



INFO-CONNECT

Managing Bathing Challenges in Nursing Home Residents with Dementia

The Facts . . .

- *Over 80 percent of nursing home residents with dementia display interfering-with-care behavioral symptoms.*
- *Problems during bathing are common, and disruptive, agitated, and resistive behaviors affect 41 percent to 73 percent of residents.*
- *Behavioral and environmental interventions promote comfort and reduce the risk of agitation.*

Bathing is a Challenge for Staff

Time constraints, strict routines, and poor understanding of bathing or of behaviors create challenges for the staff.

- Time constraints make bathing a task to be done and finished, as opposed to a potentially therapeutic experience for the resident.
- Certified nurse aides, who provide most personal cares, may not understand or have training in the therapeutic values of bathing.
- Bathing is viewed as a depersonalized task that must be done as part of the institutional routine, whether the resident likes it or not.
- The caregiver neglects a person-centered approach: bathing is 'done to' the resident.
- Caregivers may not understand that behaviors such as withdrawal, resistance, or combativeness are a protective response to what the resident perceives as a threat.

Physically and verbally aggressive behaviors have negative effects on staff.

- Job-related distress, lowered moral
- Frustration with caregiving
- Job dissatisfaction, burn-out and turnover
- Staff avoidance of residents

Bathing is a Challenge for the Resident with Dementia

The resident with dementia is often confronted with unpleasant stimuli during bathing.

- Removal of clothing and nudity cause fear and embarrassment.
- Bathing rooms are often impersonal and uncomfortable (e.g., cold, noisy, institutional).
- Bathing routines, such as showering or use of lifts, are unfamiliar and frightening.
- Multiple caregivers helping may over stimulate the resident.
- Pain during movement and other discomforts (e.g., water in eyes) contribute to problems.

Stress during bathing may result in a variety of behavioral symptoms.

- Verbal complaining or explicit refusal
- Perseveration or verbal agitation
- Withdrawal or attempts to leave the tub or bathing room
- Increased confusion and fear
- Catastrophic behaviors, including agitation and combativeness

Assess the Resident Before Bathing

Know the bathing history.

- How does this person usually bathe (e.g., shower, tub, sponge bath)?
- When does the person usually bathe (e.g., morning before dressing, evening before bedtime, Saturday night before Sunday church)?
- How often does the person bathe (e.g., daily, weekly)?

- Are there other personal preferences or habits that make bathing more enjoyable (e.g., soaps, scents, cleansing routines)?
- When is the person alert and least stressed, and likely to be most cooperative?
- What factors seem to provoke fear (e.g., water in face, stepping into tub)?

Consider current abilities and needs.

- What tasks can the person do?
- How much and what type of assistance is needed?
- What type of equipment is most appropriate?

Consider adjustments to routines or approaches.

- Wash hair on another day (e.g., at beauty or barber shop).
- Use non-rinse soap or shampoo.
- Pat dry instead of rubbing.
- Schedule pain medication prior to bathing.

Make the bathing environment friendly.

- Check for comfortable room and water temperature.
- Reduce or eliminate noise (e.g., running water, loud talking, echo from tiles).
- Provide decorations or home-like touches (attractive shower curtain, drapes, beach towels on wall to buffer noise).
- Adapt facilities to meet residents' needs (e.g., replace tub with lift tub that has easy access panel door; use shower chair with padded seat and foot rests).

Educate Staff to Enhance Comfort and Cooperation

Shift the focus from the task to the person.

- Emphasize flexibility vs. following a set routine.
- Train staff to appreciate therapeutic values of bathing.
- Promote 'team' approaches that reduce fear of reprimand for not completing tasks.
- Individualize care: View the resident as a 'whole person'.
- Empathize with the person's experience of bathing.

Individualize Bathing Approaches for Residents with Dementia

Following are two examples of how to promote person-centered bathing care.

1. The Three **F**'s of bathing¹
 - ⇒ What **Function** does bathing serve (e.g., reduce body odors, remove urine from skin)?
 - ⇒ What **Form** of bathing best meets current needs (e.g., towel bath vs. shower or tub)?
 - ⇒ How **Frequently** does this person need to be bathed to meet individual needs?

¹ Hoeffler, B. et al. (1997). Reducing aggressive behavior during bathing cognitively impaired nursing home residents. *Journal of Gerontological Nursing*, 23 (5), 16-23.

2. The **PRIDE** approach to individualized care²

⇒ **Privacy**

⇒ **Reassurance**

⇒ **Information**

⇒ **Distraction**

⇒ **Evaluation**

Maintain Privacy and dignity at all times.

- Undress the person in the bathing room.
- Close the door and pull privacy curtains.
- Keep body parts covered unless being washed (e.g., bathing blankets, towels to cover).

Provide Reassurance to promote comfort and feeling safe (e.g., I'll help keep you steady).

- Talk to resident, checking for comfort and unmet needs (e.g., How does that feel?).
- Ask how the person is feeling and doing.
- Offer encouragement and support (e.g., "You are doing great!" "You smell so good.").
- Encourage the resident involvement and provide only needed assistance (e.g., Gently guide their hands with yours)

- Use a calm, personal, unhurried approach.
- Have one consistent caregiver provide baths.
- If two caregivers are needed, have one provide reassurance and support while the other washes (e.g., called 'good guy/bad guy'³ or 'buddy system'⁴).

Offer Information about what is being done and why.

- Assume the person has the ability to understand
- Offer a reason for bathing (e.g., "Let's get you cleaned up for your company.").
- Explain step-by-step what you are doing
- Break bath chores into steps and use simple verbal cues to promote function
- Gently guide those who are unable to respond to verbal cues (e.g., touch then put pressure behind knees while asking person to sit)
- Promote control by letting the resident perform self-cares
- Offer choices (e.g., "Do you want to unbutton your shirt or should I?").

Distractions often reduce anxiety and promote cooperation.

- Soft, familiar recorded music may reduce agitation.
- Try singing a favorite song with the resident.
- Reminisce about the resident's family, history, or favorite activities.
- Use aromatherapy, such as bath oils, offering choices of scents (e.g., rose or lavender).
- Keep the resident's hand busy holding a washcloth, sponge, or other soft item.

Evaluate progress toward outcome goals of comfort, safety, cleanliness.

- Adjust times and routines to accommodate the person.
- Use team approaches, with nurse aides, to problem-solve difficult bathing situations.
- Implement 'buddy system' and other alternative methods of dignity.^{3,4}
- Record specific recommendations and instructions in care plans to promote continuity and quality care.
- Slow down and reevaluate if resistance or signs of discomfort appear.
- **Remember:** No one suffers if the bath isn't given today; try another time if resistance occurs.

² Mickus, M.A., et al. (2002). Developing effective bathing strategies for reducing problematic behavior for resident with dementia: The PRIDE approach. *Journal of Mental Health and Aging*, 8(1), 37-43

³ Sloan, P.D., et al. (1995). Bathing persons with dementia. *The Gerontologist*, 3(5), 672-678.

⁴ Martin, L.S., et al. (1991). Using a towel bath to give tender care in dementia: A case example. *Perspectives*, 23(1), 8-11.

INFO-CONNECT brochures provide practical information for practitioners on key topics. The following brochures are available. You may access them at: <http://www.healthcare.uiowa.edu/igec>.

Title	Description
Hospice Approach to End-of-Life Dementia Care	Reviews the characteristic problems of advanced dementia care as well as the hospice barriers and goals for advanced dementia.
Pain Assessment in Nursing Home Residents with Dementia	Describes the pain assessment and consequences of untreated pain, and provides assessment tools for use with cognitively impaired elders.
Pain Management in Nursing Home Residents with Dementia	Reviews the principles of pain management and provides information on non-opioid and opioid medications, and adjuvant medications.
Infections in Long-Term Care Facilities	Discusses infections in long-term care facilities, including bacterial pneumonia, urinary tract infections, skin and soft tissue infections, and different prevention strategies.
Understanding and Managing Aggression	Provides common risk factors for aggressive behaviors and discusses assessment strategies, behavioral intervention, medication management, and common care challenges.
The 3D's: Delirium, Depression, Dementia	Describes symptoms, courses of action, and medications associated with delirium, depression and dementia.
Fall Prevention	Reviews the extrinsic and intrinsic risk factors for falls, as well as strategies for the development of a fall intervention program.
Pressure Ulcers: Prevention & Treatment	Describes five strategies that can be used to prevent pressure ulcers and five strategies for treating ulcers.

Need-Driven Behavior 4-Part Series

Need-Driven Dementia-Compromised Behavior (NDB)	Reviews Need-Driven Dementia-Compromised Behavior, together with assessment and management strategies.
Disruptive Vocalizations	Reviews disruptive vocalizations including what they are, who they affect, various types of DV, potential triggers and medical management.
Sleep Disturbances	Describes sleep disturbances, including background information, circadian rhythm disturbance, assessment, and suitable treatment approaches.
Great Escapes: The Wandering Dilemma	Describes the behavior of wandering and elopment including an overview, patterns, goals of interventions, risk factors, assessment, strategies for intervention, behavior management, and medication management.

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