



# Staff Knowledge and Perception of Elder abuse in Long Term Care.

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# OBJECTIVES

- Background and Context
- Study Methodology
- Results
- Recommendations

# ELDER ABUSE

- 'A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person, or violates their human and civil rights' (Department of Health and Children 2002).

# Background / Context

- Abuse of older people has been hidden from public view (WHO, 2002) and difficult to quantify
- Until the late 1990's elder abuse was not recognised as a problem but it did happen (O'Loughlin and Duggan 1998).
- Elder abuse has the potential to occur in multiple settings
- Prevalence in Community – 2.2% in a recent Irish National Study (Naughton et al, 2011)

# Developments in Ireland

## Policy and services

- 'Protecting our Future'- blue print for elder abuse service development (2002).
- Health Service Executive (HSE) established a dedicated service to manage suspected cases of elder abuse
- Structure for responding to elder abuse allegations (SCW's and DEAO).
- Awareness campaigns 'Open your Eyes'
- Education and training for staff

# Developments in Ireland

- Database of reported incidence of abuse
- National Centre for the Protection of Older People (NCPOP)
- Health Act 2007
- Health Information and Quality Authority
- Review of these developments (2009) recommended addressing concerns in relation to residential settings.

*Many of these developments have occurred since this study was conducted.*

# Research literature

- Studies on abuse in community settings
- Recent national prevalence studies of elder abuse from the USA, Israel, UK, Spain and Ireland (Naughton et al, 2011)
- In Ireland prevalence of overall abuse and neglect in Community-dwelling older people was 2.2% in the previous 12 months (Naughton et al, 2011)
- Paucity of research on the abuse in care homes or residential care settings in Ireland

# ELDER ABUSE IN RESIDENTIAL SETTINGS

## International research

- **U.S.** Pillmar and Moore in 1989 : 81% of staff had witnessed psychological abuse and 36% observed physical abuse.
- **Sweden:** Saveman et al, (1999) elder abuse were identified by 11% of nurses.
- **Norway:** Juklestad (2001) older people with dementia more vulnerable. Risk of abuse is greater if the staff receive little support from management and lack training
- **Norway:** Sandvide et al (2004) in a survey of care providers (n=848) in nursing homes a total of 149 events of abuse reported.

# ELDER ABUSE IN RESIDENTIAL SETTINGS

## International research

- Researchers emphasized the complexity of abusive situations.
- The challenge : to bring what is hidden to the surface, so that it might be understood, and dealt with directly (Wong and Marr, 2002; Erlingsson, Carlson and Saveman, 2006).
- Kottwitz, (2003) perception of elder abuse among nurses and care staff could affect quality of care.

# Research with Health Care Staff

- Staff found difficulties with identification of elder abuse and barriers to detection and management (Pillemar et al., 1989; Saveman et al, 1999; Wong and Marr, 2002; Erlingsson et al, 2006).
- Attributed to lack of knowledge and differing perceptions of what constituted elder abuse (Pillemar et al., 1989; Meeks-Sjostrom, 2004; Kennelly, et al., 2007).
- Only one Irish study has evaluated HCP awareness of elder abuse i.e. Doctors and Social workers (Kennelly, Sweeney and O'Neill, 2007).
- No such study conducted with nurses and or care staff working with older people in Ireland.

# STUDY METHODOLOGY

**Aim:** To ascertain knowledge and perception of elder abuse among nurses and care assistants in long term care setting for older people in Ireland.

**Design:** Descriptive correlational survey

**Population:** Nurses and care assistants in 3 long term care settings (n=163)

**Instruments:** Demographic questionnaire  
The Perception of Elder Abuse Questionnaire (Kottwitz, 2003).

# RESULTS

- Response rate was 70 % (n=114).
- All female
- Nurses n=55 Care assistants n=48
- Length of employment :Mean 11.5 yrs (range 1-40)
- Education:
  - **Nurses:** 82% certificate level, 9% BSc , 9% PGDip Gerontology.
  - **Care Assistants:** 35% recognised national qualification

# Education on elder abuse

- **60% Nurses** but only **17% Care Assistants** had attended at least one training session on elder abuse.
- **59 % Nurses** and **52 % Care Assistants** were confident about recognising elder abuse.
- **79% Nurses** and **75 % Care Assistants** expressed a strong interest in receiving formal training on elder abuse.

# Perceptions of physical abuse

## Examples (all staff)

- **Ambulating an elder against their wishes to improve or maintain their quality of health is abusive** 34% agreed, 43% disagreed and 23% were undecided
- **Insisting on daily oral hygiene is abusive:** 59 % disagreed with the statement that and 11% undecided.

# Perceptions of physical abuse

## Examples (all staff)

- **Forced bathing twice a week is abusive :**  
75 % agreed
- **Using chemical restraints for the protection of the elder's safety is abusive :**  
60 % agreed, 10 % disagreed 30% undecided.

# Perceptions of psychological abuse

## examples (all staff)

- **Forcing elders to participate in activities is abusive:** 54 % respondents agreed
- **Enforced bedtimes are abusive:** 70 %, agreed – no undecided.
- **Admitting elders with the diagnosis of dementia and without to the same long-term facility is abusive to those without the diagnosis of dementia:** 51% agreed, 28% disagreed and 21% undecided.

# Perceptions of developmental abuse (examples)

- **Excluding disruptive older patients from activities is abusive** : 50% agreed , 31% disagreed and 17% undecided.
- **Requirement for yearly driving tests for those aged over 75 whether the older person agreed or not is abusive**: 63% disagreed.
- **Reality testing is abusive**: 68% disagreed

# Perceptions of sociocultural and spiritual abuse

- **The practice of ignoring an older person is abusive : 86% agreed**
- **Ignoring an elder's cultural beliefs is abusive : 90% agreed.**
- **Insisting elders are involved in church activities against their beliefs is abusive: 93% agreed.**

# Conclusions

- **Overall,** the results revealed high levels of uncertainty about what constituted abuse.
- **Limitations:**  
Sample size - one geographical area.  
Questionnaire: series of single statements, may not have taken into account the complexity of issues. Language may need to be more culturally appropriate.

# Why uncertainty?

- Some of the statements may not always be construed as negative in the context of care.
- Uncertainty may also be a response to the complexities surrounding the detection of abuse, particularly the subtle forms  
(Buka and Sookhoo 2006, Lo et al 2009, Phelan 2009).
- Respondents' uncertainty may be reflective of a lack of awareness of circumstances that can potentially lead to abuse (Hirst 2002).

# RECOMMENDATIONS

- Promote awareness of the complexities of elder abuse among all staff working with older people.
- Educational programmes should be tailored to participants' initial knowledge and also the context of care (Phelan 2009).

# RECOMMENDATIONS

- Further larger scale research on knowledge and perceptions of elder abuse is required in Ireland
- A qualitative enquiry into staff attitudes to elder abuse would be of value.

# RECOMMENDATIONS

- Due to the complex nature of elder abuse it is important that all staff feel confident and supported to express concerns, and seek clarity on delicate care issues, thereby alleviating possible abusive situations.
- Information sharing and multidisciplinary approaches to care are important in providing a safe environment for older people and should be encouraged in long-term care settings.

# Thank you

## Questions?



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