



Research Based Bathing Approaches

Observed Interactions of Residents with Dementia and Nursing Assistants During Bathing

An observational study of 20 residents diagnosed with Alzheimer's Disease
for 2 baths each for a total of 40 bathing observations

Three Types of Bathers

<u>Group</u>	<u>Number of residents (N = 20)</u>	<u>Percentage residents</u>
Refused/ resisted	10	50 (early stage)
Reacted to bath	6	30 (mid-stage)
Neutral	4	20 (late stage)

1. It is imperative that the person being bathed agree to this event. This is especially important earlier in the disease when the person understands what the word shower or bath means.
2. Later the person may not understand what is about to happen till the door to the bathing room opens and they see the shower or bath.
3. Late in Alzheimer's disease and other dementias, the person becomes complacent, unable to process the bathing event or resist. Staff must remain empathetic to the persons' condition.

Approaches for residents who refuse to bathe, residents who react to the bath, residents who are physically aggressive:

1. The approach begins prior to the bath and includes:
 - a. The bathing environment
 - b. Flexible bathing schedules
 - c. Flexible types of bathing
 - d. Flexible staff approaches
2. Specific approaches
 - a. Empathetic Approach: Appeal to Conscience– Obtaining Resident Consent
 - i. Reasoning and explaining
 - ii. Therapeutic fibs
 - iii. Bribery
 - b. Enforcement approach: Multiple Bathers
 - i. Rescue technique – Good Guy vs Bad Guy
 - ii. Safety
 - iii. Distraction (tub toys, wash cloth, food)
 - c. Efficient approach: Hurry
 - i. Make the bathing area as enticing and comfortable as possible
 - ii. Verbally reassure the person that it will be over soon
 - iii. May promise something special when it is over