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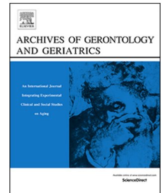
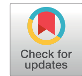


Elder abuse and its impact on quality of life in nursing homes in China



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ABSTRACT

There are limited available data on elder abuse and its impact on quality of life (QOL) in China. This study investigated the prevalence of elder abuse in nursing homes and its associated demographic, clinical factors and QOL in Macau and Guangzhou, China. A total of 681 subjects (244 in Macau and 437 in Guangzhou) were consecutively recruited. The prevalence of elder abuse was 11.48% and 8.24% in Macau and Guangzhou, respectively. Multivariate analyses revealed that having a religion and depressive symptoms were independently and positively associated with elder abuse. No significant association between elder abuse and any QOL domain was found. Elder abuse is common in nursing homes in both Macau and Guangzhou. Appropriate strategies and educational programs should be developed for health professionals to reduce the risk of elder abuse.

1. Introduction

The aging population is rapidly increasing globally (Petersen & Yamamoto, 2005). Aging is significantly associated with a number of negative outcomes, such as poor mental and physical health, impaired functioning and cognitive performance, and bereavement (Sivertsen, Bjørkløf, Engedal, Selbæk, & Helvik, 2015). Elder abuse is also common (Gordon & Brill, 2001) since older persons are usually powerless, vulnerable and dependent on their families and carers (Abolfathi Momtaz, Hamid, & Ibrahim, 2013; Gordon & Brill, 2001). Elder abuse was defined by the World Health Organization as a single or repeated acts, such as verbal abuse or assault, or lack of appropriate action, occurring in a relationship where there is an expectation of trust, which cause harm or distress to old persons (Krug, Mercy, Dahlberg, & Zwi, 2002). An European report entitled "Long Term Health Care" found that 47% of European citizens believed that elder abuse was very common (Eurobarometer, 2007). A large-scale community study conducted in the US reported that the 1-year prevalence of elder poly-victimization was 1.7% (Williams, Racette, Hernandez-Tejada, & Acierno, 2017). A systematic review of 49 studies found 6% of older adults reported significant abuse in the past month (Cooper, Selwood, & Livingston, 2008). A systematic review of 52 studies found that the prevalence of elder abuse was 15.7% (Yon, Mikton, Gassoumis, & Wilber, 2017). The wide range of prevalence of elder abuse is partly due to different sample size, sampling methods, assessment instruments, sociocultural factors and health conditions.

In Asia, the understanding about elder abuse may be different compared to Western settings (Kosberg, Lowenstein, Garcia, & Biggs, 2003; Yan, Chan, & Tiwari, 2015), for example, disrespectful behaviours are usually regarded as a form of elder abuse (Tam & Neysmith, 2006). Across Asia, one study (Yan et al., 2015) found that the prevalence of elder abuse ranged from 0.022% to 62%, and psychological

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Table 1
Basic demographic and clinical characteristics of the sample by study site.

	Whole sample (n = 681)		Guangzhou sample (n = 437)		Macau sample (n = 244)		Statistics		
	N	%	N	%	N	%	X^2	df[a]	P
Male gender	193	28.34	160	36.61	33	13.52	41.1	1	**< 0.001**
Married/co-habitating	151	22.17	87	19.91	64	26.23	3.63	1	0.057
Secondary school or above	243	35.68	198	45.31	45	18.44	49.24	1	**< 0.001**
Having a religion	301	44.20	132	30.21	169	69.26	96.84	1	**< 0.001**
Perceived financial status							39.35	2	**< 0.001**
Bad	173	25.40	83	18.99	90	36.89			
Fair	328	48.16	210	48.05	118	48.36			
Good	180	26.43	144	32.95	36	14.75			
Family history of psychiatric disorders	28	4.11	10	2.29	18	7.38	10.28	1	**0.001**
Reported verbal or physical abuse	64	9.40	36	8.24	28	11.48	1.927	1	0.165
Perceived health status							1.98	2	0.372
Good	122	17.91	84	19.22	38	15.57			
Fair	436	64.02	282	64.53	154	63.11			
Bad	118	17.33	71	16.25	47	19.26			
Chronic medical conditions	652	95.74	430	98.40	222	90.98	21.11	1	**< 0.001**
Reported insomnia	189	27.75	82	18.76	107	43.85	79.42	1	**< 0.001**
	Mean	**SD**	**Mean**	**SD**	**Mean**	**SD**	**T/Z**	**df[b]**	**p**
Age (year)	80.53	8.26	81.51	8.27	78.80	7.97	−4.20	518.85	**< 0.001**
PHQ-9 total	3.10	4.18	1.57	2.85	5.84	4.76	14.64	679	**< 0.001**

Bold values are $p < 0.05$; PHQ-9 = Patient Health Questionnaire-9.
[a] χ^2 test.
[b] Two sample independent test.

abuse was the most common type. In mainland China (China thereafter), a survey of 412 older people in a medical center found that the overall prevalence of elder abuse was 35% (Dong, Chang, Wong, Wong, & Simon, 2011; Dong, Beck, & Simon, 2010). In Taiwan, 6.3% of older people had experienced psychologically abuse (Wang, 2006), while in Hong Kong the prevalence of verbal and physical abuse was 20.8% and 2% respectively (2003, Yan & Tang, 2001). To date, however, no studies have examined the prevalence of elder abuse in Macau.

As the former colony of Portugal, Macau is situated at the southeastern of China and has different sociocultural and economic characteristics compared to China. In Macau the proportion of older persons aged 65 years and above was 8.2% of the whole population in 2015, and is projected to increase to 15.1% by 2021 (Nogueira et al., 2016). By comparison, the proportion of older adults in China in 2010 was reported to be 8.9% (Peng, 2011). Due to the extended one child family policy in China, younger adults would usually place their parents in nursing homes due to their inability to support their aging parents. According to a previous survey, around 1.5% of older persons lived in nursing homes or similar health facilities in China (Xie, Zhang, Peng, & Jiao, 2010). To the best of our knowledge, no studies on the prevalence of elder abuse and its impact on quality of life (QOL) in nursing homes in China have been published. The objective of this study was to compare the prevalence of elder abuse in nursing homes between Macau and Guangzhou, China, and also examine its association with clinical factors and QOL.

2. Methods

2.1. Settings and subjects

This cross-sectional study was conducted between September 1st, 2015 and November 31st, 2016. Of the 20 nursing homes in Macau, 11 nursing homes with around a total of 600 older persons were randomly selected by a computer-generated randomized number. In Guangzhou the only nursing home with around 1200 older persons run by the provincial civil affairs bureau was included. Residents in the selected nursing homes were consecutively screened and those who met the following inclusion criteria were invited to participate in this study: 1) age of 60 years or above; 2) Chinese ethnicity and being fluent in Chinese language (Cantonese or Mandarin); 3) having ability to communicate adequately and complete the interview. This study protocol was approved by the Human Research and Ethics Committee of University of Macau. All participants provided written informed consent.

2.2. Data collection

Participants' basic socio-demographic and clinical characteristics were collected by a standard data collection sheet designed for this study based on a review of case report. The interview was conducted by three trained research assistants.

2.3. Assessment tools and procedures

As there were no standardized instruments on elder abuse in China and Macau, in this study verbal and physical abuse during the past six months was assessed using the following 'yes/no' questions: 1) "Do you have experienced any verbal abuse by others?". Verbal abuse referred to being sworn at, yelled, called by names or other words intended to control or hurt; 2) "Do you have experienced any physical abuse by others?". Physical abuse was defined as the experience of being subjected to physical contact (being hit, kicked, slapped, pushed, grabbed, choked, etc.) (Fulmer, Guadagno, Bitondo Dyer, & Connolly, 2004). In order to ensure that the participants understood the questions adequately, the questions were read aloud and elaborated further if they did not understand the content initially. If participants answered 'yes' to any of the two questions, then he/she was classified as "experiencing elder abuse". Similar measures were also used in other studies (Shiao et al., 2010; Zeng et al., 2013).

Sleep disturbances during the past week was ascertained by asking three questions (Liu, Uchiyama, Okawa, & Kurita, 2000) with each having three options (0 = never; 1 = sometime; 2 = often): "Do you have difficulties in falling sleep?" "Do you have difficulties in maintaining sleep and wake up often?" and "Do you wake up in the midnight or early morning and having difficulties in falling sleep again?" A participant who answered "often" to any of the questions was defined as

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