

Elderly Abuse in Nursing Facilities

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Did you know up to five million elderly in America are abused every year and the common perpetrators are families and nursing facility staff including nurses? Based on the National Counseling of Aging (NCOA), approximately one in ten Americans age 60 and over have experienced some form of abuse. When we think about abuse, our minds generally focus on physical abuse which is defined to inflict pain by hitting, slapping or pushing. In fact, abuse can be categorized to seven types: physical abuse, sexual abuse, emotional abuse, financial abuse, neglect, abandonment, and self-neglect. The World Health Organization (WHO) 2020 defines elder abuse as, “a single or repeated act, or lack of appropriate action, occurring with any relationship where there is an expectation of trust, which causes harm or distress to an older person.”

According to the National Center of Elder Abuse (NCEA), 1 in 3 nursing homes in the U.S. were cited for federal violations from causing harm to a resident(s) 1 in 10 had violations that caused serious injury leading to death (2001 U.S. House of Representatives Report). To add to that, over 50% of nursing home staff admitted to abuse older patients within 12 months (Natan, 2010).

In some instances, elder abuse is suspected to be life threatening. According to the JAMA network, elderly who reside in nursing homes generally are at higher risk of death. The JAMA network did a 13-year study which included an elderly cohort of 2,812 adults who were older than 65 in the year 1982. The study examined mortality within a 13-year period and concluded the number of deaths significantly increased each year due to elder mistreatment.

Elderly people are already fragile and vulnerable. When abuse occurs, it often results in the decline caused by worsening of an underlying medical condition, or creates a new condition that leads to decline and possibly death. In this paper, I will be discussing three types of abuse

and how nurses can help to prevent it. The three types of abuse that commonly happen in the healthcare industry are emotional abuse, neglect, and financial abuse. Emotional abuse is sometimes called psychological abuse. This includes the nurse saying hurtful or threatening words, yelling and even ignoring the older adult. Neglect occurs when the nurse does not meet the patient's physiological needs by withholding meals, medications or by not applying proper hygiene. Financial abuse can be recognized in three different ways: financial neglect, financial exploitation and health care fraud. This happens when someone steals cash, valuables, or if someone prevents the elderly patient from accessing their own bank account.

Emotional abuse can be divided in three categories: verbal harassment, psychological torment, and isolation. In a nursing home setting, verbal harassment occurs when the nurse says hurtful or threatening words, yells or belittles them. Psychological torment occurs by threatening them or blaming them for issues they didn't cause. Isolation is keeping the elder away from friends, family, or social occasions leading to increased loneliness. According to the WHO 2020, a study shows over 32% of nursing home staff members admit to emotionally abusing the residents. Over time, emotionally abused elderly residents develop long-term mental health problems such as anxiety, depression and post-traumatic stress disorder (PTSD).

The Journal of the American Geriatrics Society did a study and identified some risk factors for emotional elder abuse. Elders that have a higher risk are elders who are divorced or separated, have underlying mental or physical impairments, or live in a lower-income community. Another risk factor that was concluded by the NCEA is race. Black Americans are more likely to suffer from emotional abuse compared to white Americans. The Journal of Gerontology formed a study of over 800 cases of emotional elder abuse. Researchers identified factors that caregivers are more likely to commit emotional abuse to older patients. These factors

may be that the caregiver can't control their own mood or temper, feel anger or resentful toward the patient, or have a poor relationship with the patient.

There are many signs to detect emotional abuse occurring to an elderly. These signs may include avoiding eye contact, having low self-esteem, mood swings such as suddenly becoming unusually angry, being uncomfortable and wanting to leave the facility, having negative reactions to specific staff members, or changes in eating or sleeping patterns. As nurses, we should pay attention to how our patients are feeling and always be mindful and careful not to inflict emotional abuse. We should also be aware of our own emotions and prevent it from affecting how we treat our patients.

Financial abuse is becoming a widespread issue that is hard to detect. People can easily steal your financial information using the telephone, internet, or email. As an older patient, it is almost impossible to prevent financial fraud. Financial abuse can be identified by two categories: financial exploitation and financial neglect. Financial exploitation is misuse or mismanagement of property, assets, or belongings. Financial neglect occurs when the patient's financial responsibilities get ignored such as paying rent, care payments or other bills. According to the NCOA, up to five million elderly Americans and the majority of them are victims of financial abuse that is estimated to be a total of at least \$36.5 billion.

Financial abuse in nursing homes can be easily detected. Some signs include assets such as cash and valuables disappearing unexplainably, fear and anxiety from the resident when finances are brought up, or giving financial control without informing the resident. The USC's Department of Family Medicine created the Finance, Cognition, and Health in Elders Study (FINCHES) which aims to identify and compensate those who are victims of financial exploitation. As nurses, we should help manage and provide our patients access to their assets. If

you suspect a resident being financially abused, it must be reported to social services and the nursing home administrator. It is already difficult enough for the resident to recall important financial matters.

Neglect in nursing facilities occurs when the patient does not get the proper care as a result of suffering physically or mentally. There are subcategories that neglect can be divided to: medical neglect, social/emotional neglect, neglect of basic living needs, and neglect of personal hygiene. Medical neglect is when a nurse fails to provide medical care such as withholding medications, does not reposition patients who are bed-bound putting them at risk for skin injuries, or failing to report signs of infections or illnesses to the physician. Social/emotional neglect may include failing to provide assistive devices to residents with mobility problems, or isolating vulnerable residents. Neglect of basic living needs include providing residents unsafe or inadequate food and liquids, or keeping the residents' rooms filthy. Neglect of personal hygiene includes failing to change the resident's clothes regularly, leaving the resident soiled for long periods of time, or not properly bathing or providing oral care.

There are many ways to detect neglect occurring to an elderly, especially in a nursing facility. This includes dehydration, development of skin issues, malnutrition, significant personality changes, and other unexplained injuries. The most common sign of neglect in nursing homes are pressure sores. This happens with nurses failing to reposition patients who are bed ridden causing skin breakdown mainly to bone premises.

Something as simple as repositioning patients which takes seconds to do still doesn't get done, but why? Well, the main reason is inadequate staffing. According to the U.S. Public Research Group, in 2020, 20% of all nursing homes in America were understaffed. Inadequate staffing in nursing facilities means there aren't enough people like nurses and CNAs to care for

residents which overtime results in poor quality of care. Staff become overworked with impossible workloads and are unable to fulfill their duties and provide the quality care residents need to stay healthy. As nurses, we should attend to our patients' needs. Think of them as our loved ones. We wouldn't want our loved ones to have poor hygiene, malnutrition, or develop skin conditions caused by neglect. We should make a habit of checking on our residents and meeting their psychological needs.

We aim to contribute to the improvement of the quality of care to geriatric patients. Based on Maslow's Hierarchy of Needs, tackling the basic needs of an individual promotes their well-being allowing the opportunity to reach self-actualisation. The five elements of Maslow's Hierarchy of Needs pyramid in ascending order are physiological, safety, belongings and love, esteem or social needs, and self-actualization. The pyramid becomes inverted for people aged 65 or older. This is because at this point in their lives, elderly have already achieved self-actualization, esteem, and personal fulfillment. Their ultimate goal is to maintain good health and be free from pain. It is our job as nurses to meet that goal and fulfill what's left of the pyramid.

The American Nurses Association (ANA) developed a panel to identify ways to address and strengthen a zero-tolerance policy to nurses and other health care workers reporting patient violence and abuse. As mentioned in the Centers for Disease Control and Prevention (CDC), there are many programs and resources of ways to get involved. In nursing facilities, nurses and other nursing staff can become advocates by educating ourselves about how to recognize elder abuse and listening to our patients to understand their challenges so we can provide support. The main resource we can use is to contact the local ombudsman when a form of abuse is suspected of a patient (CDC, 2021). An ombudsman is appointed to investigate maladministration of an

individual, especially that of public authorities. In worse case scenarios, the local authorities may need to be contacted. Use your best nursing judgment to help our elders.

In conclusion, nurses are patient advocates. We should prevent abuse happening to our patients, especially to the elderly who are in most need of care. We should prevent millions of older Americans from being abused whether it is emotional abuse, neglect or financial abuse. We should be mindful of our own emotions to prevent it from affecting how we treat our patients. We should make a habit of checking on our residents and to meet their psychological needs by applying proper hygiene and nutrition, and prevent them from developing skin conditions. And finally, we should help manage and provide our patients access to their assets. There are many resources out there to help elderly abuse and many ways on how to prevent it. It starts with you.

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