Supplementary material for

Stakeholder perceptions on resident-to-resident aggression: implications for prevention

Briony Jain,[1,4] *Melissa Willoughby,*[1] *Margaret Winbolt,*[2] *Dina Lo Giudice*[3] *and Joseph Ibrahim*[1]

[1]Health Law and Ageing Research Unit, Department of Forensic Medicine, Monash University,65 Kavanagh Street, Southbank, Vic. 3006, Australia. Email: melissa.willoughby@monash.edu; joseph.ibrahim@monash.edu

[2]Australian Centre for Evidence Based Aged Care, La Trobe University, Plenty Road and Kingsbury Drive, Bundoora, Vic. 3086, Australia. Email: Margaret.Winbolt@latrobe.edu.au

[3]Melbourne Health, Department Aged Care, Melbourne University, 34–54 Poplar Road, Parkville Vic. 3052, Australia. Email: dina.logiudice@mh.org.au,

[4]Corresponding author. Email: briony.murphy@monash.edu

Table S1: Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

No.	Topic	Guide questions/description	Page #
Domain 1: Research team and reflexivity			
Personal characteristics			
1.	Interviewer/facilitator	Which author/s conducted the interview or focus group?	5
2.	Credentials	What were the researcher's credentials? *e.g. PhD, MD*	5
3.	Occupation	What was their occupation at the time of the study?	5
4.	Gender	Was the researcher male or female?	5
5.	Experience and training	What experience of training did the researcher have?	5
Relationship with participants			
6.	Relationship established	Was a relationship established prior to study commencement?	4
7.	Participant knowledge of the interview	What did the participants know about the researcher? *e.g. personal goals, reasons for doing the research*	4
8.	Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. *Bias, assumptions, reasons and interests in the research topic*	4
Domain 2: study design			
Theoretical framework			
9.	Methodological orientation and Theory	What methodological orientation was stated to underpin the study? *e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis*	5
Participant selection			
10.	Sampling	How were participants selected? *e.g. purposive, convenience, consecutive, snowball*	4
11.	Method of approach	How were participants approached? e.*g. face-to-face, telephone, mail, email*	4
12.	Sample size	How many participant were in the study?	4
13.	Non-participation	How many people refused to participate of dropped out? Reasons?	4

	Setting		
14.	Setting of data collection	Where was the data collected? e.*g. home, clinic, workplace*	5
15.	Presence of non-participants	Was anyone else present besides the participants and researchers?	5
16.	Description of sample	What are the important characteristics of the sample? *e.g. demographic data, date*	5
	Data collection		
17.	Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	5
18.	Repeat interviews	Were repeat interviews carried out? If yes, how many?	5
19.	Audio/visual recording	Did the research use audio or visual recording to collect the data?	5
20.	Field notes	Were field notes made during and/or after the interview or focus group?	5
21.	Duration	What was the duration of the interviews or focus group?	5
22.	Data saturation	Was data saturation discussed?	12
23.	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	5
Domain 3: analysis and findings			
	Data analysis		
24.	Number of data coders	How many data coders coded the data?	5
25.	Description of the coding tree	Did authors provide a description of the coding tree?	5
26.	Derivation of themes	Were themes identified in advance or derived from the data?	5
27.	Software	What software, if applicable, was used to manage the data?	5
28.	Participant checking	Did participants provide feedback on the findings?	5
	Reporting		
29.	Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.*g. participant number*	Table 3
30.	Data and findings consistent	Was there consistency between the data presented and the findings?	6-10
31.	Clarity of major themes	Were major themes clearly presented in the findings?	6-10
32.	Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	6-10

Table S2: Protocol for telephone interviews on resident-to-resident aggression

Stage	Script & questions	Notes & probes
Pre-interview	- Ensure audio recorder is charged - Test audio recorder - Set phone to speaker, turn mic on - Call participant using number provided in participant spreadsheet	
Introduction	Hi [participant name] My name is Briony Murphy, and I'm a PhD student with the Department of Forensic Medicine at Monash University. My PhD research examines intentional deaths, including suicide and resident-to-resident aggression, among nursing home residents in Australia using coronial records. I recently received the RM Gibson Scientific Research grant to fund this qualitative research project conducting interviews with experts and stakeholders in regards to their understanding of and attitudes towards resident-to-resident aggression. As one of the key experts/stakeholders in the field in Australia, we are extremely grateful for your participation in this study investigating this important emerging issue in aged care.	
Housekeeping/ Ethics	- Firstly, your participation is completely voluntary and you can withdraw from the study at any time. - Your responses are confidential and any reference or use of your responses at the face-to-face meeting or in academic publications will be in a de-identified or aggregate form. - Having said that, if you feel uncomfortable answering a particular question or series of questions, a "no comment" response is acceptable. - This interview is expected to take between 30 and 60 minutes. - This interview will be recorded and transcribed to ensure data accuracy. If you are happy to commence the interview, I will turn the audio-recorder on now.	
Demographics	- What is your current occupation in general terms? (e.g. nurse, GP, policy officer) - Have you ever or are you currently working in the aged care sector? - If so, how many years of experience in the aged care sector do you have? - Which of the following age groups do you currently fall into?	

<35	35-44	45-54	55-64	65+

Stage	Script & questions	Notes & probes
Part A	The following 4 questions relate to your experience with and knowledge of RRA: Note: A few of these early questions will involve rating scales (i.e. 1-5) to quantify your responses, however the remainder of the interview will be less structured and is designed to be more like a conversation.	

	1. Have you ever heard of resident-to-resident aggression/abuse/mistreatment? • If Yes - Can you tell me your understanding of what it is? [Provide formal definition] • If No – [Provide formal definition] ***RRA is defined 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."* For the purpose of this study, we are specifically interested in physical forms of RRA with the potential to lead to injury or death. This could include major incidents where a resident requires hospitalisation or minor incidents where a resident might push another resident who is invading their personal space.	
	2. In your experience, how common would you say RRA is in an average (30-60 bed) nursing home in Australia? Where: 1= Rare (occurs once or twice a year) 2= Uncommon (once or twice every 3 months) 3= Occasional (monthly) 4= Common (weekly) 5= Very common (daily)	
	3. On a scale of 1-5, how dangerous do you think RRA is for the residents involved, in terms of both physical harm and psychological distress? 1=Not at all 2=Somewhat 3=Moderately 4=Very 5=Extremely	
	4. Have you ever witnessed an incident of RRA? • If Yes – How many times? Can you describe the (or one of the most recent) incidents? Do you think it was preventable? If so, how? • If No - Do you know of a colleague or friend who has witnessed an incident of RRA? If so, can you describe the (or one of the most recent) incidents? Do you think it was preventable? If so, how?	
Part B	The following 3 questions relate to attitudes towards or perceptions of RRA:	

	5. Do you think RRA poses a safety risk for nursing home residents? Why, why not? On a scale of 1-5 would you say the level of risk is: 1=No risk at all 2=Minor 3=Normal/average 4=Major 5=Extreme	
	6. Do you think RRA poses a problem for nursing home staff and providers? Why, why not? On a scale of 1-5 would you say the level of risk is: 1=No risk at all 2=Minor 3=Normal/average 4=Major 5=Extreme	
	7. Do you think RRA is a public health problem for older Australians? Why, Why not? Note: Public health problem based on prevalence, impact on individuals and broader society (i.e. costs and health resources).	
Part C	The following 8 questions relate to current RRA policy and reporting requirements:	
	8. As far as you are aware, do nursing home staff members receive specific training around how to recognise, appropriately respond, and prevent RRA? • If yes – What form does it take (e.g. protocol, one-off training day)? Do you think it is adequate? Why, why not? • If no – Do you think they should? Why, why not?	
	9. Should RRA incidents always be reported internally to a senior member of staff or the nursing home provider? When would it be acceptable not to report or complete an incident report? Why?	
	10. Should RRA incidents be reported externally to the Department of Health? What criteria would you apply?	
	11. Should RRA incidents be reported externally to the police? What criteria would you apply?	
	Interviewer to read to participant: Under the current reporting framework, there is discretion for providers not to report incidents of RRA externally if: - The alleged offender is a resident with a previously assessed cognitive impairment; and - Arrangements for behaviour management have been put in place within 24 hours of receipt of allegation or suspicion of assault.	

	12. In your opinion, is the current reporting framework adequate? • If yes, why? What are its strengths/advantages? • If no, why? What are its limitations?	
	13. How could the current reporting framework be improved?	
	14. What do you perceive to be the main barriers to improving practice in relation to preventing RRA incidents?	
	15. What do you perceive to be facilitators in improving practice in relation to preventing RRA incidents?	
Part D	The following 3 questions relate to key issue for improving responses to RRA:	
	16. What are the key issues for improving staff understanding, recognition, and responses to RRA?	
	17. What are the key issues for improving organisational (nursing home provider) understanding, recognition, and responses to RRA?	
	18. What are the key issues for improving the broader community's understanding of and responses to RRA? (e.g. families of resident's involved in incidents, media reports etc.)	
Conclusion	- That brings us to the end of the interview. - Before we conclude, are there any other comments you would like to make in relation to any of the topics we have discussed today? - I would like to thank-you very much for your time and valuable responses. - We will contact you again shortly to confirm details of the face-to-face meeting which we sincerely hope you can attend. - Do you have any other questions or concerns that I can assist with?	
Post-interview	- Hang up phone - Press stop on audio recorder - Review and record hand written notes - Ensure participant ID is reflected on audio-file, and handwritten notes	