



The informal culture of a direct care staff team supporting people with intellectual disabilities who present with behaviours that challenge

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The informal culture of a direct care staff team supporting people with intellectual disabilities who present with behaviours that challenge

Direct care staff in services for people with intellectual disabilities are frequently exposed to behaviours that challenge, such as verbal and physical aggression, self-injurious behaviour, and property damage (Matson and Rivet, 2008). These behaviours are associated with poor quality of life outcomes for service users and high levels of burnout in staff (Hensel *et al.*, 2012; Lloyd and Kennedy, 2014). Whilst the majority of research in the area has focussed on internal factors, such as staff perceptions of, and emotional reactions to behaviours that challenge (Hensel *et al.*, 2014), organisational factors may also play an important role (Farrell *et al.*, 2010; Gillett and Stenfert-Kroese, 2003).

According to Hastings (2005), behaviours that challenge occur within a context of interactions between staff factors (e.g. staff stress) and both formal and informal service culture. Formal service culture is developed by managers, and is reflected in the policies and procedures of the organisation (Hastings and Remington, 1994). Informal culture reflects the 'unwritten rules' of the staff team (Hastings, 1997), which guide day-to-day practice.

The impact of formal culture upon how staff manage behaviour that challenges is unclear. Informal rather than formal culture may have the strongest influences, partly as direct supervision from management is relatively infrequent in comparison to the amount of time staff spend with one another (Hastings, 2005). Staff seem to have a preference for informal ways of working over formal guidelines (Klaver *et al.*, 2016). Furthermore, the shared attitudes of the team have been shown to have a more powerful influence over staff behaviour than the attitudes of individuals (Knotter *et al.*, 2013).

A series of qualitative investigations based in community residential settings for people with intellectual disabilities in Australia, has led to the development of a cultural

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2
3 framework (Bigby *et al.*, 2012). Group homes which rated highly on quality of life outcomes
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5 for service users were characterised by close alignment of values between staff and senior
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7 managers; positive regard for service users; a perceived purpose of empowering service
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9 users; person-centred working practices, and; an embracing attitude to new ideas and working
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11 with external stakeholders. Conversely, group homes which were rated poorly on quality of
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13 life outcomes were characterised by a misalignment of values between staff and senior
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15 managers; disempowering and disrespectful perceptions of service users; a perceived purpose
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17 of looking after service users; staff-centred working practices, and; a defensive attitude to
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19 working with external stakeholders and resistance to change.
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24 To the authors' knowledge, two studies have explored service culture within
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26 residential services for people with intellectual disabilities in the UK, Gillett and Stenfert-
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28 Kroese, 2003 and Hatton *et al.*, 1999. These studies highlight the importance of non-
29
30 competitive, collaborative team working, and the alignment of values between staff and the
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32 organisation, upon staff well-being and quality of life outcomes for service users. However,
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34 the quantitative measures used in these studies were not designed for use within services for
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36 people with intellectual disabilities. It is therefore possible that important aspects of the
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38 informal culture operating within these services are yet to be discovered.
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42 The current study sought to explore the extent to which aspects of informal culture, as
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44 described by staff, influenced day-to-day practice within a community residential service in
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46 the UK.
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52 **Method**

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54 Participants were staff working within a large residential service providing specialist
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56 support to individuals with varying levels of intellectual disabilities, and/or mental health
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58 needs, some of whom displayed behaviour that challenges. The service provided support for
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3 up to 16 residents, with a staffing mix of qualified and unqualified staff including input from
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5 allied health professionals. The service belonged to a large, national organisation with a
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7 number of sites across the UK.
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10 Staff were eligible to take part if they; i) were aged 18 and over; ii) were able to
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12 understand and communicate in written and spoken English at a sufficient level, and; iii)
13
14 provided day-to-day direct support to SUs.
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17 Ten staff were interviewed (6 male, 4 female) which included qualified (n=2) and
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19 non-qualified (n=8) staff. The average age of the sample was 34 years. Of the participants,
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21 nine had received training on 'Positive Behaviour Support' (PBS). The average length of time
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23 working in the service was 2 years, 1 month.
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28 Ethical approval to carry out the research was granted by the Newcastle University
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30 Ethics Committee. Informed by the cultural framework proposed by Bigby and colleagues
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32 (2012), individual semi-structured qualitative interviews were conducted.
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36 All interviews were audio recorded and took place in a meeting room within the
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38 service. An interview guide was used to steer the interviews, focussing on three areas;
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40 'Values and Purpose'; 'Team Functioning', and; 'Service User Dynamics'. The interviewer
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42 adopted a flexible interviewing approach, such that the ordering of questions was primarily
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44 guided by the participant's response to the previous question. The average length of the
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46 interviews was 48 minutes.
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50 The audio recordings of each interview were transcribed and analysed using template
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52 analysis (Brooks and King, 2012). A-priori codes and themes were developed by the first
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54 author, and were informed by the culture framework developed by Bigby and colleagues
55
56 (2012) in addition to a review of the wider literature. This a-priori template was initially
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58 applied to 5 transcripts which were deemed to represent a diversity of views. The template
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3 evolved as it was applied to subsequent transcripts, with some themes modified and others
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5 added.
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10 **Results**

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13 Seven overarching themes emerged which described the informal culture within the
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15 team. These overarching themes were broken down into descriptive themes, as detailed
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17 below.
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20 *Positive perception of managers*

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22 Participants' descriptions of managers were almost universally positive, indicating an
23
24 informal culture where DCS perceived senior staff as equal members of the team who were
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26 approachable and open to feedback:
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31 *I have never felt uncomfortable in being able to approach [management] and I have*
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33 *several times...I know fully well if I had a particularly bad problem I could approach*
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35 *them and ask.*
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39 *Leadership*

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41 A number of subthemes around leadership emerged.
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43 **Negative perceptions of leadership and hierarchy**

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45 Participants indicated negative attitudes towards the concept of leadership, and did not
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47 want to be regarded as leaders:
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52 *...I kind of hate the word leadership to many degrees like I will try and avoid it where*
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54 *possible, as does everyone else here, and in fact there is one or two individuals I have*
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56 *said I feel like oh you have really led today very nicely and they kind of go oh... don't,*
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58 *don't, don't put me in that category.*
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6 Some participants also indicated that hierarchy could get in the way of effective team
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8 working. This was most strongly illustrated by a qualified staff member:

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12 *They don't quite see me as a manager but they see me in a position of power in a*
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14 *way...I hate all this hierarchical stuff I hate it, I just want to be part of the team in a*
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16 *way but it doesn't feel like that here sometimes. Most of the time.*
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23 Formal leadership

24 The majority of participants reported that nurses were formally in charge of the shift,
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26 however some described variability in the extent to which this happened in practice:
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31 *Sometimes the nurse will organise the day and say well that is what is*
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33 *happening...and sometimes the nurse just says, well just do it between you, and see*
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35 *who wants to do what.*
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40 Participants described a hands-off, detached leadership style from nurses, however
41
42 this was not portrayed as problematic. Many accounts indicated that this reflected a culture of
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44 confidence in the team regarding their knowledge of the SUs, and which staff members
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46 worked best with which individual:
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51 *...sometimes you know we, we will plan amongst ourselves, we will always let the*
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53 *nurses know...what character can go with which service user, just which makes more*
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55 *sense.*
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Informal Leadership

Whilst informal leadership was described as shared within the team, participants reported that certain staff would adopt informal leadership roles. Those who held the most experience of working in the service, were often expected to take the lead:

There are colleagues here who lead very well, and you know we, the rest of us will gladly go look, you know you know your stuff you know, you have been here two and a half to three years, you know that individual so well, you go for it and, and they do do that.

Team functioning

Several themes emerged around team functioning.

Transparent communication

All participants described a very open informal culture, where people felt comfortable airing differences of opinion, and giving and receiving constructive feedback. Such transparency was highly valued:

...they just say it in your face how it is, and you just take it on board. And if you don't like it, you can say it in their face and then that is great... because in that kind of service you need that because otherwise...we would be fighting a lot really.

Acknowledging diversity

Many participants described the team as diverse, and spoke about how this both hindered and facilitated ways of working. This was categorised under the descriptive themes of 'Character' and 'Experience'.

Character: strong vs. weak

The accounts of many participants indicated a shared belief that some staff were 'strong' and others 'weak'. Participants characterised strong staff as calm and assertive:

It is being able to not take it home with you. It is also...being able to stand up for yourself in those moments where...they are being aggressive. It is being able to actually explain in a calm manner, just why it is what you have done...

Staff who were deemed to take a back seat and appeared fearful of working with particular SUs, were regarded as weak. Weak staff appeared to raise anxiety in the team due to concerns regarding increased risk:

...days with the weaker shifts...occasionally there is conflict here from service users and I like to think that people would step up to the plate, and sometimes they haven't... it grates a little bit because it could mean somebody is going to get hurt. It could mean I am going to get hurt.

Experience

Those with more experience of working in the service were regarded as having a better understanding of SUs:

People who have worked here for a while will see, will see the different behaviours and different patterns even from the same people.

Participant accounts indicated an informal culture in which diversity of experience was strongly valued. Participants acknowledged that certain staff appeared to work more effectively with certain SUs, and the team learned from one another:

...that person might be good with the service user that you are supporting, and you know their advice it actually means a lot... just exchanging the experience...

Supporting each other

DCS used their colleagues as sources of support, and being able to ‘have a laugh’ with colleagues was deemed important for coping with the demands of the job:

We have to have humour between us all, you have to within this job, you couldn't survive...

I think anybody in the team, you could go to anybody. Yes. And have a little rant at if needed.

Members of the team looked out for one another and could be relied on to step-in when necessary. This was often described as an automatic response:

You would always make sure...there is just a group of us that we do it without even knowing, and I can't explain it. We just would be there.

Working with service users

This theme comprised a number of subthemes.

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4 Perception: “we’re all human beings”

5 Throughout the interviews, participants described SUs as similar to themselves:
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10 *You know it is like, ourselves basically we have got our friends that we like more and*
11 *friends that we like less, and it is the same kind of situation. You don’t really know*
12 *what it is about them but you just like them as a person.*
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20 Purpose: facilitating independence

21 All participants described their role as supporting SUs to become independent:
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26 *Helping these guys that you support like get used to what happens in the so called*
27 *real world. Do the washing, day-to-day chores, that you do in everyday life.*
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34 Service user-focussed ways of working

35 Across the interviews, participants spoke about adapting ways of working to meet the
36 needs of SUs. This included using humour, allocating staff to particular SUs based on how
37 well they worked with them, and adapting styles of communication:
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45 *You almost find yourself chopping and changing how you are speaking to certain*
46 *individuals just to so they feel comfortable and you know you can relay what*
47 *information is needed.*
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54 One participant also spoke about how the team had given up their office space for the
55 benefit of SUs:
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3 *We erm, changed that into a room like a chill out room for the residents because we*
4 *wanted that. It was kind of a space that we were using for office space, but there*
5 *wasn't space for the residents to kind of have that chillout time...*
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10 11 12 13 Getting to know each other

14 Spending time getting to know SUs was highlighted as important for working
15 effectively. Participants indicated that this worked both ways:
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22 *...it is built on trust, and that he will respond better when he [can] actually trust the*
23 *person.*
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29 *It is a big thing for these guys, they do need time to get to know you and get almost used*
30 *to you and for you being around and, and yes to actually open up and be ok with it...*
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36 Alignment of values

37 Overall, participants indicated that their colleagues were motivated by the same
38 shared underlying values which fostered SU-focussed ways of working:
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45 *...they're not jobs-worths, they're people who obviously have their own personal*
46 *insights to caring about people and being sincere about that and having good ideas*
47 *about good ways of supporting people rather than "oh we just do it this way" sort of*
48 *thing or "the company says we've gotta do that" y'know it was about having their*
49 *own insights to individual people rather than a one size fits all type of thing*
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3 Similarly, team values appeared closely aligned to the core values espoused by the
4 organisation (i.e. maintaining independence and dignity, and offering person-centred care).
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7 For one participant, this was associated with feeling comfortable at work:
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12 *...normally I'm quite quick to pick up on things I don't like about the company early*
13 *on, whereas with this place I've not which has given me this nice sense of comfort...*
14 *it's quite nice to feel settled and quite happy where I work.*
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22 *Awareness of risks*

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24 Participants spoke of the importance of being aware of the potential risks when
25 supporting SUs. This was reflected by an unwritten rule of 'not getting too close' and
26 remaining vigilant:
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33 *There is a resident downstairs... bangs his door a lot... I wasn't willing and the other*
34 *girl wasn't willing to take him out in the community when he is so worked up...you*
35 *feel for him because then he doesn't get out, but then why should you put yourself and*
36 *the members of the public at risk?*
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44 *He has come with allegations of getting someone fired or suspended at his last*
45 *placement...things like that you worry about...you try not to get too close.*
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52 *Behaviour that challenges*

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54 A number of themes were identified.
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56 **Understanding Behaviour that Challenges**

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58 Several participants described feeling helpless when trying to understand behaviour
59 that challenges, which impacted on their ability to manage such behaviour:
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There is a girl in here that, you know, I do struggle with... She crumples me inside because I just don't know how to work with her...I just don't get it.

One support worker described how she would opt to work with SUs whom she found challenging, in order to improve her understanding:

She is just a difficult one...and I find that I put myself with people like that because they frustrate me because I don't know what I'm doing, so I do it on purpose... because I always think well maybe there will be a light bulb moment, something will go off and I will go "oh now I understand".

Managing Behaviour that Challenges

By allocating certain staff to work with particular service users, the team believed they could reduce the likelihood of incidents occurring. Some participants talked about how incidents were more likely to occur when certain staff were on shift:

We often joke and we say we'd rather that person wasn't here because the day would be easier... Sometimes we may orchestrate it so that that person goes out with one of the residents and then we'll notice that everything's fine now. It's like putting an umbrella up [laughs] to protect us from the rain.

Participants spoke about how they had learnt to manage behaviour that challenges effectively by observing colleagues:

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3 *I didn't know how to deal with it if you know what I mean. So by seeing other staff*
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5 *[and] what they do with her, you kind of learn from it...*
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10 11 Emotional impact

12 For many participants, behaviour that challenges evoked strong feelings of frustration
13 and anxiety:
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19 *You start having a good day and then it is a bad day again... What is it? are you just*
20 *playing a massive game?... and I am just like getting like really frustrated and I can*
21 *really scream inside.*
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28 A minority of participants talked about how they had considered resigning due to
29 working with SUs who displayed BTC:
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35 *You reach the point when it is enough, enough. I do not want to work here. Just*
36 *because of that person... I don't come to work to be threatened, being punched, being*
37 *hit, being kicked.*
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45 It was also indicated that DCS worked hard to manage and reduce BTC. Participants'
46 accounts indicated a sense of helplessness and hopelessness when they did not achieve
47 positive results despite their best efforts:
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54 *...it was so draining like we were trying everything we could do, a whole list of*
55 *hypotheses and everything and it just wasn't working.*
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Discussion

Staff accounts indicated several aspects of the service culture which influenced ways of working; particularly leadership, peer support and emotional responses to behaviour that challenges. A laissez-faire style of formal leadership from nursing staff was described, such that informal leadership and responsibility tended to be placed with those staff who had worked in the service the longest, corroborating previous findings (Bigby *et al.*, 2015; Windley and Chapman, 2010). This highlights the power and influence that long-standing staff members possess over day-to-day ways of working. Managers and external professionals may be advised to focus their efforts on developing close working relationships with long-standing staff. One would anticipate that if these members of the team are committed to any suggested changes in ways of working, such changes will be transmitted informally to the rest of the team.

Leadership from nursing staff was also described as inconsistent, which may have led to inconsistent team responses to, and differential reinforcement of, behaviour that challenges. One would expect services characterised by strong formal leadership and shared norms regarding how to respond to behaviours that challenge, to be associated with lower prevalence of such behaviour and higher quality of life outcomes for service users. The implementation of 'practice leadership', where desired ways of working are modelled and become embedded may be beneficial (Deveau and McGill, 2016).

Staff described strong negative emotions when discussing their experiences of supporting service who display behaviour that challenges, consistent with existing literature (Hastings, 2005). For some staff, these experiences were so strong that they had considered resigning. Such negative emotional experiences appeared to relate to difficulty understanding behaviour that challenges and uncertainty regarding how to respond. In the current study, staff described observing colleagues as a means of improving their knowledge of how to

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3 respond. Additionally, the team had developed informal ways of reducing the likelihood of
4 incidents, by limiting contact between certain staff and residents.
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8 It is possible that, in the context of heightened negative emotion, staff are less likely
9 to implement formal procedures, such as those outlined within Positive Behaviour Support
10 plans, and more likely to rely on informal ways of working. Therefore, interventions which
11 are effective in enabling staff to manage negative emotions, may be important for influencing
12 existing ways of working and the quality of care provided. Exploring the emotional impact
13 of their work through accessing regular and effective supervision (Vec *et al.*, 2014), and
14 offering access to mindfulness-based interventions (Donnchadha, 2018) may be of use.
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24 It was striking in the current study, how much staff relied on one another; not only in
25 terms of learning how to do the job, but for emotional support. This indicates that services
26 should aim to promote and create opportunities for staff to develop relationships with one
27 another (e.g. providing communal staff areas, organising social engagements outside of work)
28 to enhance resilience.
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35 36 *4.1 Limitations*

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38 Generalisation of these findings is limited as the study involved a relatively small number
39 of staff from one large residential service. Further research is needed. This research has
40 focused on staff reports and whilst important, a multidimensional approach which also
41 considers staff behaviour is needed. It would be beneficial for future studies to also explore
42 informal culture from the perspective of service users. As participants were identified by the
43 service manager, it is possible that selection bias may have occurred, participants described a
44 range of positive and negative experiences of working in the service.
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54 Some participants were new to the service, which may have limited their ability to
55 provide in-depth responses to the interview questions. However, the views of newer staff
56 were generally consistent with those of long-standing participants
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