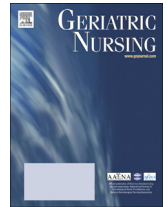




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## Feature Article

## Preventing elder abuse and neglect in geriatric institutions: Solutions from nursing care providers

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## ABSTRACT

This study explores how and why abuse and neglect occurs in geriatric institutions and presents practical prevention measures. Exploratory qualitative interviews were carried out with purposive sample of 23 nursing staff members. They were recruited from different institutions caring for older patients in the north-western region of Switzerland. These interviews were analyzed using thematic analysis. Participating nursing staff members reported several factors pertaining to the care provider, the older patient, and the institution that precipitated abuse and neglect. They mentioned different solutions that could help them address their responsibilities in a reasonable manner. The solutions included, for example, ensuring proper education and training, better management nursing care provider's responsibilities and timely intervention to address abuse and neglect, as well as rotating care provider. Implementing these suggestions will allow geriatric institutions, its managers, and nursing care providers to improve quality of care and reduce such negative occurrences in these settings.

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## Introduction

Elder mistreatment is defined as “(a) intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder or (b) failure by the caregiver to satisfy the elder's basic needs or to protect the elder from harm”.<sup>1</sup> Elder mistreatment generally encompasses the following five types of abuse and neglect: physical abuse, psychological/emotional abuse, sexual abuse, financial exploitation, and neglect (caregiver neglect and self-neglect). Such abuse and neglect affects up to 10% of community living older persons every year.<sup>2–7</sup> Moreover, for every case of elder abuse and neglect (EAN) reported, 24 remain unreported.<sup>8</sup>

As in the community, EAN occurs in institutional geriatric settings. Pillemer and Moore<sup>9</sup> carried out the seminal elder abuse study with 577 nursing home staff members in the United States (US). They found that 10% of the respondents had committed at

least one act of physical abuse and 40% had carried out one or more acts of psychological abuse during the preceding year. Three decades later, Bloemen and colleagues<sup>10</sup> reported that long term care ombudsman received an average of 11,749 EAN complaints per year between 2006 and 2013.

In the European context, a Swedish study with 499 nursing home staff members revealed that 11% knew of at least one abusive incident in the last year and two percent had abused an older patient, with physical and psychological abuse being the most common.<sup>11</sup> A pilot study with 80 nursing home staff members from Germany found that 66% of the respondents had witnessed abuse or neglect of an older resident and 79% of them had abused or neglected an older resident.<sup>12</sup> Results from another German study reported similar results: approximately 71% of the nursing staff members (total  $n = 361$ ) had engaged in at least one act of neglect and abuse and they had also witnessed someone else committing an act of abuse or neglect during the past 12 months.<sup>13</sup> Again psychological abuse was the most prevalent form of EAN followed by neglectful care.

Factors resulting in abuse and neglect include poor level of care, low staff-to-patient ratio, job dissatisfaction, lack of continuing education, and high staff turnover rate.<sup>9,12,13</sup> Several studies reveal that nurse turnover, burnout, and stress affect overall quality of care.<sup>14–17</sup> Furthermore high workload affects nurses' ability to provide necessary care, thereby raising quality of care concerns.<sup>18</sup>

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Although research highlight the positive effect of education on detecting abuse and neglect,<sup>19–21</sup> others note that nursing staff members face challenges in defining, identifying, and addressing elder abuse.<sup>20–22</sup> A study similar to the one we carried out in Switzerland is from the US that explored the competency of certified nursing assistants (CNAs) to prevent elder abuse.<sup>23</sup> They found in the order to prevent elder abuse it was important for care providers to be aware of the definitions and policies regarding elder abuse, have good relationships and communication with residents as well as a good working environment.

In the Swiss context, there are 1577 nursing homes in the 26 Swiss states that care for more than 149,000 persons.<sup>24</sup> Nursing homes in Switzerland can be public or private. The mean age of nursing home residents is 80.8 years for men and 85.8 years for women.<sup>25</sup> Additionally, a study of nursing homes in pointed out that the average age of the residents was 84.7 years, most residents were women (74%), and on average residents lived in the nursing home for 3.5 years.<sup>26</sup> A national research project addressed the issue of quality of care provided in nursing homes by examining the interrelationship between organizational factors and care worker outcomes.<sup>26–29</sup> They studied a random sample of 162 nursing homes and highlighted challenges nursing care providers encounter in providing appropriate care due to lack of training and stress but also their general satisfaction with the quality of care provided.<sup>26</sup> A secondary analysis of data from this national project also found that 51% of the care providers had observed emotional abuse, 24% neglect, and 1.4% physical abuse.<sup>30</sup> Other researchers have captured the aggression that nursing care providers face from residents.<sup>31–33</sup> Although there are a countable number of Swiss studies which have explored EAN,<sup>34–36</sup> no prevalence data is available.<sup>37</sup> Since little is known about EAN in the Swiss context, unlike above mentioned studies that relied mostly on survey data, we carried out an explorative qualitative study to capture rich information on this phenomenon within the geriatric healthcare context. The goal was to understand why and how abuse and neglect occurs, factors that contribute to such incidents, and most importantly, find measures to prevent such occurrences from the perspective of nursing care providers. Understanding the causes of poor care and solutions from those who are in the center of this phenomenon stand to improve the quality of care provided to older patients as well as enhance the well-being of both the care receiver and care provider.

## Methods

### *Participant recruitment*

Purposive samples of geriatric institutions and nursing care providers working in the German speaking north-western region of Switzerland was recruited. Co-authors (RWK and KN) planned out the data collection and KN contacted the responsible persons of seven geriatric institutions. Three nursing homes, one inpatient geriatric center, and the regional home care provider responded positively to the request for participation. All participating institutions are located in an urban area of this region. From the three nursing homes, one is public and two are private. The study was carefully explained to the heads of these institutions. The heads of the institutions suggested that recruitment through them would be most feasible. They appointed a referring person to support participant recruitment and interview scheduling. Upon our request, this person ensured sufficient sample diversity by recruiting participants with diverse education and experience. The referring person provided KN with a list of team members who had volunteered to participate. Although participant recruitment was carried out by this person, any information gathered from the

interviews was not transmitted to the head or the referring person from the participating institution. Before the interview participants were ensured that the information they share will be available only to the research team for analysis purposes and without their names and which institution they were working. At the time of the interview, KN went through the information about the study, and at this time point as well, participants could have disagreed to carry on with the study and refused their informed consent. If any participant would have said no, the interview would not have taken place and the referring person would not have learned about this refusal. However, no participant refused.

The recruitment procedure was different for the home health care service where the referring persons forwarded information about the study to their staff members. Nursing care providers from this outpatient institution contacted KN directly and thus they self-selected themselves for the interview in an anonymous manner.

### *Qualitative interviews*

Face-to-face interviews with 23 nursing care providers were carried out between April 2014 and December 2014. These interviews were done by KN (post-doc scholar with a background in philosophy and received some training in qualitative methods before the interviews). She neither knew the participants nor was familiar with the institutions prior to the study. Nineteen of these interviews took place at the participant's work place and four at the researcher's institution. On average the interviews were 45 min long (range 20–107 min). During the interviews the following topics were discussed: participant's work routine, how they felt about working with and for older patients, the problems that they faced in providing care to older patients, their understanding of elder abuse and neglect, why they thought abuse and neglect occurred in their work context, and their solutions to ensure high quality of care for older patients. All interviews were carried out in Swiss German, tape recorded, and transcribed verbatim into High German.

### *Data analysis*

Data analysis followed descriptive thematic analysis approach where participants' voices were assumed to reflect the reality.<sup>38,39</sup> TW and KN analyzed the transcribed data in the language of the interview. Both read the interviews multiple times and coded the first five interviews together and discussed the main themes from the interviews relevant to elder abuse and neglect. Thereafter, TW inductively coded all interviews to generate expansive list of codes, and collated them together into themes and sub-themes.<sup>38,40,41</sup> At this stage, new themes or sub-themes were added which was not evident during the first coding discussion. All coding and analysis was done using qualitative analysis software MAXQDA.11. Specifically for this paper, the codes were then carefully examined to explore how abuse and neglect is understood by the participants and the circumstances under which it occurs. We thus present findings that enable us to address elder abuse and neglect. All quotes were translated from German to English by assistants fluent in both languages and TW cross-checked each translation. We present anonymized quotes from the interviews to exemplify the findings. The main and sub-themes relevant for this paper are summarized in [Table 1](#). The study was approved by the responsible Ethics Commission of Northwest and Central Switzerland (EKNZ).

## Results

Of the 23 participants, three were male. The participants were between 23 and 61 years old and were on average 43.6 years old.

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