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Understanding Resident-to-Resident Conflicts in Long Term Care Settings from the Perspective of Administrative Staff

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Understanding Resident-to-Resident Conflicts in Long Term Care Settings from the Perspective
of Administrative Staff

By

John F. Walker

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Arts

In

Clinical Psychology

Minnesota State University, Mankato

Mankato, MN

April, 2021

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John F. Walker

This thesis has been examined and approved on April 2, 2021 by the following members of the student's committee.

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Abstract

Assisted living facilities are expanding in response to the growing population of older adults in the United States. Assisted living facilities offer a wide array of services including memory care. Research has shown that a majority of assisted living facilities have residents with cognitive impairments living along with non-cognitively impaired individuals (i.e., mixed populations). Little is known about the conflicts that may arise between cognitively and non-cognitively impaired residents in a mixed population. The present study hoped to better understand what conflicts occur, how direct care staff are trained to handle these conflicts, from the perspective of assisted living facility administrators. The 11 administrators who agreed to participate filled out a survey via *Qualtrics Survey Software* answering questions related to this phenomenon. The results from the study indicated that conflicts do arise in mixed population of residents, with common conflict themes including disruptive behaviors, such as wandering or repeating the same stories. Participating administrators indicated a wide variety of frequencies of conflict and indicated they do receive specific complaints about cognitively impaired individuals from non-cognitively impaired residents. Participants indicated there is training to handle resident conflicts, such as distraction, redirection or education, but there were mixed responses as to whether facilities had specific protocols in place. The small sample size diminishes generalizability of findings; however, the current study can serve as a catalyst for future studies concerning conflicts among mixed populations of residents.

Introduction

The population of adults over the age of 65 in the United States is rising. It is projected that the United States population of residents over the age of 65 will increase to 83.7 million Americans by the year 2050 (Barnett, 2017). This is a sharp increase from the estimated 54 million older adults in 2019 (U.S. Census Bureau, 2019). It is expected that the population of older adults will account for 23 percent of the total population in the U.S. by 2060, an increase from 17 percent as estimated in 2020 (Mather, 2019). Unfortunately, as one grows older, the likelihood of disability and functional impairment increases. For example, an estimated 30% of older adults residing in community care facilities need assistance with activities of daily living (ADLs; Erber, 2020). A survey conducted by the U.S. Census Bureau's American Community suggests that 34% of people over the age of 65 live with some type of disability, including difficulty hearing, vision, cognition, self-care or independent living (Administration for Community Living, 2020). Therefore, this increase in the older adult population will inevitably increase the need for residential options for this population who may need assistance with ADLs.

One housing option for older adults who need assistance with ADLs, but do not require intensive skilled nursing care is assisted living facilities (ALF). Assisted living facilities are a relatively new residential living option for older adults, coming to prominence in the early 1990s (Wilson, 2007). ALFs are advertised as an alternative to nursing homes which fill the void for individuals who may need assistance with activities of daily living but still seek some independence. ALFs typically cost less than nursing homes, while delivering similar comfort and continuity of lifestyles seen in at home care options. The demonstrated benefits of ALF care include prolonged independent living and postponed transitions to nursing home settings (Silver, 2018). To date, there is an estimated 28,900 active assisted living facilities in the United States,

serving an estimated 811,500 older adults (CDC, 2016). ALFs have now become the fastest growing long-term care housing option. From 2007 to 2010, the national housing capacity for residents increased from 1.05 million to 1.2 million beds, while simultaneously, the population residing in nursing homes has decreased (Han, 2017). The demand for beds within ALFs is projected to grow further as the older adult population continues to rise. Due to the increase in popularity as a long-term care option, ALFs have continued to diversify the population of residents served. It is estimated that 72% of assisted living facilities provide dementia care, while only 22% have a designated dementia care unit within the facility, suggesting that a majority of facilities host mixed populations of cognitively and non-cognitively impaired residents (Simmons, 2018).

Challenges and Benefits of Mixed Populations in ALFs

There are several challenges associated with running a facility that includes a mixed population of cognitively impaired and cognitive intact residents. For example, in recent years, a growing body of research on bullying and resident-to-resident aggression that occurs within ALFs has been conducted (Goergen, 2020). Bullying and resident-to-resident aggression may include physical or sexual harm from one resident to another and/or non-physical mistreatment of residents in the form of gossip or rumors (Teresi, 2020). These phenomena can increase physical and psychological trauma for both residents and direct care staff involved and it has been found that there is a recognizable association between dementia diagnoses and resident-to-resident aggression (Gimm, 2016).

Limited research has been conducted on negative effects that resident-to-resident aggression and bullying can have on measures of well-being for those living in ALFs. An exploratory study conducted by Paul (1995) looked at non-cognitively impaired nursing home

residents' perspective of integrated living with cognitively impaired residents. Of the study sample, 1 in 4 non-cognitively impaired residents reported disruptions in daily routines or made a conscious effort to avoid situations involving cognitively impaired residents. Those who labelled themselves dissatisfied with integrated care reported feeling pessimistic, uneasy and unhappy living amongst cognitively impaired individuals. Four out of five residents from the study recommended separation of cognitively impaired residents and recommended separate activities and social arrangements.

A study conducted by Trompetter et al. (2011) found that 1 out of 5 residents described themselves as a victim of bullying and aggressive behaviors from other residents. Interestingly, of the nurses and residents surveyed, nursing staff identified more than double the number of resident acts of aggression or bullying compared to residents. Analysis of the data from the study also showed predictive levels of victimization and low levels of well-being reported. The study lacked any data on individuals with cognitive impairment related to resident-to-resident aggression, but rather demonstrates that prevalence of conflicts within ALF. The research on resident-to-resident aggression and bullying has highlighted a continual need to develop effective training protocols to handle these situations as well as continued education of how to better identify these interactions when they occur (Teresi, 2020).

There is a general lack of research on universal strategies to handle resident-to-resident conflicts as they occur in assisted living facilities. One study collected qualitative responses from direct support staff of ALFs to determine common practices within the facilities to handle these situations. Common interventions for resident-to-resident aggression included physically intervening in violent acts, separating individuals, talking to residents to calm them down, or diffusing the situation by discussing the altercation with residents (Rosen, 2016). Another study

aimed to understand interventions for resident conflicts identified several useful preventative strategies including redirection, separation, positioning/repositioning, distraction and teaching residents to seek help from staff (Caspi, 2015).

A small body of research has also explored the positive effects of a mixed population of cognitively and non-cognitively impaired residents in ALFs. Observations of social interactions between mixed populations have identified that the act of reminiscing may be a mechanism by which positive outcomes such as decreased depressive symptoms, loneliness occurs and may help shorten the time of recall to specific memories (Akhoondzadeh, 2014).

Currently, no national training protocol exists for direct care workers in ALFs but rather standards are created state-by-state. A review of direct care workers across the United States demonstrated a lack of standard training for direct care staff in each state related to their role of promoting wellbeing, health and functioning of clients (Kelly, 2020). Most states require training on topics such as first aide, basic nursing and personal care skills, resident rights and dignity and population specific needs, such as those who may be suffering with cognitive impairment (Trinkoff, 2020). The required training hours varies among states, with some states requiring anywhere from 2 to 24 hours of continuing education and training per year, rarely involving communication training or conflict management skills (Gendron, 2017).

Purpose of the Study

A more in-depth exploration of the frequency and types of conflicts that occur between cognitively and non-cognitively impaired residents would be a beneficial addition to the current literature. Although past research has suggested a potential link between cognitive decline and resident-to-resident aggression, it is not well understood what conflicts may occur in ALFs that have mixed populations of residents. A better understanding of this phenomenon would bring

more attention to the situation and hopefully drive interventions to alleviate these conflicts, potentially increasing quality of life and well-being among residents. Additionally, further analysis of potential interventions and understanding of facility protocols on how direct support staff handle these conflicts could further shed light on the need for more standardized techniques to be used across assisted living facilities. The current study strives 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 deescalate these situations.

Methods

Participants

Eleven individuals consented and participated in this study. Participants were recruited via emails 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 email to the survey in order to access it. Five participants identified as male and five identified as female. Job titles varied amongst participants including housing managers, ombudsmen, licensed social workers, executive directors and directors of nursing (*see table 1*). The amount of time spent within these positions varied, with a range of 3 to 17 years (*see table 1*).

Procedure and Materials

A survey was constructed specifically for the purposes of this study to better understand conflicts that occur between cognitively impaired and non-cognitively impaired residents within assisted living facilities. The survey was delivered and administered using *Qualtrics Survey*

Software. Upon entering the survey, participants were first presented with a consent form that provided a brief explanation of the purpose of the study, contact information for the principal investigator, a confidentiality statement, and the IRB approval number. Participants were prompted to choose whether they consented to taking part in the survey before the questions were delivered. After consent was obtained, participants were given a set of instructions that included definitions of two key terms that were used frequently throughout the survey (i.e., “mixed population” and “resident-to-resident conflict”). These definitions were provided to ensure that all participants would interpret the meaning of these terms in the same manner. Participants were then directed to a series of demographic questions regarding the participant’s gender, job title, and number of years of work experience. Two questions followed, inquiring about the size of their facility and if the facility was in an urban or rural area. Following this demographics survey, participants were directed to the survey proper, which consisted of 26 questions including multiple choice, write-in and short answer items (*see appendix A*). On average, the survey took approximately 30 minutes to complete. A variety of questions concerned information about the facility for which the participant worked (e.g., total census, an estimate of the ratio of cognitively and non-cognitively impaired residents, whether the facility was for profit or non-profit and if the facility was located in a rural or urban setting). Other questions were aimed at understanding the nature of resident-to-resident conflicts between cognitively impaired and cognitively intact residents (e.g., how often conflicts occur, examples of what conflicts typically look like). Finally, another set of questions assessed the tactics staff use to deal with resident conflict, if staff are trained to handle these conflicts and what policies are in place to address these conflicts. Once a participant completed the study survey, they were redirected to a page thanking them for their contribution.

Results

A series of 23 questions were asked regarding participant demographics, job information, types and frequency of resident-to-resident conflict and what techniques are used by staff to resolve these issues. Three different questions asked participants to report if their assisted living facility housed a mixed population of residents, what percentage of residents have a cognitive/memory impairment, and how certain they are of that percentage. For question 7, “Does your assisted living facility have a mixed population of residents,” 6 individuals (55%) responded with ‘yes’ while 5 participants (45%) declined to respond. Participants were also asked to estimate the percentage of residents in the facility that have a cognitive/memory impairment (*see table 2*).

Questions 9-10 asked study participants if there were any unique challenges to running a facility with a mixed population and asked participants to provide examples. For question 9, six participants (55%) indicated that there are unique challenges with running a facility with a mixed population, while five participants (45%) declined to answer. There were three distinct themes among the responses for the question, “In your experience, what are the two most significant challenges (i.e. in terms of how frequent or how problematic the situations are) associated with having a mixed population of residents?” One such theme was related to the struggle of meeting the needs of a mixed population of residents. For example, one participant answered, “Meeting the diverse needs of the individuals and adequate training for staff to assist with challenging situations.” Other responses included, “Lack of understanding amid the cognitively intact group combined with limited staff to respond to intervention” and “It is more difficult to care for individuals who are not able to advocate for themselves. For individuals who know what they need and want, they simply request help and tell the staff what to do. For those with declines,

you need to talk them into providing care. This can leave gaps because caregivers who are not as good taking "no, I don't want help." as an answer too easily. The second issue is working with their families and setting what are expectations - often families may not see the decline."

Another common theme among participant responses was providing activities for both cognitively and non-cognitively impaired residents. One study participant commented, "Activities that can apply to both types of residents. We also find that the residents that do not have memory impairment get easily frustrated with the residents that do have an impairment." Finally, responses suggested that keeping all residents happy is a challenge. This is described in one participant's response, "Keeping everyone happy and still allowing everyone to voice their thoughts without someone taking offense."

Questions 11-13 inquired about the types of complaints staff receive from non-cognitively impaired residents about the behavior of residents with cognitive impairment, how frequently these complaints occur, and examples of these complaints. Concerning how frequently these complaints arise, responses varied from, "About once per week," to "1-2 times a month." From the study sample, six participants (55%) responded that they do receive complaints from non-cognitively impaired residents about the behavior of cognitively impaired residents. The remaining participants (45%) declined to respond. When asked about the most common type of complaint made by non-cognitively impaired residents, a common theme reported was disruptive behaviors. For example, participants reported, "Wandering into rooms they should not be in," "Being disruptive," "Wandering into private spaces, rooms and just general disregard to social norms," "That the cognitive impaired person tells the same story multiple times per day," and "I would say the most common complaints are that someone is annoying or is bugging them by visiting or not talking to them. Other times the complaints are

that other residents like to help those who need it, just not all the time. If a resident who has a cognitive decline wanders into another resident's room or crosses some inappropriate lines, then they usually will be transferred to a dedicated memory care unit."

Question 14-15 asked participants to estimate how frequently conflicts occur between cognitively and non-cognitively impaired residents, and then to describe common examples of resident-to-resident conflict between the mixed population of residents. For question 14, two participants indicated that conflicts occur, "About once per day" while 1 individual responded with, "A few times per week" and another participant indicating, "1-2 times per month." When asked for examples of these conflicts, three themes were apparent among responses. One theme was related to cognitively impaired residents being disruptive. Responses under this theme include, "Resident with cognitive impairment walks into another resident's rooms. Gender is often an aggravating factor to level of concern," and "CI resident being vocal while NCI resident is trying to watch tv." Another common theme was related to the repetitiveness of cognitively impaired residents' stories or behaviors. Examples of this theme include, "When talking over coffee, cognitive impaired resident talks about her experience and repeats the same story constantly" and "One recent example is a gentleman who does not have any cognitive decline complaining about the same resident coming up to speak with him when he is working on writing a memoir in a community area. He wants the cognitively impaired resident to leave him alone." One final theme derived from responses suggests that verbal aggression may be a common conflict, as evidenced by the following response, "A non-cognitively impaired resident yelling at a cognitively impaired resident."

Five questions inquired about staff training related to handling conflicts between cognitively and non-cognitively impaired residents. For question 17, study participants were

asked to indicate if staff received specific training in methods to address resident-to-resident conflicts. Six individuals (55%) responded with 'yes', indicating that their facility had staff protocols in place to handle resident-to-resident conflict, while five participants (45%) declined to respond. For question 18, which asked about staff responses to conflicts, a variety of qualitative responses were reported. Example responses included, "Separate the 2 individuals, fill out an incident report", "Redirect" and "Staffing levels are the biggest issue. Lack of activities to occupy residents in meaningful activity proactively. Additionally, lack of staff to redirect those with cognitive decline." Other responses include, "When it gets bad, find something new for the resident to do by removing them from the group politely (have them go to their apartment so staff can clean, etc.," and "First, we try to get the person who is not cognitively impaired to understand the situation - this works for many cases. Then we work to educate the best we can the person with the cognitive issues. Oftentimes moving seats in the dining room or staff redirection can help." For question 19, two participants (18%) indicated that there were specific policies in place to handle resident-to-resident conflicts, while three participants (27%) indicated that there are not specific policies in place and six participants declined to respond. Question 20 served as an opportunity for administrators to provide summary of policies designed to address conflicts. Only one participant responded to the question with the following statement, "Validate, redirection, staff education, unmet needs, etc." In response to question 21, inquiring about what specific actions steps the assisted living facility has taken to prevent conflict between cognitively and non-cognitively impaired individuals, only one participant responded, indicating that the facility prefers to group similar residents with one another.

Question 22 served as an opportunity for administrators to reflect on the benefits associated with having a mixed population of residents. Three participants responded to the

prompt. Answers included, “The quality of life for people with cognitive diagnosis is greatly improved. Cognitive decline is a process and all too often people with limited cognitive deficit wind up in secure memory care amid situational and variable compacity. It is optimally integrated for quality of life of those with memory loss” and “#1) It is morally right to keep someone in the least restrictive environment. #2) By having a more "diverse" type of resident some empathy is created for other residents. #3) From a staffing standpoint there are benefits depending on the overall level of care and how it can justify and compensate more staff that is beneficial to all.”

Discussion

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

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 behavior 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. Behavioral disturbances are commonly exhibited by individuals with cognitive impairments (Aalten, 2006), but little is known about the effects of these disruptive behaviors 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 behaviors 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,

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).

Limitations and Future Directions

There were several limitations of the current study. Foremost, the study included a small sample of respondents, which impacts the generality of findings and limits the conclusions that can be drawn on the matter of resident-to-resident conflicts between cognitively and non-cognitively impaired individuals. In addition, the survey was distributed via email to senior provider network lists in one specific region of the country. Due to the limited number of responses to the survey, generalizing the results to the broader population of ALFs is impractical. Future studies would benefit from continuing the aim of the current study, by collecting more data from a larger and more diverse sample of ALF administrative staff in other regions of the United States. In addition, future research would benefit from collecting data from the perspective of residents themselves, particularly those without cognitive impairment, in order to better understand the specific challenges they experience when living with persons who have cognitive impairment.

The lack of responses to the current study survey can potentially be attributed to the individuals who consented to take the survey. It is possible, that the content of the study survey may not have been applicable to some of the respondents, based on their job title. The data collected from the survey demonstrated lack of responses from those that described themselves as a licensed social worker, 1 regional ombudsman and 1 executive director. It is also possible that the lack of responses to the survey questions may be attributed to responder fatigue. A general trend of diminished responses further into the survey was observed compared to responses at the beginning of the study survey. Future research on this topic would benefit from surveying administrative staff primarily who have a wide knowledge on resident conflicts that occur; developing a more specific inclusion criteria to participate.

Yet another limitation to the present study was the lack of question regarding the documentation of incidents. A survey question inquiring about whether or not the incident was simply observed or if it was a documented offense would provide helpful insight into the severity of conflicts as well as a perspective on facility protocol of what is considered a documented offense and what is not. Future research would benefit from studying the non-documented conflicts that occur, categorizing them into themes and tracking the frequency of these conflicts in a naturalistic form.

Another limitation to the present study was the format in which the survey was administered. It is possible that more detailed responses could have been gathered through interviewing as opposed to an internet-based survey. Given the qualitative nature of the survey, more in-depth responses to study questions could have been gathered from an alternative format or with the ability to compensate individuals for their participation.

Finally, the results of the current study may be limited due to the effects of the COVID-19 pandemic. Administrator responses could have been impacted due to state mandates and social distancing protocols aimed at protecting residents and staff, potentially affecting conflicts that could regularly occur within a mixed population, pre-pandemic.

Conclusions

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.

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Table 1.

<i>Q1: Please select the gender you identify with.</i>	
Survey Response	Frequency
Male	5
Female	5
No Response	1
<i>Q2: Please provide your current job title.</i>	
Survey Response	Frequency
Director of Nursing	1
Executive Director	2
Regional Ombudsman	2
Licensed Social Worker	1
Administrator	1
Housing Manager	1
No Response	3
<i>Q3: How many years have you worked as an administrator in assisted living facilities? (combined experience at current facility as well as previous employment).</i>	
Survey Response	Frequency
3 years	1
9 years	2
5+ years	1
10 years	1
17 years	1
No Response	5

Table 2.

<i>Q4: What is the maximum number of residents that can be housed within your assisted living facility?</i>	
Survey Response	Frequency
24	1
76	1
95	1
32	1
N/A	1
No Response	6
<i>Q8: On average, what percentage of residents in your assisted living facility do you estimate have cognitive/memory impairment (diagnosed or not). If you are not sure, please provide your best estimate.</i>	
Survey Response	Frequency
70%	2
40%	1
20%	1
No Response	7

Appendix A

Administrative Questionnaire

Start of Block: Demographic Information

Q26 Informed Consent for Participation in the Research Study Title of the Research Study: “Understanding Resident-to-Resident Conflicts in Long-Term Care Settings from the Perspective of Facility Staff”

Researchers

The individual responsible for implementing the procedures of this study will be a graduate student researcher, John Walker, working under the supervision of Dr. Jeffrey Buchanan.

Purpose

The purpose of this research is to obtain information about conflicts that occur between cognitively impaired and non-cognitively impaired individuals living in assisted living facilities.

Participants

You have been asked to participate in this research because you are employed in an administrative position at an assisted living facility.

Procedure

A series of open-ended survey questions will be asked to assess my general opinions about the occurrence of disputes among cognitively and non-cognitively impaired residents. You will be asked some demographic questions, as well as questions related to facility resident conflict. It is estimated that participation will take no longer than 30 minutes to complete the online survey. The study will end when all questions are answered and you may close your browser at that time.

Risks

There are minimal risks associated with participation in this study. It is possible you will experience discomfort while answering some questions. If this occurs, you may choose not to answer a question or end your participation at any time with no negative consequences.

Benefits

There are no direct benefits resulting from participation in this study. However, the results of this study may yield useful information about developing methods for increasing awareness, enhancing training and increasing educational opportunities to improve relations between cognitively impaired and non-cognitively impaired individuals residing in assisted living facilities.

Confidentiality

The findings of this study will be completely confidential. Confidentiality will be protected in that no identifying information will be included on any records collected during this study. All information collected during this study will be used for research purposes only and will only be accessible to the researchers, Dr. Buchanan and student investigator John Walker. If you would like more information about the specific privacy and anonymity risks posed by online surveys, please contact the Minnesota State University, Mankato IT Solutions Center (507-389-6654) and

ask to speak to the Information Security Manager.

Right to Refuse or Withdraw

Q27 Do you consent to participate?

Yes

No

Page Break

Q1 Please select the gender you identify with:

Male

Female

Other

Page Break

Q2 Please provide your current job title:

Page Break

Q3 How many years have you worked as an administrator in assisted living facilities? (combined experience at current facility as well as previous employment)

End of Block: Demographic Information

Start of Block: Information about the Assisted Living Facility:

Q4 What is the maximum number of residents that can be housed within your assisted living facility?

Page Break

Q5 Is your organization for-profit or non-profit?

- For-profit
- Non-profit
-

Page Break

Q29 Is your facility in a rural or urban setting?

- Rural Setting
- Urban Setting
-

Page Break

End of Block: Information about the Assisted Living Facility:

Start of Block: The following interview contains questions related to challenges associated with

Q23 *The following survey contains questions related to challenges associated with serving mixed populations of cognitively and non-cognitively impaired residents within assisted living facilities. All survey responses will remain anonymous and confidential. To ensure confidentiality, please do not provide names of any residents or staff members in your responses. This survey will frequently use two phrases that are important for us to define before moving on with the interview. The first is, “mixed populations of residents.” This term refers to having a mix of cognitively impaired and cognitively intact (i.e., residents who do not have cognitive impairment) residents. The focus of this study is on conflict between cognitively and non-cognitively impaired residents in a mixed population or integrated setting. The second is, “resident-to-resident conflict.” This term refers to disputes that occur between two residents. These disputes may be verbal (e.g., arguments, yelling) or physical (e.g., pushing,*

slapping). These disputes may last only a few seconds or could be ongoing disputes over a longer period of time.

Page Break

Q7 Does your assisted living facility have a mixed population of residents?

- Yes
- No
-

Page Break

Q8 On average, what percentage of residents in your assisted living facility do you estimate have cognitive/memory impairment (diagnosed or not). If you are not sure, please provide your best estimate.

Page Break

Q28 How certain are you of the number of cognitively impaired residents? Please choose your best approximation.

- 0-24%
- 25-49%
- 50-74%
- 75-100%
-

Page Break

Q9 In your experience, are there unique challenges to running a facility that has a mixed population of residents?

- Yes
- No

Page Break

Q10 In your experience, what are the two most significant challenges (i.e. in terms of how frequent or how problematic the situations are) associated with having a mixed population of residents?

Page Break

Q11 Do you or your staff receive complaints from non-cognitively impaired residents about the behavior of other residents that have cognitive impairment?

Yes

No

Page Break

Q12 How frequently do these complaints arise?

Multiple times per day

About once per day

A few times per week

About once per week

1-2 times a month

Less than once a month

Page Break

Q13 What is the most common type of complaint made by non-cognitively impaired residents?

Page Break

Q14 How frequently would you estimate conflicts occur between cognitively impaired and non-cognitively impaired residents?

- Multiple times per day
- About once per day
- A few times per week
- About once a week
- 1-2 times a month
- Less than once per month

Page Break

Q15 Can you describe a common example of a resident-to-resident conflict involving a cognitively impaired and a non-cognitively impaired resident?

Page Break

Q16 What actions has your facility taken to minimize or prevent conflict between cognitively impaired and non-cognitively impaired residents? For example...

Page Break

Q17 Do staff receive specific training in methods to address resident-to-resident conflicts?

- Yes
- No

Page Break

Q18 When conflict occurs between a cognitively impaired and a non-cognitively impaired resident in a mixed population, how are staff ideally supposed to address these situations?

Page Break

Q19 Does your facility have specific policies in place for addressing resident-to-resident conflict?

Yes

No

Page Break

Q20 Can you provide a brief summary of this policy, including what specific steps need to be taken to address these conflicts?

Page Break

Q21 Are there other specific actions your facility has taken to minimize or prevent conflict between cognitively impaired and non-cognitively impaired residents?

Page Break

Q22 In your experience, what are two specific benefits associated with having a mixed population of residents?
