Improving Caregiver Confidence and Burnout through Standardizing the use of the Agitated Behavior Scale and Behavioral Strategies for Managing Patients with Agitation

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Agitation is a common symptom following brain injury and neurologic dysfunction, affecting up to 70% of patients with brain injury. It can be difficult for healthcare providers to differentiate agitation from other symptoms, such as anxiety and pain, and medications used to treat these symptoms may not be effective or may even worsen agitation. The Agitated Behavior Scale (ABS) is a tool that can help assess agitation, but it is not consistently used by staff. Patient agitation following brain injury is a significant stressor for healthcare teams and may contribute to caregiver burnout and decreased workplace satisfaction. By training inpatient nursing and therapy staff to use the ABS consistently, we may be able to facilitate a standardized approach to recognizing and managing agitation and help reduce caregiver frustration and risk of burnout.

**RESULTS**

- **Caregiver-reported outcomes before and after Agitation Behavioral Scale Training**

  - Agitation Management Confidence
  - Agitation Assessment Confidence
  - Burnout vs. Agitated Patients
  - General Burnout

- **N=51**
- Average 7.9 years in current role
- 57% day shift workers
- 47% RNs, 37% CNAs
- No statistically significant differences in reported burnout
- A non-statistically significant decrease in reported confidence managing patients with agitation was observed.

**DISCUSSION & CONCLUSIONS**

- This is a negative study with limitations.
- Most respondents took the pre-survey and post-survey within minutes of each other which may have not allowed them time to appreciate how this impacted them.
- There was a weak negative relationship between higher confidence managing agitated patients and lower levels of burnout. This study may be underpowered to capture this effect.
- This training may have had influence on other important patient outcomes such as PRN med usage and missed therapy sessions which this study did not assess. (PRN med usage) missed therapy sessions etc.

**APPROVAL**

QI exemption letter was obtained from IRB for this project.