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Addressing Aggressive Behaviors in Long-Term Care Settings: How Do Caregivers Feel Supported?

By

Betty Kortey

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Science

In

Aging Studies

Minnesota State University, Mankato

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Addressing Aggressive Behaviors in Long-Term Care Settings: How Do Caregivers Feel Supported?

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This thesis has been examined and approved by the following members of the student's committee.

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ADDRESSING AGGRESSIVE BEHAVIORS IN LONGTERM CARE SETTINGS: HOW DO CAREGIVERS FEEL SUPPORTED?

BETTY KORTEY

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF

MASTER OF SCIENCE IN AGING STUDIES

MINNESOTA STATE UNIVERSITY, MANKATO
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ABSTRACT

Caregivers are faced with great challenges when it comes to handling aggressive behaviors among long-term care residents and, therefore, need support in managing resident aggression. Qualitative in-depth interviews will be conducted with a convenience sample of caregivers on the occurrence and management of aggressive behaviors in long-term care settings. The findings of the research will show that caregivers have difficulties handling aggressive situations which sometimes leads to caregiver stress and high turnover. Long-term care facilities give inadequate support in managing aggressive behaviors leading to challenges in staffing. Findings will help fill the gap in the published research on what makes caregivers feel supported and provide evidence-based recommendations to help facilities support and train caregivers on effective interventions in managing aggressive behaviors.

Chapter 1: Introduction

As the population of older adults in the U.S. grows, caregiver shortage has become a significant concern for the future of long-term care (LTC) settings, which strive to provide quality services for the aging sector. According to the U.S. Census Bureau, by 2050, the total number of adults ages 65 and older will rise to 85.7 million people, or roughly 20% of the overall U.S. population (Introduction: 2021 Senior Report). This demographic change comes with an increasing demand for healthcare and long-term care services, including caregivers to support older adults as they age. Addressing aggressive behaviors in LTC settings has become a complicated subject that can present challenging clinical management issues for staff, especially when residents have behavioral problems, cognitive impairment, and disabilities. Nursing assistants working in LTC facilities have the highest incidence of workplace violence of any American worker, with 27% of all workplace violence occurring in the nursing home (Hall, 2009). This prevalence is likely an underestimate due to many episodes of aggression not being reported (Hall, 2009). Aggressive behaviors can be from residents to caregivers and/or resident to resident.

In LTC settings, up to 90% of people with dementia experience behavioral and psychological symptoms, more often in advanced disease stages (Travedi et al., 2013). Among individuals with dementia, agitation and aggression are challenging for nursing home and assisted living staff and are associated with adverse caregiver outcomes, including lower job satisfaction, staff turnover, stress, and poorer psychological health (Shinoda-Tagawa et al, 2004b). Therefore, LTC settings must address these issues, educate and develop skills to manage

residents with aggressive behaviors to provide sustainably high-quality care. Because of aggressive behaviors in LTC, Shinoda-Tagawa et al (2004b) stress the need to identify effective staff intervention strategies through periodic training to help caregivers maintain overall health to provide quality patient-centered care.

Given the harmful consequences of resident aggression towards caregivers, it is very important to develop effective interventions in aggression management as well as support strategies for caregivers in managing aggressive behaviors in LTC settings. This research seeks to contribute to these goals by exploring whether LTC caregivers feel supported by existing strategies used by management in dealing with aggressive behaviors from residents. Also, this research explored caregivers' ideas about how they can be best supported by facility management in managing residents' aggressive behaviors. Given these goals, I examined ways that LTC caregivers experience and make sense of managerial support when confronting aggressive behavior from residents. In addition, suggested actions are necessary to successfully handle aggressive behaviors in long-term care facilities and new ways by which management can support caregivers in managing aggressive behaviors.

Chapter 2: Literature Review

One definition of aggression is “an overt act, involving the delivery of noxious stimuli to (but not necessarily aimed at) another object, organism, or self, which is not accidental” (Patel & Hope, 1992, p. 212). In other words, any unwanted or unpleasant verbal or physical activity directed at another could be considered aggression. The estimated point prevalence of aggressive behaviors in dementia is 30% to 50%, with an overall prevalence of more than 90% of persons with dementia potentially experiencing at least one episode meeting the criteria for aggressive behavior throughout their condition (Cipriani, Vedovello, Nuti, & Di Fiorino, 2011; Keene et al., 1999; Kunik, Snow, Davila, Steele, et al., 2010; Lyketsos et al., 2002; Zhao et al., 2015).

LTC residents who exhibit aggressive behavior pose care challenges to staff and other residents. Aggressive behaviors can cause injuries, including fractures, dislocations, lacerations, bruises, hematomas, and reddened areas, reported among nursing home residents (Shinoda-Tagawa et al., 2004). Aggressive behaviors become challenging and burden caregivers in LTC settings. Although empirical data are lacking, it is commonly thought that troubling resident behaviors, including aggression, contribute to increased staffing needs, burnout of caregivers, and increased staff turnover (Heine, 1986). Low staffing levels and high staff turnover lead to higher staff stress levels. When caregivers are stressed and overworked, they cannot take the necessary time with residents who might be agitated or confused. High staff stress levels can increase aggression in residents. This literature review examines the forms, triggers, and strategies for managing aggressive behaviors in LTC settings. Additionally, it illustrates the challenges and effects on caregivers and how they should be supported in handling aggressive behaviors in the LTC settings.

Causes and Triggers of Aggressive Behaviors in LTC

Most aggressive behaviors in LTC are caused by different triggers such as situational causes. These triggers include wandering into one's personal space (Shinoda-Tagawa et al., 2004b), or private room (Rosen et al., 2008a); intolerance of cognitively impaired residents (Rosen et al., 2008a); attempts at social control; roommate problems (Pillemer et al., 2011); loneliness and feeling of abandonment (Rosen et al., 2008a). Pre-dispositional causes and triggers include lower cognitive function (Shinoda-Tagawa et al., 2004b) and communication difficulties (Eller, Griffin, & Mote, 2003). Inability to communicate a need, desire or discomfort can lead to an aggressive episode. Also, the invasion of residents' personal space or the violation of personal territory may account for their aggressive behavior (Kihlgren et al, 2004). Unfortunately, personal space becomes impossible to avoid when assisting with activities of daily living (ADLs) such as bathing, feeding, oral care, and helping with transfers are the precipitating moments in which aggression usually occurs. (Gates DM, Shaw, Miller, Sandvide, 2009). Residents with dementia who cannot communicate, are disoriented, or are confused, become fearful and aggressive when staff attempt to provide care (Rosen et al., 2008a). Some researchers found that Alzheimer's disease and related dementias may occur without warning or represent unprovoked and unanticipated actions (Pillemer et al., 2011) leading to violence without any cause. Also, psychosocial stress of residents, such as the death of a spouse or denial of resident wishes, can encourage aggressive behaviors.

In addition, there is a finding regarding the relationship between aggressive behaviors and demographic factors such as age and sex. Menon and colleagues (2001) reported higher levels of physical aggression among younger residents. Also, Voyer and colleagues (2005) found

higher levels of aggression among residents over the age of 74. Similarly, some have observed that women are more likely to exhibit aggression (Heeren et al., 2003; Vance et al., 2003). In addition, organizational risk factors such as staff training, policies, and staffing levels can positively or negatively affect resident behaviors (Heeren et al., 2003; Vance et al., 2003). Low staffing levels and high staff turnover can lead to higher stress levels among staff.

Resident-to-Resident Aggression in LTC Setting

Resident-to-resident aggression was defined by Rosen, Pillemer, and Lachs (2008b, p. 78) as “negative and aggressive physical, sexual, or verbal interactions between LTC residents that in the community setting would likely be construed as unwelcome and have high potential to cause physical or psychological distress in the recipient.” This behavior is also considered a varied and complex phenomenon (Rosen et al., 2008a) consisting of interaction between the aggressor, the environment, and the injured resident’ (Shinoda-Tagawa et al., 2004a, p. 2075). Aggression can be in many forms, but the two main categories of aggressive behaviors include physical aggression such as kicking, punching, hitting, and scratching, and verbal aggression such as yelling, humiliation, and threatening. It also encompasses destroying properties and threats to harm others.

Resident Aggression Towards Caregivers in LTC Setting

There is a high risk of experiencing aggression when working in an LTC facility. Studies show that aggressive behavior is more likely to occur among older people with cognitive impairment than those with no cognitive impairment (Talerico et al., 2022), even though cognitively intact residents can also assault care aids. Most caregivers find aggressive behaviors of clients challenging to handle, leading to emotional distress, anger, and ineffectiveness. When

a caregiver is involved in any aggressive event, they may experience physical and emotional trauma. Therefore, processes must be put in place to support staff who have been victims of a resident's aggressive episode.

The extant literature suggests that caregivers react to caregiving and behaviors differently based on variations in cultural, ethnic, and racial backgrounds; socioeconomic characteristics; and care recipient characteristics (Cherry et al., 2013; Covinsky et al., 2003; Dilworth-Anderson, Williams, & Gibson, 2002; Heo & Koeske, 2013; Hilgeman et al., 2009; Kim, Chang, Rose, & Kim, 2012; O'Connor, 2012; Prince et al., 2013; Smith, Williamson, Miller, & Schulz, 2011; Sorensen & Pinquart, 2005). Some caregivers handle situations positively, while others escalate situations through negative strategies like arguing with the resident. The experience of being verbally abused, slapped, and kicked by residents in a nursing home becomes frustrating, leading to caregivers giving minimal care due to the fear of resident outbursts. Although empirical data are lacking, it is commonly thought that troubling resident behaviors including aggression contribute to increased staffing needs, burnout of caregivers, and increased staff turnover (Harrad & Sulla, 2018). In addition to presenting a difficult challenge for caregivers, aggressive behavior can negatively affect the quality of life for residents, leading to unmet needs for social interaction, love, and belonging and diminished quality and quantity of physical care.

Strategies and Management of Aggression in LTC Settings

Most often, aggressive behaviors occur during personal care. It is seen as a response to the invasion of private space. It may be prevented or reduced by interpersonal approaches that reflect a set of individualized goals for the resident. (Ryden, 2002). The strategies for preventing and managing aggressive behaviors used by caregivers may include following written instruction

or institutional protocol, medical treatment, therapies for reducing aggression, or behavioral strategies to prevent aggression (Zeller et al, 2008). Unfortunately, not all these strategies are successful. Some care providers demonstrate positive strategies and others negative strategies worsening residents' aggressive behaviors. Care providers seem to accept violence as a natural consequence of their work because the events are seen as an unavoidable and constituent part of their job and impossible to solve. (Sandvide et al. 2004).

Strategies to reduce aggressive behavior include a behavioral assessment to identify prior history and plan interventions. Also, management must intensify training on educating caregivers on conditions associated with aggression, including recognizing, and responding to workplace violence. However, antipsychotic medications have limited efficacy, result in poorer quality of life, and are associated with a high risk of adverse effects. Due to these reasons, clinical guidelines now recommend nonpharmacological interventions (sometimes referred to as “psychosocial interventions”) as the first choice for managing behavioral symptoms (Pinqart, 2003).

Identifying precipitating factors in situations will help caregivers understand the underlying basis for behavior instead of reacting personally. A previous study had shown that an antecedent event could be identified for 98% of aggressive behavior in residents (Ryden, 1991b). Education should be broadened for caregivers to understand specific precipitants of aggressive behavior, including internal and external factors to the resident (Caspi, 2013). Internal factors included a sense of threat or fear; loss of control or loss of previous structure; frustration with tasks that exceeded ability; misinterpretation of staff or other residents; fatigue; impaired perception; pain; and medication effects. The external factors included the physical environment,

staff, or other persons; nature and degree of environmental stimulation; and use of restraints (Caspi, 2003). Education should include communication techniques, both verbal and nonverbal, which are essential keys to preventing aggressive responses. Caspi (2003), stated effective strategies for handling aggressive behaviors. These are as follows: being alert and proactive, being informed about previous incidents in which a particular resident was involved in aggressive behavior, or the history of confrontations between two residents will help predict and prevent future violence. Also, redirect the resident by switching topics, diverting to a different activity, seeking help from other staff members, and never arguing with a resident involved in the aggressive behavior.

Many researchers have suggested different strategies in dealing with aggressive behaviors but cannot be effectively managed due to inadequate training of management staff and lack of support for caregivers. Despite the recommendations, the evidence suggests that resident aggression continues to be a problem, therefore, there is a need to examine how caregivers experience or understand strategies as they are implemented in the field of LTC. Current research does not have enough data on how caregivers feel and whether the strategies are effective. In this research, I will explore the following research question by conducting interviews and talking to caregivers about how they feel when it comes to managerial support and strategies in managing resident aggression.

Research Questions

1. How do LTC caregivers experience and make sense of managerial support strategies when confronting aggressive behavior from residents?

2. In what ways can management support caregivers in managing aggressive behaviors and what makes caregivers feel supported or unsupported, and why?

Chapter 3: Research Methodology

This qualitative descriptive study took place with a sample of 10 participants gathered through convenience sampling in Minnesota. Interviewed current and former caregivers who have worked within 3 years and addressed research questions through a qualitative research design. The study was approved by the Minnesota State University, Mankato Institutional Review Board (0927/2022). The study interviewed caregivers to share their experiences with aggressive behaviors from residents and the ways that they were, or were not, supported by management in dealing with these behaviors. In-depth interviews were the appropriate method because it allowed the researcher to collect detailed information about a person's thoughts and meanings. Individual interviews were conducted through face-to-face and Zoom meetings. These methods were best because face-to-face interviews helped build rapport, ask follow-up questions, and make participants comfortable sharing sensitive issues. Zoom meetings made interviews easy, flexible, and convenient for participants. Data was secured and protected to maintain privacy. After transcription and data analysis, audio recordings and transcripts were deleted.

The challenge of this research includes potential risks, discomforts, or inconveniences that participants may encounter during their participation in the research. Risk was managed and minimized by using secured internet connections and emails. Participants were advised to use personal emails and delete them when necessary. The researcher used a password to protect recordings and ensure security when transferring and transcribing experiences. There was a possibility of emotional discomfort, upset, or triggered emotions talking about their aggression experiences. Participants could skip questions or exit at any stage during the interview process. Also, actual names were removed from recordings, recordings were deleted after getting the final

transcription data, and specific names of facilities were not mentioned. Also, participants names were taken off and replaced with different names (pseudonyms) on all written reports of this research.

In-depth interviews took 45 minutes, and a consent form was distributed during the recruitment process. The significance of the research was explained along with what the participant should expect during their interview. The data collected in the qualitative study measured caregivers' feelings, attitudes, behaviors, vocal and facial expressions when sharing experiences, not only words. Data collection started after IRB approval and completed collection at the end of Spring semester May 2023. Topical areas that were explored include the types and occurrence of aggressive behaviors, the effects of aggressive behaviors on caregivers and their provision of care, managerial support caregivers received in managing aggressive behaviors, and the changes they expect to see regarding support.

Research Settings

In this study, caregivers were interviewed to share their experiences with aggression in LTC settings. All participants met the inclusion criteria: currently working in LTC or within three years, have experience with resident aggression, and 18 years or older. Participants were recruited through word-of-mouth advertising, posted research flyers in nursing groups and on social media to recruit target population. Recruitment was done by posting flyers on Facebook nursing groups, WhatsApp status, and LinkedIn network or profile stories for interested participants to email the researcher directly. In addition, signing up for participation was done through email or by calling the contact number on the flyer. Researcher screened participant interested through phone calls, responding to comments and replying to messages. Participants

were eligible if they identified as current caregivers, worked as a caregiver within 3 years, 18 years old and have experienced any resident aggression. After sharing information about the research, interested people within the eligibility criteria signed up for participation and scheduled date and time for interview. Participant selected includes 6 current caregivers and 4 former caregivers. The ages of 7 participants were between (20 – 28) years and 3 participants between (30 – 35) years. Race ranges from 3 whites, 3 black Americans and 4 Africans with a total of 6 females and 4 males. Geographically, 5 participants resided in Mankato, 2 in Shakopee, 1 in Rochester and 2 in Eagan located in Minnesota.

During the interview, rapport was established with participants through verbal and non-verbal communication patterns, especially voice patterns, body language, and eye contact. First, participants were called the day before the interview for a brief introduction and described to participants what to expect followed by the consent form. This helped to improve familiarity and started building a successful interpersonal relationship. At the beginning of the interview, the consent form was read to receive a verbal consent. Also, during the interview process, interview questions were asked, eye contact was maintained when speaking to participants, showed interest and avoid barriers that can block visibility like big notepads, chairs, or sitting distance away from the participant. According to (Hermanowicz 2002), some strategies used when conducting interviews include having a great conversation so that participants will open- up. As a researcher, I listened carefully in silence when the participants were talking, picking up clues for follow-up questions to explore their significant meaning. To avoid confusion, questions were grouped into topical areas and probed further with follow-up to get more detailed information. Also, respect was shown to participants and redirected to main questions when necessary.

The interview format took a conversational approach by sharing personal stories and similar experiences while maintaining objectivity. Objectivity was achieved by focusing on participants' experiences and perspectives while pushing for concrete details and meanings. The interview guide was developed under multiple reviews and under the guidance of the research committee. The interview guide was divided into three: the first half included questions about the types of abuse, triggers and descriptions of resident aggression. The second part of the interview guide included questions about the impact of resident aggression on caregivers and the services provided. The third part of the interview guide included questions about management's support to caregivers, effectiveness of training on resident aggression and recommendation from caregivers in addressing resident aggression toward caregivers.

Analytic Strategy

The project was funded by a Graduate Research Grant from Minnesota State University, Mankato, received in Spring 2022, which was used to pay for transcription services. After each interview, zoom audio or recorded audio files will be sent to Rev transcription services one at a time. In addition, memo-writing was done after each interview to identify interesting and significant themes to give a summary of the interview. Transcripts were reviewed and changes were made to subsequent interviews as needed. Once the data was collected, they were sent to Rev Transcription to be transcribed verbatim followed by initial coding. According to Charmaz (2014), coding means categorizing data segments with a short name that simultaneously summarizes and accounts for each piece of data. Coding helped in identifying themes for the research findings and results section.

Data was analyzed using coding in the grounded theory approach. Grounded theory refers to systematic inductive methods for qualitative research aimed at theory development (Charmaz 2014). It focuses on allowing the genuine concerns of study participants to arise through an inductive analytic process, thereby conceptualizing the data by asking analytic questions of it. This consisted of two main phases; 1) the initial phase involving naming each word, line, or segment of data, followed by 2) a focused, selective phase that uses the most significant or frequent initial codes to synthesize and organize large amounts of data (Charmaz 2014, p – 46). Themes and summaries were generated by using Rev transcription, researcher compiled themes from each interview transcript, grouped them under broad themes and various subtopics under the main themes. After coding for themes, the final stage was focused on memo-writing and developing ideas. Researcher independently coded transcript and met with advisor to discuss, resolve coding discrepancies and reach consensus. Thematic content analysis was performed using QRS NVivo 14.

Chapter 4: Results

Interviews were conducted with 10 participants, 6 of whom are currently working as a caregiver in a long-term care facility; the remaining 4 are former caregivers who worked at a facility for the past 3 years. All participants have experienced some type of aggressive behavior from residents while working as a caregiver. The experiences of participants centered around a) triggers and types of resident aggression; b) the impact of aggression on caregivers; and c) the support from management in addressing residents' aggressive behavior in long-term care facilities. All names presented in the result are pseudonyms.

Themes

Aggressive Behaviors in the Long-term Care Setting

Types and triggers of aggression

All participants experienced various forms of aggression from residents. The most common types of aggressive behavior encountered include verbal aggression such as accusations and physical aggression such as throwing objects and hitting. Geo (former caregiver) described routine incidents of aggression, saying that anytime she goes to work, a resident will fight her and accuse her of stealing her things when it is time to change her. Mimicking this resident, Geo said, "What are you doing in my room? You came here this morning; you stole this amount of money from my safe. You took my necklace, you took my perfume, you took my socks and all that.' There are times where she'd be throwing things at me". Pat (current caregiver) also stated the types of aggression he has encountered include "emotional aggression, to physical aggression, to verbal aggression, or just being a punching bag, or like an outlet for emotions for some of the residents of these places". Ada (former caregiver) stated, "I have received both

verbal and physical aggressions such as shouting, there was an incident that a resident called me the B word”.

Similarly, another participant, Mal (caregiver), described her experience: "There was one incident where a resident told me she saw a male in front of the facility, so I went to check and there was nothing there. When I told her there was nothing, she started yelling at me, calling me the N word. Later, she started yelling even more, and other caregivers had to come and witness that there was nothing in front of the door”. The participants explained the types of aggressive behaviors that occur most and how they happened. According to these participants, resident aggression manifests in many ways, and caregivers must be ready to navigate these possibilities when working in long-term care.

Another participant described when and how aggression started. Yul (current caregiver) described a physical aggression incident: “A resident had her lights on, the moment I got to the room she pulled a pen, ‘Get out of my room’ and she was just coming towards me with an open pen and another resident tried hitting me with his walking stick because I told him he cannot smoke in his room due to another resident with oxygen”. Several participants have noticed that aggression tends to happen when providing direct services or if they do not get what they want.

The interview also explored potential triggers for aggressive behaviors in residents, such as when receiving personal care, missing family members and side effects of medications. Echoing Yul’s story above, 7 out of 10 participants shared that aggression mostly happens when caregivers are providing personal care. Yul (former caregiver) shared: "I worked with a client who would often become verbally aggressive if she didn't get her way or when we tried to give her a shower. She would throw things at us and even hit us and becomes physically aggressive”.

Behavior can be triggered when residents miss their loved ones or remember past losses. Mary (current caregiver) described: "Some residents will tell you they missed their family and will be expecting them if they don't show up, they will get upset whenever you ask them to do something like taking meds". Another participant mentioned that residents wanting to be close to their loved ones can be a factor as well. Jac said, "The thought of being away from family their loved ones make them angry because most people don't want to be here." This explains that staying away from families can also trigger aggression. Lastly, medication can also be a factor due to its side effects. One caregiver, Pal (current caregiver) explained how medication can influence behaviors, saying, "There was a resident who easily becomes agitated or easily swings mood some minutes after taking his medication in the afternoon, he talks a lot and enter other resident's rooms". According to participants, then, some drugs may lead to behavioral changes, in turn leading to aggression.

Impact of Aggression on Caregivers

Many of the caregivers reported how aggressive behaviors from residents contributed to a general feeling of being unsafe in the workplace, which often made being at work uncomfortable or worrisome. Yul (caregiver) described an incident that led to a more general feeling of being unsafe: "One time a client slapped me for no reason, and you cannot do anything about it. I try my best to help the client, but sometimes you feel very unsafe because you don't know what will happen next". Ada (former caregiver) reported: "Aggressive behaviors in long-term care settings have led many caregivers to quit, feeling abused, unprotected, and insecure". Pal also reported: "I left my previous job because the resident was always aggressive". Like these, several

participants mentioned instances where caregivers resigned due to feeling unsafe and overwhelmed by the aggressive behaviors they face.

In addition to safety, participants explained how aggressive behaviors from residents can affect the quality of care provided. In this way, residents' aggressive behaviors can be harmful not only to caregivers, but more indirectly, to residents themselves too. As Geo (former caregiver) explained, "So sometimes it affects the quality of services. Things you need to take time, you might sharply do it and leave because you don't want anything to happen next". Ada also discussed the challenges of providing quality care when faced with aggression and the need to quickly complete tasks to avoid further incidents. She said, "I felt really insecure, especially with those physical aggressions. Anytime I go to search rooms I feel so insecure, and I try as much as possible to do my work quickly and leave the room before anything happens". Another participant described how aggressive behavior can affect services provided. Mos (caregiver) stated "when you are working with somebody and the person is emotionally abusing you, there's no way you'll be able to render great services to the person, you try as much as possible to leave their presence without taking more abusive words from them". Thus, according to the participants, experiencing aggression at work has substantial implications for caregivers and the quality of care provided. As they explained it, the presence of aggressive behaviors affects caregivers' confidence and cautiousness in providing care, thus impacting the quality of care they deliver.

Furthermore, they expressed feelings of sadness, frustration, and burnout which affects their mental health. Cody said, "Yeah, sometimes you are burnt out, stressed, and confused. To be honest, I don't feel safe, sometimes we need to call 911 to calm situations". 4 out of 10

participants shared that they quit their previous job due to burnout because of aggressive behaviors. Ada shared: "I left my previous facility because of a resident's aggressive behavior". Ebe (former caregiver) expressed how he felt "the constant exposure to aggressive behaviors can lead to burnout and fatigue for caregivers. It's a difficult decision, but sometimes quitting is the only way to preserve their own well-being". Resident aggression affects caregivers' mental health, and most of them reported that it made them sad, frustrated and burnout. Another caregiver explained how these aggressive behaviors make her feel insecure, stressed, and emotionally drained; Mal said, "I really felt sad and bad because I was there to help them to make their life better and I was treated that way. Pel (current caregiver) described how she felt by saying, "I sometimes cry, and it does not help with my emotional or mental state". Like others, these participants emphasized the negative impact that aggressive behaviors have on their mental health.

The Role of Management

Feeling supported, or not

In addition to the impact of aggression on caregivers, all participants reported that the role of management is very important when it comes to dealing with residents' aggressive behavior. They expressed mixed feelings about how management handles aggressive behaviors. Some caregivers highlighted the importance of feeling supported by management by describing instances where they felt supported, such as receiving reassurance and intervention when faced with abusive residents. For example, Mal shared a positive story where management was involved: "One instance I was supported was when one resident called me the N word. They came in immediately I reported, they came into the residence room and spoke to the resident, and

they also told me it's not right for the resident to do that, this made me relieved and felt supported". Describing another instance, Mal also said, "She helped me, reassured me that it's not my fault, came upstairs, told the patient that this is not allowed. Everybody needs to feel safe over here". Like Mal, several participants mentioned instances where management intervened into situations of resident aggression and effectively addressed the issue.

According to participants, reinforcement from management is paramount, as it positively impacts caregivers' well-being and their ability to cope with aggression. Another participant (Ada) mentioned this by saying, "The director of nursing was passing by, so she heard the resident screaming at me and she just knocked and came and said, 'Why are you doing this to him, do you know why he's here? He's here to help you, without them we can't do anything for you. So, you must respect them". Management showed concern and talking to residents about their behaviors made them feel supported and not alone. On the other hand, participants described situations where incidents were overlooked or not properly addressed by managers. They suggest that management should provide more support and protection for caregivers. Jac (current caregiver) recalled that she was not generally supported after incidents of resident aggression: "No, I didn't feel supported. Management was not supportive at all when it comes to resident aggression, they are only interested in the documentation". Some managers do not respond if the resident is known for a particular behavior. Mos (current caregiver) shared, "Where I used to work nobody did anything, I didn't get support from my supervisor or anybody because that resident is known for doing unacceptable behaviors". They mentioned instances where management overlooked incidents or did not address them properly because it happens regularly for some specific residents.

Geo shared an interesting reason why she thinks management do not support caregivers in aggressive situation, saying, "Supervisors feel like they have to protect the residents more than you, the caregiver, because the residents bring the money into the institution". As Geo sees it, managers in out-of-pocket facilities tend to support residents over caregivers.

Training and its effectiveness

As an aspect of management, caregivers reflected on the presence, or absence, of training on how to handle aggressive behavior, and most were frustrated by what they perceived as a lack of adequate training or other resources for them. One participant shared his experience about training effectiveness. Cody stated: " I will say that when you work in a nursing home, or group home, they provide general training, but some facilities add specific training when needed depending on incident that happens frequently which was helpful and effective". The effectiveness of the training in helping caregivers handle aggressive behaviors may be because of adding specific trainings depending on the facility and residents. Caregivers in long-term care settings receive general training, but it may not specifically address aggressive behaviors. Yul shared his opinion about training, and he stated that: "The training is not always comprehensive, or person centered and may not be tailored to the specific needs of the residents therefore not effective sometimes". Ada also shared: "some facilities provide more comprehensive and person-centered training, while others may only offer online training that does not cover aggressive behaviors, but I prefer additional person-centered training in managing behaviors". The response from participants shows the importance of personalized and adaptable strategies for managing aggression.

Participant shared the frequency at which they receive training in their workplace, other places may only provide online training once every month on different topics which may not cover aggressive behaviors adequately. Jack described: "I would say only 1 out of 3 of the facilities I worked in the past provided regular training, resources, and educational models about resources on how to handle verbal abusive or physically abusive patients". Mal also shared her experience about provision of resources and education in handling aggression: "With all the places I've worked, we do the training on aggressive management once but there are some places that they do their training regularly, but sometimes it helps in managing aggression and sometimes it doesn't, it is a situation 50/50". Mary also responded: "training is not person-centered or geared toward aggression therefore not effective for aggression management". Another caregiver stated that what they did learn through training was often easy to forget. Yao (current caregiver) said "Yes, our online training includes aggressive behavior management, but I do forget easily therefore prefers practical trainings". Overall, for various reasons, the caregivers stated that the strategies they learned to manage aggressive behaviors were only partially useful or effective.

Other participants described the need for more training. Jac shared: "They need to always do a continually training to prepare caregiver for aggressive situation". Another participant Yul shared the same view and added: "They need to train us more in it so that we can know how to approach it. I think that will help to minimize the aggression and handle it well". Participants explained the need for more training and stimulation in handling aggression. However, some participants were careful to note that there is no one-size-fits-all approach and that strategies need to be tailored to individual patient needs. For example, Mary stated that "there's not a one size fit all for reaction or management of a patient. You need to fine-tune those resources to the

specific patient needs”. This also highlights the importance of personalized and adaptable strategies for managing aggression.

Some participants also mentioned that there is often a lack of protocols in place to address aggressive behaviors from residents towards caregivers. They emphasized the need for documentation, clear boundaries, and expectations of respect for both residents and caregivers. They also suggest that management should receive training on how to support staff and handle aggressive behaviors. Pel stated that "There wasn't anything specifically with a protocol, like a protocol you have to follow when there's a client doing this or that". Cody mentioned the lack of protocol as well: "I think not, actually. There is no protocol to handle aggressive behavior to staff, but there is protocol to handle aggressive behavior from staff to patients”. Similarly, Ebe recounted facilities that provided him with resources and specific protocol to address resident aggression, and throughout his considerable experience, he could recall only a few examples of protocols in place. He said, “Only two out of the six facilities I worked at provided resources and education on how to handle aggressive behavior.” This suggests that there is a lack of consistent training across long-term care centers, which can leave caregivers ill-prepared to manage aggressive behaviors.

Given the harmful impact of resident aggression on caregivers’ feelings of safety and their mental health, it is likely unsurprising that it can lead to increased stress and burnout among caregivers. This can result in high turnover rates as caregivers may choose to leave their jobs if they do not feel supported by management. The interviewee highlighted the importance of having adequate staffing levels to prevent and manage aggressive behaviors. Yao shared that,

“Hiring more staff and providing one-on-one care for clients who exhibit aggressive behaviors could help alleviate the burden on caregivers because these residents need more attention”. Pel also shared the same opinion, “Most caregivers quit when residents are aggressive therefore management should hire more people to reduce the stress”. Some caregivers believed that having enough staff will help in dealing with aggression by getting immediate help from coworkers. Jac recalled the staffing ratio in some facilities that he worked at: “In the assisted living where I work, there is one staff on each floor during the night shift with a total of 20 residents”. Ada described his experience with staff shortage, “some residents become aggressive if their needs are not met in time but do not have a choice if there is staff shortage. Can you imagine a one staff to ten or more ratio”? Participants expressed how aggressive behavior can cause caregiver shortage, in turn leading to burnout due to unbearable staffing ratio.

In addition, two participants stated that availability of resources and supervision for management officials in handling aggressive management will be very helpful for staff. Ebe recommended that, “There needs to be resources, like psychological resources provided by institutions for care providers to deal with variety of situations”. Ada also shared, “you go through stuff and there's no counseling for you, there's nobody to talk to debrief or calm you down”. Participants expressed that having resources such as counseling available to staff will provide a safe space to discuss situations and coping skills to alleviate stress. Lastly, a participant Pat (former caregiver) shared the need for regular survey of long-term care settings: "I would like more qualified personnel from the state to come and analyze what the policies of the facilities are, whether policies are being implemented and what can be done to improve quality care and services for both residents and care providers”. Participant suggested frequent survey

and supervision of long-term care facilities. Similarly, another participant mentioned training for management officials in LTC settings, Mary stated: “I think the management also needs more training to be able to address different aggressive issues and train their staff properly”. The caregiver brought to light the importance of training management officials on strategies to manage aggressive behaviors and training caregivers appropriately.

Chapter 5: Discussion

Our attention is required because aggressive behaviors in long-term care institutions are a complicated and urgent problem. The issue of aggressive behavior among residents and caregivers in long-term care institutions has gained considerable attention. When residents in these institutions behave aggressively in verbal, physical, psychological, or emotional ways, caregivers frequently find themselves in difficult situations. This study outlined many facets of this issue in this discussion, including the types and causes of aggression, training and procedures, the effect on caregivers, the efficacy of measures, management support, safety concerns, and the impact on work quality. Considering these findings, the necessity of comprehensive protocols and provision of additional suggestions for properly resolving resident aggression were examined.

1. Aggression Types

According to the respondents, the most prevalent forms of aggression are verbal and physical, especially when residents are receiving direct personal care or when they are not getting their way. It is crucial to remember that hostile words, a lack of cooperation, insults directed towards caregivers, punching, and item throwing are all examples of verbal and physical violence. (Shinoda-Tagawa et al., 2004a) stated that aggression can be in many forms, but the two main categories of aggressive behaviors include physical aggression such as kicking, punching, hitting, and scratching, and verbal aggression such as yelling, humiliation, and threatening. This is the same as the responses given by caregivers in this study. Nevertheless, psychological and emotional aggressiveness are also included in the range of aggressive actions,

which goes beyond verbal and physical violence. For caretakers, verbal aggression can be emotionally draining because they frequently encounter demeaning remarks and abusive language. This finding echoes the research by (Sorensen & Pinquart, 2005) that stated that the experience of being verbally abused, slapped, and kicked by residents in a nursing home becomes frustrating for caregivers. Managing residents with cognitive disabilities presents an additional challenge because these people may not have complete control over their speech and behavior. De-escalation strategies are vital for caregivers to learn because they can help diffuse tense situations and refocus verbal aggressiveness toward more positive interactions. This research highlights how pervasive the problem is and how crucial it is for caregivers to be equipped to deal with a range of behaviors.

2. Triggers of Aggression

Developing successful solutions to manage aggressive behaviors toward caregivers requires an understanding of the factors that contribute to aggressive behavior in long-term care institutions. The interviewees said that limitations on behaviors and providing personal cares such as activities of daily living leading to invasion of personal space. This is in line with another research describing that, the invasion of residents' personal space or the violation of personal territory may account for their aggressive behavior (Kihlgren et al, 2004). It further explained, unfortunately, personal space becomes impossible to avoid when assisting with activities of daily living (ADLs) such as bathing, feeding, oral care, and helping with transfers are the precipitating moments in which aggression usually occurs. It is surprising and noteworthy that some participants in this study stated that most aggression happens when caregivers are providing

personal care. Other triggers include denial of privileges unfulfilled demands, and personal insecurities are examples of possible triggers. The loss of a loved one, negative drug reactions, and the absence of family members can also cause aggression. This emphasizes how complicated the issue is and how important it is that caretakers have a thorough awareness of the underlying reasons.

Potential solutions include more frequent orientation and instruction for residents, which could promote mutual respect and understanding between caregivers and residents. Caregivers must have empathy and a deep understanding of the individual needs, history, and background of each resident to identify and treat these triggers. This individualized strategy is essential for controlling and preventing aggressive behaviors. To successfully navigate the triggers that could escalate into aggression, caregivers should undergo training in cultural sensitivity and conflict resolution. These catalysts highlight the necessity of a thorough strategy to identify and resolve the root causes of resident hostility. Potential solutions include more frequent orientation and education for residents, which could promote compassion and respect for caregivers.

3. Effect on Quality of Work

The prevalence of aggressive tendencies is having a significant impact on the quality of caregivers' work. Caregivers report feeling anxious, worn out emotionally, and insecure, which could lower the level of care they provide to residents. When caring for aggressive clients, caregivers may become cautious and less confident, which has a direct effect on the quality of care they provide. This aligns with the literature review stating that aggressive behaviors lead to

caregivers giving minimal care due to the fear of resident outbursts (Sorensen & Pinquart, 2005). Sometimes caregivers rush through duties to reduce the likelihood of more incidents, which lowers the standard of care even more. Aggressive behaviors have a negative emotional and physical impact on caregivers, which impacts not only their well-being and job satisfaction but also the overall quality of care provided at the facility. Stressed-out, sad, or emotionally exhausted caregivers are less able to give residents the kind of care they require and deserve.

4. Concerns about Safety and Support

It is important to recognize the negative emotional and psychological effects that aggressive actions have on caregivers. The experiences of the interviewees reveal emotions of emotional tiredness, stress, and insecurity. This has an impact on their general well-being in addition to their job happiness. Additionally, their fear of recurrent episodes or bodily harm may affect their ability to provide high-quality care, which lowers the residents' quality of life. One notable deficiency in managing the aftermath of aggressive episodes is the lack of counseling or compensation for caregivers who suffer abuse from residents. By providing resources to assist caregivers in overcoming the emotional toll of such occurrences and counseling services, management should place a high priority on the mental and emotional well-being of their employees. Having management and coworker support can play a significant role in reducing the long-term psychological effects of managing violence.

The management's aggressive efforts to prevent aggression have a significant impact on the respondents' sense of safety. Other concerns include burnout of caregivers and staff turnover

contributing to staff shortage in the LTC setting. From the literature review, (Harrad & Sulla, 2018) stated that, data are lacking but it is commonly thought that troubling resident behaviors including aggression, contribute to increased staffing needs, burnout of caregivers, and increased staff turnover. The findings of this research show and prove that resident aggression towards caregivers and concerns of safety and lack of support can lead to some caregivers quitting their jobs. Caregivers are better able to care for the residents when they feel safe in their work environment. To guarantee a secure working environment, facilities should invest in safety measures, including security personnel presence, self-defense, and conflict resolution training.

5. Support from Management

It is impossible to exaggerate the importance of management in curbing aggressive conduct. It is an issue of safety for both caretakers and residents. The respondents' experiences with management support were varied; they included more frequent occurrences of aggressiveness that went unnoticed or ignored, as well as intervention and direction. When it comes to dealing with aggressive actions, management should be proactive. Advocating for residents and caregivers, putting person-centered training into practice, and making sure staffing ratios meet standards. The management's emotional support is also essential since it can improve the wellbeing of caregivers and their capacity to deal with aggression. When faced with difficult circumstances, caregivers feel more secure knowing they have the support of their superiors, thanks to a supportive management team.

6. Training and Protocols

The alarming discovery is that long-term care facilities don't all provide the same kind of training. To effectively manage and avoid aggression in long-term care institutions, it is essential to have clear protocols and effective training. The experiences of the respondents suggest that only a small number of facilities offer training and resources on managing aggressiveness, which leaves caregivers ill-equipped to deal with these difficult circumstances. The effectiveness of de-escalation procedures and protocols may be questioned even in cases where training is offered, as indicated by the dissatisfaction expressed by interviewees over their efficacy. Long-term care institutions need to make significant investments in thorough training programs that offer caregivers the abilities and information required to deal with a variety of aggressive behaviors to solve these problems. Along with de-escalation strategies, these programs ought to teach participants how to spot possible hostility in others and prevent it. To keep caregivers aware and ready, it is also important to conduct frequent and updated training sessions. When violent occurrences arise, it is crucial to have clear protocols in place for handling them. Guidelines on reporting occurrences, including other staff members, and guaranteeing the safety of all parties involved are necessary for caregivers.

Protocols should also stress how important it is to record events because doing so can help identify trends and put preventative measures in place. To keep long-term care facilities safe and encouraging, aggressive behavior protocols are essential. There appears to be a gap in the guidelines for handling staff hostility toward residents, but not for managing caregiver aggression. These findings are consistent with the literature review stating that strategies for managing aggressive behaviors may include institutional protocol and individualized training

(Zeller et al, 2008). Establishing thorough protocols that prioritize the safety and well-being of all parties involved will handle all sides of the dispute. When caregivers witness residents acting aggressively, these rules ought to outline the actions they can take. For a consistent and successful strategy for managing aggressiveness, protocols should also stress the value of reporting, documentation, and staff participation.

Recommended Actions

All things considered; my findings indicate that several critical actions are necessary to successfully handle aggressive behaviors in long-term care facilities:

1. **Policy Changes:** Facilities ought to think about implementing new rules that put residents' and caregivers' welfare first. Comprehensive training programs, precise procedures for handling aggressiveness, and resources for caregiver assistance should all be part of these policies.
2. **Person-Centered Training:** Put in place training courses that provide caregivers with the abilities and information they need to deal with a variety of aggressive behaviors. De-escalation techniques, identifying potential aggression, and preventative strategies must be included in these programs.
3. **Counseling Services:** To assist caregivers in managing the emotional toll of handling aggression, facilities must provide therapy services. For caregivers who might be in mental discomfort due to their employment, this might be a vital resource to learn and practice coping skills.

4. Rewards for Healthcare Providers: Provide rewards to caregivers to promote a positive work atmosphere. Rewarding and praising caregivers for their commitment and diligence can improve morale and increase job satisfaction.

5. Grievance and Communication Procedures: Streamline resident complaint procedures and communication. This entails properly responding to their worries and offering a means of communication for residents and their families to bring up any problems with the care they get.

In summary, aggressive behavior management in long-term care settings is a complex issue that calls for a comprehensive approach. Caregivers encounter circumstances in which they must navigate a challenging environment of triggers and diverse forms of aggression with insufficient training. These behaviors have an emotional and physical toll that affects the quality of care given to residents, the well-being of caregivers, and their job satisfaction. Long-term care facilities need to make investments in thorough training, precise protocols, and encouraging policies to address this problem successfully. These steps will improve the quality of care and everyone's wellbeing by establishing a secure and encouraging atmosphere for both residents and caregivers. By making these changes, we may strive toward a time when residents receive the greatest care possible, caregivers feel supported, and hostile behaviors in long-term care institutions become less prevalent.

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Appendix A**IRB Approval Letter**

September 27, 2022

Re: IRB Proposal [1899043-3] Addressing Aggressive Behaviors in Long-Term Care Settings:
How Do Caregivers Feel Supported?

Review Level: Exempt (Level I)

Congratulations! Your Institutional Review Board (IRB) Proposal has been approved as of
September 27, 2022.

Please remember that research involving human subjects under the purview of the IRB should
adhere to the most current COVID-19 guidelines available, as set by MSU, Mankato and the
Minnesota Department of Health.

On behalf of the Minnesota State University, Mankato IRB, we wish you success with your
study. Please remember that you must seek approval for any changes in your study, its design,
funding source, consent process, or any part of the study that may affect participants in the study
(<https://research.mnsu.edu/institutional-review-board/proposals/process/proposal-revision/>).

Should any of the participants in your study suffer a research-related injury or other harmful
outcomes, you are required to report them immediately to the Associate Vice-President for
Research and Dean of Extended Campus at 507-389-1242.

When you complete your data collection or should you discontinue your study, you must submit
a Closure request. All documents related to this research must be stored for a minimum of three

years following the date on your Closure request (<https://research.mnsu.edu/institutional-review-board/proposals/process/proposal-closure/>).

If the PI leaves the university before the end of the 3-year timeline, he/she is responsible for ensuring proper storage of consent forms (<https://research.mnsu.edu/institutional-review-board/proposals/process/leaving-campus/>). Please include your IRBNet ID number with any correspondence with the IRB.

Be well,

Julie Carlson, Ed.D., Co-Chair of IRB

Jeffrey Buchanan, Ph.D., Co-Chair of IRB

Jason A. Kaufman, Ph.D., Ed.D., Director of IRB

- 1 - Generated on IRBNet

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Minnesota State University, Mankato IRB's records.

Appendix B

Recruitment Flyer

Participate in Research on Addressing Aggressive Behaviors in Long-term Care Settings.

A Minnesota State University, Mankato researcher in the Department of Sociology is conducting a study on how caregivers feel supported in addressing aggressive behaviors.
Advisor: Dr. Hoy - MNSU, Mankato

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Want to participate?

Contact the researcher :

Betty Kortey
[\(betty.kortey@mnsu.edu\)](mailto:betty.kortey@mnsu.edu).

.....

Topic: Addressing Aggressive behaviors in LTC settings. How do caregivers feel supported?

<p>ELIGIBILITY</p> <p>Participants must :</p> <ul style="list-style-type: none"> - Work in the long-term care - Have some experience with resident aggression or within last 3 years. - Must be 18 years or older. 	<p>ABOUT THE STUDY</p> <ul style="list-style-type: none"> - How long will the interview take? 60 minutes - Where do we meet? Through Zoom Meeting OR Confidential in-person interview
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Minnesota State University,
Mankato. IRB study ID: 1899043



Interview Questions

Background

1. Can you tell me a little bit about yourself?
2. How many years have you worked in the long-term setting? What made you work in LTC settings?

Resident Aggression

3. Have you ever experienced any form of aggression at the workplace? How many times have you experienced it?
4. What types of resident aggression do happen in your facility? Which of the types occur the most?
5. Have you experienced any form of resident aggression or abuse? Can you tell me about some specific instances? How did those experiences make you feel?
6. Based on your experience, what do you think triggers resident aggression?
7. Have you ever experienced any harm or threats to others due to aggressive behaviors? If yes explain?
8. How confident are you that you can see or prevent residence aggression from happening? Tell me why?
9. Have you ever tried to use calming or deescalating techniques before aggressive behaviors appear? If yes, can you share that with me? What are the techniques you use to prevent escalation of resident behaviors?
10. What strategies did you employ in managing those aggressive behaviors? Personally, how do you deal with aggressive incidents?

11. Do you have a standard or go-to process or a procedure that you follow when residents are aggressive? If yes, can you tell me about that?
12. What are the immediate actions you adopt to protect self, residents, and others?
13. Do you feel safe as a caregiver when it comes to aggressive behaviors at the workplace?
Tell me why or why not.
14. Have you ever felt unsafe as a caregiver? If so, can you tell me about a time you felt that way?
15. How does the occurrence of aggressive behaviors affect your work? If you can, try to explain some of the ways that you feel affected in your day-to-day work.

Management

16. Can you tell me the protocol and how your workplace management handles aggressive behavior from residents?
17. Does your training include aggressive behavior management?
18. If you can, tell me about a time when management offered training on handling aggressive behaviors. Does it include more or new strategies? Did you find it helpful?
Why or why not?
19. Do you feel supported in managing workplace aggression? Tell me why or why not.
20. If you can, tell me about a time that you feel supported by management. What exactly did they do to help you feel that way?
21. Do you think there should be changes in how management at your facility deals with these behaviors? What changes would you like to see and why? behaviors?

22. As a caregiver working directly with residents, do you have any other thoughts or recommendations for facility management?

Appendix C

Consent Form

Addressing Aggressive Behaviors in Long-Term Care Settings: How Do Caregivers Feel Supported?

IRBNet Id Number: 1899043

You are invited to participate in a research study on addressing aggressive behaviors from long-term care residents and how caregivers feel supported in managing these behaviors. This research is being conducted by Betty Kortey, a graduate student in Aging Studies at Minnesota State University, Mankato under the guidance of Dr. Aaron Hoy in the department of Sociology. The purpose of this research is to know what management in the long-term care industry can do to help caregivers feel more supported in managing aggressive behaviors from residents. This research has received funding support from Minnesota State University, Mankato. To participate in this research study, you must be: –

- Currently working in the long-term care or have worked in the long-term care or within the last 3 years.
- Have some experience with resident aggression.
- 18 years of age or older

This study has been approved by the Minnesota State University, Mankato Institutional Review Board

(IRBNet Id Number: 1899043).

If you agree to participate in this research study, you will be asked some open-ended questions about your work experiences and how you feel supported in managing aggressive resident behaviors. You may be asked to explain or describe aggressive moments, how you handled them, how you were or were not supported by management in those moments, and what you feel management can do to support you and other caregivers in managing aggressive resident behaviors. Overall, participation will likely take between 60 and 75 minutes of your time.

Participation in this research study is completely **voluntary**. Your decision whether to participate will not affect your relationship with Minnesota State University, Mankato, and refusal to participate will involve no penalty or loss of benefits. If you begin to participate but then decide that you would like to stop, you can exit the interview at any point without penalty or loss of benefits. To exit the interview, you can tell me verbally or and we will immediately end the interview. The number of participants that will be involved in this study is approximately ten.

There may be a **potential risk** of losing your privacy and confidentiality, but I (Betty) will take several steps to prevent this. For example, I will save all recordings with a protected access. Also, I will remove names from interview transcript, and then delete recordings after getting the final transcription. In addition, I will not mention specific names of facilities or co-workers, including any managers you may mention during the interview, in any written reports or presentations based on this research. I will also remove your name and use a pseudonym instead to help protect your identity.

Secondly, there may be a potential risk of emotional discomfort, upset or triggered emotions due to talking about your experiences with resident aggression in the workplace. Please remember

that if you feel this way at any point during the interview, you can skip specific questions and opt out of the interview altogether at any stage.

There may also be **benefits** associated with participation in this research study. For example, you may enjoy reflecting on your own views and experiences and sharing them with me. The experiences you shared and the results of this research can help provide recommendations for long-term care managements to train caregivers on effective strategies in managing aggressive behaviors.

There are no tangible benefits associated with participation in this research study. However, you may enjoy reflecting on your own views and experiences and sharing them with me. The experiences you share and the results of this research can help provide recommendations for long-term care managements to train caregivers on effective strategies in managing aggressive behaviors.

Because you have agreed to participate in this research study, you have a right to a copy of this informed consent page. You can simply print this page for your records, or if you would prefer to receive a copy by email or mail, please contact Betty Kortey at betty.kortey@mnsu.edu or 612-274-4938.

If you have any questions about this research study, contact Betty Kortey at 612-274-4938. If you have any questions about participants' rights and for research-related injuries, please contact the Administrator of the Institutional Review Board at 507-389-1242.

Before proceeding with the survey, please confirm that you have read the information above.

- **Have you read the informed consent page for this research study?**

Please also confirm that you are 18 years of age or older.

- **Are you 18 years of age or older?**

Participation in this research study is voluntary, as described above. You have the right to decline to be in this study, or to withdraw from it at any point without penalty or loss of benefits to which you are otherwise entitled. Now that you have read all of the above information and confirmed that you are 18 years old or older, please choose one of the following: –

- **Do you agree to participate in this study?**