

RESEARCH CONNECTION

How staff explain the prevalence and forms of violence in long-term care

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Why this research is important

We need LTRC staff to care for Canada's aging population. The health and well-being of staff must be protected to prevent injury and burnout. Simply put, the conditions under which staff work shape the quality of care they can provide.

How the research was conducted

Staff working in LTRC in Manitoba and Nova Scotia were asked to complete an online survey. The survey measured how often staff experienced different violent acts (e.g., being insulted, punched, or kicked) using a modified Conflict Tactics Scale. The researchers created frequency tables and conducted cross-tabulation analyses to identify

What you need to know

Long-term residential care (LTRC) staff have a right to a safe workplace, yet their safety and well-being are frequently put at risk. Staff experience physical, psychological, and sexual violence from coworkers, residents, and family carers. Staff attribute the violence they experience to a lack of resources, a lack of understanding among relatives of residents, and challenges implementing skills learned in training.

factors significantly associated with the occurrence of violence experienced by staff (e.g., job title, age, training, number of daily client interactions). Staff who reported experiencing violence within the last year were invited to participate in a follow-up interview. Interviews were recorded, transcribed, and analyzed by the research team to identify explanations of the patterns observed in the survey.

What the researchers found

Nearly all the 257 participants surveyed (98.2%) experienced some form of violence (physical, sexual, or psychological) at work during the previous year. The most frequently reported violence in all categories came from residents (97.2%); however, over half of the participants reported experiencing psychological violence (i.e., yelling

or swearing) from relatives of residents. The survey data showed that staff who received more types of training also experienced more severe violence from residents. During interviews, staff identified unmet social needs; lack of space, privacy, ownership, and control for residents; understaffing; and rushing care as factors contributing to violence from residents. They identified a lack of mutual understanding from relatives regarding residents' care, which sometimes escalated into psychological violence. Staff identified insufficient resources to implement training and a lack of in-person experiential training. Some staff who received more training also reported feeling more confident and comfortable intervening in violent situations.

How this research can be used

This research can be used to continue to measure and monitor types of violence in LTRC. It can also be used to inform interventions to create a safer work environment and place of residence.

About the researchers

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