Exploring the concept of ‘Dignity of Risk’

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Dignity of Risk Research Project

AIM:
To determine policy and decision-makers perceptions of ‘Dignity of Risk’ as it applies to vulnerable older persons living in residential aged care services

WHEN:
July - August 2016 and February 2017

WHO:
Fourteen senior policy makers and individuals’ directly involved as surrogate decision-makers for person’s lifestyle/care needs, with two or more years’ experience working in the aged care or disability sectors
The Dignity of Risk

“Dignity of risk is the principle of allowing an individual the dignity afforded by risk-taking, with subsequent enhancement of personal growth and quality of life” [1]
Positive risk-taking

- Improved autonomy
- Improves social interaction
- Improves health
- Live independently
- Construct their lives in accordance with their values and personality.
- Self-determination and feelings of worth

Over-protection

- Patronised
- Smothers the person
- Remove hopes
- Diminishes the person
- Prevent individuals reaching potential
Dignity of Risk is for Each Individual Person

DoR is a continuum experience
DoR is a process rather than an event
DoR is about being truly heard – not talked over
- Expressing what matters
- Linking with family needs

Person-centred

Rights
- Respectful treatment
- To make decisions

Best interest for the person

The resident’s values and what they want

Trying to see the person more clearly by themselves in their shoes
Disconnection Between Theory and Practice

“So, it’s a bit of a tricky one because I think the issue with Dignity of Risk is often the ethos or the stated principle doesn’t often match the reality of what happens”
“we should be giving them as much freedom as is possible without them being at risk”. Ann.
“I guess with the work that we do and when we are actively trying to consider Dignity of Risk we are weighing up rights versus risks”
“Dignity of Risk [does not] mean that in all circumstances we allow people to exercise choice because that’s part of maintaining dignity in all circumstances. So as responsible adults we say, we understand that certain stages in life will restrict choice if people aren’t in a position to exercise some kind of judgement that would avert harm.”
“when frontline staff need to respect peoples Dignity of Risk that involves them taking on some risk professionally, to give an older person a degree of risk, if something goes wrong they are taking on that risk”

“So it is interesting if the calculus of determining Dignity of Risk implicates my ability as a healthcare provider to shoulder responsibility”

“So the easiest way is to shove the responsibility onto somebody else”
Balance

Dignity → Risk

Situational:
- Cognitive ability
- Individual capacity
- Has the required support and monitoring
- Need good quality of staff and good staffing levels
- Risk must be supervised
- Impact on others
- Team effort
- Needs of family
- Stage of life
- Pre-arranged
- How time intensive the choices are
- Based on safety and protection
- Choices need to fit into an acceptable safety framework
- Has to be reasonable
- Within legal boundaries
- Based on physical safety

Transfer risk → Absorb risk
What are the facilitators and barriers?
Barriers

Macro
- Bureaucracy: processes to follow
- Conflict between resident’s needs and legal structures
- Not enough services to support the provider
  - Funding
  - Research gaps

Meso
- Work roles:
  - Process driven – task orientated work
  - Traditional care roles
  - Micro-management
  - Lack of rewards
- Staff:
  - Experience of staff
  - Staffing levels
  - Wages

Micro
- Individuals:
  - Physical disability
  - Cognitive impairment
- Staff:
  - Anxiety about the person
  - Fear something goes wrong
  - Individuals perception of risk
- Society’s lack of awareness
- No framework
- Knee jerk reactions
- No measurement
- Used as an excuse for bad care
References

- Views on Dignity of Elderly Nursing Home Residents.