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SAFE PLACES FOR AGING CARE

A Snapshot of Violence in Home and Residential Long-term Care in Nova Scotia

KNOWLEDGE USER ADVISORY COMMITTEE REPORT

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EXECUTIVE SUMMARY

Why this research is important

There is growing recognition that violent situations sometimes happen in long-term care (LTC) settings (Curry, 2015). The normalization of violence and abuse within care institutions like long-term care homes further hinders efforts to address this issue effectively. Violence includes physical, psychological, sexual and emotional violence and it can harm people in different ways. To ensure the well-being of staff, older adults, and their families, it is essential to what forms of violence they face, how often, and what factors might contribute to violence and violence prevention. This report outlines the results from a survey with LTC staff about violence they experienced.

How the research was conducted

This report summarizes the findings of an online survey open to people working and living in Nova Scotia from April 2022 to January 2023. The survey consisted of 28 questions that took approximately 12 minutes to complete. Participants were recruited through professional Listservs, long-term care and aging websites, social media advertisements, long-term care organizations, and community-based organizations.

Who participated in the study

There is growing recognition that violent situations sometimes happen in long-term care (LTC) settings (Curry, 2015). The normalization of violence and abuse within care institutions like long-term care homes further hinders efforts to address this issue effectively. Violence includes physical, psychological, sexual and emotional violence and it can harm people in different ways. To ensure the well-being of staff, older adults, and their families, it is essential to what forms of violence they face, how often, and what factors might contribute to violence and violence prevention. This report outlines the results from a survey with LTC staff about violence they experienced.

What the researchers found

Participants in this study described their working conditions and interactions, revealing varying work hours, extensive interaction with residents or clients, high prevalence of dementia or cognitive impairments among those served, and significant barriers to accessing necessary training. Most participants worked 40+ hours a week, 19% worked 30-39 hours per week, 11% reported working 29 hours per week, 7% worked 10-19 hours per week, and 2% worked less than 10 hours per week. Some staff (43%) interacted with 30 or more residents or clients daily in both nursing homes and home care. A portion of health care staff (52%) reported that over 75% of their clients or residents had dementia or cognitive impairments. Understanding this is crucial because individuals with dementia may exhibit behaviors that could be perceived as violent in response to certain aspects of their social and physical surroundings.

Participants completed various types of training; however, some participants (42%) reported that they lacked the necessary time to complete or attend the necessary training. Other training barriers included difficulties in finding the appropriate training, training that is either too expensive or not relevant to their work, lack of training provided at work, inadequate coverage to attend training, inflexible training schedules and unrealistic training.

The findings from the study conducted among 135 staff shed light on the high prevalence of violence in the workplace. Out of 135 participants, 99% reported experiencing verbal or psychological violence since the beginning of their careers. This included being sworn at, being threatened, and being called names. Participants also experience physical violence in the form of destruction of personal items (44%), having been pushed, grabbed or shoved (83%), having been slapped or kicked (70%), as well as having something thrown at them or being hit with an object that could cause harm (67%). Additionally, participants reported experiencing sexual violence in the form of sexual comments (84%) and being touched or groped (60%). Participants also disclosed facing violence from coworkers and family members of the clients or residents they served. These findings highlight the urgent need for comprehensive measures to address and prevent workplace violence.

How this research can be used

This research highlights the prevalence and types of violence faced by long-term care staff in Nova Scotia during a particular period and staff recommendations to improve safety for everyone. This snapshot provides some baseline data that may inform improvements in violence prevention. It is crucial to consider the limitations of the study. First, we did not collect information on the number and size of facilities participants worked in so our results many not reflect the diversity of long-term care setting. Additionally, there was a relatively low proportion of racialized workers who responded to the survey. We found that LTC and home care workers in Nova Scotia who responded to the survey experienced significant violence throughout their careers. More must be done to improve violence prevention. Staff suggest increasing staffing levels, providing more relevant and accessible training on mental illness and violence prevention, providing education to families about care expectations, and an improved screening process for placement of residents into care homes. These are valuable starting points for strategies that aim to foster a safer working environment for health care workers.



INTRODUCTION

Despite the intention of providing a safe place for aging and care, public inquiries and researchers have increasingly recognized that violence is a recurring and problem in long-term care that affects residents, family members and paid care workers. Different terms are often used to describe violence directed toward each of these groups, including abuse, responsive behaviours, resident-to-resident aggression, and workplace violence. These terms refer to a broad range of physical, verbal, and sexual acts. This report uses the term violence and does not identify responsive behaviours as a separate form of violence, although we know that what staff report as a specific physical or verbal act may be a response to a particular social or environmental situation. The report focuses on violence directed toward staff in nursing homes and home care settings in Nova Scotia.

How was the research conducted?

From April 2022 to January 2023, researchers conducted an online survey of long-term care workers to explore violence in nursing homes and home care settings in Nova Scotia. Participants were recruited through the multiple venues: professional listservs; long-term care and aging websites; social media advertisements; long-term care organizations, and community-based organizations. The survey was administered online using the Qualtrics platform. The survey was composed of 28 questions and the average respondent took 12 minutes to complete the survey.

Who participated in the study?

There were 154 long-term care staff in Nova Scotia who completed this study. Nearly half (42%) of the participants were older than 50 years old and in their late career, 35% were 36-49 years old in their mid-career, and 23% were 18-35 years old, in their early career. Nearly all of the participants identified as women (91%), 8% identified as men, and 1% preferred not to share their gender identity. In terms of racial identification, the majority (84%) identified as White, 8% were Asian, 3% were Black, and the remainder of participants identified as other or preferred not to say. Two thirds (66%) of participants also reported living or working in an urban setting, while 34% of participants lived or worked in a rural area (less than 10 000 people).

More than half (56%) of the participants completed a college or trade certification, 25% completed a bachelor's degree, 9% completed high school or a high school equivalent, 6% had a graduate degree, 2% had an RN diploma, 1% had a graduate (post degree) certificate, and 1% completed less than high school. Almost all participants (90%) currently worked with older adults in a nursing home, 6% worked in home care in their clients' homes, and 4% of participants worked in both environments. The most common job titles included: (35%) continuing care assistants (CCA), (19%) registered nurse (RN), (12%) licensed practical nurse (LPN), (9%) housekeeping/management, (7%) management/leadership, and recreational programmer or worker (5%). Most participants worked 40+ hours a week, 19% worked 30-39 hours per week, 11% worked 29-20 hours per week, 7% worked 10-19 hours per week, and 2% worked less than 10 hours per week.

	Response	N	% (of X who responded to the question)
Work setting (X = 154)	Nursing home	139	90%
	Home care in client's own homes	9	6%
	Both	6	4%
Current profession (X = 154)	Continuing care assistant	54	35%
	Registered nurse	30	19%
	Licensed practical nurse	19	12%
	Housekeeping / maintenance	14	9%
	Management / leadership	11	7%
	Recreational programmer or worker	7	5%
	Kitchen staff	3	2%
	Long-term care assistant	3	2%
	Allied health practitioners	4	3%
	Administration	4	3%
	Other	4	3%
Hours worked per week (X = 152)	Less than 10 hours	3	2%
	10-19 hours	11	7%
	20-29 hours	16	11%
	30-39 hours	29	19%
	40 or more hours	93	61%
Age (X = 109)	Early career (18-35 years old)	25	23%
	Mid-career (36-49 years old)	38	35%
	Late career (50+ years old)	46	42%
Gender (X = 153)	Woman	139	91%
	Man	12	8%
	Prefer not to say	2	1%
Racial identification (X = 154)	White	129	84%
	Asian	12	8%
	Black	5	3%
	Prefer not to say	5	3%
	Indigenous/Aboriginal/White	1	1%
	Middle Eastern	1	1%
Highest level of education (X = 154)	Less than high school	1	1%
	High school/high school equivalent	14	9%
	College or trade certification	87	56%
	Bachelor's degree	39	25%
	Graduate degree	9	6%
	Other: RN diploma	3	2%
	Other: Graduate certificate (post degree)	1	1%
Rurality (X = 149)	Rural	50	34%

Table 1

Description of Nova Scotia Staff Participants

(n = 154)

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What type of conditions do they work in?

Of the participants working in a nursing home, 43% reported daily interactions with 30 or more clients/residents, 27% of participants interacted with 20-29 clients or residents, 20% of participants interacted with 10-19 clients or residents, and only 10% of participants interacted with less than 10 clients daily (see Figure 1). In contrast, 64% of participants working in home care reported seeing less than 10 clients or residents in a day, 21% saw 30 or more clients or residents, and 14% saw 10-19 clients or residents daily (see Figure 2). In both settings, health care workers interacted with a significant proportion of clients or residents who have dementia or cognitive impairments. More than half (52%) of the participants reported that more than 75% of their clients or residents had dementia or cognitive impairments, a third of participants reported that 50% -74% of their clientele had dementia or cognitive impairments, and 18% of participants reported having less than half of their clientele had dementia or cognitive impairments (see Figure 3).

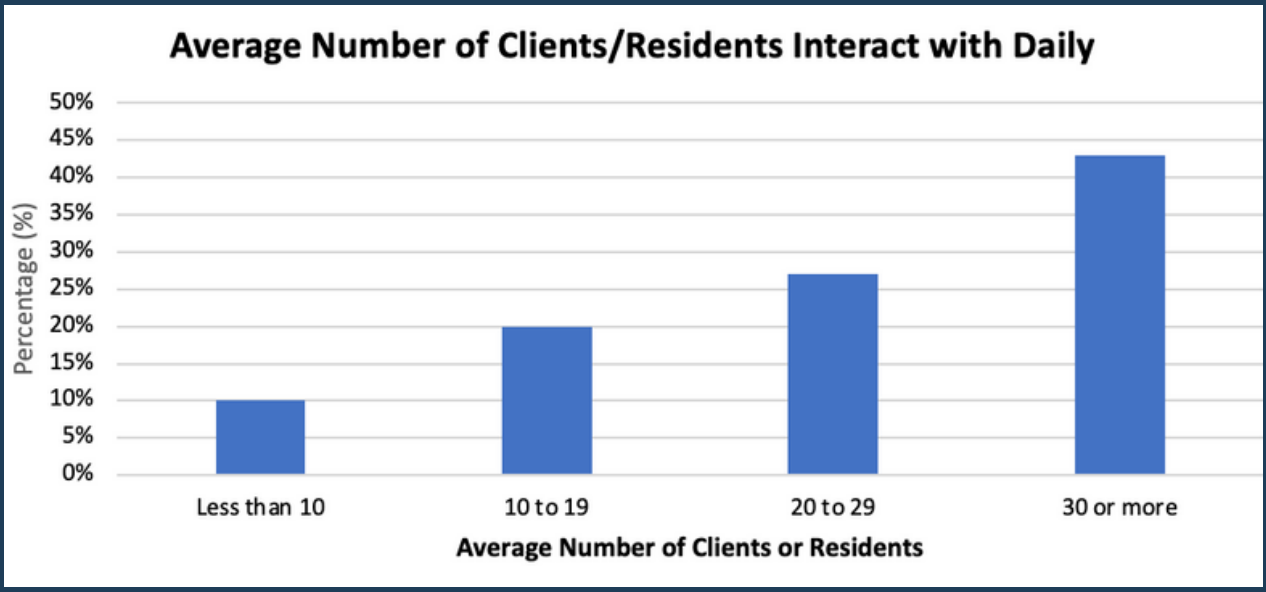

Figure 1
Average Number of Clients/Residents Interact with in Nursing Home (n = 142)

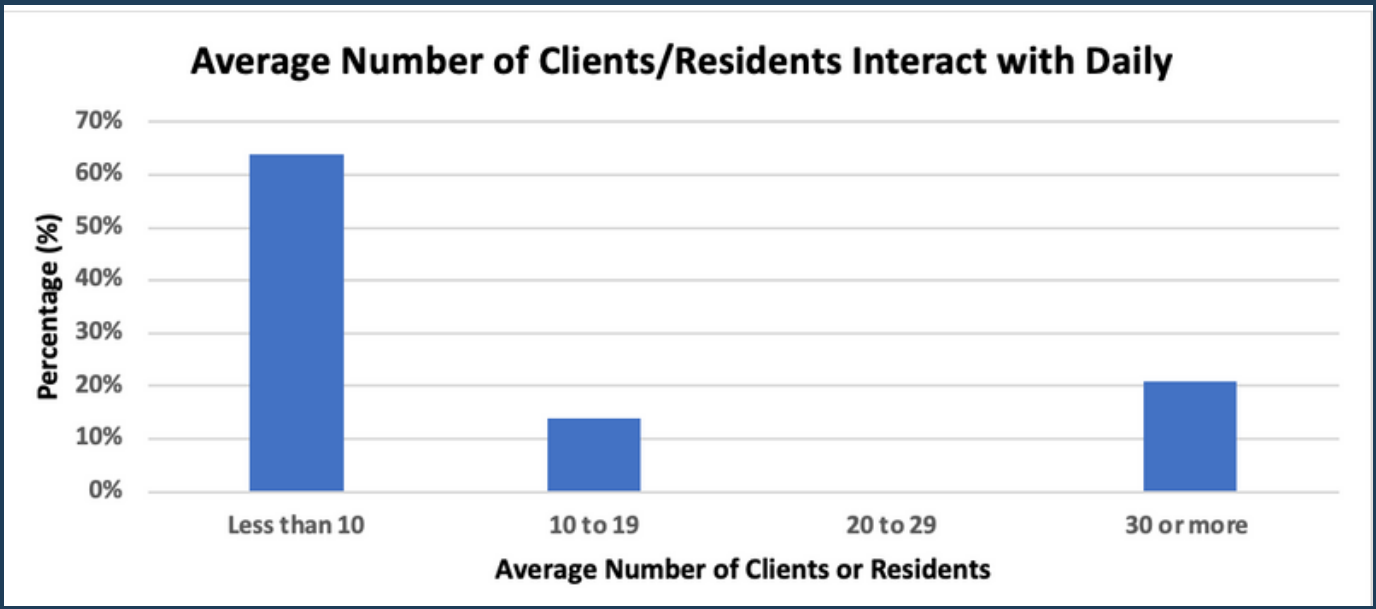

Figure 2

Average Number of Clients/Residents Interact with Receiving Home Care (n = 142)

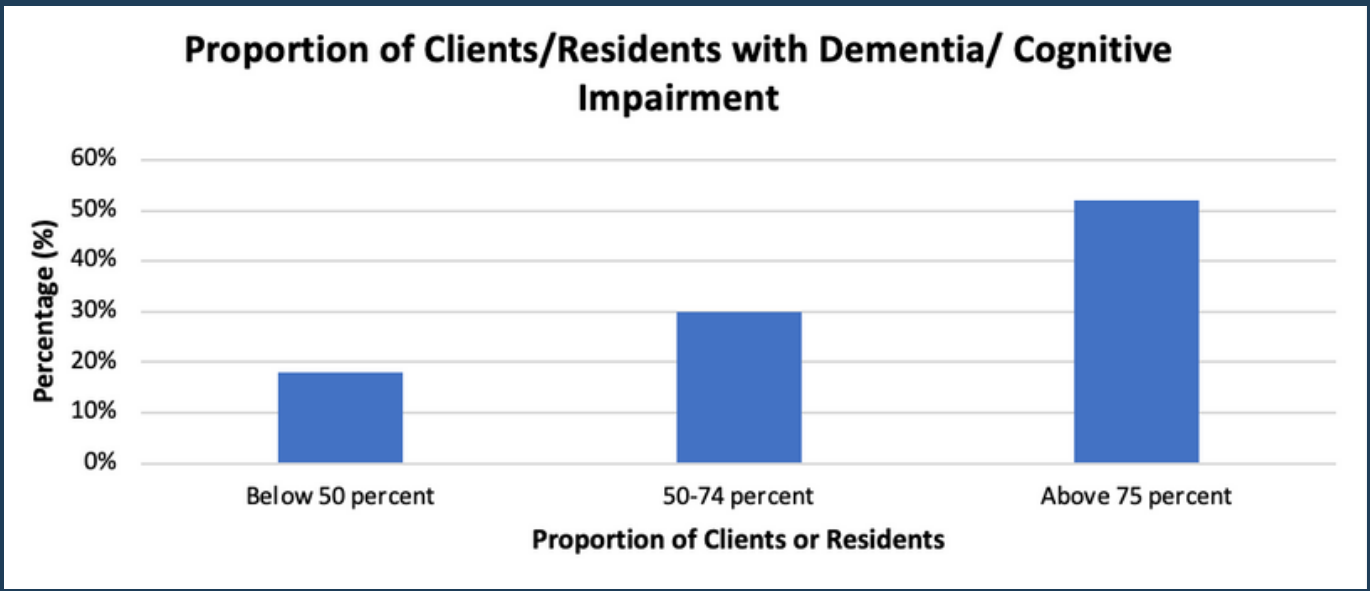

Figure 3

Proportion of Clients/Residents Interact with Who Have Dementia or Cognitive Impairment (n = 148)

What kind of training did workers receive?

The most common types of training received by participants were dementia care modules (64%), P.I.E.C.E.S (60%), Crisis Prevention Institute Non-Violent Crisis Intervention (57%), Ufirst (49%), Teepa Snow videos (43%), Gentle Persuasive Approaches (41%), and Aware NS Workplace Prevention (40%). Other training formats include PACE, Palliative Care, Behaviour Management, and low arousal/behavioural gerontology modules. About 4% of participants also mentioned receiving no training concerning violence prevention and responsive behaviours (see Figure 4).

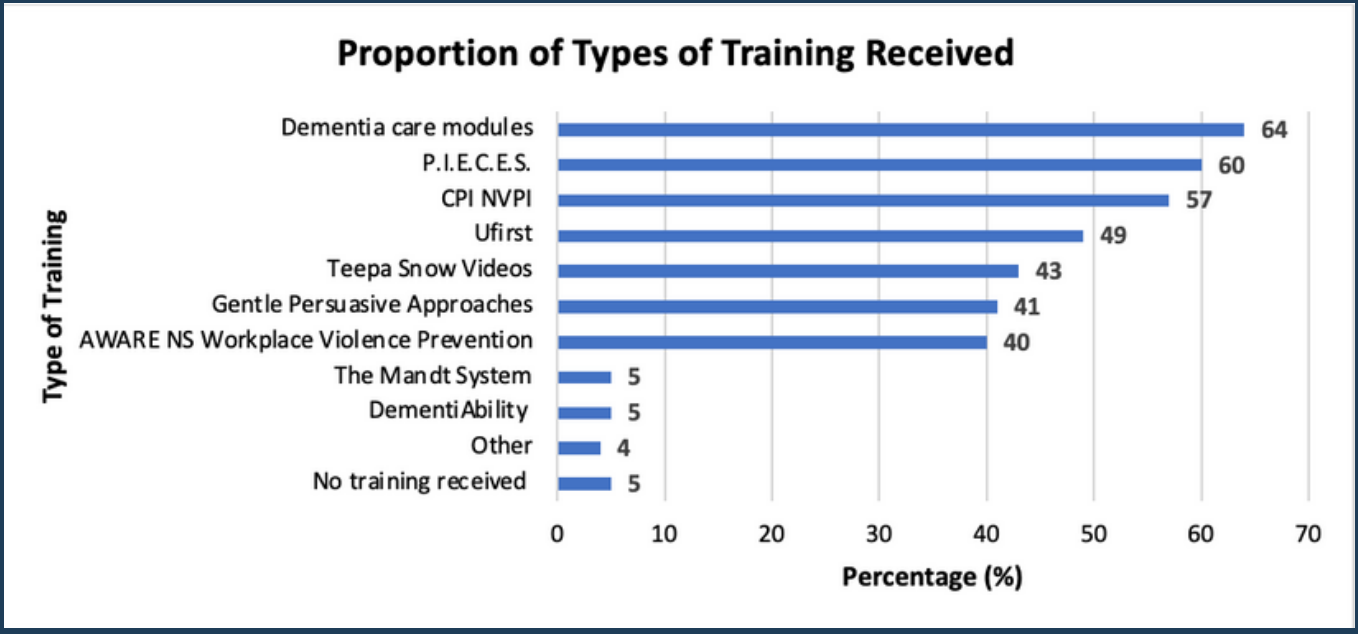

Figure 4

Proportion of Training Related to Violence Prevention and Responsive Behaviour Received (n = 148)

The most common barrier to accessing training for participants was not having enough time to access the training; 42% of participants responded that lack of time affected their accessibility to training. Other common barriers included: participants experiencing difficulties finding the appropriate training (23%), training being too expensive (17%), and 7% feeling that the training did not relate to their work or experiences. Participants also stated that training not being provided at work, being unable to get courses covered through work, being unsure of the training that is offered, not having enough staff coverage to permit attending training, lack of in-house training due to a pandemic, inadequate training, inflexibility of training availability (required outside of work hours), unrealistic training (type of care and families dealt with), and difficulty with uneducated frontline staff were notable barriers to accessing training.

What violence did workers experience (in all relationships)?

Respondents were asked about their experiences of violence in relation to clients or residents, co-worker(s), and/or the family and friends of clients or residents. The researchers used a modified version of the Conflict Tactics Scale (CTS; Straus et al., 1996) that asked respondents about the frequency of different acts of violence in different contexts and relationships of care (see Figure 5). The researchers calculated the prevalence of the violence as occurring at any time in the past year or previous years (ever) in comparison to never experiencing the type of violence. The researchers grouped the violence items into either psychological, physical, or sexual violence. Psychological violence included being insulted/sworn at, shouted or yelled at, something belonging to the respondent was destroyed, and being called names. Physical violence included being threatened to be hit or have objects thrown at respondent, having objects thrown at respondent, being pushed/grabbed/shoved, being slapped, punched or hit with something, being choked, and being kicked.

Sexual violence included sexual comments and being touched or groped in a sexual manner. All findings can be seen in the corresponding tables and figures for each relationship.

Figure 5

Sample Questions from Survey Asking About Violence Experiences

The following is a list of things that may have happened to you when interacting with a **client or resident**. Please identify how many times each of these have happened in the past year.
Insulted or swore at you
Shouted or yelled at you
Destroyed something belonging to you
Threatened to hit or throw something at you
Called you names
Threw something at you that could hurt
Pushed, grabbed, or shoved you
Slapped you
Punched or hit you with something that could hurt
Choked you
Kicked you
Made sexual comments towards you
Touched or groped you in a sexual manner

Relationships with Clients or Residents

In relationships with clients or residents, 99% of respondents were shouted or yelled at, 97% were insulted or sworn at, 85% were called names, and 44% experienced a personal belonging being destroyed in their lifetime (see Figure 6). Generally, staff who were shouted or yelled at experienced this form of violence monthly or less than monthly (44%) or several times a week or close to every week (32%). Being insulted or sworn at occurred monthly or less than monthly (40%) or several times a week or close to every week (34%). Name calling occurred monthly or less than monthly (43%) or several times a week or close to every week (23%). Experiencing a personal belonging destroyed either never happened (56%) or occurred monthly or less than monthly (27%) (see Table 2).

For physical violence, 90% experienced the threat that something could be thrown at them, 83% were pushed/grabbed/shoved, 70% were slapped, 70% were kicked, 67% had something thrown at them, 67% were punched or hit with something, and 19% were choked in their lifetime. Respondents experienced the threat of having something thrown at them monthly or less than monthly (53%) or several times a week or close to every week (19%). Pushing, grabbing, and shoving occurred monthly or less than monthly (44%) or several times a week or close to every week (21%). Slapping occurred monthly or less than monthly (41%) or never happened (30%). Kicking occurred monthly or less than monthly (40%) or never happened (30%). Experiencing an object thrown at them occurred monthly or less than monthly (35%), never happened (33%), or happened in previous year(s) (24%). Punching or being hit with something occurred monthly or less than monthly (38%) or never happened (33%). Notably, choking never happened (81%) for most respondents.

For sexual violence, 84% of respondents experienced sexual comments and 60% were touched or groped in a sexual manner in their lifetime. Sexual comments occurred monthly or less than monthly (53%) or happened in previous year(s) (19%). Experiences of touching or groping in a sexual manner either never happened (40%), occurred monthly or less than monthly (29%), or happened in previous years (26%).

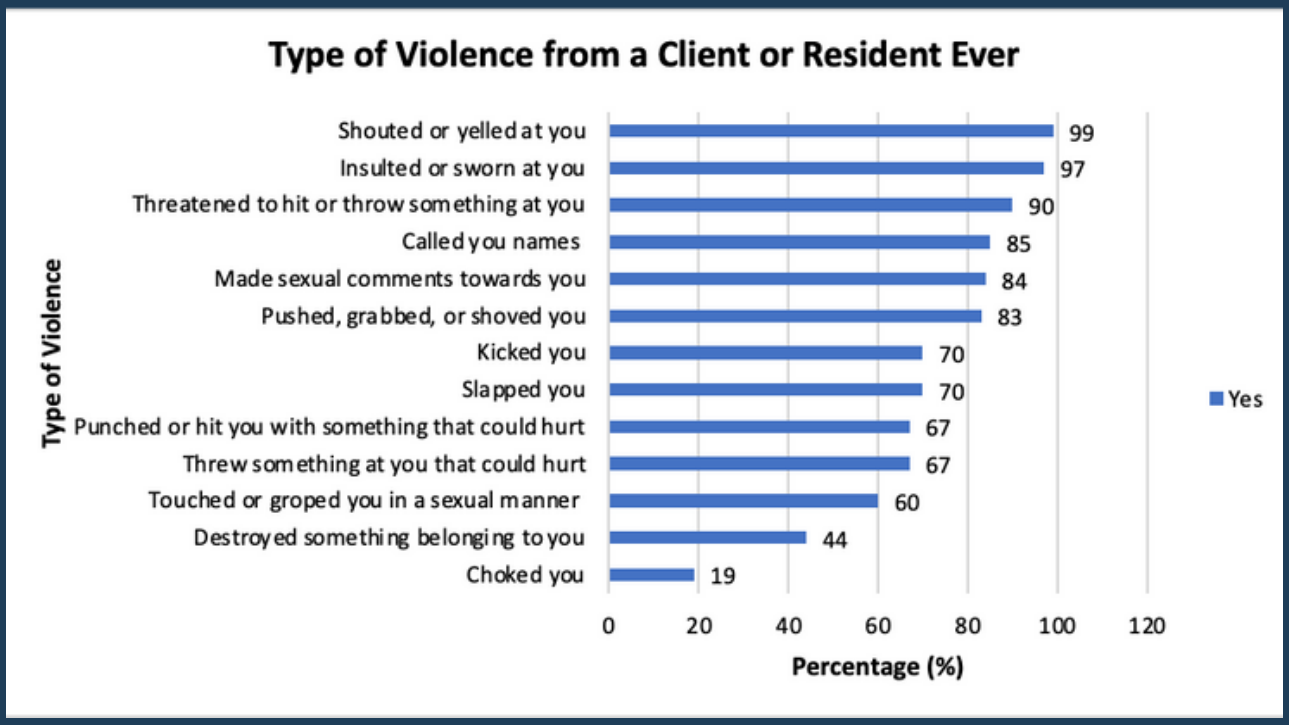

Figure 6

Type of Violence from a Client or Resident Experienced in Participants' Career

Table 2

Occurrence of Type of Violence from Client or Resident Experienced by Participants

Type of Violence Encountered	All the time (100 or more times per year)	Several times a week or close to every week (25-99 times per year)	Monthly or less than monthly (1-24 times per year)	Happened in previous year(s)	Never happened
Insulted or sworn at (X = 139)	17%	34%	40%	6%	3%
Shouted or yelled at (X = 137)	18%	32%	44%	5%	1%
Destroyed something belonging to participant (X = 135)	0%	1%	27%	16%	56%
Threatened to hit/throw something at participant (X = 136)	8%	19%	53%	10%	10%
Called names (X = 135)	13%	23%	43%	6%	15%
Threw something at participant that could hurt (X = 136)	1%	7%	35%	24%	33%
Pushed/grabbed/shoved (X = 135)	4%	21%	44%	13%	17%
Slapped (X = 136)	2%	10%	41%	17%	30%
Punched/hit with something that could hurt (X = 136)	1%	8%	38%	19%	33%
Choked (X = 135)	0%	1%	8%	9%	81%
Kicked (X = 136)	4%	7%	40%	19%	30%
Sexual comments (X = 135)	2%	11%	53%	19%	16%
Touched or groped in sexual manner (X = 135)	1%	4%	29%	26%	40%

After inquiring about the frequency of violence encounters, the researchers asked about other forms of violence experienced from clients or residents. Fourteen respondents responded with more information about physical or verbal violence. Physical violence included punching, kicking, scratching, pinching, spitting, and biting. One respondent noted:

> ***"[A] very large male [was] very aggressive. Took 8 staff to keep him from harming himself or others. We had to wait for orders to come back on medication for him. Meanwhile he was biting and punching and kicking us..." [P222]***

Another respondent recounted an experience writing:

> ***"We had one resident at the facility I worked at, tiny little man. His family was very much in denial over how aggressive he was. He took 3-4 staff to do care. On days that we were short staffed and there were only 2 of us, we got punched, kicked, scratched, bit, and thrown across the room. One time I got beaten so bad I had to go to emergency they thought he broke my ribs and damaged my kidneys. I was so black and blue it was horrible. They medicated him for a couple of weeks, and then it stopped again when his family said he was too zoned out. He continued to beat us, and eventually passed away. Families dictated there, and staff were hurt all the time." [P188]***

Impacts of violence were felt by one respondent, who required a surgery following a violent incident and experienced a long wait in resolving and recognizing hours of lost work [P284]. Feeling unsafe was experienced by staff when family needs took precedence and violence was normalized.

Relationships with Co-worker(s)

In relationships with co-workers, 56% of respondents were shouted or yelled at, 52% were insulted or sworn at, 36% were called names, and 11% experienced a personal belonging destroyed in their lifetime (see Figure 7). Experiences of being shouted or yelled at either never happened (44%), happened in previous year(s) (29%), or occurred monthly or less than monthly (23%). Being insulted or sworn at either never happened (48%), occurred monthly or less than monthly (24%), or happened in previous year(s) (24%). Name calling either never happened (64%) or happened in previous year(s) (19%). Particularly, 89% of respondents never experienced a personal belonging destroyed on a regular basis (see Table 3).

For physical violence, 12% experienced the threat of something being thrown at them, 8% had something thrown at them, 8% were kicked, 7% were pushed/grabbed/shoved, 7% were slapped, 5% were punched or hit with something, and 5% were choked in their lifetime. Physical violence was less prevalent as 88% or more of respondents never experienced these forms of physical violence on a regular basis in the past year.

For sexual violence, 23% of respondents experienced sexual comments and 9% were touched or groped in a sexual manner in their lifetime. Sexual comments either never happened (77%), occurred monthly or less than monthly (11%), or happened in previous year(s) (11%). Comparably, touching or groping in a sexual manner never happened to 91% of the respondents

Eleven respondents provided additional comments highlighting psychological violence such as belittling, bullying, gossip, humiliation, intimidation/harassment, embarrassment, and disrespectful attitudes. One respondent experienced threats directed towards their family and vandalism of personal property. One respondent wrote, "Talking behind my back or trying to get me in trouble; sometimes feel excluded" [P281].

Three respondents experienced verbal and emotional abuse from management, sometimes resulting in barriers to reporting violence. Additionally, sexual harassment was alluded to as a respondent noted a "co-worker thinks he is expressing his affection" [P251]. In contrast to reports of troubling workplace dynamics, one respondent reported positive support was found in their workplace.

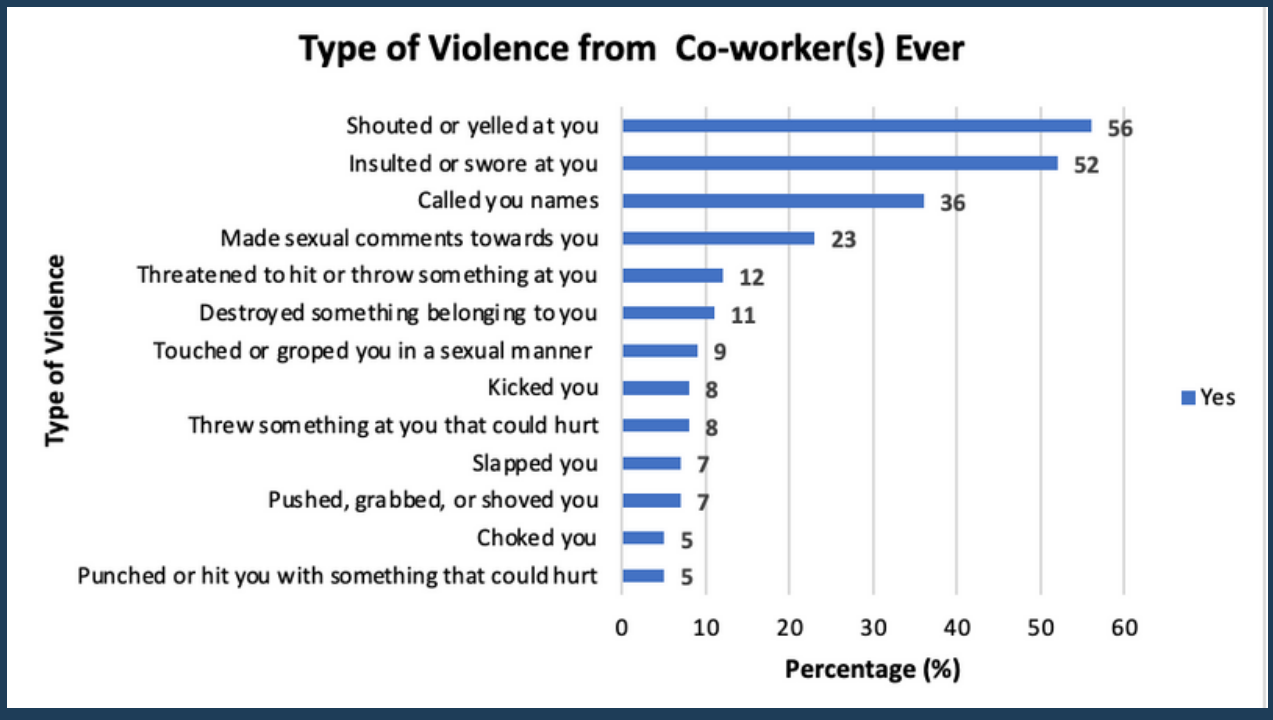

Figure 7
Type of Violence from Co-worker(s) Experienced in Participants' Career

Table 3

Occurrence of Type of Violence from Co-worker(s) Experienced by Participants

Type of Violence Encountered	All the time (100 or more times per year)	Several times a week or close to every week (25-99 times per year)	Monthly or less than monthly (1-24 times per year)	Happened in previous year(s)	Never happened
Insulted or swore at (X = 139)	1%	2%	24%	24%	48%
Shouted or yelled at (X = 135)	1%	3%	23%	29%	44%
Destroyed something belonging to participant (X = 136)	0%	1%	5%	5%	89%
Threatened to hit/throw something at participant (X = 136)	1%	1%	5%	4%	88%
Called names (X = 134)	1%	2%	13%	19%	64%
Threw something at participant that could hurt (X = 134)	0%	1%	3%	4%	92%
Pushed/grabbed/shoved (X = 136)	0%	1%	4%	2%	93%
Slapped (X = 136)	0%	1%	1%	4%	93%
Punched/hit with something that could hurt (X = 137)	0%	1%	1%	2%	95%
Choked (X = 135)	0%	1%	2%	2%	95%
Kicked (X = 136)	0%	1%	3%	4%	92%
Sexual comments (X = 136)	0%	1%	11%	11%	77%
Touched or groped in sexual manner (X = 136)	0%	1%	4%	4%	91%

Relationship with Clients' and Residents' Family or Friends

In relationships with family and friends of clients and residents, 69% of respondents were shouted or yelled at, 63% were insulted or sworn at, 44% were called names, and 7% experienced a personal belonging destroyed in their lifetime (see Figure 8). Shouting or being yelled at occurred monthly or less than monthly (35%), never happened (31%), or happened in previous year(s) (27%). Being insulted or sworn at either never happened (37%), occurred monthly or less than monthly (33%), or happened in previous year(s) (24%). Name calling either never happened (56%), happened in previous year(s) (25%), or occurred monthly or less than monthly (18%). Particularly, 93% of respondents never experienced a personal belonging destroyed on a regular basis (see Table 4).

For physical violence, 17% were threatened to be hit with something, 11% were pushed/grabbed/shoved, 7% were slapped, 7% experienced something thrown at them, 6% were punched or hit with something, 4% were kicked, and 3% were choked in their lifetime. However, 83% or more of the respondents never routinely experienced these forms of physical violence in the past year.

For sexual violence, 21% experienced sexual comments and 3% were touched or groped in a sexual manner in their lifetime. Most respondents never experienced sexual comments (79%) or it happened in previous year(s) (13%). Touching or groping in a sexual manner never happened for 97% of respondents.

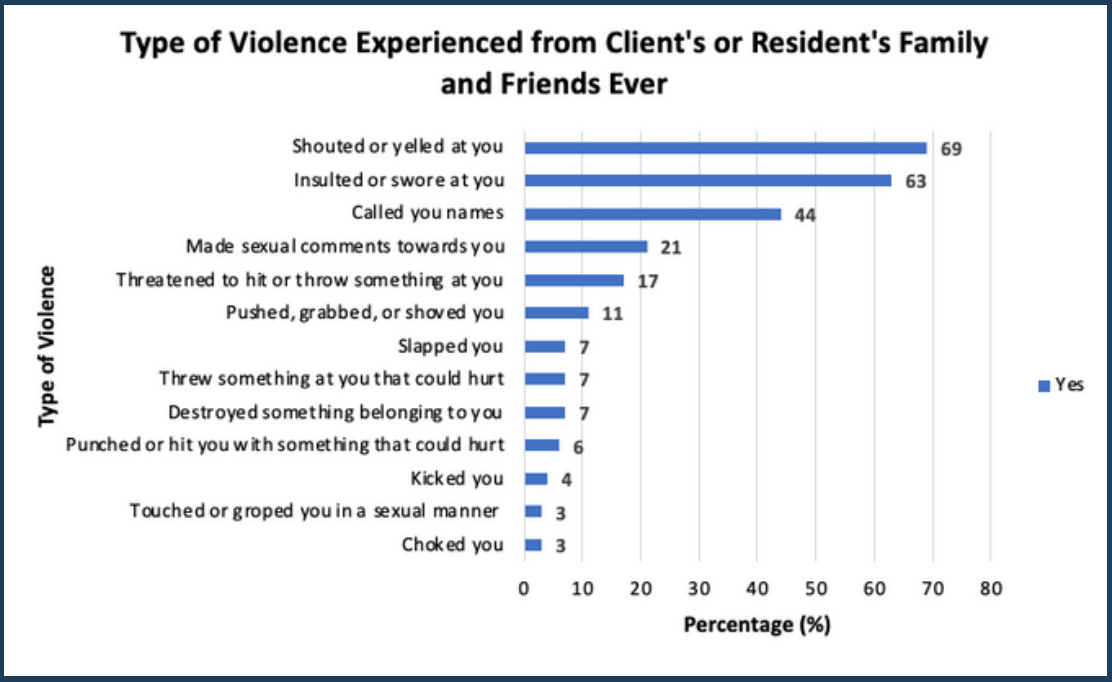

Figure 8
Type of Violence from Client's or Resident's Family and Friend Experienced in Participants' Career

Five respondents commented on the psychological violence experienced from family members or friends of clients/residents. Intimidation occurred through instances of "close talking with [a] finger in my face" [P328] and "receiving death threats via voicemail" [P165]. Furthermore, one respondent experienced "[t]aking the blame for management actions" [P288]. One participant suggested COVID-19 intensified interactions with family members. As well, one respondent noted, "[f]amilies can often be very rude and/or condescending" [P179].

Table 4

Occurrence of Type of Violence from Client's or Resident's Family and Friends Experienced by Participants

Type of Violence Encountered	All the time (100 or more times per year)	Several times a week or close to every week (25-99 times per year)	Monthly or less than monthly (1-24 times per year)	Happened in previous year(s)	Never happened
Insulted or sworn at (X = 138)	1%	4%	33%	24%	37%
Shouted or yelled at (X = 135)	1%	7%	35%	27%	31%
Destroyed something belonging to participant (X = 136)	0%	1%	4%	2%	93%
Threatened to hit/throw something at participant (X = 137)	1%	1%	7%	8%	83%
Called names (X = 135)	0%	1%	18%	25%	56%
Threw something at participant that could hurt (X = 135)	0%	1%	2%	4%	93%
Pushed/grabbed/shoved (X = 131)	0%	2%	3%	7%	89%
Slapped (X = 134)	0%	1%	2%	4%	93%
Punched/hit with something that could hurt (X = 133)	0%	1%	2%	3%	94%
Choked (X = 134)	0%	1%	2%	0%	97%
Kicked (X = 136)	0%	1%	2%	1%	96%
Sexual comments (X = 134)	0%	1%	7%	13%	79%
Touched or groped in sexual manner (X = 134)	0%	1%	1%	1%	97%

What participants said made a difference in safety in long-term care

Regarding workplace procedures, respondents agreed (41%) that workplace practices, or actions of staff, prevented violence towards staff (see Table 5). Respondents agreed (43%) and strongly agreed (37%) that workplace practices prevented violence towards older adults. As for policies, smaller proportion of respondents agreed (37%) that workplace policies prevented violence towards workers. Moreover, respondents agreed (42%) and strongly agreed (36%) that policies prevented violence towards older adults. Taken together, this suggests that practices and policies place a greater emphasis on safety for older adults compared to staff.

Table 5

Proportion of Participants that Agree with the Effectiveness of Workplace Practices/Policies

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Workplace practices (what you do at work) prevent violence towards workers (X = 137)	7%	14%	18%	41%	20%
Workplace practices (what you do at work) prevent violence towards older adults (X = 136)	0%	10%	10%	43%	37%
Workplace policies prevent violence toward workers (X = 136)	10%	20%	15%	37%	18%
Workplace policies prevent violence toward older adults (X = 135)	2%	7%	13%	42%	36%

When asked about changing workplaces, sixteen respondents reported leaving their workplace, of which eleven respondents provided their reasoning. Insufficient education prompted three respondents to leave. For instance, one respondent noted,

> ***"In the past, education was priority, especially after incident review. Presently within last five years, it has waned related to the staff shortages. We have undervalued this and it is not at the forefront to ensure that staff have proper education to support persons with cognitive impairment that display actions or responses with violent tendencies and there is little opportunity for the nurse or supervisor to provide teaching in the moment or during unit meetings as there is little time" [P158].***

Two respondents left due to difficulties with management. One respondent was let go due to reporting abuse, while another respondent was written up. Feeling unsafe contributed to the decision to leave as one respondent noted

> ***"I tend to work more home care now versus facility as I find there is more violence in facilities. I have worked both for over 10 years" [P188].***

However, two respondents hoped for fair treatment and respect while another noted improvement of collective self-awareness of safety.

Feedback from Participants

Fifty-four respondents provided recommendations to improve safety in nursing homes and home care in Nova Scotia including increasing staffing levels, better screening and a wider range of interventions, more education and training, greater accountability and action form management to protect staff, and improvements to facility design. The quotes below illustrate some of the survey participants feedback:

"[s]till in this day there are not enough workers. LTC homes are letting workers get by with a skeleton crew. Safe, appropriate interventions for aggressive clients, [are needed] to protect WORKERS" [P222].

"[i]ncrease [in] opportunities for workers and family members to receive dementia education. Many of [the] situations can be avoided if we provide educational opportunities [for] understanding dementia and best practices" [P313].

"higher staff to resident ratios will help physically control a resident hitting/ kicking/ punching/ biting us [...] Higher staffing would also give us time to keep a better eye on wanderers and keep everyone safe" [P293].

"large facility[ies] are not environmentally laid out for dementia care or those prone to violence or behavioural concerns yet there are no resources put into place even though management and the company is aware" [P288].

CONCLUSION

This research highlights training, barriers to training, types and frequency of violence and recommendations for addressing violence. There are some limitations to this study; our results many not reflect the diversity of long-term care setting or long-term care workers. Long-term care staff in Nova Scotia who responded to the survey experienced a range of psychological, physical, and sexual violence whether it be from clients/residents, co-workers, or family/friends of clients/residents. The findings from this survey suggest changes are necessary to improve working conditions and conditions of care. Implementing and sustaining adequate staffing ratios is critical. Moreover, education and training should be tailored to the context and composition of residents in nursing homes. It must also be accessible to all staff. Some staff revealed a lack of strategies to protect themselves in the absence of pharmacological restraints and some recommended better screening and placement of residents in nursing homes. Management support, improvements to nursing home design, and more resources were also recommended.