Synthesis Research Report

To improve the quality of community living in private residences: Establish the needs to counter resident-to-resident mistreatment and promote the concept of 'living well together'

' […] arriving here, a new community, it's not easy to integrate. '

Ms. 4 Residence 1

Chaire de recherche sur la maltraitance envers les personnes aînées
Research Chair on Mistreatment of Older Adults

UNIVERSITÉ DE SHERBROOKE

CHARTwell résidences pour retraités

Research Partnership Organizations

This research-action project is jointly led by the University of Sherbrooke's *Research Chair on Mistreatment of Older Adults*[1], based at the Research Center on Ageing of the CIUSSS de l'Estrie-CHUS (Integrated University Health and Social Services Center) and Chartwell Retirement Residences. The research project is funded by the Social Sciences and Humanities Research Council of Canada's Partnership Engage Grant Program.

Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada
Canada

(892-2018-1090)

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One retired person who worked as a general manager of a private retirement residence
One retired person who worked in the Quebec government's certification of private residences program

[1] Since 2010, the chair has been funded by the Quebec government's Secrétariat aux aînés (Seniors' Secretariat) as part of its' *Governmental Action Plan to Counter Mistreatment of Older Adults 2017-2022.*

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Introduction

Daily life in a private retirement residence includes an important collective dimension. Community living can facilitate the maintenance or the development of the social network of residents. However, numerous issues may arise, including being a potential target of mistreatment by other residents. It is now a problem that is documented more frequently in scientific literature [14; 32] and is of interest to society and government [20]. Concerned with the well-being of its clientele, three Chartwell retirement residences (Chartwell Résidence Principale, Chartwell Seigneuries du Carrefour, and Chartwell Villa de l'Estrie) wished to work with the University of Sherbrooke's *Research Chair on Mistreatment of Older Adults* to better understand the problem.

Over the course of one year, this research-action project, funded by the Social Sciences and Humanities Research Council of Canada, aims to document resident-to-resident mistreatment, as well as the concept of 'living well together'; and this, from the viewpoints of three distinct groups: residents, employees and managers (general managers and regional corporate directors). One goal of the project is for all participants to adopt a common language on the subject of resident-to-resident mistreatment and the concept of 'living well together'. Another goal is to identify the needs of each group of participants and initiate a reflection on possible solutions to counter resident-to-resident mistreatment and to promote 'living well together'. The results of this first project will lay the foundation for a second research project entitled: *Program to Promote 'Living Well Together' and to Counter Resident-to-Resident Mistreatment: Improving Community Living in Private Residences*[2]. This 2nd project is intended to develop a sustainable practice to promote 'living well together' and to counter mistreatment, and so improve community life for Chartwell residents. The method could then become a model for other groups of private residences.

After the summary of the research's phases, the state of knowledge concerning resident-to-resident mistreatment and the concept of 'living well together' in community living environments is presented. The report then describes the main results stemming from the focus groups of residents, employees, and managers of three Chartwell residences. Specifically, the distinctive elements of mistreatment and 'living well together' are detailed, as well as suggestions for terminology. The needs and potential solutions of each group of participants are described, as well as the common language adopted within this research that deals with resident-to-resident mistreatment and 'living well together'.

[2] This three-year project received a grant totaling $196,189 from the Social Sciences and Humanities Research Council of Canada, specifically from its Partnership Development Grant Program. It will be completed in collaboration with the following partners: the Jasmin Roy Sophie Desmarais Foundation, DIRA-Estrie and the Centre collégial d'expertise en gérontologie du Cégep de Drummondville.

1. Summary of Project Stages

1.1 Project goal and objectives

The research's goal is to document resident-to-resident mistreatment and the concept of 'living well together' from the viewpoints of three distinct groups: residents, employees, and managers (general managers and regional corporate directors). More precisely, it aims to:

- Identify the outward signs and manifestations of resident-to-resident mistreatment;
- Identify examples of 'living well together' and the conditions that would promote it;
- Identify the needs of residents, employees, and managers in countering mistreatment and the promotion of 'living well together'.

1.2 Completion of project stages

First, two literature reviews were conducted; one concerning resident-to-resident mistreatment and the other, 'living well together'. Concurrently, the research team developed tools to recruit participants and collect data. Recruitment began following approval by the University of Sherbrooke's Ethics Committee. Information sessions were held at all three residences, and notices distributed to all employees. Notices were also posted on noticeboards and published in the residences' newsletters. In total, 24 residents, 12 employees and 5 managers participated in the project.

Project stages :

- Literature reviews
- Development of recruitment and data collection tools
- Approval of the Ethics Committee
- Recruitment of participants
- Focus groups (residents, employees, managers)
- Analysis of results
- Writing of research reports
- Writing of articles
- Conferences with various audiences

Both a resident focus group and an employee focus group were organized at each of the three residences. Another focus group was composed of the three general managers of each residence and two corporate directors. The transcripts of these interviews were analyzed in such a way as to bring out the elements unique to each residence, and each group of participants (residents, employees, managers). Following this, the aspects that transcended the ideas of all participants were identified, and in this manner, the synthesis and the research report were written. This synthesis has been translated into English so that all Chartwell residences across Canada can view the results of the research project. At the time of writing, articles and conferences for the general public are being prepared, as are scientific presentations and papers. The goal is to disseminate the results to a broad audience.

2. State of Knowledge

2.1 Methodology of the recension

To complete each of the literature reviews (Scoping reviews using the method of Arksey and O'Malley (2005)), five data banks in English (Abstract in social gerontology, AgeLine, CINAHL, Med-Line, Social Work Abstract) and four in French, (BDSP, CAIRN, Érudit (Persé et FRQS), Germain) were consulted. A combination of French and English key words concerning resident-to-resident mistreatment, the notion of 'living well together', and community living environment were used.

Scientific articles published between 2007 and 2019 were sought. In total, two literature reviews identified 1760 references in English and 366 references in French. The results were analyzed in light of the following exclusionary criteria:

- Non-scientific articles (e.g., editorials);
- No content regarding resident-to-resident mistreatment or 'living well together';
- Studies that do not examine community living environments (e.g., hospitals, recreational centers, etc.);
- PDF not accessible in either French or English.

This process resulted in the retention of 66 scientific articles in English and 4 in French. A second, manual search of pertinent references from the identified texts was completed, resulting in the addition of another 26 English-language scientific articles to the text corpus, from which the present state of knowledge is derived. The text corpus is composed of 96 scientific articles. Of these, 57 primarily deal with resident-to-resident mistreatment and 39 focus on 'living well together'. The majority of identified studies were conducted in long-term care facilities, not in community living environments for autonomous and semi-autonomous older persons, such as private residences. Finally, the populations studied were varied. The majority of studies originate from the United States. Most others were conducted in Australia, Britain, Canada (two in Quebec), France, Spain, the Netherlands, Denmark, Finland, New Zealand, and Singapore.

2.2 Resident-to-resident mistreatment

The majority of identified studies focus on the problem in long-term care settings; that is to say, amongst older persons with a significant loss of functional autonomy, who require expanded healthcare and support services daily. This clientele differs from that accepted into private retirement residences in Quebec, as these residences are environments for autonomous and semi-autonomous persons [48]. Furthermore, the diversity of populations studied in the compiled articles (the United States, etc.) limits comparative analyses with the situation in Quebec, because the organization of healthcare and other services, as well as the regulations that direct the management of community living environments, differ significantly from one region to another. Although the present state of knowledge cannot be completely

representative of resident-to-resident mistreatment within Quebec private retirement residences, it nevertheless enables a closer look at the current situation of resident-to-resident mistreatment in general.

Resident-to-resident mistreatment in community living environments is a complex problem that may manifest itself in multiple ways: verbal, physical, material, psychological and sexual [7; 44]. These manifestations include over thirty different behaviours such as: yelling, uttering racial or ethnic slurs, intimidation or bullying, pushing, theft, unwelcome or inappropriate touching, etc. As a result, there are numerous terminologies that attempt to delineate the problem (terms, definitions, typologies) [2; 31]. The three most frequently used terms in the scientific literature are 'resident-to-resident aggression', 'resident-to-resident elder mistreatment', and 'resident-to-resident abuse'. However, only the definition 'resident-to-resident aggression' in long-term care settings was validated by experts in a consensus-building workshop using a Delphi method [31]. In the article, these aggressions are described as, "*Negative, aggressive and intrusive verbal, physical, sexual and material interactions between long-term care residents that in a community setting would likely be unwelcome and potentially cause physical or psychological distress or harm to the recipient"* [*Ibid.*, p. 157]. Since similar definitions are used to describe mistreatment and abuses between residents [42; 45; 52], it is possible to conclude that these three terms are perceived as synonyms in the literature. Bullying is also a term that is frequently used. For some, it represents a problem in and of its self, and has a specific definition that is comparable to mistreatment [2]; for others, bullying is simply one manifestation of the problem [7; 44]. As a result of Quebec's adoption of the *Government Action Plan to Counter Elder Abuse* in 2010[3] [19], there is abundant material in place concerning the mistreatment of older adults. Therefore, the provisional term used in this project is 'resident-to-resident mistreatment'. The definition retained is the one proposed in 2015 by McDonald and collaborators, as mentioned above [31].

In addition to the information concerning terminology, scientific literature also highlights the inherent characteristics of those who are targets of mistreatment and those who are instigators. It also helps identify the locations and moments most opportune for situations of mistreatment, the factors that may favour the emergence of such cases, the potential effects on the different persons involved (targets, witnesses, instigators, practitioners, etc.), and potential tools and possible solutions.

Women, persons with neurocognitive or physical impairment, those who wander, but also those from the LGBT (lesbian, gay, bi-sexual, transgender) community are identified as being at higher risk of mistreatment [14; 32; 34]. Men and persons with particular personality traits such as being short-tempered, being impatient or lacking empathy (especially to those residents with neurocognitive impairments), and those with stereotypical opinions or racist views are notably identified as being more prone to commit acts of mistreatment [32]. A resident's accommodation (often shared with others in specific community living environments) and communal spaces, such as the dining room, are the locations where situations of mistreatment most frequently occur [10; 14; 32]. The following factors are identified as being more likely to trigger these kinds of situations:

[3] However, it should be noted that few of these measures specifically relate to mistreatment that may arise between older adults in community living environments, for example, in private retirement residences.

- Difficulties adapting to a new lifestyle or pre-existing psycho-social problems such as mental health issues [4; 25];
- Competition for resources (e.g., choosing a television channel to watch) [28];
- Issues related to the physical environment (e.g., having to use a narrow space), or to employees (lack of training to prevent situations or adequately respond) [4; 25];
- A reaction to repeated and disruptive behaviours, to an attack on one's integrity or an invasion of one's personal space [28; 40].

It is important to remember that resident-to-resident mistreatment is more than a simple interaction between two individuals; it is part of a much broader context. It can be influenced by diverse environmental factors and may affect other individuals. In fact, it is not only residents who are the targets of mistreatment, but also instigators as well as witnesses, who may suffer psychological, physical, and social consequences [16; 32; 34]. While particular tools and possible solutions are documented [2; 11; 12; 14; 29; 32; 39; 43; 47], few of them have been validated scientifically.

2.3 'Living well together'

As opposed to resident-to-resident mistreatment, 'living well together' is often the object of studies concerning autonomous and semi-autonomous seniors living in private residences. As it is a complex reality, there are multiple approaches. Some focus primarily on social interactions [13], social bonds [27], social networks [6], and social relationships or social relations [36; 38; 49; 50]. Others more specifically focus on peer support or social support [1; 5; 53; 54; 55], social engagement [15; 37; 35; 56], comradeship [30], friendship [6; 46], or the sense of community [13]. Rare are the authors who focus on clearly defining what is meant by each of these terms.

Without giving a specific definition, Evans (2009) explains that the opportunities for social interactions, the development of friendships, the physical environment (e.g., attractive common spaces), and the development of shared interests influence the sense of community for autonomous and semi-autonomous persons in community living environments. Some facilitators and obstacles to social interactions and the development of social relations between residents are also documented. Having things in common (e.g., speaking the same language, having the same accent, sharing a similar life path [10; 13], having a positive attitude, already knowing someone in the residence, and having access to activities held in attractive surroundings close to his or her apartment tend to favour social interactions and the development of friendships [13]. Conversely, having various incapacities (hearing or vision problems, neurocognitive impairment or health problems) [10; 41], living in an environment where there is a broad range of ages and socioeconomic status, as well as not having close access to activities or activities held in unattractive settings, limits interactions and the development of common bonds [13]. In the same way, being in a residence on a temporary basis or where there is a frequent change of residents, and the application of specific policies to protect personal information (e.g., a regulation that prohibits divulging information concerning one resident to another) can affect the development of friendships [46].

For older adults, community living environments provide an opportunity to develop a social network, especially for those who have a weak social network [33]. After moving to a community living setting, a transformation of their social network is observed in many older adults as they gradually create new bonds with other residents [6]. In general, the proximity to other residents, the accessibility and variety of activities, but mainly, their participation in these activities favours social interaction and social support between residents, and for many, enhances their feeling of well-being and their quality of life [22; 26; 27; 33; 38; 51; 57]. It also reduces the feelings of solitude or loneliness [35; 57].

Nevertheless, entering a community living environment remains a particularly challenging time for some older adults, as they may experience difficulty integrating [30]. The program *Welcome Home* was created for older adults and their loved ones to facilitate adaptation to a new environment [5]. This program is run by a coordinator who accompanies the older adult and his or her family during the first few weeks. The coordinator is responsible for gathering valuable information about the new arrival, such as interests and routines. The coordinator can then propose a variety of activities that may be of interest and help facilitate his or her social integration and promote the creation of social bonds. To ensure that the resident is at ease and confident to move around the building autonomously, and to encourage participation in both indoor and outdoor activities, the coordinator calls upon a volunteer to accompany the new arrival. Importantly, the volunteer is responsible for picking up the new resident, participating in the activity with him or her, and accompanying the resident back to their apartment. When the resident feels sufficiently at ease to go alone to activities, the volunteer's mandate ends.

Other promising interventions aimed at the concept of residents 'living well together' are also documented in the literature. They are, for the most part, programs designed to bring residents together in a common cause. These groups differ from the usual recreational activities offered in a community living setting and are based on the residents' needs. For example:

- Groups seeking to share common interests
  - *Shared-Interest Group Intervention Program* [9]
- Support groups, some having a spiritual mission
  - *Mutual Support Group* [54]
  - *The Spirituality Group* [57]
- Groups promoting the engagement of residents
  - *Resident Engagement and Peer Support (REAP)* [53]
- Groups seeking to acquire knowledge and competencies [51]

3. Research Results

3.1 Focus groups

> *"Because me, I told myself, 'I have nothing to say' but I think that now, listening to other people talk about it, it makes us think about things […]."*
>
> Employee 1 Residence 3

As shown in Table 1, a focus group of residents and another focus group of employees (lifestyle & program managers, auxiliary nurses, dining room staff, housekeeping, personal support workers and receptionists) were organized in all three residences. Another focus group, made up of general managers and corporate directors, was also created. In total, 41 people participated in these 7 focus groups.

Table 1. Participants of the focus groups

	Residence 1	***Residence 2***	***Residence 3***	**Total**	**Gender**
Residents	10 residents (1 group)	8 residents (1 group)	6 residents (1 group)	24 residents (3 groups)	20 women 4 men
Employees	6 employees (1 group)	2 employees (1 group)	4 employees (1 group)	12 employees (3 groups)	12 women 0 man
Managers	5 managers (1 groupe)			5 managers (1 group)	4 women 1 men
				41 participants (7 groups)	**36 women 5 men**

Table 1 illustrates that the majority of participants were women. Only 5 men participated, including 4 residents and 1 manager. Also, all the participants were French-speaking. Despite several attempts to recruit residents whose mother tongue was English, none showed interest in participating in the project.

The shortest interview lasted one hour and 16 minutes; the longest - two hours, and 17 minutes. Having possibly witnessed certain behaviours, participants were invited to discuss situations of resident-to-resident mistreatment and situations that illustrated the notion of 'living well together'. In each case, the elements of context, causal factors, consequences, and interventions were noted. The participants were then asked to propose terms that would best represent the two types of situations seen or experienced: mistreatment and 'living well together'. They then spoke about resources already in place, and their needs

to counter mistreatment and promote 'living well together'. The interviews concluded with potential solutions.

First, the interviews were analyzed according to the particular group of participants; then residence by residence. This method resulted in the identification of elements specific to each group and each residence. Also, it produced a global portrait of resident-to-resident mistreatment and the concept of 'living well together'. This synthesis report will focus on highlighting this overview. However, certain specific elements will be presented when pertinent.

3.2 Resident-to-resident mistreatment

3.2.1 Situations identified

Resident-to-resident mistreatment can manifest itself through four broad types of behaviour: rejection, bullying, physical aggression, and gossiping. It can be expressed verbally, non-verbally (e.g., a stare, intentionally ignoring someone by looking away, etc.), and physically (e.g., hitting, shoving, crowding, spitting, etc.). Mistreatment can be done directly (e.g., telling a resident he or she is not welcome in your group, etc.), as well as indirectly (e.g., spreading rumours, etc.).

Except for gossiping, which can appear in multiple contexts and amongst a diversity of residents, the three other types of behaviour tend to occur in more specific locations and contexts. The areas most conducive to the behaviours of rejection, bullying, and physical aggression are the dining room, elevators, and activity rooms. The desire to occupy precise spaces (e.g., a table in the dining room, a space in the elevator, etc.) or to have the choice of social partners (e.g., choosing whom to sit beside in the dining room or with whom to play games, etc.) are also contexts that are conducive to the emergence of mistreatment.

> *'[…] we hear about all the work that is done in schools against bullying and rejection. Well, [bullying] it happens at Residence 2.'*
>
> Ms. 5 Residence 2

3.2.2 Characteristics of residents involved and the environment

Mistreatment can occur during an interaction between two individuals or between groups of residents; it can involve both women and men. It may appear as an isolated incident, not directed to one individual in particular, and in this way, be part of a broader context (e.g., reserving a seat in the dining room, wanting to eat only with friends, etc.). However, more frequently, situations of mistreatment appear as repeated behaviors done by the same persons, but in different contexts and not only directed towards other residents but also to staff. Resident-to-resident mistreatment may also appear in a relational dynamic between two residents or multiple residents (e.g., a raised voice provokes a corresponding tone) and may also be the result of a long-standing situation (e.g., linked to an old conflict). In these two,

specific cases, it becomes more challenging to identify who is the target and who is the instigator, as each may occupy one of these roles at one time or another.

3.2.2.1 Residents who are targets of mistreatment

In all residences, the persons who are more susceptible to being the target of mistreatment are those with the following characteristics:

- Being a new resident
- Having incapacities (reduced mobility, using a walker or cane, deafness, poor vision, neurocognitive impairment)
    - A few residents mentioned that the spouses of those with neurocognitive impairment could also be targets of mistreatment.

Depending on the residence, other characteristics are identified:

- Being bad-tempered
- Having a physical appearance that may not be socially acceptable (e.g., obesity, clothing that is frayed, too casual, unfashionable)
- Having less education
- Having less money
- Being younger or a young retiree

According to some employees, residents with neurocognitive impairment or those who are timid, lack self-confidence, or have difficulty asserting themselves tend to be the repeated targets of mistreatment.

3.2.2.2 Residents who mistreat others

The characteristics of persons or groups that mistreat others were also defined by the participants. These characteristics were grouped into three categories.

Psychological aspects:

- A creature of habit
- Bad-tempered
- Close-minded
- Controlling
- Difficulty adapting to change
- Experiences negative emotions when confronted with a difficult situation or a change
- Impatient
- Individualistic
- Mental health issues
- Volatile temperament

Physical / Cognitive Aspects:

- Circulates with a walker
- Has neurocognitive impairment or is taking poorly adjusted medication
- Is older

Social Aspects:

- A closed circle of friends
- A history of conflict with another resident
- Long-term resident
- Moved into a private residence against their will
- Throughout their life, did not have the opportunity to develop relationship skills (e.g., through work or by volunteering)

3.2.2.3 Characteristics of the environment

In specific residences, the physical environment was also identified as possibly contributing to the development of situations of mistreatment; for example, the limited number of elevators (resulting in congestion during meal times and activities) and the narrowness of corridors or the smallness of common public rooms (causing circulation problems when several residents gather, especially for those with walkers or wheelchairs). Employee turnover is seen as an important element that may provoke uncertainty and harm the residents' confidence in the staff. Similarly, a sudden change in the environment, such as the ringing of an alarm or renovations to their apartment can engender uneasiness in certain residents and make them more susceptible to mistreating others. In one residence, residents cited specific rules, such as employees not being allowed to give out personal information concerning another resident (e.g., the reason why a resident is absent) or they are not allowed to help other residents in specific ways (e.g., pushing someone as he or she sits on a walker or in a wheelchair). These regulations may hinder the development of a sense of belonging to a community and undermine the promotion of positive relationships between residents.

3.2.3 Effects on residents and employees

The effects of resident-to-resident mistreatment are numerous; certainly, for those who are targeted, but also for witnesses (residents and employees), those who mistreat others, and community living in general.

3.2.3.1 Residents who are the targets of mistreatment

- Fear of reacting and escalating the situation or fear of the consequences in doing so (rumours about them, revenge from the instigator)
- Fear of reporting the incident and looking like a 'stool pigeon' (an idiomatic expression – someone who betrays others to the authorities)
- Fear of the instigator
- Frustration
- Isolation and avoidance of specific locations
- Malaise
- Sadness

3.2.3.2 Residents who are witnesses

- Avoidance of specific areas and persons who mistreat others
- Afraid to react and counter the behaviour of the resident who mistreats others (particularly if this person is a spouse or a part of their social circle)
- Malaise

3.2.3.3 Employees who are witnesses

- A feeling of injustice
- Difficulty sleeping
- Empathy (a reminder of their personal experience of rejection and bullying)
- Malaise
- Sadness for the mistreated person

3.2.3.4 Resident or group of residents who mistreat

- Difficulty maintaining a social network
- Rejection
- Rumours

3.2.3.5 Community living

- An uncomfortable atmosphere when the event occurs
- Avoidance of certain locations

3.2.4 Principal actions deployed

According to the managers, several guidelines help form interventions to resolve situations of resident-to-resident mistreatment. Nevertheless, only one group of employees referred to a more formal intervention policy. In all three residences, both employees and residents agreed that the regulations concerning community living are clear and regular reminders are given at meetings with the general managers, for example, the 'Coffee with the GM' activity[4]. All agree that this has a minimal long-term impact and does not result in much behavioural change.

As reported by employees and residents (targets and witnesses), the majority of interventions are done spontaneously. For those residents who were mistreated, taking the time to discuss the situation with the instigator seems to be a good way to lessen the tension between them and resolve the situation. For witnesses (residents and employees), confidently stating that the gesture or language used is inappropriate may also end the situation in many cases. All participants use humour to diffuse a situation. However, other than a discussion between both parties, other interventions seem to be more temporary solutions. They do not act as long-term solutions to the problem.

[4] It is a monthly, open-to-all meeting of residents and management.

Some obstacles to intervention, identified by both residents and employees:

- Being recently hired (employees)
- Being timid or lacking self-confidence (employees and residents)
- Fear of aggravating the situation (employees and residents)

These obstacles seem to appear mainly in situations of verbal mistreatment (rejection, insults, conflicts, etc.), but as soon as the situation escalates to the threat of physical mistreatment or actual physical mistreatment, people find a way to overcome these obstacles.

Facilitating factors in an intervention (residents and employees):

- Being a long-term employee or resident (employees and residents)
- Having a bond of trust with the residents (employees)
- Having a sense of humour and being quick to respond (employees and residents)
- Having self-confidence (employees and residents)

Lastly, at one of the residences, the residents' committee is identified as an important resource in support of quality community living. Residents can report situations and obtain assistance in finding potential solutions to resolve the situation. If necessary, the committee can refer the resident to the appropriate staff member for help.

3.3 'Living well together'

3.3.1 Situations identified

As opposed to situations of mistreatment, illustrations of 'living well together' may appear at any place or time in the residence. As well, all participants agree that there is more positive than negative in daily life at the residence. A few employees go further by saying that 'living well together' exists not only between residents but includes employees as well.

> *'The first positive example is the friendliness there is here.'*
>
> Ms. 2 Residence 1

Examples of 'living well together' can be divided into 4 broad categories:

- Mutual aid (welcoming newcomers, helping others move around, moral support, clearing snow off cars, shoveling pathways, distributing newspapers, etc.)
- Sharing skills (giving conferences, crafting birthday cards, sharing homemade bread, performing in musical concerts, knitting, etc.)
- Volunteering (residents' committee, leading activities, welcoming new residents, etc.)
- Interest in other residents and polite gestures (wanting to hear news of them, worrying if they are absent, greeting each other when their paths cross)

As many men as women demonstrate these behaviours.

3.3.2 Characteristics of residents involved and the environment

3.3.2.1 Residents who are the recipients of positive acts

Although everyone can be affected by positive actions that demonstrate 'living well together', such gestures seem to be mainly directed to new residents and those with particular incapacities (ex. physical or neurocognitive impairments, etc.). So, the same persons could be the targets of mistreatment by some residents, but also be the recipients of positive acts.

3.3.2.2 Residents who carry out positive acts

Mutual aid, sharing skills, and volunteering seem to be done more frequently by autonomous residents, meaning those who do not have any physical or neurocognitive impairments.

These behaviours may also be influenced by different characteristics.

Psychological

- Having a pleasant personality, being open-minded, and solicitous
  - May stem from the education received
- Having particular skills
- Being interested in other people

Social

- Having the opportunity, at some point in their lives, to develop social skills (at work or by volunteering, etc.)
- Participating in social activities and the social life of the residence

3.3.2.3 Characteristics of the environment

Several employees mentioned that organized activities, especially those that welcomed and accommodated everyone, favoured the development of positive relations between residents. With every event they organize, the lifestyle & program managers play a vital role in the development and maintenance of these positive relationships. The values espoused by Chartwell Retirement Residences[5], such as respect, are considered to be equally important elements that encompass all connections in a residence; not only between residents, but also with their friends, loved ones, and employees.

[5] As seen on Chartwell Retirement Residences' web site (2019), the acronym RESPECT symbolizes the values promoted by the organization: **R**espect, **E**mpathy, **S**uperior service, **P**erformance, **E**ducation, **C**ontribution, **T**ransparency (8).

3.3.3 Effects on those involved

In general, the residents who are the recipients of positive acts seem grateful. It makes them happy and helps to build and reinforce their social network at the residence. In return, some of them want to treat others positively.

Residents who carry out positive acts feel they are valued and recognized by both residents and staff. They feel useful, and this allows them to thrive.

3.3.4 Principal actions deployed

In all residences, some practices are already in place to promote 'living well together'. Residents with skills and particular talents are invited by the residence personnel and managers to put their skills to good use (e.g., lead a discussion group, give lectures or musical concerts, etc.). Occasionally, instances of helping others and volunteering are highlighted in the monthly residence newsletter and also recognized in volunteer appreciation activities, complete with certificates of excellence. To break the social isolation of some residents, lifestyle & program managers and residents put considerable effort into facilitating their participation by seeking them out and accompanying them to organized activities at their residence.

3.4 Needs and potential solutions

'Indeed, as concerns training, I think we can never have too much.'

Manager 1

Arriving as a new resident is difficult for the majority of older persons. Focus group participants agree that more support during this transition period would help to improve a new resident's integration. Consequently, many residents and employees suggest establishing a welcome procedure that pairs new arrivals with volunteer residents. As resident-to-resident mistreatment is a complex and little understood problem, the need for information, training on the subject, and ways to counter it are unanimously sought by the participants. Several other requirements and specific, potential solutions are proposed by the residents, employees, and managers.

3.4.1 Residents

Several residents mention the collective need to learn how to live as a group and what this means in their day-to-day relations with others. To accomplish this, some suggest offering conferences, workshops, or articles in the monthly newsletter that encourage the development of relational, communication, and conflict resolution skills. These measures could also help demystify certain medical conditions and their effects on behaviour (e.g., neurocognitive impairments that could engender aggression). They would fulfill the need to be better informed and better equipped to prevent and act effectively when faced with situations of mistreatment caused by these impairments.

Residents suggest that persons who are the targets of mistreatment, as well as those who mistreat others, might benefit from the expertise of a psychosocial practitioner to discuss their problems and obtain support in resolving their difficulties with other residents. Although many say they feel employees and managers listen to their situations, some residents mention the limits to the role and support that staff can offer them in resolving cases of resident-to-resident mistreatment. Others raise the point that the practices in place at their residence do not favour the development of a sense of empowerment and personal competence in resolving problems with other residents; this is because reported situations are, in general, entirely handled by employees and managers. Here too, a psychosocial practitioner specialized in the subject could help fulfill this need.

3.4.2 Employees

Some employees mention the importance of identifying residents with positive leadership skills and promoting their involvement, especially with isolated residents or those who seem to be targets of mistreatment. Other employees go further, suggesting that positive leaders could receive training, enabling them to intervene effectively during situations of resident-to-resident mistreatment.

To promote the disclosure of situations of mistreatment and encourage requests for help, employees emphasize the importance of creating bonds of trust with residents. Since not all employees have the same ability to build these links, support could be offered to them.

At one residence, the employees expressed the need for more opportunities to discuss situations of resident-to-resident mistreatment with employees and managers of other departments. Doing so would give them a better, overall understanding of the problem and help coordinate their interventions. Some employees suggest direct exchanges, such as round table discussions. Others want an additional opportunity to share their experiences anonymously.

For some, large gatherings like concerts, dances, corn-on-the-cob husking, etc. help create positive relations between residents, as they do not evoke a sense of competition and minimalize differences. So, these types of activities place everyone on an equal footing; positive emotions, and a sense of belonging emerge. To promote the concept of ‘living well together’, certain employees believe more of these activities should be organized. They could also be occasions to welcome and introduce new residents to others, facilitating their integration.

In pursuit of promoting the idea of 'living well together' in their residence, other employees suggest using the 'Moments of Happiness'[6] and the 'Wow Moments'[7] programs to showcase positive gestures and beautiful moments between residents. Other methods could also be used to promote these acts even further.

3.4.3 Managers

One idea from the managers was the development and adoption by employees and residents of a 'Goodwill Charter' that would promote positive acts that illustrate 'living well together'. Stemming from the values promoted by Chartwell, this charter could identify the behaviours expected from all (residents, their families, and friends, employees and managers), such as: helping each other, respect, etc. As well as being prominently displayed at the residence for all to see, this charter would be signed by each new resident upon his or her arrival. It could also serve as a facilitating factor in preventing and intervening in situations of resident-to-resident mistreatment. The charter could then become an additional tool in harmony with residence regulations and the values to which the residents, employees, and managers must adhere.

The managers underline the importance of increased recognition of some employees' expertise, particularly those working in housekeeping, as they have unique links to many residents. Being in more frequent and prolonged contact with them, these employees are more likely to hear a resident's concerns as a bond of trust develops between them. Therefore, they may have a privileged viewpoint concerning the problems that could arise between residents.

Some residences call upon community volunteers (i.e., from outside the residence), most notably to obtain additional help in breaking residents' isolation. The managers involved with this practice suggest that these volunteers could benefit from a training program that would, amongst other things, help them adhere to the values promoted by Chartwell.

The managers are aware of the opportunity to benefit from the expertise of one organization in their region, and that is DIRA-Estrie (Help Center for Mistreated Older Adults). DIRA can support them in the prevention of situations of resident-to-resident mistreatment and in raising awareness of the issue. Although they agree that these activities could have an impact on the residents (e.g., recognizing themselves as a target of mistreatment), the managers report that, despite this, situations of resident-to-resident mistreatment will occur and that interventions must be done. They emphasize that many cases of resident-to-resident mistreatment are managed and resolved internally and do not require additional support. In more complex situations, help from immediate superiors (regional corporate managers) and other internal resources such as litigation could prove useful. In this more complex type of situation, the

[6] 'Moments of Happiness' is a section of the monthly residence newsletter dedicated to highlighting happy moments or special events in the lives of the residents. Birthdays and wedding anniversaries are good examples.
[7] 'Wow moments' are photographs with text, presented each month in the residence newsletter. They record moments of excitement and fun during social activities such as concerts and corn husking.

managers expect to collaborate with the psychosocial services (e.g., social workers, case managers, etc.) of their RSSS (health and social services network), according to a continuum of intervention; notably because they are already involved in particular residents' files. However, the managers state that many RSSS psychosocial practitioners are not in a position to offer the necessary support because, amongst other things, they may lack training on the subject of resident-to-resident mistreatment, which leads to gaps in the coordination of interventions.

3.5 Common language

One of the objectives of the project was the establishment of a common language for residents, employees, and managers when speaking of situations of resident-to-resident mistreatment and 'living well together'. During the focus groups, participants were invited to reflect on the term that would best encompass all cases of mistreatment and, similarly, all examples of 'living well together'.

3.5.1 Terminology concerning resident-to-resident

The unifying terms most frequently named to identify situations of resident-to-resident mistreatment are **impatience** and **intolerance**. Some find it challenging to use a single, encompassing word. According to the participants, if the term 'impatience' applies to some situations, other situations such as rejection in the dining room or during recreational activities are more associated with intimidation or abuse of power. Other terms are also proposed: resistance to change, difficulty in adapting, being close-minded, lack of respect, individualism.

In-depth analysis of the participants' comments led to the identification of other terms:

- Aggression or aggressive behaviour
- Arguing
- Conflicts
- Intimidation or intimidating behaviour
- Mistreatment (physical, verbal, social)
- Rejection

3.5.2 Terminology concerning 'living well together'

Several terms that could encompass situations of 'living well together' were suggested but none resulted in consensus. The terms **compassion**, **mutual aid** and **recognition** were reported the most often. The other terms identified are:

- Community spirit
- Empathy
- Feeling valued
- Fraternity
- Generosity
- Goodwill
- Integration
- Involvement
- Love
- Positivity
- Resilience
- Sharing
- Well-being
- Wellness care

In-depth analysis of the participants' comments also resulted in the compilation of other terms:

- A feeling of belonging, building a community
- Feeling at home
- Feeling welcome
- Inclusion
- Moments of happiness
- Mutual aid
- Openness
- Patience
- Respect for others: a culture of respect
- Social conscience
- Tolerance

The significant number of proposed terms and the lack of consensus regarding the terminology led the research team to solicit the expertise of its Advisory Committee[8] and receive their opinion. To do so, three short scenarios illustrating different manifestations of mistreatment, and another three illustrating situations of 'living well together' were submitted to the members during a working session held in June 2019. These scenarios were created using actual cases witnessed by members of the focus groups. In sub-groups led by a research team member, the Advisory Committee members were invited to find the best word to represent the manifestations they would review and then agree to a global term for resident-to-resident mistreatment and another for 'living well together'. They had access to the terms proposed by the focus groups but were free to suggest something else. Following this, the subgroups merged to share their results and arrive at mutually agreed-upon terms for resident-to-resident mistreatment and 'living well together'.

Concerning the concept of 'living well together', both Advisory Committee subgroups determined that the best word to encompass the examples identified during data collection is, '**goodwill'**. It is a term that was also proposed by some participants in the focus groups. The online Merriam-Webster Dictionary defines goodwill as: "a kindly feeling of approval and support: benevolent interest or concern" [18]. According to the online Oxford Dictionary, the term is defined as: "friendly, helpful or cooperative

[8] The Advisory Committee is composed of experts from various fields: local and provincial non-profit organizations, researchers, older adults living in private residences, employees of private residences, etc. For more details, please consult Page 1 of this document, where all members of the Advisory Committee are described.

feelings or attitudes" [17]. Note that 'goodwill' is a provisional definition and will be refined during the second research project. As the Quebec government introduced the notion of 'well-treatment' (or 'wellness care') in its last *Action Plan to Counter the Mistreatment of Older Adults 2017-2022* [21], the Advisory Committee members mentioned that the term 'goodwill' is more often used in describing interactions between residents; whereas, from the committee's viewpoint, 'well-treatment' or 'wellness care' is usually used in a healthcare context.

Concerning resident-to-resident mistreatment, the subgroups arrived at different conclusions. The first group found it challenging to decide on a single term, due to the large variety of examples of resident-to-resident mistreatment and the contexts in which it occurs. This sub-group also found that the phrase 'inappropriate behaviours' seemed to be a better expression when speaking of the problem. The second sub-group concluded that the word 'intolerance' encompassed the situations they had reviewed. As it is also the term most frequently suggested by the focus group participants, the research team decided to retain the word '**intolerance**' when referring to resident-to-resident mistreatment. Lexico the online Oxford Dictionary defines intolerance as: "unwillingness to accept views, beliefs, or behaviour that differ from one's own" [23]. The online Cambridge Dictionary defines intolerance as: "the fact of refusing to accept ideas, beliefs, or behaviour that are different from your own" [24]. As with the word 'goodwill', please note that 'intolerance' is a provisional term that will be refined during the second research project.

Conclusion

The uniqueness of this research-action project rests in its objective of bringing to light both the negative and positive aspects of relations between older adults who live in private retirement residences in Quebec. Although it appears that the daily life of residents is marked more by goodwill ('living well together'), it remains that residents, employees, and managers acknowledge that community living may lead to situations of intolerance between residents (resident-to-resident mistreatment).

The four principal manifestations of intolerance identified are rejection, bullying, physical aggression, and gossiping. These coincide with certain other behaviours contained in the scientific literature, notably in terms of psychological, physical and verbal mistreatment [7; 44]. The results are also in line with the scientific literature regarding the characteristics of residents who are targets of mistreatment, such as having an incapacity, and the characteristics of residents who mistreat others, for example, having certain personality traits. Equally, the numerous effects of intolerance and the many obstacles to the development of relations align with the literature review. Also, although the state of knowledge concerning mistreatment presented in Section 2.2 is more a reflection of situations documented in long-term care environments, the results of this research project suggest that, in Quebec, the problem of intolerance between residents occurs in similar ways in private retirement residences for autonomous and semi-autonomous older adults.

The results of this research also enrich the expertise concerning goodwill between residents, notably that concerning the various manifestations that it may take, the characteristics of residents involved, and the effects it has on them. Although several participants underline that integration and adaptation to community living may be difficult, similar to the results found in the scientific literature, they confirm that participation in the activities offered in private retirement residences favours the development of a social network and relations between residents that are based on goodwill.

According to the participants, situations of intolerance between residents are marginal and occasional. As reflected by the needs and possible solutions identified by each group of participants, all agree that it is a problem deserving of attention in terms of prevention, identification, and follow-up of identified situations. In this regard, the research project entitled '*Program to Promote 'Living Well Together' and to Counter Resident-to-Resident Mistreatment: Improving Community Living in Private Residences'* seeks the parallel development of practices to counter intolerance and to promote goodwill between residents.

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‘ […] since I arrived, except for the gossiping I witnessed and mentioned earlier, I have only seen positive things. ’

Ms. 3 Residence 2