LABOR MANAGEMENT PROJECT
Research Bulletin
LABOR MANAGEMENT PROJECT
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# Resident-to-Staff Aggression in Nursing Homes

**Resident-to-staff aggression (RSA) in nursing homes is very common, and impacts nursing home staff, management, and residents.**

## How Common Is RSA?

Resident-to-staff aggression is a daily occurrence in nursing homes. In the largest study of RSA to date, 15.6% of residents of large nursing homes directed aggressive behavior toward a Certified Nursing Assistant (CNA) within a two-week period (see table below). Verbal aggression, most often encompassing screaming and the use of profanity, was more common than physical assault. Hitting and kicking were the most frequently reported physical behaviors.

| Type of Aggressive Behavior | Percentage of Residents Exhibiting Behavior* |
|---|---|
| Verbal only | 7.5 % |
| Physical only | 2.8 % |
| Combination of physical and verbal | 4.8 % |
| Sexual | 0.5 % |
| TOTAL | 15.6 % |

*Table indicates the percentage of nursing home residents who directed different types of aggressive behaviors toward CNAs in a two-week period.

## Where and When Does RSA Occur?

RSA most commonly occurs in resident rooms (77%) and dining areas (7%). The majority (84%) of incidents take place in the morning and during the provision of personal care (e.g., bathing, dressing, feeding and toileting).

## What Are the Risk Factors for RSA?

Residents with dementia, cognitive impairment, behavior disorders, mental disorders, pain and greater reliance on staff for assistance with activities of daily living are more likely to act out violently toward staff, according to the research literature. Other risk factors for RSA include a high resident-to-staff ratio, staffing shortages, time pressures and a perception among staff of not being trained to care for residents with dementia or aggression. A lack of communication between shifts about resident needs also increases the risk.

## What Are the Consequences of RSA?

The negative effects of RSA are considerable. Consequences for staff include physical injury, psychological distress, reduced job satisfaction and burnout. Administration faces increased costs for psychological care for staff, additional security, absenteeism, decreased productivity, staff turnover, litigation and workers' compensation. RSA may also place a strain on the relationship between caregiver and resident.

## How Can Labor and Management Address RSA in Nursing Homes?

Research suggests that resident-to-staff aggression is expected and accepted in some nursing homes. This should not be the case, given the negative impact on front-line workers and implications for residents. According to the Occupational Safety and Health Administration (OSHA), workers have a right to "conditions that do not pose a risk of serious harm." **OSHA's guidelines** for preventing workplace violence in healthcare facilities recommend that organizations develop a violence prevention program that encompasses five major building blocks:

### 1. Management commitment and employee participation:

Both labor and management should be involved in the creation and oversight of a workplace violence prevention program that includes a component that addresses RSA. This can be achieved through the formation of a co-chaired **labor-management committee**.

### 2. Worksite analysis and hazard identification:

Labor and management should assess the nursing home environment to identify factors that may lead to incidents of RSA. Worksite analysis includes records review, hazard analysis and employee surveys.

### 3. Hazard prevention and control:

After the hazard analysis has been completed, appropriate steps to prevent RSA should be taken. Violence prevention in a nursing home may encompass workplace adaptations and work practice changes.

### 4. Safety Training:

Employee training is a key element of a workplace violence prevention program. All staff should be educated about RSA and how to protect themselves. Training should include a review of violence prevention policies and procedures and of de-escalation and self-defense techniques.

### 5. Recordkeeping and program evaluation:

Recordkeeping and evaluation is vital to determining the effectiveness of violence prevention policies and programs. Policies and procedures should be reviewed regularly, particularly after incidents of violence, so that deficiencies can be identified and remedied.

OSHA's guidelines can be accessed at **https://www.osha.gov/Publications/osha3148.pdf**.

### WORKER PROTECTION LEGISLATION

In November 2015, New York Governor Andrew M. Cuomo signed into law a bill (S3621A) that makes an assault against a direct-care worker in a nursing home in New York State a Class D felony, a provision that already applied to nurses and EMS workers. The aim of the legislation is to deter violence and reduce workers' compensation costs.

### References


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# SPOTLIGHT ON: KINGS HARBOR MULTICARE CENTER

Kings Harbor Multicare Center, located in the Bronx, was one of six nursing homes that participated in the Labor Management Project (LMP)'s Workplace Violence Collaborative. Launched in the fall of 2014, the collaborative conducted site assessments, offered a series of conferences and provided consulting services to labor and management teams.

*Labor and management representatives from Kings Harbor's workplace violence committee*

Kings Harbor formed a labor-management workplace violence prevention committee and launched a Workplace Violence Prevention Program in 2014. As a first step, the committee revised and developed policies on violence, imminent danger and active shooter situations, as well as combative person situations. Central to the program is a firm commitment from Kings Harbor to maintain a safe environment and zero tolerance of threats or actions that create a security hazard.

Next, the labor-management committee educated staff about the facility's policies. Committee members developed mandatory training that most staff members have received. In addition to reviewing Kings Harbor's policies, trainers discussed how to handle potential scenarios of violence.

In May 2016, LMP consultants trained a group of diverse staff members—CNAs, nurses, recreation aides, social workers, housekeepers and security guards—on how to communicate and intervene when residents exhibit challenging behaviors. As a demonstration of its commitment to reducing violence, Kings Harbor administration paid for other front-line staff to provide coverage while direct-care workers participated in the training. Staff learned about effective communication, conflict resolution, conditions associated with behavioral challenges (e.g., dementia and schizophrenia), person-centered care, how to prevent problem behaviors and how to intervene with aggressive residents. Staff feedback was very positive. On a post-training survey, nearly all (96%) participants agreed that they acquired new skills in how to care for residents with dementia and how to de-escalate aggression.

Along with the LMP and colleagues from Connecticut, Union and management representatives from Kings Harbor presented "Eliminating Workplace Violence in Nursing Homes: Experiences of Two Coalitions in Connecticut and New York City" at the Pioneer Network Annual Conference in August 2016. The presentation was well-received by attendees. Kings Harbor aims to sustain its violence prevention work through continued commitment to staff education and labor-management collaboration.