

# Walden University

## SCHOOL OF PSYCHOLOGY

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Frank Wood

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ABSTRACT

Bullying in Nursing Homes: Prevalence and Consequences to Psychological Health

by

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M.A., Xavier University, 1992  
B.A., Wittenberg University, 1984

Abstract Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy  
Psychology

Walden University  
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## ABSTRACT

The present study extended the empirical research on bullying from schools, work and prison settings into nursing homes. This study is based on a theoretical foundation that understands bullying as aggressive behavior that is repeated over time and involves an inequity of power, and that psychological consequences from bullying adversely impact the victim's capacity to adaptively cope with stress and with stressful situations. Further, the literature reflected that nursing home residents' may be exposed to bullying. The purpose of the study was to identify the prevalence of resident-to-resident bullying and to investigate the psychological consequences of bullying in nursing homes. Descriptive analysis was used to assess prevalence of bullying based on responses from 156 cognitively intact nursing home residents over the age of 60 using the Negative Acts Questionnaire (NAQ). ANOVA was used to identify the relationship between bullying, using the NAQ, and adverse psychological health consequences, using the General Health Questionnaire. Nearly 50% of the residents reported at least some bullying ("bullied - now and then"). The group reporting being bullied reported significantly higher scores on negative psychological health consequences. The results from this study lay a foundation for future research on bullying in nursing homes and the development of programs that increase awareness, provide tools for victims, and enhance the training and education. The implications for social change include the recognition of the impact of bullying in nursing homes, and social policy change will result in the implementation of programs that will result in a bully-free nursing home culture.

PREVIEW

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PREVIEW

## CHAPTER 1: OVERVIEW OF THE STUDY

### Introduction

Bullying has been studied in school, work, and prison populations. While some studies, like Shinoda–Tagawa et al. (2004), explore resident-to-resident aggression in nursing homes, the literature is limited concerning resident-to-resident bullying within nursing homes and therefore investigation of bullying in nursing homes is needed. Bullying is a type of aggressive behavior that is repeated over time and involves an inequity of power (Einarsen & Skogstad, 1996). Research on bullying has noted various forms of bullying that include direct bullying which involves physical hitting or pushing or verbal teasing or ridicule, indirect bullying which involves gossip and the spreading of rumors, and relational bullying which involves exclusion from groups and rejection (Hawker & Boulton, 2000).

Bullying has been connected with psychosocial maladjustment, adverse health responses, and stress (Delfabbro et al., 2006). A number of studies have examined the psychological consequences of bullying in school, in the workplace, and in prison settings (Hoel, Faragher, & Cooper, 2004; Leddy & O’Connell, 2002; Rigby, 2003). Bullying impacts many aspects of psychological or mental health as expressed by feelings of depression and anxiety (Rigby, 2003) and poor self-esteem (Hawker & Boulton, 2000). Additionally, victims of bullying have been shown to demonstrate resignation and avoidance when presented with problem-solving tasks (Hogh & Dofradottir, 2001).

In a personal encounter, a relatively new nursing-home resident reflected on her experience of social exclusion (personal communication, April, 21, 2006). This social exclusion is described in bullying studies (Olafsson & Johannsdottir, 2004). The resident reported being verbally assailed by a fellow resident. The victim of the verbal assault reported increased anxiety as well as a reluctance to report the verbal assault for fear that she would be blamed for the interaction by the staff. This victim also is reluctant to disclose the encounter to her son or to the state Ombudsman. Djurkovic, McCormack, and Casimir (2005) describe the psychological consequences of bullying, such as anxiety and depression, as expressed by this resident's experience.

Disruptive behavior is a major administrative issue in nursing homes and adversely impacts the lives of residents in nursing homes (Souder & O'Sullivan, 2003). Soreff and Siddle (2004) reported that the social context of residents' lives plays an important role in the aggression that occurs within nursing home. Williams (2004) cited data from the Centers for Medicare and Medicaid Services that noted that nationally approximately 88,000 nursing-home residents exhibited aggressive behavior during the week prior to a routine behavioral assessment.

Clearly, adjusting to life within a nursing home is difficult and stressful for older adults (Nay, 1995). There are a number of negative emotions that accompany adjustment to life in a nursing home that imply a loss of control—a devaluation of self (Nay). The stress experienced by residents of nursing homes is complicated by the negative aspects of the aging process that includes the loss of physical health, the loss of financial security, the loss of productivity, and the loss of independence (Shinoda-Tagawa et al.,

2004). This study investigates the prevalence of bullying and the psychological consequences of bullying for nursing-home residents.

### Statement of the Problem

Although bullying has been identified as being prevalent in schools, in the workplace, and in prisons (Hoel et al., 2004; Ireland & Ireland, 2000; Olweus, 2002), little is known about the prevalence of bullying victims in nursing homes. Although the psychological consequences of bullying are well documented (Hoel et al., 2004; Leddy, & O'Connell, 2002; Rigby, 2003), this research expands those findings into nursing homes. Because of the psychological consequences of bullying, as identified in studies in the workplace (Zapf, Einarsen, Hoel, & Vartia, 2003) and in prison (Ireland & Ireland, 2000), there is reason to believe that nursing-home residents who are victims of bullying will experience psychological consequences.

The social-change implications of this study are quite significant. Zapf et al. (2003) noted that once prevalence rates of bullying were validated in the workplace, successful efforts have been made to decrease not only the prevalence but also the psychological consequences of bullying. In addition, Ireland and Ireland (2000) demonstrated similar success in addressing bullying within the prison setting. As reported by Salmivalli, Kaukiainen, and Voeten (2005), another result of the study of bullying in schools has been the development of antibullying interventions which have been shown to influence a number of outcome variables such as the frequency of bullying and the experience of bullying by victims of bullying.

This study provides valuable information on the prevalence of bullying behavior that occurs in nursing homes. This study provides data that can identify similarities and differences between the nursing-home setting and workplace and prison settings. Finally, the results offer data to support antibullying strategies in the nursing-home setting.

### Research Questions and Hypotheses

The following research questions were addressed in this study:

1. How prevalent is bullying in nursing-home settings? The Negative Acts Questionnaire (NAQ), a 29-item questionnaire that assesses the frequency of negative acts, was used to assess bullying.

2. Are there psychological consequences of bullying in nursing-home settings? The General Health Questionnaire (GHQ), a 12-item questionnaire that identifies psychological dysfunction was used to measure the psychological consequences of bullying.

The research questions were addressed through the following null hypotheses:

Null Hypothesis 1. Bullying, as measured by the NAQ (Einarsen & Raknes, 1997), will not be prevalent in nursing homes.

Null Hypothesis 2. There will be no differences in the psychological consequences between those who are victims of bullying and those who are not victims of bullying as measured by the GHQ (Goldberg, 1992).

### Purpose of the Study

While bullying has been the focus of significant empirical research, the study of bullying has focused on schools, the workplace, and prisons. The literature review will

identify relevant research and reflect that no empirical research has been conducted on bullying in nursing homes. The psychological consequences of bullying have been studied in schools, the workplace, and in prisons. The literature identifies relevant research and reflects that no empirical research has been conducted on the psychological consequences of bullying in nursing homes. The purpose of this study was to determine the prevalence of bullying in a nursing-home sample and to investigate the psychological consequences of bullying.

### Theoretical Framework

The first theoretical construct for this study is *bullying*. Empirical studies of bullying have been conducted within schools (Delfabbro et al., 2006), workplaces (Hoel et al., 2004), and prisons (Ireland & Ireland, 2000). However, there is not a consistently used operational definition of bullying (Hawker & Boulton, 2000). The term *bullying* is considered an aspect of aggressive behavior and typically involves aggressive behavior that is repeated over time and involves an inequity of power (Einarsen & Skogstad, 1996). Olweus (2002) identified a number of characteristics linked with bullying such as indirect bullying (including offensive notes and rumors), relational bullying (exclusion from groups and rejection), physical bullying (hitting and pushing), verbal bullying (teasing and ridicule), and generic bullying (hurting feelings and teasing).

The second theoretical construct for this study is that of the *psychological consequences* of bullying, which refers to the negative emotional states of anxiety, depression, social dysfunction, and loss of confidence (Cheung, 2002). Considerable research has emphasized the factors that apply to the psychological consequences that

older adults experience as they adapt to challenges related to aging (Jopp & Rott, 2006). The literature on psychological consequences has focused on somatosensory responses as well as psychological responses that accompany stressful life events (Huertas, 2005). The literature identifies the importance of the psychological consequences of bullying as it relates to the individual's capacity to express psychological well being, and adaptively manage stress and stressful situations (Endler, Parker, & Butcher, 1993).

#### Definition of Terms

In this study, bullying was operationally defined by assessing the total number of incidents in which negative acts occurred within the last 6 months. The category *victim* was used for any individual who indicates experiencing more than 24 negative acts within the last 6 months. The category *somewhat exposed* was used for any individual who indicates experiencing from 1 to 23 negative acts within the last 6 months. The category *nonvictim* was used for any individual who indicates no negative acts within the last 6 months.

The NAQ (Einarsen & Raknes, 1997) is a 29-item, 5-point Likert-type self-reporting instrument that were used to assess negative acts associated with bullying. The NAQ assesses exposure to bullying, but because the items are described in behavioral terms and do not reference the term bullying, this questionnaire offers the benefit of describing bullying without the label *bullying*. Because the NAQ was developed for a workplace setting, descriptors used in the questions were modified for the nursing-home setting (e.g., coworker was changed to fellow resident).

Psychological consequences of bullying were operationalized as the total score on the GHQ because the total score identifies symptoms of current mental well being (Goldberg, 1992). The GHQ is a brief self-report inventory that was designed to provide information on current mental well being rather than identifying a specific psychiatric diagnosis (Goldberg). The GHQ is a 12-item inventory that identifies three broad symptom types including anxiety and depression, social dysfunction, and loss of confidence (Cheung, 2002). The GHQ results, then, in a score ranging from 0 to 36 in which higher scores are reflective of greater psychological consequences.

The literature identifies that psychological consequences are related with bullying (Hawker & Boulton, 2000; Ireland & Ireland, 2000; Zapf et al., 2003), and studies demonstrate that the GHQ has been used to assess the psychological consequences of bullying in workplace studies (Hoel et al., 2004; Leddy & O'Connell, 2002). Cheung (2002) found that the GHQ is useful in distinguishing between older adults who exhibit psychological disturbance and those who are relatively healthy.

#### Assumptions of the Study

The assumptions of the study are as follows:

1. Participants will be capable of answering the surveys used in the study.
2. The NAQ is a valid and reliable measure of bullying for the nursing-home population used in the study.
3. The GHQ is a valid and reliable measure of psychological consequences of bullying in the nursing-home population used in the study.



### Limitations

The limitations involved in the study are as follows

1. This study used a sample of nursing-home residents from southwestern Ohio and thus the study may not generalize to all nursing-home populations.
2. There is no way of controlling for other stress factors that may influence the psychological consequences of bullying in nursing homes. Some of the other stress factors may include stress related to loss of independence, stress related to health status, and/or stress related to everyday living.
3. The self-selected volunteers may not be a representative sample of all nursing home population.
4. The nursing homes that were selected may not be representative of all nursing homes.

### Scope and Delimitations of the Study

A quantitative method was used for assessment of the prevalence of bullying within the nursing-home setting, and the investigation of the psychological consequences of bullying for nursing-home residents. The focus of the study was nursing-home residents who reside in nursing homes in southwestern Ohio. Cognitively intact nursing-home residents were asked to participate in this study in an effort to increase the understanding of resident-to-resident interaction within nursing-home settings.

### Significance of the Study

This study contributes to the growing dialogue recognizing the debilitating psychological consequences of bullying as well as providing ideas and making positive

suggestions for addressing the problem of bullying in nursing homes. The current study is important because it improves the understanding of bullying within nursing homes and supports steps to minimize its effects in areas such as roommate assignment, table assignment, and incidents of resident-to-resident conflict. Another outcome of this study is the generation of useful information for staff education on the prevalence of bullying and the psychological consequences of bullying in nursing homes. Finally, this study suggests factors related to the psychological consequences of bullying within the nursing-home setting.

#### Summary

Bullying is believed to be prevalent in nursing homes and to have important psychological consequences. The purpose of the study, therefore, is to address the problem through an investigation of the prevalence of bullying in nursing homes and the psychological consequences of bullying.

Chapter 2 will present a review of the theoretical literature relevant to bullying and to the psychological consequences of bullying. Chapter 3 will provide an outline of the research methods and procedures that permit the investigation of the prevalence of bullying in nursing homes, and the psychological consequences of bullying. Chapter 4 will provide the results of the study, and chapter 5 interprets the findings and discusses the consequences of the study.

## CHAPTER 2: LITERATURE REVIEW

### Introduction

Bullying has been described as a “very old and well known phenomenon” (Olweus, 2002, p. 12). Victims of bullying are more likely than nonvictims to experience problems such as depression, anxiety, and low self-esteem and to engage in greater levels of suicidal ideation. The study of bullying found its beginning with children in schools (Olweus). In the last decades, the research on bullying has expanded into adult populations in the workplace and in the prison setting. This study seeks to expand the research on adult bullying within the nursing-home setting.

The effects of the victimization of bullying persist beyond the actual experience of a bullying interaction (Hogh & Dofradottir, 2001). These findings illustrate that there are negative psychological consequences of bullying that impact the mental health of victims. Bullying has been described as a social and interpersonal problem that involves the repeated, intentional use of aggression. In their meta analysis, Zapf et al. (2003) and Hawker and Boulton (2002) have identified the psychological consequences of bullying, and both reflected that the psychological consequences have been the focus of considerable research.

This study attempted to determine the prevalence of bullying in a nursing-home sample and to investigate the relationship between psychological well-being or psychological resilience, and bullying status. This study expanded the research on the

prevalence of bullying within both the workplace and prison settings and the research on the impact of bullying on psychological resilience and mental health.

### Organization of the Literature Review

The literature review identifies the concept of bullying and the research on the psychological consequences of bullying. Specifically, within a psychoemotional framework, the focus is on types of bullying, prevalence of bullying, types of victims, and gender effects of bullying. The literature review discusses variables of bullying and the psychological consequences of bullying, seeking relevant measurements for bullying and mental health to assess the psychological consequences of bullying.

### Strategy for Searching the Literature

The literature selected for this review includes studies, articles, and published books that discuss and describe bullying, the consequences of bullying, and victimization related to bullying published between 1976 and 2006. The researcher used online search engines to identify relevant articles and databases such as Academic Search Premier, ERIC, and PsychINFO, PsychARTICLES. The search on key words included: bullying, consequences of bullying, mental health, psychological consequences, coping, victimization, harassment, prison, workplace, and education. Whenever possible, the most current data and studies conducted by leading researchers in the field of bullying are integrated into this literature review.

The literature review centers on studies that identified bullying and the psychological consequences of bullying. Given that no literature was found directly identifying the empirical research of resident-to-resident bullying within nursing-home

settings, the review relies on the empirical study of bullying and the psychological consequences of bullying in adult populations in the workplace and in prison settings.

### Context of Bullying in the Nursing-Home Environment

While no empirical studies studying bullying in nursing homes were identified, there are good reasons to believe that bullying occurs in nursing homes. Entering a nursing home has been identified as one of the most difficult developmental challenges for older people (Stabell, Eide, Solheim, Solberg, & Rustoen, 2003). A response to the move to a nursing-home community is the development of dependency behaviors where residents demonstrated increased dependency on the care staff and exhibited deficits in initiative, energy, and independent decision making (Komaromy, 2000). These deficits negatively influence nursing-home residents when they are called upon to cope or deal with situations where independent action would be beneficial. Stabell et al. noted that nursing-home staff tended to behave in an overprotective manner in order to efficiently manage the nursing home, as an institution. Stabell et al. noted that the interaction between nursing-home resident and nursing-home staff not only represents an increasingly important social relationship, but that dependency upon staff may be a factor in behavioral dependency. A benefit of the current study is the identification of the psychological consequences of bullying by nursing-home residents. These results offer nursing-home staff relevant information to improve resident care in nursing homes.

There is significant agreement in the literature regarding disruptive behavior within nursing homes. Cohen-Mansfield, Werner, and Marx (1992) noted that “it is reasonable to expect that some agitated behaviors may result from the interaction between the agitated resident and persons in the resident’s environment” (p. 789). Cohen-

Mansfield et al. noted the role of the social environment on the manifestation of agitated behavior by a nursing-home resident. Soreff and Siddel (2004) stated that “from time to time, residents can become aggressive and, yes, violence does happen” (p. 58).

Aggressive behavior by residents in nursing homes has been attributed to dementia (Cohen-Mansfield et al., 1992), medical conditions like urinary tract infections (Williams, 2004), psychological problems like depression and persistent mental disorders, as well as the interpersonal social context of residents’ lives within the nursing home (Soreff & Siddel, 2004). Cohen (2003) also identified drug intoxication, withdrawal, and the interaction of medications as contributors to aggressive behavior in nursing homes. Voyer et al. (2005) included insomnia as another factor that influences aggressive behavior by residents in nursing homes.

Relative to the prevalence of aggressive behavior in nursing homes, Williams (2004) reported that more than 1,000 Massachusetts nursing-home residents are attacked by other residents each year. Voyer et al. (2005) reported that 21.2% of nursing-home residents displayed physically aggressive behavior, and 21.5% of nursing-home residents displayed verbally aggressive behavior. In a sample of 408 nursing-home residents, Cohen-Mansfield and Werner (1992) reported that 199 were aggressive, either physically or verbally.

Complicating the management issues of nursing-home residents is the landmark 1999 Supreme Court ruling known as the Olmstead decision, which mandated care standards for disabled residents in nursing homes (Bartels, Miles, Dums, & Levine, 2003). Bartels et al. noted that nursing homes have become the primary institution-based setting for older persons with severe mental illness. Individuals with severe mental illness

in prison settings, as noted by Ireland and Bescoby (2005), are prone to bullying.

Ireland and Bescoby found that social and spatial density common to institutional settings played a role in bullying. Cohen-Mansfield et al. (1992) reinforce the importance of the residents' environment relative to aggressive behavior. Reynolds, Henderson, Schulman, and Hanson (2002) noted that 43% of adult Americans over the age of 65 will spend time in a nursing home. While Voyer et al. (2005) noted that cognitive impairment is the most significant predisposing factor regarding aggressive behavior in nursing homes, the prevalence rates of aggressive behavior in nursing homes ranges from 7% to 91%.

It is important to realize that nursing homes have become increasingly involved in end-of-life care: 6% of deaths occurred in nursing homes in 1958; whereas 20% of deaths occurred in nursing homes in 1993 (Reynolds et al., 2002). The Reynolds et al. study also reported that the stereotype of the nursing home being the final move is supported by statistics: 15% of nursing-home residents die within the first year of residence and 66% of long-term residents of nursing homes remain until the day they die.

In recent decades there has been increasing interest in the study of quality of life in nursing homes in order to identify strategies to improve the lives of older adults, despite deficits in nursing-home residents' physical health (McKee, Houston, & Barnes, 2002). It is clear that there exists a negative relationship between chronic illness and poor quality of life assessment in older adults. Reker (2001) noted that the common predictor of successful aging has relied upon a stress/coping model, and has emphasized environmental factors, personal characteristics, lifestyle factors, social resources, and psychological consequences of bullying. As such, the model of success in aging has been historically tied to the absence of factors common to residents in nursing homes: illness,

chronic disability, functional decline, and cognitive decline. Reker noted that losses in cognition and functioning as well as the presence of chronic illness are often irreversible, so there is an increased need to support nursing-home residents in coping despite these losses. Bergland and Kirkevold (2001) noted the importance of understanding the relationship between physical disability and psychological experience in older adults.

Studies of bullying in the workplace setting provide important findings that relate the presence of bullying to the effectiveness of employee functioning (Zapf et al., 2003). After bullying was identified, workplace supervisors began efforts to manage the negative influence of employee-to-employee bullying which has resulted in improved employee morale, improved job satisfaction, and improved employee retention (Zapf et al., 2003). While job satisfaction and employment retention are not applicable for the present study, the identification of bullying can be used to improve resident functioning within the nursing home, akin to employers improving employee status within the workplace.

Studies of bullying in prison settings provide important findings that relate the presence of bullying to the management of inmate behavior (Ireland, 2000). There have been a number of studies on the difficulties that residents face as they adjust to life within nursing homes. Thorson and Davis (2000) noted that there are three groups of nursing home residents—those who remain for a prolonged period of time, those who are residents during a period of rehabilitation, and those who die shortly after admission (reported to be 24% within 30 days and an additional 30% within the next 60 days). Thorson and Davis stated that “some long term care facilities ... have, in effect, no rehabilitation services and are in reality warehouses for those waiting to die” (p. 132).