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# **Older People Abuse in Nursing Field**

LITERATURE REVIEW

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<p>Abstract</p> <p>This thesis aims to elucidate how to recognize older people abuse in the nursing field, the kind of abuse and nursing interventions that can be used to avoid them. In that regard, this research is oriented towards engendering better understanding of elderly mistreatment and raising awareness of older people abuse.</p> <p>Employing literature review as its research method, the study draws on reviews of 20 articles sought from notable repositories namely PubMed and CINAHL to achieve its aim.</p> <p>Abuse of the older people may occur in any nursing field where care is been provided, these include home, nursing homes, health centers, and hospitals. Abuse of the elderly takes many forms such as physical abuse, sexual, financial, psychological emotional abuse, and care giver neglect. The perpetrators might be family members, care givers, or strangers. Because many occurrences of elder abuse go unreported, determining the incidence of such abuse is challenging.</p> <p>According to the findings, clinical indications and indicators pointing to various kinds of abuse may be used to identify older people abuse. The use of screening techniques such as BASE, EPAS, EIOA, CASE and EAI may also aid in the detection of elder abuse. Screening techniques such as VASS are unreliable and cannot be used to diagnose senior abuse, but they may be used to estimate the risk of abuse in the elderly.</p> <p>Nurses and care givers are key in ensuring the safety of elderly in various nursing fields. Nurses must be knowledgeable of regulations and laws against elder abuse. Likewise, both informal caregivers and nurses may utilize a variety of successful measures to avoid older people abuse. Both older persons and health care providers need to be educated to avoid elder abuse and reporting must be encouraged.</p>		
<p><u>Key words</u> Older people; Abuse; Intervention, Screening, Nursing field</p>		

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## 1 INTRODUCTION

Abuse of an older person is described as a single or recurrent act, or a failure to respond appropriately, that occurs within any relationship in which the trust expectation is breached, causing hurt and anguish to the older person (WHO, 2021). It's also been characterized as an intentional or purposeful act or failure to act which harms or puts an older adult at danger (cdc.gov. 2021).

Abuse of the elderly is a crippling social, health, and financial problem. Around one out of every six adults aged 60 and above has been mistreated physically, mentally, verbally, sexually, neglected, or financially exploited (WHO, 2021). Abuse of the elderly is a serious public health issue since rates of abuse in care institutions such as nursing homes and long-term care facilities are high, with two out of every three staff members reporting some forms of abuse in the previous year.

Given that the number of people aged 60 and older is expected to double by 2050, from 900 million in 2015 to nearly 2 billion, and that every care-provider, including doctors, nurses, and assistant nurses, will be responsible for an elderly patient who may be mistreated at some point (WHO, 2021). It will be essential in revamping nursing students' awareness and competence in identifying older people abuse and subsequently effectively managing it.

## 2 THEORITICAL BACKGROUND

Nursing is a health care science that focuses on serving the biopsychosocial and spiritual needs of human beings (Kourkouta & Papathanasiou, 2014). It has also been described as an art of the heart and a science of the mind (Myhre et al., 2020). Nursing as an art of heart means the fundamental respect for human dignity and an intuition for

patient's needs, while nursing as a science of the mind supports in the form of rigorous core learning (website of American Nurses Association). There are different nursing fields, such as emergency, pediatric, geriatrics, dermatology, urology nursing, and many more. However, all nurses use the same nursing process, such as assessment, diagnosis, planning, implementation, and evaluation, regardless of specialty (Myhre et al., 2020; Sanfrod et al., 2015).

## 2.1 Nursing Field

Nursing field refers to any form of establishment that is designed to give functional treatment and assistance to people who need help with everyday activities. It involves underlying illnesses that necessitate medical treatment and heightened vulnerability. A hospital, a residential care facility, or any other settings that provides medical care are and may be either temporarily in rehabilitation or for long-term receiving end-of-life care palliative (Sanfrod et al., 2015).

In the 1990s, certain groups were formed with the goal of caring for old persons who were unable to care for themselves; however, these organizations were neither nursing homes nor did they offer any type of therapy (Malmedel, 2014). In Finland, a reform of senior care took place in 1922, with charity institutions being replaced by service homes. In the 1960s and 1970s, service houses were first built (Fagerström et al., 2016). According to Fagerström et al., (2016), the Social Welfare Act (1304/2014), diverse housing services, as well as health and rehabilitation facilities, are given to individuals in Finland.

Municipally financed service homes work with health centers (Vuorenkoski, 2008). Multiculturalism also makes it easier for older individuals who wish to live freely in their own homes. For instance, building sidebars for support, making toilets and restrooms safer, and extending the doorway are some of the upgrades. This creates the avenue to reconstruct and design home to suit individually or certain group of people (Sosiaali ja Terveysministerio, 2015). Sosiaali- ja asumispalvelut (2014), also pointed out that regular service homes only have care professionals accessible throughout the day, but enhanced service homes have care providers' available full

time. According to Sosiaali ja Terveysministerio (2015), care facilities offer a range of services tailored to the needs and preferences of old people lived there. They are offered basic nurse care, meals, emergency services, care, medicine, and health checks and have their private individual rooms and are allowed to move their possessions with them. Also, Sosiaalihuollon laitos-ja asumispalvelut (2014) made known that residents' income is used to calculate service payments; hence income certificates must be given to the municipality.

Based the health report published by the Organization for Economic Cooperation and Development (OECD) in 2008, 7.6 percent of Finns aged 65 and above got long-term care at home, while 4.6 percent received institutional care. Deducing from Sosiaalihuollon laitos-ja asumispalvelut (2017), in 2008, 3,8 percent of senior individuals aged 75 got long-term care in service homes, however just 1 percent of those aged 75 lived in nursing service homes in 2017.

## 2.2 Elderly people

Older people are over retirement age, including the active, newly retired to very frail elderly (National planning framework, 2021). Also, according to the united nation, an older person is defined as someone who is over 60 years of age. In addition to this, families and communities also have their way of defining older persons using socio-cultural references like family status such as a grandparent, physical appearances, when there is the presence of grey hair and wrinkles, and when there is the presence of age-related health conditions (UNHCR, 2013).

## 2.3 Abuse

Abuse of older people may be defined as "a single act, or repeated acts, 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" (WHO, 2021). Inaction of any form that leads to a violation of a vulnerable person's fundamental right, civil liberty, bodily and mental integrity, decency, or overall well-being may also be considered

complicity in this conduct, regardless of whether it was done intentionally or negligently (HSE, 2021).

According to the medical dictionary, abuse is defined as any form of action carried out with the intention to cause harm or injure another person. It is also any form of mistreatment by one individual that causes harm to another person. Abuse is also described as an attempt to control the behavior of another person. It is a misuse of power in which the abuser uses existing bonds of intimacy, trust, and dependency to make the victim vulnerable (Edmonton police service, 2021).

Elder abuse is different from other harm against the elderly, as shown in the Figure below by Jackson (2018). Also, Johnson & Fertel (2022) defines elder abuse in five forms: caregiver neglect, physical abuse, financial, psychological, and sexual abuse. Abuse in later life is also described as a subset of elder abuse since it focuses on sexual assault coupled with domestic violence against the elderly (Jackson, 2018).

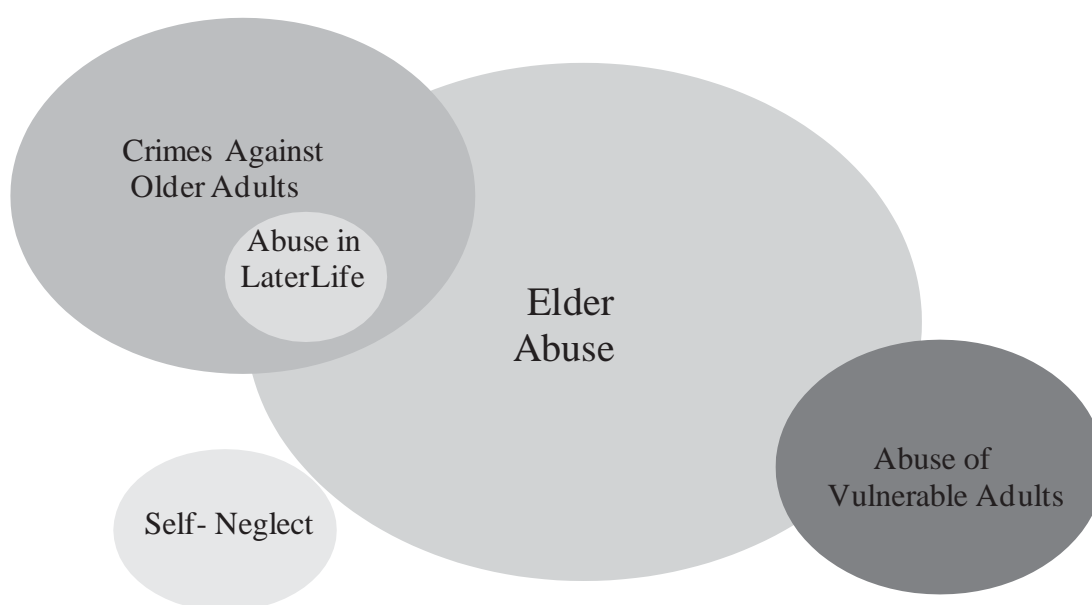


Figure 1: Distinguishing form of Elderly abuse (Jackson, 2018)



Figure 1 depicts Jackson (2018) dichotomy of elderly abuse while revealing further burglary, violence, financial fraud, and impersonation against older people. These are often committed by an outsider who is a stranger compared to a trusted person and hence is usually omitted from the notion of elder abuse (Jackson, 2018).

## 2.4 Abuse of the Elderly in Finnish Nursing

Abuse of the elderly is also common in Finnish institutions. As a result, Suvantory, a non-governmental organization in Finland, has undertaken to increase the consciousness by raising public awareness about senior abuse and to help the elderly and their immediate family during instances when the need arises. A detailed literature study undertaken by Laurola (2014) sheds light on the extent of elderly abuse and maltreatment in Finnish nursing.

Laurola (2014) also revealed that family members complain that the personnel of the care facility have mistreated their elderly loved ones by silencing or disregarding them. 8-10 percent of family members complain that the care facility personnel have mistreated their elderly loved ones by silencing or disregarding them (Laurola 2014).

Older people abuse by caregivers in these care facilities, such as care homes, is often inadvertent and psychological. Physical and financial abuse is uncommon in senior care homes, but neglect is prevalent (Laurola 2014). The survey revealed that 34 percent indicated staff disregarded older people's oral and other hygiene. Another outcome of the survey is that 62 percent lacked regard for the older people's privacy, while 24 percent suggested ignoring the individual desires and hopes of the older people (Laurola 2014).

Also, from the same statistics, it has been revealed that 22 percent disregarded the self-determination of the elderly, while 21 percent treated elderlies like children, addition to which 13 percent pointed out ill-treatment of the older people from the survey (Laurola, 2014). Furthermore, Laurola 2014 noted that 43 percent of personnel mentioned sedatives were needlessly used on them, while 94 percent represented residents who stated personnel forgo ringing or using the doorbell when entering their rooms.

## 2.5 Different types of elderly abuse

Older people abuse is defined as a pattern of repeated or isolated inappropriate behavior within a trusted relationship that causes injury or suffering to an older person (WHO, 2017). Elder abuse is seen as mistreated conduct that occurs in many nations' care facilities. The mistreatment of the elderly has gone unnoticed and unreported due to the widespread problem. The causes of senior abuse could range from psychological, social, and cultural aspects. Lack of education and awareness, inadequate health care, and prejudice based on gender, ethnicity, and age have all been identified as reasons for senior abuse. Abuse concerns still occur every day, whether in poor or wealthy nations, and the number of mistreated older people has constantly grown.

Abuse has had a significant impact on the physical and emotional health of the elderly, Ranging from psychological, emotional, and physical abuse, also couple with neglect of treatment, and sexual abuse, among others, were some examples of elderly care in health care. WHO (2017) indicated that age-related variables and factors connected to nursing care may be used to identify them.

Referring to AVOW, which constates the Prevalence study of violence and abuse among older women, undertook a study that took place in four EU nations from 2009 to 2011 and was coordinated by Finland's National Institute of Health and Welfare. According to a poll conducted in Finland, 3,5 percent of persons aged 79 and more are more likely to be neglected, while 32,7 percent of those aged 60 to 69 had suffered rights violations and emotional abuse (Luoma & Koivusilta, 2009).

### 2.5.1 Physical Abuse

Rosen et al. (2018) and Dong (2015) describe in their publication that physical abuse of the elderly is the use of deliberate physical force to cause pain, disability, or injury

to the victim. Hitting, inadvertently detaining a person, pulling the hair, forcefully feeding a person, squeezing, pushing, and any other action meant to inflict bodily damage are examples.

Womenshealth.gov (2021) noted that it is critical to be aware of some indications of physical abuse on older people by recognizing them, such as bruises, scars, black eyes, and rapid behavioral changes.

### 2.5.2 Physiological / Emotional abuse

An intentional act of psychological or emotional abuse committed against an elderly who is under the care of another person is also referred to as psychological or emotional abuse. Examples of such behaviors include making threats, isolating elders unnecessarily, insulting, and intimidating elderly people, withholding affection and support, and exerting undue pressure on older adults to perform in a manner that is contrary to their desires or what is in their own best interest (Johnson & Fertel, 2022.)

### 2.5.3 Neglect

Active neglect is the term used to describe the situation in which a caregiver willfully ignores his or her responsibilities or tasks. The term "passive neglect" refers to the unintended failure of a caregiver to carry out the duties and responsibilities associated with providing care for a patient (Rosen et al., 2018; Dong, 2015). In addition, one form of neglect is the failure to supply the individual with necessities such as sufficient food, shelter, medical help, and emotional support. (Legal Aid Western Australia, 2018)

According to this definition, the elderly who live in substandard circumstances, such as unclean bedding or inappropriate clothes, as well as in risky settings such as Inadequate heating systems, lack of electricity or running water, and faulty electrical connection, should be regularly examined for indicators of neglect (Womenshealth.gov, 2015).

Additionally, the available research defines another kind of neglect referred to as "self-neglect." Fallon (2006) mentioned that when an older person participates in behavior that jeopardizes his or her wellbeing, this is considered neglect. This entails an older person not providing with adequate food, shelter, clothes, proper self-hygiene, potable water, safety and protection, or medicine they needed (Fallon, 2006).

#### 2.5.4 Abuse of Financial or Material Resources

Another abuse, as mentioned above occurs when a caregiver misappropriates an older person's finances and/or property. Johnson & Fertel, 2022, described financial exploitation as the withholding or misusing of an older adult's resources, such as money, property, and other assets, to the victim's harm or gain. This kind of abuse may include the theft of assets directly. Also, by falsifying the victim's signature on papers or checks, amending a will inappropriately, and overpaying for goods or services. It may also include the unauthorized use of the victim's assets or the coercion of the victim into making financial decisions that are not in their best interest (Johnson & Fertel, 2022.)

#### 2.5.5 Sexual Abuse

Sexual abuse occurs when non-consensual and inappropriate sexual contact occurs and can be found linking the caregiver and the old person (Under the Radar, 2011). These could possibly include compelling or coercing an old person to see pornographic films. Additionally, it may entail unnecessarily caressing the elderly and coercing them into sexual acts. In view of this, Womenshealth.gov (2021) describes indicators of sexual abuse in older adults as bruising that is obvious and can be seen from the breast area and other visible parts such as from genitals or vaginal. Also consists of anal bleeding as, in some cases, their undergarments become bloody (Womenshealth.gov 2021).

## 2.6 Prevalence of Abuse Against the Elderly

Abuse of the elderly is a widespread issue around the world, and according to WHO (2021) new evidence reveals the predominance of elder abuse has risen in both the community and institutions during the COVID-19 outbreak. However, owing to variations in culture, beliefs, and definitions of the phenomena, there has been inconsistent evidence on the problem's prevalence, making worldwide comparison impossible (Yan et al., 2014). Fortunately, as awareness of the issue has grown, several studies have shed light on the prevalence of this societal scourge (Yan, 2014).

According to the WHO's European Region study, at least 4 million older persons endure senior mistreatment each year (WHO European Region 2011). Similarly, available data from the United States of America indicates that those who look after the elderly harm 1- 2 million American elderly (National Research Council 2003). According to research done in Western Australia, around 12,500 elderlies were abused in 2011, resulting in a dominant figure of approximately 4.6 percent (Clare et al. 2011). Yan (2014) provides an overview of senior maltreatment in Asia, indicating that the incidence of elderly mistreatment varies significantly throughout Asia, ranging from 0.22 per 1000 to 62 percent.

According to Bigala & Ayiga (2014), in Africa, data on the frequency of elder abuse seem to be scarcely providing a resounding conclusion from their South Africa merge done. According to their survey, 64.3 percent of males and 60.3 percent of women had suffered elder abuse (Bigala & Ayiga, 2014). Several studies conducted in Nigeria have shown a high frequency of different kinds of elder abuse. Akpan & Umobong (2013) for example, in their publication, described that between 44 and 47 percent of the elderly suffered from medical negligence, signs of bed ulcer, molestation, the unsanitary standard of life, and inadequate visiting in their research.

Cooper et al. (2008) did a complete assessment of the literature, focusing on the prevalence of elderly abuse utilizing 49 research. This study sheds substantial light on this issue. They discovered a comprehensive misuse figure from 3.2 and 27.5 percent in investigations of the general population. Additionally, the investigation revealed several characteristics of elder abuse. For example, 5 percent of family Care providers acknowledged physically assaulting their dementia clients during a one-year period.

Additionally, Cooper et al. (2008) reveal that 16 percent constitute of home care workers acknowledged mentally abusing their customers. When one considers professional caretakers abusing their clients, this statistic has a chilling impact. Notably, just 1-2 percent of abuse was recorded to home management or older people protective services, implying that elder abuse is a concealed issue (Cooper et al., 2008.)

The worldwide incidence of elder abuse has been determined mostly from surveys done in the United Kingdom, Canada, and the USA, while in Europe, Finland, Netherlands, and the falls within community settings. There are physical and psychological abuse and financial abuse and neglect, which were all included in this research. They discovered that 4-6 percent of the elderly were mistreated in a sample of 7500 older adults (Soares et al., 2010; Krug et al., 2002). The figure indicates that elderly abuse is uncommon in the general community. In contrast, O'Connor et al. (2009) noted that the decreased figures implied by existing data might be attributable to seniors' anxiety about reporting or a lack of chance to report, among other factors.

Recognizing that the incidence of elder abuse is critical and varies by kind, according to Under the Radar (2011). Accordingly, the Lifespan of Greater Rochester research revealed that, although data providers recognized psychological abuse as common, financial exploitation was common in the self-reported survey, raising the issue of which is correct. (Under the Radar, 2011). Also, Australian research offers supporting data by revealing that monetary abuse was the most often stated by respondents and the most frequently documented by agencies (Clare et al., 2011). Other studies conducted by Acierno et al. (2010) involved persons aged 60 years or older in a nationally representative population in the United States. The researchers discovered that financial abuse was the most prevalent type of abuse over a one-year period among cognitively intact adults, accounting for 5.2 percent, followed by the neglect at 5.1 percent, emotional abuse constituting 4.6 percent, physical abuse indicates 1.6 percent, and finally, sexual abuse constituting 0.6 percent (Acierno et al., 2010).

Based on research abuse has been found abuse to be prevalent among the elderly with cognitive decline. In the United States it was discovered that a much higher incidence, with 88.5 percent of cognitively impaired adults experiencing psychological abuse, 19.7 percent experiencing physical abuse, and 29.5 percent experiencing neglect (Wiglesworth, et al. 2010.)

Also, China et al. (2010) reported neglect as the highly prevalent type of maltreatment indicating 16.9 percent followed by which financial malfeasance forms 13.6 percent. Furthermore, emotional abuse forms 11.4 percent and physical abuse forms 5.8 percent as sexual abuse result in 1.2 percent with the least from abandonment constituting 0.7 percent.

Similarly, Tareque et al. (2015) also discovered that neglect is the most prevalent kind of abuse in the Rajshahi area of Bangladesh, whereas emotional abuse, desertion, physical abuse, and extortion follow. A combination of the characteristics of the person who is abused, the person who is responsible for the abuse, and the environment in which the abuse takes place may help to explain why some types of abuse are more prevalent than others (Wiglesworth et al. 2010). Also, Wiglesworth et al. (2010) added that it is essential to acknowledge that the focus should not be placed on determining which form of maltreatment occurs more often but rather on ensuring that all types of elderly abuse are eradicated.

Having consideration is vital since statistics on the incidence of elder abuse may not accurately represent the full scope of the issue. From the Lifespan of Greater Rochester, Inc, a comparison of self-reported elderly abuse to recorded instances of elderly abuse in (Under the Radar 2011) conducted studies discovering 24 times as many unidentified incidents of older people abuse as cases that came to the attention of legal authorities. Additionally, another research found that 1 in every 14 instances of senior mistreatment is brought to the notice of authorities (National Research Council 2003). Predictably, this may explain a deficiency of authorities' lack of interest or attention in addressing elder abuse due to their lack of knowledge about the issue (National Research Council 2003).

## 2.7 Elder abuse – Interpersonal Theories

In recent years, public awareness of elder abuse has increased. research in this field is still in its infancy, several hypotheses have evolved to explain this perplexing phenomenon. Elberta Elderly Abuse Awareness Network (2015) asserted that elder abuse is thought to be the consequence of a combination of physical, mental,

psychological, and socioeconomic elements that interact with the qualities of the abused, the abuser, and the environment at the time. Burnight & Mosqueda (2011) reveals that, based on empirical research in this field seven hypotheses have arisen that belongs four broad groupings, thus intrapersonal, personal, multi-system, and sociocultural.

Social Learning Theory is classified as an intrapersonal theory. The term "interpersonal theory" may refer to several various perspectives consisting of "social exchange," "care provider stress," or "relationship conflict." Ecological and sociocultural context theories, on the other hand, are classified as multi-systemic theories, whilst power and control theories are classified as sociocultural theories (Burnight & Mosqueda 2011).

### 2.7.1 The Elder Abuse Caregiver Stress Theory

Caregiver stress theory is possibly the sole theory that emerged from inside the area. Apparently, caregiver stress interventions are among the most typical kind of elder abuse intervention (Ayalon et al., 2016). When relatives caring for a disabled older senior are unable to appropriately handle their caregiving obligations, elder abuse happens. According to Soares et al. (2010), this idea is described as a situational theory, which posits a caregiver who is overloaded with safekeeping responsibilities may experience significant stress, which, if not addressed appropriately, may result in abusive conduct. It is essential to recognize that safe keeping of the elderly, particularly those with physical and mental disabilities, is very hard and demanding (Jackson, 2018.) As a result, it is anticipated that rising internal and/or external pressures connected with providing care to older people could result in hostility if the caretaker cannot alleviate the tension. The result of the outburst of aggression is the conduct of abuse directed toward the elderly (Elberta Elderly Abuse Awareness Network 2015).

This hypothesis suggests that in intervening in elder abuse, caregivers should be aided by lowering their workload via different means, such as respite care or increased



staffing. Opponents of this idea argue that it seems to blame victims while legitimizing perpetrators (Burnight & Mosqueda 2011.)

### 2.7.2 Theory of Social Exchange

This concept has both economic and psychological origins which was the creation and idea of sociologist George Caspar Homans (Burnight & Mosqueda, 2011). The concept underlying this word is that social activity involves the trade of both tangible and immaterial assets, such as money, shelter, and inheritance, as well as acceptability and prestige. According to this idea, the individual who gives the most of these commodities to a relationship seems to have the upper hand when it comes to power, hence the ability to control others (Burnight & Mosqueda 2011; Jackson 2018.)

In addition, this concept could be described to as either mental or physical reliance. Accordingly, impairment hypothesis in the context of elderly abuse according to Elberta Elderly Abuse Awareness Network (2015) or political or economic theory in the context of older people abuse (Soares et al., 2010). In furtherance, when elderly people lose their active involvement in the community, they turn to be more dependent on others relating to their well-being. and this dependency may increase with time. Consequently, elderly people are more vulnerable and prone to abuse at the hands of their Care providers simply because people who provide them with care and assistance abuse their authority (Elberta Elderly Abuse Awareness Network 2015).

### 2.7.3 A Dyadic Discord Theory

The root of this notion is intimate partner violence, asserting that the primary elements that contribute to family violence are conflict and relational behaviors (Burnight & Mosqueda 2011). According to the notion, these discords and behaviors are not from the same direction but may originate equally from either partner. When intervening in elder abuse cases, it is critical to consider the older adult couple with a trusted other in the support relationship (Burnight & Mosqueda 2011).

#### 2.7.4 Sociocultural theory

This falls under to Power and Control Theory; the abuser employs coercive measures to gain and maintain power and influence in the relationship (Burnight & Mosqueda 2011). This idea postulates that in a caring affiliation, the caregiver with the edge power in influencing and manipulating the relationship using cohesive methods (Burnight & Mosqueda 2011). This concept is predicted on the assumption that certain attitudes toward older people in various communities may place them at a more significant threat of maltreatment. Consequently, this outlook involves the elderly being stereotyped as fragile, inept, and impotent (Jackson 2018; Burnight & Mosqueda 2011).

Elberta Elderly Abuse Awareness Network (2015) further reveals that the elderly's dignity, support, and safety will be threatened. According to this view, effective intervention for elderly abuse should prioritize the protection of victims and those in danger of mistreatment. In the same way, the elder's empowerment is essential to lessen the power imbalance in caregiving relationships and thereby prevent elderly abuse, and the offender must also be held responsible for his or her actions (Elberta Elderly Abuse Awareness Network, 2015).

#### 2.7.5 Theory of Social Learning

Jackson (2018) established that practitioners of the social exchange theory claim that social conduct is characterized by bargained exchanges of material and non-material commodities. The author further mentioned that abusive people believe they are not getting their fair share from a relationship with an older person; therefore, they resort to violence to try to restore or establish balance in the relationship. Further interpretation regarding theory of social learning by Burnight and Mosqueda (2011) was reveals as cyclical violence theory and the dissemination of violence between generations. According to the notion, violence is a behavioral habit impacted by environmental activities (Soares et al., 2010). For instance, a youngster may internalize

violence as an acceptable action due to seeing parents and adults resorting to violence as a stress reliever (Soares et al., 2010).

In the instance of older people abuse, this taught behavior is repetitive in the view that a child who has been mistreated as a youngster may grow up to become a perpetrator, likely to harm the elderly due to past antecedents or merely to revenge based on past trauma (Soares et al., 2010). Also, it is thought that when an abuser's spouse becomes sick or disabled, the previously mistreated spouse may take revenge by becoming the abuser (Soares et al., 2010).

It is critical to emphasize that this theory presupposes that the offenders of older people abuse have previously fallen victim, and hence remedies ought to emphasize avoiding abuse in the first place, such as childhood abuse or mistreatment. However, according to social learning theory, Burnight & Mosqueda (2011) publication reveals that it is equally vital to determine if the abused kid observed his or her parents abuse their grandparents.

#### 2.7.6 The World Health Organization's ecological model

According to the view of Soares et al. (2010) particularly older people abuse, is a diverse and complex comprising the interplay of multiple variables relevant to the individual, their affiliation, community, and society at large. According to Burnight & Mosqueda (2011), this theory is divided into four different systems: macrosystem, exosystem, microsystem, and ontogenetic system. Each approach recognizes a variety of factors that contribute to senior maltreatment. Cultural and societal beliefs, for example, are located on the outer ring of the concentric rings. The macrosystem contains variables including age and gender disparities, and aggressive social patterns, while the exosystem contains variables such as the economic environment and connectedness to the society. Individual and family features are considered microsystem factors, while ontogenetic variables include physiology, affect, and behavior. (Burnight & Mosqueda 2011).

Though the ecological theory is quite extensive and encompasses variables pertaining to simultaneously the sufferer and the intruder, it retains the same directional approach to elder abuse in terms of aggressive direction (Burnight & Mosqueda, 2011).

### 3 PURPOSE, OBJECTIVE AND THE RESEARCH QUESTION

This aim of the study is to increase awareness of older people abuse by evaluating many empirical studies and providing information about some of the constituent elements in elderly abuse as suggested by various research of elderly abuse, with a particular emphasis on older people abuse in nursing.

The objective of this study is to conduct literature review to find answers to the research questions. In addition, the research will deliver information on older people abuse in nursing to the subscriber.

The study aimed to discover answers to the subsequent research questions:

- How to recognize older people abuse in nursing?
- What kind of abuse occurs to older people in nursing field?
- What kind of nursing interventions are there for the effective prevention of older people abuse?

## 4 METHODOLOGY

This chapter discusses the study's methodology. A review of the literature was conducted primarily on the evidence base, thus with the inclusion of research made on elderly abuse. Previous scientific studies were reviewed to address both the research question and the research problem.

Additionally, this chapter discusses the research methodology used in this study. The purpose of this section is to describe why the study's research approach was chosen. The second phase is devoted entirely to gathering data.

### 4.1 Method of the literature review

A literature review is a methodical examination and summary of what is known and unknown about the subject of a corpus of academic work (Maggio et al. 2016). A literature review is the foundation for any high-quality study, whether medical or academic, and it aids in maximizing the topic's relevance, originality, generalizability, and effect. It also gives context for study, guides technique, optimizes creativity, eliminates duplicative research, and guarantees that professional research standards are fulfilled. The goal and aim of a literature review is to get a better knowledge and assessment of the existing or current state of research or literature on the subject of interest (University of Melbourne, 2013). Because it will serve as the foundation notion or research around which our study is based, a literature review is crucial for a student creating research papers. It assisted us in identifying research gaps in studies comparable to ours, that is, what has been done and what is lacking, so that we may choose which research gap we can fill with our own study. In addition, doing literature research on past studies helped us in determining the suitable procedures, data sources, and data analysis approaches for our work. It also acted as a source of information to back up our results.

Furthermore, the literature review is important for nursing practice since it helps to advance nursing as a profession by providing research findings that can be used to enhance and perfect present nursing care (Lai & Chan, 2010).

We employed the descriptive literature review approach in our thesis, which is a kind of literature review that focuses on discovering and evaluating previous research, decreasing recurrence, and locating unreviewed new study topics (Cronin et al., 2008 & Paré et al., 2015).

#### 4.2 Inclusion and exclusion

The following inclusion and exclusion criteria were utilized: First, under Inclusion criteria: Using relevant studies and articles based in English or Finnish and considering scientific publications and peer-reviewed studies. Publications from 2010-to 2022 were used.

Under exclusion criteria, the researchers considered all the extra literature reviews and articles that are not with the stated inclusion criteria above discarded from this study's data.

#### 4.3 Data collection

After reviewing the research, the finalized selection was made based on the pre-determined inclusion criteria. The following criteria were used to determine whether this literature review should be conducted in English or Finnish. We looked at peer-reviewed and scientific papers published between 2010 and 2022. We will also utilize full-text access to find answers to our research questions, as well as publications on our subject, Elderly Abuse in Nursing, and pertinent abstracts.

Scientific studies data were acquired from credible web-based sources; all data used in the study is retrieved from a school database, which has a range of facts and data that can be searched. The data collection procedure includes looking at evidence-based publications, scientific researchers, and online sources, which are all article-based.

This research drew on various sources, including the following databases CINAHL AND PUBMED.

#### 4.4 Construction of the search

The online databases of CINAHL and PUBMED were used. In CINAHL, search terms were “older people” and abuse with its equivalent of “neglect”, “mistreatment,” and “nursing field”. Boolean operators (AND & OR) were used in the search. These Boolean operators were for separating, combining, and excluding certain terms from the search. Filters applied in CINAHL were in English. Search results from this database were exported through Zotero edge connector to Zotero software to identify duplicates. CINHAI searches were conducted and evaluated in March 2022.

In PubMed, the searches used “older people and its equivalent “aged people”, “abuse,” and its equivalent “maltreatment,” and “nursing field”. Boolean operators (AND & OR) were also used in PubMed search. The filters applied in PubMed were free full text, English and aged 65+. In this database search results, duplicates were found by saving the results through the Zotero edge connector and uploading it to Zotero software. The PubMed searches took place from March-April 2022.

Table 1. Database search

Database	Keywords	Search result	Results after filter	Accepted
CINAHL	Older people and abuse or neglect, or mistreatment and nursing field	2,366	274	8
PubMed	Older people or age and abuse or maltreatment and nursing field	3,142	389	7

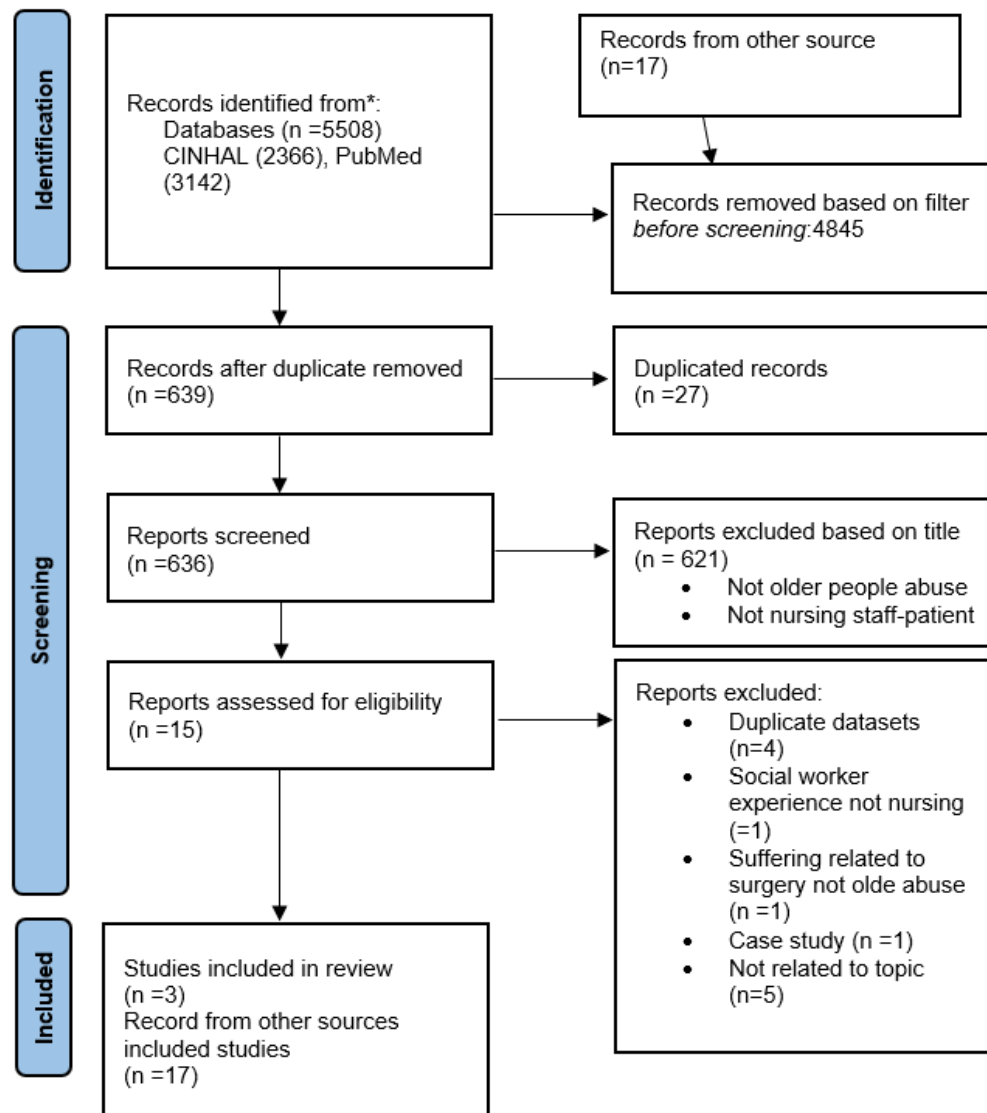


Figure 2. study selection flow diagram. Modeled from the Prisma flow diagram.

Layout altered by the authors (Website of Prisma-statement). Table 2. Summaries of the studies selected for the systematic literature review can be seen in appendix 1.

#### 4.5 Evaluation of articles used in the literature review



Evaluating the quality of research used in literature review is important to ensure that the reader understand the quality of the literature review. The critical appraisal tool was used for evaluating the quality of the studies used for the literature review. The critical appraisal tool consists of 10 yes, no, unclear and not applicable questions (Joanna Briggs institute, 2017). A higher number of yes of a study indicate the higher quality of the research with a lower likelihood of researcher bias. How each study was evaluated using critical appraisal can be seen in the table in the appendix.

#### 4.6 Data Analysis

Inductive content analysis was used to assess the data in our thesis. Inductive analytical processes, according to Elo and Kyngäs (2008), have three main phases comprising the first part been the planning phase as the second consist of organizing, and last third phase is reporting.

The data gathered was first divided into smaller parts. The variables data were then clustered in the second stage, which meant they were sorted into groups and subcategories. The third process is abstraction, which entails linking subcategories with similar elements and creating broad categories (Green & Thorogood, 2010).

A description is a kind of analysis that is conducted using existing resources, such as government paperwork and scientific study. This strategy entails consulting and evaluating prior studies and reputable resources. The objective of the summary technique is to increase comprehension of a specific topic of study. The summarized technique enables writers to access a variety of trustworthy databases. Deducing from Green & Thorogood (2010), a description and summary is created by reading, skimming, and scanning for keywords and other pertinent information.

The technique of data analysis used in this research is a summary. The purpose of a description is to communicate the key points of a lengthy work in a concise manner. The objective of this section is to provide an overview of the articles. To examine relevant data, writers must carefully study all cited sources and give opinions about the necessary material in their terms.

The researchers used 20 scholarly publications that were selected and summarized based on skimming and scanning to address three research issues. Scientific publications were read and reviewed multiple times, and the most critical and required facts were identified and recorded.

## 5 FINDINGS

The conclusions of this study, which sought to address three research questions, are explained in this chapter. The review took 20 publications which resulted in the summary provided in the thesis.

### 5.1 Recognition of older abuse in nursing of older people abuse

To delve into the above caption, it is vital to consider the clinical indications and identification of older people abuse. The results of the first research question are described detailed here as the summary's findings are divided into four themes. Firstly, consideration is made of clinical indications and indicators of senior abuse. Secondly, their description of the use of screening techniques; thirdly, the role of nurses in detecting elderly abuse in nursing; and fourth, the risk factors that increase the chance of older people abuse.

It has been shown that assessing and identifying elder abuse is difficult. Factors such as low cognitive function and chronic diseases in the elderly might lead to erroneous misuse detection. Fractures caused by osteoporosis and bruising that occur naturally in the elderly may be misinterpreted as physical abuse. Dementia makes it harder to get accurate history and information about the elderly (Lachs & Pillemer, 2015.)

Looking into maltreatment the alleged offender and the elderly who has been abused should be probed on independently. Paving way for the victim to express him or herself without been afraid in disclosing what happened. Similarly, the perpetrator

may be engaged separately from the abused elderly during the explanation of the clinical signs. Because various types of abuse reflect distinct manifestations, the procedure for measuring abuse varies depending on the kind of abuse. The individual tasked with assessing abuse should be a specialist in that field. Because abuse is such a sensitive subject, medical staff should be compassionate rather than judgmental (Lachs & Pillemer, 2015.)

### 5.1.1 Abuse of the physical body

The clinical signs of physical abuse in older persons are difficult to spot, according to researchers. Clinical symptoms of physical abuse may be seen immediately, unlike other kinds of elderly abuse. In service homes, physical violence is also a typical kind of maltreatment. The skin and tissue of the elderly are frail, and injuries take longer to heal. If an old person possesses the ability, it will be suspicious if injuries have been occurring in the same way for a long time. Injuries to soft tissues such as muscles, tendons, ligaments, and blood vessels may occur accidentally in the elderly (Clarysse et al., 2018.)

Scratches may arise spontaneously in the elderly, and it is essential to recognize the symptoms of bruises. e. Whereas if bruises are more than 5 cm in diameter and are seen around the neck, ears, private regions, buttocks, and sole of the foot, it may indicate physical abuse. However, aspirin and anticoagulant medications may cause visible bruising in the elderly. If older people have fingertip patterned bruises, the abuser likely tried to restrain them (Palmer et al., 2013; Clarysse et al., 2018.)

Falls in the elderly are a typical occurrence that might occur unintentionally, although they can be a sign of neglect rather than physical abuse. Fractures in the vertebral column and hip are often caused by osteoporosis and other musculoskeletal diseases in the elderly, but many fractures may be a symptom of abuse. Burns in the elderly may be caused purposely or through carelessness (Clarysse et al., 2018.)

TABLE 2: Elder Abuse Types and Related Indicators

Physical abuse	This includes fractures, welts, lacerations, bite marks, burns, bruises, untreated injuries, internal injuries, traumatic alopecia, a history of falls, and several admissions to the emergency department
Care giver Neglect	This includes dehydration, malnutrition, decubitus ulcers, unexplainable health deterioration, failure to thrive, lack of standard medical care or prescriptions, urine burns, many hospital and emergency room admissions, recurrent falls, poor hygiene, and unexplained weight loss are only few of the signs.
Psychological emotional/ Verbal	This includes emotional distress, worry, despair, suicidal thoughts, hypervigilance toward the abuser, withdrawal, and strange behavior such as sucking, biting, rocking, weeping, and self-mutilation are all symptoms of abuse.
Financial Exploitation	For example, unexpected bank account changes, trouble paying prescriptions, unexplained disappearance of possessions, unexplained asset transfer(s), and unexplained loss of pension or social security checks can all be cause for alarm.
Sexual abuse	This includes signs of bruises around the genital; some can also be found around the breast. There can be trouble walking or sitting when there is genital pain or

	itching. In addition, when there are unexplained sexually transmitted infections, vaginal or anal bleeding.
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Elder Abuse Types and Related Indicators (Brunnett et al., 2014; Palmer et al. 2013).

Table 3 above summarizes the clinical indications and markers of senior abuse linked with various types of elderly abuse. In lines written in his own words, the author also discussed clinical indications and indicators. Brunnett et al. 2014; Palmer et al. 2013; (Clarysse et al., 2018).)

#### 5.1.2 Psychological Emotion/ verbal

According to (Brunnett et al. 2014; Straughair 2011), psychological abuse is challenging to detect since both victims' and abusers' responses must be carefully examined. In senior adults, depression, melancholy, anxiety, and delusional behavior are expected. Aggressive behavior and bullying from caregivers are common among the elderly in nursing facilities. Some elderly adults who have been subjected to verbal and psychological abuse from offenders exhibit poor self-esteem and abrupt behavioral changes. Abused children may show signs of social detachment. The victim may be yelling and terrified (Straughair 2011).

#### 5.1.3 Care Giver Neglect

A pressure ulcer, also known as a decubitus ulcer, is a common condition among the elderly who are bedridden, use a wheelchair, and are not mobile. When necrosis has occurred with a foul odor and caretakers have not interfered, excessive carelessness from caregivers might be inferred (Clarysse et al., 2018.).

Malnutrition and dehydration can occur when there is inappropriate nutrition and fluid which could lead to infections and weak muscles and confusion. These symptoms unable

movement, causing fall, pressure ulcers, pneumonia and makes immune system becoming weak. Some of the side effects as a result of these are dull eyes, poor dour from the mouth and body, pale skin, and lips. Loss of appetite is typical in some older persons as they age (Clarysse et al., 2018.)

#### 5.1.4 Financial Exploitation

There are no signs or indications of financial abuse when completing a physical examination. If tangible traces of financial abuse are discovered, specialist authorities conduct an inquiry to rule out the possibility of financial fraud (Palmer et al., 2013). Similarly, Davies et al. (2011) mentioned a study of 5777 senior persons conducted through phone interviews to determine the frequency of financial abuse in America and indicated that 5,2 percent of the financial abusers were relatives.

Although there is a modest body of research on financial abuse, such studies have only looked at it as a minor component of the total abuse study. In the United Kingdom, social workers and others engaged in social services play an essential role in detecting financial abuse among the elderly, whereas adult protective services investigate and handle financial abuse complaints in the United States (Davies et al. 2011.)

Financial abuse may be suspected in older persons if their living standards have abruptly deteriorated despite their financial well-being. If there is a dearth of food, clothes, or other daily necessities, such disparities in living circumstances indicate a financial abuse incidence. The older adult often claims to have misplaced money or personal items, either in their presence or from their room. Before conducting an inquiry into such a claim, it is necessary to confirm if a theft has occurred or whether items have been lost (Davies et al., 2011.)

According to (Davies et al. 2011), elderly persons might fall prey to financial scams perpetrated by impostor corporations and organizations claiming to give assistance and care. For example, such phony businesses may demand money in advance before offering services. Own family members may abuse the power of attorney by selling the elderly person's residence or property without their permission. The elderly may

have a genuine desire to thank care providers with presents or money in certain circumstances. To avoid this, due to complaints of financial exploitation, specific caregiving organizations have changed their policy to prohibit any form of client presents or contributions.

#### 5.1.4 Sexual Assault

One person most often perpetrates sexual violence against another resident in long-term care settings such as service homes, and the hallmarks of sexual abuse are comparable across age groups. A forensic doctor conducts a sexual abuse investigation that includes the victim, a witness, and the offender. Signs of sexual assault in the elderly may be easily identified. When an aged person exhibits unexpected incontinence of pee or feces while attempting to sit in an odd posture, this may be linked to sexual abuse (Clarysse et al., 2018; Brunnett et al., 2014.).

Sexual abuse in old women is indicated by bruises in valval areas such as the labia majora, labia minora, and the posterior portion of the fourchette. Genital trauma is indicated by pain in the genital region, redness or inflammation of the genital organ, soreness, and lacerations. Sexual assault has been linked to an increased risk of urinary tract infections, these could also be seen in other sexually transmitted diseases (Palmer et al., 2013).

Subsequently, in as case where an injury happens in the anal region, it perhaps become unclear at first as anal fissures or rips in the anus skin cloud be due to constipation and gastrointestinal tract (GI) irritation. When catheterization is complex and irritation in the genital area is induced by urine incontinence, genital bleeding and bruising might occur. Bruises in the inner lips and lacerations in the oral mucosa are signs of oral cavity injury. These marks may indicate sexual assault, although forcible feeding can also reveal the same indications. (Palmer et al., 2013.)

#### 5.2 Screening tools implementation

Regardless of the reality that health professionals who work with the elderly in health care settings have a better chance of detecting indications and risk factors for abuse,

the detection rate remains low. Inadequate understanding of the matter, a lack of screening abilities, and ignorance of the reporting procedure are challenges to detecting elderly abuse. Because of their workload, the health professional may have limited time to check for misuse. Another roadblock is self-doubt about one's ability to make adjustments if abuse is discovered. Screening for elderly abuse is not always precise, and diagnosis might be ambiguous, making health practitioners hesitant to intervene further (Gallione et al., 2017; Royen et al., 2020.)

Also, because the elderly are frequently alone and lonely, contact with health experts is the only way to avoid abusive occurrences and the continuation of senior abuse. As a result, systematic screening procedures for detecting and detecting elder abuse have been implemented. There are a variety of screening techniques available to identify possible elder abuse, each with its own set of advantages and disadvantages. The three-dimensional framework of screening techniques includes direct questionnaires, evaluation of abuse signs, and risk factor analysis with the tool of EPAS EIOA and EAI (Gallione et al., 2017; Royen et al., 2020.) The following sections describe some of the currently available screening tools.

### 5.2.1 The Elder Abuse Suspicion Index (EASI)

This is a tool that helps healthcare professionals identify elderly victims of abuse. The physicians determined six-item evaluation was determined to be appropriate by the physicians since it could be completed in under two minutes. This instrument has been authorized for use in primary care and outpatient settings (Gallione et al., 2017). Five yes/no questions are asked of the old individual. These five questions cover the elderly's degree of need in everyday tasks and all types of elder abuse, and it helps physicians spot strange behaviors and unexpected changes in older people's traits. Poor personal cleanliness, malnutrition, social disengagement, bruising, noncompliance with treatment, and trauma are symptoms of suspected elderly abuse. (McCarthy et al. 2017; Burnett, et al. 2014.)



### 5.2.2 Brief Abuse Screen for the Elderly (BASE)

This consists of five main components; the screening test may be finished in about a minute, but it requires specific training to operate. This tool helps tell the difference between abusive and non-abusive caregivers. It is more effective when used in conjunction with the IOA (Indicators of Abuse Screen) (Burnett et al., 2014; McCarthy et al., 2017; Gallione et al., 2017)

### 5.2.3 The Hwalek-Sengstock- Elder Abuse Screening Test (HS-EAST)

This is one of the recommended tools, originally consisting of 15 components but now consisting of only nine. This screening tool teaches how to spot domestic violence in the elderly and gives medical professionals a quick evaluation of senior abuse (Burnett et al., 2014). It includes signs of abuse, susceptibility to abuse, and if the elderly's personal rights have been infringed. This direct inquiry technique includes questions such as: do you frequently feel sad and lonely; has anybody tried to hurt you; has anyone informed you if you are causing them difficulties, and so on. (McCarthy et al. 2017; Burnett et al., 2014).

### 5.2.4 Vulnerability to Abuse Screening Scale (VASS)

This is a direct questioning instrument with 12 components and four parts that include abuse, dependence, depression, and mistreatment. Ten of the 12 items were comparable to the HS-EAST screening test, with two additional questions added: if an older person feels fearful in the family and whether a stranger or a family member threatens an older person. Although VASS offers a rapid evaluation of senior abuse, it is proven to be unreliable in determining if the victim has been oppressed. (Burnett et. al, 2014; Gallione et al., 2017)

### 5.2.5 The Caregiver Abuse Screen (CASE)

This is a different test for detecting abuse in caregivers. It is made up of eight different types of questions for caregivers. The words are written in a manner amicably so that participants do not feel offended while responding. This screening measure was used on 139 caregivers and had high clinical validity and reliability. (Burnett et al., 2014; McCarthy et al., 2017; Gallione et al., 2017).

### 5.2.6 Elder Assessment Instrument (EAI)

Elder Assessment Instrument (EAI) is a new tool that consists of 41 components and seven segments. Clinical signs and the reaction of the putative victim are evaluated in the first five segments. (Burnett et al. 2014; McCarthy et al. 2017; Gallione et al., 2017). This tool helps in determining the indicators and risk factors of elder abuse. In addition, the tool's sixth part summarizes the overall conclusion about the risk of medical practitioners abusing the elderly. Statements and follow-up plans are included in the tool's last section. Despite having increased accuracy and validity, the efficacy of the test is reduced owing to the length of the items. Burnett et al. (2018) reveal that EAI does not test for psychological abuse, but physical examinations may reveal any signs of abuse.

### 5.2.7 The Indicators of Abuse Screen (IOA)

This was the first widely used screening tool for identifying risk factors for elderly abuse. Initially, 48 indications of abuse were developed, with 27 items utilized to identify the characteristics of the caregiver and the care recipient. This technique was used to interview 341 elderly adults through social workers. Because experts conduct the final evaluation through a clinical interview, there may be discrepancies between the results of prior assessments and diagnoses. The long screening items are one of this tool's flaws, which may restrict its use. (Burnett et al., 2014; McCarthy et al., 2017; Gallione et al., 2017)

### 5.3 The role of nurses in detecting older people abuse

In service homes, elderly abuse has been reported, although it is not always possible to determine if the abuse was caused by an individual's actions. It is difficult to give an account if elderly mistreatment occurred because of a person or because of the care home's regime. Older people abuse would persist to occur because of an institution's rigid structure and culture with uncompromising administration addition to inability to protect the humanity in terms of safety of the older people. Many studies have shown that incidents of senior abuse in care homes go unreported and that a lack of formal proof makes it more challenging to spot abuse in vulnerable elderly persons (Straughair, 2011).

Nurses oversee safeguarding vulnerable elderly persons in nursing facilities. They play an essential role in detecting elder abuse and taking appropriate action when elder abuse is suspected. Nurses should be concerned about providing care for the older people is a significant part of their profession. Some nurses consider themselves and unprepared to handling the occurrences of elder abuse due to qualification and competences in safeguarding vulnerable older people. Despite this, the rules were merely intended to provide direction and had nothing to do with the law. Nurses must be knowledgeable of the law addressing abuse and be able to report it clearly and rationally (Botngård et al., 2021).

Also, the study of Daley & Coffey (2010) on nurses' opinions of senior abuse, which included 163 nurses working in three different care homes, reveals that 59 percent of nurses were confident in spotting elderly abuse, whereas practical nurses who had graduated officially were less confident. The nurses were very interested in receiving training on elder abuse; thus, training was provided. All nursing personnel should have enough training and education to be confident in recognizing geriatric mistreatment. Nurses are taught about the nursing profession's regulations and norms of behavior. Nurses are obligated to bring up unethical concerns in health care on a personal level and on an organizational level. Nurses' responsibilities should not be confined to their own profession; they should also be able to report and notify authorities when abusive

acts are detected. To gain the confidence of the elderly, a therapeutic connection and clear communication are required. Other elderly individuals, for example, have the fortitude to denounce abuse in the hopes of influencing abusers' behavior; nevertheless, some elderly people do not report abuse and tolerate abusive actions because they believe they are a burden to nurses. Nurses must be aware of the difficulties in reporting abuse and assisting the elderly who have been abused (Phelan, 2018).

#### 5.4 Factors that Increase the Chances of Older People Abuse

According to Mosqueda et al. (2017) there are risk variables which are incorporated in each of the three categories in the abuse intervention model. These were discovered via a mix of research on elder maltreatment and familial violence, as well as personal previous experience in an Elder Abuse Forensics Center. Some risk factors are unavoidable for example dementia diagnosis), but many are instance, aggression as a symptom of dementia. The probable modifiable risk factors are represented in each of the three areas; a vulnerable older senior, a trustworthy other, and lastly the context (Mosqueda et al., 2017).



Figure 3: Abuse Intervention Model (Mosqueda et al. 2017).

Considering the section on Vulnerability Older Adult, Mosqueda et al. (2017) defined vulnerability as financial, physical, or emotional reliance on others or a diminished capability for self-care or self-defense that puts older people at risk of abuse. Dependence on others for care and being viewed as difficult to care for or around be two personal qualities that make older individuals more vulnerable to abuse. The following are the major categories or subdomains of such risk factors: Firstly, physical impairment: Physical impairments, for example, osteoarthritis with movement restrictions and stroke with paralysis, which might affect one's capacity to execute fundamental and instrumental everyday tasks (Dong et al. 2012).

Also, Impaired cognition: Cognitive impairments, for example, dementia, moderate cognitive impairment, intellectual disability) may affect the capacity to function and instrumental everyday tasks performance and induce executive function impairment.

Such deficits may incline the older person to actions that make caring for them complex and poor judgment and lack of understanding may lead to financial exploitation. In addition, emotional discomfort and mental illness: Emotional anguish and mental illnesses such as depression or personality characteristics like narcissism may make caring challenging. Emotional reliance may result from such deficits, which others may hate or exploit (Mosqueda et al. 2017).

According to Mosqueda et al. (2017), trusted other category like family members, neighbors, friends, hired caretakers, other home staff, financial advisers, and other advisors are the major categories or subdomains of "trusted other" risk factors. Dependency described as financial dependency on the vulnerable older adult, which may necessitate the trusted person to continue an unpleasant connection with the older adult. Emotional dependency on the older adult may lead to tense interactions that breed resentment and anger (Mosqueda et al., 2017.). Emotional discomfort and/or mental illness, which is Mood or drug use problems, as well as pathologic personality qualities like aggression, may restrict a person's ability to be a good and trustworthy caretaker. Furthermore, caregivers who are under a lot of stress are more likely to be abusive. Also, Impaired physical function like osteoarthritis with movement limitations might restrict one's capacity to offer necessary care.

From the Context section, in either minimizing or increasing elder maltreatment, the setting in which an older adult and a trusted person engage is critical (Mosqueda et al., 2017). Also, Mosqueda et al. (2017) indicates the following as some of the most important characteristics of context: firstly, social isolation which might increase the likelihood of elder maltreatment. For example, if the vulnerable senior and trusted other are not linked to social supports, if no one else is available to aid when required, if they are not noticed by others who can help, and if the trusted other is purposefully isolating the vulnerable older adult (Mosqueda et al. 2017).

Furthermore, poor connection in which a vulnerable elder's relationship with a valued companion started before caring was required. A high-quality connection may protect

elders against maltreatment, whereas a low-quality relationship might encourage it Mosqueda et al. (2017).

Also, cultural norms, thus distinct group-specific of behavioral patterns. Generally, depending on the culture or community, many definitions of elder maltreatment may exist. Some groups may see certain illnesses, such as Alzheimer's disease, as humiliating or embarrassing, and may desire to isolate the vulnerable senior and/or caregiver, raising the risk of elder abuse. Some societies may see self-reliance as the norm, preventing caregivers from requesting assistance (Mosqueda et al.,2017.)

Some societies may see self-reliance as the norm, preventing caregivers from requesting assistance. Additionally, normal behavior in one age cohort may vary dramatically from that of other age cohorts, increasing risk. For example, some people grew up in a period when physicians were supposed to play a paternalistic role, thus someone from that generation may be less inclined to bring up a taboo subject like domestic violence (Mosqueda et al. 2017).

Also, valuable data on the same risk factors for elderly abuse have been collected and it was described that elderly abuse and neglect may be attributed toward a wide range of factors, from the victim's personal traits and that of perpetrator, and the greater community (Thomson et al., 2011). Similarly, the characteristics of the victim, such as mental retardation resulting in disability, behavioral problems coupled with hopelessness are all interrelated. In contrast, the characteristics of the offender are connected to factors such as a poor public networking, loneliness and deprived by others, and stress level of being a caretaker. Poverty is a significant risk factor in the mistreatment of the elderly (Mosqueda et al., 2017; Thomson et al., 2011).

Thomson et al. (2011), also pointed out that all the highlighted elements in the figure have been shown to have a significant link to senior maltreatment and mistreatment in the research. They went on to say that research has generated mixed findings when it comes to the link between senior abuse and maltreatment and elements were not highlighted in the diagram and that they believe their linkages are restricted to expert judgments to some degree (Thomson et al., 2011.)

It is essential to consider these aspects when developing policies to limit or eradicate elder abuse. It is worth noting, for example, that elements discovered in the enclave of the neighborhood constituting social and demographic characteristics might be relevant in developing prevention and intervention strategies for elderly abuse (Mosqueda et al., 2017; Thomson et al., 2011).

### 5.5 Effective interventions in the nursing field to prevent older people abuse

This chapter delves into the findings of the second research question. Interventions for informal caregivers and interventions for nurses are the two primary kinds of effective interventions for preventing elderly abuse. However, since this is a nursing thesis, it should focus more on the roles and viewpoints of nurses.

### 5.6 Support for care providers

A caregiver is someone who looks after others who are unable to look for themselves. Family members or relatives may act as informal caretakers. However, not all caregivers have expertise in caring for the elderly, which may lead to feelings of stress, burden, and inadequacy. Because caregiver stress is a risk factor for senior abuse, informal Care providers play a critical role in avoiding elderly abuse (Myhre et al., 2020; Botngård et al., 2021).

A program for casual caregivers should be developed. The purpose of intervention is to avoid abuse and neglect of the elderly. Firstly, individual therapies are more successful than group interventions in reducing stress among relatives and family members. Counseling for Care providers who have been caring for older folks might help them feel less depressed and burdened. In this scenario, the partnership was fruitful. It is critical to establish a relationship between informal caregivers and professional nurses (Myhre et al., 2020; Botngård et al., 2021.)

Furthermore, it is necessary to raise the level of confidence and expertise between caregivers. Informal caregivers may get help from healthcare specialists through phone or meeting in person. Care providers notably nurses educate the public about the early



signs of older people abuse, including the variables that increase the likelihood of it occurring and the best ways to intervene. Providers should receive and apply information properly, so that the intervention becomes consistent. (Myhre et al., 2020.)

Preventing maltreatment is still a challenge today although most incidents of abuse go undisclosed, increasing the threat and making it more dangerous. Family members are responsible for around 90% of occurrences of elderly mistreatment. Meanwhile, more than 80% of incidents are unreported due to self-consciousness, fear of retaliation, a lack of understanding of human rights, or a lack of information about where to get help. Higher-risk categories of being abused, on the other hand, are financially reliant, suffer from substance misuse, or have an untreated mental illness. Furthermore, since many older individuals are secluded from society, it is difficult to detect elder abuse (Stark, 2012.)

If a caregiver suspects an older person is being abused, the caregiver must show that the elderly person is dangerous. They should discuss it with the elderly without fear and then make decisions regarding their care to guarantee that abuse does not occur again. Furthermore, Care providers must notify the senior protection agency so that they may assist as quickly as possible (Stark, 2012.)

Programs involving contact between persons of various generations should be created for future preventative intervention to improve the positive attitude of younger generations toward senior people. Lastly, senior abuse victim protection programs or elderly rehabilitation should be organized to assist old persons who are being mistreated. (Baker et al., 2016).

## 5.7 Interventions for nurses

Primary functions of a nurse are based on providing aged care to clients in health centers, residences, and service homes, and it is also difficult for nursing staff to detect and interpret elder abuse. Due to a lack of education and policy recognition, nursing care providers are lacking behind in their efforts to protect the older people. Understanding the perspectives of the older people on issues such as older people

abuse should be paramount to care providers. (Botngård et al., 2020; Wangmo & Schwab, 2017; Myhre et al., 2020).

#### 5.7.1 Essential of elderly education.

Education is a significant tool in compacting elderly abuse and through a screening technique using Elderly abuse prevention intervention (EAPI). This is a set of measures for preventing prospective elder abuse and reducing recurring older people abuse in societies and care institutions. Firstly, professional training for health care practitioners on elderly abuse is critical for education initiatives. Through education, health care practitioners may teach older people about abuse and assist them in developing greater preventative abilities. Also, programs to reduce the risk of elderly abuse should be implemented, such as stress and emotional exhaustion management intervention for caregivers and psychological therapy that provides helpful groups for caregivers (Baker et al., 2016).

If the nurse has any doubts that an older person is being mistreated, he or she may speak with the victim. The nurse may inquire about it and help the old folks speak about it. The old persons and the nurse may then make decisions regarding their care to avoid elderly abuse in the long run. By interviewing an old person and their caretakers about their past, the nurse may be able to focus on the evidence and learn more about the different forms of abuse, the quality of treatment, and the patient-caregiver connection (Botngård et al., 2021; Stark, 2012.)

#### 5.7.2 Health-care professionals' education

Nurses work closely with the elderly and as a result have a positive connection with them, it is essential to give them an educational program on elder abuse. Nurses are well-positioned to spot and report elder abuse by family members or relatives. Care providers including nurses should be required to be accountable for any abuse of older people, along with training toward its proper execution. Through training programs via seminars on older people mistreatment could enhance nurses' attention and responsiveness (Garma, 2017).

Nurses benefit from educational programs that teach them about geriatric care and the aging process. Workshops for nurses, for example, might be provided to help them better comprehend and empathize with the elderly. (Wangmo et al., 2017). Nurses may get greater confidence and decision-making abilities due to the training, which will aid them in dealing with the well-being of the elderly (Garma, 2017).

Education for healthcare professionals with a required policy for abuse of the older people, disclosure of the incident, execution of required elderly official complaint requirements with the provision of a resolution constitute the foundation around which elderly abuse avoidance is developed. Because they are more likely to contact and engage with the elderly and have access to people who have been abused, service home health workers play a critical role in avoiding elderly abuse. Furthermore, because the elderly has faith in and respect for health care providers, there is an opportunity to identify who is being abused because clients will reveal the truth to nurses. On the side of some nurse been frighten yield the hesitant to bring the issue up due to a lack of experience in dealing with it (Myhre et al., 2020).

Several factors can help to prevent residents in service homes from being physically abused. There is a need for staff to be more knowledgeable about what constitutes abuse and the risk factors associated with it. Good communication skills and trusting relationships, on the other hand, are essential factors, as is a culture that promotes openness and allows ethical dilemmas to be discussed. The intervention for abused elderly people should be done one-on-one so that the elderly can be open to discuss about their situation. Nurses must establish mutual trust with the elderly for the investigation to be successful (Braaten & Malmedal, 2017).

The aging older population in European Union member states, has reflected in the expansion of health care institution. According to the data gathered, the proportion of older people above the age of 85 are prone to chronic illnesses and these ailments are rapidly rising. Long-term care and service care, including service homes and home care, are becoming increasingly important to them. Elderly individuals in their latter stages of life are more sensitive and fragile; they are seen as a focal point in society and are at a higher risk of being exploited (Andela et al., 2018).

Even though a variety of circumstances cause senior abuse, for example, the variety of medications available may impact older people's beliefs and actions, as well as interpersonal relationships. On the other hand, nurse burnout has been implicated as a cause of senior mistreatment. Their workload and emotional demands influence care providers' work performance. Uncertainty are the elements that lead to stress among nurses, and these are persistent psychological reactions to workload, tiredness, and the loss of self-image and recognition. Risk factors turnout to be related to the reciprocal connection between excessive job expectations and due to a shortfall of relationships with colleagues and supervisors. With regards to the remedy relating to this issue, the job of nurses should be distributed consistently. Because some European countries' budgets have been cut due to financial constraints, they have been forced to reduce staff and increase working hours. As a result, elderly abuse has escalated over time (Andela et al., 2018.)

Appointing new nursing workers to add up to the existing ones may alleviate the pressure on other new caregivers, who have a positive outlook on their career despite its strenuous nature. In a case of any maltreatment discovery, the organization's focal person is responsible for being alert and responding quickly. Mutual understanding and excellent communication among coworkers' aid in recognizing and resolving problems. Staff rotation, altering work shifts, and pair work, for example, all help to alleviate job overload (Wangmo et al., 2017).

### 5.8 Reporting Abuse of the Older People

Reporting abuse of older people is among the key roles of nurses in avoiding elder abuse. Hence caregivers must have adequate professional knowledge to detect and respond to elderly abuse, and some inexperienced nurses have difficulty identifying and recognizing signs and symptoms. When dealing with incidences abuse of older people, nurses could utilize their professional expertise they have to design strategies for contacting the affected elderly person. Caregivers may undertake tasks independently or with a team to explore the method to prevent recurrences. Health care professionals' training should include how to act, report a case of elderly abuse, and

gather evidence. Because when the evidence of elderly abuse is unclear, the case may go unnoticed (Garma, 2017).

Detecting abuse is difficult; some elderly persons do not mistreat others. Signs and symptoms of abuse might be confused with changes in the environment or the onset of old age. Caregivers and healthcare professionals in Finland are required by law to intervene if they are concerned about an older person's need for social services or assistance. Healthcare practitioners are expected to report elderly abuse to the social welfare administration without delay or prejudice. Local governments must assume responsibility for assisting mistreated elderly persons. Local social workers provide assistance throughout business hours, while crisis services are available in the evenings and on weekends (Luoma et al., 2018).

Finland's Crisis Emergency Service provides emergency crisis assistance. Regardless of age or gender, all violence and domestic abuse cases will be investigated. Unidentified and clandestine calls to the Suvanto Line are conceivable and aim at assisting and help older individuals find other groups who are eager to support them (Luoma et al. 2018.).

### 5.9 Reliability of the result of descriptive literature review

The studies that were included in this literature review were peer-reviewed to verify trustworthiness. While referring to and interpreting the reviewed research, accuracy, honesty, and impartiality were maintained. The publications that were studied offered responses to the research questions. This showed that the data retrieval operation was successful, with CINAHL and PUBMED being the primary databases used. The validity and reliability of the chosen studies were extensively examined. This was accomplished via the usage of a well-known database.

### 5.10 Ethical viewpoint

The thesis is based on studies that were similar to the research topic. Also, confirming that the sources and the data used for the study answered the literature review

questions. The researchers achieved their aim of the study while maintaining the originality and avoiding plagiarism, information bias, falsification, or fabrication. Honesty, knowledge, and the avoidance of errors are all requirements that ethical research adheres to. To promote honesty and avoid misrepresentation, false or misleading data was forbidden (Botma et al., 2010). Ethical standards include honesty, fairness, sincerity, prudence, recognition, and respect for intellectual property (Resnik, 2020).

A descriptive literature review requires sorting through a large number of articles to locate those that are relevant to the research topic and study objectives. From selecting the articles to arriving at the evaluated articles, the whole process was straightforward and open. In addition, the information interpretation, analysis, and summation were flawless and objective. The papers were found using CINAHL and PubMed. Although there were many papers, we narrowed them down using inclusion and exclusion criteria. By doing so, we were able to find the most relevant full-text literatures on the subject.

In addition, the writers completed a research techniques and ethical principles course, and the lessons learned were implemented in this thesis. The writers also used free full-text information throughout the study thesis to reduce misunderstandings and misconceptions. The job was done with enthusiasm and persistence to guarantee that the integrity of the whole thesis method was maintained. Every source of information used in this thesis that did not come from the authors were properly referenced. Only relevant data was used in this study. (TENK, 2020).

All the resources included were scientific and evidence-based, and they were all published between 2010 and 2022. Consequently, it is reasonable to conclude that this thesis is credible, trustworthy, and useful to students in the healthcare field, lecturers, other healthcare professionals, and policymakers.

Correct citations were made to avoid plagiarism, and the articles were thoroughly examined to verify that all research sources were correctly referenced (TENK, 2019). Citing the sources allowed us to distinguish between the writers' ideas and those of others. We used peer-reviewed materials, avoided plagiarism, and formatted the thesis according to school rules, properly attributing sources, and references. The results of

the research conducted during the production of the project thesis must be published in an open, honest, transparent, and proper manner in accordance with the organization's (SAMK) guidelines.

## 6 DISCUSSION

This thesis aimed to demonstrate how to recognize elderly maltreatment in the nursing field and explore effective nurse roles to prevent it. Aiming at learning more about elderly abuse in nursing field such as hospitals, private homes and create awareness about it.

In the composition of the study as mentioned earlier, a literature review method was used and aimed at preventing complexity and had supervisor approval. A summary is a kind of analysis that gives a concise rundown of prior scientific research. Twenty scientific journals were chosen and thoroughly researched in ensuring to obtain the correct data, after which paraphrasing was done.

The writers picked 'Older People Abuse' as their subject because they wanted to understand how to recognize elderly abuse and the measures to avoid it. Based on the researchers' origin, precisely from African countries, ill-treatment of the elderly is often ignored. Although there are stringent rules regarding elderly abuse, old persons are rarely properly treated. As a result, such cases go unreported. One factor for undetected elderly abuse might have been a fear of standing up for oneself and a reluctance to report abusive behaviors. Likewise, some developed countries emphasize fundamental human rights and have systems in place to provide long-term care for the elderly. Even in developed countries, elderly abuse happens, and this fact intrigued our curiosity to know more about the problem. The writers sought to learn further about elder abuse and how to recognize and intervene when it occurs.

According to the WHO (2017), people's lifespans have evolved, increasing aging. WHO report stated that from 2015 through to 2050, the number of people aged 60 and

above in the world will increase from 0.9 million to 2 million. Claims of a longer life span for people and the populace getting older have tremendous challenges to family, relatives, communities, and governments. In some countries, older people are treated with less dignity, aside from which there is no protection for their rights. Rapidly declining physical and cognitive capacities, chronic illness, dementia, and other ailments impact elderly the quality of life that older people encounter as they become more dependent on their caregivers and families.

Elderly abuse is a widespread issue that affects both industrialized and developing countries. Everyone or individual person has the right to a happy life and accord with dignity. In our society today, elderly people form part of the most vulnerable people, whereas in becoming older, they become less capable of doing everyday activities and taking care of their homes. To guarantee that the lives of the elderly are not ruined, long-term care plans must be executed thoroughly.

The outcomes of this study show that recognizing and analyzing elderly abuse is challenging for health care providers, even when they have been trained in this field, due to the issues that it brings. Victims face challenges such as poor cognitive capacities, acknowledged chronic illnesses, and diverse cultural couples with language inequalities. Time restrictions, a lack of expertise and awareness gap, and distrust are all obstacles that impede health care providers from identifying geriatric maltreatment, which could result in misdiagnosis. Various kinds of older people abuse have distinct symptoms and because of the aging process, indicators of maltreatment in older persons may be more difficult to detect. Aside from the culprit, the elderly survivor is interrogated and evaluated. Considering that the accused's questioning is performed with no previous preconceptions. Clinical signs also may produce erroneous conclusions when detecting older people mistreatment. Clinical indications of maltreatment include having fractures, severe bruising, falling, becoming dehydrated, improper hygiene, depression, public exclusion, bedsores, evidence of sex assault, financial exploitation.

Screening methods are also used to help health care professionals determine whether an elderly person is being mistreated. Examples include CASE, VASS, EASI, IOA, BASE, and other screening tools. While screening procedures may be used to



determine the potential of abuse, they cannot be utilized to diagnose geriatric abuse. There are advantages and disadvantages for the tools used in screening, and hence professionals must exercise care while using them. For the elderly, dementia screening approaches are unsuccessful, according to Burnette (2014) and Cohen (2011). There have been various screening tools used, but the Caregiver Abuse Screen (CASE) has been as specifically designed expressly for nurses. More study is required on screening approaches that might assist nurses in detecting mistreated elderly people.

Elder abuse is an important topic to investigate, and there are research on the subject. Despite studies on ways to prevent senior abuse, the number of older people who have been harmed increases every year, and many occurrences go unreported. Elder maltreatment could take many ways, causing damage and being detrimental to the elderly. Some older people may lack healthcare and the capacity to recognize when they are being exploited. As a result, nurses are the best people to help and train patients about elder mistreatment and how to get help and support.

Concerning these and other studies, nurses have a significant role in intervening and preventing elder abuse. Nurses should be trained in elderly care and how to report elder abuse using educational program activities, and it could be made part of the curriculum of nursing studies. Responding efficiently in a situation of the sort, the caregiver's professional competencies should be enhanced. According to some studies, nurses' attitudes are risk factors for senior abuse in nursing homes. Burnout and stress in nurses may contribute to bad behavior, even though there is little study on the subject matter. Education for caregivers, such as families, is crucial in training them to confront and manage the issue.

There are risk factors for older people living in care facilities or families, even if elder abuse occasionally goes unnoticed. One of the risk factors identifies for elderly abuse in care facilities is nurse burnout and stress. Due to increasing workload and stress, nurses' attitudes about working time have evolved. Healthcare staff are expected to create a healthy balance between work and life to solve the problem. Furthermore, they could take support from a psychologist at the workplace, for instance, when an exhibition indicates some form of being overloaded with work or stressed.

Deducing from the finding, health workers must evaluate various factors while intervening and avoiding older people abuse, including social skills and training. In addition, it is vital to incorporate interpersonal skills, including aspects like communication, trust, and teamwork, which will help nurses and the elderly build a trusting relationship.

When an older person is mistreated, they should be able to seek assistance and speak up. Caregivers could form collaboration to considering the situation by determine means of how to aid and more to avoid future occurrences. With this, it is believed that the age difference among older people and caregivers raises the likelihood of maltreatment, which is why welfare services working with the society are essential. Moreover, the standard of the healthcare facility should aid towards reducing the likelihood of maltreatment once provisions for the older people are backed by law.

Similarly, since they are unable to grasp one other's viewpoints, the age difference may result in violence. Informal caregivers sometimes fall short of professional training and knowledge in gerontology and geriatric life. Hence its crucial re education and awareness creation is so important. The younger generation should be taught to understand and sympathize with the elderly. Moreover, healthcare professionals have the requisite to learn further concerning aged care and with a stronger desire to always help the elderly.

From nurses' perspective, learning must grow with time, as older people abuse awareness and training programs is valuable to the parties involved. Reporting elder abuse is one of the most important things you can do to prevent future harm. Many of the elderly people have little understanding of what abuse is or that they are being harmed. The findings reveal that there are trustworthy avenues to contact in reporting the problem within Finland, including Noll Line and Suvanto contacts.

A nurse's personal life, on the other hand, may have an impact on his or her work life, a reason managing their work and personal life is vital. In terms of giving high-quality care to the elderly, care providers should be able to control and manage their own health. Furthermore, healthcare workers should be well-versed in geriatric abuse and its ramifications for the health of their patients. Rational thought and decision-making

skills should be cultivated to deal with a variety of events. To prevent being stressed, nurses, especially new students and those who have graduated with less experience, must be able to manage.

We discovered that the more we investigated our research questions, the more we learned new knowledge that might be valuable in future initiatives. Some effective techniques for intervening and avoiding elderly abuse have been found after reviewing many research papers. Firstly, a training program for healthcare personnel, for instance, formal or informal, and elderly households is necessary; as a result, nurses and elderly relatives would be better aware of potential abuse.

### 6.1 Future Research

There seems to be a minimal study on geriatric abuse in relation to the general population in the nursing sector. Therefore, academics should take an interest in undertaking additional studies in this area. Further research in this field might focus on understanding the gender variations and age in elderly abuse.

Additional studies could be carried out on the health implications of elderly mistreatment in nursing care facilities, hospitals, and private residences, as there is a lack of expertise.

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## APPENDIX 1

Table 3. Quality assessment of the studies using critical appraisal tools

Study	Clear state ment of resea rch aim	Approp riate method used	Appropriat e research design	App ropr iate recr uit men t stra tegy	Appropri ate data collection & rigorous data analysis	Pa rti ci pa nt an d re se ar ch er re lat io ns hi p co ns id er ati on	Ethical issue conside red	Clear findin gs	Valuable research
Myhre et al., 2020	X	X	X		X		X	X	X
Yon et al., 2018	X	X	X		X		X	X	X
Botngård et al.,2021	X	X	X		X		X	X	X
Stark, 2012	X	X	X		X		X	X	X
Daly & Coffey, 2010	X	X	X		X		X	X	X
Wangmo et. al, 2017	X	X	X		X		X	X	X

<b>Braaten &amp; Malmedal, 2017</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Andela et al., 2018</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Garma, 2017</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Palmer et al., 2013</b>	<b>X</b>				<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Baker, et al. 2016</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Davies et al., 2011</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>McCarthy et al., 2017</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Burnett et al., 2014</b>	<b>X</b>				<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Straughair, 2011</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Phelan, 2018</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Gallione et al., 2017</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Royen et al., 2020</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Lachs &amp; Pillemer, 2015</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
<b>Clarysse et al. 2017</b>	<b>X</b>	<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>

Table 4. Database search process

Author (s) and year of publication	Aim or purpose of the paper	Design/ method	Results/ conclusion
Myhre et al., 2020	Explore the nursing home leaders' perceptions of elder abuse and neglect	Qualitative exploratory	Care managers lack awareness of elder abuse and neglect Care managers lack knowledge and strategies to identify and adequately manage abuse and neglect in nursing home
Yon et al., 2018	Provide estimate of prevalence of elder abuse in institutional settings over the course of 12 months.	Systematic review & meta-analysis	The prevalence of elder abuse in institution is high
Botngård et al., 2021	Explore individual, relational, and institutional characteristics associated with perpetrated staff-residents abuse in nursing homes using a multilevel hierarchical approach	Cross-sectional exploratory	Predictors found in the studies to be associated with staff-to-resident abuse are: <ul style="list-style-type: none"> <li>• Being a registered nurse/ licensed practical nurse</li> <li>• Psychological distress</li> <li>• Considering leaving the job</li> <li>• Care-related conflict related to resident's aggression</li> <li>• Poor attitudes towards dementia resident</li> </ul>



Stark, 2012	Assessing elderly abuse and nursing intervention for the victims	The Peer Reviewed	Nurses have a significant role in assessing and acting in situations of elder abuse. Prevention of elder abuse may be difficult. As a result of the inability of certain elderly individuals to report and admit mistreatment promptly.
Daly & Coffey, 2010	Ascertaining perceptions and education of nurses and care assistants that work in long-term care settings about elder abuse	Quantitative descriptive	High level of uncertainty about what constituted elder abuse
Wangmo et al, 2017	Exploring how and why abuse and neglect occurs in geriatric institutions	Exploratory qualitative interview	Implementing care suggestions will improve quality of care in geriatric institutions
Braaten & Malmedal, 2017	Capturing first-hand information from nursing home staff's own understanding regarding their understanding and experience about physical abuse prevention	Qualitative descriptive	<ul style="list-style-type: none"> <li>• Good communication skills and trusting relationship to prevent conflict that may lead to abuse</li> </ul> Staff openness to discuss ethical dilemmas.
Andela et al., 2018	Better understanding of neglect and abusive	Quantitative	Emotional demands and poor relationship with

	behavior based on professional work context and by considering the caregiver burnout.		colleagues and team supervisors were the most predictive variables for caregiver's burnout
Garma, 2017	Developing an overview of the main results and conclusion of published studies concerning the influence of knowledge and attitudes of health professionals in detecting and reporting elder abuse	Exploratory review	The knowledge and attitudes of professionals influence the strategies or action taken in response to suspected abuse
Palmer et al., 2013	Dermatologists have a unique role in the detection and reporting of elder abuse.	Literature review	This topic is brought into focus through a review of risk factors, clinical indicators, reporting requirements, and preventative measures.
Clarysse et al. 2017	Create the awareness of physical abuse and neglect in the elderly	Literature review	General awareness is needed, and the advice of dermatologists, who are best trained to differentiate between those lesions, should be systematically sought, to reduce false-positive and false-negative interpretations.

Baker, et al. 2016	Assessing the effectiveness of primary, secondary and tertiary intervention programs used to prevent elderly abuse in their home and organization and institutional settings	Literature review	Uncertainty whether intervention reduce the occurrence of elder abuse
Davies et al., 2011	Assessing Factors social workers use in practice to detect elder financial abuse	Qualitative descriptive	Who expresses concern, the elder's mental competence, and the nature of the financial anomaly were the only determinants of the judgment.
McCarthy et al., 2017	Analyzing screening tools that can assist health and social car practitioners to detect abuse	Systematic review	12 tools of different length and quality were found  Length and characteristic of tools affect efficacy of their use.
Burnett et al., 2014	Making provision for effective preventative strategies for an older population at risk of elder abuse, including the early identification of warning signs and symptoms.	Article in press	Addressing these issues is not enough to prevent elder abuse, but it is vital to reduce the risk of abuse and the bad health consequences that come with it.
Straughair, 2011	This article highlights patient categories that are prone to abuse by	Literature review	The study emphasizes the need of registered nurses working with adults being

	<p>family members, caregivers, or practitioners.</p> <p>Identifying and roles and responsibilities with regards to reporting abuse.</p>		<p>aware of at-risk groups and knowing how to put measures in place to protect and secure vulnerable persons in their workplace.</p>
Phelan, 2018	Examine issues related to elder abuse and nurse's role in detection and intervention	Descriptive	<p>The need of nurse to understand elder abuse and action needed</p> <p>The need for system of care to be accountable for their care delivery</p> <p>Nurses have responsibility to improve policy, legislation, and practice to ensure older people's safety</p>
Gallione et al., 2017	Reviewing the efficacy and accuracy of tools used to detect and measure elder abuse	Systematic review	<p>Eleven screening tools were detected</p> <p>Some tools have been validated to allow early detection</p> <p>No tools have been evaluated against measurable violence</p>
Royen et al., 2020	To classify available strategies for assessing and intervening against elder abuse by official and informal caregivers in the home setting into primary, secondary,	A scoping review	<p>Due to the high number of elderly persons who remain at home and rely on formal and informal care or assistance, home care providers play a crucial role in recognizing</p>

	tertiary, and quaternary prevention.		and reacting to abuse. Intervention outcome metrics are required to evaluate the level of case resolution.
Lachs & Pillemer, 2015	Reviewing research and clinical evidence on the extent, assessment, and management of elder abuse	Literature review	Cases of elderly abuse cannot be treated successfully by only physician but must include specialist in other disciplines