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Intro to Social Research

Mr. Werner

Elder Abuse and Neglect in an Institutional Setting

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Abstract:

The purpose of my research is to study abuse and neglect of elders in an institutional setting to determine its causes. The focus of this study will be the elderly residents of these communities, who are either partially or entirely dependent upon others for care, and the staff members who care for them. This research was conducted through the use of the internet and scholarly journals, and explores the various social causes of elder abuse within the institution. I have concluded that there are various social processes that lead to elder abuse and neglect in institutions, and these factors are sometimes related to the elderly residents, sometimes related to the staff members, and sometimes are external to the institution. The social causes of elder abuse discovered through my research are inadequate caregiver training, cognitive impairment in the elderly residents, lack of regulation and punishment of elder abuse, and finally, the fact that it is underreported.

Introduction:

The purpose of my research is to study the abuse and neglect of elders in an institutional setting to determine its causes. The focus of this study will be the elderly residents of these communities, who are either partially or entirely dependent upon others for care, and the staff members who care for them. Exploring this problem has been considerably difficult in the past, and even today, since most cases of elder abuse and neglect are not even reported (Gray-Vickrey 2001: 37). Until recently, elder abuse was not considered a major problem, but there is now a "general and governmental acceptance that elder abuse is a problem" (Richardson et al. 2002: 335). Additionally, while elders can be abused at home by family or friends, research indicates that it occurs "to a disproportionate extent in institutional settings" (Richardson et al. 2002: 335). These institutions are places where dependent elderly persons reside and receive care, such as assisted living facilities and convalescent nursing homes. Because this problem has just recently entered the public eye as a serious problem, and because research of this problem has been sparse, this research topic is important and relevant.

Elder abuse can be defined as "the willful infliction of physical pain, injury, or mental anguish, or the willful deprivation by a caretaker of services necessary to maintain physical and mental health" (Lachs et al. 1998: 429). Specific acts of abuse include "striking, burning, threatening, humiliating, isolating, abandoning, or starving older adults, or taking their property without consent" (Wolf 2000: 7). It is believed by experts that as many as 10% of elder people are the victims of abuse and neglect, and the fact that this problem is often underreported suggests that this number could be larger (Gray-Vickrey 2001: 37). Elder abuse takes many forms, including neglect, the most prevalent, occurring in 49% of reported cases, emotional abuse (35%), financial abuse (30%), and

finally physical abuse, occurring in 25% of reported cases (Gray-Vickrey 2001: 37). My research will examine some correlates of elder abuse in an institutional setting, including those related to each element of the social system (See Figure 1).

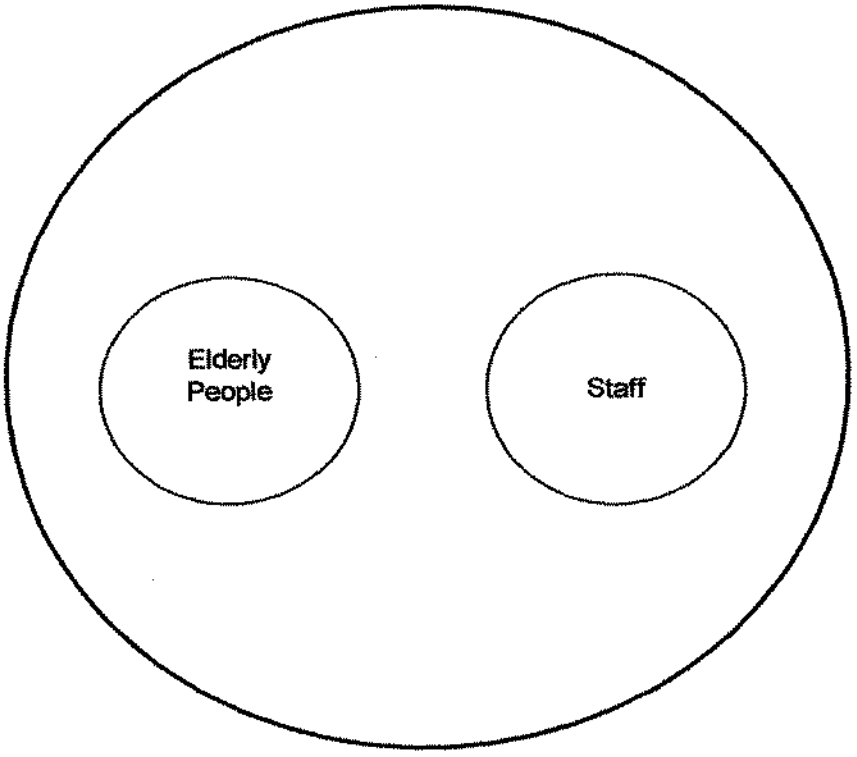
A few of my sources for this paper were not used in the final draft. A study of elder abuse and dementia did not yield enough information on a relationship between the two (Anetzberger et al. 2000). A study on the ethics of reporting elder abuse merely echoed what other, more in depth studies indicated (Bergeron and Gray 2003). An article entitled "An Age Old Question" focused more on the quality of life in institutions caring for the elderly, than on elder abuse in particular (Coolman 2001). And finally, a study on depression among the institutionalized elderly did not sufficiently examine elder abuse (Huffman 2002).

Method:

My research of this topic was entirely secondary, and used the internet and studies published in scholarly journals as valuable resources. Because my research focused primarily on the social processes leading to elder abuse and neglect, I developed a state and process dynamic model to illustrate the various social forces operating on institutionalized elderly people and leading to abuse and neglect (See Figure 2). This model starts with a primary state, institutionalized elderly people, then illustrates several social processes through which a secondary state, elder abuse and neglect in an institutional setting, is created. These processes are inadequate caregiver training, cognitive impairment in the elderly residents and minimal government regulation.

The first process entails victim attributes that could put them at risk for abuse. A substantial proportion of institutionalized elderly people have moderate to severe cognitive impairment, meaning that they are less likely to understand abuse is taking

Fidure 1: Social Systems Model for Institutionalized Care for the Elderly



Social System: Institutionalized Elderly Care

Elements: Elderly People, Staff, Family Members

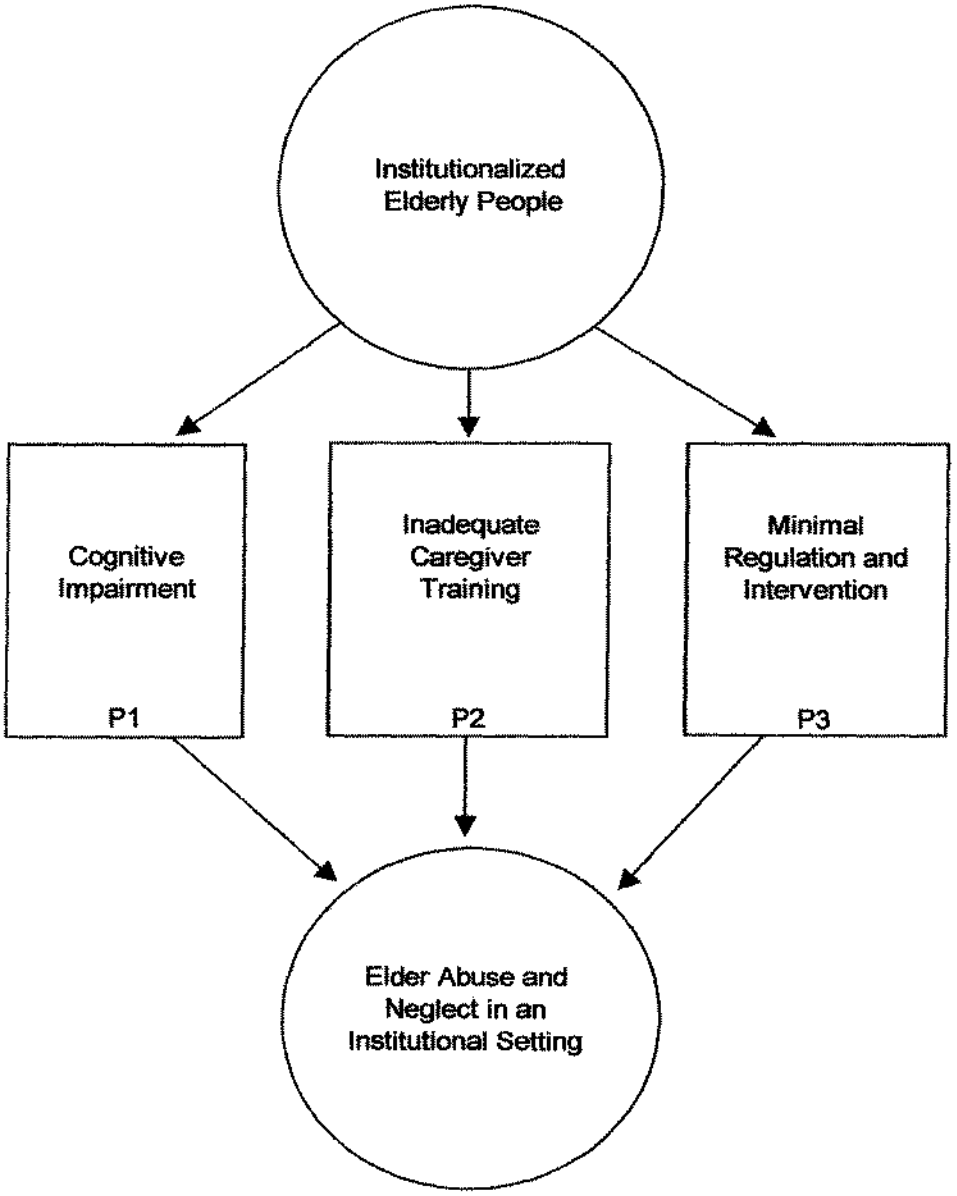
System Boundary: Elderly people receiving institutionalized care.

Relationships:

Internal - Lack of respect, staff "burnout", cognitive impairment, stressful situations, minimal training, poor staff ratios

External - Minimal government regulation

Figure 2: State/Process Dynamic Model of Institutionalized Elder Abuse



place, let alone to retaliate or report it. In addition, studies indicate that the institutionalized elderly possess little knowledge of abuse, e.g. its different forms and what to do if they are victimized. The next process involves social factors that may put staff members at risk of abusing the elderly. These caregivers are often minimally trained, and less equipped to efficiently and ethically handle the challenging situations presented by elderly care. They may also suffer from caregiver "burnout" resulting from the frustration and exhaustion of an oftentimes low paying, high stress job, or sometimes, staff simply possess a lack of respect for the elderly. The next process involves circumstantial social factors, including poor staff-to-resident ratios and the stressful situations presented by caring for the elderly. Finally is the process involving external factors, including minimal government regulation of institutions that house and care for the elderly. With more regulation and intervention, more cases of this underreported social problem might be discovered and prevented. Each of these social factors can work alone, or cooperatively, to promote elder abuse in an institutional setting. I sought previously published research on each of these social processes as they relate to elder abuse and neglect in an institutional setting.

Results:

As elder abuse and neglect has only recently entered the public eye as a serious social problem, there have only been a handful of studies aimed at determining its causes and risk factors. Looking closely at some of these studies, I found three important correlates of elder abuse and neglect in an institutional setting. The first significant correlate is a phenomenon known as caregiver burnout, caused by a lack of appropriate education and training among caregivers for the elderly. The second correlate is cognitive impairment in elderly residents of these institutions. The third correlate is

minimal regulations of institutions providing care for the elderly, and the fact that elder abuse and neglect in these institutions is largely underreported.

In a recent study of assisted living facility staff, it was found that a lack of education and training among the subjects promoted abuse of elderly residents. According to the study, a contributing factor of elder abuse and neglect was caregiver burnout, which "occurs when a person has been asked to do too much with insufficient personal or training resources" (Richardson et al. 2002: 335). In the often-stressful situations involved in caring for the elderly, this lack of training presents a major problem and indicates a need for staff to "learn skills so that they can make sense of complicated communications from their patients without being overwhelmed by punitive feelings" (Richardson et al. 2002: 336). Caregiver burnout could directly affect the elders in care, in the form of negative attitudes, resentment, and hostility. As the findings of the study indicate, "qualified staff had a more positive attitude" than did less qualified staff (Richardson et al. 2002: 340). Also, "staff who admitted to physical abuse were frequently thinking of quitting, scored high on burnout and experienced high conflict with patients" (Richardson et al. 2002: 336). See Figure 3 for a summary of burnout scores. Another study of nursing home staff supports these findings: "nursing home staff...who frequently felt like quitting work, and felt burnt out, were at increased risk to physically and psychologically abuse residents" (Shaw 1998: 2).

Another study indicated that recently documented quality of care violations by institutions caring for the elderly were due in part to unqualified staff (Wood and Stephens 2003: 754). In a recent report on assisted living facilities in California, Florida, Ohio, and Oregon, approximately 25% were cited for deficiencies in patient care (Wood and Stephens 2003: 754). One of the key problems identified by this report was under qualified staff, resulting from "poor staff ratios, inadequate staff training, and high staff

Figure 3: Staff Burnout Scores Before and After Intervention

Table 3. Comparison of burnout scores between the randomized groups at baseline

MBI subscale	Group 1 pre-intervention	Group 2 pre-intervention ($n=24$)	Group 1 post-intervention	Group 2 post-intervention
Emotional exhaustion				
Frequency	16.9 SD=9.4 (low ⩽17) $N=30$	17.6 SD=11.9 (moderate 18–29) $N=31$	15.2 SD=7.8 $N=29$	16.7 SD=11.7 $N=30$
Intensity	21.9 SD=10.5 (low ⩽25) $N=26$	22.3 SD=12.2 (low ⩽25) $N=24$	18.2 SD=9.1 $N=27$	19.4 SD=12.7 $N=29$
Depersonalization				
Frequency	2.1 SD=3.5 (low ⩽5) $N=29$	3.0 SD=3.4 (low ⩽5) $N=32$	3.0 SD=4.1 $N=29$	3.2 SD=4.1 $N=29$
Intensity	2.9 SD=4.7 (low ⩽6) $N=29$	5.3 SD=7.5 (low ⩽6) $N=28$	3.8 SD=4.7 $N=30$	5.5 SD=8.3 $N=30$
Personal accomplishment				
Frequency	36.7 SD=7.3 (moderate 34–39) $N=30$	38.4 SD=6.7 (moderate 34–39) $N=32$	36.9 SD=8.4 $N=30$	36.4 SD=10.1 $N=29$
Intensity	36.8 SD=12.5 (moderate 37–43) $N=26$	39.2 SD=12.2 (moderate 37–43) $N=23$	35.3 SD=8.1 $N=28$	36.1 SD=8.9 $N=25$

SD=Standard deviation.
Scores in brackets indicate norms; N=number of participants completing questionnaire.

Source:

Richardson, Barbora, Ginette Kitchen, and Gill Livingston. 2002. "The effect of education on knowledge and management of elder abuse: a randomized controlled trial." *Age and Ageing* 31:340.

turnover and low pay" (Wood and Stephens 2003: 754). Lack of caregiver training can also hinder future prevention of elder abuse, as these staff often do not possess adequate knowledge or training to "recognize, record, and report abuse" (Richardson et al. 2002: 339). Caregiver burnout was also cited in an article published by the Florida Agency for Health Care Administration. The article listed as one risk factor for elder abuse, "a stressful care giving situation, especially if the older person is physically or emotionally impaired" ("Elder abuse... 2001: 2).

A lack of education and training of staff can not only lead to the "emotional exhaustion" that often triggers elder abuse, but it can keep reactionary measures from being taken (Richardson et al. 2002: 338). According to the study by Richardson and colleagues, "in the past, perpetrators of abuse have survived in institutions because staff are frequently unsure of what to do, whom to tell and how to proceed if managers do not take action" (Richardson et al. 2002: 339). The study concluded that many health and social service staff who work with older people need greater skills and knowledge on managing abuse of vulnerable adults" (Richardson et al. 2002: 340).

In addition to inadequate training, low pay has also been indicated as a reason why caregivers for the elderly experience the stress that can lead to abuse. A recent study describes this contributing factor:

> An undercurrent of anger exists among [nursing home staff] who work hard yet struggle to make ends meet financially. Inadequate pay and a sense of not being appreciated by management contribute to staff members' anger and risk of [perpetrating elder abuse] (Shaw 1998, 14).

While caregiver burnout is indeed a significant correlate of elder abuse and neglect within the institution, studies have indicated other contributing factors. As stated by

Rosalie S. Wolf, "today, the conclusion is that [caregiver] stress may be a contributing factor in cases of abuse but does not explain the phenomenon" (Wolf 2000: 9).

As reported by a recent study of elderly residents of assisted living facilities, as many as 34% of these residents experienced moderate to severe cognitive impairment, and it can be expected that in a setting requiring even more care, such as a nursing home, this figure would be even higher (Wood and Stephens 2003: 754). The study tested the residents' ability to identify abuse, and determined what they would do if they experienced abuse. They were asked questions pertaining to abuse and the many forms that it can take. Figure 4 shows the average percentage of correct responses to these questions, as well as those of the nursing staff. The table indicates that only 53% of residents and 59% of nursing staff answered correctly about physical abuse (Wood and Stephens 2003: 755). It was concluded that a "substantial proportion of the population [lacked] the cognitive resources necessary to act as advocates for themselves regarding quality of care" (Wood and Stephens 2003: 754). In addition, the study found these elderly residents to be "poorly informed about protective services and uncertain about options if care were not optimal" (Wood and Stephens 2003: 756). Finally, it was concluded that the elderly residents receiving assisted care would have a difficult time reporting abuse if it did occur (Wood and Stephens 2003: 756). A substantial amount of the elderly residents would not be able to report abuse, which would therefore allow it to continue, and make those elderly easy targets.

According to one recent study of elder abuse in a nursing home setting, 1/3 of abuse cases had involved a previous incident of abuse (Rothman and Dunlop 2001: 18). And this statistic only applies to those cases that have been reported. The authors of that study have concluded that "the system of intervention and assistance to victims is not working effectively" (Rothman and Dunlop 2001: 19). It was found by another recent

Figure 4: Average Percentage of Correct Responses Across Specific Domains

Table 1. Average Percentage of Correct Responses Across Specific Domains

	Types of Abuse					
Population	Physical Abuse	Verbal Abuse	Neglect	Environmental Hazards	Fiduciary Abuse	Medication Abuse
Residents	53.26	67.83	42.39	19.00	73.91	91.30
Nursing staff	58.87	87.10	51.61	33.06	66.94	70.97

Source:

Wood, Stacey and Mary Stephens. 2003. "Vulnerability to Elder Abuse and Neglect in Assisted Living Facilities." *The Gerontologist* 43:755.

study that "restrictive state policies may hinder referring allegations [of elder abuse] to investigative agencies" ("Nursing home resident abuse..." 2002: 1).

An alarming finding of this study was the story of an extremely dependent nursing home resident who died after being neglected by aide Keisha Holmes. Holmes left the 89 year old, blind resident in a bathtub by herself, where she drowned. Holmes was not prosecuted until two years later, meanwhile, she beat a 91-year-old resident ("Nursing home resident abuse..." 2002: 1). This is a perfect illustration of how a lack in regulation and intervention not only hinders the prevention of elder abuse, but also promotes it. In addition, another study found that in three states surveyed, 26 nursing homes were found to have abuse related deficiencies, but only one of these homes was punished, and it was a monetary penalty (McCarthy 2002: 860).

Research on the topic has shown that elderly residents of institutions who have been abused once are more likely to be abused again, and this is due to the fact that it is underreported (Rothman and Dunlop 2001: 18). On the part of staff members who are perpetrating or know about cases of abuse, they are often reluctant to report it because they "fear losing their jobs or facing recrimination from coworkers and nursing home management" (McCarthy 2002: 860). The elders who know about or are victims of abuse often do not report it because they fear "retribution by staff and nursing home management" (McCarthy 2002: 860). Another reason that elder abuse goes unreported is that there is a lack of knowledge on where to report abuse (McCarthy 2002: 860). When it is reported, the report is often delayed, which can "compromise the quality of available evidence and hinder investigations" (McCarthy 2002: 860). Environments in which abuse is underreported then become conducive to further abuse. When a problem is underreported, there can be little awareness or consequences.

One recent study of elderly people receiving care found that those who experienced little or no abuse or neglect had "less complex needs [and] less paramedical dependence" (Wood and Stephens 2003: 756). Those elderly who are living with cognitive impairments fall into the category of elders who are more dependent upon others, and studies have indicated that these people are easy targets of abuse because they are less likely to know what is going on, and to do something about it. One study found that its cognitively impaired subjects did not manifest the "more complex executive functions necessary to carry out a plan" to seek help and report abuse (Wood and Stephens 2003: 756). As explained through the previous variable relationships of this problem, when elder abuse is not reported, it cannot be treated and will continue to occur.

Also, more dependent elders could possibly elicit more caregiver stress, which has also been shown to promote elder abuse. It has been shown that an increased level of dependency can contribute to an increased level of stress in caregivers, which is a significant correlate of elder abuse and neglect ("Assisted Living..." 2001: 1). Figure 5 shows the percent distribution of assisted living residents who need no help, some help, or require significant help with daily activities. The fact that residents of assisted living centers are more independent than nursing home residents could lead to the conclusion that a similar chart on nursing home residents would yield higher percentages needing significant help ("Assisted Living..." 2001: 2).

Discussion

From the data that I have collected on elder abuse and neglect in an institutional setting, it can be concluded that this is a serious problem with many causes, including inadequate caregiver training, cognitive impairment, and minimal regulation and intervention. A key issue with this social problem seems to be the fact that it is often

Figure 5: Percent Distribution of Assisted Living Residents who need No Help, Some Help, or Require Significant Help with Activities of Daily Living

Table 1. Percent Distribution of Assisted Living Residents who need No Help, Some Help, or Require Significant Help with Activities of Daily Living

Activities of Daily Living	% of Residents Who Need No Help	% of Residents Who Need Some Help	% of Residents Who Require Help
Bathing	28%	42%	30%
Dressing	43%	33%	24%
Transferring	64%	19%	17%
Toiletting	58%	22%	19%
Eating	77%	13%	10%

Note: Percentages may not sum to 100 due to rounding.

Table 2. Percent Distribution of Assisted Living Residents who need No Help, Some Help, or Require Significant Help with Instrumental Activities of Daily Living

Instrumental Activities of Daily Living	% of Residents Who Need No Help	% of Residents Who Need Some Help	% of Residents Who Require Help
Telephoning	51%	22%	27%
Shopping	17%	30%	53%
Meal Preparation	7%	14%	80%
Housework	7%	20%	73%
Money Management	22%	19%	59%
Traveling	12%	22%	66%

Note: Percentages may not sum to 100 due to rounding.

Source:

"Assisted Living: Independence, Choice and Dignity." 2001. *National Center for Assisted Living.* Retrieved February 4, 2004 (www.ncal.org/about/alicd.pdf).

swept under the rug. When elder abuse does occur in institutional settings, it is most often not reported, and when it is, research has indicated a lack of punishment. When there is little known about a problem and little done to prevent it, it will continue to occur, perhaps at an even higher rate.

Elder people in institutional settings will always be vulnerable to all forms of abuse because of their dependence upon others and because they are sometimes cognitively impaired, but caregivers and those regulating these institutions can see where they fit into the problem and act accordingly to prevent future cases. This and the fact that research on this topic has been limited suggest a necessity for exploration of this problem. The "startling findings [on elder abuse and neglect in an institutional setting] underscore the need for more research, not only on the psychosocial and physical consequences of mistreatment, but also on the effectiveness of current intervention strategies" (Wolf 2000: 9). The majority of the sparse findings on elder abuse have been the result of quantitative studies, but statistics can only tell us so much about this problem. As stated by Mary M. Conlin Shaw, "further qualitative research would offer a broader conceptual view of institutional abuse and provide the foundation for further quantitative studies" (Shaw 1998: 20).

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Appendix

Liz Dowding is a senior at San Diego State University studying sociology. She has recently developed a general interest in assisted living facilities and nursing homes, as her grandparents recently moved into an assisted living facility. They still remain fairly independent, but their declining mental and physical health prompted Liz to do some research on the quality of life in these communities. She then discovered the alarming prevalence of abuse and neglect in these settings, and decided to commit her research efforts to examining the problem more closely.