



## Influence of health personnel's attitudes and knowledge in the detection and reporting of elder abuse: An exploratory systematic review



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### ABSTRACT

This article reviews the main results and conclusions of published studies concerning the influence of the knowledge and attitudes of health professionals in detecting and reporting elder abuse. Fifty-seven articles published in English or Spanish between 2000 and 2014 were analysed. The main findings and conclusions are presented around four themes: (1) the influence of definitions used by professionals in the detection and reporting of abuse; (2) the ability of knowledge and attitudes of professionals to act as barriers or facilitators of abuse detection and reporting; (3) the influence of the knowledge and attitudes of professionals in strategies for action taken in response to suspected abuse; and (4) training as a means to improve the competence of professionals to detect and report abuse. Results show the influence of knowledge and attitudes, but testing the theoretical models that integrate the relationship of these variables to other factors that affect decision processes and actions of health professionals is needed. Findings from such tests will facilitate the design of intervention strategies to increase the likelihood that health professionals will detect and report abuse.

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### La influencia de las actitudes y de los conocimientos de los profesionales de la salud en la detección y notificación de los malos tratos a las personas mayores. Una revisión sistemática exploratoria

### RESUMEN

Este artículo presenta una revisión de los principales resultados y conclusiones de los estudios sobre la influencia de los conocimientos y las actitudes de los profesionales de la salud en la detección y la notificación del maltrato a las personas mayores. Se analizaron 57 artículos publicados en inglés o en español entre los años 2000 y 2014. Los principales resultados y conclusiones encontrados se exponen en torno a 4 líneas temáticas: 1) la influencia de las definiciones utilizadas por los profesionales en la detección y la notificación; 2) el papel de los conocimientos y las actitudes de los profesionales como barreras o facilitadores de la detección y la notificación; 3) la influencia de los conocimientos y las actitudes de los profesionales en las estrategias de actuación ante la sospecha de maltrato, y 4) la formación como medio para mejorar la competencia de los profesionales para detectar y notificar. Los resultados de las investigaciones muestran la influencia de los conocimientos y las actitudes, pero sería necesario probar modelos teóricos que integrasen la relación de estas variables con otras que han demostrado influir en el proceso de decisión y en las actuaciones de los profesionales. Sus resultados facilitarían el diseño de estrategias de intervención para aumentar el número de casos detectados y notificados por los profesionales.

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#### Palabras clave:

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Elder abuse is a single or repeated act or lack of appropriate action that causes an older person harm or distress within any relationship where there is an expectation of trust (World Health Organization, 2002). Elder abuse represents a significant public health and social problem. Maltreatment of the elderly can produce serious consequences for their health and wellbeing, including reduced quality of life, psychological distress, loss of property and security, and increased morbidity and mortality. As the size of the aged population grows, the number of elder abuse cases is also likely to increase. In Europe, the proportion of people 65 years of age and older is predicted to grow from 14% in 2010 to 25% in 2050 (World Health Organization, 2011). The prevalence of elder abuse varies widely. A recent systematic review showed that in North and South America, the prevalence of elder abuse ranged from 10% in cognitively intact older adults to 47.3% in older adults with dementia (Dong, 2015). Meanwhile, the European Report on Preventing Elder Maltreatment (World Health Organization, 2011) showed that the prevalence of maltreatment in community-dwelling elders was high (about 3%) and might be higher (25%) for older people with high support needs. According to this report, older people receiving formal care either at home or in care settings were more vulnerable to maltreatment, with an average rate of 11% in the European Union (World Health Organization, 2011).

There is a general agreement that health professionals, especially doctors and nurses, have an important role in detecting and reporting abuse due to the nature of their contacts and relationships with the older people. Physicians and nurses are best placed to recognise these cases since most elderly people trust them (Almogues, Weiss, Marcus, & Beloosesky, 2010). These professionals are usually the first contacts of abuse victims may have with a medical or social service organisations or agencies and their ability to recognise the signs and symptoms of elder abuse is of utmost importance (Rinker, 2009). Because victims of elder abuse tend to be isolated, their interactions with physicians present critically important opportunities to recognise elder abuse and to intervene or refer the victims to appropriate providers (Lachs & Pillemer, 2015). However, professionals have difficulty recognizing suspected cases of elder abuse, and the percentage of reported cases is very low even when professionals suspect abuse (Yaffe, Wolfson, & Lithwick, 2009). Some studies have suggested that for every case of elder abuse reported, 23 go undetected (American Psychological Association, 2012). Despite mandated reporting laws that require health professionals to report elder abuse, health professionals have low rates of reporting.

Elder abuse has only recently been addressed in the medical literature (Kennedy, 2005). Little is known of how much the health professionals know and understand the problem (McCreadie, Bennett, Gilthorpe, Houghton, & Tinker, 2000), and reasons for lack of reporting are understudied. Underreporting appears to be related to the fact that the perpetrators of abuse are usually family members or carers, and of equal importance is a general community lack of understanding and health professionals' lack of education in recognition of aged abuse (Joubert & Posenelli, 2009). Professionals report that lack of confidence and knowledge regarding defining, diagnosing, and reporting abuse are important barriers to managing abuse effectively (Cooper, Selwood, & Livingston, 2009). Professionals' knowledge and skills have been considered a clear deficit in detection, and the education of medical staff has been identified as the most effective way of improving the recognition of cases of abuse (Joubert & Posenelli, 2009). Professionals' attitudes also seem to influence their decision to report. Reluctance to report abuse unless certain that it had occurred, empathy with the abuser (if another professional), fear of the consequences of reporting, dissatisfaction with the authorities'

response to the reported abuse cases, and the lack of confidence in identifying or reporting geriatric victims of abuse or neglect have emerged as factors that can reduce reporting (Clark-Daniels, Daniels, & Baumhover, 1990; Jones, Veenstra, Seamon, & Krohmer, 1997).

We hypothesised that the knowledge and attitudes of health professionals regarding abuse could be factors that influence their ability to detect and report elder abuse, as well as their decisions and actions in response to suspected abuse. The final decision could be the result of an overall assessment of the case that includes very different factors. Knowing the most relevant knowledge and attitudes in the decision-making process and how they interact with other variables may provide guidance to implement interventions that medical staff could take to improve abuse detection and reporting. For these reasons, we decided to conduct an exploratory review on this issue.

The purpose of this exploratory review was to develop an overview of the main results and conclusions of published studies concerning the influence of the knowledge and attitudes of health professionals in detecting and reporting elder abuse. The main question that guided this review was: What are the main findings and conclusions of articles published between 2000 and 2014 on the relationship between the attitudes, knowledge, and actions of health professionals in detecting and reporting cases of domestic and institutional elder abuse? In our literature search, two systematic reviews were found that analysed studies on the influence of the knowledge of professionals in detecting and reporting abuse cases and the factors that influence decision making (Cooper et al., 2009; Killick & Taylor, 2009).

Cooper et al. (2009) conducted a systematic review to analyse health and social care professionals' knowledge of elder abuse, their ability to detect it, and their willingness to report it. They also examined characteristics of staff and organisations that were associated with more abuse being reported and any interventions designed to increase these outcomes. This review included original research articles reporting quantitative data, and the search was made in PubMed and Web of Science databases in November 2008.

The review conducted by Killick and Taylor (2009) sought to identify research material relating to older people living in the community who were subjected to abuse by an informal caregiver. Their purpose was to analyse the factors that influence professional decision making at the point of first referral. Eight databases were used in the search process: Ageinfo, ASSIA, CINAHL, Google Scholar, Medline, Psycinfo, Social Care Online, SSA, and SSCI. Inclusion criteria referred to English language, 1995–2006 inclusive, and empirical research design.

The purpose of the review presented here is different from the aims set by the previous two reviews. Although the three reviews analyse variables that influence the detection and reporting of situations of abuse, this review focuses specifically on the influence of attitudes and knowledge of health professionals. The range of material that was considered was also different. This review included more recent publications and covered databases listing publications in English or Spanish. It incorporated data from both qualitative and quantitative studies within the same review, as well as theoretical essays. Studies about people living in hospitals or nursing homes and abuse by paid staff or caregivers were not excluded.

The results of this exploratory review may complement and extend the results of the previous two reviews. They can provide valuable information to design research and interventions that increase rates of detecting and reporting elder abuse, a prevalent and growing social problem with significant consequences on victims' health and wellbeing.

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