Attitudes towards dignity of risk in older people: a survey following a short narrative film

Yingtong Li
Health Law and Ageing Research Unit
Department of Forensic Medicine
Monash University
65 Kavanagh Street
Southbank Victoria, 3006, Australia

Lyndal Bugeja
Nursing and Midwifery
Director of Research
35 Rainforest Walk
Clayton Campus, VIC 3800 Australia

Navjot Bhullar
School of Psychology
Faculty of Medicine and Health
University of New England
Armidale NSW 2351 Australia

Joseph E Ibrahim
School of Nursing and Midwifery and Department of Forensic Medicine, Monash University
65 Kavanagh Street
Southbank Victoria, 3006, Australia

Correspondence:

Professor Joseph IBRAHIM
MBBS, GradCHE, PhD FAFPHM, FRACP
Head, Health Law and Ageing Research Unit
orcid.org/0000-0003-2828-9160

Department of Forensic Medicine
Monash University
Victorian Institute Forensic Medicine

This is the **pre**-peer reviewed version of the following article: Li Y, Bugeja L, Bhullar N, Ibrahim JE. Attitudes towards dignity of risk in older people: a survey following a short narrative film. *Australasian Journal on Ageing*. 2021 Feb 14. doi: 10.1111/ajag.12910. Epub ahead of print.

65 Kavanagh Street
Southbank, VIC 3006, Australia

M: +61 (0)407 760 087
E: joseph.ibrahim@monash.edu

Acknowledgements: Nil

Conflicts of interest: This research was funded internally by the School of Nursing and Midwifery *and* Department of Forensic Medicine, School of Public Health and Preventive Medicine, Monash University. Joseph Ibrahim co-created and produced the film. The authors have no other interests to declare.

Attitudes towards dignity of risk in older people: a survey following a short narrative film

Abstract

Objective: To evaluate aged care staff's "*willingness to help an older person with risk-taking activities"* that improve quality of life ("dignity of risk").

Method: Opportunity-based cross-sectional anonymous electronic survey in four Australian jurisdictions, conducted immediately after screening a short animated narrative film describing "dignity of risk". Survey comprised nine questions including respondent demographics, professional role, risk-taking and outcome.

Results: From 24 separate screenings, there were 929 respondents. Agreement to "*help an older person with risk-taking activities*" was associated with respondent prediction of the least severe harm occurring (*OR*=2.22 [1.20, 4.12], *p*=0.001). Conversely, respondents in non-executive, non-managerial roles – that is, nurses and care workers – were unlikely to agree to *help with risk-taking activities* (*OR* 0.36–0.49, *p*≤0.03). There was not an association with respondent's age grouping (*p*=0.6).

Conclusion: Staff self-reported attitudes towards dignity of risk are important to understand to enhance in an older person's quality of life.

Key words: ageing, dignity, health education, motion pictures, risk-taking

Introduction

Dignity of risk (DoR) describes the "*principle of allowing an individual the dignity afforded by risk-taking*", recognising how positive risk-taking manifests a person's dignity through their ability to remain autonomous.[1] Risk, and risk perception, is the product of interaction between individuals' intuitive reactions and logical deliberations,[2] and is influenced by individual factors such as age, gender, professional education, experience and personality factors.[3–7]

DoR has traditionally received more attention in the mental health and disability sector where it is known to improve quality of life.[8] There is now increasing attention in Australia's aged

care sector, especially for those persons living in residential aged care services (RACS), as evidenced by the interim report of the Royal Commission into Aged Care Quality and Safety,[9] and the introduction of new Aged Care Quality Standards.[10]

The challenge in promoting dignity of risk is an overprotective risk management approach which "*removes autonomy and control from older people*", and "*reinforce[s] anxiety and self-doubt*".[11] Contemporary practice advocates for a general shift "*from risk aversion to risk tolerance*", reframing the perspective of aged care professionals "*from the notion of 'do no harm' to looking at what will enhance a resident's quality of life*".[12]

Education of RACS consumers and staff about DoR is essential to influence this change.[1,12] Use of film and audio-visual materials is an effective tool in health education, being cost-effective at scale, consistent, versatile and accessible to wide audiences.[13]

Dignity of Risk is a 15-minute black-and-white animated narrative film featuring "Mr Jones", an older man with dementia who enters an overprotective environment and becomes disenchanted. The narrative chronicles Mr Jones' participation in a quality-of-life enhancing and potentially fatal event.

This study aims to examine aged care staffs' perspectives on DoR after viewing the film – specifically, to identify factors associated with supporting older residents to participate in life-enhancing activities that may cause harm.

Method

Study design and setting

An opportunity-based cross-sectional study was conducted in four Australian jurisdictions, using an anonymous electronic survey offered to audiences at 24 separate viewings of *Dignity of Risk* between September 2018–October 2019.

Survey instrument

The survey was designed and conducted using the web service, Slido <www.sli.do>. To participate in the survey, viewers required access to the internet and a smartphone or internet-capable device immediately post-screening of the film.

The initial survey questionnaire contained a small number of multiple-choice questions asking respondents to predict the outcome (i.e., degree of harm or injury) Mr Jones' activity could cause, and to elect whether or not the participant agrees to assist "*the next time an older person asks me to help with an activity they want to do, but may also lead to a risk of harm*". Additional questions included asking respondents to nominate their favourite film genre (from a list of seven), and to rate the overall quality of the film.

From January 2019, the survey was enhanced with four additional questions asking respondents to state their gender, elect one of five age groupings according to their generation, role in the workplace, and frequency of "*direct interaction (face to face contact) with residents in aged care facilities or nursing homes*".

All questions were categorical, or Likert-type questions with 4- or 5-point scales with written descriptors. Identifying data were not collected. The locations of screenings were coded according to jurisdiction.

Data analysis

Survey responses were analysed using SciPy 1.4.1, R 3.6.3 and IBM SPSS Statistics 25.0. Descriptive statistics were used to summarise respondents' demographic information, film preferences, and perspectives on the issue of DoR.

Respondents' reported "*agreement to help*" was categorised as "yes" ("strongly agree" or "agree") and "no" ("undecided" or "disagree" or "strongly disagree"). Questions where responses correlated with "*agreement to help*" were identified through Pearson chi-squared tests (or, where low counts precluded its use, Fisher's exact test), and further partitioned by category.

Where analyses involved demographic factors, responses prior to January 2019 (which did not report these characteristics) were excluded from analysis. Incomplete responses were excluded from the corresponding analyses.

Ethics

The project was approved by the Monash University Human Research Ethics Committee, ID 19319.

Results

Respondent characteristics

A total of 929 survey responses were recorded (Table 1) (from an estimated audience of 1800–2000 persons, estimated response rate 52%–46%). Demographic information was available for 652 (70%). Most commonly, respondents were female (*n* = 573, 88%), aged 54–72 years (257, 39%), in the role of "Registered Nurse (Division 1)" (118, 18%), and had direct resident interaction "almost every day" (331, 51%). Most respondents rated the film "*four stars or better*" (825, 89%).

Respondent prediction of outcome

The majority of respondents predicted that Mr Jones would die following the injury (476, 51%). Despite this prediction, most respondents also agreed or strongly agreed to help with an older person's choice "*that may also lead to a risk of harm*" (786, 84%).

Factors associated with agreement to "*help take risk*"

As shown in Table 2, those who predicted Mr Jones would make a "full recovery" were more than twice as likely to agree to "*help take risk*", compared with those predicting death following the injury ($\chi^2(1) = 6.72$, $p = 0.001$, *OR* = 2.22 [1.20, 4.12]).

The frequency of direct interaction with residents was not associated with a respondent's agreement to "*help take risk*" ($p = 0.3$). However, respondents' level of agreement did vary by role ($p = 0.008$). Healthcare executives and senior nurse leaders did not significantly differ in agreement ($\chi^2(1) = 0.02$, $p = 0.9$, *OR* = 0.95 [0.45, 2.00]), but nurses ($\chi^2(1) = 4.56$, $p = 0.03$, *OR* = 0.49 [0.26, 0.95]), personal care workers ($\chi^2(1) = 5.25$, $p = 0.02$, *OR* = 0.36 [0.15, 0.89]) and all other roles ($\chi^2(1) = 8.40$, $p = 0.004$, *OR* = 0.39 [0.20, 0.75]) were less than half as likely as executives to agree to "*help take risk*".

While there was no significant overall association between film rating and agreement to "*help take risk*" ($p = 0.08$), when partitioned by category, respondents who rated the film "3 stars" were half as likely to agree to help, compared with those who rated the film "5 stars" ($\chi^2(1) = 5.68$, $p = 0.01$, *OR* [95%CI] = 0.51 [0.29, 0.89]).

Similarly, while there was no significant overall association between favourite genre and agreement to "*help take risk*" ($p = 0.07$), those who favoured "horror, romance, science

fiction or thriller" were half as likely to agree to help, compared with those who favoured comedy ($\chi^2(1) = 6.95$, $p = 0.008$, $OR = 0.53$ [0.33, 0.85]).

Agreement to "*help take risk*" did not vary with gender ($p = 0.5$) or age group ($p = 0.6$).

Discussion

This study complements ongoing research in understanding and evaluating approaches to DoR. This study challenges the traditional view that most healthcare professionals perceive risk as negative and harmful and are uncomfortable or unpractised with supporting positive risk-taking opportunities.[14]

This study provides evidence supporting the relationship between attitudes towards DoR and the perception of the risk of adverse outcomes in high-risk activities. To the authors' knowledge, this is the first report of a quantitative examination of attitudes towards DoR in RACS.

There are several limitations to this study. The administration of the survey at largely health and aged care professional education settings makes the results difficult to generalise to the general public. The uncontrolled nature of administering the survey to viewers did not allow follow-up of non-completed surveys or to accurately calculate response rates, raising the possibility of non-response bias.

Acquiescence bias associated with the use of a single Likert-type question for each outcome of interest and social desirability biases may have been compounded by the administration of the survey immediately post-screening. Respondents may have felt the desire to support the premise of the film, leading us to overestimate respondents' agreement to help.

For researchers, this study provides quantitative evidence for barriers to applying DoR, such as differences in attitudes towards risk between groups of professional stakeholders.[1]

For aged care professionals, older people and their families, this study demonstrates that different stakeholders' views about risk-taking may not necessarily align – highlighting the importance of considering how to best manage these diverse perspectives to achieve the best outcomes for residents.

This is the **pre**-peer reviewed version of the following article: Li Y, Bugeja L, Bhullar N, Ibrahim JE. Attitudes towards dignity of risk in older people: a survey following a short narrative film. *Australasian Journal on Ageing*. 2021 Feb 14. doi: 10.1111/ajag.12910. Epub ahead of print.

Practice impact

Dignity of risk is an increasingly important concept in aged care. This study provides quantitative evidence for potential barriers to applying dignity of risk. Specifically, differences in attitude between groups of professional stakeholders, and the relationship between risk perception and attitudes towards dignity of risk. Understanding these differences will assist the development of better implementation strategies.

References

1. Ibrahim JE, Davis M-C. Impediments to applying the 'dignity of risk' principle in residential aged care services: 'dignity of risk' in residential aged care. *Australas J Ageing*. 2013;32(3):188–193.

2. Slovic P, Finucane ML, Peters E, MacGregor DG. Risk as analysis and risk as feelings: some thoughts about affect, reason, risk, and rationality. *Risk Anal.* 2004;24(2):311–322.

3. Deakin J, Aitken M, Robbins T, Sahakian BJ. Risk taking during decision-making in normal volunteers changes with age. *J Int Neuropsychol Soc.* 2004;10(4):590–598.

4. Rhodes N, Pivik K. Age and gender differences in risky driving: the roles of positive affect and risk perception. *Accid Anal Prev.* 2011;43(3):923–931.

5. Gesser-Edelsburg A, Walter N, Green MS. Health care workers—part of the system or part of the public? Ambivalent risk perception in health care workers. *Am J Infect Control.* 2014;42(8):829–833.

6. Whitmarsh L. Are flood victims more concerned about climate change than other people? The role of direct experience in risk perception and behavioural response. *J Risk Res.* 2008Apr;11(3):351–374.

7. Machin MA, Sankey KS. Relationships between young drivers' personality characteristics, risk perceptions, and driving behaviour. *Accid Anal Prev.* 2008;40(2):541–547.

8. Perske R. The dignity of risk and the mentally retarded. *Ment Retard.* 1972;10(1):24.

9. Royal Commission into Aged Care Quality and Safety (AU). *Interim report: neglect* [Internet]. Canberra: Royal Commission into Aged Care Quality and Safety, c2019 [cited 2020 Jan 15]. Available from: https://agedcare.royalcommission.gov.au/publications/Documents/interim-report/interim-report-volume-1.pdf

10. Department of Health (AU). *Aged care quality standards* [Internet]. Canberra: Department of Health (AU), 2019 Jul 1 [cited 2020 Jan 15]. Available from: https://agedcare.health.gov.au/quality/aged-care-quality-standards

11. Nay R. The dignity of risk. *Aust Nurs J.* 2002 Apr; 9(9): 33.

12. Victorian Managed Insurance Authority. *Dignity of risk in residential aged care services: summary of priority outcomes* [Internet]. Melbourne: Victorian Managed Insurance Authority, 2012 May [cited 2019 Dec 24]. (Risk insight; no. 17). 12 p. Available from: https://web.archive.org/web/20130414020710/http://www.vmia.vic.gov.au/~/media/Content-Documents/Risk-Management/Guides-and-Publications/Risk-Insights/17-dignity-of-risk.pdf Archived by the Internet Archive.

13. Tuong W, Larsen ER, Armstrong AW. Videos to influence: a systematic review of effectiveness of video-based education in modifying health behaviors. *J Behav Med.* 2014;37(2):218–233.

14. Higgins A, Doyle L, Downes C, et al. There is more to risk and safety planning than dramatic risks: mental health nurses' risk assessment and safety-management practice. *Int J Ment Health Nurs.* 2016;25(2):159–170.

Tables

Table 1: Respondent characteristics and film evaluation

	n	(%)[†]
Gender		
Female	573	(88)
Male	79	(12)
Non-binary	1	(0)
No response	4	
Not collected	272	
Age group (years)		
0–22 (i-Generation)	4	(1)
23–41 (Generation-Y)	185	(28)
42–53 (Generation X)	207	(32)
54–72 (Baby boomers)	257	(39)
≥73 (Silent Generation)	4	(1)
Not collected	272	
Occasions of direct interaction with resident		
≤ Monthly	161	(25)
Fortnightly	25	(4)
Weekly	32	(5)
2–3 per week	99	(15)
Almost daily	331	(51)
No response	9	
Not collected	272	
State		
New South Wales	305	(33)
Victoria	299	(32)
Queensland	179	(19)
Tasmania	146	(16)
Film rating		
1 star (Don't bother)	1	(0)
2 stars (Disappointing)	3	(0)
3 stars (Just fine)	97	(10)
4 stars (Really good)	448	(48)
5 stars (The best)	377	(41)
No response	3	
Predicted outcome		
Full recovery	156	(17)
Minor disability	172	(19)
Major disability	123	(13)
Death	476	(51)
No response	2	
Role (*n* ≥ 15)		
RN (Division 1)	118	(18)
EN (Division 2)	31	(5)
PCA	42	(6)
Manager – Director/Deputy Director of Nursing	80	(12)
NUM or ANUM	68	(10)
Allied Health Professional	69	(11)
Manager – Other	92	(14)
Manager – Quality, Safety & Risk	53	(8)
Executive/Member – Board of	43	(7)

Management	
Member of the Public	15 (2)
All other roles	43 (7)
No response	3
Not collected	272
Favourite genre	
Action	83 (9)
Comedy	287 (31)
Drama	322 (35)
Horror	19 (2)
Romance	88 (9)
Science fiction	63 (7)
Thriller	67 (7)
Agreement to "help take risk"	
Strongly disagree	4 (0)
Disagree	16 (2)
Undecided	123 (13)
Agree	440 (47)
Strongly agree	346 (37)

† Percentages exclude "No response" and "Not collected"

Table 2: Factors associated with agreement to help take risks

	Agreement to help, *n* (%)		Overall association		By category
	No	**Yes**	χ^2	***p***	***OR* (95% CI)**[†]
Gender					
Female	77 (13)	496 (87)			Ref.
Male	13 (16)	66 (84)	0.53	0.5	0.79 (0.42, 1.50)
Age group (years)					
≤41	28 (15)	161 (85)			1.00 (0.59, 1.69)
42–53	25 (12)	182 (88)			1.26 (0.73, 2.17)
54–72	38 (15)	219 (85)			Ref.
≥73	1 (25)	3 (75)	1.27	0.6[†]	0.52 (0.04, 28.04)[†]
Occasions of direct interaction with resident					
Almost daily	55 (17)	276 (83)			Ref.
2–3 per week	11 (11)	88 (89)			1.59 (0.80, 3.18)
Weekly	2 (6)	30 (94)			2.99 (0.69, 12.88)
Fortnightly	3 (12)	22 (88)			1.46 (0.42, 7.88)[†]
≤ Monthly	19 (12)	142 (88)	4.92	0.3	1.49 (0.85, 2.61)
Film rating					
5 stars	49 (13)	328 (87)			Ref.
4 stars	71 (16)	377 (84)			0.79 (0.54, 1.18)
3 stars	22 (23)	75 (77)			0.51 (0.29, 0.89)
≤2 stars	1 (25)	3 (75)	5.95	0.08[†]	0.45 (0.04, 24.00)[†]
Predicted outcome					
Death	80 (17)	396 (83)			Ref.
Major disability	24 (20)	99 (80)			0.83 (0.50, 1.38)
Minor disability	26 (15)	146 (85)			1.13 (0.70, 1.84)
Full recovery	13 (8)	143 (92)	8.30	0.04	2.22 (1.20, 4.12)
Role					
Executive	17 (9)	171 (91)			Ref.
Senior nurse leaders	14 (9)	134 (91)			0.95 (0.45, 2.00)
Nurses	25 (17)	124 (83)			0.49 (0.26, 0.95)
Personal care workers	9 (21)	33 (79)			0.36 (0.15, 0.89)
Other	26 (20)	101 (80)	13.74	0.008	0.39 (0.20, 0.75)
Favourite genre					
Comedy	34 (12)	253 (88)			Ref.
Action	13 (16)	70 (84)			0.72 (0.36, 1.45)
Drama	48 (15)	274 (85)			0.77 (0.48, 1.23)
Other	48 (20)	189 (80)	7.13	0.07	0.53 (0.33, 0.85)
Total, *n* (%)	**143 (15)**	**786 (85)**			

[†] Fisher's exact test