

Addressing Resident Complaints and Escalating Behaviors

For Senior Managers

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Disclosures

The planners have no financial relationships related to this educational activity.

Instructions

To obtain a certificate of earned contact hours for this continuing education activity:

1. View the entire program.
2. Take the post-test. If you pass, you will be able to print your certificate of earned contact hours and an answer key. If you fail, you have the option of taking the test again at no additional cost. The passing grade is 70%.
3. Complete the evaluation form.

Purpose

Residents and their family members who exhibit aggressive behavior pose challenges to staff and other residents. While there are many causes of aggressive behavior in residents, such as underlying medical, psychological, or social conditions, implementing staff education and training can reduce outbursts and complaints. The purpose of this course is to provide senior managers with education on empowering staff to handle these types of complaints through proactive interventions, learning what matters to escalate, and what matters require incident reports.

Learning Objectives

After viewing this presentation and taking the post-test, you should be able to:

1. Identify signs of escalating behavior and how to intervene early to avoid or reduce complaints.
2. Identify environmental factors that can contribute to escalating behaviors and complaints.
3. Identify strategies for managing escalating behaviors and complaints.

Angry Residents: What Do They Say?

- ⊙ “I don’t like how you did this. I am going to report you to your supervisor!”
- ⊙ “You are too rough when you help me shower. I’m going to report you to your supervisor!”
- ⊙ “I pay you a lot of money! You have to do what I tell you!”
- ⊙ “You did that wrong! You are terrible at your job!”
- ⊙ “Leave me alone! I don’t need your help and I can take care of myself!”



“I don’t like how you did this. I am going to report you”

“You did that wrong! You are terrible at your job!”

“Leave me alone! I don’t need your help”

These are examples of angry statements made by residents in long-term care settings. At one time or another, all staff members hear accusatory words uttered in a sarcastic, loud, or belligerent manner. Why are the residents so angry?

That’s a good question. What is being express? When trying to understand why a resident is agitated or upset, it is important to remember that all behavior is a form of communication. So what is the resident trying to communicate? What is really going on? What are they unhappy about, and how can we understand and effectively diffuse the situation?

Common Complaints in Senior Living Communities

- ⊙ Delays in care
- ⊙ Loneliness
- ⊙ Conflict and errors
- ⊙ Bias and prejudice
- ⊙ Lack of control
- ⊙ Quality of food
- ⊙ Room temperature



Older adults lose a certain amount of control over their lives when moving to a senior living community. Eating meals that you did not prepare at scheduled times of days may not be to your liking and may not be convenient.

Experiencing a variety of caregivers with different personalities and from unfamiliar cultures can be unsettling.

It is no wonder that the majority of complaints in senior living communities are related to delays in care, loneliness, conflict and errors, bias and prejudice, lack of control, room temperature, and quality of food. Many seniors feel vulnerable, which generates emotions. When we see agitation, anger or aggression, it is their way of expressing their frustration.

Underlying Reasons for Complaints and Agitation

- ⊙ Life changes
- ⊙ Social isolation
- ⊙ Financial stress
- ⊙ Loss of a loved one
- ⊙ Fear of losing one's autonomy and independence



Complaints often come from unhappiness and can lead to agitation and anger. Anger is often a misplaced emotional response. It is important for the caregiver to understand the underlying cause for the emotion.

Moving into a new long-term care facility is a major life change. The stress can easily lead to feelings of anxiety, fear, agitation, or aggression. Many new residents are experiencing additional stressors such as the death of a spouse, health problems, loss of home and car, loss of independence, or financial difficulties. This contributes to verbal and physical outbursts among residents.

Other Factors

- ⊙ Hearing and memory loss
- ⊙ Anxiety and other mental health issues
- ⊙ Medical conditions and undiagnosed infections
- ⊙ Unmanaged pain
- ⊙ Brain injuries and cognitive loss



Older people experience difficulties with social interactions for a variety of reasons. These can include hearing loss or changes in cognition that result in issues with word-finding or being able to process questions and conversations. This may cause the person to withdraw from social situations, resulting in increased depression, anxiety, and feelings of isolation.

Medical conditions common to this population include neurological changes, unmanaged pain, memory deficits and loss of impulse control due to stroke or brain injury. Urinary tract infections (UTIs), so common among the elderly, cause pain and fever. Along with UTIs, anxiety can cause confusion and behavior changes. It is important to remember that agitation and anger are often symptoms of a larger underlying issue and are not the defining traits of the resident.

Factors Influencing Resident Behaviors

- ⊙ Diversity
- ⊙ Equity
- ⊙ Inclusion
- ⊙ Biases



In recent years there has been greater focus on diversity, equity, and inclusion (DEI), and on understanding biases in senior living communities. The intent behind focusing on these issues is to help create a more positive environment for both the staff and the residents.

It is important to look through the lens of DEI from both the employee's and the resident's viewpoints when exploring the root cause of a resident complaint or behavior.

However, senior managers need to realize that residents do not always come from the same point of view. Their behaviors may demonstrate a lack of understanding, tolerance, or acceptance of a variety of cultures and lifestyles.

Bias may Play a Role in Resident Aggression

- ⦿ Residents' underlying beliefs may not reflect changes in laws and regulations
- ⦿ Attitudes of bias may resurface as aggression



Many seniors grew up in an era when acceptance and equality based on race, gender and sexual identity, and religion was not the “norm.” Laws and policies existed in towns, states, and institutions that were racist and biased in favor of wealthy white people.

For example, a white resident who grew up in a segregated town in the 1950s may have a bias against a caregiver of color.

Senior management should understand these concepts and seek solutions for residents who respond to caregivers with angry or belligerent actions. It is damaging for employees to experience prejudice and microaggressions in the workplace. Senior leaders can step up to support staff through empathy, and training, empowering them to manage situations successfully.

What Causes Misunderstandings?

- ⊙ Diverse cultural beliefs
- ⊙ Religious differences
- ⊙ Clashing sexual norms



Difficulties can arise when residents come to a new community. They may begin living with others who are different from them. They may have lived in non-diverse communities and learned to believe stereotypes for different groups.

These stereotypes can influence how they relate to people of different religions, sexual orientation, cultural backgrounds, political beliefs, and more. These stereotypes and biases may also result in comments that act as microaggressions, with some residents feeling slighted, some residents feeling like outsiders, and some having other forms of misunderstandings.

Gender Identity, Sexuality, and Alternative Lifestyle

- ⊙ Concerns about retaliation
- ⊙ Fearful of bullying
- ⊙ Reverting back to secrecy



A growing number of residents now moving into senior living identify as LGBTQ+. Seniors who do not consider themselves to be straight and cisgender may have concerns about retaliation, bullying, and other negative treatment.

Many lived the majority of their lives in places where being LGBTQ+ was not socially accepted, and in some locations also unlawful. Seniors may become agitated if they feel they cannot be their authentic selves, or they may become depressed if they feel they are not accepted.

Senior management should provide training to their staff discussing the concerns LGBTQ+ residents may have when acclimating to the facility—both with staff and other residents. Many states now require training regarding rights of residents who identify as LGBTQ+.

Loss of Independence can Cause Stress

- ⊙ They are no longer able to live alone
- ⊙ They have health concerns
- ⊙ They have had a recent injury



Often the decision to move to a senior living community is made by someone other than the resident. It may be a family member who can no longer care for the senior, or is afraid that the senior cannot live alone safely. The resident may have new health concerns or may have experienced an injury, signaling that they require additional care.

This can cause the resident to feel like they are no longer in control of their own choices. This loss of control and not knowing what to expect can cause anxiety. Often, the resident feels that they have no voice in what time they wake up, go to bed, eat, shower, or take medications. It is no wonder that some residents react to these changes by becoming angry and lashing out at staff.

Aggression and Aggressive Tendencies

- ⊙ Life changes can impair the ability to cope
- ⊙ Physical and mental problems can create frustration



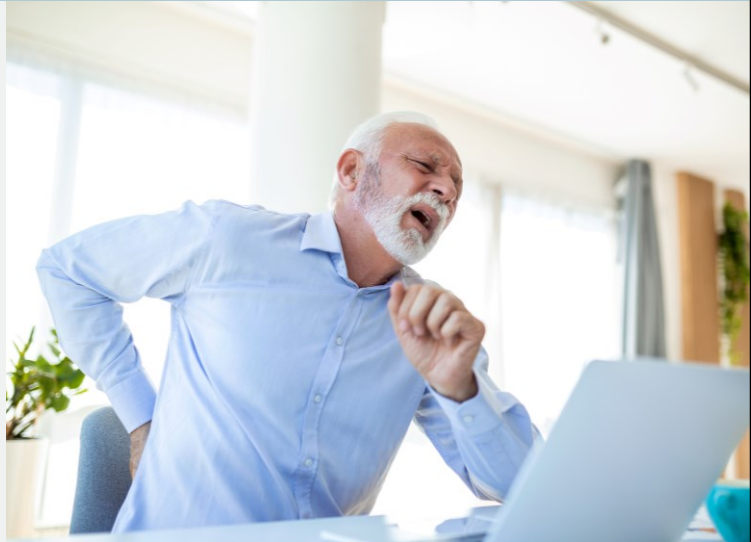
All people experience feelings of frustration and helplessness at times; these emotions can lead to aggression.

Most people are able to find outlets for those feelings through socially acceptable behaviors like work, hobbies, exercise, or just productively voicing their concerns.

But when life changes significantly, as with aging or when entering long-term care, aggressive tendencies and anxiety may become exacerbated. It is important to remember that all behavior is a form of communication. As a resident loses their ability to verbally communicate in an effective manner, these behavioral cues become more important.

Primary Risk Factors for Abusive Behavior

- ⊙ Impaired cognition
- ⊙ Pain
- ⊙ Depression
- ⊙ Environmental triggers
- ⊙ Medications
- ⊙ Time of day



Abusive behavior does not always follow anger or aggression. Several studies have found that people with cognitive impairment are more prone to abusive behavior. Other risk factors for abusive behavior may be unmanaged pain from a UTI, injury or aging, depression, other mental health issues, or environmental triggers (for example, loud noises or large crowds).

Residents who seem unusually angry, are acting irrationally, or appear confused may be experiencing more than anger. Reasons for this behavior can include physical ailments or mental disorders, or the resident may be experiencing side effects from a medication. If you encounter a resident who exhibits a sudden change in behavior, alert a nurse or other health care provider so they can assess the resident.

Signs of Agitation

- ⊙ Clenched fists
- ⊙ Pacing
- ⊙ Tense posture
- ⊙ Gritted teeth
- ⊙ Yelling
- ⊙ Any unusual behavior



Be prepared to stay calm.

Teach staff to recognize warning signs that relate to anger and agitation. These may include clenched fists, pacing, tense posture, gritted teeth, or any behavior unusual for the individual.

Staff should resist the temptation to avoid or ignore the resident who is becoming angry. When a resident feels that their concerns are not being heard, their behavior will most likely escalate.

Avoid touching the resident, as even a reassuring touch on the arm can be misinterpreted. Speak in a calm, steady tone. Empathetic responses and honest attempts to resolve the issue may keep the anger from escalating. Enlist the help of a caregiver or social worker if you find it difficult to de-escalate the situation.

Common Causes of Resident-to-Resident Aggression

- ⊙ Invasion of personal space
- ⊙ Invasion of room privacy
- ⊙ Congestion and crowding



A study of resident-to-resident aggression identified its most common triggers. They include:

Invasion of personal space—for example, sitting too close during meals or activities, taking something from someone else’s plate or activity, or sitting in what the other resident sees as “their seat.”

Invasion of room privacy—for example, when a resident enters another resident’s room uninvited. This can be common in memory care units, where cognitively impaired residents may wander.

Congestion and crowding in common areas—for example, in dining rooms or large common rooms. Overcrowding can lead to overstimulation or frustration from excessive noise. A resident with limited mobility will have difficulty navigating small spaces. These can feel threatening to a resident, who may then lash out.

Additional Causes of Resident-to-Resident Aggression

- ⊙ Interference with care
- ⊙ Arguments with roommates
- ⊙ Aggressive or belligerent roommates



Other people interfering with care, whether they are legitimately attempting to help or not, can be a trigger.

For example, another resident or staff member may try to cut their tablemate's food if they see them struggling. The resident receiving help may not want them touching their plate or may become angry because they feel helpless.

Arguments with roommates over typical roommate issues like room temperature, blinds open or closed, lights on or off, volume of television, and so on can trigger conflict.

How do Staff Members Respond to Resident Anger?

- ⊙ Fear and anxiety
- ⊙ Personally attacked
- ⊙ Taking blame
- ⊙ Powerlessness
- ⊙ Anger



In order to respond appropriately and de-escalate an angry resident situation, you and your staff must first identify and understand your own responses to the anger. The staff must remain professional and respectful of the resident at all times. Staff members should not take the anger as a personal attack on them.

This can be difficult to do, especially if there is name calling and finger pointing. It is important for senior leadership to provide adequate training to caregivers on the best ways to separate their own emotional responses from actual events that are going on. And staff should know they have the support of management when dealing with these escalated situations.

Past Experiences can Influence Staff Responses

- ⊙ Level of frustration
- ⊙ Level of confidence
- ⊙ Emotions
- ⊙ Loss of control



Past experience with frustration and perceived threats will influence how staff members respond to resident aggression. In addition, the staff member's level of confidence in how to handle the situation, along with other emotions, will influence how the staff member responds to resident aggression.

A study by Smith and Hart (1994) found that nurses who show their own reactive anger later felt heightened emotions of guilt and shame from losing control during the situation. This led to a further erosion of employee self-esteem. It also increased fear and anxiety, and, ultimately, anger and stress. All of these emotions emerged when the staff member dealt with later situations.

Caregivers and Other Staff are Human Too

- ⊙ Anger and aggression trigger an emotional response
- ⊙ Emotional response affects therapeutic intervention
- ⊙ Training and practice is important



Caregivers and other staff, including managers, can feel especially threatened when they perceive an attack to their own competence or personal integrity. A resident's anger can cause an emotional response.

This emotional response can interfere with the staff member's ability to process what the resident is trying to communicate, and to respond in a professional manner. This is intensified if the staff member was already in a situation with a resident that was not going well. They might already feel anxious or unable to manage the altercation.

Difficult as it may be, caregivers must stay indifferent to any personal attack aimed at them by the resident. Managers need to reinforce this approach during trainings, practices, and discussions about interventions.

Responsibility of Senior Managers

- ⦿ Identifying at-risk residents
- ⦿ Teaching staff to recognize signs of anger and agitation
- ⦿ Empower staff to manage difficult situations
- ⦿ Encourage diversity and respect



Senior managers in senior living communities must ensure that everyone at the facility is able to recognize residents at risk for becoming angry or agitated. Residents who are new to the long-term care environment may be anxious or fearful of their new living arrangements. LGBTQ+ residents may be especially at risk when acclimating to the facility—both with staff and residents.

Ensuring that all staff members respond to disruptive behaviors professionally, compassionately, and effectively is of utmost importance. A greater confidence in handling difficult situations and a wider knowledge of responses to difficult behaviors will allow staff to better connect with the angry resident. This will help them reach a resolution to the situation. Allow for diversity, and encourage respect.

Strategies Staff can Use to Respond to Aggression

- ⊙ Taking a “time out”
- ⊙ Asking a colleague for help



If the perceived threat level is high, the staff member may disconnect from the resident using a more defensive strategy. These strategies will shield the staff member from the situation, but will impede communication and, ultimately, a resolution.

Examples include taking a “time out” to compose oneself or asking another staff member to intervene. These responses are not wrong. In fact, they can help to temporarily deescalate the situation or prevent the situation from growing more intense in the moment.

However, avoiding or suppressing the anger, or smoothing the situation over, will not address the underlying issue. Avoidance often results in further issues. It can lead to transferring the blame onto another party or back to the institution or resident.

Consequences from Residents' Anger

- ⊙ Anxiety
- ⊙ Lashing out
- ⊙ Disruption of care
- ⊙ Avoidance of activities
- ⊙ Accusations of misconduct



Failure to manage resident anger appropriately can lead to the resident feeling anxiety, fearing loss of control, and guilt or shame for lashing out. Staff members may be frightened or hesitant to care for certain residents.

Demonstrations of anger are distressing to other residents and can disrupt the daily routine of the community. In extreme cases, other residents may begin to avoid activities or meals if they tend to be the source of outbursts for others.

Unresolved anger, with or without optimal care, can lead to accusations of misconduct or abuse, staff termination or attrition, loss of residents to other facilities, and liability to the organization and its members.

When Responding to Anger

- ⊙ Maintain safety first
- ⊙ Call for immediate assistance
- ⊙ Prevent falls



Senior management must emphasize that the safety of residents and employees is the first priority. If a situation escalates out of control or there is any fear of physical harm, employees should know how to call for immediate assistance.

Employees need to feel confident that they have the support of middle management and senior management when they need help. Fall prevention is also a high priority in these situations.

Strategies for Controlling the Environment

- ⊙ Acknowledge feelings
- ⊙ Be proactive
- ⊙ Provide diversion or activity
- ⊙ Provide reassurance
- ⊙ Ensure safety
- ⊙ Decrease stimulation



Recognizing early signs of agitation and proactively stepping in is the most effective means to maintain control of the environment.

A resident who is bored and restless, for example, may benefit from becoming engaged in an activity. If left alone, they may wander into another resident's apartment, potentially upsetting the other resident. Conversely, someone who is already exhibiting more escalated behaviors may benefit from a caregiver moving them to a quieter area to regain control. These escalated behaviors can include clenched fists or yelling out, "Shut up!" or "Stop it!" If a resident is brewing a UTI or other infection, agitation and discomfort can be relieved by medication.

If an angry resident is behaving irrationally, acknowledge their feelings without responding to the irrational content. Reassurance, ensuring safety, decreasing stimulation and making an accurate assessment is usually the best course of action.

Additional Strategies for Managing Difficult Behaviors

- ⦿ Modifying tone of voice
- ⦿ Being aware of body language
- ⦿ Redirecting behavior
- ⦿ Identifying signs of escalating behaviors
- ⦿ Role playing, practicing, and discussing



Senior management is responsible for offering training opportunities, to all staff members, on how to manage difficult behaviors, especially in residents with cognitive loss. Training should include topics such as modifying tone of voice, being aware of body language, learning techniques on redirection, and watching for signs that may indicate escalating behaviors. These signs include wandering, fidgeting or tapping, and covering one's ears.

Conflict resolution programs are also effective. Trainings should also allow participants to role-play different real-life scenarios and then observe those role-played interactions to allow for feedback and discussion.

Understanding the context of the anger is very important. It is also important for each team member to feel heard and have their concerns and feelings validated.

Strategies to Reduce Agitation

- ⊙ Provide one-to-one time
- ⊙ Increase socialization
- ⊙ Encourage music and art therapy
- ⊙ Create drumming circles
- ⊙ Offer MBSR programs
- ⊙ Decrease background noises
- ⊙ Implement programs that help to reduce conflict
- ⊙ Understand the context of the anger
- ⊙ Involve the entire team so everyone feels heard



Longer-term interventions may be necessary, especially for residents with cognitive impairment. Studies have shown that meaningful interventions like one-to-one time with staff members, increased socialization, or engagement in activities the resident finds enjoyable and fulfilling are helpful in reducing agitation. These may include creating artwork or listening to music, or joining drumming circles.

Mindfulness-based stress reduction (MBSR) programs have been shown to improve coping mechanisms and reduce depression in older adults. One study showed that long-term care residents who received weekly “humor therapy” experienced less agitation.

Encourage staff to attend conflict reduction programs, understand the context of anger, routinely walk through the environment looking through “resident eyes” to identify things that may cause overstimulation. Allow for everyone to have their voices be heard.

Steps to Prevent Agitation Resulting from Past Experiences

- ⦿ Provide frequent introductions
- ⦿ Give explanations for care
- ⦿ Match gender of caregiver with resident
- ⦿ Offer additional training to staff



Knowledge about experiences that happened to a resident in their past can help staff members avoid situations that could be possible triggers for disruptive behaviors or agitation. These past experiences may include an abusive relationship or a sexual assault.

Preventing distress from these past experiences might include staff members introducing themselves each time they enter the resident's room, then explaining why they are there and the care they are about to provide. It may be important to ensure the caregiver is the same gender as the resident.

Management should provide additional training to help the staff understand the specific needs of the resident due to their past experiences.

Adjunct Care for Agitation

- ⊙ Obtaining necessary consent
- ⊙ Initiating medical and psychiatric evaluations
- ⊙ Encouraging talk therapy and support groups
- ⊙ Providing ongoing psychiatric care



Residents experiencing ongoing or recurrent episodes of anger and agitation warrant medical and psychiatric evaluation in order to assess for any causative factors and assist with interventions.

Be sure to obtain consent for such evaluations, either from the resident or from their designated responsible party on their behalf.

These residents might require ongoing psychiatric care with a psychiatrist, therapist, social worker, or nurse practitioner. The ability to voice one's frustrations and talk through them can often minimize misplaced anger stemming from feeling that one's emotions are not being validated.

Do not assume on the sole basis of their diagnosis that a resident with cognitive decline will not benefit from talking through their thoughts and emotions.

In Individualized Care Plans

- ⊙ Include personal preferences
- ⊙ Allow residents to make decisions about daily life
- ⊙ Identify specific triggers



Use individualized care plans to communicate resident needs and abilities.

One of the best ways to reduce aggression and anger in residents is to ensure that staff knows residents as individuals with personal preferences.

Allowing residents to make decisions, on what to eat, what they would like to wear, and other plans, can reduce frustration from losing autonomy. Care plans communicate the detailed needs of the resident. A care plan might explain that “Mr. Smith prefers to go to bed around 10:30 p.m., after watching the news. No long sleeves as he will get too hot while sleeping. Pajama pants and a cotton T-shirt, kept in his second drawer, are preferred. It is important to let him dress himself.”

Promote Relationships

- ⊙ Don't routinely separate residents
- ⊙ Support residents with positive friendships
- ⊙ Get to the root of disagreements



Interventions appropriate for residents with cognitive impairment may not be appropriate for residents without cognitive impairment. Social interaction is crucial in a long-term care setting. Activities and living arrangements should promote positive relationships between residents.

Staff should help residents who usually get along with each other but sometimes have conflicts. Assist these residents to resolve conflicts with others. Staff should spend time getting to the root cause for the disagreements and when they are most likely to occur.

Maintain Consistent Staffing Assignments

- ⊙ This decreases likelihood of frustration and agitation
- ⊙ It provides routine
- ⊙ It fosters trust



Studies have also shown that maintaining consistent staffing assignments decreases the likelihood for residents to experience frustration or agitation. Seeing the same faces on a routine basis provides the opportunity for the resident and caregiver to build trust.

This is especially important for residents with cognitive impairment. The caregiver begins to learn the resident's preferences and can customize the way they deliver care accordingly. The resident will also be more likely to speak up in a constructive way with caregivers if there are any issues.

Perhaps most importantly, when the caregiver is familiar with the resident's typical behaviors and mannerisms, the caregiver is more likely to notice when something may be "off" with the resident—possibly indicating an underlying health issue.

Environment Modifications

- ⊙ Reduce crowding
- ⊙ Increase awareness of common triggers
- ⊙ Clear blocked passageways
- ⊙ Create non-restraining barriers to prevent wandering
- ⊙ Solve issues that are the source of complaints



Environment modifications to address issues include measures to reduce crowding in common areas and dining rooms, ensuring clear passageways for ambulatory residents. The use of non-restraining barriers can prevent unwanted entries into residents' rooms.

Senior leaders should be aware of common complaints and take steps to improve or correct the problems, including making changes in food, temperature, and noise levels, and maintaining flexibility in scheduling.

The Role of Leadership

- ⦿ Respond quickly, prioritize, make decisions
- ⦿ Know the chain of communication
- ⦿ Report incidents per policy
- ⦿ Recap events
- ⦿ Debrief with staff regarding the incident



Leaders and supervisors must respond quickly, prioritize, and make fast decisions. Know the chain of communication and follow procedures for reporting to necessary agencies.

These reports can be needed as soon as within two hours of the incident. It is also best practice to include recaps of any events as part of the facility's quality improvement programs.

Review the incident and how staff handled the situation. When debriefing, staff at all levels should participate and provide input.

Document Occurrences

- ⦿ Obtain witness statements
- ⦿ Document in resident health record and on incident report
- ⦿ Complete in a timely manner
- ⦿ Share with organization and regulatory agencies per policy
- ⦿ Notify family and care providers
- ⦿ Review with all involved parties



Policies and procedures should include guidelines for documenting occurrences, including outbursts of anger and resident complaints. First, obtain witness statements. Then staff should document the incident in the health record, as well as completing any required forms.

Management should share appropriate documentation within the organization and with outside agencies, such as regulatory commissions, as necessary. This can include the state department of health and the office of the ombudsman. Notify the resident's family members, along with physicians and other parties involved with the resident's plan of care.

Appropriate responses to anger and proper documentation can help prevent litigation and limit employee and facility liability. Review the report with all involved staff to ensure documentation is an accurate account of the incident.

Prepare your Staff with Ongoing Training and Education Programs

- ⊙ Teach communication for de-escalation
- ⊙ Hold post-event conferences to deconstruct situations
- ⊙ Emphasize active listening
- ⊙ Follow through



Staff training on how to deal with angry residents should be part of your facility's ongoing continuing education program. Work with unit managers to conduct post-event conferences for all staff to deconstruct situations and analyze what worked well and what did not. Staff training should include practical instruction in dealing with agitation and de-escalation techniques, as well as verbal and non-verbal communication.

Using active listening will allow staff to listen to resident complaints, respond with appropriate concern, and address the resident's fear and anxiety. Staff should also ensure that they follow through on any resident complaints to find a solution. Senior leaders may also want to reach out to outside resources such as a local chapter of the Alzheimer's Association.

References

1. Juman, R. (n.d.). Seven Best Practices for Managing Difficult Behaviors in Long Term Care. McKnight's Long-Term Care. Retrieved March 2023 at <https://www.teamhealth.com/news-and-resources/featured-article/essentials-of-managing-behavior-in-ltc/?r=1>
2. Lancefield, D. (2023, March 20). Five Strategies to Empower employees to make decisions. Harvard Business Review. Retrieved March 2023 at <https://hbr.org/2023/03/5-strategies-to-empower-employees-to-make-decisions>
3. Medical Mutual Insurance Company of Maine. (2024). Practice Tips: Residents with Aggressive Behavior in Long Term Care. Retrieved March 2023 at <https://www.medicalmutual.com/risk/practice-tips/tip/residents-with-aggressive-behavior-in-long-term-care/130>
4. National EAP. (2024). Five Warning Signs of Escalating Behavior. Retrieved March 2023 at <https://nationaleap.com/wp-content/uploads/2019/07/Five-Warning-Signs-of-Escalating-Behavior.pdf>

References

5. Rosen, T.; Pillemer, K; Lachs, M. (2008 Mar 1). Resident-to-Resident Aggression in Long-Term Care Facilities: An Understudied Problem. 13(2): 77-87. doi: 10.1016/j.avb.2007.12.001. Retrieved March 2023 at <https://www.ncbi.nlm.gov/pmc/articles/PMC2741635/>
6. Sollitto, M. (n.d.). Seniors Behaving Badly in Long-Term Care Facilities. Retrieved March 2023 at <https://www.agingcare.com/articles/bad-behavior-assisted-living-154901.htm>
7. 7 Best Practices for Managing Difficult Behaviors in Long Term Care. TeamHealth. Retrieved March 2023 at <https://www.teamhealth.com/news-and-resources/featured-article/essentials-of-managing-behavior-in-ltc/?r=1>

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