

Resident-To-Resident Aggression in Long-Term Care Settings

KEY TAKEAWAYS

- ▶ Educating nurses and other frontline staff in long-term care settings is essential to managing RRA
- ▶ Given the diversity of RRA types, a “person-centered” approach may be the most effective way to manage RRA

Measuring RRA



The R-REM-S is an **11-item validated instrument developed for use in the field for measuring RRA**. Items measured in this instrument are as follows:

- 1) Use bad words toward another resident
- 2) Scream at another resident
- 3) Try to scare, frighten, or threaten (another resident) with words
- 4) Boss around/tell another resident what to do
- 5) Hit another resident
- 6) Grab or yank another resident
- 7) Push or shove another resident
- 8) Throw things at another resident
- 9) Threaten another resident with a cane, fist, or other object
- 10) Other physical behavior like kicking, biting, scratching, or spitting at another resident
- 11) Going into another resident’s room without asking/taking/touching/damaging/breaking other residents “personal” things

(Teresi, Ocepek-Welikson et al. 2013)

Underreporting of RRA

Nursing home staff often **intervene without reporting** (Castle, 2012). RRA may also be ignored due in part to desensitization (Teresi, Ocepek-Welikson, et al., 2013) and is often perceived as normative (Ellis et al., 2014).



Emerging Practice: The SEARCH Approach

An evidence-based approach to managing RRA with clear guidelines for nurses and care staff on how to react to, manage and prevent RRA in long term care settings (Ellis et al., 2014; Teresi, Ramirez et al., 2013). The acronym **SEARCH** stands for:

Support all residents involved in the incident

Evaluate the situation and the environment to identify those who were directly or indirectly involved in the incident as well as risk factors or precipitating events

Act immediately

Report all incidents of R-REM and document the incidents, depending on the protocols of each nursing home

Care plans are to be used to document interventions or strategies that can be used to attempt to manage the incidents of R-REM; to avoid or minimize incidents of R-REM and to ensure the safety of all residents

Help to avoid incidents of R-REM is the role of all staff, who need to be actively involved in the discussion and development of management strategies, and care plan.

Practice Implications

- Staff should be trained on resident-to-resident conflict resolution and recognizing situations associated with greater risk (Castle, 2012)
- Care should be taken so residents are not viewed as problematic (Castle, 2012)
- Facility-based prevention activities – safety committees, regular therapy reviews, room assignments, and staffing practices may be useful (Castle, 2012)
- RRA information should be added to screening material (Castle, 2012)
- Staff should take into account the discrepancy between nurse-reports and self-reports of victimization and the lack of association between nurse-reports of victimization and residents' well-being (Trompetter et al., 2011)
- “One-size-fits-all” interventions for aggression by residents towards one another are unlikely to work, given the diversity of event types (Pillemer et al., 2011)
- RRA event types are amendable to environmental modifications, including a reduction in crowding, attention to congestion of wheelchairs, and non-restraining barriers to unwanted entry of rooms (Pillemer et al., 2011)



Future Directions/Implications

- Future research should employ a nuanced and differentiated view of RRA (Pillemer et al., 2012).
- Research is needed that examines the environmental correlates of RRA and the degree to which environmental modifications may mitigate it (Pillemer et al., 2012)
- Begin to identify specific risk factors for RRA including resident characteristics and/or environmental characteristics (Pillemer et al., 2012)
- Gather data from cognitively impaired residents (Trompetter et al., 2011)



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FOR MORE INFORMATION

For more information on RRA and the “person-centered” approach, please see the following resources developed by the National Consumer Voice for Quality Long-Term Care and the National Center on Elder Abuse.

RRA: <https://ncea.acl.gov/resources/docs/RRM-Brochure-2014.pdf>
and <https://ncea.acl.gov/resources/docs/RRM-Fact%20Sheet-Large%20Font-2014.pdf>

Person-centered approach: <http://theconsumervoice.org/issues/for-advocates/resident-directed-care>
and <http://theconsumervoice.org/issues/for-advocates/fact-sheets>

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