



# Interpersonal Violence Between Residents in Nursing Homes

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# Resident-to-Resident Violence

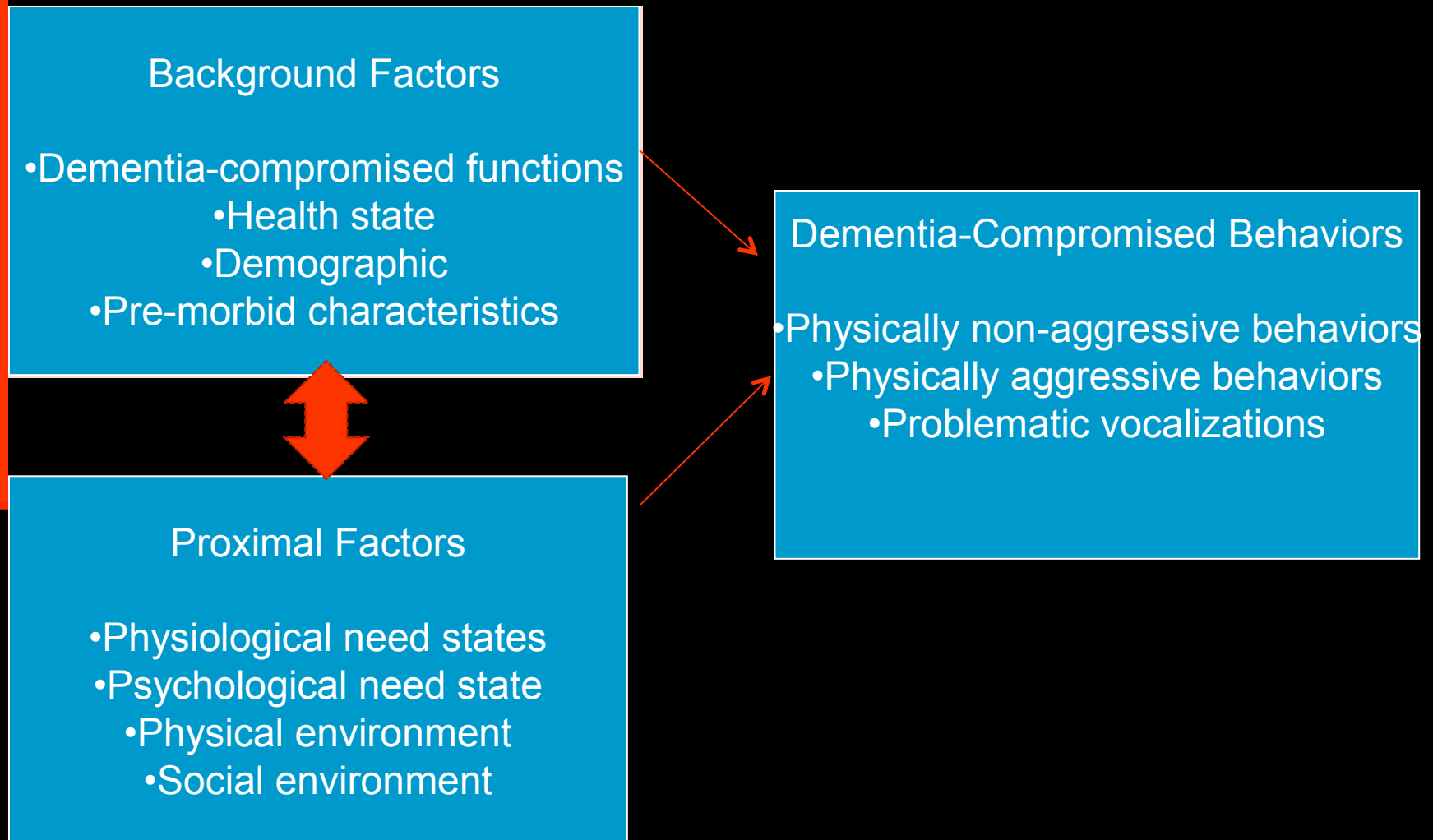
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- Negative and aggressive physical, sexual, or verbal interactions between long-term care residents that in a community setting would likely be construed as unwelcome (Rosen, et al., 2008)

# Background

- **Major threat to safety and quality of life of NH residents**
- **36% of NH residents display violence against other residents (Dettmore, Kolanowski, & Boustani, 2009)**
- **60% unwitnessed (Dettmore, et al., 2009)**
- **Few studies published despite the fact that RRV characterized as a “common problem and constant threat”**

# Conceptual Orientation: Need-driven Dementia-compromised Behavior Model (Algase, et al., 1996)



# Method

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- Two studies
- Qualitative Design
- Face-to-face individual interviews

# Setting and Sample

- 11 CNAs
- 8 residents
- 3 referring staff members
- 2 nursing homes
- 1 behavioral health unit (geropsychiatric)

# Data Analysis

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- Content Analysis
- Constant Comparison

# Results

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- Types of Violence
  - Physical
  - Sexual
  - Emotional/Psychological/Social



# Physical Violence

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- Hitting
- Punching
- Scratching
- Hair pulling
- Kicking
- Using a weapon
- Destroying property

# Sexual Violence

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- Unwanted touching
- Invasion of private spaces in inappropriate manner

# Emotional/Psychological/Social Violence

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- Verbal abuse
- Bullying
- Ostracism



Caregiver Study

# TRIGGERS

Global Trigger Categories	Trigger Categories	Freq	Raw Data
Active Triggers	Intrusion	208	Get out of my room No boundaries for this guy Comes in her room to urinate
	Environmental Issues	75	Some are hot and some are cold I don't like to watch TV! Turn that light off!
	Touching Possessions	55	That is her stuff Steals stuff out of her room Touched something of hers
	Violence	23	Tried to kick her in the head Say they have been hit
Passive Triggers	Competition	43	You treat her special More important than me
	Communication	40	Can't understand her She's not verbal anymore
	Boredom	30	Just staring at these ugly walls Nothing in front of them but another resident

# Unmet Needs

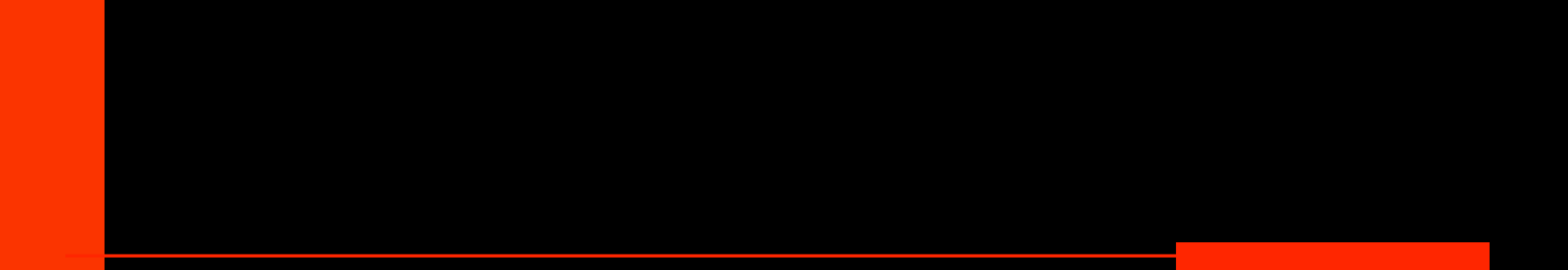
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- Caregivers did not see the irritants and triggers as unmet needs.

# Significance

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- In previous studies, calling-out or making noise was identified as the most important trigger
- The findings of this study indicate that intrusion into private spaces is the most important trigger and may indicate that the social and physical environments are most important in the development of RRV



Victims' Study

# TRIGGERS



THEME	CATEGORIES	NARRATIVE DATA
What Caused It?	Feeling Frustrated	"I want to go out there by myself." "I need a drink." "I know what I need--I need my drugs." "I was cold and I had to pee." "I was trying to get by."
	Feeling Threatened	"He wanted to put me in jail." "He called me a son-of-a-bitch." "I had to do it." "He hit me all the time." "He beat me black and blue."
	Taking it Personally	"She just don't like me." "I heard them talking about me." "They are in cahoots and all. They are out to get me." "He thought I was a mean guy."

# Conclusions--Triggers

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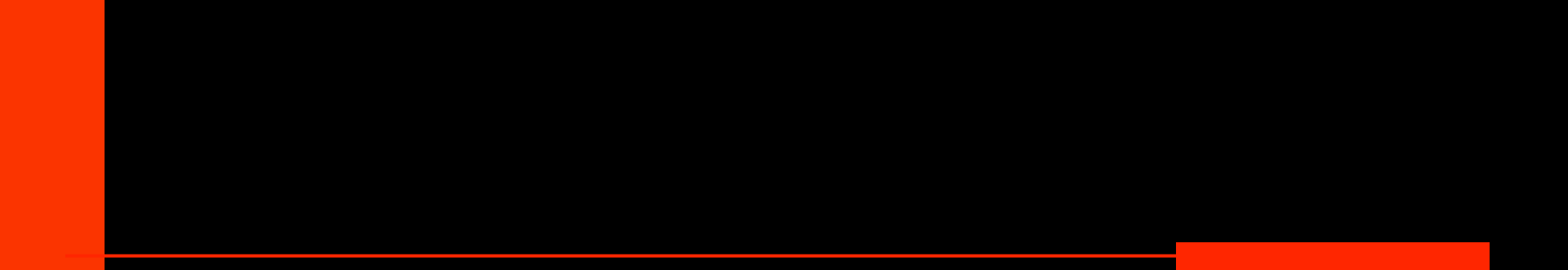
- These results indicate that there are factors, including unmet needs of various kinds, within the nursing home environment that, once identified, may be altered to prevent violence between residents.



Caregiver Study

# VICTIM CHARACTERISTICS

Major Categories	Sub-Themes	Raw Data
Victim Characteristics	They don't know	Doesn't know what they are doing Dementia is really advanced
	Can't communicate	Can't really talk Say that about 300 times The same questions over & over Really hard of hearing
	Gets around good	Was really strong Can walk on a walker
Initiator Characteristics	More with it	Pretty well with it Know a little bit more
	Strong personality	She's the boss Her way or the highway
	Short fuse	Very impatient Short tempered her whole life
	Life history	Don't like blacks That is the way they were taught Reminds her of a woman who stole her husband



Victims' Study

# VICTIM CHARACTERISTICS

THEME	CATEGORIES	NARRATIVE DATA
<b>Who is the Victim?</b>		<p>"I don't just start a fight for the meanness of it."</p> <p>"I don't think I should have to rise or walk up and ask you can I touch your shoulder...If somebody comes up and says how about dancing, my way of believing is that they are rubbing your belly or getting you excited for a night of love affair."</p>

# Significance

- Evidence indicated previously that cognitive impairment was positively correlated with the odds of committing violence
- These findings indicate that the initiators are actually “more with it” but may be pushed to violence by the very cognitively impaired, but highly mobile, “victims”
- Cognitive impairment is not necessarily present in all initiators but still plays a big part in the development of RRV due to its influence on the behavior of “victims”

# Additional findings—resident characteristics

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- 5 CNAs mentioned an episode where a resident who was normally mind-mannered and has been so all of his life was subjected to constant irritants throughout the course of one day and finally committed violence against another resident when his territory was invaded by the other resident
- The CNAs were emotionally traumatized by the episode and believed that the wrong resident was sent away



# Conclusions about Victim Characteristics

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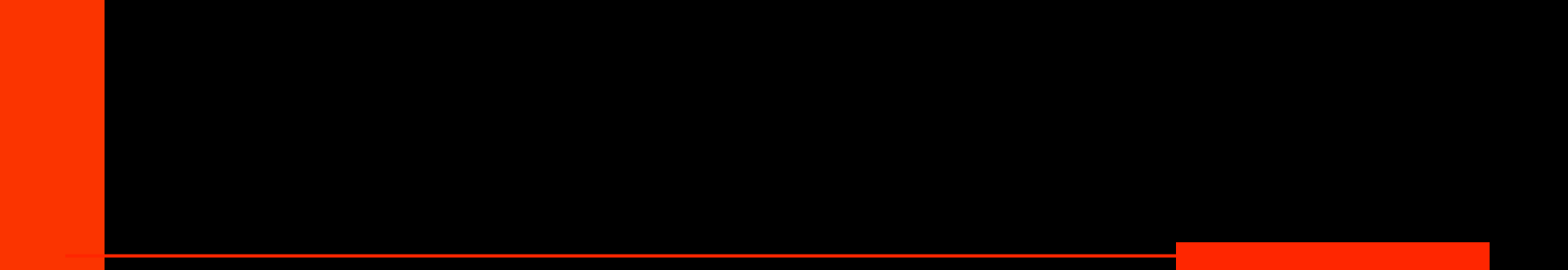
- These results indicate that there are resident characteristics that may indicate whether a resident is likely to commit, or become involved as a victim in, RRV. The results also revealed that, in some situations, residents who were normally easy going and even tempered might strike out with violence if exposed to a large number of triggers over time.



Caregiver Study

# STRATEGIES

Overarching Theme	Sub-Themes	Raw Data
Distraction	Knowing the residents	Keep the same people working with the residents We ask the family Talk about something they love Know their history
	Keeping residents safe	Get them away from the problem Move her to another table Separate them Make sure he is OK
	Spending quality time	I given them one-on-one time Stay in there for awhile You sit there and listen Talk to them Do the face-to-face thing
	Something to do	We got puzzles down there Something other than staring at the walls Do a little dab of stuff Interested in something else



Victims' Study

# STRATEGIES

# Strategies

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- Dependent upon the setting
- In behavioral health strategies were more psychopharmacological
- Same strategies used as in nursing home
- Much lower caregiver to resident ratio

# Conclusions

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- All involved in RRV view themselves as “victims”
- Misconceptions/baggage often trigger RRV
- Data supports the NDB Model
- RRV threatens the basic human rights of safety and security



Caregiver Study

# **INCIDENTAL FINDINGS**

# Characteristics of Caregivers

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- Age: Mean = 33 Range = 21 to 60 years
- Years of NH experience: Mean = 5.25 years  
Range: 1 to 10.5 years
- Race: 6 African American 5 Caucasian
- All acknowledged some on-the-job training  
(advice from other CNAs) in the management  
of RRV



# Characteristics

- Self-sacrificing

- Prioritized care of residents ahead of:

1. Themselves: “I just keep asking myself, what if it was me or my mom.”

Placed themselves in harm’s way to protect residents. 2.

Career and earning potential: “I got accepted into nursing school but decided against it. I know what RNs do. Who would take care of my residents.”

3. Family: attending laboring sister, planning grandmother’s funeral, etc.

# Characteristics

- Forgiving
- Prioritized care of the residents over:
  - Dignity: “They beat on me every day and sometimes they call me the “n” word. If anybody else did it I would be upset. They don’t meant it. Some of them are old and still living in the old days. They had black maids and so on. They don’t know any better.”

# characteristics

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- *Creative*
- Spelling games
- Acting out previous occupations and pursuits

# Motivators

- NOT MONEY Although they would certainly appreciate more.
- 1. Reward in heaven: “Life is hard now, but we’re all that some of them have. If we take care of them now, we’ll get our reward in heaven. It will be more than we can even imagine.”
- 2. Self-satisfaction: “I couldn’t live with myself if I didn’t do what I can do to help these folks. When I get a smile or a kiss on the cheek I go home happy.”
- 3. Felt that they were “called” to do what they were doing: “I’m supposed to be here. This is my job. If I go anywhere it will be to get some more training so that I can open my own group home or something. It will be the way nursing HOMES are supposed to be. It will be all about my little people. I could never stop taking care of them.”

# So what?

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- Use the data to develop interview guide for hiring.
- Periodic reviews to gauge CNA satisfaction
- Find out what they are actually doing with the residents—those who document may not always know or understand the impact of these workers and the strategies that they employ
- Reward CNA efforts
- Provide learning opportunities—these CNAs wanted more opportunities to learn ways to make their jobs easier and more effective

# Special Thanks

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