

Why Should Nursing Homes Care About Senior-to-Senior Bullying?

Amundsen Davis Health Care Alert
May 31, 2018

The word “bully” often brings to mind schoolyard quarrels and adolescent cliques but, unfortunately, bullying has no age limit. While not a new issue, some **recent publications** have sought to raise public awareness of bullying in nursing homes. As senior-to-senior bullying becomes a more familiar topic, providers’ efforts to prevent and respond to such behavior will be more closely scrutinized and possibly even used as the basis for liability claims.

Widely cited **general statistics estimate that 10% to 20%** of seniors experience some form of aggression by fellow seniors, and those numbers may be even higher due to low reporting. Elder individuals are most likely to suffer from verbal aggression by their peers, though physical bullying occurs at times as well. Ostracism, rumors, and cliques are other types of senior-to-senior bullying. Also, just as certain minority groups may be more vulnerable to bullying in society at large, those same minorities are probably also **more likely to be bullied** in senior care environments.

So why haven’t some seniors learned not to bully? Well, just as a child or adolescent bully’s motives may be complex, numerous factors can also be at play in bullying by seniors. Some causes may be medical – the effects of Alzheimer’s and other dementias can affect a person’s perception of and reaction to certain social situations. Some seniors who bully may feel depressed and trapped by increasing dependence on others and decreasing ability to provide for their own needs, potentially leading to episodes of unleashed frustration directed towards other, more vulnerable peers. Other seniors may have been bullies throughout their lives and are merely carrying this behavior into their new living situation. Regardless of the cause, providers must address bullying when, and preferably before, it occurs.

Providers would be well-advised to develop a comprehensive approach to discouraging and dealing with bullying in the context of resident quality of life. The 2017 revisions to **CMS’ State Operations Manual (SOM), Appendix PP**, which provides guidance to nursing facility surveyors, include increased focus on residents’ quality of life, which is defined in part as one’s “sense of well-being, level of satisfaction with life and feeling of self-worth and self-esteem.” While the SOM guidance focuses primarily on staff treatment of residents, the quality of life

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principles that facilities are to uphold, including “creat[ing] and sustain[ing] an environment that humanizes and promotes each resident’s well-being, and feeling of self-worth and self-esteem,” are undermined by bullying behavior.

To foster a culture of kindness and respect, providers should develop policies and procedures related to bullying prevention, reporting, and response, and facilities should ensure that staff are well-trained according to company protocols. Providers should also educate residents on recognizing and reporting senior-to-senior bullying, emphasizing that such harmful behaviors will not be tolerated. Ultimately, by raising awareness of senior-to-senior bullying and promptly addressing such behavior when it occurs, providers can enhance the quality of life for all of their residents and possibly also protect themselves from potential regulatory or liability claim exposure.

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