The current study was requested by the Ontario Ministry of Health and Long-Term Care Nursing Secretariat to learn more about the experience of NPs and faculty involved in the COUPN NP CE courses between 2004 and 2007 and to identify learning needs of practicing NPs in Ontario.

Exploring Resident-to-Resident Aggression in Long-Term Care From a Nurse Leader Perspective

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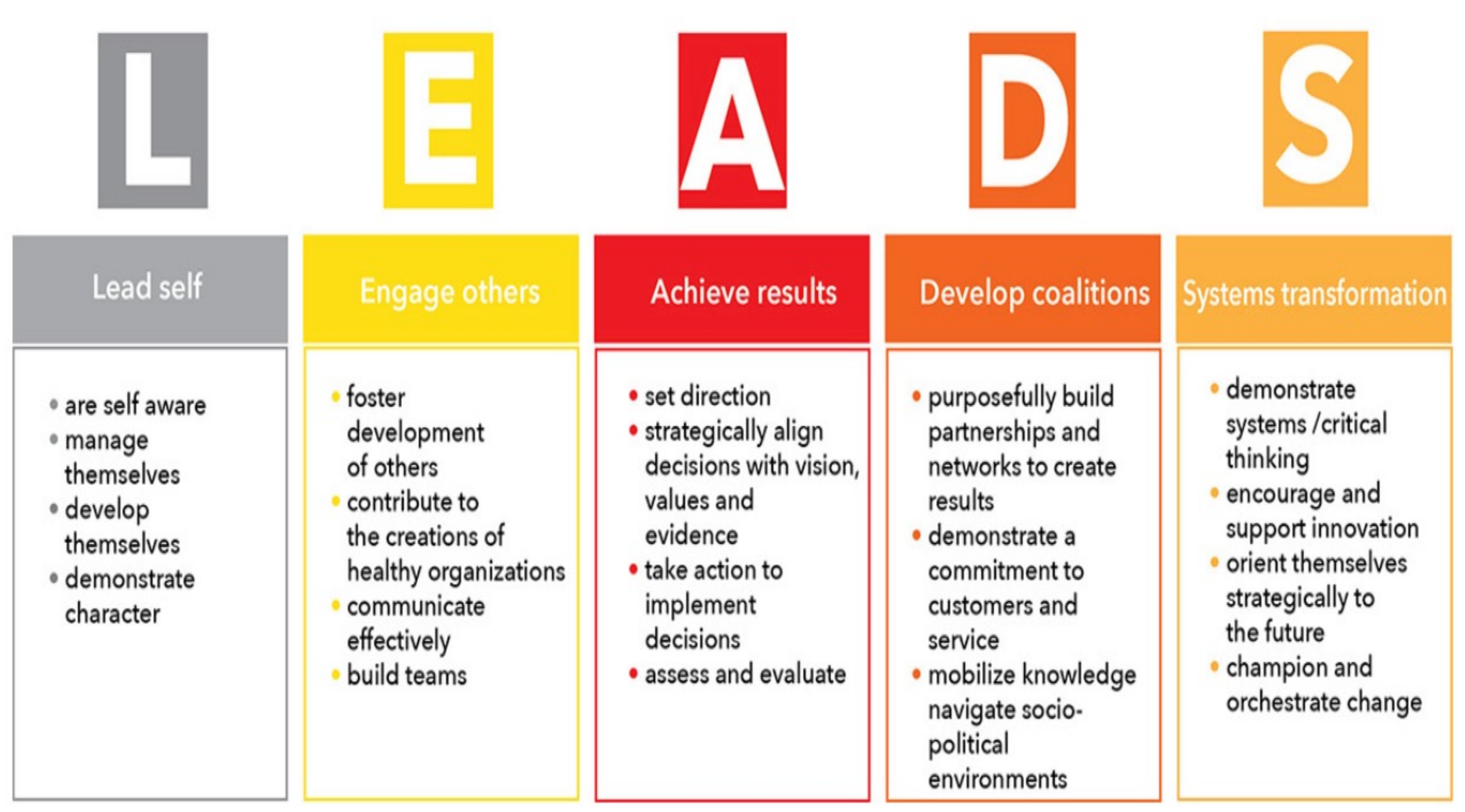
Abstract

Resident-to-resident aggression (RRA) is one of the most common forms of violence in long-term care (LTC) and can have devastating physical, emotional and psychological consequences (Caspi, 2016, McDonald et al., 2015). Incidents of RRA remain under-recognized and underreported (Teresi et al., 2018), necessitating further research to better understand this phenomenon. Strong leadership is instrumental in promoting and sustaining a culture of safety within the organization (American College of Healthcare Executives, 2017) to recognize, manage, and prevent incidents of RRA. In LTC, nurses often assume positions of formal leadership and can therefore play a key role in managing and preventing RRA. However, to date, literature has largely focused on developing the skills and knowledge of frontline staff in reducing RRA (Ellis et al., 2018; Teresi et al., 2018). RRA has not been examined through a leadership lens. **The objective of this ongoing qualitative study was to understand nurse leaders' experiences with, and responses to, RRA in LTC homes in Ontario, Canada.**

Methods: Qualitative descriptive design (Sandelowski, 2010). Participants engaged in a 45-60-minute semi-structured telephone interview. The research was guided by the LEADS in a Caring Environment framework (see below) (Dickson, & Tholl, 2014). This framework is based on the act of caring and recognizes the influence of culture on leadership strategies and has informed the development of our interview guide as well as our ongoing data analysis. Data collection and analysis occurred concurrently in an iterative process (Streubert-Speziale & Carpenter, 2010). Two researchers independently coded transcripts and, once a code template was finalized, all transcripts were coded a second time, following which categories and themes were identified.



https://cjpl.ca/hart.html

Research Questions

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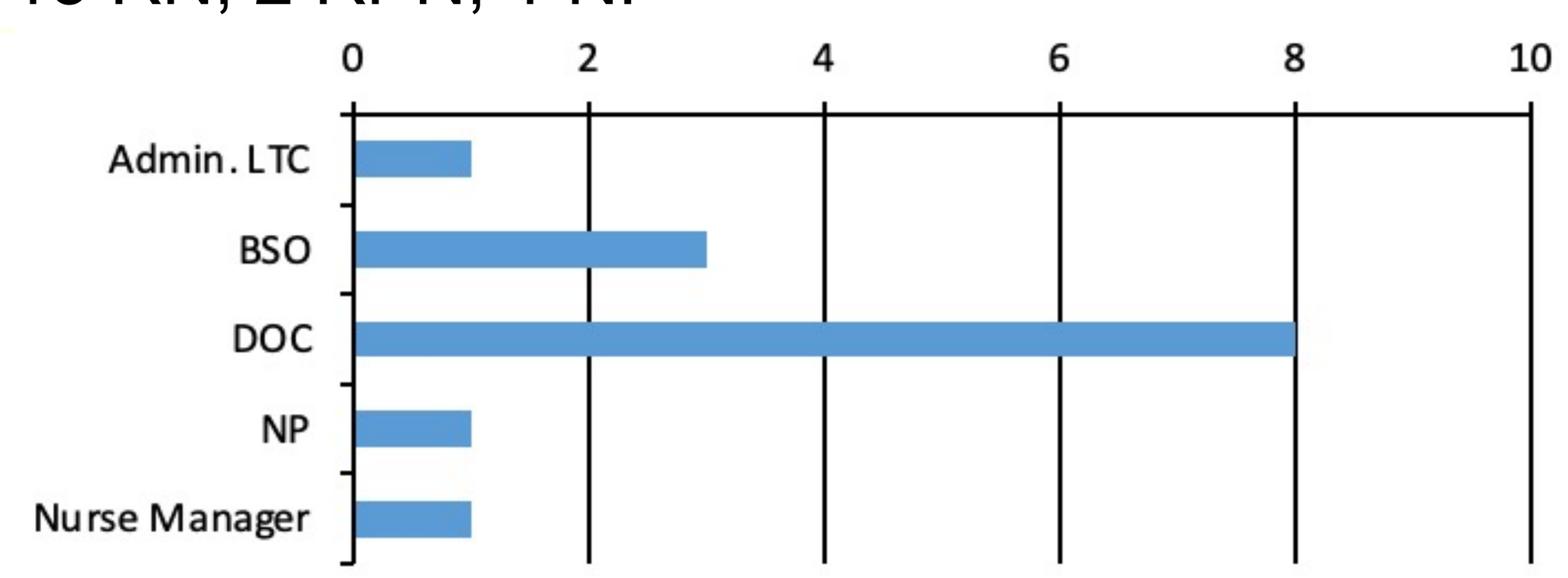
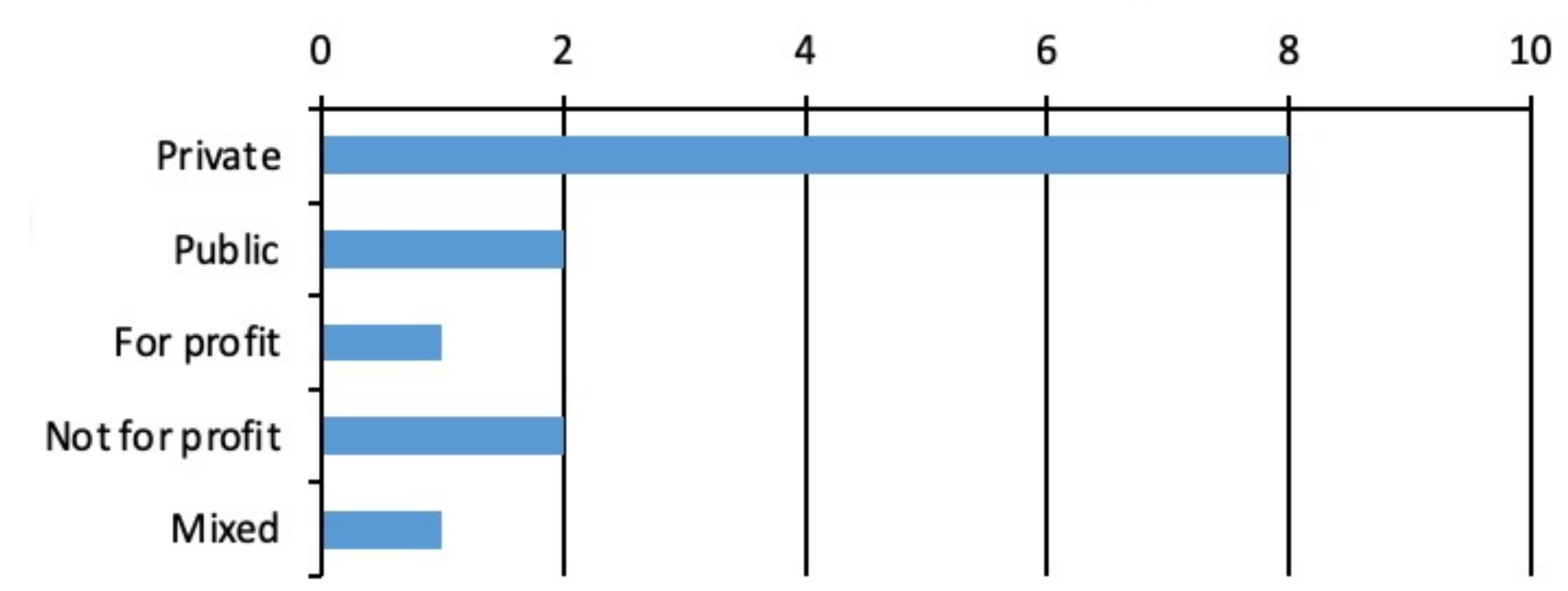
1. How do nurse leaders, working in LTC, describe their experiences with RRA?
2. How do nurse leaders describe their role related to the prevention, identification, management and reporting of RRA?
3. What formal and/or informal leadership and/or management training have nurse leaders received to prepare them to address RRA in LTC?
4. What barriers do nurse leaders face when attempting to prevent, identify, manage and/or report RRA?
5. What resources (human and non-human) do nurse leaders require to effectively prevent, identify, manage and report RRA?

Findings

- 14 formal nurse leaders; 12 female, 2 male
- 13 RN; 2 RPN; 1 NP





All participants (n=14) described resident-to-resident aggression (RRA) as a daily, most often unpredictable occurrence frequently related to dementia. Leaders noted that incidences of RRA could include: physical, verbal, and (to a lesser extent) sexual behaviors that were unwelcomed by other residents. They also suggested that much of the behaviors that they were aware of did not lead to significant physical harm. When introducing the study, participants described their discomfort with the term RRA choosing instead to use the term "responsive behaviors" rather than applying the labels "aggression" or "aggressive". The majority of respondents suggested that these behaviors were a response to unmet physical and/or emotional needs and/or a response to the environment.

Findings

<u>Leadership Role:</u>

- Complex, demanding, and time-consuming
- <u>Preventing</u>
  - Preventing RRA often began before the resident entered the LTC environment
  - Being involved in developing plans of care
  - Importance of information acquired at time of admission
- <u>Identifying</u>
  - Leaders did not describe any one strategy for identifying RRA, rather several different ones including direct observation, huddles/care conferences and reports from staff
- <u>Managing</u>
  - Commenced when leaders saw an incident of RRA or received a report
  - Involved in seeking out relevant information, supporting staff, communicating with families, collaborating with team, managing risk, and educating staff
- <u>Reporting</u>
  - Reporting requirements of Ministry of Health and Long-Term Care (Ontario) were overwhelming and time-consuming
  - Reporting of RRA is often neglected by staff due to a lack of knowledge or normalization of behavior

<u>Barriers to preventing, identifying, managing, and reporting RRA</u>:

- <u>Human Resources</u>
  - Lack of appropriate, educated staff knowledgeable about dementia
  - Availability of staff/access to other health care team members
- <u>Reporting</u>
  - Time intensive, punitive, criteria unclear, willingness to report, leads to inspection
  - behaviors normalized, therefore not reported
- <u>Family</u>
  - Not disclosing information regarding past incidents of RRA prior to admission for fear of not being admitted
- <u>Environment</u>
  - Physical structure of LTC home creates triggers for RRA - e.g. C build
- <u>Formal and Informal Education</u>
  - No participants noted formal or informal <u>leadership</u> education
  - Participants noted some formal and informal training related to RRA
    - Gentle Persuasive Approaches (GPA); P.I.E.C.E.S; Montesorri/DementiAbility

Discussion

Findings from this study have implications for LTC homes, nursing education and health policies. First, LTC home leaders must have the knowledge and skills to adequately prepare for a leadership position to prevent, identify, manage, and report RRA. This will require cooperation from post-secondary institutions that offer undergraduate and graduate degrees in nursing. More time is required to educate future nurses to assume leadership roles in LTC. Second, more educated front-line staff trained in dementia and RRA are needed. Third, policies need to be developed to guide leaders in LTC to support their decision making related to reporting RRA. Finally, the Ministry of LTC must examine its policies related to LTC home inspection and to use these inspections as an opportunity to provide support to LTC homes and work together to develop strategies to avoid future incidences of RRA rather than take a punitive approach.

L Limited opportunities to lead self (e.g. professional development as a leader); confident in their ability to manage RRA.

- Leaders take on the responsibility of training others to prevent and respond to RRA

E Engagement of others within and beyond the LTC home is necessary for the prevention, identification, and management of RRA

- Builds team knowledge regarding RRA through huddles and de-briefs, resident care conferences and development care plans

A Achieved results through collaboration with the healthcare team (including PSWs), external organizations and the family

D Developed coalitions with the healthcare team, Behavioral Supports Ontario, and family

S Discussion of system transformation was minimal, however when leaders developed innovative approaches to reducing RRA they saw significant improvement

References available upon request