

2022

An Exploratory Qualitative Study of Elder Abuse and Neglect in Long-Term Settings

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Recommended Citation

Haury, Noelle A. (2022) "An Exploratory Qualitative Study of Elder Abuse and Neglect in Long-Term Settings," *PURE Insights*: Vol. 11, Article 5.

Available at: <https://digitalcommons.wou.edu/pure/vol11/iss1/5>

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Abstract

Older adults living in long-term care settings seek support as they age. Due to health concerns, they may be vulnerable to elder abuse and neglect. As older adults continue to reach older adulthood at later ages, elder abuse will continue to increase and adversely affect older adults living in both long-term care and home settings. Those who experience elder abuse have many negative health-related outcomes.

Understanding elder abuse and neglect is critical in both addressing it and creating innovative prevention strategies. This exploratory qualitative research study included interviews with five professionals working in settings that have equipped them with an understanding and expertise of elder abuse and neglect in these settings. Results suggest that agency efforts, workplace culture, and resident risk factors greatly affect the occurrence of elder abuse in long-term care settings. These findings revealed areas of improvement and potential pathways towards addressing elder abuse and neglect.

Keywords

Older Adults, Abuse, Neglect, Prevention, Risk Factors, Agency Efforts, Workplace Culture, Long-Term Settings

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Older adults living in long-term care settings seek support as they age. Due to health concerns, they may be vulnerable to elder abuse and neglect. As people reach older adulthood at later ages, elder abuse will continue to increase and adversely affect older adults living in both long-term care and home settings. Those who experience elder abuse have many negative health-related outcomes.

Understanding elder abuse and neglect is critical in both addressing it and creating innovative prevention strategies. This exploratory qualitative research study included interviews with five professionals working in settings that have equipped them with an understanding and expertise of elder abuse and neglect in these settings. Results suggest that agency efforts, workplace culture, and resident risk factors greatly affect the occurrence of elder abuse in long-term care settings. These findings revealed areas of improvement and potential pathways towards addressing elder abuse and neglect.

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This exploratory study focused on elder abuse and neglect in long term settings. The intent was to understand patient-centered care that ensures the dignity and safety of older residents in long term settings. Through interviews with practitioners who have an understanding of elder abuse and neglect in long term care, this study has the potential to contribute to current conversations regarding elder abuse and neglect. The following research questions guided this study: a) What are the common types of elder abuse occurring in long term care settings?; b) What are some of the risks for abuse and neglect in these settings?; and c) How are strategies in place to protect the dignity and safety of older adults in these settings?

DEFINING ELDER ABUSE AND NEGLECT

The Centers for Disease Control defines elder abuse as “an intentional act or failure to act that causes or creates a risk of harm to an older adult” (Preventing Elder Abuse, 2021, p.1). Since this study focuses on elder abuse and neglect in Oregon long-term care settings, elder abuse and neglect in Oregon is defined as one or more of the following: (a) Any physical injury to an elderly person caused by other than accidental means, or which appears to be at variance with the explanation given of the injury. (b) Neglect. (c) Abandonment, including desertion or willful forsaking of an elderly person or the withdrawal or neglect of duties and obligations owed an elderly person by a caretaker or other person. (d) Willful infliction of physical

pain or injury upon an elderly person. (e) Verbal abuse. (f) Financial exploitation. (g) Sexual abuse. (h) Involuntary seclusion of an elderly person for the convenience of a caregiver or to discipline the person. (i) A wrongful use of a physical or chemical restraint of an elderly person” (Oregon.gov, 2022).

Just as there are various types of elder abuse, there are numerous ways that older adults can experience abuse and/or neglect. Weissberger et al. (2020) examined the types of elder abuse reported to the National Center on Elder Abuse (NCEA) resource line. Of the 1,939 calls, 818 (42.2%) alleged abuse, with financial abuse being the most commonly reported (449 calls, 54.9%). Payne and Gainey (2005) focused on self-neglect as a type of elder mistreatment. The authors suggested that “self-neglect clients are more likely to live alone, refuse services, be able to meet most of their own needs, have psychiatric problems, and have problems with alcohol” (p. 28). Self-neglect is not commonly seen in institutional settings, but rather among older adults who live in the community, especially those who live alone. Payne and Gainey (2005) also explained that self-neglect patients’ needs are similar to those of other elder abuse victims, yet they report fewer needs. This can result in self-neglect not receiving as much attention as other forms of elder abuse, thus allowing those who have self-neglecting tendencies to fall through the cracks. Schiamberg et al. (2011) highlighted resident-to-resident abuse as a central type of abuse found in long-

term settings. In long term settings, 20% reported being targets of one or more instances of resident-initiated abusive behavior (Joyce, 2020). In most of these scenarios, one or more residents had a cognitive impairment, and no serious harm came from the altercations (Joyce, 2020).

HISTORICAL CONTEXT FOR RECOGNITION OF ELDER ABUSE IN THE UNITED STATES

In 1935, the first shift toward protecting vulnerable older populations occurred with the development of protective services which was facilitated by the Social Security Act of 1935. This act dramatically reduced the number of older Americans who were financially and/or residentially dependent upon their family. More older adults were living alone and living longer as life expectancy increased. Older adults were also living with some type of functional impairment when living alone (Jackson, 2015). As awareness of these issues increased, the government began to address the issue. In the 1950s, new government programs, referred to as protective services units, emerged to address elder abuse. Progress continued into the 1960s when the first protective services legislation was contained in the Older Americans Act of 1965, which provided federal funding to states to support community planning, social services, as well as research and development projects for Americans 60 years and older. In 1966, Congress evaluated the effectiveness of protective services units and found them to have interventions that tended to lead to institutionalization. From these evaluations, it was clear that protective services units were not protecting older populations, which subsequently led to the downfall of protective services (Jackson, 2015).

In the 1970s, the “discovery” of elder abuse occurred within the context of the “discovery” of child abuse. With increasing public awareness, protective services units were revived as adult protective services. In 1975, Congress amended the Social Security Act to include Title XX, which required states to enact Adult Protective Services for abused or neglected elders, and in 1987 it amended the Older Americans Act (Title I) to address the protection of older adults from abuse, neglect, and exploitation. States began to follow suit and implemented laws of their own.

The passage of the Violence against Women Act of 1993 validated domestic violence as a social problem and influenced the understanding of elder abuse (Violence against Women Act, 1993). During this same time, research began to shift from focusing on the victim's role in their abuse to the psychology of the abusers. In 2002, the

U.S. Department of Justice became involved in elder abuse through the Department's Nursing Home Initiative (see <https://www.justice.gov/opa/pr/departments-justice-launches-national-nursing-home-initiative>). This initiative began funneling funds to the National Institute of Justice for elder abuse research. Since then, the conversation focusing on elder abuse has been met with numerous new conceptualizations of elder abuse, each with different ideas as to how to address it. Researchers have diverse opinions as to whether elder abuse is a human rights issue, a gender issue, a public health issue, or something completely different (Jackson, 2015).

As researchers debated on how to best understand elder abuse, the issue continues to predominate American culture. Schiamberg et al. (2011) claimed that older populations are growing expeditiously and will soon make up 20% of the U.S. population. As many as 1 in 10 older adults experience one or more forms of elder mistreatment, and it is estimated that only 1 in 24 cases of abuse are reported to authorities (Pillemer et al., 2021). According to Rodriguez (2021), if the rates of elder abuse in this country remain constant, there will be roughly 320 million victims by 2050. Also according to Rodriguez (2021), approximately 2 out of 3 staff members in long-term care facilities report that within the past year, they have committed elder abuse. Elder abuse is not only confined to institutional settings, as approximately 60% of perpetrators are family members (Rodriguez, 2021).

INCIDENCE OF ELDER ABUSE AND NEGLECT

Elder abuse does not affect every older adult equally. It is reported that one high risk group includes adults with cognitive and physical disabilities (Schiamberg et al., 2011). The fact that our most vulnerable older adults are the ones who experience elder abuse most often might explain why it is often underreported. Older adults may feel powerless, unsure how to advocate for themselves, or simply are not aware that the abuse is taking place (Schiamberg et al., 2011). This poses an immediate threat to the wellbeing and safety of these older populations.

Perpetrators and offenders can be divided into two main groups: family members and caregivers. These groups may overlap as many family members are informal caregivers, and there are other smaller groups of perpetrators (Rodriguez, 2021). In long-term care settings, most abuse is committed by staff members (Rodriguez, 2021). In these cases, abuse is broadly defined. For example, neglect is a very common type of abuse and can

often occur due to inadequate staffing and lack of trained applicants (Rodriguez, 2021).

ELDER ABUSE IN LONG TERM SETTINGS

Schiemberg et al. (2011) highlighted cognitive impairments as a risk factor for older adults, concluding that abuse prevalence among those with a dementia diagnosis is significantly higher than incidents of abuse and neglect in the general population of older adults ages 65 and older. In addition to cognitive impairments, Schiemberg et al. (2011) also concluded that social connections and interactions with family and peers are related to the overall well-being of older adults as well as the likelihood of elder abuse. Bern-Klug and Sabri (2012) found that “resident risk factors (behaviors considered disruptive and cognitive symptoms), and relationship risk factors (such as lack of visitors)” adversely affect older adults in long-term care settings and can be risk factors for elder abuse (para. 10).

Within long-term care settings, the residents and their caregivers often function as a dyad. Factors which might contribute to lower levels of tolerance among caregivers include fatigue, financial stresses, and substance abuse. Schiemberg et al. (2011) found that higher burden and depression scores were noted among caregivers who admitted to physically abusive behavior toward cognitively impaired patients in their care. Negative stereotypes of aging also adversely influence the delivery of care to older adults and increase patient vulnerability (Schiemberg et al., 2011). Chang et al. (2022) found that dehumanization, commonly defined as the process of depriving a person or a group of positive human qualities, contributed to high levels of elder abuse from caregivers.

A caregiver’s work environment influences their attitudes, perceptions, and behaviors. Shinan-Altman and Cohen (2009) found that nursing aides showcased high levels of burnout and that the more dissatisfaction expressed about work conditions and characteristics, the more nursing aides exhibited negative attitudes towards patients. Pickering et al. (2017) focused on workplace bullying that was defined as repetitive negative and consistent acts against older adults over time (Pickering et al., 2017). Their findings demonstrated that workplace culture, where bullying behaviors are normalized and rationalized, directly influenced how workers deliver care, which affects patient safety and care quality (Pickering et al., 2017).

Shinan-Altman and Cohen (2009) used the Theory of Planned Behavior as the general scope for their assessment of workplace culture influencing caregivers’

attitudes towards their residents. The Theory of Planned Behavior hypothesizes that people perform certain behaviors when they perceive it appropriate or when they perceive an organizational reality that forgives such behaviors. For instance, if a nursing aide is working in an environment where they perceive no backlash or punishment for abusive behaviors, they may be inclined to act in accordance with that environment’s culture and partake in abusive behaviors.

ADVERSE EFFECTS OF ELDER ABUSE

Victims of elder abuse experience a wide range of effects and consequences dependent on their unique characteristics and risk factors. Yunus et al. (2019) found that risk of hospitalization, rate of annual visit to emergency departments, and consumption of behavioral health services were found to be higher among older adults who had reported being abused or neglected. Physical and emotional negative outcomes were also different for men and women, with both groups having higher rates of mortality than those older adults who have not been abused. Reyes-Ortiz et al. (2018) also found that any experience of abuse among older adults increased risk of one or more falls over time.

RISKS FACTORS FOR ABUSE IN LONG TERM CARE SETTINGS

Schiemberg et al. (2011) used an ecological perspective in their research and found that open and honest communication between caregivers and family members may decrease social isolation and elder abuse. Positive contact between members of different age groups also is conducive towards more favorable attitudes and relations between these age cohorts (Chang, 2022). When looking at contributing factors within long-term care facilities, Touza and Prado (2019) found that elder abuse was less common in settings where staff encouraged mutual learning, provided feedback when the workplace climate was not adequate, and effectively managed problems.

Effective training of employees also has implications for decreasing the experience of abuse and neglect in long term settings. Bern-Klug and Sabri (2012) examined the role of social services in training staff members about resident abuse and resident rights and found that increasing staff numbers and providing training programs for employees decreased the likelihood of abuse and neglect in these settings. Their findings highlight the general lack of regulated training present in nursing homes across the country. Dianati et al. (2019) conducted a similar

study and found that educational programs significantly improved nurses' knowledge about diagnosing, documenting, and reporting elder abuse. With reporting rates generally being low, it is important to recognize elder abuse and to report it to the correct authorities.

POTENTIAL PATHWAYS TO DECREASE ABUSE IN LONG-TERM CARE

One pathway to reduce the occurrence of elder abuse and neglect is to lower the dehumanization of older adults by focusing on intergenerational contact between older and younger persons. Targeting ageist ideals is a proactive measure which will help to decrease both implicit and explicit dehumanization of older adults (Chang et al., 2022). Payne and Gainey (2005) echoed this call to action for increased social connections and underscored the importance of shifting efforts for preventing and responding to self-neglect cases from an agency-based approach to a community-based approach (Payne & Gainey, 2005).

Other researchers have focused on agencies and policies to address elder abuse and neglect. Moore and Browne (2017) highlighted The Center of Excellence on Elder Abuse and Neglect at UC Irvine and their establishment of the Elder Abuse Training Institute as an important innovation. The Institute offers multidisciplinary training that addresses how to work effectively with other professions and agencies, how to conduct abuse assessments, and how to investigate complex cases of abuse. The National Adult Protective Services Association provides webinars and webcasts specific to professionals in APS settings. Moore and Browne (2017) also focused on proactive interventions and the important use of risk assessment and mitigation tools that help to understand the risk, context, and needed action for each older adult experiencing abuse.

Focusing specifically on policies within long-term care settings, Pickering et al. (2017) underscored the importance of better training and more rigorous licensing requirements for administrators as well as combining interventions to improve communication and reduce role ambiguity and bullying. Touza and Prado (2019) noted this same need, stressing the importance of preventing elder abuse by improving the organizational climate and overall working conditions, stimulating cooperative teamwork, acknowledging the work of professionals, and developing person-centered care practices. They proposed interventions that focus on reducing burnout and dehumanization while encouraging staff to evaluate the personal history of their residents to help establish good social connections.

METHOD

To supplement my learning of elder abuse and the current policies in place to combat this issue, I created an exploratory qualitative research study to better understand elder abuse and neglect in long term settings. Upon receiving Institutional Review Board approval, I contacted key informants who work in agencies and who have experience and an understanding of this topic. These informants were contacted via email and were provided with the interview protocol in advance. Five individuals elected to participate and signed consent forms for the interviews to be conducted and audio recorded. Participants worked for agencies such as Adult Protect Services and the Aging and Peoples with Disabilities Program of the Oregon Department of Human Services as well as for-profit and nonprofit retirement facilities.

Interviews were conducted via Zoom or Microsoft Teams and lasted approximately 30 minutes. Participants were asked 12-15 questions regarding their personal experience and understanding of abuse, programs within their organizations aimed at combating the prevalence of abuse and neglect, and possible future training or interventions. All completed interviews were transcribed verbatim.

Data were analyzed by reading the transcripts multiple times. Seven overarching codes across the interviews were initially identified. Later, both overarching codes and nine subcodes were used in the analysis across all interviews. Themes which were identified focused on the current status of elder abuse in long term settings, who is most likely to experience abuse and neglect in these settings and how these occurrences can be reduced and stopped.

RESULTS

The participants provided detailed accounts regarding the occurrence of elder abuse and neglect as well as meaningful commentary on how to best ensure the safety and dignity of older adults in these situations. Interviews with participants revealed four overarching themes: a) the current understanding of elder abuse and neglect in long-term care settings; b) the risks for older adults in these settings; c) facilitators and barriers to addressing abuse and neglect in long-term care settings; and d) best practices and future approaches.

THE CURRENT UNDERSTANDING OF ELDER ABUSE AND NEGLECT IN LONG-TERM CARE

Participants described their understanding of both the nature of elder abuse and neglect and its occurrence within long-term care settings. This understanding was communicated as being essential when implementing and enforcing protective services to support vulnerable older adults.

Participants provided insight into the current understanding of elder abuse and neglect as it occurs in long-term care settings. As one participant highlighted,

About two-thirds of cases are reported in community settings and about a third in the long-term care settings, so there are about twice as many investigations that occur in non-long-term care settings, but...when you consider that only 5% of the population at any given time is living in a long-term care setting, it's pretty high.

The most common types of abuse in long-term settings were identified by participants within these settings. One participant revealed that "What we find most of the time or most frequently in cases that are in long-term care is neglect." They went on to explain:

The finding is neglect because in long-term care settings, those agencies, organizations, caregivers are tasked with providing all of the basic care that a person needs. So anytime that care is not provided, the type of abuse that's found is generally neglect because they are neglecting a duty they have to provide all those sorts of care.

Another participant echoed this sentiment when explaining that "There are a couple of types of abuse that almost never show up in facilities and that's self-neglect. You know, because really when somebody is in a facility that responsibility for their care is shifted to that facility." She elaborated:

I come with the understanding that there are things that will happen and there are genuine mistakes that we will call abuse or neglect, but they are honest mistakes... I think it's the things that are provider convenience or without consideration of

the resident as a decision-making adult that really alarm me the most.

Although participants from agencies agreed that neglect was the most common type found in long-term care settings, one participant employed in a long-term memory care facility shared a difference when they said, "The staff things don't happen very often. It's mainly the resident altercations." Another participant offered their own understanding of resident- to resident abuse, when they described that "The facility is there in place to keep everybody safe. If one resident is assaulting another resident, the residents aren't essentially the perps. It's the facility that's failing to prevent that from happening."

Responses When Abuse/Neglect Occurs

When elder abuse and neglect are suspected, there are several different responses as one participant explained: "In facility cases, not running numbers, but just from my experience, it tends to be the facilities themselves and they do what they call a self-report." Long-term care facilities are considered mandatory reporters, meaning that they are mandated by law to report any instance of elder abuse and neglect, including instances that happen in their own facilities. An employee working in a long-term care facility shed light on responses within facilities once a self-report is made, saying, "it's a lot of documentation, a lot of work to kind of come up with different interventions that help prevent that in the future." Another participant offered an important insight when they said, "I can tell you who's probably least likely to report, and that's a person with dementia, and that's why people with dementia are at such risk for being abused."

The agency response to elder abuse and neglect plays a huge role in the prevention and intervention of such cases. One participant working for APS said, "We do a whole investigation, but it's really trying to figure out essentially if what's alleged is occurring or not, and then as part of that investigation, figure out what interventions to put in place to either stop the abuse or mitigate risk." Another participant also working in APS clarified:

When people call, they get routed to a local APS screener, and that screener is trained to figure out what things rise to the level of needing an investigation versus what things might be better passed on to say our Licensing Complaint Unit that goes in and investigates violations of Oregon Administrative Rules that don't quite rise to the level of abuse.

Unfortunately, when we're acknowledging that abuse has taken place, it's already past tense.

Employee Training

Training was mentioned across all interviews as an important aspect of understanding elder abuse and neglect in long-term care settings. As one participant explained:

We do training when everybody's first hired. Currently in our training process, we have these DVDs. Not the most impactful thing. . . they're sitting watching TV. I mean obviously they get the training, but you're sitting there watching hours of training like "is it really sinking in?"

Another participant commented on their training practices for employees: "I think we have a good base and theory as far as on paper, but how often do they actually read that or practice it... I think there's a disconnect there." A participant from APS suggested that "facilities and staff there would benefit from additional training, a lot of facilities have training programs. But again, I think it's just the amount of time." The participants' responses indicate a need for more comprehensive and ongoing training in long-term care settings.

THE RISKS FOR OLDER ADULTS IN THESE SETTINGS

Identifying potential risks for older adults in long-term care settings was underscored by many participants. Knowing these risk factors is crucial for directing preventative efforts towards those who need them the most. The risk factors highlighted across the interviews included social isolation as well as cognitive and physical impairments.

Social Isolation

Participants working in long-term care settings identified social isolation as a risk factor for residents. When asked if social isolation was a concern within their facility, one participant responded, "It's definitely a concern, I mean it always is a concern, but we do our best." They further explained, "I have a resident who doesn't have any family here, and they don't really get any visitors. And then on the other side, like I said, I have someone who comes in every day, and then you know that's anywhere in the

middle." Another participant revealed that "we have very, very few family [member] involvement at all, which is sad."

Participants saw social isolation as a risk factor for abuse and neglect and highlighted the importance of providing opportunities for personal relationships and connections. Social interaction outside of the long-term care setting was noted as being crucial for recognition of elder abuse and neglect signs and symptoms. Those who did not receive visitors missed the opportunity for additional advocacy and support against possible abuse and neglect.

Cognitive and Physical Impairments

Cognitive and physical impairments were discussed as identifiable risk factors among older adults living in long-term care settings. One participant shared that "people with dementia are a lot more frequently the victims of abuse than we would know about." A participant working in a memory care setting recalled their experiences: "Regarding abuse and neglect, I do work a lot with APS and different things in memory care. There's a lot of records of altercations. Just because of memory issues."

Physical impairments emerged as another risk factor for older adults. A participant claimed that "if there's a pattern of falls with injury, and the facility's failing to put anything in place to prevent that, we consider that a form of neglect and so we see that quite a bit." One participant backed this claim and suggested that if they're not physically able to take care of themselves, it creates a window of opportunity for someone else to take advantage of that."

FACILITATORS AND BARRIERS INFLUENCING ABUSE AND NEGLECT

When asked to speak on facilitators and barriers to address abuse and neglect, participants identified agency efforts, staffing concerns, and workplace culture.

Agency Efforts

Participants discussed their agency's abilities to either be a facilitator or a barrier to addressing abuse and neglect in long-term care settings. One participant highlighted:

I think our programs for Adult Protective Services are very effective at responding to allegations of abuse. I think where it's not as effective is preventing it in the first place, right? So, you know, our whole program, all of these statutes, all these laws are just based on 'how do we

respond to it?’ And there hasn't been a ton of research, even federally, in terms of what do you do in the first place, to make sure it doesn't happen.

Another participant made the same observation when they explained that “There's not a huge prevention component within Adult Protective Services.” This lack of preventative interventions was seen as a barrier when addressing elder abuse and neglect. Despite not having many preventative aspects, Adult Protective Services was still generally considered by participants to be an effective advocacy program. One participant added, “I think we need more advocates. I don't know how to make that happen though, because, you know, people in long term care settings are in long-term care settings because they need assistance.” Another participant, when describing the aim of their agency's work, noted, “I think that if anything, you know, we want to make sure that either residents or those that love and support them are aware of where their advocacy lies and where they're able to get help should they have concerns.” Overall, participants generally agreed that agencies such as Adult Protective Services are effective advocates for elder abuse victims but lack preventative interventions.

Staffing Concerns

Staffing was recognized as crucial in addressing elder abuse and neglect within long term settings. One participant suggested, “The reason that there's neglect is because these businesses make more money by not having as much staff, by not investing as much money in staff training, by not having enough oversight to make sure that there are enough people.” This lack of retention and adequate staffing levels might be explained by one participant's observation that “in these kinds of facilities, people either get burned out, or it's not what they think it's gonna be.” These staffing issues were seen as barriers in addressing elder abuse and neglect. Without the proper amount and quality of staff, other issues were seen to arise as a result. One participant claimed, “I think a lot of residents in facilities are also fearful of retaliation.” This fear was seen as a consequence of the facility's inability to hire employees who could convey a safe, nurturing environment.

Despite these issues, participants from long-term care facilities highlighted a number of resources and interventions they have in place to foster long-lasting positive changes for their staff. One participant shared:

We have a wonderful Wellness Center, that they're more than welcome to go... and we offer the ability to sign up to work with a trainer as well. We have a personal trainer that our staff can kind of connect with, and they can work on making them physically and mentally well, in that regard. And we also have an onsite chaplain who's always available to have a conversation and counsel our staff to help with those scenarios.

These resources for staff were seen as needed to help increase retention of high-quality employees, reduce burn out, and eradicate negative attitudes towards residents.

Workplace Culture

Participants identified workplace culture when addressing elder abuse and neglect. One participant recalled their own personal experiences, and shared, “every facility is gonna have reports that come whether they're substantiated or not... the facilities that I didn't go to as often were actually nonprofit facilities.” The participant went on to clarify that in her opinion, non-profits were, “about, you know, caring for the residents... If your mission and values are all about care, you know, that's what you're gonna focus on.” Another participant shared a similar viewpoint, having expressed that “the unique culture of a facility really has an impact on how issues surrounding abuse and neglect are dealt with and understood.”

BEST PRACTICES AND FUTURE APPROACHES

Across all five interviews, best practices and future approaches were highlighted by participants. They saw opportunities for growth and were eager to share their ideas for how to best approach this growth. One participant highlighted a need for staffing support and explained:

I think having adequate staff to be able to meet all of the scheduled and unscheduled needs of residents is needed... I think it means making an investment in training staff. I think it means right now, especially making an investment in paying staff enough that they're making a living wage. I think COVID has taken a broken system and highlighted and made it very clear what the challenges are and made all of the challenges worse.

She added, “I think, you know, best practices would be adequate training, adequate staffing, adequate wage, and adequate oversight.” This suggestion for more training was echoed by another participant who commented, “I think we need to just educate more and more often.” Staffing and training needs were seen as high priority amongst participants and as areas that needed improving in the future.

When asked about best practices, another participant focused on the qualities and distinct contexts for each resident:

I would just caution providers to recognize that whether they have 5 residents in their home or 100 in their facility, those are all unique individuals with life experiences and different ideas of what quality of life means. So, I think that yes, you wanna know them clinically. What does their doctor say? What are their prescribed orders? What specific treatments do they need? But also know them as well as you can, kind of more holistically and know how to communicate to them and how to make what is probably a scary time, as comfortable and engaging for them as you can. And definitely don't intercede your own opinions.

Person-centered care was seen as a universal best practice throughout the interviews. One participant provided insight into how this person-centered care approach is seen in practice. They explained, “We don't just look at the person that experienced the abuse. We look at everyone else in the setting and every aspect to see how we can help to prevent future occurrences.” Using an intersectionality lens was expressed to be a best practice by multiple participants. This framework integrates unique experiences, influences, and identities to help explain the context in which behaviors occur. This leads to a deeper, more robust understanding of an individual and helps in identifying more targeted and effective interventions that better reflect the realities of those affected by elder abuse and neglect.

DISCUSSION

The purpose of this study was to explore the occurrence of elder abuse in long-term care settings, identify contributing factors to abuse, and propose future pathways to preventing elder abuse and neglect. Numerous themes emerged from the study. Workplace culture and general practices were underscored as

indicators of the prevalence of elder abuse and neglect. Agency efforts were seen to aid in the aftermath of incidences of elder abuse and neglect, yet lacked a necessary proactive approach. Specified risk factors influenced outcomes of resident health as well as the current and proposed responses to the issue.

The themes that were identified by the participants echoed the literature reviewed in this work. As seen in Schiamborg et al. (2011), cognitive impairments, especially dementia diagnoses, are recognized as risk factors for older adults living in long-term care settings. Physical impairments also were identified as risk factors for elder abuse and neglect, and residents with a history of falls should be closely screened for signs of abuse (Reyes-Ortiz et al., 2018).

A clear connection between social interactions and the likelihood of elder abuse and neglect has been reported (Schiamborg et al. 2011), supporting the participant narratives that social interaction directly influences the overall well-being of older adults in their settings. Resident and relationship risk factors are closely tied to the occurrence and prevalence of elder abuse and neglect in long-term care settings (Bern-Klug & Sabri, 2012). Older adults who have cognitive or physical ailments or are socially isolated are at risk for experiencing elder abuse and would benefit from personalized strategies to protect them from elder mistreatment.

Neglect is a common type of elder abuse in long-term settings (Payne & Gainey, 2005; Rodriguez, 2021). Interviews with participants revealed that neglect is considered the most common type of elder abuse across the board. This failure to fulfill a caretaking obligation, whether intentional or unintentional, can occur due to a variety of factors. The prevalence of neglect in long-term care settings can be understood as inadequate preventative actions by the facility itself.

Training, or lack thereof, of employees in long-term care settings emerged throughout the review of literature and interviews. There is a general lack of comprehensive, engaging, and continuous training in long-term care settings (Bern-Klug & Sabri, 2012). Higher quality and quantity of training requirements in these settings is likely to elicit positive health-related outcomes for older adults and improve rates of reporting amongst caregivers (Dianati et al., 2019). It is important to have resources in place to support caregivers as they face high rates of burnout and dissatisfaction with their roles and responsibilities (Shinan-Altman & Cohen, 2009). These negative outcomes can affect the quality of the care they provide to their residents

and can even result in abusive behaviors (Schiamberg et al., 2011).

The setting in which both the older adult and their caregivers function plays a significant role in the occurrence of elder abuse and neglect. Workplace culture largely influences how caregivers view their jobs and their overall satisfaction levels (Pickering et al., 2017). If an organization is not actively fighting to recognize and eradicate elder abuse and neglect within their community, it opens the door for abusive behaviors to be overlooked or accepted. People will generally act in accordance with the accepted behaviors and standards within their organization (Shinan-Altman & Cohen, 2009). Change within an organization starts at the top and trickles down, so it is immensely important that the culture of the organization be built on a foundation that actively advocates against elder mistreatment.

Implications: Creating Better Outcomes for Older Adults

Proactive interventions are crucial towards ending elder abuse and neglect (Moore & Browne 2017). While many current interventions either tackle the issue downstream when the abuse has already occurred, or midstream with approaches that handle issues such as identifying risk factors or support for caregivers, an upstream approach would target these issues before they begin. Chang et al. (2022), as well as the participants in this study, suggested that one critical issue is ageism. Although considerable research has focused on elder mistreatment risk factors at the individual level, there is a rising demand for the field to go beyond immediate causes and consider structural variables as well that influence elder abuse and neglect.

After reviewing relevant literature and conducting this exploratory qualitative research study, I have compiled the following list of best practices for those working in long-term care settings that can be incorporated into training and information dissemination.

- Addressing Ageism: Assess personal biases and any ageist attitudes. Seek out support or counseling if needed.
- Training and Continuing Education: Seek out training and education opportunities whenever possible. Stay informed on potential risk factors and warning signs.
- Person-Centered Approaches: Get to know residents on a deeper level. Consider using an intersectionality lens to understand how the multiple facets of their identity interact. This will also help to identify risk factors unique to each resident.

- Advocacy: Actively advocate against elder abuse and neglect. Recognize the signs and even if unsure of what constitutes elder abuse and neglect, report it to Adult Protective Services or Oregon Department of Human Services.
- Self-Care: Take care of self-needs and well-being. Caregivers can only provide the best care for others if they also care for themselves.
- Social Engagement Promotion: Promote social interaction and connections. A socially isolated older adult is at great risk for elder abuse and neglect. Intergenerational connections are especially suggested.

LIMITATIONS AND CONCLUSION

This study was limited by the number of participants. Because only five participants were interviewed, the data did not reach saturation. The study would have benefitted from additional participants. Participants from different agencies and types of long-term care settings would have offered more insight into the occurrence of elder abuse and neglect as understood in these various settings. Additionally, research could have been expanded through the interviewing process of those directly affected by elder abuse: elder abuse victims.

This research is necessary for the purpose of understanding elder abuse and neglect as well as how to potentially combat it. Through the review of literature and interviews, common themes and understandings reveal unmet needs of older adults and pathways to overcome barriers. This study highlights a need for new interventions, and especially calls for addressing neglect in long-term care settings related to staffing, employee training, and attitudes regarding aging and older adulthood. The absence of new and substantial research on this issue reflects the general lack of attention elder abuse and neglect is given by society.

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