Research Review Report

Promoting goodwill and countering intolerance among residents in private seniors' residences

Need study with a view to developing a program

Université de Sherbrooke

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

Chartwell retirement residences

Centre de recherche sur le vieillissement
Research Centre on Aging

Jasmin Roy Sophie Desmarais Foundation

UQTR
Université du Québec à Trois-Rivières

With the participation of :

Québec

Promoting goodwill and countering intolerance among residents in private seniors' residences
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Partner organizations for research and funding

This participatory research project is led jointly by the Research Chair on Mistreatment of Older Adults at the Université de Sherbrooke, located in the Research Centre on aging (CdRV) and funded by the Québec government's Secrétariat aux aînés, Chartwell retirement residences, and the Université du Québec à Trois-Rivières.

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Overview

01.

Introduction

This participatory research titled "Program to promote goodwill and counter intolerance among residents: improving community life in private seniors' residences (PSRs)" is a more in-depth continuation of the needs study[4] conducted in 2018-2019 among people who have witnessed intolerance among residents. Over a three-year period, the overall goal of this project is to develop an intervention program to counter intolerance among residents and to promote goodwill, so as to improve community life for older adults living in Chartwell retirement residences. The special feature of this research is that it deals specifically with the experiences of older adults who have experienced a situation of intolerance among residents, and with the experiences of employees and external stakeholders who have acted as interveners with one or more people involved in a situation of intolerance among PSR residents or in this type of situation generally. Its goal is therefore to further the needs study conducted with people who have witnessed intolerance among residents[4]. Three specific objectives are pursued:

Objective 1. To conduct a needs study with a view to developing a program to promote goodwill and counter intolerance among residents in PSRs;

Objective 2. To develop a program aimed at promoting goodwill and countering intolerance among residents in PSRs, and then implement it;

Objective 3. To evaluate the implementation of the program to promote goodwill and counter intolerance among residents in PSRs.

This summarized report reviews the work carried out to meet Objective 1, which is to conduct a needs study with a view to developing a program to promote goodwill and counter intolerance among PSR residents. The steps carried out are first listed, and thought is given to the impacts of the pandemic context in which this needs study is being conducted. Next, a state of knowledge is presented regarding practices[a] used to counter RRA and promote wellness care for the residents. The research procedure is then described, and the findings of the analyses are presented. The needs for developing a program are then summarized. Lastly, a brief conclusion summarizes the main findings of this review report and presents the next steps.

a Practices include training sessions, tools, strategies, interventions, programs and all other activities carried out to attain concrete results for establishing goodwill or countering intolerance among residents.

Vocabulary used in this research project

In this research project, the terms **resident-to-resident aggression (RRA)** and **intolerance** are both used to characterize negative relationships among residents, and the terms **wellness care** and **goodwill** to characterize positive relationships among residents.

Resident-to-resident aggression and wellness care

The terms **resident-to-resident aggression** and **wellness care** are those employed in scientific papers and in the grey literature[33]. For the sake of consistency, we use these terms in this review report when we refer to the state of knowledge.

Intolerance and goodwill

Intolerance and **goodwill** are the terms reached by consensus by various actors (PSR residents, PSR employees and managers, and various partners in the local community) as part of the first component in this project[4]. According to the participants, these two terms are the ones that best describe the negative and positive relationships among the residents[4]. We are now drawing on these findings and will use the terms **intolerance** and **goodwill** in the sections of this report that deal with the research conducted with participants (data collection and findings).

Thus, **intolerance** includes all types of negative relationships among residents (conflicts, disputes, bullying, abuse, aggression, etc.), while **goodwill** covers all the favourable actions among them.

Types of congregate residential facilities

Congregate residential facilities (CRFs) refer to all types of housing for older adults and are divided into two: the **long-term care centres (LTCCs)** for older adults requiring continuing care and the **private seniors' residences (PSRs)** for autonomous and semi-autonomous older adults. Both can be for-profit or non-profit.

According to the *Act Respecting Health Services and Social Services* (CQLR, Chapiter S-4.2, Article 83.), a **LTCC** offers, "on a temporary or permanent basis, an alternative environment, lodging, assistance, support and supervision services as well as rehabilitation, psychosocial and nursing care and pharmaceutical and medical services". These settings are available to adults who can no longer remain in their living environment due to their loss of physical or psychological autonomy.

A **PSR** is "all or part of a congregate residential facility occupied or designed to be occupied mainly by persons 65 years of age or over; in addition to leasing rooms or apartments, the operator of the residence offers various services included in at least two of the following categories of services, defined by regulation: meal services, personal assistance services, nursing care services, domestic help services, security services or recreation services" (CQLR, Chapiter S-4.2, Article 346.0.1.).

02.

Summary of the steps in the needs study with a view to developing the program

2.1 Goal of the needs study

The goal of the needs study is to determine the needs in developing a program to promote goodwill and counter intolerance among PSR residents, from the point of view of three groups of actors who come from the Chartwell retirement residences participating in the project: 1) residents who have experienced a situation of intolerance among residents, as well as 2) employees and 3) external stakeholders who have intervened directly in a situation of this type or with residents who have been the target of intolerance from other residents. Four specific objectives were pursued in this needs study:

- To understand how these situations of intolerance among PSR residents manifest themselves for the people targeted by them;
- To understand the process for resolving situations of intolerance among PSR residents;
- To document current practices used in the residences to counter intolerance among residents and promote goodwill;
- To gather recommendations from the three groups of actors for the development of a program to promote goodwill and counter intolerance among PSR residents.

2.2 Carrying out the steps in the needs study in the context of a pandemic

This project began officially on November 1, 2019. Data collection started on March 5, 2020 and the state of health emergency related to the COVID-19 pandemic was declared on March 13, 2020 in Québec,resulting in a period of lockdown for the population until June 25, 2020. The Québec government proposed alternatives to this lockdown for Fall 2020 and introduced several health measures to limit the spread of the virus. However, at the time of writing the pandemic still presents a challenge for the population and for research. To this end, the research team and the partners involved are working assiduously to limit the delays caused by the pandemic context in order to continue this project.

In addition, while steps in the needs study were being carried out, two elements were impacted by the measures put in place to contain this pandemic: the recruitment of participants and the holding of interviews. The recruitment of participants was at first sight the more complex, due to several factors observed such as awareness of the research subject and the constant turnover of staff members and residents, all complicated by the public health measures. The presence of the research team in the residences was henceforth limited, and it proved difficult to establish trusting relationships with the residents in their living environment, and as a result, to collect testimonials. As for the interviews that had begun in person with each of the three groups of participants, alternatives were developed to comply with the health measures put in place. These alternatives included interviews over the phone and interviews via various virtual platforms (e.g., Zoom).

2.3 Steps completed

An iterative process was used to complete the steps in the needs study. Thus, the literature on RRA and wellness care was updated throughout the needs study (and will continue to be until the end of the project overall). At the same time, other states of knowledge were begun, such as a systematic review of practices recommended for countering RRA and promoting wellness care in CRFs, and a state of knowledge concerning programs and tools developed around these issues.

Simultaneously, recruitment tools and interview guides were being developed so as to be able to obtain the ethics certification for the research from the Université de Sherbrooke. Once this approval was obtained, the interviews began, still within the context of the COVID-19 pandemic. Data collection took place between March 5, 2020 and January 11, 2021. In total, 13 residents and 6 employees from 4 Chartwell retirement residences (Le St-Gabriel, Résidence Principale de Cowansville[b], Seigneuries du Carrefour, Villa de l'Estrie) and 6 external stakeholders working with older adults in these four retirement homes participated in the individual interviews.

The work committee (the committee developing the program in conjunction with the research team, and composed of 3 residents (one per participating residence) and 3 employees (one per participating residence) was also struck. The advisory committee, consisting of 8 partners with older adult expertise, 2 graduate students, 3 residents (one per participating residence) and 3 employees (one per participating residence) was also created. In this context of a pandemic, the distribution of findings is done mainly via the literature, by means of this review report and in two scientific articles. The findings from this project will also be presented in at least four scientific publications planned for 2021, as well as in the participating residences where they will be published as a short news item in the residents' newsletter.

Summary of the steps completed

- Conducting the states of knowledge;
- Developing the recruitment tools for data collection;
- Developing the interview guides for data collection;
- Obtaining the ethics certification for the research from the Université de Sherbrooke;
- Recruiting participants;
- Conducting interviews (residents, employees, external stakeholders);
- Analyzing the interviews and summarizing the findings;
- Writing scientific articles and the review report, and preparing scientific presentations;
- Preparing for the development of the program: setting up the various committees and choosing the approach.

b Following the transfer of the Résidence Principale de Cowansville from the Chartwell Group to another group of seniors' residences, the collaboration with that residence was terminated. A new Chartwell residence was then added to the project: Résidence Le St-Gabriel. The data collected from the Résidence Principale de Cowansville was conserved in this review report, but no employee or resident participated to the various committees.

03.

State of knowledge

The state of knowledge presented in this report takes into account the progress made in research about RRA and wellness care in CRFs, and it pays particular attention to practices related to countering RRA and promoting wellness care. This state of knowledge is based on several types of research and resources:

- Search of 9 databases in English *(Abstract in social gerontology, AgeLine, CINAHL, Med-Line, SocialWork Abstract* and in French (BDSP, CAIRN, Érudit, Germain);
- Manual search of pertinent references in text and on the Web;
- Recommendations for pertinent texts from other researchers and practitioners.

This research of the literature in the years 2005 to 2021 identified a total of 111 texts dealing with RRA and wellness care in the CRFs[c], and 48 tools or programs aimed at prevention and promoting awareness of, and detection or intervention in, these situations. We noted that in the literature, tools and programs dealing with bullying among residents were also used for this state of knowledge. The highlights are presented in summarized form.

3.1 Practices for countering resident-to-resident aggression (RRA)

3.1.1 Characteristics of RRA

Scope of the phenomenon:

- LTCCs: up to 98% of all staff members reported having observed RRA while carrying out their duties[1-12];
- Facilities for autonomous or semi-autonomous older adults (including PSRs): 41% of employees mention having observed it[52];
- All CRFs combined: close to 20% of residents mentioned having been involved in a RRA situation[30-52].

Adverse consequences:

- For the people involved (targets or mistreating older adults, witnesses)[8-22]:
    - Psychological (anger, fear, insecurity, anxiety, sadness, etc.)[4-23];
    - Physical (trouble sleeping, loss of functional capacity, etc.)[4-23];
- For the community environment in which the aggression occurs (isolation, reduction in participation in social activities, move, etc.)[4-8-22].

c This review of the scientific literature consists of updating the review carried out during the needs study with witnesses of intolerance in PSRs[4]. The state of knowledge, which includes RRA and wellness care in CRFs, as well as the tools or programs, is constantly being updated.

Characteristics of residents who are more likely to be the target of RRA:

- Women[1-34-44];
- People with physical or psychological disabilities [1-4-34-44];
- People belonging to a LGBTQ+ community (lesbian, gay, bisexual, transgender and questioning)[1-34-44];
- New arrivals[1-4-34-44];
- People with unusual features (e.g., abnormal physical appearance)[4].

Characteristics of residents who are more likely to be perpetrators or RRA:

- Men[4-16-33-44-53];
- People with physical or cognitive disabilities[4-16-33-44-53];
- People with particular personality traits (e.g., lack of patience or empathy, stereotypical opinions or racist tendencies)[4-16-33-44-53].

Places where these situations occur:

- Community living spaces (e.g., dining room, leisure areas, waiting areas and circulation areas such as elevators[1-4-16-22-30];
    - Specific to LTCCs: a resident's bedroom, when shared with one or more other residents, is a place where RRA frequently occurs[16-30].

What triggers RRA situations:

- Arrival of new people into the environment[3-4-27];
- Reaction to disturbing behaviour[3-27];
- Feeling of being overwhelmed by overcrowding (too many residents)[6];
- Employee turnover[4];
- Restricted environment (e.g., limited access to, and number of, elevators or common rooms)[4];
- Wish to gain control of a specific space (personal or public)[4-16];
- Factors associated with aging (e.g., loss of self-confidence due to a decline in physical or cognitive abilities, major change in life, loss of a dear one, reduction in income)[53].

Whenever the characteristics of RRA are discussed in the scientific literature, few deals with resolving these situations and the consequences for the person being the perpetrator. Nevertheless, researchers[44] explain that residents who make gestures of a sexual nature towards other residents are often transferred to another establishment. The literature also shows that RRA is being increasingly documented, but more often in LTCCs than in PSRs. Thus, the research has dealt mainly with RRA in populations of older adults losing their functional independence and requiring care and services on a daily basis, and in populations suffering from dementia or Alzheimer's disease, rather than the clientele living in PSRs, who are autonomous or semi-autonomous older adults[43]. Finally, the studies point to the fact that researchers tend to look at the perceptions of employees more frequently than those of residents. However, it is these residents who are involved in these situations; thus, particular attention also needs to be paid to the residents' perceptions of RRA,in addition to the perceptions of staff members who look after them, which is what is being done in this participatory research.

3.1.2 Existing practices for countering RRA

The practices aimed at countering RRA in CRFs are created for older adults[5-17-32] and staff members with the aim of improving the quality of life and the wellbeing of residents[1-19-20-32-48-49]. While most of the research has been conducted in the United States, some was carried out in Australia, Great Britain, Spain and other Canadian provinces such as British Columbia and Ontario. Little actual research has been done in Québec, but several of the tools and programs identified were created in this Canadian province (n = 31).

These practices have mainly been tested in LTCCs with clienteles with cognitive and/or physical disabilities, and are aimed at: 1) preventing and bringing awareness about RRA to older adults and staff members[1-19-20-48-49], 2) recording of those situations by staff members[19-20-49] or 3) deciding which interventions are to be prioritized when RRA occurs, both for the residents targeted by agressors[32] and for witnesses, whether they are other residents[1-32] or staff members[1-19-20-49].

Awareness and prevention are the main goals of the tools and programs specific to aggressive behaviour or wellness care among residents, and some are used in PSRs[5]. In Québec, the *Guide de référence pour contrer la maltraitance envers les personnes aînées*[26] (reference guide to counter mistreatment of older adults) also offers some charts that help in identifying situations of mistreatment and/or aggression (sometimes listed under the title 'abuse') and explains the various steps to follow in an intervention process following a request for help by an older adult. This process starts when the request for help is received and continues until the situation is resolved. Examples of these practices are presented below.

Awareness and prevention

For residents:

- Photo-story about bullying among older adults living in a community setting[31];
- Video clips on awareness of bullying among residents[17];
- Awareness campaign using posters[32];
- Workshops on recognizing bullying among older adults using scenarios[32];
- Activities (e.g., role-playing) in order to practise responding to bullying [32];
- Serious game about bullying among residents "*La P'tite vie en résidence*" (life in a residence)[5]

For staff members:

- Awareness and information videos about RRA[1-48-49];
- Filmed scenarios showing situations of mistreatment that older adults may experience, and appropriate and inappropriate ways to respond to them[19-20-48-49];
- Training sessions given by external experts[1-48-49];
- Discussion and networking workshops[1-48-49].

Tracking (for staff members):

- Chart to be completed on the mental and physical health of residents[49];
- Chart for tracking situations of aggression[26-32].

Interventions

Interventions prioritized by staff members during a RRA situation:
- Verbal intervention in a calm manner with the aggressor and the person targeted[1-42];
- Physical intervention to separate the residents[42];
- Redirecting the attention of residents (e.g., suggesting they go for a walk)[1-42];
- Moving one of the residents to another room[42];
- Documenting the situation in writing (e.g., people involved, summary of the situation, any follow-up)[42].

Interventions prioritized by staff members after a RRA situation:
- Reporting the situation observed to the manager[1-48];
- Feedback with the aggressor or the person targeted[1-48];
- Mediation among the parties with the help of an external expert [41].

Interventions by other residents who witnessed the situation:
- Reporting the situation observed to a staff member or the manager of the facility[1];
- Feedback with the aggressor or the person targeted[1].

In brief, the main aims of the practices used with residents are prevention and awareness of RRA situations. For employees, training is a priority. The intervention strategies used by staff members are mainly reactive, and aimed at interrupting the existing situation to avoid any escalation and to protect the residents. Finally, the state of knowledge about practices for countering RRA suggests that there are few tools available to help track these situations.

Thus, the scientific literature listed shows that little research on RRA has been conducted in Québec, despite the extent of the phenomenon. In addition, the research focuses mainly on LTCCs, and less on CRFs that accommodate autonomous and semi-autonomous older adults. Nevertheless, several tools (which have or have not undergone a systematic research process) are available to counter resident-to-resident aggression or among older adults. These tools can serve as inspiration for partners and for the research team in the development of the intervention program.

3.2 Practices for promoting wellness care among residents

3.2.1 Characteristics of wellness care

Research on positive relationships among residents in CRFs for older adults focuses on reducing any social isolation that they may experience and improving their health, their wellbeing and their quality of life[24].

Perspectives for research on wellness care among residents:
- Social interactions[18-21];
- Social connections[28] or social networks[13];
- Social relationships[40];
- Social support or from peers[7-45-50-51];
- Friendship[13];
- Social engagement[39];
- Feeling of community[21].

Facilitators for wellness care among residents:
- Sharing common interests[15-21];
- Having a positive attitude[15-21];
- Having acquaintances or friends within the living environment[15-21];
- Having access to activities that take place in pleasant surroundings[15-21].

Benefits of wellness care:
- Opportunity to develop a social network[36];
- Reduction in feelings of loneliness[54];
- Increase in feelings of wellbeing (e.g., by participating in the activities offered)[54].

Manifestations of wellness care in PSRs in Québec:
- Mutual aid among residents[4];
- Sharing of knowledge and skills[4];
- Voluntary involvement in the residence[4];
- Expressions and gestures of politeness[4].

Characteristics of residents likely to offer wellness care in PSRs:
- Interest in others[4];
- Interest in the social life of the residence[4];
- Inclusive personality and attention paid to others[4].

Thus, it is the social and community aspects that surface most from the research on wellness care among residents and the desire to improve quality of life of older adults who reside in CRFs.

3.2.2 Existing practices for promoting wellness care among residents

The existing practices, tools and programs for promoting wellness care among residents are often proposed to enhance the wellbeing and quality of life of residents, and thus counter any social isolation and loneliness that they may experience. Although these practices are aimed specifically at residents in CRFs,they often require the collaboration of one or several staff members[7-14-50] or a volunteer resident who can act as a positive leader[14-45].

The practices identified relate in particular to:
- Needs of the residents[14];
- Support for new arrivals in adapting to, and integrating into, a community life environment[4-7];
- Support by forming peer groups[14-45-50-51-54].

A few examples of programs:
- Welcome program for new residents: *Welcome Home,* aimed at helping older adults adapt to, and integrate into, their new living environment[7];
- *Grandparents' education* program providing mental stimulation for autonomous residents of a seniors' home by teaching concepts by and to the residents[45];
- *Resident Engagement and Peer Support (REAP)* program aimed at social productivity and support among peers, breaking down the isolation of residents, encouraging a social identity and enhancing social relationships[50];
- *Shared interest group* program aimed at offering opportunities for socializing by creating a propitious environment for forming friendships in low-income living environments for older adults[14].

In Québec, most practices that encourage wellness care among residents are performed through the development of activities aimed at having residents socialize among themselves:

- The program "Diapason" aimed at having older adults resolve their conflicts themselves by expressing their needs and their emotions in workshops to help develop relationship and communication skills[29];
- The *Java Music Club* is used in over 1,000 residences in Canada (including the Chartwell retirement residences in Québec) aimed at providing peer support through music and guided discussions[51];
- The "*Charte des droits et libertés des personnes plus âgées*" (charter of rights and freedoms for older adults) focusing on the social elements to be prioritized[46].

3.3 Practice recommendations for developing a program to counter intolerance among residents and promote goodwill

The research conducted on RRA and promoting wellness care also reveals several recommendations pertinent to the development of a program for those in PSRs. While this research was mainly conducted in LTCCs, it would seem pertinent to consider these recommendations because some of them can be adapted to other CRFs for older adults.

General recommendations for managers of facilities for older adults:

- Promote the wellness care approach[35];
- Encourage the development of wellness care[25] or positive practices[9];
- Develop a clear organizational practice that defines everyone's roles and responsibilities[9];
- Develop an institutional policy focused on wellness care[4-35];
- Create a positive work environment based on teamwork, transparency and support[27-37-42];
- Develop an organizational culture that favours reporting and documenting the situations observed[27-35-37-42];
- Include all groups of actors (managers, employees, residents, etc.) in the changes sought[6];
- Optimize the environmental context (e.g., suitable ambient temperature and sufficient common space)[6];
- Favour the presence of a psychosocial intervener to accompany and support residents who wish to resolve, by themselves a RRA situation they have experienced[4];
- Train someone specialized in mediation[26];
- Favour the creation of residents' committees so that those who wish to can be involved in their living environment[26];
- Intervene with people who have perpetrated aggression to understand their needs and their dissatifactions[26].

Recommendations for staff members:

- Carry out prevention and awareness training for these situations (in order to recognize and understand what RRA is)[1-3-6-42-44-48];
- Adopt an approach centred on the person, especially for getting to know the residents[27];
- Implement methods for tracking and reporting potential RRA situations [9-26-35-44-48];
- Use methods for immediate intervention in the RRA situations observed[19-34-35-42-44];
- Create standardized tools to document and evaluate situations to ensure their follow-up[16-35-44-48];
- Offer employees support groups[4];
- Create opportunities to communicate with managers and employees from other departments to discuss any RRA situations they may have witnessed[4];
- Inform the authorities of situations requiring it, and collaborate with police forces in serious cases (e.g., in situations of aggression leading to charges)[44].

Recommendations for residents:

- Put in place interventions for the person who has suffered aggression, the aggressor and any witnesses[10-11];
- Instruct residents on how to report situations[9];
- Encourage the involvement of positive leaders[45];
- Develop and implement a welcome procedure for new residents with peers[4-26];
- Offer training and workshops on subjects such as indications of RRA, community living, and illnesses associated with aging and their effects on behaviour [4].

Recommendations for wellness care activities:

- Prioritize support and discussion groups[37];
- Plan for groups of 5 to 10 residents to optimize discussions and create links[14-51];
- Have the residents talk about subjects of interest to them[14];
- Encourage mutual aid outside of the group meetings[14];
- Make sure a positive leader is in charge of the group[14];
- Develop scientific methods to evaluate the impacts of the mutual aid group on its members[54];
- Offer a diverse range of activities (e.g., physical and intellectual activities, activities that allow the more fragile older adults and those with disabilities to take part in community life in order to end isolation, sensitivity activities)[24].

Finally, researchers are creating a bridge between aggression among older adults and aggression among schoolchildren[53]. Transferring evidence-based good practices used in schools to PSRs is proposed to address the problem. For example, approaches that have proved to be successful in reducing aggression or bullying among schoolchildren include employee training, and use comprehensive approaches that directly impact students and their social relationships, as well as the institution[53]. In contrast, approaches that have proved to be ineffective are those that do not keep repeating the message (e.g., only holding an activity on the subject once a year) and those based on "zero tolerance" approaches, because they are considered to be disciplinary and reinforce the beliefs of the aggressor that power is a value to be fostered[53].

In brief, the state of knowledge presented acknowledges that it is important that intervention occurs on several levels (prevention and awareness, tracking/reporting, intervention) and with a variety of clienteles (residents target of RRA, residents who are perpetrators, witnesses, staff members, manager, etc.) in order to develop a program to counter intolerance among residents and promote goodwill. It is also recommended that all clienteles be involved in the change in the facility's culture. However, the analysis of the scientific literature, tools and programs suggests a deficiency in describing the process for their construction or development. For example, some of the tools identified are the result of work that is not explained[31]. Other items in the scientific literature evaluate a program without ever describing its design and the process used to achieve it[47]. Our project will correct this deficiency because the process of constructing and developing the program will be documented and available on the Web site of the Research Chair on Mistreatment of Older Adults.

04.

Conducting the research

4.1 Data collection

Data collection through interviews was carried out between March 5, 2020 and January 11, 2021. In total, 25 participants were interviewed individually. Of these, 13 were residents who had personal experience of intolerance among residents. In addition, 6 employees occupying four different positions (activity and leisure programs manager, cleaner, secretary-receptionist, receptionist) working in four participating Chartwell retirement residences, and 6 external stakeholders (government, community and private organizations, volunteer) participated in the individual interviews. The employees and external stakeholders had intervened directly in a situation of intolerance among residents or with a person who was involved in a situation of this type. The interviews lasted on average for one hour, with the shortest lasting 31 minutes and the longest 105 minutes. One interview was held in English, which was the participant's usual language. The other interviews were all in French.

4.2 Participants in individual interviews

Table 1 shows the distribution of participants interviewed according to residence. Most participants were women. In total, 5 men were interviewed: 3 residents and 2 external stakeholders (no employees).

Table 1 – Participants in individual interviews

	Residence 1	Residence 2	Residence 3	Residence 4	Total
Residents	3	3	3	4	13
Employees	2	2	1	1	6
External stakeholders	6				6
					25

The participants were recruited in a variety of ways:

- A list of potential participants was sent to the researchers by the manager of each PSR that had people willing to be contacted by the research team;
- Posters explaining the project were posted at strategic locations in the PSRs for residents and employees to see;
- Residents and employees who had participated in a previous phase of the project[4] and had provided written consent to be recontacted for this research were contacted;
- A letter of invitation to participate in the project was sent to employees with their payslip;
- Invitation emails from PSR managers and board members were sent to employees.

The residents sought had to have experienced a situation of intolerance among residents, be at least 65 years old, have lived in one of the participating residences for at least two months so as to have had minimal experience of community life in their residence, and have sufficient cognitive ability to take part in the discussion during the individual interviews. Employees had to have worked in one of the participating residences for at least two months and have intervened in a situation of intolerance among residents. External stakeholders had to have been involved with one of the participating residences and have worked in organizations that take an active role in countering mistreatment of older adults in the Eastern Townships area or the Montérégie, or have acted as an external stakeholder for these residences, for at least two months.

Three methods were used to conduct the interviews: in person (9 residents and 3 employees), by phone (1 resident, 3 employees and 4 external stakeholders) and by videoconference (3 residents and 2 external stakeholders). In-person interviews were favoured for older adults, but the pandemic context meant that four of them were conducted remotely, with the agreement of the participants.

4.3 Interview themes

The residents interviewed were invited to talk about a situation of intolerance among residents that they had experienced (people involved, location, impacts, etc.) in order to reveal the characteristics and manifestations. They were also asked to explain how this situation was resolved (or not) and the actions taken in this regard. Next, the residents were invited to suggest practices and activities to be used or to be avoided in the intervention program to counter intolerance among residents and to promote goodwill, according to their interests.

The interviews with employees were aimed at understanding their actions, reactions and interventions when they witnessed situations of intolerance among residents. They were invited to discuss the intervention tools that were available or absent in their residence for this type of situation, and then to suggest practices or activities to be used or to be avoided in the intervention program.

The external stakeholders were asked to describe their roles, once they were contacted, in situations of intolerance among residents, and to explain the actions taken to resolve them. They were also invited to suggest practices or activities to be used or to be avoided in the intervention program, in accordance with their respective fields of expertise.

The individual interviews and the analyses of the verbatim transcriptions were carried out using a helical process that allowed the interviews and the analyses to feed off each other. For example, the interview analysis allowed the interview guide to be adjusted for the subsequent interview in order to better orientate data collection in accordance with the suggestions from participants. The verbatim transcriptions were analyzed thematically[38] in accordance with specific, predetermined objectives. Their purpose was to help in developing the program to promote goodwill and counter intolerance among PSR residents, and then implement it.

05.

Findings from the interview analyses

The analysis of the verbatim transcriptions revealed five themes, which are presented in the following pages: 1) situations of intolerance among residents experienced and observed; 2) processes for tracking/reporting, managing and resolving these situations; 3) the practices found in the residences to counter intolerance among PSR residents and promote goodwill; 4) the impacts of the COVID-19 pandemic on residents and situations of intolerance among residents; and 5) suggestions from participants regarding the objectives and practices to be favoured or avoided when developing the intervention program.

5.1 Descriptions of situations of intolerance among residents

5.1.1 Identifying situations of intolerance among residents

The interviews conducted revealed several characteristics of intolerance among residents: types of intolerance, locations, specific times, recurrence of, and triggers for, these situations.

Types of intolerance reported by participants:

- Psychological (e.g., rejection, insults, humiliation, indifference, social isolation, gossip, false rumours);
- Physical (e.g., pushing or hitting);
- Sexual (e.g., sexually offensive remarks);
- Material (e.g., vandalism).

In addition, intolerance among residents may be intentional on the part of the aggressor, thus reflecting a desire to hurt others (e.g., pushing others around), or unintentional, where the aggressor does not intend to hurt the other resident directly (e.g., invitation or remarks with a sexual connotation). Similar to the findings from the first project[4], intolerance may also be carried out in a direct manner (e.g., insulting another resident) or indirectly (e.g., gossiping about a resident to others).

Locations in which intolerance among residents occurs:

- Dining room;
- Leisure areas (e.g., common and recreation rooms, shared lounges);
- Circulation areas (e.g., elevators, reception areas, entrance lobby, passageways);
- Outdoor spaces (e.g., grounds outside the residence, apartment balconies).

Situations occur mainly in public spaces. The architectural design of residences is also an element that arose in the interviews. In fact, each residence is built in a unique manner, and this may trigger or hinder certain situations of intolerance among residents. For example, some residences have a shared lounge on every floor, while others have only one communal area for the entire facility. In some residences, the reception area is close to the dining room and elevators; in others, these areas are more isolated. Some residences are newer than others. In this case, a culture based on the seniority of residents may be strongly entrenched in residences where people have been living for a long time (e.g., over 10 years).

Any moment of the day can prompt a situation of intolerance among residents. Mealtimes (breakfast, lunch and supper), times when few staff members are present in the residence (e.g., evenings), and recreation times (e.g., before or after a show) are examples reported by the participants. The situation of intolerance may also be an isolated incident, where aggressive comments or behaviour happen at only one specific moment, or is a response to repeated actions that may have continued for weeks or even years, according to the participants interviewed.

Triggers for a situation of intolerance among residents:

- Link to the past (e.g., person targeted and the aggressor worked together or were acquaintances);
- Pressure felt in terms of access to a service (e.g., transportation or signing up for an activity);
- Arrival of someone new at the residence;
- Loss of independence (physical or cognitive) that alters a resident's behaviour;
- Refusal of a resident to participate in social activities offered to them;
- Limited communal spaces;
- Desire to have control over a specific space.

> *"In our residence, I think that perhaps the lack of space creates more situations like that [intolerance]. So people feel a bit trapped. Physically in our residence, there's not enough space for us to be in different locations."*
>
> Resident 12

5.1.2 People involved in situations of intolerance: characteristics and impacts

Three groups of actors are usually present during a situation of intolerance: the people who are the target of the aggression, the people who are said to be aggressive towards others and sometimes the witnesses to the situation. Each of these groups may be composed of one or more people, depending on the situation.

The situations reported show six types of dyadic relationships between people targeted by intolerant behaviour and the aggressors themselves:

- One aggressor and one person targeted;
- One aggressor and a couple of people targeted;
- One aggressor and a variety of people targeted;
- A group of aggressors and one person targeted;
- A group of aggressors and a couple of people targeted;
- A variety of aggressors and one person targeted.

Residents who are targeted by intolerant remarks or behaviour present characteristics that make them more likely to experience intolerance from other residents, according to the participants, for example:

- They have experienced intolerance in the past (e.g., on a regular basis);
- They have physical or cognitive disabilities (e.g., require amobility aid, have difficulty speaking, have neurocognitive disorders);
- They are a new resident;
- They are younger than the aggressor;
- They show their insecurity (e.g., walk with their head bowed, keep a sharp eye on their surroundings);
- They present abnormal characteristics (e.g., highly educated, have interests considered by others as infantile, dress differently).

> *"The more scared you are, the less you talk, and the harder they try. It feels as if it's written on my forehead: "Come and watch, she doesn't get mad." […] I've been through a lot in my life… Some people - you could say we are easy targets."*
>
> Resident 10

Various impacts are perceptible in residents who are the target of intolerant remarks or behaviour:

- Psychological impacts: insecurity, frustration, anxiety, sadness, humiliation, incomprehension, paranoia (e.g., the person targeted feels they are constantly being watched and judged), suicidal ideation;
- Physical impacts: sleep disorders, taking medication, behavioural changes (e.g., the person targeted becomes violent, they change their comings and goings to avoid meeting the aggressor, they avoid the place where the aggression occurred);
- Social impacts: social isolation (the person targeted no longer wishes to participate in activities for fear of crossing paths with the aggressor and isolates in their apartment), friendships broken (the person targeted no longer wishes to speak to the aggressor).

> *"She makes me feel very uncomfortable. I don't leave my apartment. I keep my door closed, I no longer want to know anything. Last year, I loved all that enormously. This year, it's hell."*
>
> Resident 4

According to the participants, aggressors also have characteristics that make them more likely to make aggressive gestures. In particular:

- They have an imposing personality (e.g., are controlling, insistent, aggressive, provocative, confident);
- They have a circle of close friends (closed attitude, reject other people);
- They have fixed ideas;
- They are older than the person targeted;
- They have lived in the residence for longer than the person targeted;
- They feel they have every right (e.g., very involved in the residence);
- They have physical or cognitive disabilities.

Some of the situations reported occurred in front of, or were observed by witnesses, such as staff members or other residents. While witnesses can report a situation of intolerance that they observe, several of them remain silent when witnessing inappropriate remarks or behaviour. They may also turn a deaf ear to, or ignore the situation that is happening right in front of them. Some participants felt that these situations make witnesses feel uncomfortable and that they stay silent so as not to make the situation worse. Thus they downplay the consequences.

In certain situations, it is also difficult to determine who is the person being targeted and who is the aggressor, especially when the situation stretches over a period of time and exhibits a complicated relationship dynamic among the residents (e.g., the people targeted and the perpetrators change roles at different moments over time). Reporting and follow-up can therefore become more complex in these cases.

5.1.3 Obstacles to, and drivers for, reporting a situation experienced or observed

Participants list obstacles to, and drivers for, reporting a situation of intolerance among residents that they have experienced or observed. These obstacles and drivers provide information about the elements on which the future intervention program could focus.

Obstacles:

- Lack of knowledge about internal and external resources (e.g., the person targeted does not know who they should tell about the situation they experienced);
- Fear of reprisals (.g., the person targeted is fearful that the situation will worsen if they report it, that they will be asked to leave the residence, that they will no longer have the same quality of service, that they will be labelled socially as a "snitch";

- Misconceptions about intolerance and its effects (e.g., the person targeted does not feel that what they are experiencing is intolerance, they downplay the consequences or do not feel they need to report the situation, because they are not the only one to experience such a situation);
- Desire to protect the people involved (e.g., so as not to cause harm, even to the aggressor, considering them as potentially able to act without intent);
- Desire not to upset anyone with their problem (e.g., a person targeted may feel embarrassed by the situation they experienced, or may wish to resolve the situation on their own).

> *"When something happens, I say to myself, "Well let's see! What's happening there?" […] Sometimes there are other people around. But then I say to myself, "OK, should we leave that alone or would it be better to tell someone about it, but who do we tell?" […] I don't know."*
>
> Resident 10

Drivers:

- Connection with a trusted individual (e.g., the person targeted may feel secure with a staff member at the residence or with an external stakeholder who listens to them and provide advice);
- Personal limits have been reached (e.g., the person targeted no longer wishes to be the target of aggressive remarks or behaviour and wants their quality of life back);
- Acknowledgement of the situation (e.g., the person targeted recognizes that the behaviour is inappropriate and does not want it to continue);
- Desire to act for the common good (e.g., by helping others who experience a similar situation, when a person targeted knows that other residents are also targets of an aggressor, or to boost the feeling of safety in the residence).

It should be noted that there was some introspection during the interviews in regard to the age of residents. Certain residents asked themselves whether, at their age, it was time for them to speak up about what upset them or whether to let sleeping dogs lie and do nothing. For example, some residents had gained confidence as they aged, which made them more eager to report a situation of intolerance among residents, while others had become more tolerant of the inappropriate remarks and behaviour of others, which stopped them from reporting these situations.

In addition, some participants stated that residents want to talk to them about these situations, but do not necessarily ask for help in resolving them. This aspect must be taken into consideration when developing the future program, because this highlights the importance for the person who hears the testimony to understand the needs of the person reporting a situation of intolerance experienced or observed, so as to be able to provide the appropriate support. Some of these obstacles and drivers may also be transposed when deciding whether or not to intervene during a situation of intolerance. As an example, when a situation recurs, residents are pushed to the edge of their personal limits. As a consequence, they become less tolerant of being the target of aggressors, and will begin to intervene (e.g., verbally).

5.1.4 Situations of goodwill

When the participants interviewed were questioned about situations of intolerance they had experienced or observed, examples of goodwill among residents were also reported. These initiatives helped to consolidate their feelings of belonging in the living environment and to overcome the isolation:

- Inviting a new resident to their table in the dining room;
- Offering help when a co-resident is not able to accomplish a task by themselves;
- Providing a service to another resident (e.g., accompanying them when renewing their lease);
- Supporting a co-resident when they are going through a difficult period;
- Allowing another resident to go ahead of them so that they can be served more quickly (e.g., allowing a resident who uses a mobility aid to go ahead of them in the line-up for the dining room).

Other initiatives to boost goodwill among residents are also being created, and are being developed by the residents themselves or by their representatives on the residents' committee:

- Publication of a manuscript of residents' life stories;
- Publication of a book of residents' recipes;
- Creation of a subcommittee offering volunteer services to carry out work or chores in the apartments for co-residents (e.g., cleaning behind large appliances or cleaning patio doors);
- Delivery of a monthly newspaper to each apartment so that all residents have access to information about the residence.

Acts of goodwill can be carried out by individuals or by the community, and residents act to spread goodwill to other residents. In the interviews, they also reported seeing more of these acts of mutual aid than intolerance among residents.

5.2 Process for reporting, managing and resolving situations of intolerance among residents

5.2.1 Pathways for reporting and managing a situation of intolerance among residents

The participants suggested several pathways for reporting a situation of intolerance that was experienced or observed.

It was noted that residents who had been the target of inappropriate remarks or behaviour were able to talk about their experience to several groups of people around them:

- Staff members;
- Manager of the facility;
- Trusted external stakeholders;
- Loved ones (family members and friends);
- Members of the residents' committee.

Certain people who have been targets may also tell more than one other person about their situation in the hope that having others know will result in a change. Other people would rather tolerate the behaviour for a while and then when recommended by others, talk about the situation with someone they trust. Other examples also illustrate that people targeted may confide in someone when they show an interest in their wellbeing (e.g., when a co-resident, an external stakeholder or the manager cares about the person targeted and their experience at the residence). It is therefore important when developing an intervention program to consider that a range of people might hear testimonials.

Employees manage a situation of intolerance that they observe in two ways according to the participants of this study. In the first, and in certain cases, employees will not intervene in the situation, as they consider it to be normal (and not a case of aggression requiring action to be taken) or do not know what action to take to halt the situation of intolerance. Indeed, employees have described feeling helpless when faced with intervening when they witness a situation of intolerance. Nevertheless, when physical aggression in particular occurs, some employees will intervene verbally to halt the situation. In the second, they will report the situation to their superior (either the manager of the service in question or the manager of the facility). This reporting to a superior is not done systematically. Rather, it is done when the employee considers that the situation needs watching, or that there should be consequences. As an example, employees will report a situation of physical aggression (e.g., pushing or hitting).

External stakeholders will be informed of a situation of intolerance, and will therefore be called on to resolve this situation, by a contact of the resident targeted or by the manager of the residence. In the first case, the resident knows about the residence's external resources and uses them so as not to directly involve the facility. They may call on organizations that counter mistreatment of older adults to learn what their options are (for example, to resolve the situation with the help of a mediator). The stakeholder from the organization will meet with the person, and depending on the need, suggest various alternatives. In the second case, it is the residence that contacts the external stakeholder for support. While this support may take the form of an assessment of the person targeted or the aggressor to see if relocation is necessary, it may also consist of support to resolve the problem externally (e.g., in accordance with recommendations and support from the external stakeholders responsible for the file).

5.2.2 Resolving the situation, the people involved, and the difficulties encountered

Several groups of actors involved in resolving the situations mentioned are listed, as well as individuals who are targets of such situation, those who are aggressive towards others, and witnesses. These are: family members of the individuals involved in these situations, friends, staff members at the residence (employees, the facility's manager, regional director of operations) and external stakeholders. All may take part in resolving the situation upon the request of the person targeted, the aggressor or the residence (e.g., the manager).

According to examples mentioned during the interviews, a situation of intolerance is resolved in a variety of ways:

- When the person targeted or a witness intervenes verbally with the aggressor at the moment the situation occurs (e.g., to let the aggressor know that these remarks are unacceptable, or to defuse the situation);
- After intervention by the manager following a situation (e.g., the manager meets with the aggressor to explain to them that their remarks or behaviour impact others, introducing new rules to avoid such a situation happening again, or putting in place alternatives to encourage the inclusion of the person targeted who feels rejected);
- When the person targeted or the aggressor leaves the residence (e.g., following a health assessment resulting in relocation in another residence or voluntary departure).

As a qualifier, it should be noted that residents who are the target of aggressive remarks or behaviour from other residents, and who intervene verbally with the aggressor when a situation arises, question themselves to determine whether their reaction was appropriate or not. The residents stated that they would like to have the tools to react appropriately when they experience or witness this type of situation.

> *"Afterwards, I asked myself, "Was I right to intervene like that?" You know, it's not always the answer."*
>
> Resident 12

In other cases, situations persist. This may be due to the fact that one of the parties does not wish to cooperate to resolve the situation, the situation was not reported and therefore no steps were taken, or the situation is suspended due to the effects of the pandemic and the physical distancing measures (e.g., the residents no longer sit close to each other during social activities, and the number of people with whom they can eat their meals in the dining room is limited). In certain cases (e.g., when the situation of intolerance among residents was reported several weeks or months after the incident or when it is not possible to recognize the aggressor), interventions cannot be used to resolve the situations.

5.2.3 Elements for improvement in resolving situations of intolerance among residents

Participants also mentioned elements that, in their opinion, could be improved when a situation of intolerance among residents needs to be resolved. These elements point to possible improvements in managing the testimonials received:

- Much greater acknowledgement by staff members when a situation is reported;
- Inclusion of the person targeted in the resolution of the situation (e.g., by their presence during a verbal intervention with the aggressor, by telling them what actions will be taken to resolve the situation);
- Systematic follow-up with the person who reports having experienced or observed a situation of intolerance among residents, in order to explain the actions taken to resolve the situation;
- Systematic follow-up with staff members when they intervene in a situation of intolerance among residents;
- Objective treatment by the manager of the two parties during and after the resolution of the situation (e.g., residents felt that distance was created between the manager and themselves after a situation of intolerance among residents).

Finally, it must be stated that in certain cases, residents do not want to take part in resolving the situation; they wish to talk about the situation experienced or observed in order to inform others about it (e.g., the facility's manager or a staff member), but they feel uncomfortable interacting directly with the aggressor to resolve the dispute. In addition, some participants stated that the manager of the residence should be responsible for resolving the situation of intolerance among residents, while others would prefer to resolve the situation by themselves.

5.3 Practices used in the residences to counter intolerance among residents and promote goodwill

The practices used to counter intolerance and promote goodwill in the residences are among those listed in the Québec government's[26] intervention practices and can be broken down into practices for: prevention and awareness, identification, direct intervention and coordination of stakeholders and organizations.

5.3.1 Prevention and awareness

Participants report that initiatives are undertaken in residences to prevent situations of intolerance among residents and promote goodwill, and make residents aware of these issues:

- Holding awareness sessions, facilitated by external stakeholders, about intolerance among and towards older adults (e.g., skits performed by DIRA-Estrie, talks by the Research Chair on Mistreatment of Older Adults) or just discussing issues arising from aging (e.g., PAIR program to counter social isolation, talks on the grieving process, workshops about Alzheimer's disease);
- Holding activities designed within the residences regarding awareness of situations of intolerance and promoting goodwill (e.g., during the monthly meeting "Café de la DG");
- Developing ways to prevent a potential situation of intolerance (e.g., providing more time to complete an activity to residents who need it so that other residents do not get impatient and make inappropriate remarks to them, moving the television when the sound disturbs a neighbour);
- Demonstrating the goodwill expected from residents towards other residents, towards staff members and from staff members towards residents (e.g., in the documentation given to residents upon their arrival);
- Holdings meetings for new arrivals with staff members and other residents to encourage integration (e.g., the "Welcome to Chartwell" program to welcome new arrivals).

For the record, the stakeholders interviewed stated that presenting talks or workshops on intolerance towards older adults is a wake-up call for some residents who realize that they are experiencing intolerance from another person. The stakeholder becomes someone in whom the residents can confide and from whom they can ask advice. Moreover, the stakeholders try to suggest activities to the residents that bring together several organizations, so that they learn about them and their different roles.

With the measures put in place to limit the spread of COVID-19, such as physical distancing, and certain impacts of the pandemic (e.g., work overload for employees), participants spoke of the difficulty of holding meetings with new arrivals, staff members and other residents to encourage their integration.

5.3.2 Identification

In terms of identification, participants talked of informal, non-systematic elements:

- Collaboration between the manager and the employees to identify situations (e.g., discussion about a situation observed in order to pay particular attention to any signs in the future);
- Informal tools for identifying and documenting a situation of intolerance (e.g., personal written notes as needed, notes in the resident's confidential file).

Employees stated that they do not have any formal measuring tools or instruments to identify or document situations of intolerance. Systematic identification of situations, with a formal identification tool, allows a higher number of these situations to be recognized than an informal tool or no tool at all[26]. Nevertheless, participants explained that a relationship based on trust between a resident and a staff member helps in gathering testimonials on the situations of intolerance they experience.

5.3.3 Direct interventions made during a situation of intolerance among residents

Many direct interventions are made within residences to resolve situations of intolerance experienced or observed. These interventions occur in a continuum, from the request for help through to resolving the situation:

- Welcoming the resident (e.g., with an open, attentive attitude);
- Initial evaluation of the situation (e.g., gathering information so that the situation can be understood);
- Referencing as needed to the management team that then takes appropriate action;
- Developing measures to resolve these situations (e.g., surveillance patrol by staff members, closing the location where the situation took place, offering psychological services to the parties involved);
- Monitoring the evolution of the situation (e.g., with the person targeted to find out how the situation evolved);
- Referencing to external organizations or stakeholders (e.g., to an external stakeholder at the CIUSSS to have a resident's health evaluated).

However, these interventions are not carried out systematically by all of the persons (residents, employee or managers) who may be receiving a request for assistance. Each situation is managed on a case-by-case basis.

5.3.4 Coordination: stakeholders and organizations

The interviews conducted contributed to understanding how external stakeholders and organizations can play a vital role in a situation of intolerance among residents, because for one thing, they can be solicited by residents, staff members and managers of the residences. Participants interviewed stated that these stakeholders and organizations boost:

- Referencing among organizations;
- Collaboration between stakeholders and organizations (interdisciplinary);
    - To resolve situations (sharing of roles);
    - To bring awareness to the residents (sharing of expertise).

> *"When someone calls me, it's because there's a problem. So I intervene, right away. If things were more prevention oriented, perhaps it would be more consistent to have a paradigm favouring wellness care, because there isn't any aggression. Once there is aggression, […] we will put a Band Aid on the wound, right away."*
>
> Stakeholder 3

Based on the practices mentioned in the interviews, it is possible to observe an approach for residences that focuses mainly on countering intolerance, and less on promoting goodwill among residents, even though the latter is emphasized and desired by all the participants. As one external stakeholder states, in practice, adopting an approach to counter intolerance among residents is more likely to happen than advocating for an approach based on goodwill.

5.4 Impacts of the COVID-19 pandemic on residents and on intolerance among residents

Data collection through interviews began on March 5, 2020 and the state of health emergency associated with COVID-19 was declared on March 13, 2020. As a result, participants raised the theme of the pandemic and its impacts. While it was not an element in our interview guide when the interviews began, it quickly became essential to pay special attention to it and to take this context into consideration for the development of the future program. Two impacts of the pandemic were reported: the overall impacts of the COVID-19 pandemic on residents and their lifestyle, and specific effects on situations of intolerance among residents.

5.4.1 Overall impacts of the COVID-19 pandemic on residents

The impacts of the COVID-19 pandemic on residents and their lifestyle are mainly psychological and due to the application of the measures recommended by the public health authorities that residences were obligated to observe:

- Loss of autonomy and capacity (e.g., having to have their grocery shopping done by others);
- Less support for new arrivals (e.g., less integration activities for meeting employees and other residents);
- Freedom curtailed (e.g., residents feel they are treated like children, rules govern their comings and goings);
- Confusion (e.g., in the messages from public health, concerning the changing directives for residences, and especially from one residence to another);
- Social isolation (e.g., fewer social activities, limited number of people taking meals together);
- Desire to move (e.g., to another residence or to a condo so as to have fewer restrictions);
- Impatience (e.g., among residents, from residents towards staff members).

For employees, COVID-19 became a synonym for adaptation. On the one hand, employees had to adapt their work methods, such as now having to apply the measures recommended by public health to residents. On the other hand, this created a work overload for them and made them uncertain about their actions.

5.4.2 Impacts of the COVID-19 pandemic on intolerance among residents

The impacts of the pandemic in situations of intolerance among residents mentioned by the participants had more to do with the application of the new measures recommended by public health, and less with a fear of the virus itself. Three impacts were reported:

- Minimization of the consequences for intolerance among residents (e.g., the health and safety of everyone are priorities);
- Reporting situations and resolving them (e.g., there were fewer opportunities for social contact among residents, time to adapt to teleworking for external stakeholders was needed, it was not possible to visit residents during the lockdown period);
- Development of new situations (e.g., inadequate wearing of masks, limited number of registrations for activities).

> *"This is really not the time […] to be talking about mistreatment among older adults, we're right in the middle of the COVID-19 pandemic. So, I feel bad about it, but […] I don't have the time… We really have more important things to worry about than that […]. I'm sorry… it's not as important at the moment."*
>
> Employee 3

In terms of minimizing the consequences for situations of intolerance among residents, it should be noted that conflicts among residents became less of a priority when employees found themselves faced with an often complete change in their work methods in order to adapt to the public health measures introduced; the health and safety of residents became the prime concern.

While the pandemic seems to have created a need for socializing among residents and even among residents who did not participate in activities prior to the lockdown, the fear of contracting the virus has led residents and employees to be less tolerant towards others. Nevertheless, the participants generally report that they observed fewer situations of intolerance among residents in the pandemic context than previously.

5.5 Recommendations for the intervention program

Several recommendations emerged from the interviews in regard to the development of the program to counter intolerance among residents and promote goodwill. These recommendations were mainly suggested by participants who stated that they don't know if they should intervene, or how to intervene, when they are the target of intolerant behaviour or when they witness it, or because they found differences between the way the situation (experienced, observed or desired) was resolved and what they were expecting. Their recommendations are grouped according to the objectives that the program should target, practices and activities to avoid, and practices and activities to promote.

5.5.1 Program objectives according to the participants

The general objectives that the program should propose are grouped under a common thread, then according to objectives specific to two clienteles: residents and staff members (employees and managers).

The general objectives consist mainly of recommendations aimed at a positive culture within the facility and access to tools for better management of situations of intolerance among residents. The interviews also revealed a misunderstanding of the different types of negative relationships among residents and the various perceptions they represent. According to the participants, the program should:

- Promote prevention and goodwill;
- Upgrade the reporting on situations of intolerance among residents;
- Increase knowledge about what intolerance among residents is;
- Increase knowledge about internal and external resources;
- Clarify the roles of everyone in management and for follow-up of situations of intolerance among residents;
- Provide the clienteles with the tools to intervene in a situation of intolerance among residents.

> *"For me, I see that as bullying, the other person doesn't, but what the other person sees as bullying, well, I say to myself, "OK, from my point of view, that's not bullying"."*
>
> Resident 13

The objectives specific to residents deal mainly with prevention through the promotion of goodwill among them. To be precise, the program should:

- Make residents aware of situations of intolerance among them;
- Improve the communication and social skills of residents;
- Increase knowledge about the issues associated with aging and community living;
- Promote adaptation and integration of new arrivals;
- Communicate the consequences of intolerant behaviour or remarks;
- Develop tools to address the behaviour of an aggressor;
- Create a body to represent residents (e.g., residents' committee).

The specific objectives mentioned for staff members (employees and management) are focused mainly on which interventions to employ when they witness a situation of intolerance among residents, and the response to use with people who report a situation of intolerance among residents experienced or observed. The program should help:

- Develop a culture of intervention during a situation of intolerance among residents;
- Develop the trust of employees and provide them with the tools to intervene during a situation of intolerance among residents;
- Promote friendly communication towards colleagues and residents;
- Develop a process to manage reported situations.

5.5.2 Practices and activities to avoid

According to participants, the practices and activities to be avoided concern one clientele in particular: residents. These recommendations focus on taking certain issues associated with aging into consideration, promoting voluntary participation and reaching a range of residents. Thus the program should:

- Avoid including written activities and those that take place early in the morning;
- Avoid including difficult activities (find a balance between pleasure and education);
- Avoid using terms with negative connotations (e.g., focus on goodwill rather than intolerance);
- Avoid developing a program without consulting residents and staff members;
- Avoid large amounts of written communications, lots of text and several items of information in a single message.

5.5.3 Practices and activities to promote

Participants also suggested practices and activities to be favoured in the future program to counter intolerance and promote goodwill for residents and staff members (employees and managers). The internal newspaper for residents and employees, and the residences' notice boards, are communication media that could be used in the program implementation.

> *"Each attempt is like a step forward.*
> *It might not work with one person but do something with another."*
>
> Resident 13

The practices proposed for all clienteles include a desire to create a friendly living environment and increase knowledge about the residence's internal and external resources for people who receive a testimonial about a situation of intolerance among residents experienced or observed:

- Clear code for procedures and consequences for taking action or when intolerant remarks are made;
- Guide to internal (residents, staff members) and external (stakeholders, organizations) resources to report a situation of intolerance among residents or for referencing;
- Chart for acts of goodwill.

The practices and activities proposed for residents are diverse and are aimed at the largest possible number of older adults. According to the suggestions from the participants, residents must be actively involved in developing the practices meant for them. Here is a summary of the ideas proposed:

- Talks/video clips about intolerance among residents (e.g., types, impacts, characteristics);
- Talks about the impacts of aging (e.g., evolution of physical or cognitive disabilities, grieving process);
- Workshops on how to respond to intolerant behaviour and about everyone's responsibility when they witness it;
- Workshops on developing socialization and social skills;
- Pairing with a peer to ease the adaptation and integration of new arrivals at the residence;
- Posters on notice boards about intolerance among residents (e.g., gossiping) and promoting goodwill (e.g., attitudes to be adopted);
- Articles (short) in the residents' internal newspaper to promote goodwill among residents (e.g., reporting actions, talking about community living, explaining the impacts of aging, etc.).

The practices proposed for staff members were aimed at improving collaboration among them to promote a positive organizational culture and perform a systematic follow-up for situations of intolerance observed among residents:

- Activity to improve organizational communication (e.g., among the different departments, between the manager and the employees, among employees in the same department);
- Tracking chart based on the living experience of new residents;
- Standardized documentation protocol for situations of intolerance among residents, reported or observed;
- Tools for intervening in a situation of intolerance among residents.

> *I find it hard to get one to sit down with the other [the person targeted and the aggressor].*
> *I felt quite powerless [in my intervention]. »*
>
> Employee 6

06.

Needs considered for the program

Finally, we can now identify the needs that should be considered in the program to promote goodwill and counter intolerance among PSR residents, according to the:

- Results of the needs study carried out in 2018-2019[4] in which witnesses of situations of intolerance among residents were interviewed;
- Results of the present research in which people who have experienced intolerance among residents or intervened in this type of situation were interviewed;
- Published literature on countering resident-to-resident aggression and promoting wellness care.

These needs are presented below in accordance with the groups of actors targeted by the program (residents, residents' committee, employees, managers), but will be regrouped in four modules in the program: 1) promoting goodwill, 2) improving the welcome program for new arrivals, 3) intervention and mediation tools, and 4) managing and following up on situations of intolerance among residents.

Residents:

- Increasing knowledge about intolerance among residents, cognitive disorders and community living;
- Enhancing positive communication and goodwill among them;
- Learning about the internal and external resources for discussing the situation experienced or observed;
- Enhancing the welcoming procedure for new arrivals;
- Offering training, and intervention and mediation tools for resolving situations of intolerance among them.

Residents' committee:

- Increasing knowledge about intolerance among residents;
- Clarifying the role of the residents' committee when receiving testimonials of situations experienced or observed;
- Offering training, and intervention and mediation tools for resolving situations of intolerance among them.

Employees:

- Increasing knowledge about intolerance among residents;
- Offering training, and intervention and mediation tools for resolving situations of intolerance among them;
- Developing a process to manage situations of intolerance among residents;
- Developing a written model to document intolerance among residents and ensure follow-up;
- Increasing knowledge about external resources to support residents when intolerance is experienced.

Managers:

- Emphasizing goodwill to counter intolerance among residents;
- Increasing knowledge about intolerance among residents;
- Offering training, and intervention and mediation tools for resolving situations of intolerance among them;
- Developing a process for managing situations of intolerance among residents;
- Developing a written model to document intolerance among residents and ensure follow-up;
- Increasing knowledge about external resources to support residents when intolerance is experienced.

07.

Conclusion

This needs study, conducted with a view to the development of a program to promote goodwill and counter intolerance among PSR residents was carried out using interviews, which helped in understanding the manifestations and impacts of situations of intolerance among residents for the parties involved, as well as ways to manage and resolve these situations internally and externally.

Suggestions from the participants have been added to the findings from the research recorded in the state of knowledge. These helped us understand that situations of intolerance among residents occur in the public areas of the residences and that they are psychological, physical, sexual and material. The people involved in these situations experience some psychological, physical, and social impacts.

The interviews also took into account actions taken (or not) to resolve situations of intolerance among residents that occur in participating residences. While obstacles and drivers are mentioned when situations of intolerance among residents are discussed, the various pathways for reporting these situations and their resolution reveal that the participants do not feel equipped to intervene when they are the targets of, or witnesses to, intolerance among residents.

In addition, the review of the literature and the interviews provided a better understanding of the practices for countering intolerance among residents and promoting goodwill. Although the practices in residences focus mainly on preventing intolerance among residents, a desire to develop practices to identify and intervene in these situations are proposed for the program, for both residents and staff members.

From the perspective of developing the program, more general aspects are to be considered, such as the fact that each residence has a unique architectural design and a different culture, and that the context of the pandemic and the measures resulting from it have impacted the residents, the staff members and the situations of intolerance among residents.

Now that the needs for the program to counter intolerance among residents and promote goodwill have been identified, the next step consists of developing it. This program will be developed in collaboration with a work committee consisting of residents and employees of participating residences, using the Intervention mapping[2] approach. This approach will structure the development of the program content, its test in our partner residences and finally its evaluate.

Development of the program is currently underway using a participatory approach.

08.

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"[…] Most people are respectful.[…] Myself, I find this phenomenon [intolerance] surprising, I was not expecting that here."

Resident 12