Capsule Commentary on Lachs et al., Verbal and Physical Aggression Directed at Nursing Home Staff by Residents

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Lachs focuses on a critical yet highly underreported, understudied area of long-term care medicine, resident aggression towards long-term care (LTC) staff.¹ While aggression is common, with up to 82 % of caregivers exposed to aggressive behaviors over a 12 month period,² the current culture in many LTC facilities is ambivalence, “it’s just part of the job.”³ However, OSHA rebukes violence against health care staff and has guidelines to help protect LTC employees.⁴ Previous studies have shown that the majority of aggression is verbal in nature (76.5 %), followed by physical (54 %)²; the consequences for LTC staff can include sadness, anxiety, anger, fear, apathy, and self-blame.³ From a facilities perspective, resident aggression against staff creates a dangerous work environment with decreased productivity, increased worker’s compensation claims, caregiver burnout, absenteeism, staff turnover and the risk for litigation.³

Lachs found rates of aggression similar to previous studies,^{2,3} and that aggression was more likely among patients with greater disordered behavior, affective disturbances, and the need for assistance with morning activities of daily living.¹ Other studies found that factors associated with physical aggression include male sex, cognitive impairment, insomnia, psychological distress, physical restraints, and neuroleptic medication use.⁵ Staff characteristics that increased exposure to resident aggression include younger age, female gender, lower educational attainment, and higher personal confidence in managing physical aggression.² One consistent theme throughout the literature

is that episodes of aggression are more likely during assistance with activities of daily living.

It is vital to LTC staff that their right to a safe work environment is valued and protected. It cannot be accepted as “part of the job.” Moreover, a safer work environment may lead to the provision of higher quality care for several reasons, including increased staff retention, answering call lights more promptly and spending extra time with residents if they do not fear exposure to aggressive behaviors.³ Given how common aggressive behaviors are and an emerging literature identifying patient and provider risk factors, further research is required to develop evidence-based strategies to reduce and manage aggressive behaviors by residents towards staff.

Conflict of Interest: The author declares that she does not have a conflict of interest.

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