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Certified Nursing Assistants' Experiences Regarding Resident-to-Resident Bullying in Nursing Homes

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Abstract

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MA, SUNY Albany, 1998

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Elder bullying is on the rise and occurs in many contexts such as senior living communities and nursing homes, causing concern for the well-being of the residents by families, staff, themselves, and society in general. Although research has been limited, it does reveal that resident-to-resident bullying in nursing homes is a problem warranting further scholarly attention. The purpose of this study was to investigate the experiences of certified nursing assistants (CNAs) regarding resident-to-resident bullying in nursing homes. The theory of reasoned action and the theory of reflective equilibrium provided a conceptual lens from which to explore and describe the importance of the CNAs' attitudes and behavior when recognizing, observing, and addressing bullying incidences. A phenomenological research design was employed. Using open-ended questions, 10 CNAs were individually interviewed. One major discovery of the study was that 100% of the CNAs interviewed indicated that they experienced resident-to-resident bullying and that it was a major problem in the nursing home. The findings of this study presented many possibilities for positive social change across all levels, from individuals and families to nursing home organizations and society as a whole, but most importantly, it increased awareness about bullying across nursing homes as the ultimate goal was for the improvement on the quality of life experienced by residents in nursing homes.

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Dedication

I would like to dedicate this to my son, Sam. His patience, encouragement, and assistance were instrumental in my completing this dissertation. He encouraged me when the road seemed endless and never ending. Love you always, and when it is your turn, I will be there for you!

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Finally, a special thank you to the 10 certified nursing assistants who agreed to participate in the study. All were most forthcoming during the interviews and I thoroughly enjoyed my time with them. Without their assistance, this study would not have been possible, so again thank you for your support. But most of all thank you for your dedication and passion as you work with the elderly population!

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Chapter 1: Introduction to the Study

Bullying is a significant social problem that negatively impacts the well-being of victims (Adams & Lawrence, 2011; Blumen, 2011; Chesler, 2009; Dracic, 2009; Fraire, Prino, & Sclavo, 2008). Research has shown that victims generally experience a variety of short- and long-term psychological, physical, emotional, or social consequences ranging from low self-esteem to suicidal thoughts or actions (Fleming & Jacobsen, 2009; Kevorkian & D'Antona, 2008; Meland, Rydning, Lobben, Breidablik, & Ekeland, 2010; Rex-Lear, 2011; van Beest & Williams, 2006; Vaughn et al., 2010). Over the past few years, bullying in nursing homes caught the attention of the public media due to a number of tragic stories recounted by residents (Bonifas & Frankel, 2012; Kreimer, 2012, Mapes, 2011; Spain, 2011). For example, one resident actually murdered a roommate in a Massachusetts nursing home after first threatening and harassing her for weeks, which brought nationwide attention to the phenomenon of elder bullying (Abel & Ellement, 2009; Boscia, 2010). In response to this phenomenon, the National Institute on Aging granted several million dollars to researchers at Human Ecology in partnership with physicians at Weill Cornell Medical College to investigate verbal and physical aggression among nursing home residents through a longitudinal study (Boscia, 2010).

As a rising major social issue, elder bullying inflicts significant stress and negative consequences on seniors (Rosen, Pillemer, & Lachs, 2008). Bonifas (2011), one of several researchers in the field of geriatric social work examining the phenomenon of bullying in nursing homes, maintained that resident-to-resident bullying is more prevalent than expected as many seniors in group living communities do not report their

experiences of aggression or bullying. Bonifas and Frankel (2012) also reported that seniors experienced a variety of negative emotions and responses to bullying such as depression, low self-esteem, fear, and self-isolation. Consequently, Bonifas (My Better Nursing Home, 2011) argued that the increase of resident-to-resident bullying incidences in nursing homes is a problem warranting further attention and research.

Bonifas (My Better Nursing Home, 2011) also argued that residents in a nursing home typically range from cognizant to those with dementia; therefore, the responsibility for creating and maintaining a bully-free environment falls upon the organization. The staff must recognize, understand, and intervene in bullying incidents in order to keep all the residents safe. Therefore, one important area this study addressed was the gap in research around examining the attitudes and intervention strategies of nursing home staff regarding resident-to-resident bullying.

Certified nursing assistants (CNAs) are responsible for providing the hands-on direct care to nursing home residents and spend the majority of their work day time with them (Chung, 2010); however, there is a scarcity of information regarding their experiences of resident-to-resident bullying that may impact their recognition of incidents and inclination to intervene. The purpose of this study was to investigate the experiences of CNAs regarding resident-to-resident bullying in nursing homes. Their perceptions and descriptions of it may have had a direct influence on their recognition of incidents, inclination to intervene, and intervention strategies. The first chapter provides an introduction to the study along with information about the background of the study, problem statement, purpose of the study, research questions, conceptual framework,

nature of the study, operational definitions, assumptions, scope and delimitations, limitations, and significance of the study. Finally, a summary of the information presented will provide a transition to Chapter 2.

Background of the Study

There is a wealth of literature related to the phenomenon of bullying centered on focused populations such as children, adolescents, and adults (Macmillan, 2010; Randall, 2001; Schoen & Schoen, 2010; Walton, 2005). Furthermore, researchers typically investigate the bullying problem in context of the school, workplace, and/or prison environment to generate interconnected research questions and solution approaches (Crawshaw, 2009; Monks & Coyne, 2011; Nelson, Woodhams, & Hatcher, 2010; Wardell, 2011).

While there is an extensive amount of research literature on bullying in the school, workplace, and prison environment, there has been a lack of research and literature on bullying in long-term care settings and with older adults (Boscia, 2010; Monks & Coyne, 2011; Rosen et al., 2008). More specifically, there is a gap in the research around resident-to-resident elder bullying in nursing homes. This is due, in part, to the limited literature surrounding the topic of resident-to-resident elder bullying and a lack of understanding regarding the existential impact of bullying on this population (R. Bonifas, personal communication, April 29, 2012; Rosen, Lachs, & Pillemer, 2010).

Despite the relatively sparse research on resident-to-resident bullying in nursing homes, it is clearly a growing problem that negatively impacts the well-being of nursing home residents and deserves the attention of the research field (Boscia, 2010; Lachs,

Bachman, Williams, & O'Leary, 2007; My Better Nursing Home, 2011; Rosen et al., 2008). For example, a study conducted by Cohen-Mansfield, Werner, and Marx (1992) revealed that out of 408 nursing home residents, approximately half were reported to be either physically or verbally aggressive. In addition, another report by Voyer et al. (2005) indicated 21.2% of nursing home residents exhibited physically aggressive behavior while 21.5% demonstrated aggressive behavior primarily utilizing verbal methods. Also, Wood's (2007) research study revealed that 46% of competent nursing home residents reported experiencing some form of bullying behavior from other residents.

Bonifas (R. Bonifas, personal communication, April 29, 2012) maintained that elder bullying is a serious problem requiring acknowledgement and which should not be shrugged off as "that is just the way so and so is" as people once looked at youth bullying. More importantly, as the population in the United States ages, the number of elderly living in nursing homes is expected to increase; therefore, the incidences of resident-to-resident bullying may increase as well, necessitating a focus on defining, intervening, and preventing it (Monks & Coyne, 2011).

Problem Statement

Research has shown that resident-to-resident bullying has been occurring in nursing homes and the psychological consequences of bullying negatively impact resident well-being (Boscia, 2010; Bonifas, 2011; Bonifas & Frankel, 2012; Monks & Coyne, 2011). Despite the increased awareness of senior-to-senior bullying, the problem is the scarcity of empirical information regarding the experiences of CNAs in relation to resident-to-resident bullying.

Purpose of the Study

The purpose of this study was to investigate the experiences of CNAs regarding resident-to-resident bullying in nursing homes. Their perceptions and descriptions of it may have had a direct influence on their recognition of incidents, inclination to intervene, and intervention strategies. Increased research and information regarding the phenomenon is necessary to support the development of strategies for CNAs to recognize and intervene in resident-to-resident bullying (Rosen et al., 2008; Wood, 2007). More importantly, a qualitative study exploring CNAs' experiences of resident-to-resident bullying could assist in reducing and improving the situation for the residents impacted.

Research Questions

The central research question in this study was as follows: How do CNAs perceive and describe their experiences of resident-to-resident bullying in nursing homes? The sub questions guiding this study were as follows: What characteristics do CNAs assign to bullying? How do CNAs describe the manner in which they handle bullying instances?

Conceptual Framework

Two theories provided the conceptual framework for this dissertation. The first theory utilized in this dissertation was Ajzen and Fishbein's (1980) theory of reasoned action, which maintains that a person must have an intention to change; moreover, intentions are influenced by attitudes and subjective norms about the behavior. For instance, if a CNA defined an interaction between two residents as a bullying incident, his or her attitude and individual beliefs about how the CNA and others important to the

CNA think he or she should have behaved will influence how he or she handled the incident. This theory provided a conceptual lens from which to explore and describe the importance of the CNAs' attitudes and behavior when recognizing, observing, and addressing incidents of resident-to-resident bullying.

The second conceptual framework was Rawls's (1999) theory of reflective equilibrium. Rawls's theory described a method in which theoretical beliefs and/or principles concerning a particular subject are refined through looking at the practical applications of the subject. For instance, Rawls's theory focused on social justice wherein he described the process of developing and refining principles of justice based on the outcomes of specific distributions of resources. Accordingly, using Rawls's theory aided in facilitating the further evolution and transformation of the definition and perception of resident-to-resident bullying in nursing homes. In addition, applying Rawls's theory to resident-to-resident bullying helped to inform the research questions. In this paper, the theory of reflective equilibrium provided a conceptual lens to view the subject of bullying with a focus on resident-to-resident bullying in nursing homes. These theories will be discussed in depth within Chapter 2.

Nature of the Study

A qualitative research design was used in this study, which specifically employed a phenomenological research methodology. The central phenomenon in the study was CNAs' experiences regarding resident-to-resident bullying in nursing homes. A phenomenological approach was an appropriate choice as it offered the opportunity to

gain insight into the phenomenon of bullying through interviews conducted with CNAs who may have witnessed incidents of bullying behavior in the nursing home.

The study's aim was to provide an exploration of the CNAs' experiences of resident-to-resident bullying through the analysis of themes and patterns that emerged from their responses. CNAs' experiences were collected via one-on-one interviews using open-ended questions. The questions focused on gathering their experiences with an eye to the level of seriousness of bullying, empathy toward the victim, likelihood of intervention, and the method(s) in which they would intervene.

The intention was to individually interview at least eight CNAs. These research participants were recruited from the Career Nurse Assistants' Programs, Inc website, which is a nonprofit, tax-exempt, educational organization, and from CNAs who responded to the flyer posted on either mine or my friends' Facebook pages. CNAs, expressing an interest in the study directly to me via email after seeing the recruitment flyer, were contacted by e-mail or telephone and asked to participate in the research study.

Definition of Terms

Bullying: A term used to describe continual aggressive behaviors intended to cause physical and/or psychological harm to another person (Randall, 1997).

Bystander: A term used to describe a person who witnesses bullying incidences (Harris & Petrie, 2003).

Certified nursing assistant (CNA): The title used for the nursing home staff who provide the direct care for the residents assisting them with their activities of daily living such as bathing, eating, toileting, and so forth (Sengupta, Harris-Kojetin, & Ejaz, 2010).

Direct bullying: A term used to define more easily recognized and/ or witnessed forms of bullying behaviors such as physical or verbal attacks (Byers, Caltabiano, & Caltabiano, 2011).

Elder abuse: "A single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person" (World Health Organization, 2002, para.4).

Elder bullying: One form of violence against older people included in the more general term of elder abuse (Monks & Coyne, 2011).

Indirect bullying: A term used to define more difficult to recognize or witness forms of bullying behaviors such as gossiping, isolating, or spreading rumors (Monks & Coyne, 2011).

Long-term care facility: A facility that provides ongoing skilled nursing care for people requiring assistance with activities of daily living (Rosen et al., 2008).

Physical bullying: Bullying behaviors that include including hitting, punching, shoving, spitting, destroying property, or attacking (Olweus, 1994).

Resident-to-resident aggression: “Negative and aggressive physical, sexual, or verbal interactions between long-term care residents that in a community setting would likely be construed as unwelcome and have high potential to cause physical or psychological distress in the recipient” (Rosen et al., 2008, p.78).

Social bullying: The term used to describe nonphysical bullying behaviors often difficult to identify and aimed at excluding typically by spreading rumors and lies, gossiping, or humiliation (Yoon & Kerber, 2003).

Verbal bullying: The term used to describe bullying behaviors such as name calling or teasing (Olweus, 1994).

Assumptions

There were several assumptions within this study that had the potential to impact the meaningfulness of the data collected. It was assumed that resident-to-resident bullying in nursing homes was in fact prevalent. Research suggested that there has been an increasing outbreak in senior-to-senior bullying, especially with more "baby boomers" reaching the age appropriate for nursing homes (My Better Nursing Home, 2011). However, there were very little data available regarding the actual statistics around resident-to-resident bullying (University at Buffalo School of Social Work, 2012). The above assumption was necessary for this study because gathering the data to amass statistics from the hundreds of thousands of nursing homes that are currently established was a task far beyond the means of a single person or even a small organization.

It was assumed that bullying has a negative impact on the well-being of senior residents in nursing homes. While research clearly pointed to examples where senior victims of bullying experienced a lower quality of life (Rosen et al., 2008), there has been very little research to track the long-term effects of bullying on the well-being of the victim, aside from the immediate consequences (University at Buffalo School of Social Work, 2012). It was necessary to assume that bullying has a negative impact on the well-

being of victims because this assumption accounted for a portion of the purpose of the study.

It was assumed that CNAs witness bullying, that they can make an impact on the bullying environment within nursing homes, and that their perception influenced their tendency to intervene in bullying incidents. These assumptions were required because the particular role of the CNA may differ widely across nursing homes. It was beyond the scope of this study to evaluate the actual impact CNAs have on the bullying environment in nursing homes, but it was safe to assume that because they play a similar role to teachers in schools, they would have a higher witness and impact potential than any other role within the nursing home.

Scope and Delimitations

This study employed a qualitative design, utilizing in-depth interviews, to investigate the experiences of CNAs regarding resident-to-resident bullying in several nursing homes across the United States. The majority of the research participants were selected from the Career Nurse Assistants' Programs, Inc as they responded with interest to the recruitment flyer posted on their website. Other participants were selected upon responding to the flyer posted on either mine or my friends' Facebook pages. The investigation was focused on the CNAs' understanding of the concept of bullying and their inclination to intervene, using an interview protocol developed specifically for this study. The interview protocol aimed at determining the nature of CNAs' experiences regarding bullying. The protocol examined situations in which a CNA would likely

perceive an instance of bullying and subsequently intervene to limit the negative effects sustained by the victim.

Further, the interview included questions about the specific intervention methods typically employed by a CNA. The overarching goal of the interview process was to understand, for a given CNA, the threshold at which bullying is recognized and, given this threshold, how and under what conditions of bullying an intervention would take place. CNAs were selected as the interviewees for this study because of their proximity to residents and their potential to influence resident-to-resident bullying in nursing homes. In many ways CNAs have a role analogous to teachers in schools, thus it is helpful to draw parallels between their roles and responsibilities regarding bullying in their respective environments. CNAs have direct contact with residents on a daily basis coupled with a mild form of authority, and this made them ideal candidates for channeling solutions to the bullying problem within nursing homes.

While the objective in this study was to encompass nursing homes across the United States, there were certain limitations. This study was not concerned with bullying in any context or environment outside of the nursing home. Bullying in environments other than a nursing home may have been considered, but only to highlight the nature of bullying within the nursing home. Within the nursing home, certain populations of residents were excluded from the scope of the study. The excluded residents were those that had little to no self-control or self-sufficiency, such as dementia patients, Alzheimer patients, and patients with severe mental illness. Even with the exclusion of the above-mentioned concepts, environments, and populations, there was potential for

transferability of this study to other environments. The transferability of this study was dependent on whether bullying is present in the new environment, and whether a role can be identified as having sufficient authority and contact with victims and bullies, a role analogous to the CNA in a nursing home.

Limitations

This qualitative study included a sample size of 10 CNAs from several different nursing homes across the United States. While the findings may have been reflective of the experiences of these specific CNAs, they are not representative of CNAs in other nursing homes or states.

Because the CNAs were essentially self-reporting, the results may have been skewed so as to indicate a more robust, authoritative role than is realistic with respect to bullying. No reasonable measures could be taken to address the limitations surrounding the sample size. It was simply not logistically feasible with the resources at hand to evaluate anything other than a convenience sample of CNAs. This study served the purpose of increasing the availability of research on bullying in nursing homes, but nothing other than time will generate a sufficiently robust set of data points such that this study's results may be compared and evaluated against similar research. It is worth noting that the interview process was entirely confidential, which was an attempt to quell any efforts by CNAs to misrepresent their attitudes and/or tendency to intervene regarding bullying in nursing homes.

Significance of the Study

One significant intention of this study was to add to the pool of research regarding resident-to-resident bullying in nursing homes. There is currently a limited pool of research on the subject, due both to difficulties in gathering data and a decreased focus on bullying in nursing homes relative to other settings such as the school and workplace (Crawshaw, 2009; Monks & Coyne, 2011). This study aimed to illuminate some of the more subtle aspects of bullying in nursing homes and provided a current state with respect to perceptions of the CNAs regarding bullying, thereby filling two separate gaps in the literature.

This study has potential to have an impact on the current practice and policy in nursing homes. The study allowed for the development of role-based recognition, intervention, and prevention strategies aimed at addressing the bullying problem in nursing homes. Where these strategies exist, this study served as a tool to refine the strategies and for CNAs to reference the policies and practices that have been implemented across a variety of nursing homes. This study resulted in the CNAs being better equipped to understand what bullying means and how they can approach the issue once they recognize it.

Perhaps most importantly, this study promoted positive social change throughout the nursing home environment and beyond. The study increased public awareness that bullying is in fact occurring and that it is having a negative impact on the victims. It allowed family members and others external to the nursing home to recognize bullying and report it to those managing the environment in the nursing home. This study provided

a foundation for others to research bullying in elderly settings that are less controlled, such as retirement communities or social clubs, and simultaneously increased awareness about bullying across nursing homes. Through all of this positive social change, the ultimate goal was for the improvement on the quality of life experienced by residents in nursing homes; as bullying becomes less prevalent and easier to manage, the residents themselves will live happier lives.

Summary and Transition

Bullying is a significant problem, but it is not just a childrens' or school issue because adults in the workplace, community, and long-term care settings experience the phenomenon with some of the same consequences (Monks & Coyne, 2011). This study focused on a specific type of bullying—resident-to-resident bullying—within the nursing home environment. There were alarming outcomes within this setting that are clearly the result of bullying between residents (Rosen et al., 2008). While research on bullying has reached saturation for many other environments, there is a limited knowledge base regarding the nature and extent of bullying occurring in America's nursing homes and long-term care facilities (Boscia, 2010). This study represented a two-fold opportunity—to evaluate the current state of bullying in nursing homes, and to provide research supporting the development of focused effort to resolve the issues that this type of bullying fosters.

Chapter 2 consists of a review of the pertinent literature regarding resident-to-resident bullying, while Chapter 3 outlines the research methodology of this study including the research design, the population and data collection procedures, and the data

analysis. In Chapter 4, the findings from the research data are presented and Chapter 5 is a summary of the study providing conclusions and recommendations.

Chapter 2: Literature Review

Introduction

Research has shown that resident-to-resident bullying has been occurring in nursing homes and the psychological consequences of bullying negatively impacts resident well-being (Boscia, 2010; Bonifas & Frankel, 2012; Monks & Coyne, 2011; My Better Nursing Home, 2011). Despite the increased awareness of senior-to-senior bullying, the problem is the scarcity of empirical information regarding CNAs' attitudes and perceptions about resident-to-resident bullying. The purpose of this study was to investigate the experiences of CNAs regarding resident-to-resident bullying in nursing homes.

The focus in Chapter 2 is to provide a review of the literature regarding resident-to-resident bullying in nursing homes and to examine CNAs' experiences regarding resident-to-resident bullying. Therefore, the intention in this chapter is to discuss the literature search strategy, bullying, attitudes and intervention strategies concerning bullying, theoretical foundations, and the current literature regarding CNAs in relation to resident-to-resident bullying. The last section will be a summary and conclusion of the topics presented in Chapter 2.

Literature Search Strategy

The literature selected for this review includes studies, peer-reviewed articles, newspaper articles, and published books whose authors discussed and described bullying, attitudes regarding it, as well as intervention strategies across a number of contexts to include schools, workplaces, prisons, and long-term care settings published between 1994

and 2013. A variety of online educational databases including Academic Search Complete/Premier, Pro Quest Central, CINAHL Plus with Full Text, MEDLINE with Full Text, ERIC, SocINDEX, PsycINFO, PsycEXTRA, and PsycARTICLES were used to identify relevant information and articles.

The initial literature search utilized key words to include: *bullying, resident-to-resident aggression, resident-to-resident elder mistreatment, senior bullying, elder bullying, elder abuse, consequences of bullying, definitions of bullying, nursing homes, long-term care, residents, nursing home staff, certified nursing assistants, nurse's aide, attitudes regarding, bullying, perceptions of bullying,* and *interventions for bullying*. The goal was to discover and utilize the most up-to-date information and research studies completed by principal researchers in the field of bullying and long-term care settings.

Immediately, it was evident that a majority of the bullying literature focused on children and adults in the school, workplace, or prison setting with little to none regarding resident-to-resident bullying in nursing homes. Likewise, there was a lack of literature focusing on CNAs perceptions and intervention strategies regarding resident-to-resident bullying. Therefore, using the aforementioned keywords, the literature search was extended to include Expanded Academic ASAP, Sage Premier, Science Direct, CINAHL & MEDLINE Simultaneous Search, Health & Medical Complete, and Ovid Nursing Journals Full Text. In addition, a search in the Walden Dissertation database, ProQuest Dissertation and Theses database, as well as a Google Scholar search was completed to find relevant literature, studies, citations, news articles, and books.

Again, this search revealed a heavy emphasis on children and adults in the school, workplace, or prison setting; however, it did produce some relevant articles and a few dissertations related to the research topic of resident-to-resident bullying in the nursing home environment. After reviewing the reference sections, several other related resources and books were identified and located such as *Bullying in Different Contexts* (Monks & Coyne, 2011); *Not Just a Playground Issue: Bullying Among Older Adults and the Effects on Their Physical Health* (Rex-Lear, 2011); and "Mean Old Girls: Seniors Who Bully" (Mapes, 2011).

In addition, this process proved to be one of the most productive steps during the literature review because one article made reference to a couple of individuals currently researching the phenomenon of senior bullying (Mallis, 2012). After contacting them via e-mail, Dr. Robin Bonifas (personal communication, April 29, 2012) responded answering several questions and advised that there was currently very limited research on the topic. However, Bonifas (personal communication, April 29, 2012) shared some information about her experience with the topic of senior bullying, explaining that she was conducting ongoing research. Finally, Dr. Bonifas sent some information she had on the topic and suggested some books and articles that might prove fruitful in gaining additional knowledge regarding resident-to-resident bullying in long-term care facilities.

Bullying

While there was a scarcity of information about resident-to-resident bullying, a wealth of information existed about bullying in general. Monks and Coyne (2011) maintained that the traditional schoolyard definition of bullying involves boys and young

male adolescents employing power and control tactics. The idea is that the bully exerts their power over the weaker victim in repeated, intentional, physical acts of abuse designed to hurt and dominate. Over the past several decades, numerous researchers and other interested parties have investigated the bullying phenomenon by challenging and expanding this original definition (Monks & Smith, 2006). Currently, women and girls, adults, and seniors in various milieus such as work, community, or residential settings may be identified as bullies or victims (Bonifas & Frankel, 2012; Randall, 2001; Rex-Lear, 2012; Safran, 2007; Wardell, 2011).

Current researchers have argued that bullying, even though it may be called by other names, occurs in a wide variety of relationships, contexts, and forms (Holiday & Rosenberg, 2009; Monks & Coyne, 2011). For instance, direct bullying now includes the more easily recognized and typically witnessed bullying behaviors involving physical or verbal attacks (Byers et al., 2011), while indirect bullying refers to the more difficult to recognize or witness forms of bullying behaviors such as gossiping, isolating, or spreading rumors (Monks & Coyne, 2011).

Across the world, bullying in all its forms has been recognized as negative, harmful behavior to all involved, and most have agreed that it is a problem deserving not only attention but prevention and intervention (Monks & Smith, 2006). However, there has been very little agreement on how to define bullying. Some have adhered to the traditional definition of bullying described above, claiming that it involves repeated acts, while others have argued that bullying can involve one-time acts as they can impact a person over a lifetime (Monks & Coyne, 2011). Others have asserted that bullying is too

narrowly defined, arguing that it should be viewed from a systems perspective as it involves many players including the bully, victim, bystanders, community, and larger society (Coloroso, 2008). The idea is that adopting this viewpoint allows for the opportunity to truly address this complex problem and actually make some progress in eliminating it (Blumen, 2011).

As a result, although there is an extensive amount of research around bullying, it has remained a fervently debated topic (Almeida, Correia, & Marinho, 2010; Beaudoin, 2011; Delfabbro et al., 2006). This is likely due to the fact that there are a diverse range of philosophies concerned with defining bullying, explaining why it exists, developing approaches to prevent it, and identifying best practices for intervention (Blumen, 2011; Harris, 2009). However, the existing research revealed that the complex nature of the bullying problem demands that researchers examine the issue concentrating on a particular population and/or institutional setting, utilizing various approaches with an eye towards intervention and prevention strategies (Monks & Coyne, 2011).

Traditionally, research on bullying has involved first defining the bullying problem for a particular social institution (school, workplace, and prison), after which there is a natural progression towards developing role-based strategies for specific individuals and/or groups with a heightened capability to impact bullying in that area (Merrell, Gueldner, Ross, & Isava, 2008). These role-based strategies are typically aimed at groups such as teachers in schools or lower level management in the workplace/prisons. For example, the Bully Busters program was designed for teachers to educate, discuss, and define bullying to students, explaining the rules and consequences

for bullying behaviors, then to assess and monitor bullying behaviors in the classroom (Montrose Area School District, 2000).

The development of role-based strategies to counteract bullying within an institution generally follows a three-step transformative cycle: strategies are first developed to recognize and identify bullying, then intervention techniques are developed to stop bullying as it occurs, and finally prevention methods are identified to manage bullying proactively (Monks & Coyne, 2011). Throughout this process, the aforementioned "definition" of bullying for that social institution is refined through reflection on the implementation of the role-based strategies intended to manage/prevent bullying (Merrell et al., 2008).

While the overall topic of bullying is often the research focus, many investigators concentrate their attention on the bullies, the victims, or the bystanders (Monks & Smith, 2006). These areas of interest are often the subject of numerous independent studies; however, as they were not specific to this study, an in-depth discussion regarding each of these was beyond the scope of this study. Nevertheless, it is important to touch briefly on these topics because comprehending their basic concepts contributes to a better understanding of the complexity of the bullying phenomenon.

There have been numerous perspectives presented regarding the characteristics and behavior of bullies (Coloroso, 2008; Dellasega, 2005; Holiday & Rosenberg, 2009). Overall, scholars have acknowledged that bullies come in all shapes and sizes, but researchers have agreed that bullies often share a number of common traits (Coloroso, 2008). One major commonality is that bullies like an audience; however, they tend to

bully when authority figures are absent. Typically bullies like to dominate others, feel superior to others, are intolerant, have a sense of entitlement, lack empathy, and desire attention. While this list is not all-inclusive, one can get a general sense of the type of person who bullies others. Coloroso (2008) also argued that all bullies are not characteristically born to be a bully, but they are shaped and supported by their environment. For example, some bullies are seen as confident and often well liked by others, but they torment their weaker, less liked victims, hiding behind their façade.

Victims have been studied a great deal, and they also come in all shapes and sizes, but the one thing they have in common is that they are targets of bullies (Coloroso, 2008). There are multiple reasons why a bully chooses his or her target such as the new person in the group, the shy person, or someone who is different. Regardless of why a person is selected, once a target yields to the bully by showing fear, anxiety, or vulnerability, he or she becomes a victim. The bully now considers him or her a conquest and perceives this acquiescence as a positive sign that the bully can bully with success (Blumen, 2011).

Another area of focus for researchers involves bystanders. Bystanders are people who witness the behavior of the bully, and they may or may not choose to intervene (Colorosa, 2010). In fact, bystanders may be passive or active and have a variety of reactions to bullying incidents such as ignoring it, encouraging the bully, engaging in it, fear of intervening, being unsympathetic, or indifference (Blumen, 2011; Pöyhönen, Juvonen, & Salmivalli, 2012). Coloroso (2010) maintained that bystanders are also impacted negatively by a bullying episode as they might suffer from anxiety, guilt, or shame for not assisting the victim. However, research showed that if a bystander chooses

to get involved, this involvement proves to be a most effective strategy for stopping bullying while it is taking place (Blumen, 2010).

Attitudes and Intervention Strategies Regarding Bullying

Other researchers concentrated on examining the attitudes and intervention strategies of those seen as responsible for "managing" bullying behaviors with the intention of making positive changes (Blumen, 2011; Flaspohler, Elfstrom, Vanderzee, Sink, & Birchmeier, 2009). The idea is that one's definition and perception of bullying directly impacts an individual's propensity to intervene (Flynt, & Morton, 2008; Perry, 2010; Sahin, 2010; Wiggins, 2001).

For example, in the school setting teachers spend the majority of their time with the students and they are responsible for promoting a bully free environment (Hahn, 2008). A teacher may easily recognize direct bullying and intervene in acts of physical bullying, but remain uninvolved in acts of indirect bullying like name calling because they deem them as something children endure as "just part of growing up", disregarding any short or long-term consequences (Byers et al., 2011). Their perception concerning bullying determines their actions when an incident occurs and is essential to the well-being of the students (Lee, 2006). In addition, students are usually aware of administrator, teacher, and support staff attitudes concerning bullying which impacts the students' tendency to seek assistance which, in turn, fosters an environment of safety or one of fear (Rigby, 2004).

Examining the attitudes and behaviors of teachers, principals, administrators, and bystanders' contributes to a better understanding as to why they may or may not

recognize and intervene in bullying incidents, especially where those incidents are more indirect (Blumen, 2011; Goethem, Scholte, & Wiers, 2010). Blumen (2011) argued that prevention is the best course of action to address bullying behaviors stating "Bystanders must be empowered—and expected—to help create safe school and community environments" (p.19). Similarly, CNAs' perceptions and intervention strategies are important in the dynamic of bullying because their perspectives have implications for intervention and prevention procedures that may intercede in and/or reduce bullying behaviors in the nursing home environment.

Conceptual Framework

Theory of Reasoned Action

Ajzen and Fishbein's (1980) theory of reasoned action and Rawls's (1999) theory of reflective equilibrium were the two conceptual frameworks used in this dissertation. According to Fishbein and Ajzen (2011) human behavior impacts not only an individual's health and well-being, but the health and welfare of others and society in general. Furthermore, the behaviors of individuals can add to or minimize social problems in a variety of areas. For instance, practicing and teaching discrimination adds to the overall social issue of racism. Therefore, Ajzen and Fishbein's (1980) main goal in developing the theory of reasoned action was to offer an approach to examine and understand human behavior with the intention of addressing, changing, and designing functional interventions for human social behavior when necessary.

Another objective in developing the theory of reasoned action involved presenting a general, unified theoretical framework regarding human social behavior;

furthermore, Ajzen and Fishbein (1980) argued that their approach was not restricted to a specific behavioral domain as it can be applied to most all behavior whether it involves business, economics, or healthcare. For example, the theory of reasoned action can be used to explain why a person buys a new car, invests in a retirement plan, or consumes only organic food products. In addition, Ajzen and Fishbein (1980) maintained that an important principle underlying their theory was that contrary to popular belief individuals do not have to separate behaviors into unique classes or employ complicated processes in order to examine, understand, and predict human social behavior. Their overall intention was to offer an approach that would serve to unify and add to the different domain specific perspectives, not discount them. Therefore, they proposed that" …people approach different kinds of behavior in much the same way, and that the same limited set of constructs can be applied to predict and understand any behavior of interest" (Fishbein & Ajzen, 2011, p. 2).

Another important premise and fundamental belief of the theory of reasoned action is that individuals are not controlled by impulsive acts based on unconscious motives or uncontrollable desires, but that they make deliberate or even spontaneous choices using the information they have about the matter before they act (Ajzen & Fishbein, 1980). According to the theory people's attitudes influence their behavioral intentions, and while in many cases people may consider the consequences and repercussions of their behavior before they take any action it is their underlying beliefs that govern their actions. Some researchers misunderstood Ajzen and Fishbein's (1980) approach interpreting it to mean that the theory of reasoned action proposed that people

are rational in their actions and that they intentionally deliberated about their choices. Fishbein and Ajzen (2011) clarified this misinterpretation in their later work stating that they were not proposing that people take the time to reflect about their actions or that they were always rational in their choices; however, they do believe that individuals formed their behavioral intentions in a reasonable fashion based on their beliefs about executing the behavior. The theory of reasoned action maintains that an individual's actions are determined by their intentions, which, in turn, are governed by their attitudes, subjective norms, and control beliefs regarding the behavior. Moreover, people form core cognitive beliefs about a behavior from their attitudes, subjective norms, and perceived controls regarding it, and it is these that determine their intentions and drive their actions. Therefore, while people may take the time to think about important or atypical decisions, when it comes to common or typical behavioral decisions it is more likely that they will react automatically based on their established core foundational beliefs (Fishbein & Ajzen, 2011). Figure one presents a visual representation of Azjen and Fishbein's (1980) theory of reasoned action.

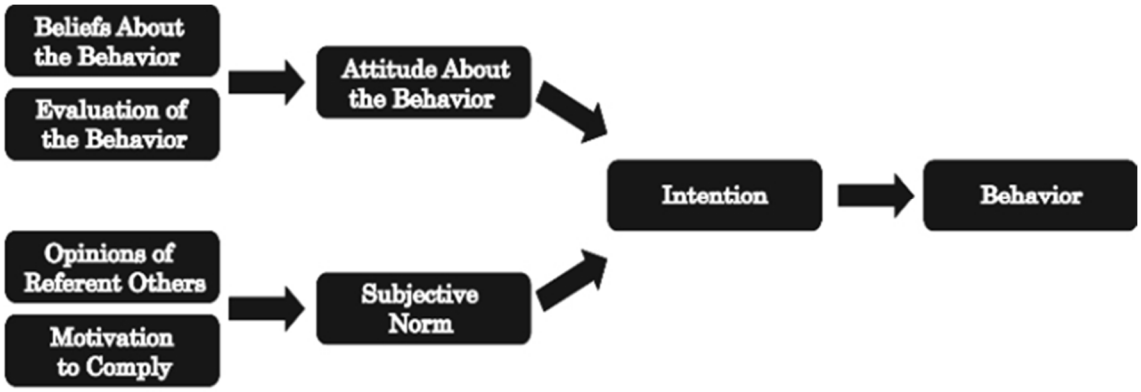

Figure 1. Theory of reasoned action. Adapted from *Understanding Attitudes and Predicting Social Behavior*, by I. Ajzen and M. Fishbein, 1980, Englewood Cliffs, NJ: Prentice-Hall.

The overarching goal of the theory of reasoned action is to predict, understand, and possibly influence human social behavior; therefore, the first step in the approach is to classify, clearly define, and measure the behavior of interest. Azjen and Fishbein (1980) advised that defining and measuring the behavior of interest is an extremely important part of the process; however, it is often not as easy to do as many initially presume. For instance, when attempting to define behaviors many people confuse behavior with occurrences resulting from the behavior. An example of this is passing a test which is the outcome of behaviors such as taking notes in class, attending class, or reading the text books. In addition, Azjen and Fishbein (1980) stated that measuring an outcome is complicated as it involves considering external factors that impact the outcome in addition to someone's behavior. In the example of passing an exam it is necessary to consider factors such as the difficulty level of the exam or different professors teaching the subject. Therefore, it is critical that people understand the

difference between the two and determine whether they are defining and measuring an outcome or a behavior.

Another common mistake when defining a behavior of interest is to fail to understand the difference between a single act and behavioral category. A single act involves an individual's specific action like taking notes in class while behavioral categories consist of a collection of single acts such as studying. While on the surface a single act may be easier to define, in order to measure it correctly it is critical to clearly define specific behaviors that most observers can recognize and agree transpired (Ajzen & Fishbein, 1980). For example, people can observe and agree that a person attended a class, but they may not be able to observe or agree as to whether the person listened to the professor or not.

Additionally, a behavioral category consists of a number of single acts used to infer that general behavior is occurring; moreover, behavioral categories cannot be directly observed or measured (Ajzen & Fishbein, 1980). It also takes more than one or two single acts to adequately measure a behavioral category because one act may or may not be a valid inference into the behavior. For instance, individuals cannot observe or measure the general term of dieting, but they can observe and measure any number of behaviors that may indicate a person is dieting such as eating low calorie foods, counting calories, not eating bread, not eating sweets, taking diet pills, or working out at the gym.

After defining the behavior of interest Ajzen and Fishbein (1980) maintained that measuring the behavior involves the four elements of action, target, context and time. They argued that this is another important step because the data collected is directly

related to people's observations. The action element refers to whether an individual is measuring a single action or a behavioral category while the target is what the action is directed at such as drinking Coke as opposed to drinking soda. The context and time involve the where and when of the action. For example, a person may drink coke at work during lunchtime, but not at home in the evening. These four elements of action, target, context and time can also involve a specific target, context, or point in time versus broader categories of each. In summary, in order to accurately define and measure a behavior of interest it is important for a person to consider whether it is a single act or a behavioral category, and to clearly define the four behavioral elements (Ajzen & Fishbein, 1980).

The final step in the approach shifts the focus to the individual's intention regarding the matter, and this is where the theory of reasoned action maintains two assumptions. The first assumption is that a person's intention is directly connected to their behavior and the second is that people have a choice to act or not to act in most events of social importance (Ajzen & Fishbein, 1980). The theory of reasoned action model proposes that a person's intention includes a personal and a social component. The personal factor relates to an individual's attitude about performing the behavior. This is based on the person's estimation of whether the intended behavior will result in positive or negative consequences combined with the value they place on either result. For example, some people may have a favorable attitude towards voting while others judge it to be unfavorable. The social element pertains to an individual's personal perception and pressure they put on themselves regarding how others who are important to them think

they should or should not act. In short, an individual's attitude towards the behavior, their subjective social norms regarding it, and the weight assigned to each impact their behavioral intentions (Ajzen & Fishbein, 1980).

Furthermore, according to the theory of reasoned action behavioral intentions determine the subjective probability that someone will perform or not perform a certain behavior. It is also important to understand that each person assigns a value to their attitude and the influence others have over them which, in turn, effects their ultimate decision. For instance, Ajzen and Fishbein (1980) argued that if both their attitude and subjective norm are positive then a person is more intent on doing a particular behavior Alternatively, if a person's attitude is positive towards a certain behavior but the social pressure from significant people in their life is negative then the likely result is that they will not perform the intended behavior (Ajzen & Fishbein, 1980). For example, a person may feel that eating white bread is good, but their family insists that it is bad for you resulting in them choosing to not eat white bread.

Fishbein and Ajzen's (2011) theory of reasoned action maintains that people's behavioral beliefs generate attitudes, normative beliefs, and control beliefs. On the personal level, behavioral beliefs fuel an individual's attitude concerning a particular behavior. For example, a person who believes that something will result in either a positive or negative consequence will hold the corresponding attitude about executing the behavior. To illustrate, a person who believes that white bread is not a natural food and causes weight gain will hold an unfavorable attitude toward buying it. Normative beliefs are formed by an individual's perception regarding how people most important to them

think they should or should not behave in any given situation. For example, a person who believes that white bread is good, but perceives that their family members hold the opposite view, will maintain a subjective norm motivating them not to serve it. Finally, control beliefs involve personal and environmental factors that may assist or hinder their intention to perform the behavior. In this case a person considers whether they have the personal skills and abilities to execute the behavior and/or if there are any environmental factors such as demographics or social status in their way (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 2011).

In the medical field, Ajzen and Fishbein's (1980) theory of reasoned action has been used a great deal to research health professional's attitudes, insights, and decision making processes about a variety of issues such as quality of care or job satisfaction (Ross, Kohler, Grimley, & Anderson-Lewis, 2007). It has also been used as a theoretical framework in numerous other fields to research issues such as economics (Lavinia & Artemisa, 2010), ethics (Celuch & Dill, 2011), business (Saleki & Seyedsaleki, 2012), and human behavior (Gillmore et al., 2002). Due to the broad scope and general framework of the theory of reasoned action it was an appropriate and useful model to use as a theoretical framework for this research study for a number of reasons.

Perhaps, a few of the most important reasons involved similar objectives, the fact that the theory of reasoned action approach was general in nature designed to apply to most all areas of social behavior, and that it allowed researchers to integrate and utilize the research from other domains while focusing on a specific area of interest (Fishbein & Ajzen, 2011). An important objective of the theory of reasoned action is to not only

examine and understand human social behavior, but to produce information that is useful when deciding how to change behavior and design efficient interventions (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 2011). Consequently, the theory of reasoned action was a useful framework to use in examining and understanding the attitudes and intervention strategies of CNAs regarding resident-to-resident bullying. The theoretical foundations of the theory of reasoned action also supported the aim in this study concerning the development of strategies for CNAs to recognize and intervene in resident-to-resident bullying by examining, understanding, and providing additional information regarding the phenomenon. Finally, although bullying is a recognized societal problem impacting a number of individuals in several domains, bullying in the nursing home domain is a relatively unexplored area so using the research from other domains was helpful to set the groundwork for its exploration.

In addition, the theory of reasoned action maintains that an individual's actions are determined by their intentions, which, in turn, are governed by their attitudes, subjective norms, and control beliefs regarding the behavior (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 2011). While the goal of this study was not necessarily to predict behavior, the theory of reasoned action model was helpful in the aspect that it provided a framework for defining, measuring, examining attitudes, and intentions regarding intervention strategies of CNAs concerning bullying. For example, the approach calls for clearly defining and measuring the behavior of interest. Therefore, it helped to place bullying in a behavioral category indicating the need to utilize a number of single actions that relate to the overall act of bullying in order to clearly define and recognize it.

Finally, the theory of reasoned action model was also useful when developing the interview questions for the CNAs. Fishbein and Ajzen (2011) along with many other investigators have been researching human social behaviors using the theory of reasoned action for several decades. Ajzen and Fishbein (1980) pointed out that directly observing behavior is not always an option for researchers; therefore, one must rely on self-reports from participants. As a result, they developed a reasoned action questionnaire providing detailed instructions on how to construct and implement it. These guidelines and instructions were very useful in developing appropriate questions and conducting this research study.

Theory of Reflective Equilibrium

Although Rawls's (1999) theory of reflective equilibrium is somewhat abstract in nature, it is intended to serve a practical function, and for this reason it can be applied to the very specific type of bullying that this paper is concerned with. The theory was originally coined by Rawls (1999) in order to support his broader theory of justice, "the best account of a person's sense of justice is not the one which fits his judgments prior to his examining any conception of justice, but rather the one which matches his judgments in reflective equilibrium" (p.43). Reflective equilibrium is, in the context of moral justice, the end state of the theory of reflective equilibrium, a state in which an individual's sense or definition of justice matches their considered judgments about justice. When applied to bullying, specifically resident-to-resident bullying in nursing homes, the practicality of this theory becomes much clearer.

Rawls himself acknowledged that actually reaching the state of reflective equilibrium is unlikely and may even be impossible. He stated, “To be sure, it is doubtful whether one can ever reach this state. For even if the idea of all possible descriptions and of all philosophically relevant arguments is well-defined (which is questionable), we cannot examine each of them” (Rawls, 1999, p. 43). Yet, the possibility or impossibility of attaining a state of reflective equilibrium does not affect the value of the theory itself, especially insofar as the theory is applied to a practical situation. While it is true that the theory of reflective equilibrium has never really been applied to the concept of bullying per se, individuals may consider the value of its application by thinking about how it may affect the concept of bullying when applied.

The current concept of resident-to-resident bullying in nursing homes is not widely researched or thoroughly defined. Thus the theory of reflective equilibrium may be applied at a very basic level - by developing a robust definition of resident-to-resident bullying in nursing homes. Provided an individual has a sense of what bullying is, by employing the theory of reflective equilibrium and considering instances of what may or may not be resident-to-resident bullying, all nursing home staff can expand the definition of bullying and better understand what is going on in nursing homes between residents. They can also further employ the theory of reflective equilibrium once the concept of resident-to-resident bullying is more adequately spelled out. As nursing home staff considers ways to intervene and eventually prevent this type of bullying, the theory of reflective equilibrium operates in the background, allowing constant revision to the concept of resident-to-resident bullying. For example, if individuals in the nursing home

observe other instances of resident-to-resident bullying which are not encompassed in the current understanding of this type of bullying, nursing home staff can expand the understanding and/or solution approaches to intervention and prevention.

Literature Review Related to Senior Bullying in Nursing Homes

As discussed, the majority of the research on bullying focused on children in the school setting or adults in the work place or prison environment. During the literature search very little information was found regarding resident-to-resident bullying in nursing homes. However, there were some news articles, magazine articles, web postings, books, and one dissertation either directly addressing or related in some way to resident-to-resident bullying in nursing homes.

Several news articles, magazine articles, and web blogs reported the rise of resident-to-resident bullying in long term care settings along with a range of negative consequences for the victims (Abel & Ellement, 2009; Bonifas & Frankel, 2012; Kreimer, 2012; Mallis, 2012; Mapes, 2011). For example, Stringfellow (2011) reported on the existence and rise of bullying in nursing homes indicating that bullying behaviors in the nursing homes included such things as excluding others from activities, verbal insults, and controlling public areas. Most of the books identified focused on bullying in schools or the workplace involving children and adults; however, one book *Bullying in Different Contexts* (Monks &Coyne, 2011) had a section discussing elder abuse and bullying in a variety of settings.

Wood's (2007) dissertation focused on the detrimental effects of resident-to-resident bullying and the psychological well-being of residents in nursing homes. He

conducted a quantitative study exploring the existence of resident-to-resident bullying in nursing homes as well as the psychological consequences of bulling. The results of the study were significant in that they revealed that bullying exists in nursing homes and that residents suffer a number of negative psychological consequences resulting from bullying such as depression, reduced life satisfaction, low self-esteem, and increased fear.

In addition, some related research has been compiled on elder abuse and aggression in a variety of settings, such as home, community, and long-term care facilities (Shah, Chiu, & Ames, 2000; Shaw, 2004; Schreiner, 2001; Rosen et al., 2008). Worldwide, elder abuse is a topic of considerable concern triggering many to examine, investigate, and conduct various research studies with the hope of understanding, intervening, and offering ways to prevent future abuse. Typically, in the long-term care setting the research focused on staff, family members, or others abusing the residents.

However, resident-to-resident aggression in long-term care facilities is one area of study for some researchers indirectly related to bullying. According to Rosen et al., (2008) the definition of resident-to-resident aggression included any physical, sexual, or verbal exchange between residents that results in negative physical or psychological consequences. Aggressive and negative verbal interactions are considered a type of resident-to-resident aggression, and while they may actually resemble bullying behaviors they are not labeled as such (Rosen et al., 2008). Furthermore, even though literature was scarce regarding resident-to-resident aggression (Rosen et al., 2008), the majority of available articles focused on the various types of aggression and their consequences (Lachs et al., 2007; Lachs, Pillemer, & Rosen, 2008; Rosen, Lachs, & Pillemer, 2008,

2010; Rosen, Pillemer, & Lachs, 2008; Schreiner, 2001; Shah et al., 2000; Shinoda-Tagawa et al, 2004; Soreff, 2012; Teresi, Fulmer, Pillemer, & Lachs, 2008).

According to Boscia (2010) even though CNAs are primarily responsible for the care of older adults in nursing homes, they are seldom asked their opinions. Consequently, when examining the literature, there were no articles directly addressing CNAs' perceptions and intervention strategies regarding resident-to-resident bullying. However, there were two articles by the same author related to incidences of resident-to-resident abuse as reported by nurse aides (Castle, 2012a; 2012b) and one article including nursing aides insights regarding resident-to-resident aggression (Rosen et al., 2008).

Currently, the research on senior bullying is in its infancy and is comparable to the acknowledgement of and research around youth bullying behaviors of about 20 years ago; however, while senior bullying may resemble youth or other adult bullying in a number of ways it is also important to recognize that it has its own unique characteristics (Monks & Coyne, 2011). For example, while many youth and adult victims of bullying feel defenseless and vulnerable, numerous senior victims are not only vulnerable but they are physically unable to remove themselves from a situation. Imagine how exposed a wheelchair bound victim of bullying might feel if they are unable to get away from the bully. As a result, Bonifas (My Better Nursing Home, 2011) suggested that the definition of bullying may differ slightly for seniors because for them a one-time experience can be traumatic. Unfortunately, according to Rosen et al., (2008) even though "the term 'elder mistreatment' in the context of nursing home care invariably evokes images of resident

abuse by staff, resident-to-resident aggression (RRA) may be a much more prevalent and problematic phenomenon" (p. 1).

Summary and Conclusions

The bullying phenomenon has captured the interest of many in the public and has been the focus of significant research over the past several years (Einarsen, Hoel, Zapf, & Cooper, 2010). Numerous studies have identified the psychological consequences of bullying as well as the ways individuals cope with being the victims of bullying behavior (Nordgren, Banas, & MacDonald, 2011). Overall, the literature has been consistent in the identification of a variety of negative emotions and consequences associated with the experience of being bullied such as depression, fear, and low self-esteem (Adams & Lawrence, 2011). Sadly, as all of society has witnessed all too often over the past several years, if the bullying becomes intolerable some victims kill themselves or retaliate aggressively against others (Dehue, Bolman, Völlink, & Pouwelse, 2012).

A large percentage of the research on bullying in any context is focused on defining, measuring, intervening, and preventing bullying behaviors (Byers et al., 2011; Craig & Pepler, 2007; Goethem et al., 2010) with various researchers focusing on defining the term bullying (Elinoff, Chafouleas, & Sassu, 2004), creating intervention programs (Glasner, 2010), discussing the impact of bullying on victims (Lee, 2006), or describing the characteristics of the bully and/or victim (Limber, 2011; Harris & Petrie, 2003).

Examples of approaches that might be employed by researchers include defining the term bullying within a specific population or institutional setting (Almeida et al.,

2010); proposing existing or new theoretical perspectives about the bully, the victim, and bullying (Bauman & Del Rio, 2006); or developing intervention and prevention techniques for those in a position to manage or impact bullying (Bradshaw & Waasdorp, 2009). In short, there are multiple viewpoints regarding the phenomenon of bullying; however, most all would agree that it is a serious problem no matter where it occurs or the victim population (Monks & Smith, 2006).

As stated, the purpose of this study was to investigate the experiences of CNAs regarding resident-to-resident bullying in nursing homes. CNAs have the opportunity to witness the phenomenon of bullying in its purest form because they spend the majority of their work day with the residents (Castle, 2012a). CNAs are on the front lines, in the public areas, dining facility, recreation areas, and in the hallways, where bullying most likely takes place. The goal was to use their experiences to inform researchers and nursing home personnel regarding the phenomenon of bullying and the complexities surrounding it. For instance, CNAs' experiences may assist in identifying more effective interventions for dealing with resident-to-resident bullying as well as inform professional and policy development for nursing homes. Finally, another important objective was that the information gathered from this study provided the opportunity to educate and change CNA attitudes towards resident-to-resident bullying as necessary.

In summary, in order to better understand resident-to-resident bullying in nursing homes, it was essential to identify the gaps in the existing research. In general, research revealed very few studies on bullying in nursing homes period; however, a major identified gap in the literature was the lack of any qualitative studies aimed at

understanding CNAs experiences of the phenomenon. Their unique roles in the nursing home and with the residents allows them to actively participate in the identification, prevention, and intervention of bullying behaviors; moreover, they have the opportunity to impact the potential future behaviors of the bullies, the victims, and the cultural climate of the nursing home. For example, they may witness the consequences residents face regarding being a bully victim, detect the coping skills used by residents as well as their own when experiencing or witnessing bullying behavior, and identify effective intervention strategies in dealing with the victim and the bully. Therefore, it only seemed appropriate to acquire CNAs' perceptions and descriptions of resident-to-resident bullying in nursing homes. The intention of this study was to conduct a qualitative study in order to add to the knowledge base regarding CNAs' experiences with resident-to-resident bullying in the nursing home setting. In Chapter 3 the focus is on providing details about the study's research methodology including the research design, the population, data collection tools and procedures, and the data analysis.

Chapter 3: Research Method

Introduction

The purpose of this study was to investigate the experiences of CNAs regarding resident-to-resident bullying in nursing homes. After choosing a topic of interest, some of the first questions a researcher asks are what type of research should be conducted, what method of inquiry should be used, how to collect data, which population should be the focus of the study, and how to analyze the data (Marshall & Rossman, 2010). Chapter 3 includes the research design and rationale, role of the researcher, methodology, issues of trustworthiness, and ends with a summary section.

Research Design and Rationale

The research questions guiding this study were as follows: How do CNAs perceive and describe their experiences of resident-to-resident bullying in nursing homes? The sub questions guiding this study were as follows: What characteristics do CNAs assign to bullying? How do CNAs describe the manner in which they handle bullying instances?

The central phenomenon in this study was CNAs' experiences regarding resident-to-resident bullying in nursing homes. As a rising major social issue, elder bullying inflicts significant stress and negative consequences on seniors such as depression, low self-esteem, fear, and self-isolation (Bonifas & Frankel, 2012). It is assumed that CNAs witness bullying, that they can make a positive impact on the bullying environment within nursing homes, and that their perceptions of it influence their tendency to intervene or not in bullying incidents.

This study employed a qualitative research design. As a social worker, my personal experiences along with the training and influence from those in the social work discipline have helped to shape my worldview. For example, the social work profession teaches and endorses their primary mission of assisting human beings to improve their lives with a special focus on the underprivileged and oppressed (National Association of Social Workers, 2008). In addition, the National Association of Social Workers (2008) Code of Ethics emphasized that "Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge" (p. 8).

Consequently, viewing older adults as a marginalized group, an underlying goal of this study was to advocate for them. Creswell (2007, 2009) called this an advocacy/participatory worldview, but he also acknowledged that researchers may have a combination of worldviews that go well together. Therefore, my social constructivist worldview also played a large part in the choice of a research design. This worldview speaks to the idea that people place subjective meanings on their experiences of life. More importantly, in order to better understand and make interpretations about an issue or problem, it is essential to listen and focus on those who experience it (Creswell, 2007, 2009). Considering my worldview closely related to a qualitative approach, it only made sense that a quantitative or mixed methods study would not be the preferred method.

An important factor to consider in choosing a research design is the research problem and the questions being asked. A qualitative study is an inductive process that allows researchers to explore, understand, and interpret the meaning people assign to problems in life (Creswell, 2007); most importantly, "Qualitative research enables us to

get at the rich complexity of the phenomenon" (Trochim & Donnelly 2008, p. 143). Researchers using this approach tend to ask open-ended questions and collect data by observing and/or interviewing the people who experience the phenomenon of study (Creswell, 2007, 2009).

Qualitative research offers a wide array of choices as far as methods of inquiry such as ethnography, grounded theory, narrative, case studies, and phenomenology (Creswell, 2007, 2009). When determining which model to use in this qualitative study, a few of these options were considered prior to choosing the best fit. For example, an ethnographic approach would make an interesting study as it permits first-hand observation; however, it requires extensive fieldwork over a long period in order to observe the group culture of research participants (Moustakas, 1994). Realistically, this would not be the best choice as it would require permission to set up a research study and observe CNAs' in a nursing home, which would be difficult to obtain and disruptive to residents and staff. Grounded theory would not work as the purpose of this approach is to use the data collected to develop a theory, which was not the intention in this study. Finally, while case studies or a narrative approach are suitable options, they were not the best choice for this study as these methods focus on one or two people at the most (Creswell, 2007).

Therefore, after looking at several options the best fit for this study was a phenomenological strategy of inquiry. The basic principles of phenomenological-based research are exploratory with the intention of shedding light on a particular phenomenon through the experiences and perceptions of individuals involved (Giorgi, 2011; Smith,

Flowers & Larkin, 2009). Creswell (2007) maintained that the phenomenological approach works well for those interested in exploring the experiences, meaning, and commonalities of a particular phenomenon regarding several people. A phenomenological approach was an appropriate choice as it offered the opportunity to gain insight into the phenomenon of bullying through interviews conducted with CNAs who witnessed incidents of bullying behavior in the nursing home.

A phenomenological study is more than just opinions or beliefs about a phenomenon, but involves uncovering the individual(s) deeper experiences of the phenomenon, identifying shared essences of the experience, and interpreting the commonalities (Creswell, 2007). The outcome is that a description of the essence of the phenomenon is provided so that others will achieve a richer understanding of it almost as if they experienced it themselves. There were several benefits in using this type of study such as gaining a clear understanding of how CNAs experience resident-to-resident bullying, which can assist in understanding why they react the way they do, help to predict future reactions, and in examining the transferability of these experiences to other CNAs. Furthermore, the outcome of this type of study is that the common experiences of the participants can be used to inform policy as well as assist nursing home staff when designing intervention strategies (Creswell, 2007, 2009).

Finally, phenomenological research is often used in cases in which not much is known about how people experience a particular phenomenon in order to increase awareness about it (Creswell, 2007). “The flexibility of phenomenological research and the adaptability of its methods to ever widening arcs of inquiry is one of its greatest

strengths" (Garza, 2007, p.338). As discussed in Chapter 2, very little is known about resident-to-resident bullying in nursing homes and even less is known regarding CNAs' experiences with it. The intent in this study was to add to the scarce literature about resident-to-resident bullying by exploring the experiences and unique perspectives of at least eight CNAs; therefore, the qualitative phenomenological research design was the best fit.

Role of the Researcher

According to Creswell (2007), the researcher is the instrument of data collection in qualitative studies; therefore, several considerations for conducting this type of study were required. As the researcher, my responsibility was to collect, manage, analyze, and interpret the data as free of researcher bias as possible (Hill et al., 2005). Generally speaking, researcher bias refers to the researcher intentionally or unintentionally influencing the data in order to support sought after outcomes (Chenail, 2011). Researcher bias can happen during any part of the research process such as selection bias when choosing participants or interviewer bias when the researcher asks leading questions (Pannucci & Wilkins, 2010).

According to Pannucci and Wilkins (2010), there is always some degree of bias in a study; therefore, a researcher must acknowledge, explore, and expose his or her own biases. More importantly, assessing and reassessing bias at every phase of the study along with taking preventative steps is the researcher's role (Hill et al., 2005). The strategies for dealing with researcher bias are called epoche, bracketing, reflexivity, or phenomenological reduction, depending on the researcher (Bednall, 2006; Moustakas,

1994). Basically, all of these terms refer to researchers putting aside preconceived notions, thoughts, opinions, or ideas about the phenomenon prior to engaging the study participants, data collection, and when analyzing the data (Creswell, 2007; Lincoln & Guba, 1985; Malterud, 2001). Dealing with researcher bias is a critical process that should not be ignored; as Malterud (2001) wrote: "Preconceptions are not the same as bias, unless the researcher fails to mention them" (p. 484).

The researcher's role in a phenomenological research approach is to explore the experiences of individuals in order to understand and increase the knowledge about a particular phenomenon (Polkinghorne, 2005). My role in this study was to conduct in-depth interviews as an objective outsider in order to gather the CNAs' experiences of resident-to-resident bullying. It is commonly understood that it is difficult to obtain absolute objectivity in any study; however, in qualitative studies it is particularly challenging because the researcher is essentially the instrument through which data are collected, analyzed, and interpreted (Finlay, 2002). Therefore, it is important that the researcher acknowledge his or her connection to and influence on the research study by accepting that he or she "cannot be value-free in their application, but researchers should adopt a reflexive approach and attempt to be honest and open about how values influence their research" (Greenbank, 2003, p.791).

Typically, a researcher chooses a topic of study that personally interests him or her, that he or she is curious about, and that he or she wants to understand or learn more about (Groenewald, 2004). My interest in nursing homes and CNAs began many years ago when I worked as a CNA in a number of nursing homes. My experiences during that

time initiated my curiosity in resident-to-resident bullying after first reading about it several years ago. Also, because I witnessed it myself during my employment, my assumption was that it would still be going on; however, my role as researcher was to bracket my experiences in order to get the full essence of the phenomenon from CNAs who may be experiencing it currently. Finally, while I have worked as a CNA, it has been many years and I did not have any personal or professional relationships with the research participants.

As the researcher, some of my other roles included explaining the details of the study to the participants, answering any questions, anticipating any potential issues that may have arisen for them, and making every effort to shield and protect them from any negative consequences. Lastly, the overall role of the researcher is to create a safe environment and build a connection with the participants so that they will feel comfortable openly and honestly sharing their experiences of the phenomenon (Polkinghorne, 2005).

Methodology

Methodology concerns making decisions about the details of the study such as selecting participants or choosing a data analysis plan. The researcher must provide, describe, and explain to the reader the methods used to collect, organize, and analyze the data (Groenewald, 2004). The following sections will describe the methodology that was used in this research study in order to answer the main research question: How do CNAs perceive and describe their experiences of resident-to-resident bullying in nursing homes?

Participant Selection

Characteristically, qualitative researchers identify and choose participants based on his or her ability to provide meaningful contributions to the phenomenon under exploration (Devers & Frankel, 2000). The goal was to acquire the deepest possible understanding of CNAs experiences and perceptions of resident-to-resident bullying; therefore, this study was conducted with multiple CNAs from several different nursing homes in several different states with the intent to gain a clearer understanding of the bullying phenomenon as it relates to residents in nursing homes. The majority of the research participants were recruited from the Career Nurse Assistants' Programs, Inc which is a nonprofit, tax exempt, national organization whose mission is to promote "the recognition, education, research, advocacy and peer support development for nursing assistants in nursing homes and other long term care settings" (Career Nurse Assistants' Programs Inc, 2014, Who We Are section, para. 1). The research participants were selected as they responded with interest to the recruitment flyer posted on their website. Other participants were selected who responded to the flyer posted on either my or my friends' Facebook pages.

This study employed a purposeful sampling method which is typically used in qualitative studies (Creswell, 2007; Russell & Gregory, 2003). Purposive sampling enables the researcher to choose participants that experience the phenomenon of study and are willing to participate in the study. There are several types of purposive sampling; however, this study used critical case purposive sampling strategy. This particular strategy works well with exploratory qualitative research as it allows the researcher to

choose a small number of significant cases that are most likely to "yield the most information and have the greatest impact on the development of knowledge" (Patton, 2001, p. 236). In addition, in order to create a strong research design the selection of participants was an iterative process; therefore, the snowball sampling technique was used as well (Creswell, 2007). This entails choosing critical cases or individuals who were willing to participate in the research study and to share their experiences regarding resident-to-resident bullying behavior (Polkinghorne, 2005). The goal was to select the research participants from a sizeable pool of participants generated using the snowballing technique.

There were several effective avenues I used to identify, contact, and recruit participants. First, in order to enlist prospective participants from the Career Nurse Assistants' Programs, Inc website I sent an e-mail to the director of the organization explaining the research project and to request permission for posting a recruitment letter on the national website. The director responded asking me to call her to discuss the study. After calling her, the director expressed an interest in the study and agreed to post the flyer; however, it was agreed that in order to maintain confidentiality it was up to the CNAs to respond to me directly on their own expressing an interest in the study. In addition, I posted the flyer on a Nursing Assistants Facebook page and on my personal Facebook page. Several friends saw the flyer and posted it on their Facebook page as well. All CNAs who responded stating an interest in the study were contacted by myself via e-mail, Facebook or telephone and asked to participate in the research study.

Potential participants were selected based on the following criteria: (a) currently or previously employed as a CNA within the past 5 years, (b) currently or previously employed in a nursing home as a CNA for at least one year, (c) are able to verbally articulate and share their perceptions of bullying, and (d) are willing to participate in one or two in-depth interviews. Exclusion criteria consisted of: (a) CNAs not employed in a nursing home, (b) not employed for at least a year, and (c) individuals who were employed as CNAs over 5 years ago. In order to determine if the potential participants met the criteria I constructed a short questionnaire asking the above criteria during an initial telephone conversation or communication via e-mail with the CNA.

The objective was to individually interview at least 8 CNAs, however, 10 CNAs participated in the research study. In qualitative phenomenological research the typical sample size is between 8 and 15 because the objective is to obtain in depth information from the participants (Creswell, 2007). In qualitative research, sample size is important especially in regards to saturation, which basically means a researcher has reached a point where information received is redundant, and it appears nothing new is forthcoming (Polkinghorne, 2005). Englander (2012) argued that there is a misconception that the larger the sample sizes the more legitimate the study emphasizing that there are differences between the objectives in quantitative and qualitative research. He maintains that phenomenology research does not require large sample sizes because one could also use "…five or twenty participants for that matter; however, it would most likely mean more work for the researcher and better appreciation for variation of the phenomenon, rather than better generality of the results" (Englander, 2012, p. 21).

Instrumentation/Data Collection

While there are many ways to collect data in qualitative research, this study used semi-structured, open-ended, in-depth interviews as the primary data collection method. Creswell (2007) recommends designing an interview protocol form to assist in organizing the process so that it flows and provides a place to take notes. The interview protocol for this study consisted of using three open-ended questions with probes to encourage participants to discuss their experiences, perceptions, opinions, feelings, and knowledge about resident-to-resident bullying. The questions were designed around the central research question and sub-questions: (a) How do CNAs perceive and describe their experiences of resident-to-resident bullying in nursing homes?, (b) What characteristics do CNAs assign to bullying?, and (c) How do CNAs describe the manner in which they handle bullying instances?

As the researcher, I conducted and audio recorded the interviews as well as took notes during the interview. As a professional social worker I have years of interviewing experience; therefore, I am very familiar with and quite comfortable with guiding the interview process from start to finish. I explained the purpose of the study, kept a professional distance, and discussed the exit strategy with the participant at the second interview. Participants were advised that they could stop at any time and I would refer them to a counselor if needed. The interview was conducted in a private setting most comfortable for the participant, every attempt was made to meet in person, and I traveled to the designated meeting place if necessary. Some of the participants were too far away to meet in person; therefore, they were given the option of a telephone or computer Skype

session. Those participants chose a telephone interview instead of a Skype session. The duration of each interview was approximately 60 to 90 minutes with a short 30 minute follow up interview after the data were analyzed.

Data Analysis Plan

Qualitative data analysis involves organizing, reducing, classifying, coding, and synthesizing the results (Zhang & Wildemuth, 2009). Creswell (2007) compared the data analysis process to a spiral because "data collection, data analysis, and report writing are not distinct steps in the process---they are interrelated and often go on simultaneously in a research project" (p. 150). Therefore, in qualitative research analysis really begins as soon as data are first collected and is an ongoing process. Creswell (2007) suggested that this is the point where computer software programs will be very useful. My intention was to use QSR International's NVivo 10 software to help in managing the data; however, I used Microsoft Word and Microsoft Excel software to help in managing the data instead as it was more suitable for purposes of this study. These programs aided in storing, coding, identifying themes, analyzing, and producing visual diagrams (Creswell, 2007).

Creswell (2007) maintained that several researchers have developed and presented specific approaches to conducting phenomenological data analysis. Hycner (1985) created his process of data analysis in an attempt to guide researches not to dictate the process as he argued that phenomenological studies should and do vary based on the purpose and needs of the specific study. This study used Groenwald's (2004) five step data analysis process which is a simplified version of Hycner's (1985):

1. Bracketing and phenomenological reduction.

2. Delineating units of meaning.
3. Clustering of units of meaning to form themes.
4. Summarizing each interview, validating it and where necessary modifying it.
5. Extracting general and unique themes from all the interviews and making a composite summary.

According to Hycner (1985), phenomenological reduction involves the intentional process of listening and/or reading the participant's transcripts from a holistic, objective viewpoint and opening one's mind to its inherent meaning. The researcher will use the bracketing technique of purposely shelving their own opinions and perspectives in order to discover the unique perspective and essence of the participants (Groenwald, 2004). Delineating units of meaning is a critical phase of the research as it relates to the process of reviewing the participant's entire transcript and pulling out any and every statement that relates to the research phenomenon; however, the research questions are not considered at this point. The next step requires clustering of these units of meaning to form themes using the research questions as a guide. The fourth step requires the researcher to apply the themes to summarize each interview, validating it with the participant and where necessary modifying it according to the participant's input. The final step in the data analysis process involves looking at all the interviews to identify and extract general themes including any outlier cases as these are significant in their own right. The goal is to create a composite summary capturing and presenting the participant's essence of the phenomenon (Groenwald, 2004).

Issues of Trustworthiness

Essentially, trustworthiness in research involves evaluating the worth of a study (Creswell, 2007; Shenton, 2004). Speziale and Carpenter (2007) argued that trustworthiness is achieved in qualitative studies when reliability and validity are established, and this occurs when the results of the study accurately reflect the participants' viewpoints. Lincoln and Guba (1985) argued that the issue of trustworthiness is a simple one as it relates to "How can an inquirer persuade his or her audiences (including self) that the findings of an inquiry are worth paying attention to, worth taking account of?" (p. 290). The bottom line is that it is the researcher's responsibility to make every possible attempt to ensure, verify, and present accurate results by adhering to standards of quality throughout the study (Lincoln & Guba, 1985; Rolfe, 2006). It is vital that all researchers address significant threats to trustworthiness; consequently, Lincoln and Guba (1985) present four basic criteria to be considered when evaluating the quality of a research study to include: credibility, transferability, dependability, and confirmabilty.

Credibility

Credibility in a qualitative study refers to how well the researcher can support and establish the truth or accuracy of the results in their study (Lincoln & Guba, 1985). There are several well established strategies available for addressing and increasing credibility such as; clarification of researcher bias or reflexivity; triangulation; negative or deviant case analysis; rich, thick description; peer and participants debriefing; external audits, and member checks (Creswell, 2007, Lincoln & Guba, 1985).

While to some extent individuals may use some form of all these during research, the following strategies were used in this study to ensure credibility: prolonged engagement, reflexivity, triangulation, peer debriefing, external audits, negative case analysis, and member checking. Prolonged engagement was used in the sense that enough time was spent with the participants to develop rapport and trust (Creswell, 2007). This increased the likelihood that participants would feel comfortable disclosing information including negative things (Lincoln & Guba, 1985). Reflexivity entails attending to and addressing issues related to researcher bias during all stages of the study, and this process was employed in this study as discussed previously in the role of the researcher section (Lincoln & Guba, 1985).

In this study, external audits were conducted by the dissertation committee as they are the experts in the field who reviewed and evaluated the study. Negative case analysis refers to intentionally searching for and acknowledging the cases that refute the majority of the data or stand out during the study (Creswell, 2007). As this was an exploratory study, the purpose was not to prove or disprove resident-to-resident bullying in nursing homes; however, using negative case analyze highlighted the phenomenon in atypical ways that could be used for future studies. Finally, member checking was the last strategy used which entails asking the study participants to review the data collected, analysis, and interpretation of the findings. This process provided the opportunity for the researcher to gain further insight from the participants; more importantly, it allowed the participants the opportunity to assess, challenge, clarify, or add to the information (Lincoln & Guba, 1985).

Transferability

According to Lincoln and Guba (1985) transferability involves the researcher demonstrating that the results of the study can be applied to other situations; furthermore, transferability is determined by the reader not the researcher (Speziale & Carpenter, 2007). In order to effectively allow readers to infer transferability researchers must provide detailed or thick descriptions of the study (Lincoln & Guba, 1985). For that reason, I provided sufficient details regarding the entire research process so that readers would be able to evaluate the extent to which the findings are transferable.

Dependability

Basically, dependability relates to consistency and the researcher showing that a different researcher conducting a similar study would get the same results (Speziale & Carpenter, 2007). A strategy to address dependability involves conducting external audits which entails an unbiased examination of the research study to determine whether the data supports the researcher's findings, interpretations and conclusions (Lincoln & Guba, 1985). In this study the dissertation committee conducted the external audit.

Confirmability

In general, confirmability refers to the strategy used to determine that the results of the study are neutral and free from researcher bias; furthermore, confirmability relies on the existence of credibility, transferability and dependability (Lincoln & Guba, 1985). Therefore, some of the same strategies for addressing these apply to confirmability such as external audits, reflexivity, and triangulation. Lincoln and Guba (1985) added audit trail to this list which is an extensive look at all the information collected during the

research study such as field notes, process notes, and reflexive notes. As stated, the dissertation committee conducted external audits and I attended to reflexivity and keeping a well detailed audit trail.

Ethical Procedures

Chenail (2011) maintained that the researcher is the instrument in qualitative studies as they are the ones to collect data from the participants. The researcher is responsible for selecting participants, observing, engaging them, and creating a safe environment for them to comfortably participate (Creswell, 2007). A phenomenological approach focuses on an individual's subjective experience and interpretation of the phenomenon; therefore, the researcher will bracket any of their own personal assumptions, perceptions, or preconceived notions regarding the phenomenon (Greenbank, 2003).

The ultimate goal in "bracketing" is that the researcher will enter into the exploration process with a clean slate ready to learn from the participant, understand their subjective experience, and gain insight into their motivations and behaviors without prejudice (LeVasseur, 2003). Another critical factor to consider is that qualitative researchers actually enter people's lives and ask them to share their personal experiences with us; therefore, it is extremely important that researchers convey respect, appreciation, and validate participant's willingness to share his or her story (Dickson-Swift, James, Kippen, & Liamputtong, 2007).

Ethical considerations were an extremely important factor in this study; therefore, every effort was made to ensure the confidentiality, anonymity, and protection of

participants against ethical risks. First, I received approval to conduct the research study from Walden University's Internal Review Board and was given approval number 01-23-15-0036662 with an expiration date of January 22, 2016. Then, participants were informed about the purpose of the study and asked to sign an informed consent form (see Appendix D) agreeing to their participation. They were advised that taking part in the study was voluntary, all information provided was kept anonymous and confidential, and withdrawing from the study was a choice at any time. In addition, participants were advised that stopping the interview process at any time was also an option, and if necessary, I would refer them to a counselor. Lastly, Creswell (2007) pointed out the importance of addressing and disclosing the details of data storage. All paper information gathered during data collection by this researcher was stored in a locked file cabinet and kept for five years. In addition, any participant information that I collected or entered via computer was stored in a password protected file.

Summary

Chapter 3 focused on the research design and rationale, role of the researcher, methodology, and issues of trustworthiness. This study employed a qualitative phenomenological research design in order to add to the scarce literature about resident-to-resident bullying by exploring the experiences and unique perspectives of 10 CNAs. Data were gathered via one-on-one interviews with participants to develop a deeper understanding of the particular phenomenon. After data collection, a computer software program for qualitative data analysis was used.

The researcher as an instrument in qualitative studies has its strengths and weaknesses which requires several factors to be considered during a research study (Moustakas, 1994). The researcher is the key person obtaining data from the participants; consequently, they must take precautions regarding researcher bias. Several techniques are available to address researcher bias including bracketing and reflexivity. Qualitative researchers need to constantly evaluate the study and consider issues of trustworthiness focusing on the four criteria of credibility, transferability, dependability, and confirmabilty. Finally, it is necessary for researchers to speak to ethical issues, discuss and implement procedures designed to protect participants, and plan for data storage. In Chapter 4, the focus is on presenting a detailed account of the research findings.

Chapter 4: Results

Introduction

The purpose of this study was to investigate the experiences of CNAs regarding resident-to-resident bullying in nursing homes. In order to adequately investigate the experiences of CNAs regarding resident-to-resident bullying in nursing homes, 10 CNAs employed at a variety of nursing homes were interviewed and asked a certain set of research questions aimed at evaluating and analyzing both their perceptions and descriptions of their experiences with resident-to-resident bullying. The central research question guiding this study was as follows: How do CNAs perceive and describe their experiences of resident-to-resident bullying in nursing homes? The sub questions guiding this study are as follows: What characteristics do CNAs assign to bullying? How do CNAs describe the manner in which they handle bullying instances? Chapter 4 includes the setting of the study, demographics of the study participants, data collection process and methodology, data analysis process and methodology, evidence of trustworthiness for the study, results of the study, and ending with a summary section.

Setting

At the time that this study was performed, some of the participants had certain personal aspects that may have influenced their responses to the research questions posed to them. One participant, Monica, was a CNA who worked night shifts, so her perception of the nursing home environment was significantly different as compared to the other participants, all of whom worked at nursing homes during the daytime hours. Another participant, Tracey, was actually a victim of bullying in the nursing home, and left her

position as a CNA at the previous nursing home where she worked due to poor treatment by other CNAs, by her supervisors, and by administration. This bullying treatment directed towards Tracey likely skewed her perception of bullying in the nursing home and of the nursing home environment in general.

Aside from the above-mentioned participants, there were no other CNAs that were interviewed who had personal issues that may have altered their perception or descriptions of bullying in the nursing home. However, it is worthwhile to note that many of the CNAs were disenchanted with many aspects of the nursing home, including staffing ratios, administrative support for bullying, training regarding how to handle bullying, and policies and procedures surrounding bullying, especially nonphysical bullying, in their nursing homes. For example, one participant (Betty) indicated, "I think the administration feels like they deal with enough, so they don't want to tackle the bullying problem." Another participant (Roxanne) suggested, "The administration hasn't given any training regarding resident-to-resident bullying, and it seems like they really should. I'm not really sure what they would do if I reported resident-to-resident bullying to the administration." Judging from the overall perception and description of the CNAs who were interviewed regarding the administration in nursing homes approaches to and attitudes towards bullying, it is safe to say that failure to recognize and deal with bullying was a common theme that significantly influenced the participants' answers to the research questions.

Demographics

The demographics and characteristics of participants that were relevant to this study included the participant's first name, state of residence, number of years experience as a CNA, status as a day or night shift CNA, and current employment status as a CNA. For the participant's first name, pseudonyms were used so as not to exploit the privacy of those involved in the study. Below is Table 1, which includes each of the participants along with the above-mentioned demographics and characteristics.

Table 1

Participant Demographics

Participant Pseudonym	State of Residence	Years as a CNA	Day/Night Shift	Currently Employed as CNA
Hannah	Indiana	4.5 Years	Day	Yes
Dawn	New Hampshire	11 Years	Day	Yes
Ashlyn	Virginia	3 Years	Day	Yes
Beth	New Jersey	27 Years	Day	Yes
Roxanne	Virginia	21 Years	Day	Yes
Monica	New York	13 Years	Night	Yes
Jessica	Oklahoma	7 Years	Day	Yes
Margaret	New York	8 Years	Day	Yes
Tracey	Florida	15 Years	Day	Yes
Faye	New York	13 Years	Day	Yes

Data Collection

Data were collected for 10 different participants, all of whom were CNAs at 10 different nursing homes across 6 different states. The data collection process was centered on a semi-structured, open-ended, in-depth interview as the primary data collection instrument, with both a pre-interview screening and a post-interview follow up. As per the data collection plan stated in the IRB proposal, I first reached out to the director of the Career Nurse Assistants' Programs, Inc. I was able to contact her via e-mail, was instructed to call her, and was granted permission to post the recruitment flyer on the Career Nurse Assistants Program, Inc website in order to gain participants. Because of the high response rate from participants in the Career Nurse Assistants' Programs, Inc, I did not need to expressly contact the director at any nursing homes in Virginia, nor did I need to physically visit any nursing homes and independently distribute fliers. The initial selection of participants was slated to take approximately 1 to 2 weeks; however, the selection process actually took about one month to complete, at which point I had a total of 10 participants, six of whom were acquired through the Career Nurse Assistants' Programs, Inc website. After receiving no further responses from the website, I posted the flyer on a Nursing Assistants Facebook page and on my personal Facebook page. Several friends saw the flyer and posted it on their Facebook pages and I received e-mails from eight participants interested in the study with four agreeing to participate.

The initial meeting with the participants was conducted via the telephone for each of the CNAs who agreed to take part in the study. This was a brief meeting that involved

screening the participants to determine whether they qualified for the study, asking them to sign and send back the consent form, scheduling a time and/or place for the in-depth interview, and informing prospective participants regarding the purpose of the study. Immediately prior to the interview, the prospective participants were informed that taking part in the study was voluntary and that their information would remain confidential and anonymous. They were asked not to use any identifying information when discussing situations in the nursing home, and I advised them they could stop the interview process at any time and be referred to a counselor if necessary. Furthermore, participants were asked for permission to audio record the interview and they were informed that they would receive a thank-you gift card upon completion of the interview.

The interview protocol (see Appendix E) for this study consisted of using three open-ended questions with probes to encourage participants to discuss their experiences, perceptions, opinions, feelings, and knowledge about resident-to-resident bullying in the nursing home environment. The probe questions were designed with an eye to the central research question and sub questions: (a) How do CNAs perceive and describe their experiences of resident-to-resident bullying in nursing homes?; (b) What characteristics do CNAs assign to bullying?; and (c) How do CNAs describe the manner in which they handle bullying instances? Each of the probe questions falls under one of the sub questions, which are represented by (b) and (c) above. The probe questions were those that were specifically answered by the participants, while the central research question and sub questions were used as organizational and developmental tools to formulate and manage the probe questions.

As indicated in the research study plan, the participants were interviewed for approximately 60 to 90 minutes, and the in-depth interview was conducted via the telephone for every participant except one, who was interviewed in person. All interviews were audio recorded and, as the researcher, I took field notes during the interview process. After completion of the in-depth interviews, each of the participants asked for an e-mail follow-up with results from the study as opposed to a phone call. This follow-up was done upon completion of the data analysis, and the director of the Career Nurse Assistants' Programs, Inc was also sent a debriefing handout as per her request. There were only two unusual circumstances encountered during the data collection phase; the recruiting process took approximately 2 weeks longer than expected and there was a significant amount of difficulty as far as coordinating schedules with the participating CNAs. Aside from these unusual circumstances and the few other minor alterations to the data collection plan mentioned above, everything flowed smoothly and the interview process produced some excellent qualitative data regarding resident-to-resident bullying in nursing homes.

Data Analysis

Qualitative data analysis involves organizing, reducing, classifying, coding, and synthesizing the results (Zhang & Wildemuth, 2009). In qualitative studies data analysis begins when the first piece of information is collected and continues until the data are fully analyzed, because within qualitative data studies the organization, analysis, and building of reports are not truly distinctive processes but often occur simultaneously (Crewell, 2007). Due to the sheer amount and complexity of data that are often gathered

within a qualitative study, it is recommended that computer software be utilized to assist in the data analysis stage of the study (Creswell, 2007). Chapter 3 indicated that NVIVO software would be used to assist with the data analysis stage of the study. However, upon downloading and reviewing the NVIVO software, I quickly realized that this software was highly complex, had a steep learning curve, and was typically used for much larger data sets. For this reason, I chose to use a combination of software programs that I was more familiar with, making use of the Microsoft Office Suite. With respect to this research study, a combination of the software programs Microsoft Word and Microsoft Excel were used to organize, analyze, and synthesize the data collected. More specifically, the data that were collected via audio recorder was transcribed word-for-word into ten separate Microsoft Word documents, with each document containing the data collected for one interview. This data was then imported into one Microsoft Excel database, with multiple linked tables representing different aspects of the data including question definitions, themes, and simple yes/no outcomes. While the outcomes of certain portions of the Microsoft Excel data tables represent qualitative data analysis on their own, this data was further synthesized to produce figures and tables which provided additional data-driven support to the conclusions derived from the participant interviews.

The first step of the data analysis process involved transcribing each of the interviews into separate Microsoft Word documents, using the generic template that was established with the central research questions, the sub-questions, and the probe questions, and transcribing participant responses as appropriate. The process of analyzing the transcribed data closely followed Groenwald's (2004) five step data analysis process,

and was implemented entirely within Microsoft Excel. Groenwald's (2004) five step process contains the following steps, and this chapter will review the implementation of each step with respect to this research study:

1. Bracketing and phenomenological reduction.
2. Delineating units of meaning.
3. Clustering of units of meaning to form themes.
4. Summarizing each interview, validating it and where necessary modifying it.
5. Extracting general and unique themes from all the interviews and making a composite summary.

The first step in Groenwald's (2004) process, phenomenological reduction, was implemented by reading through the audio-recorded transcripts from an objective point of view, and seeking to determine the inherent meaning or intention of the participant with respect to the particular research probe question. During the phenomenological reduction, I employed the bracketing technique, in which I put aside my personal beliefs and opinions in order to illuminate the true convictions and viewpoints of each of the CNAs with respect to resident-to-resident bullying in the nursing home. Before considering the individual research questions, I proceeded to delineate units of meaning from each of the participants' transcripts, wherein I pulled out answers or portions of answers that in any way related to the phenomenon of resident-to-resident bullying in nursing homes.

The third step in Groenwald's (2004) process required that I cluster the above mentioned units of meaning in order to develop themes, while using the research questions as a guide. In order to implement this step of the process, I first built a database

with various related tables that would efficiently store the data in such as way as to highlight themes and assist in drawing conclusions from the data. The first table I created was the definition table, in which each probe research question was laid out and assigned data elements. These data elements included the probe question identifier, the text of the probe question, which research sub question the probe corresponded to, whether or not there was a binary (yes/no) aspect to the research question, and whether or not themes could appropriately be extracted from that question. Once I filled in all of the data elements with respect to the "definitions" table, I used the table to create two other related tables, one which served as the "raw data" table and another table (the "themes" table) which served to store the themes for certain probe questions which were set up in such a way as to produce value-adding themes to the research study. The next sub-step within the third step of Groenwald's (2004) process was to go through all of the binary (yes/no) probe questions, determine an answer of yes or no for each of the participants, and record this data into the "raw data" table. Once this was completed I proceeded to pull out particular themes from the appropriate probe questions. By adopting a holistic view of the research study, I was able to go through each theme-inclusive question on all of the transcripts and reduce the data so as to pull out common themes among the participants. The themes associated with each probe question were stored in the "themes" table, and the occurrence frequency of each theme was recorded in the "raw data" table in the Microsoft Excel database.

The fourth step in Groenwald's (2004) data analysis process required that I incorporate the themes and other relevant data elements and summarize each interview

with the intent to validate the interview with the participant and modify it where necessary. After sending a summary of each interview to the participant and receiving feedback, it was determined that none of the data analysis needed to be modified, as each participant agreed with their interview summary and in fact was enthusiastic about the data produced by the first three steps of the data analysis process. The participant input was nonetheless valuable, as it added to the trustworthiness of the study and served to confirm that the data analysis was taking the appropriate form and would produce valid and reliable outcomes.

The final step in the data analysis process involved holistically considering all of the interviews to identify and extract general themes, and to look at any outlier cases. After the overwhelming participant confirmation in the fourth step of the process, the themes remained generally unchanged; however additional data analysis steps were taken with the end goal of creating a composite summary capturing and presenting the participants' essence of the phenomenon (Groenwald, 2004). In considering the outlier cases, it became clear that these cases, rather than taking away from the validity or reliability of the outcomes, in fact strengthened the overall summary and conclusions drawn from the summary. This is because the outlier cases filled in gaps where the majority of the CNAs could not comment, and confirmed the suspicions of the majority of the CNAs with respect to the positive effects of anti-bullying training, administrative support, strong policies and procedures, and other aspects within the nursing home that positively impact the proactive management of resident-to-resident bullying. The additional data analysis steps that were taken with respect to this research study were

aimed at strengthening the conclusions drawn from the study. The additional steps included using the raw data and the themes drawn from the transcribed interviews to build tables and graphs, a total of seven graphs and three tables, which highlighted and supported some of the most important conclusions drawn from the data. Moreover, these tables and graphs assisted in increasing the overall reliability and validity of the study by adding an additional layer of data analysis, thereby increasing the trustworthiness of the outcomes of the study.

Evidence of Trustworthiness

Trustworthiness in research is highly important in ensuring that a research study produces results that are valuable, reliable, and valid. Trustworthiness with respect to research is basically an evaluation of the worth or value of a study (Creswell, 2007). In order for trustworthiness to be achieved in a research study, the reliability and validity of the results of that study must be proven, which in this case required that the particular viewpoints of those participating in the study were accurately reflected in the outcomes. It is important to note that the responsibility to ensure validity and reliability of study results lies with the researcher, and is a responsibility that must be undertaken throughout the design and implementation of the study (Lincoln & Guba, 1985). There are many different methods that a researcher may choose to employ in order to ensure trustworthiness in a research study, all of which relate back to the reliability and validity of the study results. Lincoln and Guba (1985) presented four basic criteria to be considered when evaluating the trustworthiness of a research study to include: credibility, transferability, dependability, and confirmabilty. In this chapter each of these four criteria

are briefly revisited with respect to their relationship to validity and reliability (trustworthiness), and the implementation strategies used for each of the four criteria with respect to the study are discussed.

Credibility

Credibility in a qualitative study refers to how well the researcher can support and establish the truth or accuracy of the results in their study (Lincoln & Guba, 1985). The known strategies for addressing and increasing credibility include; clarification of researcher bias or reflexivity; triangulation; negative or deviant case analysis; thick description; peer and participants debriefing; external audits, and member checks (Creswell, 2007; Lincoln & Guba, 1985). In this particular study, the following strategies were employed with the aim to ensure credibility: prolonged engagement, reflexivity, external audits, negative case analysis, and member checking.

Prolonged engagement is a credibility strategy which requires a sufficient amount of time spent with study participants to develop a certain level of trust (Creswell, 2007). Having a level of trust increases the chances that participants will feel comfortable discussing negative aspects of their experiences and disclosing information that they would only disclose to someone with whom they feel they can trust (Lincoln & Guba, 1985). This study employed prolonged engagement because as the researcher I was able to spend a grand total of 3 hours with each participant, and most notably a significant amount of that time was spent before the audio recorder was turned on. By having casual and engaging conversations with the participants before the in-depth interview, I was able to build rapport, gain their trust and ensure that they were comfortable with disclosing

potentially negative information about their place of employment. Granted, the guarantees of privacy and anonymity were essential in assuring the participants that they would not be penalized for revealing unfavorable information regarding their nursing homes, however the strategy of prolonged engagement established another level of comfort for the participants, adding to the credibility of the study.

Reflexivity involves addressing researcher bias during all stages of the study, and this process was employed in this study through the design, implementation, data collection, and data analysis phases (Lincoln & Guba, 1985). There were many ways in which I, as the researcher, strove to remove my biases from the design and implementation of the study. For example, the study questions were designed in such a way as to avoid leading the participants to answers; they were intended to be entirely open-ended and to reflect the participants' viewpoints. Furthermore, I repeatedly asked the participants to clarify their viewpoints from an objective point of view, so as to ensure that the answers they gave were not distorted in any way during the data analysis process. There were in fact participants who gave answers contrary to the aims of the study, and they were not in any way discouraged with respect to their answers. With an eye to reflexivity, all participants' interviews were given equal weight and importance, and their viewpoints were confirmed multiple times throughout the interview so as to ensure accuracy and objectivity in data collection and data analysis. Additionally, external audits were conducted by the dissertation committee as they are the experts in the field; they reviewed and evaluated the study, and provided another objective outlook on the design, implementation, and data analysis.

Negative case analysis refers to intentionally searching for and acknowledging the cases that refute the majority of the data or stand out during the study (Creswell, 2007). As mentioned in Chapter 3, the purpose of this study was not to prove or disprove the existence of resident-to-resident bullying in nursing homes; this study took as an assumption the existence of resident-to-resident bullying. Thus, negative case analysis involved considering the viewpoints of participants who did not experience bullying in nursing homes, or those who worked at nursing homes where bullying was efficiently and effectively managed. It is important to note that using negative case analysis did in fact highlight the phenomenon of resident-to-resident bullying in ways that could be useful for future studies. More specifically, some of the CNAs' highlighted potential strategies for dealing with resident-to-resident bullying that might be considered in the future as established best practices in nursing homes. Moreover, negative case analysis was useful in identifying conditions in nursing homes that tend to reduce the bullying problem, or at least produce an environment in which it can be proactively management by staff and administration. In short, negative case analysis was extremely useful in solidifying the credibility of this study, as it filled in some of the gaps and answered some of the questions as to how resident-to-resident bullying could potentially be managed in the nursing home.

Finally, member checking as a credibility strategy was employed by sending the participants the results of their interview as well as the overall findings of the study via e-mail, and asking them to comment and point out discrepancies as they saw fit. This process provided the opportunity for the researcher to gain further insight from the

participants and allowed the participants the opportunity to assess, challenge, clarify, or add to the information collected during the interview process (Lincoln & Guba, 1985). The data collection and analysis remained unblemished through member checking due to the fact that none of the participants found discrepancies in the data collected from their in-depth interview. Nonetheless, this credibility strategy was useful in confirming the trustworthiness of the study, as all of the participants both agreed with the data collected from their interview and were enthusiastic about the results of the research study.

Transferability

Transferability is primarily determined by the potential for the results of a research study to be transferred to other contexts, and it is something that is evaluated by the reader of a study (Speziale & Carpenter, 2007). Transferability can only be inferred by the reader if they fully understand the design and implementation of the study, so it is necessary to provide the reader with a thick description of the study (Lincoln & Guba, 1985). Throughout the data collection and data analysis sections of this chapter, a comprehensive description of all phases of this research study were presented to the reader, which is significant in establishing the transferability of this study.

Dependability

The dependability of a research study is closely tied to consistency, and is an indication that a separate researcher conducting a similar study would produce similar outcomes (Speziale & Carpenter, 2007). The act of conducting external audits is essential to the dependability of the study, and this process involves an unbiased examination of the research study to determine whether the data supports the researcher's findings,

interpretations and conclusions (Lincoln & Guba, 1985). The dissertation committee conducted external audits for this research study and provided unbiased feedback with respect to the study's dependability.

Confirmability

In general, confirmability refers to the strategy used to determine that the results of the study are neutral and free from researcher bias; furthermore, confirmability relies on the existence of credibility, transferability and dependability (Lincoln & Guba, 1985). The strategies used to address the confirmability of this research study included external audits and reflexivity. In addition to these strategies, Lincoln and Guba (1985) suggested that keeping an audit trail, which is an extensive look at all the information collected during the research study such as field notes, process notes, and reflexive notes, is essential to the confirmability of the study. As mentioned previously in Chapter 4, reflexivity and external audits were implemented as strategies to ensure the trustworthiness of this study, and they further provided support to the confirmability of the study. Furthermore, I kept an extensive audit trail throughout the design, implementation, and data analysis of this study, which included notes from all points of contact with the participants, from the initial design of the study, and throughout implementation and data analysis.

Results

Introduction

This qualitative research study was driven by a central research question, How do CNAs perceive and describe their experiences of resident-to-resident bullying in nursing

homes? The central research question was further supported by two sub questions, each of which seek to answer the central research question and which taken together provide a composite answer. The sub questions are as follows: (a) What characteristics do CNAs assign to bullying? (b) How do CNAs describe the manner in which they handle bullying instances? These sub questions were not actually posed to the residents, there were a series of probe questions assigned to each sub question, and so this chapter will focus on the overall answers to each sub question by considering the answers and themes drawn from the probe questions that were actually presented to the CNAs in the in-depth interview. In order to simplify the analysis of the central research question, it is most efficient to first understand that the first sub question and all of the associated probe questions speak more to CNAs perception of resident-to-resident bullying in nursing homes, while the second sub question and all of the associated probe questions speak more to CNAs description of resident-to-resident bullying in nursing homes.

Perception of Resident-to-Resident Bullying

When considering what characteristics that CNAs assign to bullying with the aim of defining CNAs perceptions of resident-to-resident bullying in nursing homes, there were a number of probe questions geared towards gathering the CNAs' composite viewpoints on how bullying looks in the nursing home. According to Figure 2, 100% of the CNAs interviewed experienced resident-to-resident bullying in the nursing home and 100% also perceived it to be a problem. This data were significant in that every single CNA, even those who felt that their nursing home had adequate policies and procedures, training, and administrative support still witnessed resident-to-resident bullying and

perceived it to be a problem, giving great insight into the depth and pervasiveness of the bullying problem in the nursing home (see Figure 2).

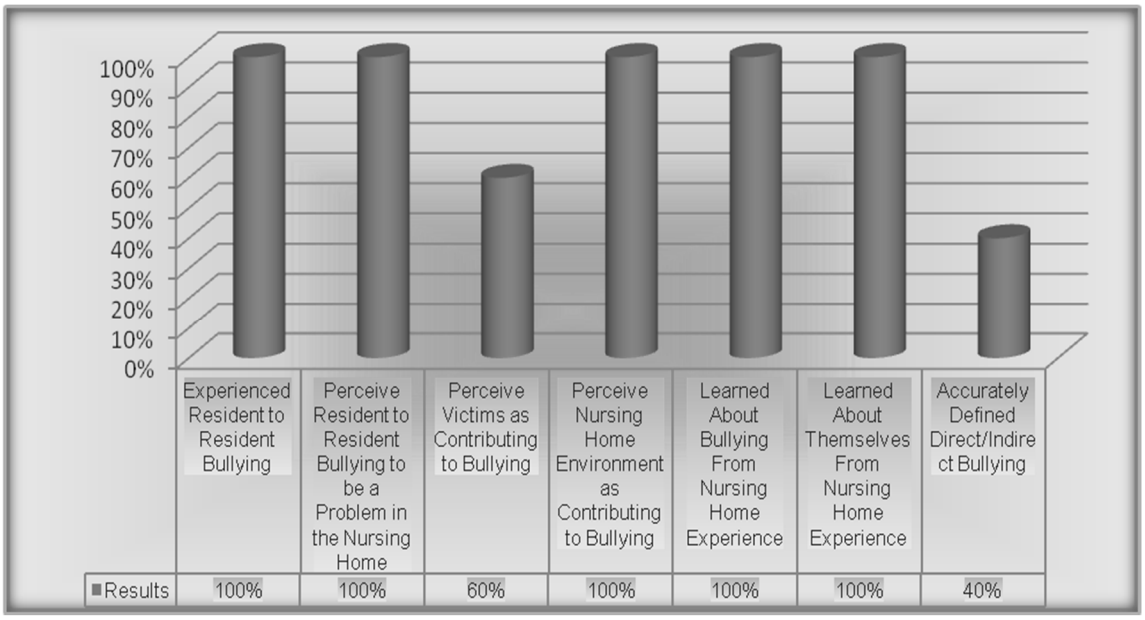

Figure 2. CNAs' perceptions of resident-to-resident bullying in nursing homes.

In addition to the above evidence, it is important to note (see Figure 2) that only 60% of CNAs perceived victims as contributing to their own bullying, and 100% of CNAs perceived that the nursing home environment contributes to bullying. This seemed to suggest that the nursing home environment itself, the way it is set up, is a major contributor to bullying. In fact, one CNA indicated, "Some people might feel like, not like they are being bullied, but like they are being controlled. The structure itself and how it is set up, they come from their own homes, they no longer have a home, there's certain rules and regulations. They may or may not be able to get away from the person who is bullying them". The concept of loss of freedom was a common theme among the CNAs when considering how the nursing home contributes to bullying as shown in Figure 3,

90% perceived that the loss of freedom or independence was a major factor in contributing to resident-to-resident bullying. By comparison, 50% considered short staffing and 10% considered the negative attitudes of CNAs to be themes of the nursing home environment that contributed to bullying.

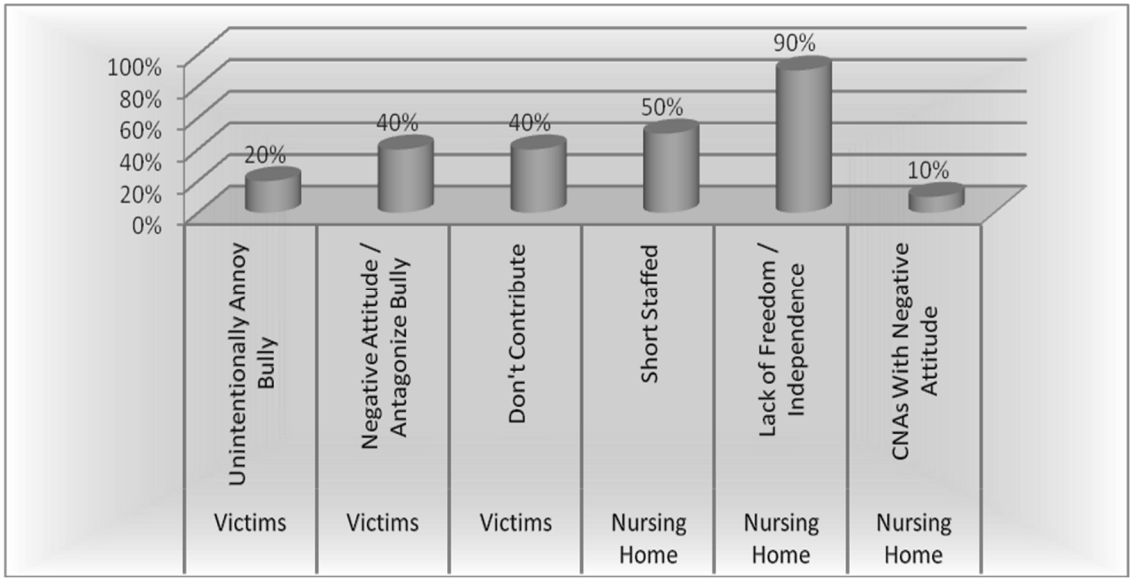

Figure 3. How do victims and the nursing home environment contribute to bullying?

The perception of resident-to-resident bullying with regards to the lack of control and independence was a theme that continued when the CNAs were asked to describe the personalities of bullies and those of victims. According to Figure 4 below, bullies were overwhelmingly described as controlling or antisocial, whereas victims were overwhelmingly described as passive. Thus, it seemed that lack of control was a common element among much of the CNAs' perception of resident-to-resident bullying in the nursing home.

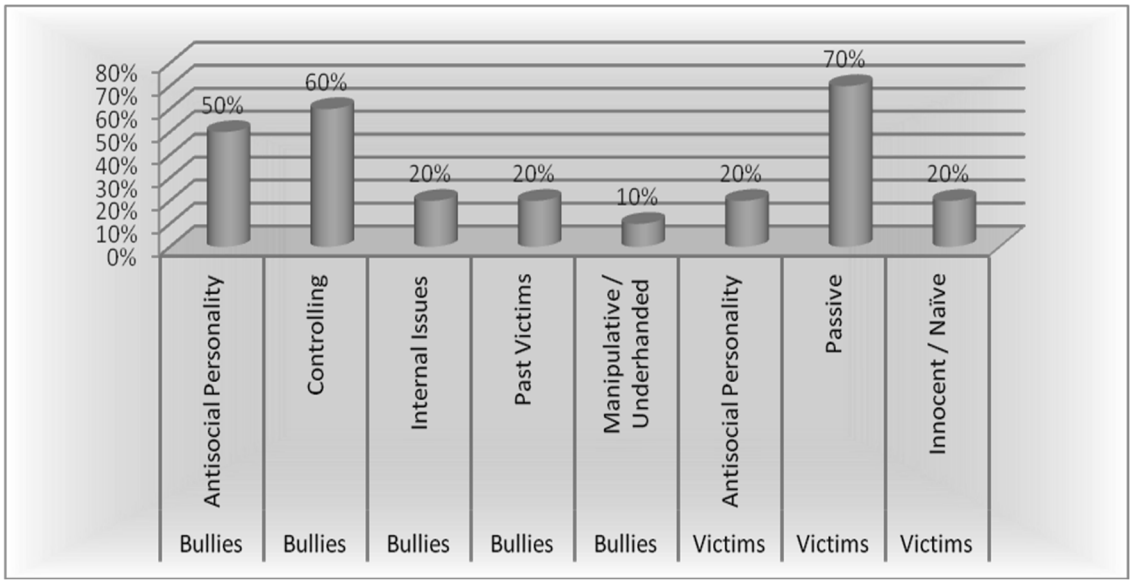

Figure 4. CNAs' descriptions of bully/victim personalities.

A final consideration when looking at the participants' perception of resident-to-resident bullying was to determine where this bullying took place. According to Figure 5, the bullying was split among a number of locations, with the majority of bullying taking place in the dining room or the hallways (41% and 27% respectively), and some amount of bullying taking place in activity areas and resident's rooms (18% and 14% respectively). The data surrounding the themes drawn from the bullying location question show that bullying primarily takes place in larger social areas; with the most bullying taking place in areas where there are many residents around, lending to the concept that bullying is a social phenomenon.

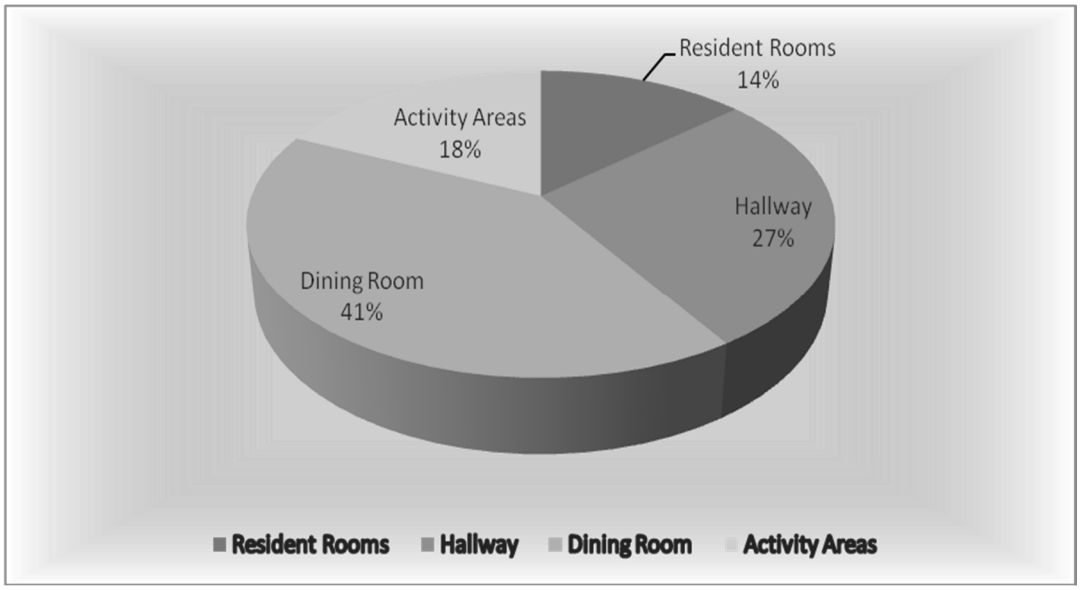

Figure 5. Where does bullying occur in the nursing home?

The first part of the central research question asks what perceptions CNAs have, regarding resident-to-resident bullying in nursing homes, and the associated sub question asks what characteristics CNAs assign to bullying. One CNA summed up the composite perception drawn from this study quite succinctly, "I think it is a major problem." In short, the CNAs frequently experienced resident-to-resident bullying in the nursing home and perceived it to be a significant problem. At the same time, they were not always accurately able to define it (see Figure 2), and they consistently referenced the lack of control and independence that is innate to the nursing home environment as a major contributor to bullying. From this extensive qualitative research study, it can safely be concluded that resident-to-resident bullying is a serious problem in the nursing home according to the perceptions of the CNAs who work there and constantly interact with the residents, and that there are some unchangeable factors in the nursing home that contribute to the bullying problem.

Description of Resident-to-Resident Bullying

In order to fully answer the central research question, it is necessary to consider the study participants' description of resident-to-resident bullying in the nursing home, which is supported by the second sub question: How do CNAs describe the manner in which they handle bullying instances? This sub question is much more illuminating of the nursing home environment's response to the bullying problem, how it has been handled thus far and what things are lacking as far as proactive management of resident-to-resident bullying. After completing this qualitative study, some alarming data emerged which suggested that bullying is not at all well-handled in many nursing homes, in fact most of the CNAs in this study seemed to indicate that it is often ignored or swept under the rug. One CNA pointed out, "I think it happens more often than most people would like to admit. I think a lot of the issues are swept under the table most of the time. There's not any reprimand really other than 'don't do that please', and in my personal opinion the residents don't learn from that."

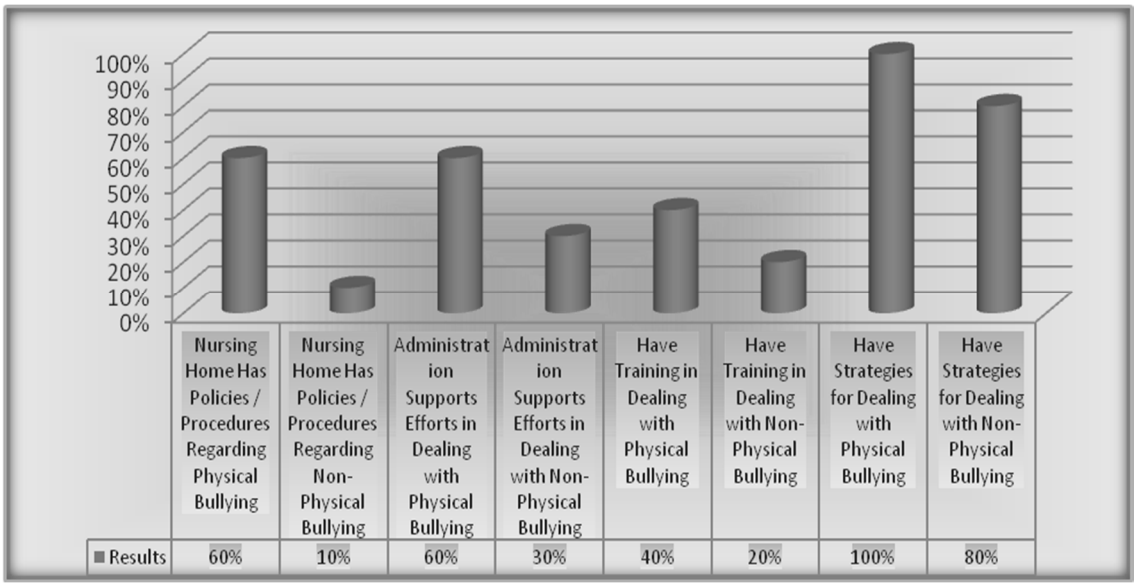

Figure 6. CNAs' description of resident-to-resident bullying in the nursing home.

The data in Figure 6 above also supports this position, indicating that while some nursing homes have policies and procedures (60%), training (40%) and administrative support (60%) for physical bullying or abuse, very few nursing homes have policies and procedures (10%), training (30%), and administrative support (30%) for nonphysical bullying. The data in Figure 6 can be used to draw two conclusions about the participants' descriptions of how bullying is handled in the nursing home. The first is that an alarming number of nursing homes do not seem to proactively respond at all to any type of bullying, be it physical violence or verbal abuse, and in fact some nursing homes try to cover up acts of bullying so as to avoid visits from regulatory agencies. A CNA noted, "They don't want the state to come in and do an investigation, so they try to keep things from being reported. And the CNAs and nurses do not want to speak up because they do not want to lose their job."

The second conclusion that can be drawn from the data in Figure 6 is that CNAs' description of how resident-to-resident bullying is handled in the nursing home includes a severe discrepancy between acts of physical bullying and acts of nonphysical bullying. According to this study, only between one half and one fifth of the support given for physical bullying is provided for nonphysical bullying. This conclusion is further supported by the data contained in Table 2, which is a more concise look at the types of administrative support offered in the nursing home for physical bullying compared to nonphysical bullying. Thus, it seems that nonphysical bullying represents a significant gap in the proactive management of bullying in nursing homes, and that many nursing homes do not even recognize nonphysical bullying as an actual problem, whereas the CNAs experience nonphysical bullying frequently and recognize perceive it as a major problem.

Table 2

Administrative Support Offered in the Nursing Home for Physical Bullying Compared to Nonphysical Bullying

Types of Nursing Home Support Provided	Physical Bullying	Physical and Nonphysical Bullying	No Support Provided
Nursing Home Policies and/or Procedures	60%	10%	40%
Nursing Home Training and/or In-Services	30%	20%	70%
Nursing Home Administrative Support	30%	20%	50%

Percent of CNAs Interviewed

Discrepant Cases

While discrepant cases were few and far between, there were some CNAs who indicated that their nursing home handled bullying very well. Rather than being detrimental to the conclusions of the study, these discrepant cases actually strengthened the conclusions that were reached, and provided suggestions for improving the situation in nursing homes and implementing proactive management plans to prevent resident-to-resident bullying. For example, one CNA suggested, "From what I've seen, the administration that forms personal connections with all the residents and is supportive in terms of giving general guidance, is going to be better than the administrator who sits in the office all day." Another resident indicated, "We have in-services about all kinds of bullying. The policy is that if the CNAs see something or hear of something, we should take the issue to a charge nurse or an administrator and talk about it with them." The above quotations are from two separate participants, each of whom had positive experiences with their administration's management of resident-to-resident bullying in the nursing home. These discrepant cases were helpful in that they highlighted the things that nursing homes can do correctly to proactively manage resident-to-resident bullying. The fact that there were so few discrepant cases goes to show that many of the nursing homes are not doing the things they need to do to proactively manage the bullying problem, and this is why the majority of the CNAs interviewed perceived and described resident-to-resident bullying as such a significant problem. Thus, the analysis of the discrepant cases was helpful in two ways, it solidified the conclusions drawn from the

majority of the participants, and it provided suggestions for improving the issues associated with management of resident-to-resident bullying.

Summary

The central research question for this qualitative study was as follows: How do CNAs perceive and describe their experiences of resident-to-resident bullying in nursing homes? There were two sub questions which fall under the central research question, (a) What characteristics do CNAs assign to bullying? and (b) How do CNAs describe the manner in which they handle bullying instances? Each research sub question served to answer a part of the central research question, with the first sub question defining CNAs perception of resident-to-resident bullying and the second sub question defining CNAs description of resident-to-resident bullying in the nursing home.

CNAs' perception of resident-to-resident bullying in the nursing home clearly indicated that resident-to-resident bullying is a frequent occurrence and a major problem in the nursing home, however the problem seemed to lie primarily within the structure of the nursing home itself rather than the personalities of the people living there. More specifically, CNAs consistently perceived that lack of freedom and independence were major contributors to the bullying situation in the nursing home. Meanwhile, many participants were unable to accurately define bullying, suggesting that the resident-to-resident bullying problem goes deeper than initially perceived, and that there may be more cases of resident-to-resident bullying than are recognized even by the CNAs.

Perhaps more significant was the CNAs' descriptions of resident-to-resident bullying in the nursing home. The participants in this study overwhelmingly suggested

that bullying was not well-managed in the nursing home environment, and that it was often swept under the rug to avoid issues being reported to administration and regulatory agencies. Furthermore, CNAs indicated that there was a general lack of administrative buy-in to the bullying problem in terms of policies and procedures, training, and administrative support for specific instances. In addition to the general lack of administrative buy-in, there was a severe discrepancy between the ways in which physical bullying is handled as compared to nonphysical bullying. There were virtually no policies and procedures, training, or support for instances of nonphysical bullying or verbal abuse among residents, and this was perhaps the most alarming and significant conclusion of the study.

Although there were discrepant cases within this qualitative study, these cases only served to strengthen the conclusions reached regarding CNAs perceptions and descriptions of resident-to-resident bullying in the nursing home. The discrepant cases showed that in those places where bullying is proactively managed, the entire staff fully understands the bullying problem, both physical and nonphysical (verbal). Furthermore, analysis of the discrepant cases suggested that the best way to manage resident-to-resident bullying is through proactive policies and procedures, frequent training, and strong administrative support from the top down so that any instances of bullying are recognized and handled before they escalate to serious problems. Figure 6 below has some suggestions from the participants of the qualitative study regarding anti-bullying interventions and ways to improve upon the current management of resident-to-resident bullying. All of the themes included in Figure 6 were frequently missing from the

unsuccessful nursing home environments, which served to increase the magnitude of resident-to-resident bullying, and lead to the conclusions drawn from the qualitative study. This qualitative study has shed some light on the severity of the issue regarding resident-to-resident bullying in the nursing home, and has also shed light on some ways in which the problem might be approached and eventually solved.

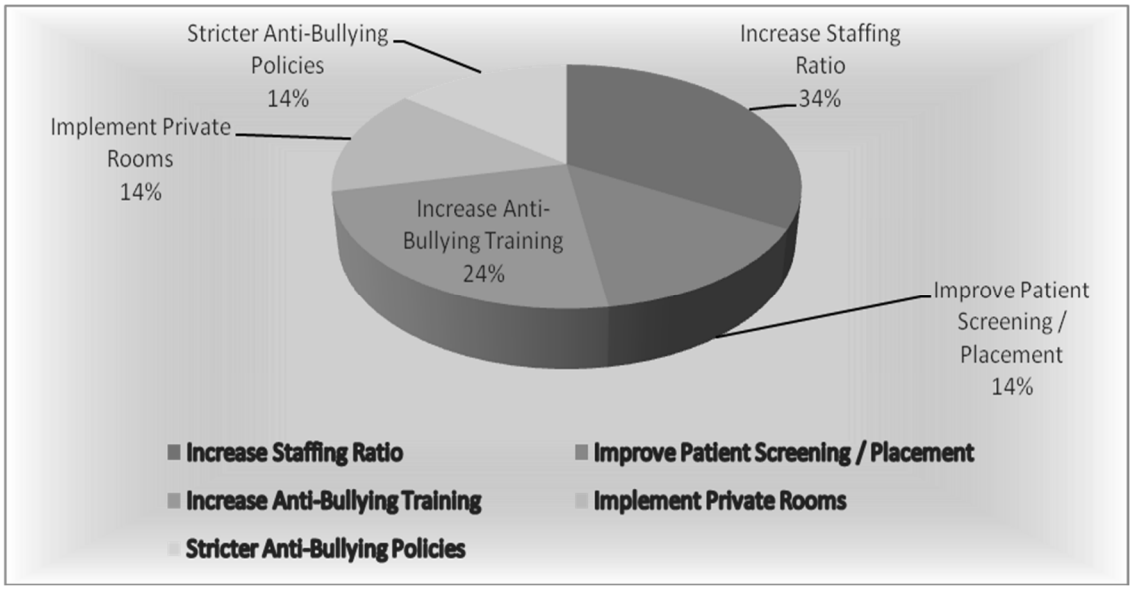

Figure 7. Participants' recommendations for antibullying interventions.

Chapter 5: Discussion, Conclusions, and Recommendations

Purpose of the Study

Elder bullying is a major social issue that has quickly gained public media attention as a result of the negative consequences and stress inflicted on older adults residing in nursing homes (Rosen et al., 2008). Resident-to-resident bullying significantly contributes to the elder bullying phenomenon; in fact, Bonifas (University at Buffalo School of Social Work, 2012)) suggested that resident-to-resident bullying is more common than typically acknowledged due to the fact that many seniors withhold reports of peer aggression and bullying. As a result of both the stress inflicted and the underreported nature of resident-to-resident bullying, experts in the field have maintained that additional research is essential regarding this phenomenon, which is increasingly occurring in nursing homes and is a major source of affliction for elderly residents (University at Buffalo School of Social Work, 2012). During the course of this research study, I assumed that resident-to-resident bullying exists and is a serious issue in nursing homes across the country, and I sought to further illustrate the phenomenon of resident-to-resident bullying in nursing homes.

The purpose of this study was to investigate the experiences of CNAs regarding resident-to-resident bullying in nursing homes. The objective was not to establish the fact that resident-to-resident bullying exists or is a problem in nursing homes—that was taken as a given for the purpose of this study. Instead, the goal was to illustrate thoroughly, from the perspective of CNAs, the phenomenon of resident-to-resident bullying in nursing homes. It is important to consider that CNAs have the greatest amount of direct

contact with nursing home residents and are constantly with the residents throughout the day and night. This is the reason that CNAs were chosen as participants for the study, to share their perceptions and descriptions of resident-to-resident bullying. It is also important to recognize that CNAs do not have any mandated training or education regarding resident-to-resident bullying, and so as a part of this research study, CNAs' abilities to recognize and react to resident-to-resident bullying were assessed.

Given the purpose of this research study, there was a central research question around which the participant interviews were focused. The central research question for the study was as follows: How do CNAs perceive and describe their experiences of resident-to-resident bullying in nursing homes? There were also two sub questions aimed at further establishing the purpose of the study. These sub questions were as follows: (a) What characteristics do CNAs assign to bullying? (b) How do CNAs describe the manner in which they handle bullying instances? In addition to the above three research questions guiding the purpose of the study, there were a number of probe questions that were actually answered by the study participants during the in-depth interviews, wherein the bulk of the data for the study were collected.

Through examining the perceptions and descriptions of the experiences of CNAs, this study aimed to illustrate and analyze many aspects of resident-to-resident bullying in nursing homes. Thus, the purpose of this study incorporated an evaluation of CNAs' training on resident-to-resident bullying, administrative support for elder bullying, strategies utilized by CNAs to proactively manage and mitigate resident-to-resident bullying, factors contributing to this phenomenon, and CNAs' recommendations with

respect to anti-bullying tactics and interventions. Moreover, and perhaps most importantly, the purpose of this study included an attempt to evaluate the extent to which resident-to-resident bullying is a problem in nursing homes. It is sufficient to say that the purpose of this research study was to examine the perceptions and descriptions of CNAs' experiences of resident-to-resident bullying in nursing homes.

Nature of the Study

The nature of this research study was an open-ended interview with 10 different CNAs from 10 different nursing homes across six different states. The CNA participants were recruited using a variety of methods, through using the Career Nurse Assistants' Programs, Inc through posting on the Nursing Assistants Facebook page, and through posting on my personal Facebook page as well as the Facebook pages of some of my friends. Once the 10 CNA participants were identified, they were screened for eligibility to participate in the study, informed of the confidentiality of the study, and asked to sign a consent form.

The in-depth interview itself was centered on the above-mentioned research questions, wherein the participants were asked probe questions that related directly to the central research question and the research sub questions. The goal for the in-depth interview was to create a comfortable environment with established confidentiality to ensure full disclosure from the CNAs. The in-depth interview was audio recorded with permission from the CNAs and I additionally made use of field notes to add context to the interviews. Once the interviews were completed, they were transcribed to 10 separate Microsoft Word documents.

The nature of this research study involved using Groenwald's (2004) five-step data analysis process, including bracketing and phenomenological reduction; delineating units of meaning; clustering units of meaning to form themes; summarizing each interview and sharing with the participants to validate and modify where necessary; and extracting general and unique themes from all the interviews to create a composite summary. An additional data analysis step was used in this research study, which involved using the raw data and themes from the interviews to create tables and graphs that further supported conclusions drawn from the study. Groenwald's (2004) five-step data analysis process plus the additional tables and graphs were used to support the purpose of the study, to answer the central research questions, and to draw conclusions regarding CNAs' perceptions and descriptions of their experiences with resident-to-resident bullying in nursing homes.

The nature of the study was designed and executed with thorough consideration of the purpose, which was to analyze and describe the phenomenon of resident-to-resident bullying in nursing homes from the perspectives of CNAs. This research study was conducted primarily to add to existing research regarding the phenomenon of resident-to-resident bullying in nursing homes, especially considering the fact that research regarding this phenomenon has been limited at best (University at Buffalo School of Social Work, 2012). This research study was additionally conducted to illuminate the resident-to-resident bullying problem in nursing homes and how it is perceived and handled by CNAs as well as administration, and to determine what it is that drives residents to bully one another in the nursing home environment. Finally, this research study was conducted

to make a case for further research into this topic, to highlight the extent to which resident-to-resident bullying truly is a problem, and to identify some potential recommendations for future research as well as practice strategies for bullying prevention.

Summary of Key Findings

In order to concisely summarize the key findings of this study, it is most beneficial to divide the central research question into two conceptual pieces: (a) CNAs' perceptions of resident-to-resident bullying and (b) CNAs' descriptions of resident-to-resident bullying. All of the CNAs interviewed both perceived resident-to-resident bullying to exist and to be a major problem in their nursing home. Moreover, CNAs perceived that resident-to-resident bullying occurred at least in part due to the structure and nature of the nursing home environment itself, more so than due to the personalities of the bullies and/or the victims. The concept of loss of freedom and lack of individuality that is inherent to the nursing home environment was a major theme throughout the research study and presented as a primary driver of resident-to-resident bullying. Short staffing and lack of administrative support were additional drivers of resident-to-resident bullying in the nursing home according to the perceptions of the interview participants. Perhaps the most important finding regarding the perceptions of the participants was that many of the CNAs were unable to accurately define and recognize instances of bullying, suggesting that lack of research and training are extremely detrimental and contribute in a major way to the problem of elder bullying in the nursing home.

After analyzing the CNAs' descriptions of their experiences of resident-to-resident bullying, two significant findings emerged that truly illuminated certain aspects of the phenomenon. First, it seemed that a disquieting proportion of nursing homes do not proactively manage resident-to-resident bullying, and in fact some nursing homes tried to cover up instances of bullying so as to avoid visits from families and regulatory agencies. The second significant finding that emerged was a considerable discrepancy between the ways that resident-to-resident physical bullying was handled in the nursing home as compared to resident-to-resident verbal or nonphysical bullying. There was significantly less administrative support, training, and nursing home policies and procedures with respect to nonphysical resident-to-resident bullying. According to several CNAs, it seemed that nursing homes did not consider verbal or nonphysical bullying even to be a form of bullying, which further supported the research indicating that the phenomenon of resident-to-resident bullying has been severely underreported across the nation and contributed to the trustworthiness and credibility of this research study.

Interpretation of the Findings

Analysis of Findings in Relation to Peer-Reviewed Literature

The conclusions from this research study clearly both confirmed and extended knowledge in the discipline of elder bullying. In Chapter 2, a number of conclusions regarding resident-to-resident bullying were drawn from the literature review that I conducted. First, it was determined that resident-to-resident bullying was a frequent occurrence in nursing homes, and that it contributed to major psychological consequences that negatively impacted the resident's well-being (Boscia, 2010; Bonifas & Frankel,

2011; Monks, & Coyne, 2011; My Better Nursing Home, 2011). This conclusion was confirmed and extended by the findings of this research study. In fact, 100% of the CNAs interviewed indicated that they experienced resident-to-resident bullying and that it was a major problem in the nursing home. The CNAs interviewed further indicated that resident-to-resident bullying was not only negatively impacting the residents involved, it was affecting uninvolved residents and staff as well. Thus, the findings from this research study both confirmed the existence of a resident-to-resident bullying problem in nursing homes, and extended knowledge of the problem such that it was now apparent that bystanding residents and staff members were also negatively affected.

Another conclusion drawn from the literature review in Chapter 2 was that elder bullying, and specifically resident-to-resident elder bullying, is both severely underreported and under-researched. This conclusion was also confirmed by the findings of this research study. The data analysis of the in-depth interviews revealed that many of the CNAs were unable to accurately define bullying, with only 40% of the participants interviewed accurately describing resident-to-resident bullying. The lack of research with respect to resident-to-resident bullying was confirmed by the lack of administrative support, training, and nursing home policies and procedures that existed for resident-to-resident bullying. The fact that research was lacking was derived from the literature review in chapter 2 and was actually extended by this research study. This research study was able to identify a significant gap between management of physical bullying and management of nonphysical bullying in nursing homes. For example, 60% of the participants interviewed indicated that their nursing home had policies and procedures to

deal with physical bullying, while only 10% of the participants interviewed indicated that their nursing home had policies and procedures to deal with nonphysical bullying. This finding from the research study suggested that research was especially lacking in the area of nonphysical or verbal bullying, considering that many nursing homes do not seem to have any methods to deal with nonphysical bullying.

A final conclusion reached from the literature review in Chapter 2 suggested that most of the literature surrounding bullying focused on bullying in the school, workplace, or prison setting leading to a subsequent lack of bullying intervention strategies provided to CNAs in nursing homes. This phenomenological research study was able to confirm the fact that intervention strategies for bullying are severely lacking in nursing homes. According to the research study, only 40% of study participants had training to deal with physical bullying, and only 20% of study participants had training to deal with nonphysical bullying. Furthermore, only 60% of study participants had administrative support for physical bullying and only 30% of study participants had administrative support for nonphysical bullying. Much of the data collected from the research study positively confirmed that there was a lack of established intervention strategies for resident-to-resident bullying in nursing homes, and this was likely a result of the lack of literature and empirical research related to this phenomenon.

Analysis of Findings in Relation to Conceptual Frameworks

This dissertation incorporated two conceptual frameworks to assist in explaining and dissecting the phenomenon of resident-to-resident bullying in nursing homes. The first conceptual framework used was the theory of reasoned action formulated by Ajzen

and Fishbein (1980). The theory of reasoned action asserts both that individuals must have identifiable intentions in order to change their behavior, and that those intentions are influenced by attitudes and subjective norms regarding that behavior (Ajzen and Fishbein, 1980). The results of this phenomenological research study solidified the use of the theory of reasoned action to analyze resident-to-resident bullying in nursing homes. The results of the data analysis clearly indicated, in a variety of ways, that the intentions of CNAs were influenced by the attitudes and norms contained within their working environment. Perhaps the clearest indication of the affect of the norms of the nursing home environment on the intentions of the CNAs was the continuous discrepancy between the way in which physical bullying was handled as compared to nonphysical bullying.

There was a significant lack of focus on nonphysical resident-to-resident bullying in the nursing home, as displayed through the relative absence of training, administrative support, and policies regarding nonphysical bullying when compared to physical bullying. One CNA stated, “Sometimes you feel like the administration is not on your side. Part of me wants to feel like they would support it, but part of me feels like they would say tough luck”. Thus, the norms and attitudes within the nursing home environment influenced the intentions of the study participants such that nonphysical bullying was often not perceived as a problem and was not dealt with in a proactive way. In fact, a significantly lower percentage of the study participants had strategies for dealing with nonphysical bullying, and likewise a significantly lower percentage were able to accurately identify instances of nonphysical bullying. One study participant noted,

"If something physical happens you have to write it up. Aside from that they don't seem to have any policies."

The theory of reasoned action was invaluable in the analysis of the phenomenon of resident-to-resident bullying, because it helped to establish the fact that if resident-to-resident bullying is not a focal point of the attitudes and norms of the nursing home environment, then the intentions of those who are in that environment will not be geared towards resident-to-resident bullying. Furthermore, the theory of reasoned action states that specific intentions must be present in order to influence and change behavior. Given that there was a noticeable absence of intentions to address resident-to-resident bullying behavior, especially nonphysical bullying, the theory of reasoned action can be used to explain why resident-to-resident bullying was consistently an unaddressed issue throughout this study, which is demonstrated when considering that 100% of the study participants both experienced resident-to-resident bullying and found it to be a problem in their nursing homes.

The second conceptual framework utilized in this study was Rawls's (1999) theory of reflective equilibrium. The theory of reflective equilibrium is a method of refining theoretical beliefs and principles on a subject by considering practical applications of that subject. This theory was particularly useful when considering the results of this study because it helped to explain why the study participants had a difficult time accurately defining the concept of bullying. Only 40% of the study participants were able to accurately define bullying, and the CNAs interviewed displayed a significant lack of understanding with respect to nonphysical bullying.

The theory of reflective equilibrium suggests that theoretical beliefs are refined by experiencing or considering practical applications of that belief. Given the overall lack of focus on resident-to-resident bullying in the nursing home especially nonphysical bullying, Rawls's (1999) theory aided in explaining why the study participants lacked consistency and accuracy in their beliefs about bullying. Put simply, the CNAs involved in this study simply did not pay attention to or experience enough instances of resident-to-resident bullying in the nursing home, notably instances of nonphysical bullying. Many of the CNAs interviewed passed off instances of bullying as typical behavior by the residents rather than indications of a bullying issue. They often likened real, concrete instances of nonphysical bullying to merely a disagreement between individuals instead of recognizing these instances for what they truly were. For example one participant stated, "I wouldn't have even thought about that as bullying. So just being aware that there are different types of bullying, even the smaller situations that you wouldn't think were bullying might be".

The CNAs' inability to accurately define resident-to-resident bullying was closely related to their lack of recognition of practical instances of resident-to-resident bullying. Moreover, the inability to identify practical instances of resident-to-resident bullying was influenced by the overall lack of focus and attention given to bullying between residents in the nursing home. As one CNA remarked, "I know that half of the people I work with were just doing it for a paycheck. Some people weren't as passionate about it, so they wouldn't be looking for the more subtle types of bullying, and so they wouldn't end up reporting it".

Thus, the theory of reflective equilibrium helped make the case that bullying needed to be a bigger spotlight in the nursing home, which would help CNAs to better understand the phenomenon and would enable CNAs to develop theoretical beliefs and principles regarding resident-to-resident bullying. A research participant summed it up well stating:

> Now that we talked about this it seems to me that the emotional bullying seems to stick more so in your brain. People that get beat up tend to get over it, if they get injured it can be fixed. It is more the psychological bullying that really affects people, because they don't know how to deal with it. We are not taught how to deal with it.

Limitations of the Study

Any research study will inevitably contain limitations, and it is critical to identify the limitations with respect to a study in order to evaluate their effect on the trustworthiness of the study. The primary limitation of this research study was the number of overall study participants. There were 10 CNAs interviewed in total, and while those CNAs came from 10 different nursing homes across six different states, the sample size of the study was relatively small. As mentioned in Chapter 1, the conclusions of this research study may be indicative of the experiences of the CNAs who participated; however, their experiences are not necessarily representative of or identical to the experiences of other CNAs in other nursing homes across the country. Nonetheless, there were no reasonable measures that could address this limitation involving sample size. Given the resources available, it was logically feasible to evaluate only a certain sample

size of CNAs for this research study. This study served the purpose of increasing the availability of research on bullying in nursing homes, but nothing other than time will generate a sufficiently robust set of data points such that this study's results may be compared and evaluated against similar research.

The sample size limitation does impact the trustworthiness of the study with respect to the transferability of this research study, as transferability is a determination of the potential for the study results to be mirrored in other contexts. However, it is important to note that the sample size limitation does not impact the trustworthiness of the study with respect to credibility, dependability, or confirmability, as these aspects of trustworthiness are not dependent on a large sample size.

A second limitation to this research study is the fact that only CNAs from nursing homes were interviewed. Other employees of the nursing home such as administrators, nurses, and staff members were not interviewed regarding their experiences of resident-to-resident bullying. Furthermore, residents themselves were not interviewed or included in this research study. While this limitation is undoubtedly notable, nonetheless it does not have a significant impact on the trustworthiness of the study due to the fact that the CNAs have the most interaction with nursing home residents and are much less likely to have any sort of bias regarding resident-to-resident bullying. For example, if other nursing home employees were interviewed about their experiences of resident-to-resident bullying, the data gathered would likely have been very limited as they do not often interact to the degree with the nursing home residents and thus are not able to experience resident-to-resident bullying. The question of whether to include residents themselves as

interview participants was an interesting one, however it was determined that interviewing residents would be challenging with respect to the bullying situation as the nursing homes administration would need to be involved. Given some of the findings from the research participants' regarding administration's propensity to overlook resident-to-resident bullying it strongly suggested that permission to interview residents may be difficult to obtain. Therefore, it was determined that the objective viewpoints of the CNAs were much more valuable and reliable for the purpose of this research study.

A final limitation to this research study was in reference to the nature of the study itself, as a qualitative phenomenological research study. While qualitative data were highly valuable in the representation of phenomenological occurrences such as resident-to-resident bullying in nursing homes, there is a subjective aspect to qualitative data that can cause the conclusions to appear less concrete as compared to those derived from quantitative data studies. According to Zhang and Wildemuth (2009), qualitative data analysis includes organization, reduction, classification, codification, and synthesizing the collected data. Throughout the qualitative data analysis process, there are many subjective processes that must be completed by the researcher, such as identifying common themes or employing the bracketing technique. While proper qualitative data analysis calls for these processes to be done from an objective point of view, it is inevitable that the researcher's beliefs and viewpoints will at least partially influence the analysis of the collected data. However, for this study I limited my subjectivity to the maximum possible extent through various methods discussed in Chapter 4, and so the trustworthiness of the study was not significantly impacted.

Recommendations

After completing this phenomenological research study, certain recommendations were identified for future research regarding resident-to-resident bullying in nursing homes. Based on the limitations of this research study, it seemed clear that a larger sample size of CNAs would be beneficial to future research studies or at the very least employing a similar sample size. The conclusions of this research study will be difficult to validate and compare until other similar studies are conducted, and it will consistently be difficult to conduct similar studies on a much larger scale than that of this research study. This is due to the fact that recruiting, interviewing, collecting and analyzing data is very time consuming for one participant, let alone ten. However, it is absolutely essential to have various perspectives from multiple CNAs in order to properly conduct a qualitative phenomenological study. One of the strengths of this study was that the participants selected were all from different nursing homes across six different states, providing a variety of viewpoints and further adding to the trustworthiness of the study.

Another recommendation for future studies regarding resident-to-resident bullying in nursing homes would be to consider including other viewpoints from within the nursing home, such as administrative staff, nurses, and residents themselves. The purpose of this study was to evaluate the perspectives of CNAs with respect to resident-to-resident bullying, however it may be valuable to consider the viewpoints of other people who reside in or work in the nursing home when analyzing the phenomenon of elder bullying. This would allow for a wider range of perspectives on resident-to-resident

bullying, and potentially provide a more detailed account of the bullying situation in the nursing homes by interviewing the residents themselves.

The remaining recommendations for future studies are in line with the strengths of this particular phenomenological research study. The strategy of prolonged engagement, in which the researcher spends a significant portion of time with the study participants to establish a level of trust and ensure full disclosure during the interview, was a valuable asset to this study (Creswell, 2007). In combination with the strategy of prolonged engagement, I ensured the participants of the confidentiality of the information they were sharing, and guaranteed anonymity within the reporting of the results. As a result of these strategies, many of the study participants were willing to divulge highly negative information about the nursing home environment in which they worked, information which could have potentially led to their termination or suspension if spoken publicly. For example, one participant stated, "They don't want the state to come in and do an investigation, so they try to keep things from being reported. And the CNAs and nurses do not want to speak up because they do not want to lose their job. Even if you speak with the administrator one on one, they will say that they are going to take care of it, but months later nothing has happened." This is an indication both of the credibility of the study and the effectiveness of the strategies implemented to guarantee full disclosure and truthful information provided by study participants.

Another recommendation that was drawn from the strengths of this research study is the concept of using open-ended interviews that are based on specific, focused research questions and audio recording the interviews. This was a particular strength of the study

because while it allowed the CNAs to expound on their experiences with resident-to-resident bullying, I was able to direct the interview back towards the focused research questions and collect high quality data for analysis. Furthermore, the use of the audio recorder was especially valuable as it allowed for an exact transcription of the in-depth interview, and from there the transcriptions could be reviewed multiple times to perform phenomenological reduction and develop common themes that occurred across all of the interviews. It was definitely beneficial to use an open-ended interview format with focused questions to allow for maximum disclosure by the study participants but also to keep the interview within the bounds of the research study. It was also beneficial to audio record the interviews so that they could be reviewed word-for-word multiple times and given a proper qualitative data analysis.

Implications

The findings of this phenomenological research study were rife with potential for positive social change, for individuals, families, nursing home organizations, and society as a whole. Many of the CNAs interviewed had recommendations regarding anti-bullying interventions and suggestions to improve the nursing home environment, all of which could potentially lead to positive social change. The themes that were drawn from the probe question regarding recommendations for anti-bullying interventions are as follows: increase staffing ratio, improve patient screening and placement, increase anti-bullying training, implement private rooms, and implement stricter anti-bullying policies. Each of these recommendations has potential to provide for positive social change with respect to the nursing home environment.

Staffing ratio was quite possibly the most commonly referenced contributor to bullying problems. The CNAs in the study indicated that when staffing ratios are low, it is difficult to attend to all of the residents, and this causes a chain reaction wherein resident-to-resident bullying occurs. Whether it is because specific residents are not getting the attention they want, residents are not getting proper treatment, or there is simply not enough one-on-one time with the residents, a low staffing ratio was a consistent indicator of resident-to-resident bullying problems. Thus, increasing the staffing ratio at nursing homes would provide for positive social change at all levels. Residents would receive more attention, families would be less concerned that their loved ones are being bullied or mistreated; the nursing home organization would be better equipped to deal with those placed in their care, and society as a whole would be more apt to take a positive outlook on nursing homes.

Improving patient screening and placement was another excellent recommendation by the interview participants that could provide for positive social change. By placing residents with similar mental capacities together, the likelihood of bullying would decrease, as some interview participants indicated that resident-to-resident bullying often occurs when a very independent and full-minded resident is forced to interact closely with a resident who has dementia or is in a lesser mental condition. The positive social change that could result from a better screening process at nursing homes crosses all levels, residents would be more comfortable with one another, families would feel more secure about their loved ones, the nursing home organization would be

better able to manage resident-to-resident interactions, and society as a whole would again be more apt to adopt a positive outlook towards nursing homes.

Overall, the findings of this study presented many possibilities for positive social change across all levels, from individuals and families to nursing home organizations and society as a whole. It seemed that the CNAs had a very acute and objective viewpoint of the resident-to-resident bullying problem once they delved deeper into the interview and thought more about instances of bullying. The fact that CNAs can provide recommendations for positive social change further solidifies the conclusion that more empirical research and knowledge is needed regarding the phenomenon of resident-to-resident bullying in nursing homes.

Conclusion

This phenomenological qualitative study was conducted with the purpose of analyzing the perceptions and descriptions of CNAs' experiences of resident-to-resident bullying in the nursing home. After interviewing 10 different CNAs from 10 different nursing homes across six states, the data gathered from the interviews has placed some much needed attention on the prevalence and severity of resident-to-resident bullying in the nursing home. There is a lack of research and empirical evidence regarding resident-to-resident bullying in nursing homes, and this has led to a cascade of negative effects, including a lack of intervention strategies for CNAs, a lack of administrative support and training in nursing homes, and a general lack of knowledge regarding the hard truths about the effects that bullying is having on residents in nursing homes. It is absolutely

clear that there needs to be an immediate and significant increase in focus on elder bullying, especially with respect to resident on resident bullying in nursing homes.

It seems that the best place to start is with the CNAs, who work hard and dedicate their lives to care for these older adults, and experience them bullying one another largely due to the nature of the nursing home. With more research and empirical evidence, I am confident that the problem of resident-to-resident bullying can be sufficiently addressed, that best practices and intervention strategies can be established, and that the elderly people who are often our very own loved ones will stop being bullied!

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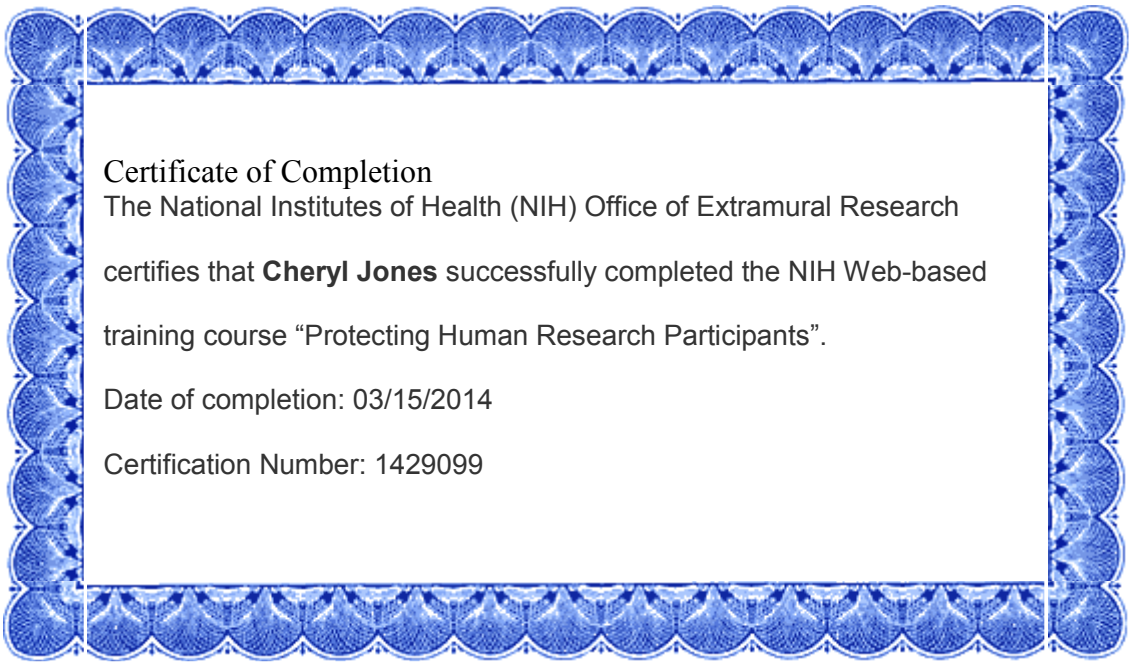
Appendix A: NIH Human Research Protections Training Completion Certificate



Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Cheryl Jones** successfully completed the NIH Web-based training course “Protecting Human Research Participants”.

Date of completion: 03/15/2014

Certification Number: 1429099

Appendix B: Flyer for Participation

ANNOUNCEMENT

RESEARCH PARTICIPANTS NEEDED FOR DOCTORAL RESEARCH

RESEARCH STUDY: Certified Nursing Assistants' Experiences Regarding Resident-to-resident Bullying in Nursing Homes

OPPORTUNITY: TO PROVIDE INFORMATION REGARDING YOUR PERSPECTIVES, DESCRIPTIONS AND EXPERIENCES OF RESIDENT-TO-RESIDENT BULLYING.

VOLUNTARY PARTICIPATION: YOUR PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY

CONFIDENTIALITY: YOUR RESPONSES ARE CONFIDENTIAL AS NO IDENTIFYING INFORMATION WILL BE SHARED

CRITERIA:
Participants will be selected based on the following criteria: (a) currently or previously employed as a certified nursing assistant within the past five years, (b) currently or previously employed in a nursing home as a CNA for at least one year, (c) are able to verbally articulate and share their perceptions of bullying, and (d) are willing to participate in one or two in-depth interviews. Exclusion criteria will consist of: (a) certified nursing assistants not employed in a nursing home, (b) not employed for at least a year, and (c) individuals who were employed as a certified nursing assistants over 5 years ago.

TO LEARN MORE PLEASE CONTACT CHERYL JONES AT:
EMAIL: provided on posted flyer

Appendix C: Questionnaire for Participation

Participants will be selected based on the following criteria.

1. Are you currently or previously employed as a certified nursing assistant within the past five years?
2. Are you currently or previously employed in a nursing home as a CNA for at least one year?
3. Are you willing and able to verbally share your perceptions of bullying?
4. Are you willing to participate in one in-depth interview?

Appendix D: Informed Consent Form

CONSENT FORM

You are invited to take part in a research study regarding resident-to-resident bullying in nursing homes. The researcher is inviting Certified Nursing Assistants' to be in the study. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Cheryl A Jones, who is a doctoral student at Walden University.

Background Information:
The purpose of this study is to investigate the experiences of certified nursing assistants regarding resident-to-resident bullying in nursing homes.

Procedures:
If you agree to be in this study, you will be asked to:

- Participate in one 5 minute initial interview to discuss interest and criteria
- Participate in one 60 to 90 minute interview
- Provide at least one short vignette regarding bullying incident
- Participate in one 30 minute follow up interview to review data

Here are some sample questions:

- What is your experience of elder bullying?
- Can you describe indirect bullying?
- Can you describe direct bullying?
- Can you tell me about bullies?
- What experiences have you had in working with residents who bully?

Voluntary Nature of the Study:
This study is voluntary. Your decision of whether or not you choose to be in the study will be respected. If you decide to join the study now, you can still change your mind during or after the study. You may stop at any time.

Risks and Benefits of Being in the Study:
Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as becoming upset about prior experiences. Being in this study would not pose risk to your safety or wellbeing. The study will increase public awareness that resident-to-resident bullying is in fact occurring and that it has a negative impact on the victims. The goal of this study is to promote positive social change throughout the nursing home environment and beyond.

Payment:
No payment is provided for participation in the study; however, a thank you gift certificate of $10 dollars for Dunkin Donuts or McDonalds will be offered.

Privacy:
We will keep your participation in this research study confidential to the extent permitted by law. Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure as it will be stored in a locked file cabinet then destroyed after 5 years. In addition, any

participant information that I will collect or enter in a computer will be stored in a password protected file. Data will be kept for a period of at least 5 years, as required by the university.

Mandated Reporting
According to Virginia State Law Va. Code Ann. § 63.2-1605 any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503 is considered a mandated reporter. This includes certified nurses' aides and licensed clinical social workers who are required to report to appropriate authorities the known or reasonably suspected abuse or neglect of a child, elder, or dependent adult. If during this study you disclose information regarding abuse, neglect or exploitation in a nursing home that has not been previously reported, then this researcher, in lieu of reporting, will expect you to report such information, in accordance with the institution's policies and procedures for reporting such matters or you may file a Report with the Local Ombudsmen**.** This is the one exception to confidentiality that you need to be made aware of as it is our ethical responsibility to report situations of abuse, neglect, or any life-threatening situation to appropriate authorities. However, I am not seeking this type of information in this study nor will you be asked questions about these issues.

Contacts and Questions:
You may ask any questions you have now. Or if you have questions later, you may contact the researcher via chilsman@cox.net. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 1-800-925-3368, extension 1210. Walden University's approval number for this study is **01-23-15-0036662**.and it expires on **January 22, 2016.**

The researcher will give you a copy of this form to keep. (for face-to-face research)
Please print or save this consent form for your records. (for online research)

Statement of Consent:
I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below or replying to this email with the words, "I consent", I understand that I am agreeing to the terms described above.

Will only include the signature section below if using paper consent forms.

Printed Name of Participant

Date of consent

Participant's Signature

Researcher's Signature

Appendix E: Interview Questions

Central Research Question: How do Certified Nursing Assistants perceive and describe their experiences of resident-to-resident bullying in nursing homes?

Sub question 1: What characteristics do CNAs assign to bullying?

Probe Questions:

What is your experience of elder bullying?

Can you describe indirect bullying?

Can you describe direct bullying?

Can you tell me about bullies?

What experiences have you had in working with residents who bully?

Can you tell me about victims?

What experiences have you had in working with residents who are victims of bullying?

In what ways, if any, do victims contribute to being bullied?

Describe places where most bullying occurs in the nursing home.

In what ways does the nursing home environment contribute to bullying?

Can you please describe as detailed as possible a situation in which you experienced resident-to-resident bullying?

Did you learn anything about bullying from these experiences?

Did you learn anything about yourself from these experiences?

Sub question 2: How do CNAs describe the manner in which they handle bullying instances?

Probe Questions:

To what extent do you perceive resident-to-resident bullying to be a problem in your nursing home?

Describe your nursing home's policies/procedures regarding resident-to-resident bullying.

Share your input as to how bullying is handled in your nursing home.

Describe any training you have had in dealing with bullying.

Describe how your administration supports your efforts in dealing with resident to resident bullying.

Do you have strategies for dealing with verbal bullying?

Do you have strategies for dealing with physical bullying?

How do you address bullying on a one-to-one basis with the aggressor?

How do you address bullying on a one-to-one basis with the victim?

Describe any successful strategies you have seen in regards to stopping bullying behavior.

Do you have any recommendations regarding anti-bullying interventions?