Leaders' Experiences With Resident-to-Resident Aggression in Long-Term Care: A Qualitative Scoping Review

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Appendix B: Quality Review Table

Ref ID	Authors	Year	Citation	Study Purpose	Literature	Study Deisgn AND Other Design Types	Appropriateness of Study Design	Methods	Sampling	Data Collection	Data Analyses	Overall Rigor	Conclusions & Implications
1	R.P. Bonifas	2015	Bonifas, R.P. (2015). Resident-to-resident aggression in nursing homes: social worker involvement and collaboration with nursing colleagues. Health & Social Work, 40(3), e101-e109.	To identify assessment and intervention strategies social workers use to address RRA and how they collaborate with nursing colleagues in the RRA management process.	YES – Relevant studies were cited on pp. e101-02.	NO – Study design was not explicitly mentioned. It's implied it was qualitative – semistructured interviews	YES – **There was no mention of the theoretical perspective.	Semistructured interviews were conducted with 90 staff members from 10 skilled-nursing facilities in a large southwestern metropolitan area.	Two strategies were used to recruit group interview participants: signs were posted in employee communication areas inviting voluntary participation, and facility administrators and directors of nursing (DONs) verbally encouraged staff members to attend group interviews.Facilities were recruited with support from an industry expert who recommended sites with known episodes of RRA and openness to participate in research; the administrator was then contacted by phone and invited to include his or her facility in the study.	Individual interviews were used with staff members in single-person positions, such as DONs and social services directors (SSDs); group interviews were used with staff members in positions filled by multiple individuals, such as CNAs. Twenty individual interviews and 14 group interviews were conducted. **Procedural rigor:All source(s) of information used by the researcher were described.	Analytical rigor: Data were interpreted inductively. ***Auditability: YES – To ensure accuracy of coding, the principal investigator and the graduate research assistant compared coding results; areas of discrepancy were identified, discussed to achieve consensus, and rectified. ***Theoretical connections made but not clear what the theoretical backing of the study.	YES, there was evidence of the four components of trustworthiness – credibility, transferability, dependability and confirmability.	Conclusions and implications are consistent and congruent with the findings as reported.

Findings

Noted barriers to effective nurse–social work partnerships in managing RRA suggest that social workers can strengthen interprofessional collaboration and quality of care by actively and consistently reaching out to CNAs. At the policy level, quality improvement efforts to minimize the use of antipsychotic medication in nursing homes would benefit by targeting social work involvement in reduction initiatives because aggression toward peers is a known factor in antipsychotic treatment.

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2	B. Jain, M. Willoughby, M. Winbolt, D. Lo Giudice and J. Ibrahim.	2018	Jain, B., M. Willoughby, M. Winbolt, D. Lo Giudice and J. Ibrahim. (2018). Stakeholder perceptions on resident-to-resident aggression: implications for prevention. *Australian Health Review* 42(6): 680–88.	To explore the knowledge and perceptions of RRA among internal and external stakeholders, such as nurse managers, geriatric psychiatrists, risk assessors, coroners and specialists in injury prevention and aged care policy in Australian nursing homes.	YES – but rather brief.	YES – The study used qualitative cross-sectional techniques to analyze in-depth individual semi-structured telephone interviews with key stakeholders in aged care and health policy to examine their knowledge and perceptions of RRA.	YES – ***There was no mention of the theoretical perspective.		Participants were purposively and conveniently sampled with replacement from a range of aged care, healthcare and legal professional bodies, as well as advocacy organizations.	Semistructured telephone interviews, between 40 and 60 min. in length, were conducted with each participant between March 14, 2017 and April 11, 2017, with only one researcher and interviewee present. **Procedural rigor: All source(s) of information used by the researcher were described.	Data analysis was conducted using a directed content approach by which the interview questions (informed by previous research and theory) were used as an organizational framework to provide initial coding categories. Analytical rigor: Data were interpreted inductively. ***Auditability: YES, decision trail was developed. ***NO, theoretical connections made.	YES, but not much direct discussion about the four components of trustworthiness.	Conclusions and implications are consistent and congruent with the findings as reported.

Findings

The four themes of potential causes of RRA aligned with research describing "passive triggers" relating to the residents internal and external environment, such as residents' sense of home, staffing levels and skills mix, as well as the design of the facility. A movement toward person-centred care that promotes understanding of individual care needs is favoured as an approach to reducing RRA. This study also helps us understand the perceived potential barriers to implementing prevention strategies that are similar to those identified in violence prevention initiatives for a hospital setting.

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3	J. Myhre, S. Saga, W. Malmedal, J. Ostaszkiewicz and S. Nakrem.	2020	Myhre, J., S. Saga, W. Malmedal, J. Ostaszkiewicz and S. Nakrem. (2020). Elder abuse and neglect: an overlooked patient safety issue. A focus group study of nursing home leaders' perceptions of elder abuse and neglect. *BMC Health Services Research* 20(1): 199.	To explore nursing home leaders' perceptions of elder abuse and neglect.	YES – Relevant background literature on types of elder abuse in nursing homes (including RRA) and risk factors. Some literature on leadership. Pgs 2-3	YES – Study design specified as a qualitative exploratory design with focus group interviews.	YES – Chosen to gain greater insight into this important but poorly understood topic; method provides knowledge about people's experience of their situation, how they interpret, understand and link meaning to events; FGs allow discussions from several points of view and can create new perspectives and opinions. No mention of theoretical perspective.	Focus groups were conducted with 28 individuals employed as leaders in 12 nursing homes.	YES – Purposive sampling was initially used to ensure that participants could see the phenomenon from the perspective of a leader. Participants were recruited until data saturation. All participants gave written informed consent before the interviews.	Context of the study was clearly and elaborately described, including details of nursing home organizational structure. Six focus groups with 3-6 participants in each group were conducted. Role of the researchers as moderators and co-moderators was clearly described. **Procedural rigor: Adequate description of data collection procedures, including steps taken to ensure credibility and diminish bias.	Method of analysis specified – Constant comparative method with a grounded theory approach. Analytical rigor: YES – data analyzed inductively. ***Auditability: YES – decision trail developed, data analysis process described in detail (including steps such as memo writing and open line-by-line coding), example of the process illustrated in a tabular form. ***Theoretical connections: No evident theoretical connections.	Trustworthiness not discussed directly. However, there is some evidence of all four. Credibility: minimizing bias by using keywords in the interview guide, independent coding. Transferability: purposive and theoretical sampling, description of context. Dependability: decision trail. Confirmability: independent review and coding of transcripts by two researchers	Conclusion and implications are consistent and congruent with the findings reported.

Findings

One main theme: "Elder abuse in nursing homes, an overlooked patient safety issue". Three analytical categories: 1) Abuse from co-residents – "A normal part of nursing home life"; 2) Abuse from relatives – "A private affair"; 3) Abuse from direct-care staff – "An unthinkable event". Harm resulting from RRA was perceived as normal. This raises the question of whether care managers' perceptions place the responsibility on the resident, without accounting for complexity in the aggressive behaviour and the responsibility of the organization. Care managers' lack of awareness in identifying and following up on abuse will necessarily affect the safety culture in the organization, and, in the end, clinical outcomes such as quality and safe care for the residents. Low financial resources and low staffing can affect the perception of what constitutes harm and safety in the nursing home culture.

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4	J.F. Walker	2021	Walker, J.F.	To gather data from ALF administrative personnel as to what common conflicts occur between cognitively and non-cognitively impaired residents, how often it occurs, what common complaints look like, if facilities have protocols in place to handle conflict and if staff are trained to de-escalate these situations.	NO – minimal relevant background literature on RRA in general. However, the authors recognize that there is a major gap in the literature.	Survey was delivered and administered using Qualtrics Survey 6 Software- 23 questions regarding participant demographics, job information, types and frequency of resident-to-resident conflict and what techniques are used by staff to resolve the issues.	YES	Very small sample size: *N* = 11	Participants were recruited via e-mails distributed by a variety of professional list servers for individuals who serve in administrative positions in assisted living facilities. Individuals who chose to participate were then able to follow the link within the e-mail to the survey in order to access it.	An online survey was distributed.	Not discussed. Only reported percentages and provided quotes. However, the qualittive data did not appear to be analyzed.	No	The data collected from the current study could provide guidance on potential concerns regarding resident-to-resident conflict between cognitively and non-cognitively impaired individuals as well as potential implementation of generalized staff protocols to handle these situations for future studies to investigate. The lack of research on this topic requires more work to be done in hopes of better understanding what common conflicts arise within mixed populations of residents, how often they occur and how assisted living staff handle these situations.

Findings

There were numerous points of intrigue from the data of the current study. Results of this study confirm that assisted living facilities frequently work with a mixed population of cognitively and non-cognitively impaired residents. There was an interesting ratio within this sample of cognitively impaired residents within the assisted living facilities, ranging from 20% to as high as 70% of residents. This provides insight consistent with current literature on ALFs, where an estimated 72% of ALFs provide some form of dementia care, while an estimated 22% have a designated dementia care unit (Simmons, 2018). It is important to note that the majority of participants responded with "yes" when asked if housing a mixed population of residents presented unique challenges. These unique challenges fell into general themes consisting of meeting the needs of all residents, providing engaging activities for both cognitively and non-cognitively impaired individuals and maintaining happiness within the facility. A study conducted by Hyde et al. (2005) indicated that there is a general need for meaningful and socially appropriate activities for all individuals in ALFs, which is consistent with data gathered from the current study. Research in the area of staff satisfaction and turnover indicates that lack 12 of training, work overload, and providing effective, quality care to a diverse group of individuals housed in assisted living facilities may contribute to worker dissatisfaction, consistent with responses regarding challenges faced from serving a diverse population of residents (Karantzas, 2012). Participants also indicated that they receive complaints specifically related to the interactions between cognitively and non-cognitively impaired individuals. The frequency of these complaints can vary widely, anywhere from once per day to 1-2 times per month. The theme of many of these complaints involved disruptive or confusing behaviour. on the part of cognitively impaired residents (e.g., wandering into private spaces, being disruptive during activities, repeating stories or memories previously shared too often). The data also provides insight into how often conflicts occur among mixed populations of residents. Participants in the study indicated that these conflicts occur anywhere from once per day to 1-2 times per month. Common conflicts included, cognitively impaired individuals being disruptive by wandering into private areas or disrupting conversations by repeating the same story. Assisted living administrators also indicated that verbal aggression is a common source of conflict, with some participants indicating that non-cognitively impaired individuals will yell at cognitively impaired residents. Behavioural disturbances are commonly exhibited by individuals with cognitive impairments (Aalten, 2006), but little is known about the effects of these disruptive behaviours on the quality of life of non-cognitively impaired residents within ALFs. Participants indicated that staff are trained to address resident-to-resident conflicts, using redirection techniques, educating non-cognitively impaired residents on the nature and behaviours surrounding cognitive ailments and separating residents that are engaged in conflicts currently. These responses further support common practices used by direct care workers in the literature, 13 such as separation, discussions with residents involved in a feud, distraction and redirection (Caspi, 2015; Rosen, 2016). There were mixed responses as to whether the assisted living facilities had specific policies in place to address resident conflict, with two participants responding with 'yes' and three participants responding 'no.' There was also limited data in response to questions about specific actions facility staff take to minimize or prevent conflict among cognitively and non-cognitively impaired residents, with one participant suggesting their facility attempts to match similar residents with one another. These results suggest a general need for standardized protocols to handle resident conflicts as they occur. Existing research suggests that the ability for cognitively impaired residents to reminisce with non-cognitively impaired colleagues in ALFs may increase well-being, while simultaneously decreasing the time delay of recall (Akhoondzadeh, 2014). Similarly, results from the current study highlighted a few benefits of having a mixed population of residents, from the perspective of administrators. For example, some administrators commented that integrating residents improves quality of life, increases the diversity of persons served and positively impacts empathy for residents with cognitive impairment. The implication of these findings is that mixed populations of residents can serve a positive role, potentially increasing positive affect towards cognitively impaired residents, improving quality of life for all persons served and providing an opportunity to grow interpersonally with a diverse population of residents. Administrators may want to consider how to develop programs designed to accentuate these potential benefits and increase empathy for those with cognitive impairments (e.g., educational programs about dementia, social programs that match cognitively impaired residents with cognitively intact residents, incorporating specific activities designed to increase contact between cognitive impaired and cognitively intact residents).

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5	D. Burnes, M. Syed and J. Hsieh.	2021	Burnes, D., M. Syed and J. Hsieh. (2021). Process models to understand resident-to-resident aggression among residents with dementia in long-term care. *Journal of Applied Gerontology* 40(10): 1236–45. .	Study sought to generate process models reflecting distinct and common RRA pathways in dementia-specific LTC units. Specifically, this study was guided by the question: How does RRA occur in dementia-specific LTC units?	NO – minimal relevant background literature on RRA in general. However, the authors recognize that there is a major gap in the literature.	YES – qualitative focus group methodology involving 36 staff members from two urban LTC facilities in Toronto, Canada	YES	FGs with 36 front-line staff groups in dementia-specific units who had a high degree of direct, everyday exposure to interresident relational dynamics: nurses (*n* = 16), PSWs (*n* = 13), unit directors/ coordinators (n=4), and social workers (n-3).	YES – purposeful sampling	Context was fairly well-described. States number of beds at the two LTC. settings and the staffing levels in the units. The paper states two LTC homes in Toronto and dementia-specific LTC units; adequate description of data collection techniques. 30- to 90-minute focus groups, audio recorded and transcribed verbatim. Data collection and analysis occurred concurrently	An iterative, constant comparison process that facilitated thematic emergence and reorganization as new information across transcripts arose (Corbin & Strauss, 2008). Transcripts were open-coded line by line, and central codes emerged throughout the constant comparative process to organize categories and subcategories. To enhance trustworthiness, two authors independently coded transcript data and cross-checked codes during in-person meetings to compare coding and arrive at common categories. Theoretical coding was used to help conceptualize the relationships between categories. Data collection ceased once a saturation point was reached and no new codes were created. This process facilitated the analytic process to evolve from levels of description and interpretation toward RRA process conceptualization. An audit trail was kept through detailed memos, analytic notes, and the NVivo analysis record. Ethics approval for this study was received from the University of Toronto Research Ethics Board, and informed consent was obtained from all participants.	Trustworthiness not discussed directly. However, there is some evidence of all four. Credibility: minimizing bias by using keywords in the interview guide, independent coding. Transferability: purposive and theoretical sampling, description of context. Dependability: decision trail Confirmability: independent review and coding of transcripts by two researchers.	Conclusion and implications are consistent and congruent with the findings reported.

Findings

Authors proposed two process models to understand how common RRA scenarios occur in dementia-specific LTC units. The models map the sequence of events or conditions surrounding aggressive actions between two residents, with potential for escalation within the dyad or rippling into a larger group of residents. They highlight the dynamic, interactive nature of RRA involving actions and reactions between residents affected by cognitive processing limitations. Rooted in the need-driven dementia-compromised behaviour perspective (Algase et al., 1996), responsive behaviours and unmet needs emerged as key concepts framing precipitating actions or disruptive behaviours. This perspective has been applied widely to understand the origins of "disturbing" behaviours (e.g., vocalizations, wandering, and aggression) among people with dementia and facilitate an integrated response to unmet personal needs or goals. Although prior research indicates the potential importance of unmet needs or responsive behaviours in contributing to RRA (Bonifas, 2015; Snellgrove et al., 2013), we are not aware of another study that systematically deconstructs and situates responsive behaviours within sequential RRA processes. Aligning with the social-ecological perspective, this study's participants described an array of originating source stimuli (internal and external to the resident) that can trigger an unmet need which, in turn, generates responsive, disruptive behaviours. We found that RRA in dementia-specific units tends to be driven either by an interaction between two residents (Model 1) or by the cognitive limitations of one resident that essentially implicates another resident inadvertently (Model 2)/

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6	J. Ferreira, J. Tavares and L. Sousa	2019	Ferreira, J., J. Tavares and L. Sousa. (2019). Resident-to-resident elder mistreatment (R-REM): a study in residential structures for elderly people (ERI) in Portugal. *Journal of Elder Abuse & Neglect* 31(1): 66-76.	"This study aims to identify patterns of R-REM adopting the staff perspective among ERI in Portugal, where little empirical work in the field has been carried out."	YES	Yes – Exploratory, qualitative study; critical incident technique (CIT) is adopted.	YES – strong description of CIT provided that illustrates clear connection to studying RQ	"15 participants... average length of the interviews was 24 min, ranging from 14 to 46 min."	"contacting three ERIs, with which the authors had collaborated on previous occassions" ... "meeting with potential participants" ... "snowball sampling."	"... interview was introduced with detailed definition of R-REM to assure that participants clearly understood the phenomena ...interview was completed by asking questions that went into further detail" ... "following data were gathered from the participants: age, gender, academic status, function, and length of professional experience in ERI."	"Interviews were audiotaped, transcribed in full and the critical incident (CI) was submitted to the first and third authors for thematic analysis" ... "Each coder independently read all of the incidents and developed a list of the patterns" ... "Both coders then met to compare and discuss their proposals until agreement was reached. This was a process of successive refinement that led to total agreement. The patterns were named and characterized. Then, each coder independently performed the classification of the incidents into the patterns. Next, they met and registered their dis/agreements ... Finally, the two coders discussed the incidents on which they disagreed, that led to the total agreement."	Credibility: minimizing bias by ensuring consistency in interview guide, independent coding; Confirmability: independent review and coding of transcripts by two researchers.	"This is an exploratory study that needs to be consolidated mostly by collecting data from a larger sample. However, it provides relevant information on patterns of R-REM in ERI in Portugal. Results point to a critical situation with R-REM occurring daily in different patterns, being undervalued and/ or unrecognized by frontline professionals."

Findings

"Respondents reported that, in their experience, this type of incident occurs "daily", although not involving the same residents (victim/s and/or perpetrator/s). They hesitate to assume the idea of mistreatment though, justifying the incidents as follows: – jealousy regarding staff attention – rules and routines formally defined – the need to share spaces – the diversity of persons living together considering personality, clinical situations and life experiences."

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7	R. Fauziningtyas, M.C. Chong, H.W. Setiawan and M.P. Tan.	2023	Fauziningtyas, R., M.C. Chong, H.W. Setiawan and M.P. Tan. (2023). Staff experiences in managing incidents in nursing homes: a descriptive qualitative study. *Journal of Multidisciplinary Healthcare* 3379-92.	"This study explores incident types, causes, handling, and documentation in Indonesian NHs through a qualitative approach."	YES	"This study employed descriptive qualitative methods to explore the experiences of staff dealing with adverse incidents in NHs."	YES – "This design was chosen because it allowed researchers to use a pre-existing conceptual framework."	"In-depth interviews were conducted with 23 NH staff members, including managers, nurses, and support staff."	"Four NHs were purposively selected from three municipalities with the highest number of NHs in East Java, Indonesia." ... "The participants involved in this study were all NH staff, including managers, nurses, social workers, physiotherapists, and administrative and support staff. Snowball sampling was used to select the participants. We contacted NH managers to recommend two to three potential participants, after which each participant would recommend another participant."	"Qualitative data collection was conducted through in-depth interviews to explore participants' experiences regarding adverse incidents and errors in NHs. Each interview took 30 to 45 minutes conducted by first and third author. A total of four meetings was held with each participant. In the first meeting, the research process was explained, informed consent was requested, and a second session was arranged. The aim of the second meeting was to fill in demographic data, build a trusting relationship with the participant, and observe their activities during a shift at the NH. The third meeting entailed an in-depth interview, and the fourth involved the validation and clarification of findings." ... "Conversations were recorded in the audio format using a mobile recording device. Interviews were conducted in the Indonesian language. Field notes were used to facilitate recall and for further exploration of non-verbal language." ... "The semi-structured questions were developed based on previous research and discussions with nurses, managers, and supporting staff at NHs ... questions were developed from pilot interviews with three participants."	"Data analysis was conducted with the assistance of the Excel TM software (Microsoft Inc, USA). After each interview was completed, the researcher transcribed the conversations verbatim and stored them in a separate folder, along with audio recording files and field notes. After compiling the transcripts, the researcher read over them several times to develop a comprehensive picture of the staff's experience of adverse incidents in NHs. The appropriate code and quotation were written alongside the respondent's code. We made a table in Microsoft Excel to help with the analysis, as well as highlighting meaningful words. Deductive analysis was performed by compiling codes based on research objectives and previous theories regarding adverse incidents in NHs (ie types of adverse incidents, reporting, and documenting systems). New codes were added from the appropriate quotations through an inductive analysis."		"This study provides valuable insights into adverse incidents and adverse events in NHs. Falls and RRA were the most frequently encountered incidents, emphasizing the importance of effective prevention and management strategies ... RRA incidents were typically triggered by misunderstandings related to daily activities. Reporting adverse incidents relied on verbal and written methods, while documentation practices varied among staff. There is a need for standardized protocols and comprehensive reporting and documentation systems in NHs. The findings of this study will contribute to the improvement of incident management and development of prevention strategies, ensuring the safety and well-being of older adults in NHs."
Findings													
"This study highlighted the two adverse incidents most frequently encountered by staff: falls and RRA." "The second most frequent incident encountered by staff was RRA. This may also be due to NHs in Indonesia having residents with varying states of dependency, from older adults who are still independent to those who are totally dependent. Residents who are still independent usually interact and do many activities with other residents, which can often lead to misunderstandings." "Specific techniques were employed to handle RRA incidents, such as separating quarrelling residents and adopting a more assertive communication approach. Previous studies have revealed that effective communication with residents alone was sufficient to resolve RRA incidents in 42 out of 210 cases (20%)."												

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8	F.J. VandeNest	2016	VandeNest, F.J. (2016). Bullying in senior living facilities: A qualitative study. Minnesota State University, Mankato.	"Therefore, the immediate goal of the proposed study is to better understand the phenomenon of senior bullying in order to confirm and/or disconfirm the existing information available on this topic."	YES	"The interviews were semi-structured with a combination of close- and open-ended questions."	YES – "This semi-structured interviewing strategy was chosen to keep the interview focused on bullying and obtain specific information about bullying while also allowing participants to expound upon answers and provide spontaneous responses that may have deviated from the questions being asked, but that were still relevant to the topic of bullying."	"A total of 45 individuals ... nurses, administrators, activity directors, maintenance staff, and dietary aides." Data collection, then administered one of two different semi-structured interviews.	"Participants were recruited from five senior care facilities in southern Minnesota." "Participants were recruited by making announcements at facility staff meeting." – participants signed up for the interview, essentially	"Data collection first involved having participants complete a demographic form... administered one of two different [semi-structured] interviews."	"For closed ended questions, data analysis simply involved tabulating frequency counts of responses. For open-ended questions, data analysis first involved having the primary researcher identify common themes among the responses. This type of coding system helped standardize the data analysis process."		"The findings of the current study suggest that resident-to-resident senior bullying is a prevalent phenomenon, which warrants investigation of evidence-based prevention and intervention techniques. Although staff and administrators in senior care facilities are aware of bullying behaviours among the elderly, there are very few (if any) formal policies in place to help staff navigate through these situations. When policies were in place, they were limited to verbal and physical disruptions and did not address covert and deliberate bullying behaviours (i.e., social bullying). The participants in the current study often reported that bullying behaviours are quite ambiguous in terms of whether they should be reported or not. The uncertainty of such intervention practices demonstrates the need for comprehensive policies that address bullying behaviours within senior care facilities."
Findings													
"... the results of the current study indicate that verbal bullying (41%) was the most observed type, while it was also found that social bullying is prevalent among the elderly population as well." "... our finding suggests that victims were commonly described as having cognitive and physical deficits." "... the results are consistent with existing information regarding what motivates perpetrators to bully. It has been suggested that perpetrators put others down in order to build themselves up, indicating that low self-esteem and feelings of vulnerability may be related to bullying." "Our results are consistent with this research as it was found that bullying most often occured in dining rooms and common areas." "novel findings with regard to training and policy are worth noting...rarely formal policies in place to help staff navigate these situations" "... policies will need to address two issues that pose greater ambiguity for staff...policy that addresses more covert and less severe forms of bullying...policies will need to specify how bullying should be handled differently when it is perpetrated by a cognitively intact individual versus a cognitively impaired resident ..."										