



Abuse of the Elderly by Formal Caregivers in Nursing Homes

A Systematic Review of Underlying Factors

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| <p>ABSTRACT</p> <p>Background: Elderly abuse is prevalent in the general population setup as well as in institutional settings such as the nursing home. It is even expected to increase due to the aging world population which will put more elderly people in the vulnerable position to be abused. Although there have been large numbers of research about elderly abuse in the general population, research about the phenomenon in institutional settings is limited. In this regard, this study aimed to (1) identify the types and prevalence of elder abuse in nursing homes, (2) identify the risk factors and possible causes of elderly abuse by health care professionals in nursing homes and (3) identify the prevention and intervention strategies to curtail elderly abuse in nursing homes.</p> <p>Method: To achieve this, ten (10) articles were selected from two main data bases (CINAHL-ABSCO host and SAGE Journal) and reviewed based on a set criterion. A qualitative content analysis was then applied in the analysis of the result.</p> <p>Findings: Findings from the study indicate that about 11% to 29.1 % of residents have reported to have been a victim of at least one form of elder abuse within the past year in institutional setting. The commonest form of elderly abuse in nursing homes was identified to be neglect and emotional/psychological abuse. The least form of elderly abuse was sexual and material abuse. The study also identified risk factors such as residents' behavioral problem and limitation in ADL/IADL, staff stress and burnout, and poor working condition, unclear roles, poor leadership and insufficient supplies in the facilities to increase the incidence of elderly abuse in nursing homes. Strategies that could improve on these risk factors were also identified to help in preventing elderly abuse in nursing home.</p> <p>Conclusion: In conclusion, elderly abuse is prevalent in nursing homes due mainly to the interplay of characteristics associated with the resident, the staff (nurses) and the institution in general. It is therefore important to involve all these stakeholders in order to improve on this problem in nursing homes.</p> | |
| Keywords | Elder abuse, Elder mistreatment, Formal caregivers, Nursing Home |
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List of Abbreviations

ADL: Activities of Daily Living

IADL: Instrumental Activities of Daily Living

ICN: International Council of Nurses

DESA: Department of Economics and Social affairs

QoL: Quality of Life

WHO: World Health Organization

DALYs: Disability-Adjusted Life Years

CVD: Cardiovascular Disease

LTC: Long-Term Care

OECD: Organization for Economic Co-operation and Development

USA: United State of America

UK: United Kingdom

USC: University of Southern California

Dedication

Dedicated to my lovely kids, Candace and Cambridge

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1. INTRODUCTION

The world population is at a faster rate of aging in both developed and developing countries. Even though there is no clear cut or reasons for choosing an age to mark the transition to elderly, conventionally, people aged 65 and above are often categorized as among the “older population” (Krug et. al. 2002). Based on this definition, statistics show that the world older population stood at 841 million in 2013 and is expected to reach over 2 billion in 2050 (Population Division, DESA, United Nations).

Older people are vulnerable as they are often confronted with physical and health challenges which increase their risk of being abused. Besides these challenges, economic and social changes have resulted in changes in female responsibility of taking care of the elderly to competing in the job market. Similarly, there is also a break in social network in respect to extended family members lending helping hands to the old people in times of need. These and other factors are forcing elderly people to live alone (Baldock & Sipilä 2003). However, due to the frailty of elderly people coupled with the numerous health challenges, they are either unable or may find it difficult to perform activities of daily living (ADL) such as bathing, dressing, grooming or eating, or instrumental activities of daily living (IADLs) such as household chores, meal preparation, answering the phone, operating the television or managing money on their own. These shortfalls encountered by the elderly therefore require the help from both formal and/or informal caregivers. Consequently, most elderlies find themselves living in nursing homes.

Ideally, it is the paramount duties of nurses and other caregivers to ensure that the healthy elderly person remains active, productive and independent and to assist the weak or disabled older adult to acquire the needed care and support that will enable them live comfortable and longer as possible. It is in view of this that the International Council of Nurses (ICN) 2006 (Fry & Johnstone 2012) identifies four main ethical responsibilities of the nurse to include the promotion of health, prevention of illness, restoration of health and alleviation of suffering. It also emphasizes on the importance of the nurse to respect all aspect of the human right such as the right to live, to choose, to health, to be treated with dignity and in a respectful way.

Ironically however, sometimes the opposite happens where-by the elderly are abused by the same people expected to provide care for them. Elderly abuse is said to be rampant both at homes and within residential settings such as nursing homes (Krug et. al. 2002) and undermines the care of the elderly. Despite the existence of evidence suggesting that many elderlies have been abused, the scope of the problem is still unknown owing in part to lack of universally agreed definition for elderly abuse which makes it difficult to figure out exactly what behavior or actions and inactions constitutes elderly abuse. Secondly, uniform system of reporting is lacking thereby producing varying statistics. And finally, many countries lack a comprehensive data on the subject (American Division of Seventh - day Adventist 2015).

These notwithstanding, researches have been done on the topic regarding the prevalence and incidence of the problem. Irrespective of available data on elderly abuse, research in this field is still in its early stages (Elberta Elderly Abuse Awareness Network 2015).

To contribute to the body of knowledge in this field, the researcher aims at reviewing empirical studies to provide better understanding of elderly abuse by finding out the types of abuse and causes/risk factors of elderly abuse in nursing homes. Secondly, the research aims at identifying some prevention and intervention strategies of elderly abuse so as to improve the quality of life (QoL) among the elderlies in institutional care. It is important to clarify that the focus of this research would be on abuse of the elderly in institutional settings by professional caregivers notably registered nurses and practical nurses. Even though this paper will focus more on the formal caregivers, it is imperative to understand that informal caregivers such as family members, partners, friends and neighbors still make up a significant proportion of long-term caregivers the world over and therefore some attention would be provided in this regard in the general literature review.

2. BACKGROUND

2.1 The Aging Phenomenon

Several factors account for the aging population. However, these factors are mainly due to the demographic drivers of the population size as well as the age structure which are fertility, mortality and international migration (Population Division, DESA, United Nations 2015). For example, a reduced fertility rate coupled with increase life expectancy will denote an aging population. This example explains how fertility and mortality affect the composition of country's population. Similarly, but less importantly, international migration (emigration and immigration) can also affect the population demography of a country depending on how many people emigrate or immigrate into another country (Lesthaeghe cited in Population Division, DESA, United Nations 2015). In whichever way aging is perceived, it is inevitable and part of life. Older people are important in society as they may provide significant contributions to the society by supporting the family, serving as volunteers, engaging in active work and as reservoir of wisdom (WHO FACT FILE 2015) where people can turn to seek advice regarding life.

These notwithstanding, the elderly is often confronted with health, economic and social challenges. Data shows that though most of the elderly live in good mental health, many have a higher risk of mental and neurological disorders as well as physical illness or disability. For example, whilst 6.6% of total disability (DALYs) results from neuropsychiatric disorders among the old, it is indicated that about 15 % of elderly aged 60 and above experience mental disorder (WHO Media Center 2015). Other data also show that aging is characterized by a decline in visual or auditory senses, deficiencies in motor skills as well as sense of balance and coordination, a slowing in reaction and response times, and problems associated with cognitive processes such as loss of memory as witnessed by elders with dementia (Czaja et. al. 2009). Moreover, cardiovascular disease (CVD), osteoporosis, cancer and metabolic syndrome are also identified to be common with the elderly (WebMD 2015).

2.1.1 Policy on Aging in Finland

Finland has a Social Welfare Act enacted in 1982 which tasks local government to provide social services and family counseling as well as providing housing to those in need, notably, the aged,

the infirm, troubled youth, and alcoholics. The law also details local responsibilities for assigning specialists to assist persons living at home but no longer fully able to take care of themselves and for maintaining institutions for persons who are aged, mentally handicapped, or addicted, whose afflictions are so serious that they could no longer live at home (Solsten & Meditz 1988). In Finland, policies governing the provision of care to the elderly are implemented both nationally and locally. In most cases, the 342 municipalities in the country are required by law to arrange health and long-term care (LTC) services for their residents either independently or in cooperation with other municipalities. Services provided are primarily funded by the central government and the taxes that are raised by the municipalities. However, users are also required to share part of the cost of the services they receive by paying fees (OECD Publishing 2013).

Although LTC are unlimited to elderly, they constitute the majority. In the US for instance, estimation indicates that approximately 63% (6.3million) of the persons needing LTC are aged 65 and older with the remaining 37% (3.7 million) being 64 years and younger (Family Caregiver Alliance 2016). The provision of LTC could occur in different settings. Accordingly, the provision of long-term care (LTC) in Finland is mostly administered in older people's own homes (home care), in sheltered housing units, in institutions for older people and in the inpatient wards of health centers depending on the severity of health condition and other supports the elderly may need. These types of housing settings for the elderly may possess some pros and cons for the elderly regarding safety and security, nutrition, social support and isolation which may have a significant influence on the choice of where to live during old age.

Currently, data show that rates of use of nursing homes ranges between 4-7% in countries such as Canada, United States, Israel and South Africa (Krug et. al. 2002). On the other hand, in Africa, elderly people are mostly found in homes for the destitute, long-stay hospital wards, and sometimes in witches' camps in some sub-Saharan African countries (Krug et. al. 2002). It is important to note however that due to the increasing aging population, coupled with other precipitating factors such as economic, social and cultural changes, nursing homes are expected to be more prominent soon in these parts of the world.

2.2 Elderly Abuse

Elderly abuse has a long-standing history that can be traced back to ancient times. Irrespective of how old the phenomenon has existed; it is still a growing social and health concern. It is sometimes referred to as mistreatment of the older people and was first published in a scientific journal in 1975 under the name “granny battering” (Krug et. al. 2002; Burston 1975). The problem is believed to have been kept secret and private and gained public recognition when there was an attempt to address child abuse and domestic violence (Krug et. al. 2002). In connection to this, it was viewed more as social welfare issue rather than public health problem as seen today. Hence, the issue attracted more political attention in countries such as the USA and later by researchers as well as health practitioners. Even though there has been a growing awareness of elderly abuse in recent times (Elberta Elderly Abuse Awareness Network 2015), more research is needed in this area. It is argued that the interest in research, policy and practice in elderly abuse is thirty years behind that of child abuse and domestic violence (Clare et. al. 2011).

The researcher therefore finds it necessary to provide more understanding on the elderly abuse subject. This paper therefore focuses on reviewing available literature to provide an in-depth understanding of the phenomenon. Thus, this section of the paper will focus on the definition of elderly abuse, types of elderly abuse, prevalence of elderly abuse, theories of elderly abuse, and the risk factors and causes of elderly abuse.

2.2.1 Definition of Elderly Abuse

Inconclusive data on the scope of elderly abuse is partly attributed to lack of consensus on what constitute elderly abuse (American Division of Seventh - day Adventist 2015). This problem emanates mainly from social and cultural differences that exist between different societies. For example, report indicates that among a Navajo tribe in the USA, differences existed between what constituted a financial exploitation of family members from the elders' perspective and that of an outside researcher (Krug et. al.2002; Tatara 1998). In most instances, Navajo elders saw it as a responsibility to share their money no matter how small it was with their family’s members in need which in this case does not constitute financial exploitation from their perspective.

Several definitions of elderly abuse have emerged. However, a definition by UK Action on Elder Abuse seems more popular. This definition is said to have emerged from the work conducted in Canada, USA and UK and later adopted by the International Network for the Prevention of Elder

Abuse (WHO Regional Office for Europe 2010). It states that “Elder abuse is 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.” Similarly, it has also been defined by the European Committee of Ministers, Council of Europe (Soares et. al. 2010) as “any act, or lack of appropriate action, committed against older people and occurring within the family or institutional settings, jeopardizing his/her life, economic, physical or psychological safety, autonomy and the development of his/her personality”

Both definitions seem appropriate. However, the first definition seems more general to some extent. For example, the phrase “occurring within any relationship where there is an expectation of trust” does not necessarily specify the relationship. It could be two siblings or couples fighting whilst this fight produces some form of distress to the elderly. But can this be referred to as elderly abuse? It would therefore be more concrete if this relationship could be specified. Moreover, it only considers an abuse occurring only in the context of a “trusting relationship”. What is a trusting relationship in this context? The second definition also limits the problem to elderly at home and in institutional settings irrespective of elderly abuse occurring outside the home and institutions.

This review study adopts a description of a *trustful relationship* in elderly abuse by Burnight et. al. (2011). Accordingly, a trustful relationship involves people who are in direct contact with the elderly and with whom the elderly person can reasonably trust. Example of such people includes family members, friends and acquaintances as well as healthcare professionals who come into the elderly person’s life due to work or social relation (Burnight et. al. 2011). This study also clarifies that elderly abuse could occur at any place such as the street, in buses and bus stops and many more places as far as the trustful relationship exist.

2.2.2 Types of Elderly Abuse

Elderly abuse is a complex phenomenon and comes in many forms. Currently, five main categories of elderly abuse have been identified to include physical, psychological or emotional, financial or material, sexual and neglect (Soares et. al. 2010). Detailed descriptions and examples about these categories are provided below. The descriptions of the various forms of elderly abuse for this study as presented below are taken from the final report of Self-Reported Prevalence and Documented Case Surveys (Under the Radar 2011).

Physical Abuse

Physical abuse occurs when a caregiver deliberately inflicts pain or an injury to an elderly person who is under his/her care (Under the Radar 2011). Consequently, it may involve actions such as slapping, cutting, beating, pushing, shoving, kicking, punching and improper restraining of the elderly. It is therefore important to be wary of some signs on the elderly such as bruises, cuts, and black eyes as well as sudden change in behavior (Womenshealth.gov 2015) to identify physical abuse of the elderly.

Psychological or Emotional Abuse

Psychological or emotional abuse also involves an intentional act that causes mental and emotional pain to an elderly who is under one's care. Examples of such acts includes threatening, unnecessary isolation of elders, insulting as well as intimidating the elderly person (Under the Radar 2011). It is therefore important to be on the lookout for behaviors such as being upset and agitated, being withdrawn and lack of interest in interactions, biting and sucking (Womenshealth.gov 2015) to identify and protect elderly from psychological abuse.

Financial or Material Abuse

Financial or material abuse is the misappropriation of an elderly person's funds and/properties by a caregiver (Under the Radar 2011). Mostly, it involves forging and falsifying documents that belongs to the elderly. It may also involve stealing, fraud as well as forcing or coercing an elderly person to transfer properties into your name (Under the Radar 2011).

Sexual Abuse

Sexual abuse is any sexual contact that is non-consensual and unacceptable occurring between the caregiver and the elderly person. (Under the Radar 2011). It may involve forcing or coercing an elderly person to watch pornographic movies. It may also involve unnecessary touching of the elderly as well as forcing sexual act on the elderly. In view of this, Womenshealth.gov (2015) identifies signs such as bruises on or around the breasts or genitals, vaginal or anal bleeding and bloody underwear of elderly people to indicate sexual abuse of and elderly person (Womenshealth.gov 2015).

Neglect

This form of elderly abuse is classified into active and passive. Active neglect occurs when a caregiver intentionally ignores to perform his/her responsibilities or functions. Example of this form of neglect includes internationally depriving the elderly of food, water, clean clothing and bedding and many more. On the other hand, passive neglect denotes an unintentional failure of a caregiver to perform his/ her caregiving functions and duties (Under the Radar 2011). This form of neglect may occur because of limited knowledge or forgetfulness on the part of the caregiver. Based on this definition, elders who have poor living conditions such as soiled bedding, improper clothing as well as unsafe living condition such as poor heating system, no electricity or water and faulty wiring should be carefully supervised for neglect (Womenshealth.gov 2015).

Available literature also identifies another form of neglect known as “self-neglect”. This form of neglect emerges when an elderly person exhibit behavior that threatens his/her own health or safety. This may comprise an elderly person refusing or failing to provide enough food, water, shelter, clothing, personal hygiene, safety and medication as prescribed to him/herself (Fallon 2006). It is important to acknowledge that the focus of this thesis is not on self-neglect.

2.2.3 Risk factors for Elderly Abuse

In discussing issues concerning the risk factors of elderly abuse and mistreatment, it is essential to consider the phenomenon as a complex one involving the potential victim and the perpetrator as well as the context in which it occurs. Consequently, it is important to understand the interaction between the victim characteristics such as his/her level of dependency, health status or competencies as well as those of the perpetrator characteristics which may include the magnitude of his/her burden, financial dependency and level of stress. It is equally important to pay attention to the contextual risk factors such as those relating to the location (home, institution), social relationships (child, lawyer, nurse) and the broader sociocultural context such as race, ethnicity, religion, urban/rural location and socioeconomic status of both the potential victim and the abuser (Bonnie & Wallace 2003).

The global aging population which is attributed mainly to low birth rates and increased life expectancy demonstrates the benefits of improved health care and technologies. Inversely

however, the aging population may be a bane to society by increasing the risk of elderly abuse and mistreatment if checks are not put in place. This stems from the fact that oldest people have ill-health which makes them more disabled and dependents on others for their ADL. Secondly, older people live on pension which may be inadequate to support them thereby increasing their financial dependency on others (WHO Regional Office for Europe 2010) which may put them at risk of being abused.

Thomson et. al. (2011) have produced important information regarding the risk factors of elderly mistreatment. Figure 1 provides a list of risk factors associated with elderly abuse and neglect spanning directly from the victim's characteristic through to that of the perpetrator and finally, to the characteristics of the broader society. Thomson et. al. (2011) explains that risk factors which have been underlined in the diagram have been shown to have strong association in the medical literature.

Among these important risk factors are cognitive impairment, behavioral problems and depression which are directly linked to the victim's characteristics whilst poor social network, living alone or with others and caregiver burden or stress are related to the perpetrator characteristic. Finally, poverty in general is also a crucial risk factor in causing elderly abuse.

In view of this, Thomson et. al. (2011) have pointed out that, all the underlined factors in the diagram have been supported by literature to have a strong association with elderly abuse and mistreatment. They further explained that, studies have produced inconsistent results about the association of elderly abuse and mistreatment to factors which have not been underlined in the diagram and to some extent they think their associations are limited to experts' opinions.

Nonetheless, it is important to pay attention to these factors during policy formulations to reduce or eliminate elderly abuse. For instance, it is important to note that factors found in the circle under community, demographic, and social characteristics could be useful in providing preventive and intervention activities in curbing down elderly abuse.

Thomson et. al. (2011) reviewed few empirical studies that have provided support to the risk factors identified in figure 1. For example, based on a cross-sectional study that was conducted to analyze elderly abuse and neglect cases reported to the Milwaukee County Department (USA) on

Aging in 2006 to 2009, the authors managed to provide a profile of the country's elder abuse burden by victim, perpetrator, and reporter characteristics to support some of the factors enlisted in figure 1 above (Thomson et. al. 2011).

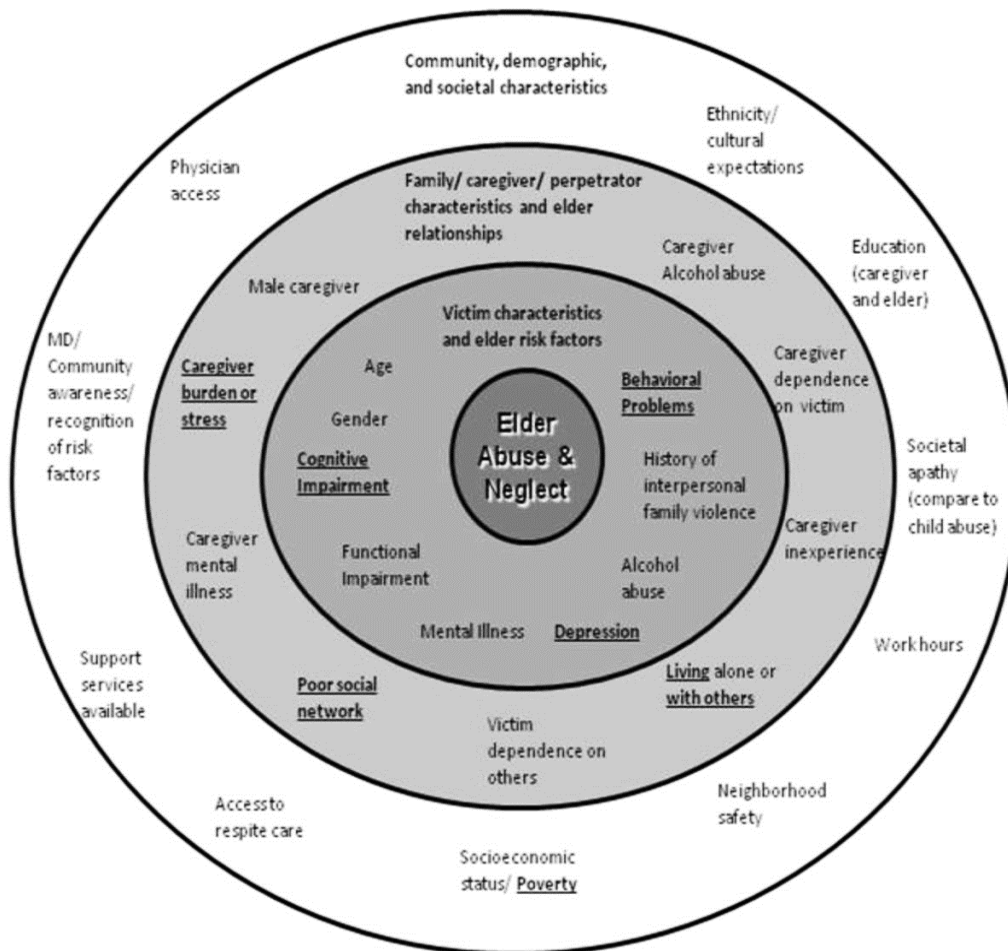


Figure 1: Socioeconomic model of risk factors for elder abuse and neglect

Their results indicated that 63% of the victims of elderly abuse were over 75 years old, 61% were white, 72% were frail, 24% suffered from Alzheimer's disease, and 19% also had other co-morbidities. The study further revealed that 41% of the self-neglectors had life-threatening unfulfilled medical needs. Interestingly, their study revealed that 45% of the reports of elderly abuse and neglect were made by medical professional and community agencies. This revelation indicates that the creation of awareness about elderly abuse and the need to report it carries a magnitude of importance among these professionals and may serve as a cornerstone through which this problem could be eliminated or reduced.

A research conducted by Tareque et. al. (2015) in the Rajshahi district of Bangladesh also demonstrates the relationship between poverty and elderly abuse. In their result, they revealed that in comparative terms, about 62% of individuals from poor households are prone to abuse of some kind, as against only 6% of people from rich households. Dong et. al. (2014) in their study have proven that lower levels of physical function were associated with increased risk of elderly abuse such as psychological abuse, caregiver neglect and financial exploitation.

2.2.4 Prevalence of Elderly Abuse

Elderly abuse is a prevalent problem across the globe. However, due to factors related to differences in culture, perceptions and definition of the phenomenon, there have been varied data regarding the prevalence of the problem which makes it difficult for international comparison. Fortunately, following an increase awareness of the problem, many researches have thrown light on the prevalence of this social canker.

In the WHO's European Region report, it is estimated that in any year, at least 4 million older people experience elderly maltreatment (WHO European Region 2011). Similarly, available statistics from USA shows that about 1 to 2 million elderly Americans are abused by people who care for them (National Research Council 2003). In a study conducted in Western Australia, the estimation was that about 12,500 elderlies suffered an abuse in the year 2011 representing a prevalence rate of about 4.6% (Clare et. al. 2011). Presenting an overview of elderly abuse in Asia, Yan (2014) indicates a varying prevalence rate of elderly mistreatment between 0.22 per 1000 to 62 % across Asia.

Data on the prevalence of elderly abuse seems sparse in Africa. However, Bigala & Ayiga (2014) provide an overwhelming finding from their cross-sectional study conducted in South Africa. Their study revealed that in total 64.3% of men and 60.3% of women experienced elderly abuse. In Nigeria, some studies have shown a high prevalence rate of various forms of elderly abuse. For example, Akpan & Umobong (2013) indicated in their study that about 44-47 % of the elderly experienced medical neglect, bed sores, physical abuse, uncomfortable living condition and lack of visitation. Even though these are just few studies, they provide a clear picture of the magnitude of elderly abuse in Africa.

A more comprehensive literature review conducted by Cooper et. al. (2008) which focused on measuring the prevalence of elderly abuse using 49 studies also provide a significant insight into this problem. They found an overall abuse rate ranging between 3.2 and 27.5% in general population studies. Their research also provided many characteristics of elderly abuse. For instance, it was found that in a period of one year, 5 % of family caregivers admitted physically abusing their clients who had dementia. Moreover, 16 % of home care staff admitted of psychologically abusing their clients. This figure gives a chilling effect when one comes to terms with professional caregivers abusing their clients. Interestingly, only 1-2% of abuse was reported to home management or adult protective service indicating that elderly abuse is a hidden problem.

Over the years, international prevalence of elderly abuse has relied mainly on surveys conducted in Britain, Canada, Finland, the Netherlands and USA under community settings. These studies took into consideration physical, psychological and financial abuse as well as neglect. They found out that with a sample of 7500 older persons, 4-6% of the elderly were abused (Soares et. al. 2010; Krug et. al. 2002). This statistic suggests a low level of elderly abuse in the general population. However as suggested by O'Connor et. al. (2009), this low numbers as indicated by the available statistics may be due to fear by the elders to report or lack of opportunity to report as well as many other reasons.

Prevalence of Elderly Abuse by Type

It is important to understand that the prevalence of elderly abuse may differ by type. In view of this, the Lifespan of Greater Rochester study revealed that whilst agencies who provided data on elder abuse victims in the Documented Case Study identified psychological abuse of the elderly as prominent, financial exploitation was prevalent in the report of the self-reported study (Under the Radar 2011) throwing a challenge as to which one is accurate. An Australian study however provides supporting evidence by reporting that financial abuse was the most mentioned by interviewees and most recorded by agencies in their finding (Clare et. al. 2011). Acierno et. al. (2010) conducted a study among adults aged 60 years or older in a randomly selected national sample in U.S. The researchers found that in one-year prevalence among cognitively intact adults, financial abuse was higher representing 5.2 % followed by neglect (5.1%), emotional abuse (4.6%), physical abuse (1.6%) and finally sexual abuse (0.6%). In respect to elderly abuse

occurring among elderly with cognitive impairment, a study using convenience sampling in the U.S found that the prevalence was much higher as 88.5% of the cognitive impaired adults were psychologically abused whilst 19.7% were physically abused and 29.5% were neglected (Wiglesworth, et al. 2010)

In China, Dong & Simon (2010) identified caregiver neglect as the most common form of mistreatment (16.9 percent), followed by financial exploitation (13.6 percent), emotional abuse (11.4 percent), physical abuse (5.8 percent), sexual abuse (1.2 percent), and abandonment (0.7 percent). In the same continent, Wu et. al. (2012) found psychological abuse as the most common form of mistreatment (27.3 percent), followed by caregiver neglect (15.8 percent), physical abuse (4.9 percent), and financial exploitation (2 percent). A study conducted by Tareque et. al. (2015) also shows that in the Rajshahi district of Bangladesh, neglect is the dominant form of abuse followed by emotional, abandonment, physical, and exploitation.

The differences in prevalence based on different types of abuse may result from the combination of the characteristics pertaining to the victim of abuse, the perpetrator (Wiglesworth et. al. 2010) and the context in which the abuse occurs. It is important to understand that the focus is not on which form of elderly abuse is more prominent but to consider every form of elderly abuse as inappropriate and must be stopped.

2.2.5 Elderly Abuse as a Hidden Problem

It is still important to understand that statistics about the prevalence of elderly abuse may not reflect the true picture of the problem. To compare the prevalence of self-reported elderly abuse and that of documented cases of elderly abuse in New York State, Lifespan of Greater Rochester, Inc (Under the Radar 2011) carried out a research and identified shockingly that, there was a 24 times more unknown cases of elderly abuse compared to cases that came to the radar of legal authorities, social services and the law enforcement agencies. Moreover, Tatara et. al. 1998 asserted that the ratio of elderly abuse cases under domestic settings reported and unreported to adult protective service agencies in the USA was 1 to 5.3 in 1996. Additionally, finding from another study indicated that 1 out of 14 cases of elderly maltreatment reach the attention of authorities (National Research Council 2003). Not surprisingly, this may account for lack of

interest or low attention by authorities in combating elderly abuse since they have insignificant information about the problem.

2.2.5 Elderly Abuse in Residential Setting

A significant number of the elderly population lives in residential settings and may fall as victims to elderly abuse. Per 2001 census data in Canada, 9.2% of women and 4.9% of men aged 65 and over lived in health care institutions (Canadian Network for the Prevention of Elder Abuse). The U.S. Bureau of the Census indicates that about 4.2% of elderly aged 65 and over live in a nursing home at any given time. This percentage increases with increasing age to about 50% for people over 95 years (Nursing Home Diaries). Murtaugh et. al. (1997) has predicted that, among people aged over 65 years, 40 % will be admitted into a nursing home in the US before their death.

Data from CARDI 2010 shows that 4% and 7% of people aged 65 and over live in institution in Northern Ireland and Republic of Ireland respectively (CARDI 2011). In Finland, policies regarding elderly care are designed in such a way to encourage senior citizens to stay in their own homes (rented or owns) if possible (Stula 2012). In view of this, in 2012, it was aimed that only 3 % of the Finnish elderly population aged 75 years and older should be cared for in an institutional setting (Stula 2012).

The occurrence of elderly abuse in domestic setting is well established by scientific literature compared to those occurring in institutions (Kozak & Lukawiecki 2001 cited in Fallon 2006). This notwithstanding, few studies have provided statistics about the prevalence and incidence of elderly abuse in residential settings such as nursing homes and other long term care facilities. Data from the U.S indicates that 7 % of all complaints that were reported to long term care Ombudsmen concerning institutional facilities comprised of abuse, neglect or exploration (National Center on Elder Abuse Fact Sheet 2012). It is also indicated that in the US, 10 % of nursing homes has abused an elderly in one way or the other (U.S. House of Representatives Report 2001).

Findings from another study indicates that, 44 % of the 2000 nursing home residents that were interviewed admitted of being abused whilst a greater proportion of 95% disclosed of witnessing a resident being neglected (Broyles cited in Nursing Home Abuse Center 2016). Despite these huge numbers, there is still evidence that most state surveys in the U.S understate problems in

these licensed facilities (U.S. Government Accounting Office 2008; Bonnie & Wallace 2003) indicating that these numbers presented above are just a tip of an iceberg.

Elderly Abuse in Finnish Institutional Care

Abuse of the elderly in Finnish institutional care is also prevalent. In view of this a non-governmental organization in Finland known as Suvanto ry has taken upon itself to promote public awareness of elderly abuse and assists elderly and their close relatives in times of need. The magnitude of elderly abuse and mistreatment in Finnish institution is brought to light by a comprehensive literature review conducted by Laurola (2014). Information in the article shows that 8-10% of family members report that their elderly loved ones have been maltreated in the form of silencing or neglecting by the staff of the care facility (Isola & Voutilainen 1998 cited in Laurola 2014). The article further indicates that abuse committed by elderly care staff in these institutions are often unintentional and psychological (Sipiläinen 2008 cited Laurola 2014). It is also noted that physical and financial abuses are rare but neglect is common in elderly facilities (Isola et.al. 1997 cited in Laurola 2014).

Other statistics per Sipiläinen (2012) indicates that 34% of staff neglected the oral and other hygiene of the elderly, 62% failed to respect the privacy of the elderly, 24% ignored the personal hopes and wishes of the elderly, 22% disregarded self-determination of the elderly, 21 % treated elderlies like children whilst 13% rough-handled the elderly (Sipiläinen 2012 cited in Laurola 2014). In another study, 94% of residents reported of staff entering their rooms without knocking or using the doorbell whilst 43% complained of unnecessarily use of sedative on them (Sipiläinen et. al. 2009 cited in Laurola 2014)

2.3 Theories of Elderly Abuse

Elderly abuse has gained more public awareness in recent years. Even though research in this area is in its early stages, many theories have emerged to explain this complex phenomenon. Elderly abuse is believed to result from physical, mental, psychological as well as socioeconomic factors that interplay with characteristics unique to the abused, abuser and the situation at a given point in time (Elberta Elderly Abuse Awareness Network 2015). Based on empirical research data in this area of study (Burnight & Mosqueda 2011), seven theories that fall under four main categories namely, intrapersonal, interpersonal, multisystem and sociocultural theories have emerged to

address the cause of elderly abuse. See figure 2 for theoretical approaches to the understanding of elderly mistreatment (Burnight & Mosqueda 2011).

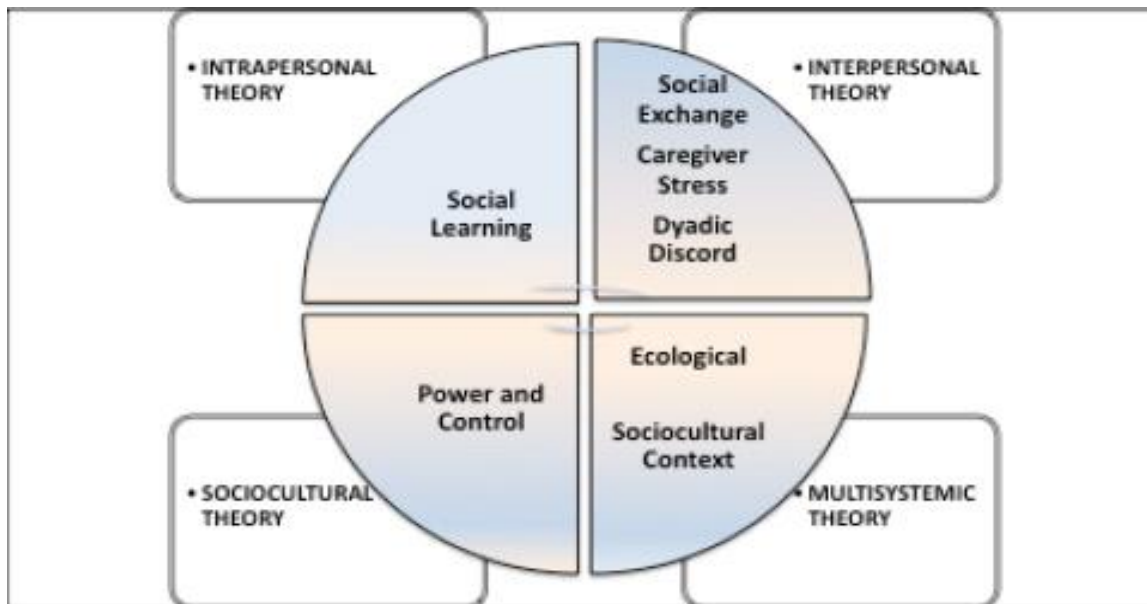


Figure 2: Theoretical approaches to the understanding of elderly mistreatment (Burnight & Mosqueda 2011)

In the diagram above it could be seen that Social Learning Theory falls under the domain of intrapersonal theory. Among the theories that fall under the domain of interpersonal theory includes Social Exchange, Caregiver Stress, and Dyadic Discord. On the other hand, Ecological and Sociocultural context theories fall under the domain of multi-systemic theory whilst power and control theory falls under the domain of sociocultural theory. Detailed explanations of the seven theories are provided below.

2.3.1 Social Learning Theory

This theory is said to have been developed for child maltreatment by Albert Bandura in 1978 (Burnight & Mosqueda 2011) and is also known as *Cycle of Violence Theory*, and the *Intergenerational Transmission of Violence Theory* (Burnight & Mosqueda, 2011). The theory stands with the view that violence is a learned behavioral pattern that is influenced by actions in our environment (Soares et. al. 2010). In view of this, for example, a child may learn to internalize violence as an acceptable behavior through the observation of parents and adults who display violence to cope with stress. In regards to elderly abuse, this learned behavior shaped by forces

inherent in one's environment become cyclical in the sense that the child who is abused in childhood may grow up to become the abuser who may subsequently abuse the elderly based on what he/she has learned before or just to retaliate him/herself being abused before. Similarly, in relation to spousal abuse, it is believed that when a spouse who was an abuser becomes ill or disable, it is highly possible for the previously abused spouse to retaliate by becoming the abuser.

It is important to point out that this theory only assumes that the perpetrator of elderly abuse has been a victim of abuse before and therefore intervention should be based on preventing for example childhood abuse or maltreatment. However, based on the social learning theory, it is equally important to investigate whether the abusive child has witnessed his/her parents abusing their grandparents (Quinn & Tomita 1997 cited in Burnight & Mosqueda 2011)

2.3.2 Social Exchange Theory

This theory has its traces in economics and psychology. It is known to have been developed by sociologist George Caspar Homans in the 1950s (Burnight & Mosqueda 2011). The idea is based on the premises that social behavior entails an exchange of materials (such as money, living arrangements, inheritance) and non-material goods (such as approval, prestige). Based on this theory, in each relationship, the person who contributes more of these goods has a power advantage and can therefore manipulate the other person.

In elderly abuse, this theory can also be referred to as *physical/mental dependence (impairment) theory* (Elberta Elderly Abuse Awareness Network 2015) or political/economic theory to elderly abuse (Soares et. al. 2010). It assumes that elderly people who have severe physical and mental impairment may be more dependent on others for support and well-being as they lose their roles in society. Thus, these elders are more vulnerable and susceptible to be abused by their caregivers due simply to the misuse of power by those who provide them with care and support (Elberta Elderly Abuse Awareness Network 2015).

2.3.3 Dyadic Discord Theory of Elderly Abuse

This theory which has its root in intimate partner violence stipulates that the main factors that contribute to family violence are the discord and behaviors in relationships (Riggs & O'Leary, 1996 cited in Burnight & Mosqueda 2011). The theory assumes that these discords and behaviors

are not unidirectional but can result from both sides of the relationship. In providing intervention in elderly abuse, it is paramount to take into consideration both the older adult and the trusted other in the care relation.

2.3.4 Caregiver Stress Theory of Elderly Abuse

This theory is also referred to as situational theory (Soares et. al. 2010). It proposes that a caregiver who is overburdened by caring demands may encounter a great deal of stress which when unresolved properly may lead to abusive behavior. It is very important to understand that caring for the elderly especially; those with physical and mental challenges are very demanding and stressful. It is therefore assumed that a mounting internal stress and/or external pressure associated with the provision of care to the elderly may erupt into violence if the caregiver is unable to relieve him/herself from the stress (Elberta Elderly Abuse Awareness Network 2015).

The impact of this eruption of violence is manifested as an abusive act against the elderly. This theory assumes that to intervene in elderly abuse, the caregiver should be assisted by reducing the burden of work through various forms such as the provision of respite care or employment of more staff. It is noted however that, critics to this theory claim that the theory seems to blame the victims whilst it legitimates abusers (Burnight & Mosqueda 2011)

2.3.5 Power and Control Theory

This theory assumes that in a caring relationship, the caregiver who exerts more power and control uses cohesive tactics to manipulate the relationship (Burnight & Mosqueda 2011). In connection to the existence of power differences between older adults and younger adults, a gerontologist and psychiatrist Dr. Robert Neil Butler, coined the term “ageism” which basically refers to stereotyping and discriminating against individuals or groups based on their age. This theory is therefore rooted in the belief that there are certain attitudes some societies hold towards the elderly people which may put them at a higher risk of being abused. This attitude includes stereotyping the elderly as frail, incompetent and powerless. These stereotypes do not only devalue and reduce the respect people hold for the elderly but also make it easier to abuse the elderly without remorse. Consequently, the dignity, support and safety of the elderly will be jeopardized (Elberta Elderly Abuse Awareness Network 2015). Based on this theory, appropriate intervention for elderly abuse should focus on providing safety to victims and those at risk of abuse. In as much as it is equally

important to empower the elderly to reduce the power difference in the caring relationship to reduce elderly abuse, the perpetrator also needs to be held accountable for his/her action.

2.3.6 The WHO ecological model of Elderly Abuse

This model maintains that abuse which includes elder abuse, is a complex phenomenon that involves the interplay of factors related to the individual, relationship, community and society in general (Soares et. al. 2010). This theory is organized into four main systems (see appendix 1) to include the macrosystem, exosystem, microsystem and the ontogenic (Burnight & Mosqueda 2011). Each system identifies several causes to elderly mistreatment. For instance, cultural and social beliefs are found on the outer ring of the concentric circles. Variable such as age and gender inequalities, social aggression norms are found in the macrosystem whilst factors such as economic environment and integration into the community are found in the exosystem. Variables in the microsystem include the individuals and family characteristics whilst the ontogenic includes variables such as physiology, affects and behavior.

Although ecological theory is very comprehensive and captures variable of both the victim and the penetrator, it is believed to still maintain a unidirectional approach to elderly mistreatment regarding the direction of aggression (Burnight & Mosqueda, 2011).

3. THEORETICAL FRAMEWORK

3.1 Sociocultural Context theory of Elderly Abuse

This study has could provide an overview of numerous theories regarding elderly abuse. It is important to point out that the sociocultural context theory serves as the theoretical framework of this research. This theory is chosen because of its connection to the research questions of this study. Secondly, the theory seems to embrace so many aspects of other theories reviewed in this study. It seems therefore very comprehensive and appropriate for this study.

To understand this theory, it is important to note that, it factors into consideration several characteristics of the elderly, the caregiver and other interested parties. It is believed to have been inspired by George Engles' 1977 biopsychosocial model (Burnight & Mosqueda 2011). Other literature identifies *Psycho-pathological theory of Elderly Abuse* (Elberta Elderly Abuse Awareness Network 2015) which seems to have some features of the sociocultural context theory. This theory assumes that caregivers who have personality and character problems or pathologies are likely to be abusers. The main reason why caregivers abuse the elderly is the lack of capacity of the caregiver to make appropriate decisions as well as take appropriate actions regarding the care of the elderly which may consequently lead to abuse of the elderly. A good example of people in this category includes people who are mentally incapacitated as well as drugs and/or alcohol abusers (Elberta Elderly Abuse Awareness Network 2015).

Per the *Sociocultural Context* theory, the relationship types that exist between the elderly and the caregiver is firstly shaped by the "social embeddedness" (social networks). Then the individual characteristics which may include attitudes about care giving obligation, personality as well as physical and mental health of both the caregiver and the elderly comes to play an important role in determining the outcome of the care relation. These characteristics then impact on the status inequality and relationship type as well as the power and exchange dynamic of the care relation. See figure 3 for the diagrammatic presentation of sociocultural model for explaining elderly mistreatment.

The theory concludes that based on the type of care relationship that exist between the caregiver and the elderly, four possible outcomes may emanate as depicted in the diagram below.

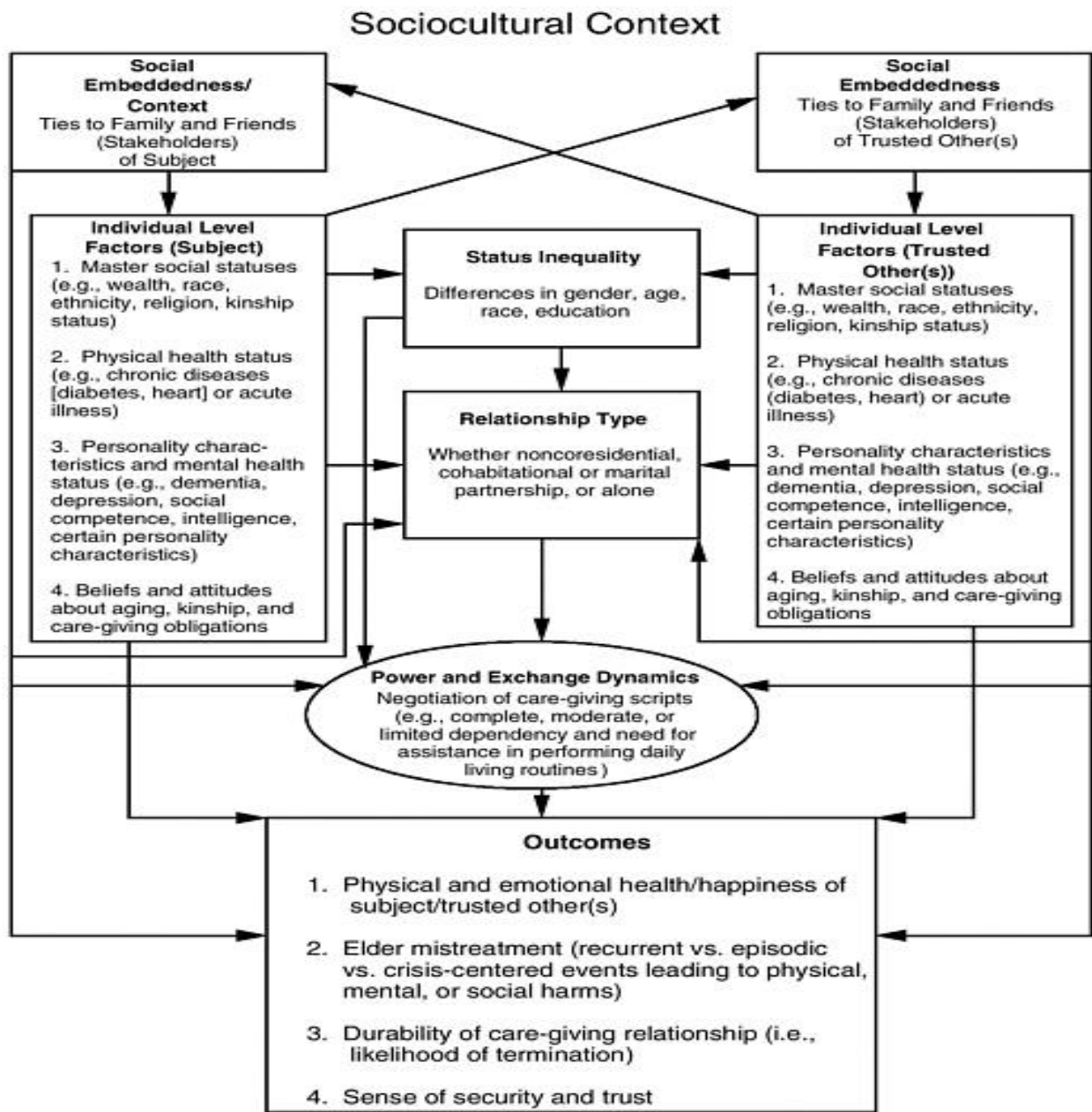


Figure 3: A sociocultural model of the etiology of elderly mistreatment (Bonnie and Wallace 2003)

It could be seen that these outcomes are directly linked to the objectives of this study. In this regards, the theory could be used to identify the risk factors pertaining to both the victim and the perpetrator. It could also be used to explain some of the health effects of elderly abuse such as how it affects the physical and emotional health of the victim. Moreover, the theory could be used to identify preventive and intervention strategies regarding elderly abuse.

4. AIMS AND OBJECTIVES OF THE STUDY

4.1 Aims of the Study

The aim of this study is to provide better understanding of elderly abuse by reviewing some empirical researches to provide information about some of the underlying factors in elderly abuse as indicated by the available theories of elderly abuse with special focus on elderly abuse by professional health care workers in nursing homes.

In view of this, the research seeks to answer the following questions. (1) What is the prevalence and types of elderly abuse committed in nursing homes? (2) What are the causes and risk factors of elderly abuse in nursing homes? (3) what are the prevention and intervention strategies that could be used to curtail elderly abuse in nursing homes?

4.2 Specific Objectives of this Review Study

1. To identify the prevalence and types of elder abuse in nursing homes.
2. To identify the causes and risk factors of elderly abuse in nursing homes.
3. To identify some prevention and intervention strategies that could be used to curtail the incidence of elderly abuse in nursing homes.

5. METHODOLOGY

5.1 Sources of Data

The researcher first visited varied data bases such as PubMed, CINAHL, Academic Search Elite (Ebsco), SAGE Journal Online, Science Direct, Google Scholar and MEDLINE (Ovid) to gain broader knowledge of the types and availabilities of articles published under elderly abuse.

By using search phrases such as “elderly abuse” “elderly abuse in nursing homes” “elderly mistreatment” “abuse of older people in institutions” “causes of elderly mistreatment” and “effects of elderly mistreatments” in the data bases listed above, the author realised that most articles relevant to this study repeated themselves in other data bases. Retrieval of relevant articles were however restricted in most of the data bases. Thus, much considerations were given to data bases such as CINAHL-ABSCO host and SAGE Journal where access to free full text of relevant articles were possible through the University of Arcada’s website.

5.2 Inclusion Criteria

The articles that met the following criteria were chosen for the study.

1. The study should be a primary/empirical study
2. The focus of the study should be on professional caregivers in nursing homes
3. The year of publication of the study should be within 10 years
4. The study should have a direct link to at least one of the objectives of this study
5. The study should be written in the English language
6. The study should be a full text and can be accessed freely.

5.3 Exclusion Criteria

Any article that did not fall within the inclusion criteria was excluded from this study.

5.4 The Search Process

In SAGE Journal data base, applying a search phrase “causes of elderly mistreatment in institutions” in basic search resulted in 175 hits. After reading carefully through all the abstracts,

9 articles were retrieved for further consideration. In the same SAGE Journal data base, a search phrase “effects of elderly mistreatment” resulted in 369 hits. After reading through all the abstracts, 6 articles were also retrieved for further consideration.

A further search in CINAHL-EBSCO host data base with a search phrase “elderly abuse” resulted in 299 hits. Upon scrutiny of the abstracts, 4 more articles were retrieved for further consideration. The flowchart below (figure 4) illustrates the search process in retrieving relevant articles for the study.

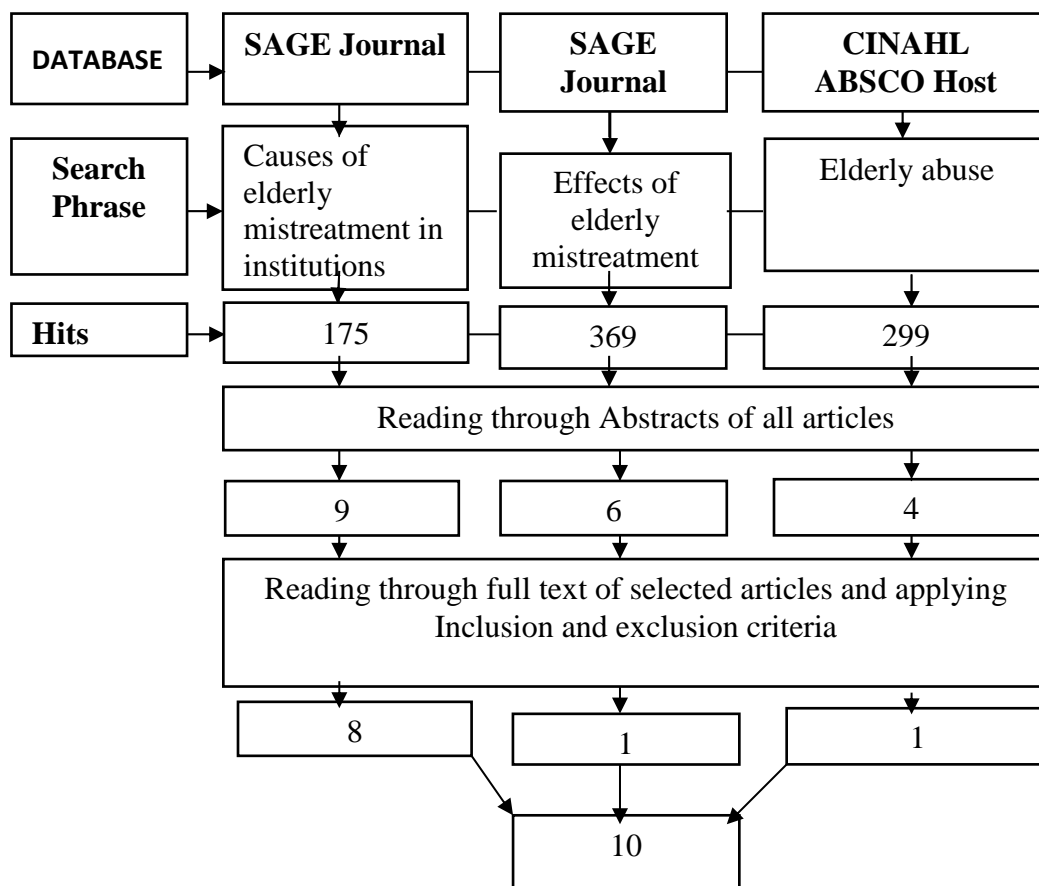


Figure 4: Illustration of the search process

Nineteen (19) articles selected were fully retrieved after reading many abstracts of scientific publications on my research topic. These 19 articles were then read carefully bearing in mind the inclusion and exclusion criteria. Based on this scrutiny, 10 articles were finally selected for this study.

5.5 Presentation of Reviewed Articles

Out of the ten articles under review, nine were cross-sectional studies (Shinan-Altman, S & Cohen, M 2009; Schiamberg et. al. 2012; Natan et. al. 2010; Post et. al. 2010; Bužgová & Ivanová 2009; Bužgová & Ivanová 2011; Conner et. al, 2011; Friedman et. al. 2014 and Band-Winterstein 2015), whilst the remaining was a prevalent cohort study (Lachs et. al. 2012). Appendix (2) provides a summary of names of authors, titles, aims, subjects, ages, types of subjects and assessment tools of the various studies.

5.6 Subjects Selection

Based on the ten (10) articles selected for this study, three (3) (Schiamberg et. al. 2012; Post et. al. 2010 & Conner et. al, 2011) used a random-digit-dial telephone survey to select their subjects. These subjects were adults whose relatives were receiving long term care in an institution. They were used as proxies to understand the dynamics of elderly abuse. This method was employed since proxies were unafraid to report any incidence of elderly abuse for fear of reprisal from staff and the fact that they were more “capable” to communicate well without memory deficiencies. In the remaining studies, the focus of three (3) were on nursing aids or staffs and either a convenient sampling methods (Montoro-Rodriguez & Small 2006) or a purposeful sampling method was used (Band-Winterstein 2015) whilst the sampling technique is not mentioned in the study conducted by Shinan-Altman & Cohen (2009). Three other studies focused on residents and employees to understand elderly abuse. However, two of these studies (Bužgová & Ivanová 2011 & Lachs et. al. 2012) used random sampling whilst the other one (Bužgová & Ivanová 2009) used a snowball sampling method. Finally, one study (Natan et. al. 2010) focused on the staffs and directors of long term care facility whilst using the random sampling technique to gain knowledge about elderly abuse.

5.7 Exposure Data and Outcome measure

Most of the articles under review were cross-sectional studies which used different data collection methods to solicit information from clients, employees and/or proxies in one way or the other regarding elderly abuse. Most of the articles reviewed were unable to clearly defined exposure data. However, most of the studies were interested in examining how certain risk factors could

influence formal caretakers to abuse the elderly in nursing homes. In most of the studies, elderly abuse was clearly defined.

For instance, Shinan-Altman & Cohen (2009) examined how work stressors, burnout and perceived control could affect staff attitudes that condones elderly abuse. Four studies also tried to study how risk factors including but not limited to health-related problems (e.g. thinking, memory and communication difficulties), physical functioning problem, behavioral problem, ADLs and IADLs limitations of residents, and employees and residents' characteristics (Schiamberg et. al. 2012; Conner et. al. 2011; Post et. al. 2010 and Bužgová & Ivanová 2009) may influence staff abuse of the elderly. Natan et. al. (2010) also assessed how the demographic and occupational data, level of awareness and knowledge concerning elderly maltreatment, perceptions of elderly and level of burnout of staff may influence the maltreatment of the elderly in institutional care. Similarly, Montoro-Rodriguez & Small (2006) examined how different conflict resolution styles may affect staff morale, burnout and job satisfaction and hence how they treat elderly people in nursing homes. Band-Winterstein (2015) studied how ageism affect elderly neglect in nursing home. On the other hand, Lachs et. al. (2012) did something different by investigating how residents disordered behavior, affective disturbances, and need for ADL assistance may lead to residents' aggression towards the staff which may consequently affect the care provided in the nursing home. Finally, Bužgová & Ivanová (2011) examined the forms and cause of elderly abuse as well as the ethical principles that are violated when the elderly is abused especially in nursing homes.

5.8 Analysis of Results

It is important to understand that several methods of analysis of results exist in qualitative research. Few of these methods includes content analysis, unique case orientation, holistic perspective and context sensitive (USC Libraries 2016). However, this study deemed it imperative to utilize the inductive content analysis methods. This study reviewed only original research articles. Out of the ten reviewed articles, only two were qualitative whilst the remaining were quantitative studies (refer to Appendix 2).

Content analysis usually involves reading deeply over and over a text, content or data to identify patterns, themes, and inter-relationships. Content analysis comprises of the manifest content (visible and obvious meaning of a text) and latent meaning (interpretation and underlying meaning of a text) which may be condensed into categories and sub-categories. This study adopted the qualitative content analysis because most of the articles under review in this study were descriptive, therefore this method of analysis is relevant to identify relationships. Even though content analysis usually involves numerous coding, it is important to point out that, the results are organized under the three main objectives of the study. Hence, the result sections of each of the ten articles were carefully read to identify themes, categories and sub-categories after which the important findings were categorized into either of the three objectives of this study. (Refer to appendix 3 for more details)

5.9 Ethical Consideration

This study utilizes only secondary data. Thus, subjects were not in any danger and their privacy were not compromised. Moreover, the study is written under strict scientific protocol. Hence, all information retrieved from various sources has been correctly acknowledged to avoid copy right violation and plagiarism.

6. RESULTS

Among the reviewed studies, several variables pertaining to the victim as well as the perpetrator and the broader institutional characteristics were analyzed to see their effect on abuse of the elderly in nursing home. Out of the ten articles reviewed, Eight (Band-Winterstein 2015; Lachs et. al. 2012; Schiamberg et. al. 2012; Bužgová & Ivanová 2011; Post et. al. 2010; Natan et. al. 2010; Bužgová & Ivanová 2009 and Shinan-Altman & Cohen 2009.) provided information about the prevalence and types of elderly abuse. On the other hand, six studies (Band-Winterstein 2015; Schiamberg et. al. 2012; Bužgová & Ivanová 2011; Post et. al. 2010; Natan et. al. 2010; Bužgová & Ivanová 2009) out of the ten articles dealt with issues concerning with the risk factors of elderly abuse in nursing home whilst all the ten articles (Band-Winterstein 2015; Lachs et. al. 2012; Schiamberg et. al. 2012; Bužgová & Ivanová 2011; Conner et. al, 2011; Post et. al. 2010; Natan et. al. 2010; and Shinan-Altman & Cohen 2009; Montoro-Rodriguez & Small 2006;) in one way or the other provided clues about the preventive and intervention strategies to curb elderly abuse in nursing homes. The following tables under this section provides specific results as organized based on the objectives of the study.

6.1 Prevalence and Types of elder abuse in Nursing homes

6.1.1 Prevalence of elderly Abuse in Nursing Home

One of the main focuses of this study was to investigate the prevalence and types of elderly abuse in institutional care. The concentration was on general prevalence of elderly abuse in nursing home. However, there has been some findings of the prevalence of specific types of elderly abuse in nursing home as well. See table 1 below for detailed results of the prevalence and types of elderly abuse in nursing homes.

From table 1, the prevalence in terms of percentage, differed based on whether the resident or staff was the reporter. In this regards, about 11% to 29.1 % of the residents have reported of being victims of at least one form of elder abuse within the past year in institutional setting (Schiamberg et. al. 2012; Bužgová & Ivanová 2011). However, 54 % of the staff have also reported under similar circumstances of abusing an elderly within the same period (Natan et. al. 2010; Bužgová & Ivanová 2011).

Table 1: Prevalence and Types of Elder Abuse in Nursing Homes

| Objectives of the study | Themes | Categories & Outcome | | Name of authors of articles that measured the outcome |
|--|--|---|--|---|
| The prevalence and types of elder abuse in nursing homes | Prevalence of elder abuse in nursing home | Reported by resident or proxy | It is reported that 11%, to, 29.1% of residents have received at least one form of elder abuse within the past year. | Schiamberg et. al. 2012; Bužgová & Ivanová 2011. |
| | | Reported by staff | About 54% of nursing staff reported committing one or more type of elder abuse over the past one year | Natan et. al. 2010; Bužgová & Ivanová 2011. |
| | Abuse of staff by elders | Reported by staff | 15.6% of residents have been aggressive towards staff within a two weeks follow up | Lachs et. al. 2012 |
| | Attitudes of staff condoning elder abuse | Reported by staff | 81% of nurses have attitudes that condone elder abuse in nursing homes | Shinan-Altman & Cohen 2009. |
| | Types of elder abuse in nursing home | Physical abuse, psychological/emotional abuse, neglect (hygiene and health), sexual abuse, material/financial abuse and right violation. | | Schiamberg et. al. 2012; Natan et. al. 2010; Post et. al. 2010; Bužgová & Ivanová 2009; Bužgová & Ivanová 2011; Band-Winterstein 2015 |
| | Prevalence of types of elder abuse in nursing home | The highest reported form of elder abuse in decreasing order was neglect, emotional/psychological abuse, physical abuse, financial exploitation and sexual abuse. | | Post et. al. 2010; Natan et. al. 2010; Bužgová & Ivanová 2011 |

On a different note but important to this study is a finding indicating that, about 81 % of staff admitted having attitudes that condones elderly abuse (Shinan-Altman & Cohen 2009) whilst interestingly, 15.6 % of residents also admitted of being aggressive towards staff (Lachs et. al, 2012).

6.1.2 Types of Elderly abuse in Nursing Home

The findings have provided a list of different types of elderly abuse that occur in institutional care (See table 1). Among the various forms of elder abuse that occur in nursing home per information provided by six of the reviewed articles are physical mistreatment (excessive use of physical restraint, not relieving pain), psychological/emotional abuse (threatening and verbal abuse), neglect (hygiene and health), sexual abuse, material/financial abuse and right violation (disregard for residents' privacy and dignity, violation of right of choice and decision making) (Schiamberg et. al. 2012; Natan et. al. 2010; Post et al. 2010; Bužgová & Ivanová 2009; Bužgová & Ivanová 2011; Band-Winterstein 2015)

Although there were few differences regarding the prevalence and incidence of specific types of elderly abuse in nursing home, it was found out that neglect was the most reported form of abuse followed by emotional/psychological abuse and then physical abuse. On the other hand, financial and sexual abuse were the least reported in institutional care (Post et. al. 2010; Natan et. al. 2010; Bužgová & Ivanová 2011).

6.2 Risk Factors of Elder Abuse in Nursing Home

This study aimed at finding out the causes and risk factors of elderly abuse in nursing home. This results have indicated various risk factors (significant and non-significant) that pertains to the victim (victim), the perpetrator (staff) and the institution they reside. See Appendix 4 for the various risk factors of elderly abuse in institutional care.

6.2.1 Significant Risk Factors

Resident Characteristics

Under the resident characteristics, the study has identified characteristics that have a positive and a negative association with elderly abuse in nursing homes. Among the positive associated risk factors of elderly abuse are residents with; ADL and IADL limitation especially the need for assistance to move around the facility, behavioural problem, aggressive behaviours, physical functioning problem, cognitive impairment, psychiatric problem, dementia and those with history of non-staff physical abuse as well as being a woman are significant predictors of being abused (Lachs et. al. 2012; Schiamberg et. al. 2012; Bužgová & Ivanová 2011; Conner et. al. 2011; Natan

et. al. 2010; Post et. al. 2010). Result also showed that a resident who experiences one type of abuse had a 51.4 % chance of experiencing other types of abuse (Post et. al. 2010).

On the other hand, increasing age, a close family relationship and education (Schiamberg et. al. 2012; Conner et. al, 2011; Post et. al. 2010; Bužgová & Ivanová 2009) were found to decrease elder abuse in nursing home and are therefore seen to be negatively associated with elderly abuse.

Staff Characteristics

Under staff risk factors, positive associated risk factors include Staff burnout, ageism, being a nursing aid or a practical nurse (Band-Winterstein 2015; Natan et. al. 2010; Montoro-Rodriguez & Small 2006). This indicates that the higher these risk factors among staff, the higher the tendencies of staff abusing residents in nursing homes. The result found some factors such as low attitude towards elderly people to be negatively associated with elderly abuse.

Institutional Characteristics

This study has succeeded in establishing some positive associated institutional risk factor of elderly abuse in nursing homes. Among these risk factors are the number of beds, the number of nurses, the number of Aids, staff turnover and high staff/resident's ratio, poor organization of work, high regimen of work, poor leadership, ageism and poor working condition (Band-Winterstein 2015; Bužgová & Ivanová 2011; Natan et. al. 2010; Bužgová & Ivanová 2009). In view of this, the higher these factors, the higher the incidence of elderly abuse in nursing homes.

6.2.2 Non-significant Risk Factors

Some important variables were identified to have no statistical significance to elderly abuse in nursing home. In this regard, only factors related to the staff were identified. These include age, marital status, number of children, academic knowledge, clinical knowledge, seniority, personal motivation for work or personal problems (Bužgová & Ivanová 2011; Natan et. al. 2010).

This study has provided result to indicate that residents can also abuse staff by being aggressive towards them. However, residents' characteristic such as age, sex, education and cognitive status of residents (Lachs et. al. 2012) were statistically found to be unrelated to elderly abusing the staff.

6.3 Prevention and Intervention Strategies of Elder Abuse in Nursing Homes

Basically, all the reviewed articles provided either a direct or indirect information about the prevention and intervention strategy about elderly abuse in nursing home. These preventive and intervention strategies are categorized under residents, staff and institutional strategies. See table 2 for detailed results regarding prevention and intervention strategies of elderly abuse.

Resident Strategies

After the reviewed articles, results indicated that there are certain measures that residents could work on to prevent or decrease the occurrence of elderly abuse in nursing home. Some of these measures may involve residents to do more ADL and IADL as possible, adopt more cooperative style when dealing with conflict in the house, residents should be less aggressive towards staff, residents should be educated on elder abuse so that they can know when they are abused and proper action that should be taken, they should be encouraged to have close family tie and last but not the least they should be encouraged to report abuse without fear of reprisal from staff (Band-Winterstein 2015; Lachs et. al. 2012; Schiamberg et. al. 2012; Bužgová & Ivanová 2011; Conner et. al. 2011; Natan et. al. 2010; Post et. al. 2010; Bužgová & Ivanová 2009; Montoro-Rodriguez & Small 2006).

Staff Strategies

Results also show staff could embark on certain measures to avoid abusing the elderly in nursing home. Some of these strategies includes use of cooperative style in conflict resolution, staff teamwork, staff being extra vigilant when caring for residents with psychiatric/cognitive conditions, staff should be encouraged to develop positive attitudes toward elderly, staff should be educated on elderly abuse and last but not the least staff should learn to respect and abide by the ethical principle of beneficence and non-maleficence (Band-Winterstein 2015; Bužgová & Ivanová 2011; Natan et. al. 2010; Bužgová & Ivanová 2009; Montoro-Rodriguez & Small 2006).

Institutional Strategies

The institution or nursing home has a responsibility to monitor and prevent elderly abuse from occurring. Results from the reviewed articles have provided some important strategies that the institution could adopt to help prevent elderly abuse.

Table 2: Prevention and Intervention Strategies of Elder Abuse in Nursing Homes

| Objectives of the study | Themes | Categories & Outcome | | Name of authors of articles that measured the outcome |
|---|--|----------------------|---|---|
| Prevention and intervention of elderly abuse in nursing homes | Prevention and intervention strategies | Residents | Encouraged to do more ADL and IADL, adopt more cooperative style, residents should be advised to be less aggressive, should be educated on elder abuse, encouraged to have close family tie, and encouraged to report abuse. | Band-Winterstein 2015; Lachs et. al. 2012; Schiamberg et. al. 2012; Bužgová & Ivanová 2011; Conner et. al. 2011; Natan et. al. 2010; Post et. al. 2010; Bužgová & Ivanová 2009; Montoro-Rodriguez & Small 2006. |
| | | Staffs | Use cooperative style to resolve conflict, use of teamwork, take proper care of residents with psychiatric/cognitive conditions encouraged to develop positive attitudes toward elderly, should be educated on elderly abuse, should learn to respect and abide by the ethical principle of beneficence and non-maleficence. | Band-Winterstein 2015; Bužgová & Ivanová 2011; Natan et. al. 2010; Bužgová. & Ivanová 2009; Montoro-Rodriguez & Small 2006. |
| | | Institution | Multidisciplinary team, employee motivation, clear job description, clear roles, less resident rotation on shifts, establish less regimen of work, increase supervision during morning shift and in the dining area, increase close supervision with the care of elders with psychiatric/cognitive impairments, reduce work overload by reducing the staff/resident ratio, ensure suppliers are available and adequate in the facility, establish clear protocol of what is to be done during elderly abuse to the abused and the perpetrator, reduce employee burnout, establish a working culture that do not condone elder abuse | Band-Winterstein 2015; Bužgová & Ivanová 2011; Natan et. al. 2010; Bužgová & Ivanová 2009; Shinan-Altman & Cohen 2009 Montoro-Rodriguez & Small 2006. |

Some of these strategies includes employing multidisciplinary team, motivating employees, using clear job description, setting clear roles, cutting down rotation of resident during shifts among staff, making work more flexible, increasing supervision during morning shift and in the dining area, paying close attention with the care of elders with psychiatric/cognitive impairments, to reduce work overload by reducing the staff/resident ratio, making sure suppliers are available and adequate in the facility, establishing clear protocol of what is to be done during elderly abuse to the abused and the perpetrator, reduce employee burnout and also establishing a working culture that do not condone elder abuse (Band-Winterstein 2015; Bužgová & Ivanová 2011; Natan et. al. 2010; Bužgová & Ivanová 2009; Shinan-Altman & Cohen 2009 Montoro-Rodriguez & Small 2006).

7. DISCUSSION

The focus of this study has been to investigate the abuse of elderly people in nursing home. In doing so, the study has succeeded in finding the scope and types of elderly abuse as well as the causes and risk factors of elderly abuse in institutional setting. The study has also determined some prevention and intervention strategies to curb this problem.

The theoretical model for this study was the *Sociocultural Context theory of Elderly Abuse*. This theory was selected due to its direct link to the objectives of this study. This model has been described in earlier pages in this thesis and will not be repeated here. It is however important to point out that, the theory maintains that based on the relationship that exist between the elderly and the caregiver, four outcomes may result (Burnight & Mosqueda 2011).

It is the wish of everyone to see that the relationship between the elderly and the caregiver (in this case the staff and the institution) be long lasting which is based on great sense of security and trust which will further promote excellent health and happiness among elderlies and caregivers. This could only happen when there is harmony between the characteristic of the elderly and the caregivers (staff and the institution) as enumerated in this theoretical model. Without this harmony, the result will be elderly mistreatment/abuse.

The following pages will therefore discuss the findings of this study by providing an insight into why certain factors may disrupt the harmony of the elderly-caregiver relationship. It will also provide some means to restore the harmony of this relationship by highlighting the role of the nurse in preventing elderly abuse. Furthermore, the implication of the study as well as the validity and reliability of the study and some further research suggestions will be discussed.

7.1 The Scope and types of Elderly Abuse in Nursing Homes

7.1.1 The Scope of Elderly Abuse in Nursing Homes

The incidence of elder abuse in nursing home could be reported in two ways depending on whether it is the victim or the staff who is reporting abuse. Generally, about 11% to 29.1 % of residents have indicated being victims to at least one form of elder abuse whilst 54% of staff have also reported of abusing elders within the past one year. In whichever way it is reported, these figures

portrayed are higher than those reported in the general population studies (Soares et. al. 2010; Cooper et. al. 2008; Krug et. al.2002) and represents a serious problem in our nursing homes regarding the care of elderly people. The figures from the victims' perspective are a bit like that reported by Broyles (2000) who indicated an abuse rate of 44% from the residents' perspectives (Broyles cited in Nursing Home Abuse Center 2016). Prevalence of elderly abuse as reported by staff, falls within the range reported by Laurola (2014) in a review study concerning abuse of elderly in Finnish nursing homes in which abuse rate was found to range from 13-62 % depending on the type of abuse.

It must however be noted that, the abuse rates reported in nursing home as indicated by this study is higher compared to incidence of elder abuse reported in the general population as reported by many studies (Clare et. al. 2011; Soares et. al. 2010; Cooper et. al. 2008; Krug et. al.2002). This differences could be explained based on the composition of the elderly in the different settings. For example, it could be because most vulnerable to abuse are usually sent to the institutional setting.

7.1.2 Types of Elder Abuse in Nursing Homes

This study has identified six main forms of elder abuse in nursing homes. These includes physical abuse, emotional/psychological abuse, neglect (hygiene and health), sexual abuse, material/financial abuse and finally, right violation. All these types of elder abuse found in this study are consistent with previous literature (Soares et. al. 2010) except right violation which stands separately in this study. In nursing homes, physical abuse may include striking, hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, or burning. Emotional/psychological abuse may take the form of verbally abusing the elderly by yelling, cursing or swearing, insulting, threatening, intimidating, humiliating, harassing and/or child-like treatment meted to older people. Neglect may also include failure to provide hygiene, food, water, medicine, comfort, or personal safety. It may also include ignoring requests for help or failure to prevent bedsore. Sexual abuse may include forcing elderly for sex, sexual contact without consent, unwanted touching or forcing them to watch sexual contents. Deceiving elders to sign documents, stealing their money or possessions, misusing their funds or assets may be classified as material/financial exploitation. A common form of abuse that is often taken for granted is the right

violation. This may include disregard of elders in decision making and freedom of choice, disregard for residents' dignity and disregard for residents' privacy. A review study conducted by Lauro (2014), found that 94 % of residents reported that staff entered their rooms without knocking signaling the magnitude of right violation of elderlies in nursing homes.

Previous studies have shown that prevalence of elder abuse differ by type and this study is no exception. This study found that the most reported form of abuse is neglect followed by psychological/emotional abuse and then physical abuse. The study also found material and sexual abuse to be least reported form of abuse. This finding seems to be in line with findings from Tareque et. al. (2015) and Broyles (cited in Nursing Home Abuse Center 2016), who also reported higher rates of neglect in institutional care. Notwithstanding, most findings from the general population study however indicated that financial exploitation is highly reported form of elderly abuse (Clare et. al. 2011; Acierno et. al. 2010). Interestingly however, previous studies have indicated that material and sexual abuse were least reported (Tareque et. al. 2015; Wu et. al. 2012; Acierno et. al. 2010; Dong & Simon 2010) as this study also confirms with its findings.

The differences in finding regarding neglect and financial exploitation could be explained in the sense that, most residents in the nursing home may not have physical cash on them and even if they have, it might be managed by the institution's management making it hard for staff to exploit. Secondly, residents in nursing homes are not socially isolated compared to elderlies in the general population leading to less financial exploitation in nursing home since social isolation is reported to be a risk factor for financial exploitation (Lachs et. al. 1997). Hence, elderlies in the general population may be more vulnerable to financial exploitation due to social isolation. Neglect comprises of many forms as clarified earlier. This may explain why it is highly reported form of abuse in nursing homes since it is linked with many activities that are supposed to be done in providing care to elderly people in institutional settings.

7.2 Cause and Risk Factors of Elderly Abuse in Nursing Homes

To be able to prevent or develop intervention strategies to curb the incidence and problems of elderly abuse, there is the need to identify the causes and risk factors in the first place. This study has identified several risk factors of elderly abuse in nursing homes. It is important to understand

that the risk factors of elderly abuse are unlimited to the victims alone but to the staff and the institution that houses the elders.

Residents' Risk Factors

Several risk factors for the residents have been identified by this study (see appendix 4). However, only few important ones will be discussed in this section. ADL comprises of feeding oneself, bathing, grooming, toileting, dressing and functional mobility such as wheelchair mobility and bed mobility. In the other hand, IADL may include shopping, cooking, laundry, managing money, use of transportation and the ability to use the telephone. This study has found that elderlies who are limited in ADL or IADL are significantly at risk of being abused by caretakers in nursing home. This is particularly true in the sense that due to their limitation in ADL or IADL, more burden will be placed on the caregiver thereby increasing their contact with the elders and their level of stress which consequently may lead to abuse.

Another important risk factor for the elderly abuse is residents with behavioral problem. Behavioral problems may include being physically aggressive, verbally abusive and actively resisting care. This study has found that behavioral problem is the single most important risk factor for almost all forms of elderly abuse in nursing home. In as much as cognitive impairment is a risk factor as indicated in some studies (Hansberry et. al. 2005), it is noted in this finding that it is hardly a risk factor without behavioral problem. This makes sense because it is highly possible for people with cognitive impairment as well as those with psychiatric problem and dementia to be difficult to handle thereby leading to abuse by the caregiver. It is on this note that elders with psychiatric problems and dementia stand a higher risk of being abused. Interestingly, it is found in this review study that, residents who are abused in one type of abuse, are more likely to suffer other forms of abuse. This finding therefore suggest a close supervision of elders who have suffered one form of elder abuse to prevent them from being victims of other abuses.

Gender seems to be difficult to discuss in this study due to the mixed results from different studies. In as much as some of the articles that were reviewed found no significant difference in elderly abuse by gender, others also found that women are at a higher risk of being abused than men which support findings from studies such as one conducted by Harrison (2007). There is no clear reason

for this difference. However, it is known that women constitute the majority in elderly homes and therefore could be highly vulnerable. Additionally, traditionally, women are more submissive and therefore people might take advantage of them to be abused.

Age, close family relationship and education are negative risk factors of elderly abuse. Age is a negative risk factor due to the long held societal attitudes towards the elderly. It is believed that all things being equal, abusing a younger person will be well accepted than abusing an older person. Similarly, elders who have a close family ties and live in institutions are less likely to be abused by staff because they could be caught and reported than elders who have been abandoned in the nursing home. Education was a risk factor for emotional abuse of the elderly. It is unclear why this is so. However, it is possible that elderlies who are more educated may know their right and therefore may be accorded more respect by caregivers.

Staffs' Risk Factors

It is the duty of the nurse or the caregiver to provide quality and respectful care to the elderlies. However, certain factor may hinder this from happening. Among the factors that may incite caregivers to abuse the elderly include burnout and stress. Taking care of elderlies especially those who are ADL dependents as well as those with behavioral problems could be very challenging and demanding. Caregivers who go through these challengers and demands may be unable to handle themselves well at the least provocation due to stress and burnout leading to abuse of the elderly.

This study also found that nursing Aids and practical nurses were likely to abuse elderlies than other staff such as registered nurses. Even though no clear explanation is given, it is possibly due to the differences in education. Nursing Aids and practical nurses have less education and knowledge about health care compared to registered nurses, hence their inability to properly handle the challenges of their work leading to abuse of the elderly. It is also found that nurses or caregivers with low attitudes towards elderlies are highly likely to abuse the elderlies. This is because these caregivers may neither value the elders nor respect the dignity and privacy of these elders.

Under staff characteristics, it has been revealed that age, marital status, academic knowledge, clinical knowledge, seniority, personal motivation for work or personal problems are not

significant risk factors for abusing elders. It is important to clarify that though these factors were unable to reach statistical significance, they may have some effects on elderly abuse when the raw numbers are taken into consideration. It is also recommended that more research be conducted on these factors to ascertain their significance in elderly abuse in nursing homes.

Institutional Risk Factors

Risk factors for elderly abuse is unlimited to the victims and the perpetrators. It also involves the institution in which these elders are housed. Finding from this study shows that high number of beds or residents, high staff/patient ratio and higher staff turnover increases the risk of elderly abuse. This makes perfect sense because when these happen, the staff are overburdened resulting in stress and burnout which may consequently lead to poor judgement and intolerance and finally, abuse of the elderly especially, neglect and emotional abuse.

Any institution which is very inflexible could be unsatisfactory to work in. Moreover, if the working condition is poor (poor remuneration, lack of promotion and so on) and there is also poor leadership as well as insufficient supplies at the facility, these could lead to stress and role conflicts on the part of the staff and therefore hinder them from putting up their best. If the organization supports ageism, then they may overlook attitudes that condone elderly abuse which may finally result in elderly abuse by the staff.

7.3 Prevention and Intervention Strategies of Elder Abuse in Nursing Homes

The previous pages in the discussion section have provided solutions to two important steps in public health intervention in elderly abuse. That is, to define the scope and identify the causes and risk factors of the problem. This sub-section will discuss the third and fourth steps which are the prevention and intervention of the problem.

7.3.1 Prevention and Intervention Strategies for Residents

It is found that residents with limited ADL and IADL are mostly at risk of Abuse. Lack of ability of residents to perform ADL and/or IADL throws more of the work on staff. This therefore may increase stress and burnout among staff. The result will be abuse of elders by staff. It is therefore

important for residents to try or be encouraged buy nurses and other staff to try their possible best to do as much as possible some of the ADL and IADL to limit the pressure on the staff.

Other preventive measures on the part of residents include advising and encouraging them to be less aggressive towards staff for their own benefits. This is because, residents' aggression towards staff may result in staff abuse of these residents. Moreover, residents should learn or be taught to know more about elderly abuse and how to report offenders. By knowing what elderly abuse entails, they will be able to identify and know when they or their colleagues are abused as well as the appropriate channel to embark on in reporting perpetrators. One important means that could be used to prevent elderly abuse is to encourage close tie among residents and their families. This is essentially important because families that are closer to their elderly relative in institutional care can easily sport abuse and report them easily without fear of retaliation from the staff and management.

This thesis is a nursing thesis. Thus, it should be emphasized that the nurse has a bigger role to ensure that the elderly is equipped with the needed information and guidance regarding elderly abuse. It is therefore the duty of the nurse to take the elders through the measures stipulated in the previous paragraphs to curb or reduce elderly abuse from occurring.

7.3.2 Prevention and Intervention Strategies for Staffs.

Even though elderly abuse is the interplay between residents' characteristics as well as those of the staff/perpetrators and the institutions, those of the perpetrators are very important since they carry out the actual act of abuse. It is therefore important to look at measures that the staff could administer to help them stop or reduce abusing residents.

It is established that using cooperative style in conflict resolution prevents elderly abuse compared to use of confrontational and avoidance styles (Montoro-Rodriguez & Small 2006). On this note, staffs (nurses) are expected to resolve any conflict in the facility by employing the cooperative style. Moreover, not every staff understands or knows what elderly abuse comprises of. It is therefore essential for every staff to take a course in elderly abuse to know the various types as well as the risk factors of elderly abuse. Knowledge in these will help the staff from abusing the

elderlies. Another important means to prevent elderly abuse is use of teamwork among staffs. Multidisciplinary team such as one that includes social workers, physiotherapists, doctors, nurses, occupational therapists, as well as caregiving, logistics, and housekeeping staffs may keep every staff on check and may therefore prevent elderly abuse from occurring in nursing home. Nurses should therefore learn how to work well in teams to ensure quality care for residents.

Attitudes of staff towards elderly are very crucial in determining elderly abuse rates in institutional care. Staffs or nurses are therefore encouraged to develop positive attitudes towards elderlies. This means that staff should be self-reflective and put themselves in the shoes of these elderlies. In doing so, they will be more compassionate and caring which may help them to desist from abusing elderlies. Ethics play a vital role in the provision of quality care to elderlies. It is on this note that staffs/nurses should be educated about the ethical principles and the need to abide by these principles. Staffs are expected to know the ethical principles of respect, dignity, beneficence and maleficence to guide them in taking the necessary steps in preventing or refraining from abusing the elderly.

7.3.3 Institutional Strategies to Prevent and Intervene in Elderly Abuse

Several institutional strategies that could be applied to curtail abuse of the elder have been identified following this review study. It has been established in this study that staff who have stress and burnout could resort to abusing elderlies in nursing homes. On this note, the institution could reduce stress and burnout among staff by establishing clear job description and clear roles which will reduce ambiguity and conflict at work. Moreover, management should employ more staff to reduce staff/resident ratio which will go a long way to reduce work overload among staff.

It is also important to stress that close supervision of staff is crucial in reducing elderly abuse in nursing homes. Based on the finding from this study, management should pay close attention to care that is rendered to residents especially, during morning shift as well as in the dining areas. Morning shift in nursing homes are often very busy compared to other shift since most of the care activities take place during this time. The likelihood of elderly abuse is therefore high due to the accompanied stress and overwork during this time. Similarly, management should be watchful of

staff when they are caring for residents with behavioral as well as psychiatric problems since handling of such residents could be very challenging.

Establishment of multidisciplinary team such as one discussed in previous pages could help in reducing elderly abuse in nursing homes. It would be beneficial if work could be made less strict by the management. In other words, less regimen of work could make the work atmosphere more relaxed and enjoyable to work in. This could ease tension and stress among staff. More importantly, it is the duty of management to make available the needed supplies at the facility. Working with inadequate materials could be very frustrating and could lead to abuse of the residents by staff. There is also the need for management to establish a clear protocol of what is to be done to the victim as well as the perpetrator in the event of elderly abuse. By establishing this protocol, proper interventions could be implemented when an incidence of elderly abuse occurs. Additionally, creating a working culture that do not condone elderly abuse could encourage both staff and residents to report incidences of elderly abuse in the facility.

Nurses should serve as advocates for their patients/clients. In this regard, they should see to it that the management or the institution put up measures to ensure that the points raised above are taken seriously to ensure the safety of the residents.

7.4 Summary and Implication of the Study

1. Elderly abuse especially, neglect, emotional/psychological, right violation and physical abuse is predominant in institutional care and needs to be checked.
2. Elderly abuse exists in nursing homes mainly due to the interplay of characteristics associated to the residents, staffs and the institution in general.
3. Residents' who have behavioral problems and/or ADL/IADL limitations are at higher risk of elderly abuse.
4. Stress, burnout and poor attitudes towards elderlies are the most important staff risk factors of elderly abuse.
5. Among the institutional factors that can influence elderly abuse in nursing homes includes poor working condition, inadequate supplies, poor leadership, regimen of work, and unclear roles.

6. Elderly abuse in institutional care are rampant during morning shift and in the dining areas and calls for close monitoring from management.
7. There is the need for staffs, residents and management to be educated on the types, causes and risk factors of elderly abuse to prevent elderly abuse in nursing home.
8. Clear protocol as to what should be done in the event of elderly abuse should be established by management in nursing homes.
9. It is the role of the nurse to ensure that elderlies are provided with the best of care devoid of abuse in nursing homes.

7.5 Validity and Reliability of the Study

Validity of a study measures how well a study's tool/method can answer its research questions. This study uses a secondary data and therefore the validity of this study highly depends on these studies. The good thing however is that most of the studies reviewed used existing and tested questionnaires in their research. In the absence of existing questionnaires, researchers developed their own questions and pretested this questions in a pilot study before their actual applications. Moreover, this study followed a strict criterion in selecting the articles for this study. In view of this, the researcher can conclude that the findings of the study are valid.

Reliability on the other hand is the tendency for a study to be replicated without altering the result. Firstly, this study has very specific and measurable objectives which is a plus to reliability. Secondly, a clear criterion was set in the selection of the study articles hence biases were omitted. In these regard, it is highly possible to get similar result if this study is replicated by another researcher.

7.6 Strength and Weakness of the Study

The strength of this study rest on the validity and reliability of the study. In this view, reasons enumerated under the validity and reliability section of this thesis could be used to define the strength of this study.

It must also be added that, this study comes with some limitations as well. Firstly, most of the reviewed studies employed the cross-sectional method. Since cross-sectional studies are one-time

studies, it makes it difficult to make causal inferences. Secondly, articles that were chosen for this study were limited to those written in English language and could also be accessed freely. There is therefore the possibility of selection bias as some important articles could have been left out. These notwithstanding, the study has been successful in answering the research questions.

7.7 Future Research

Research in elderly abuse in institutional care is limited compared to those in the general population. It is therefore encouraged that researchers take it upon themselves to do more in this area. The focus of future research in this area could be to:

1. Explore more about the gender difference in elderly abuse due to the mix results from previous studies.
2. Research more about the health effect of elderly abuse in nursing home since the knowledge in this area is very limited.
3. To test the prevention and interventions strategies identified in this study using case-control or cohort studies.

8. CONCLUSION

Elderly abuse which is a public health problem has been clearly established in this study to be rampant in nursing homes. It is therefore important to find means to curtail this problem. To do this, the study has identified the scope and types of the abuse. Moreover, it has also succeeded in establishing the causes and risk factors of elderly abuse as well as some prevention and intervention strategies.

This thesis is a nursing thesis. Thus, it should be emphasized that the nurse has a bigger role to ensure that the elderly is equipped with the needed information and guidance regarding elderly abuse. It is therefore the duty of the nurse to serve as an advocate to the elderly. They are therefore expected to ensure that elders and the management are taken through the necessary measures to prevent elderly abuse. More importantly, the nurses should also abreast themselves very well with the elderly abuse phenomenon to reduce or put a stop to it in nursing homes. It must also be emphasized that since the driving forces of elderly abuse is the interplay of characteristic associated to the residents, staff (nurse) and the institution in general, all these stakeholders should be involved if a headway regarding the prevention of this problem could be achieved

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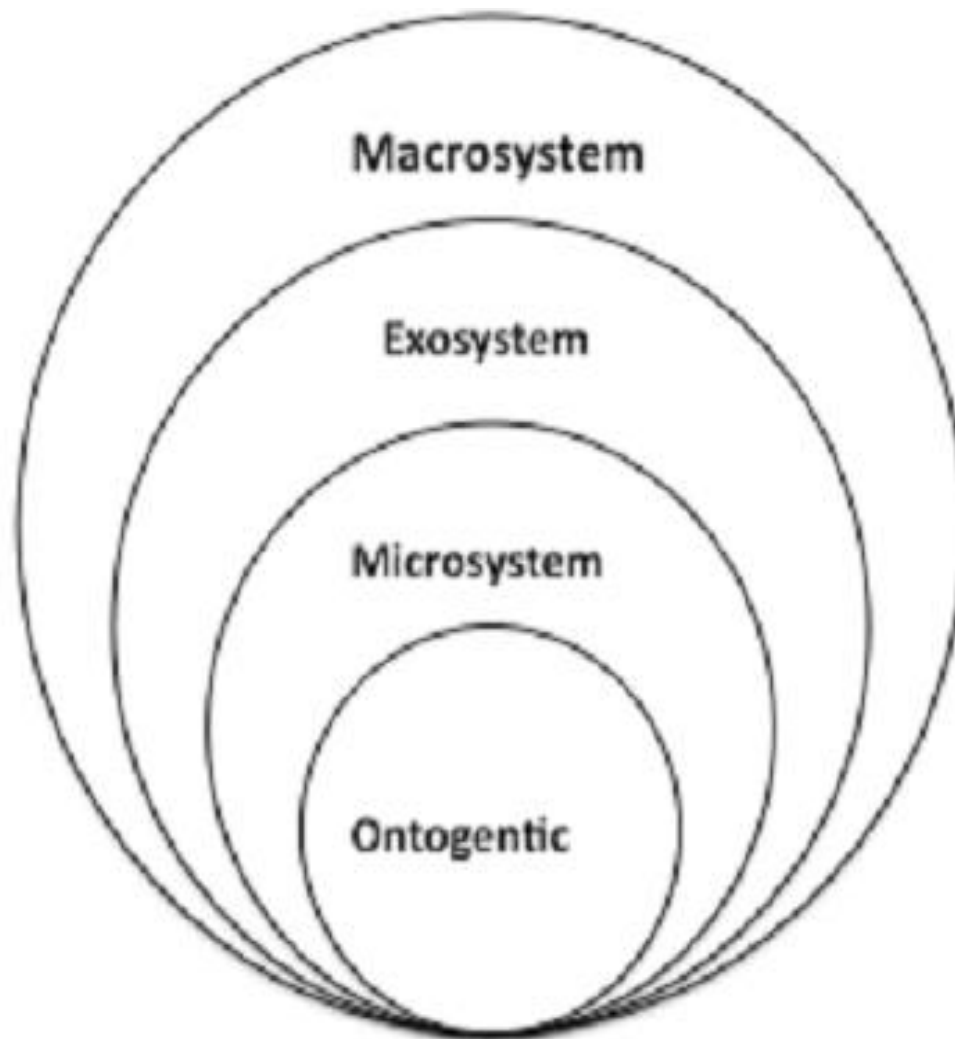
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APPENDICES

APPENDIX 1: An Ecological Model of the Etiology of Elderly Mistreatment



APPENDIX 2: Presentation of Reviewed Articles

| Author, Year & Title | Study Design | Study Aim | Study Subjects | Ages of Subjects | Assessment tools |
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| <i>Shinan-Altman, S & Cohen, M 2009. "Nursing Aides' Attitudes to Elder Abuse in Nursing Homes: The Effect of Work Stressors and Burnout"</i> | A cross-sectional survey | The aim of the study was to assess nursing aides' attitudes to abusive behaviors toward elderly people, as well as the relationship of these attitudes to demographic variables, work stressors (role conflict, role ambiguity, and work overload), burnout, and perceived control, based on the theory of planned behavior | 208 nursing aides at 18 nursing homes in the central area of Israel | participants were 18–65 years of age | Use of a pre-tested self-developed questionnaire with focus on <i>The work stressors questionnaire</i> developed by Gonzalez-Roma and Lloret (1998), <i>The Maslach Burnout Inventory</i> developed by Maslach and Jackson (1981), <i>The perceived control questionnaire</i> developed by Kushnir and Melamed (1991). |
| <i>Schiamberg, LB et. al. 2012. "Physical Abuse of Older Adults in Nursing Homes: A Random Sample Survey of Adults with an Elderly Family Member in a Nursing Home"</i> | A cross-sectional random telephone survey | The purpose of the investigation was to estimate prevalence of physical abuse in nursing homes and to identify individual and social/contextual risk factors of physical abuse | 452 adults with an elderly family member, ≥65 years, in a nursing home | Age of the victims of abuse was over 60 years of age | <i>Telephone</i> interview |
| <i>Natan, MB et. al. 2010. "Psycho-social factors affecting elders' maltreatment in long-term care facilities"</i> | A cross-sectional quantitative descriptive study | To examine and analyze major variables affecting maltreatment of elderly nursing home residents with focus on the theoretical model for predicting causes of maltreatment of elderly residents developed by Pillemer, and the Theory of Reasoned Action developed by Ajzen & Fishbein | 510 staffs and 22 directors at 24 of the 300 long-term facilities for the elderly in Israel. | Age range 20–65 | self-administrated structured questionnaires developed purposefully for the study |
| <i>Post et. al. 2010. "Elder abuse in long-term care: types, patterns, and risk factors"</i> | A cross-sectional, random-digit-dial survey | The purposes of this study were to (1) determine the association between characteristics of older adults receiving long-term care services, their impairments and behavior problems, and proxy-reported elder abuse and (2) assess the same associations with proxy-reported experiences of multiple abuse | 1002 households with someone receiving long-term care services aged 60 and over. | The victims of abuse under investigation are 60 years or over. | Interviews |

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| <i>Bužgová, R & Ivanová, K 2009. "Elder abuse and mistreatment in residential settings"</i> | Cross-sectional qualitative phenomenological study | The aim of the study was to describe employees' and residents' lived experiences of elder abuse perpetrated in residential homes by nursing staff and family members. | 20 residents, 26 employees and 2 managers | Residents aged between 78 and 94. Employees aged between 25 and 54 | In-depth interview with unstructured questionnaire and documents that contained complaints about improper behavior of employees in residential homes in Ostrava |
| <i>Bužgová, R & Ivanová, K 2011. "Violation of ethical principles in institutional care for older people"</i> | Cross-sectional study | The study aimed at defining the extent, nature and causes of elder abuse by employees' unethical conduct towards clients in senior homes (i.e. residential nursing homes) in the Moravian-Silesian region of the Czech Republic | The research sample comprised 454 employees and 488 clients from 12 residential homes for older people | Clients were over 60 years. | Direct structured interview with clients and a questionnaire for both clients and employees. |
| <i>Montoro-Rodriguez, J & Small, JF 2006. "The Role of Conflict Resolution Styles on Nursing Staff Morale, Burnout, and Job Satisfaction in Long-Term Care"</i> | A cross-sectional study | It investigates the role of coping skills related to staff-resident interactions, in particular, the use of conflict resolution styles and their influence on the level of morale, burnout and job satisfaction of nursing professionals | 161 direct care nursing staff | The mean age of participant was 40 | A self-administered questionnaire. |
| <i>Conner, T et. al, 2011. "Impairment and Abuse of Elderly by Staff in Long-Term Care in Michigan: Evidence from Structural Equation Modeling"</i> | A cross-sectional, random-digit-dial survey | This study examines the causal effects of two dimensions of impairment—(a) physical and cognitive and (b) age and behavior problems—on susceptibility to abuse among elderly in long-term care | 1,002 respondents who were knowledgeable relatives of, or adults responsible for, a person in long-term care, | The victims of abuse under investigation were 60 years or over. | interview |
| <i>Band-Winterstein, T 2015. "Health care provision for older persons: the interplay between ageism and elder neglect"</i> | Cross-sectional qualitative study | The aim of this study was to describe and examine how ageism functions as a mechanism for promoting elder neglect in long-term care facilities. | 30 registered nurses with at least 2 years' experience in 10 long-term care facilities in Israel | The ages of participants ranged from 26 to 58 years | Semi-structured in-depth interviews |

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| <i>Lachs, MS et al 2012. "Verbal and Physical Aggression Directed at Nursing Home Staff by Residents"</i> | Prevalent cohort study | To estimate the prevalence of resident-to staff aggression (RSA) over a 2-week period | Population-based sample of 1,552 residents (80 % of eligible residents) and 282 certified nursing assistants | Participants had a mean age of 84 | Interview with structured questionnaire |
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APPENDIX 3: Main Results from 10 Reviewed Articles

| Author & Title | Main Findings from Each Article | Simplifying and Making Meaning from The Main Findings of the Various Studies Under Review |
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| Shinan-Altman S., & Cohen M. 2009. "Nursing Aides' Attitudes to Elder Abuse in Nursing Homes: The Effect of Work Stressors and Burnout | Attitude condoning elder abuse was found to be high as the mean score was 3.24 (SD 0.59) on a scale of 1-4. Subjects indicated a medium level of stress and burnout and a low perceived control. Associations between studied variables indicated that the lower the income and the higher the role conflict, role ambiguity, work overload, and burnout, the higher the attitudes condoning of abusive behaviors by the nursing aides. There was a statistically positive association between work stressors and burnout. Hence, the higher the role conflict ($r = .13, p < .01$), role ambiguity ($r = .24, p < .01$), and work overload ($r = .22, p < .01$), and the higher the burnout ($r = .23, p < .01$), the higher the attitude condoning elder abuse. Also there was a statistically significant negative association between perceived control and role ambiguity ($r = -.31, p < .01$). Result also shown that burnout partially mediated between the work stressors and attitude condoning elder abuse. | <p>Prevalence: A higher percentage (81%) of nurses have attitudes that condone elder abuse in nursing homes.</p> <p>Nurses exhibit medium level of stress, burnout and low level of perceived control in performing their work</p> <p>Risk factors: low income, higher role conflict, role ambiguity, work overload and burnout influences attitude that condone elderly abuse. Low level of perceived control leads to higher ambiguity.</p> <p>Inference: attitudes that condone elder abuse may eventually lead to elder abuse.</p> |
| Schiamborg LB, et al. 2012. "Physical Abuse of Older Adults in Nursing Homes: A | 24.3% of respondents reported to at least one form of physical abuse (physical mistreatment, caretaking mistreatment and sexual mistreatment). Also, older adult nursing home residents with one or more ADL limitations were at greater risk for staff physical abuse in nursing homes than older adults with no ADL limitations. More | <p>Prevalence: it is reported that 24.3% of residents have received at least one form of physical abuse.</p> <p><u>Types of abuse:</u> physical mistreatment, caretaking mistreatment and sexual mistreatment.</p> |

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| <p>Random Sample Survey of Adults with an Elderly Family Member in a Nursing Home”</p> | <p>importantly, “needing assistance getting around or help moving inside the facility” was found to be the only significant predictor of staff physical abuse of elderly in nursing home. Age was found to be significant demographic predictor of elderly abuse but in the opposite direction (i.e. the more aged the elderly, the less abuse). Non-staff physical abuse however increased with increased age. Diagnosis of Alzheimer’s disease or a diagnosis of cognitive impairment alone were not higher predictors of staff physical abuse but behavioral problems were significant predictors of staff physical abuse. A history of non-staff physical abuse significantly increased the likelihood of physical abuse by 92%, Elder with close family relationship were less likely to be abused even though there were no statistical significance.</p> | <p>Risk factors: ADL limitation especially the need for assistance to move around the facility, behavioural problem and history of non-staff physical abuse are significant predictors of elder physical abuse. Alzheimer’s disease and/or cognitive impairment alone were not higher predictors of staff physical abuse. Increasing age and a close family relationship decreases elder physical abuse in nursing home.</p> |
| <p>Natan MB, et al. 2010. “Psycho-social factors affecting elders’ maltreatment in long-term care facilities”</p> | <p>53.5% of the respondents (N=510) reported committing one or more type of abuse against the elderly over the past year. Physical and mental neglect was the most common form of abuse followed by mental abuse and physical abuse. Sexual and financial abuse was the least (0.1%) reported form of abuse. A positive correlation was found between staff burnout (emotional fatigue, depersonalization) and various forms of elder abuse. A significant weak positive correlation exist between experience working with elders and mental abuse, mental neglect, and total number of maltreatment incidents. A weak negative correlation was found between staff attitudes towards elders and risk of maltreatment, aside from mental neglect. No significant correlation was found between the various types of maltreatment and academic knowledge, clinical knowledge, seniority and attitudes towards maltreatment. Nursing aides and practical nurses demonstrated more manifestations of mental abuse than other staff members. Women had higher risk of experiencing physical violence, mental neglect and maltreatment in general in long-term facilities. Elderly women with dementia</p> | <p>Prevalence: 53.5% of nursing staff reported committing one or more type of elder abuse over the past one year. <u>Types of abuse;</u> Physical and mental neglect were the common forms of abuse followed by mental abuse and physical abuse. Sexual and financial form of abuse were the least reported.</p> <p>Risk factors: <u>staff traits;</u> staff burnout, more experience in working with elders, low attitudes towards elders increase elder abuse. <u>Non-significant risk factors;</u> Academic knowledge, clinical knowledge and seniority are not significantly related to elder abuse. Nursing aides and practical nurses demonstrated more manifestations of mental abuse than other staff members. <u>Patient traits;</u> women had a higher risk of experiencing different types of elder abuse. <u>Facility features;</u> the higher the number of beds, number of nurses, number of Aids, staff turnover and</p> |

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| | <p>experienced more mental neglect. There was a significant positive correlation between the number of beds, number of nurses, number of aides and staff turnover – and mental neglect, physical neglect, and total incidents of maltreatment for each patient. There was a significant positive correlation between staff ratio and physical neglect and total incidents of maltreatment per patient.</p> | <p>staff ratio, the higher the incidence of elder abuse in nursing homes.</p> |
| <p>Post et al. 2010. “Elder abuse in long-term care: types, patterns, and risk factors”</p> | <p>Results indicated that 29.1% of long-term care recipients have at least one form of abuse. The most common form of abuse reported was neglect (16.2 %) followed by emotional (13%), caretaking (12.7%), verbal (11.2%) material (9.2%) and physical (4.2%) abuses. The least form of abuse was sexual (0.6%). Health and abuse: elders with behaviour problems were significantly abused (1.7 times) compared to those without behaviour problem. Similarly, those with physical functioning problem were significantly abused in all types of abuse except physical mistreatment compared to those without that problem. Even though abuse rates were higher for those with cognitive problems compared to those without in all types of abuse except verbal and physical, there were no statistical significance. Except for material abuse, elders with behavior problems had a higher abuse rates than those with cognitive and physical challenges. ADL and IADL limitation: elders who were abused significantly performed less ADL compared to non-abused in all types of abuse except verbal and material. The mean difference was higher in physical and caretaking type of abuse. Demographic factors: Among the demographic variables, only age was significant predictor of abuse in all types except materials (increasing age was found to reduce abuse). Education was a predictor for emotional abuse (lower education increases emotional abuse)</p> | <p>Prevalence: 29.1% of elders in nursing home have experienced at least one form of elder abuse. <u>Type of abuse</u>; The highest reported form of elder abuse was neglect followed by emotional, caretaking, verbal, material and physical abuse. The least reported is sexual abuse.</p> <p>Risk factors: elders with behavior problem, physical functioning problem, ADL and IADL limitation were significantly abused compared to those without these problems. Cognitive impairment leads to increase abuse but was not statistically significant. Among the demographic factor only age negatively predict elder abuse. Education negatively predicts only emotional abuse</p> |
| <p>Bužgová R. & Ivanová K.</p> | <p>Results indicated the following forms of elderly abuse: right violation, financial abuse,</p> | <p>Types of abuse: right violation, financial abuse, psychological</p> |

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| <p>2009. "Elder abuse and mistreatment in residential settings"</p> | <p>psychological abuse, physical abuse and neglect. Causes of elder abuse includes institutional characteristics such as Poor organization of work, Regimen in an institution, and Staff shortages; employee characteristic such as employee burnout, employees' personal problems and inadequate education; and resident's characteristics such as resident's personal characteristics and isolation from family members.</p> | <p>abuse, physical abuse and neglect. Risk factors: <u>Resident's characteristics</u>; resident's personal characteristics and isolation from family members. <u>Employee characteristics</u>; employee burnout, employees' personal problem and inadequate education. <u>Institutional characteristics</u>; poor organization of work, regimen in institution and staff shortage.</p> |
| <p>Bužgová R. & Ivanová K. 2011. "Violation of ethical principles in institutional care for older people"</p> | <p>54% of the employees admitted committing abuse of the elderly in the previous year and 65% claimed they had witnessed abuse committed by another employee. However, only 11% Of the clients mention that they have been abused by an employee whilst 5% claimed they have seen another resident being abused by an employee. The rate of forms of abuse confessed by employees and reported by clients respectively in order of decreasing frequency are psychological (46%, 10%), physical abuse (12%, less than 2%), care neglect (1%. 9%) and sexual abuse (0.7%, 0.7%). Test indicated that employees more often abused confrontational ($P < 0.001$) and aggressive ($P < 0.05$) clients. Employees who were psychologically abused by clients, significantly abuse clients ($P < 0.001$). Employees who were physically abused by clients significantly tend to abuse clients either physically or psychologically ($P < 0.001$). A significant relationship was found between employee abuse of the elderly and client with dementia ($P < 0.001$) and client requiring psychiatric care ($P < 0.001$). No significant association was found between elderly abuse and client education or self-sufficiency. No significant association is found between elder abuse and employees' age, education, marital status, number of children, personal motivation for work or personal problems. However, employee's education in the field of social science, length of practice and level of burnout significantly influences psychological abuse of the elderly.</p> | <p>Prevalence: whilst 54% of employees admitted committing elder abuse, only 11 % of the client mentioned that they have been abused by an employee for the past one year. <u>Types</u>; Psychological abuse was highest followed by physical, care neglect and sexual. Risk factors: <u>client characteristics</u>; aggressive clients, abusive clients, clients with dementia and clients with psychiatric problem. Client's education and self-sufficiency are significant risk factors. <u>Employee's characteristics</u>: stress, burnout, education in social sciences, length of practice. <u>Non risk factors</u>; Employees' age, education, marital status, number of children, personal motivation for work or personal problems are not significant risk factors. <u>Institutional characteristics</u>; poor working condition and poor leadership is related to employees' abuse of the elder. Ethic: two main ethical principles (respect and non-maleficence) are violated when psychological and physical elder abuse are committed.</p> |

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| | <p>Employees who were more often dissatisfied with their working conditions, did not feel sufficiently motivated by their managers, and considered their job stressful or very stressful significantly committed physical and psychological abuse. By committing psychological and physical abuse the ethical principle of respect and non-maleficence are violated. These are manifested in the form of client humiliation by shouting, swearing and verbal offence, and physical abuse by movement restriction, invasion of privacy, intentional isolation, intentionally ignoring, Washing in cold water, attempted slapping, kicking, hitting with object etc.</p> | |
| <p>Montoro-Rodriguez J. & Small JF. 2006. “The Role of Conflict Resolution Styles on Nursing Staff Morale, Burnout, and Job Satisfaction in Long-Term Care”</p> | <p>In respect to conflict resolution, participants indicated more preference for the cooperative style with an average score of 17.9 (range 5 to 25) followed by 14.8 (range 6 to 25) for confrontational style and 12.2 (range 5 to 22) for avoidance style. In regards to nursing staff outcome, nurses declared 43.1(range 18 to 62) for psychological morale, 20.4 (range 8 to 25) for job satisfaction, 14.7 (range 6 to 28) for burnout, 16.6 (range 12 to 20) for job accomplishment, 11.9 (range 4 to 20) for job benefits, and 4.2 (range 2 to 11) for job depersonalization.</p> <p>Test indicated a significant relationship between conflict resolution style and nursing staff morale, burnout, and job satisfaction. A negative correlation exist between nursing staff psychological morale and the use of confrontational (beta = -.23) and avoidance (beta = -.19) styles as well as frequency of shift rotation (beta = -.15), the observed conflict between staff and residents (beta = -.15), and the availability and adequacy of facility supplies for nursing staff (beta = -.16). Staff burnout was positively associated with the average number of residents (beta = .20), the level of observed conflict in the facility (beta = .18), and the use of a confrontational style (beta = .19). There was a negative relation between staff burnout and</p> | <p>Most nurses used the cooperative style to resolve conflict followed by the confrontational style and then the avoidance style. Nurses scored high on psychological morale followed by job satisfaction, burnout, job accomplishment, job benefit and finally they scored moderately high on job depersonalization.</p> <p>Results indicate that conflict resolution style significantly affects staff morale, burnout, and job satisfaction.</p> <p>The higher the staff morale, the lesser the use of confrontational and avoidance styles, less frequency of shift rotation and the observed conflict between staff and residents.</p> <p>The higher the staff burnout the higher the average number of residents, the level of observed conflict between staff and residents, and the use of confrontational style.</p> <p>The higher staff burnout, the lower the satisfaction with availability and adequacy of supplies for nursing</p> |

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| | <p>feelings of depersonalization, satisfaction with availability and adequacy of supplies for nursing professionals (beta = $-.17$) as well as a preference for the cooperative style (beta = $-.17$). A positive association exist between job satisfaction and satisfaction with availability and adequacy of supplies in the facility (beta = $.27$) and the frequency of care planning team meetings (beta = $.22$).</p> | <p>professionals, the lower the use of cooperative style for conflict resolution.</p> <p>The higher the job satisfaction, the higher the satisfaction with availability and adequacy of supplies in the facility as well as the higher the frequency of care planning team meetings.</p> |
| <p>Conner T. et al, 2011. “Impairment and Abuse of Elderly by Staff in Long-Term Care in Michigan: Evidence From Structural Equation Modeling”</p> | <p>The findings indicated that physical and cognitive impairment affect susceptibility to abuse differently. That is, whilst physical impairment is not significantly related to behavior problems, cognitive impairment has a negligible direct effect on susceptibility to abuse but is significantly related to behavior problems which in turn are significantly related to susceptibility. It was also found that age without impairment is significantly negatively related to susceptibility to be abused. Age has positive association with cognitive impairment. Moreover, cognitive impairment was found to predict physical impairment.</p> | <p>Findings indicate that physical impairment does not significantly affect behaviour problem. However, cognitive impairment significantly affect behaviour problem which leads to susceptibility to abuse.</p> <p>Age without impairment inversely affect susceptibility to abuse.</p> <p>The higher the age, the higher the cognitive impairment.</p> <p>People with cognitive impairment are more likely to have physical impairment.</p> |
| <p>Band-Winterstein T. 2015. “Health care provision for older persons: the interplay between ageism and elder neglect”</p> | <p>The result indicated that there is a relationship between ageism and neglect on daily basis. Some of the neglects included emotional, physical and medical neglects.</p> <p>Findings also show that institutional climate, attitudes of staff members, and formal policy implies that ageism is being promoted by institutional system.</p> <p>In order to prevent neglect in ageist reality, nurses suggested working in a multidisciplinary team such as a team with social workers, physiotherapists, doctors, occupational therapists, as well as caregiving, logistics, and housekeeping staff. Other means includes self-reflection and perceiving the elderly as one with life history and putting oneself in the shoes of an elderly. Other mean</p> | <p><u>Type of neglect</u>; emotional, physical and medical.</p> <p>Ageism is promoted in institutional system as manifested by the attitudes of staff toward the elderly, the institutional climate and formal policy</p> <p><u>How to prevent neglect in ageist reality</u>; working in multidisciplinary team with social workers, physiotherapists, doctors, occupational therapists, as well as caregiving, logistics, and</p> |

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| | <p>is through professional discourse, education and staff training about ageism and neglect.</p> | <p>housekeeping staff), embarking on self-reflection and putting oneself in the shoes of elder people, and through education and training about ageism and neglect.</p> |
| <p>Lachs MS, et al 2012. “Verbal and Physical Aggression Directed at Nursing Home Staff by Residents”</p> | <p>According to staff, 15.6 % of residents had been aggressive towards them within the past two weeks (2.8 % only physical, 7.5 % only verbal, 0.5 % sexual, and 4.8 % a combination of verbal and physical). The common form of verbal abuse was screaming (9.0 % of residents) and using bad words toward staff (7.2 %) whilst that of physical abuse was hitting (3.9 % of residents) and kicking (2.6 %). Most of the aggressive behavior occurred in resident’s room (77.2 %) and dining area (7.3 %) and in the morning (84.3 %). Residents with greater disordered behavior (OR= 6.476, CI: 4.552, 9.214; sensitivity analysis OR=5.900, CI: 4.121, 8.449; p<0.001)) as well as those with higher levels of mood disturbance (OR=2.291, CI: 1.678, 3.127; sensitivity analysis OR= 2.420, CI: 1.772, 3.303; p<0.001), and those who received greater ADL morning assistance (OR=2.161, CI: 1.530, 3.054; sensitivity analysis OR=2.160, CI: 1.521, 3.068; p< 0.001) were more aggressive towards nursing staff. Age, sex, education, and cognitive status were not significantly associated with resident aggression towards staff.</p> | <p>Prevalence: Staff reported that 15.6% of residents have been aggressive towards them for the past two weeks. <u>Types of aggression;</u> from the highest order was verbal (screaming at staff), physical (hitting and kicking of staff) and sexual. <u>When and where aggression most occurred.</u> 77.2% of all aggression occurred in residents’ room and 7.3% at the dining area. 84.3% of all aggression occurred in the morning. Risk factors for residents’ aggression. Residents with disordered behaviour, higher level of mood disturbances as well as those who needed more ADL assistance in the morning are significant risk factors. <u>Non-significant risk factor;</u> age, sex, education and cognitive status of residents.</p> |

APPENDIX 4: Risk Factors of Elder Abuse in Nursing Home

| Objectives of the study | Themes | Categories & Outcome | | | Name of authors of articles that measured the outcome |
|---|---|---------------------------|----------------------|--|---|
| Causes and risk factors of elderly abuse in nursing homes | Significant risk factors of elder abuse | Residents characteristics | Positive association | ADL and IADL limitation, behavioural problem, aggressive behaviours, physical functioning problem, cognitive impairment, psychiatric problem, dementia, history of non-staff physical abuse and female gender. Experiencing one type of abuse also increases the chances of experiencing other types of abuse. | Lachs et. al. 2012; Schiamberg et. al. 2012; Bužgová & Ivanová 2011; Conner et. al. 2011; Natan et. al. 2010; Post et. al. 2010 |
| | | | Negative association | Age, a close family relationship and education decreases elder abuse (emotional abuse) in nursing home | Schiamberg et. al. 2012; Conner et. al. 2011; Post et. al. 2010; Bužgová & Ivanová 2009 |
| | | Staff characteristics | Positive association | Stress, burnout, poor conflict resolution styles, ageism, being a nursing aid or a practical nurse compared to registered nurse. | Band-Winterstein 2015; Natan et. al. 2010; Montoro-Rodriguez & Small 2006. |

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|--|---|--------------------------|--|--|--|
| | | | Negative association | low attitudes towards elders increase elder abuse | Natan et. al. 2010 |
| | | Institutional factors | The number of beds, the number of nurses, the number of Aids, staff turnover, staff/resident ratio, poor organization of work, regimen of work, poor leadership, ageism and poor working condition | | Band-Winterstein 2015; Bužgová & Ivanová 2011; Natan et. al. 2010; Bužgová & Ivanová 2009. |
| | Non-significant risk factors of elder abuse | Residents abuse of staff | Age, gender, education and cognitive status of residents. | | Lachs et. al. 2012 |
| | | Staff abuse of residents | Age, marital status, number of children, academic knowledge, clinical knowledge, seniority and personal motivation for work or personal problems. | | Bužgová & Ivanová 2011; Natan et. al. 2010. |
| | | Institutional factors | - | | |