? What makes him nervous? How can he be given some control over the situation to make him feel he is involved and participating in his own care?

  • Personal psychological protection of the caregiver – Certain words or gestures from disoriented clients can carry hurtful connotations. The caregiver must not consider these as personal attacks as though they came from a lucid person (not impacted by dementia).

  • Physical protection of the caregiver – The caregiver can keep their hands opened and in front of them to allow them to quickly block a hit to their face or chest, if necessary. Holding the client’s hand using a “prise pouce” is another way to prevent being hit. It is also a hidden form of protection. The caregiver must not touch an angry client.

REFERENCES


For More Information: asstsas.qc.ca/ars

CAUTION

Use of this guide is not a substitute for comprehensive training in ARS, and does not guarantee safety improvements in all situations. Adjustments are always necessary according to the particular details of an actual work situation.