

**Elder Abuse in Nursing Homes: Quality Improvement**

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Quality improvement is a structure used to improve care systematically. Its purpose is to use data to monitor the outcome of care processes and uses improvement methods to design and test changes to continuously improve the quality and safety of health care systems (QSEN Institute, 2020). Quality Improvement is the fourth QSEN competency which uses knowledge, skills, and attitude. According to QSEN Institute (2020), the goal through all phases of QSEN is to deal with the challenges of preparing nurses with the knowledge, skills, and attitudes necessary to improve care and safety in health care unceasingly. Quality improvement is used because we want knowledge to determine an approach to change the care process. Skills use tools to explain findings or participate in root cause analysis to determine why a problem occurs, and attitude appreciates the value of what healthcare workers and other team members can do to improve care (QSEN Institute, 2020). Elder abuse is an intentional act or lack of action that causes harm or increases the risk of injury among older people aged 60 years and above. Mainly, the actions constitute human rights violations. They include emotional, physical, sexual, and psychological abuse, abandonment, loss of dignity, material, and financial abuse, and neglect (Alraddadi, 2022). Elder abuse is a prevalent public health concern that receives little attention from healthcare agencies. A review performed in 2017 across 28 countries shows that about 16% of the elderly population underwent some form of abuse in 2016 (Gil & Capelas, 2021).

Furthermore, a review of research studies in the recent past indicates that 64% of staff in institutional settings have perpetrated abuse toward residents over the past year (World Health Organization, 2021). Consequently, available evidence indicates the prevalence of elder abuse in nursing homes. The elderly population is growing rapidly in several countries globally.

Therefore, the number of cases of abuse in the population is expected to increase. Elder abuse causes serious mental, physical, social, and financial consequences; hence, nursing homes need to develop strategies to address the problem and improve the quality and safety of care services

### **Article Summary**

Abuse in the healthcare system remains under-explored due to its invisibility. This article explores different levels of abuse in health care organizations and measures taken to address this issue. The approach is a paper based on a self-administered questionnaire filled out by healthcare workers in 16 Portuguese care homes. This article enables the discussion of potential complications concerning the quality of care, which also requires identifying the level of abuse and conflicts in organizations and the health care system. Factors like interactions, the environment where care is provided, difficult working conditions, lack of training, and levels of support are essential when considering elder abuse and call for special attention from researchers and policy makers.

### **Introduction**

The article "Elder abuse and neglect in nursing homes as a reciprocal process: the view from the perspective of care workers" elaborates on the issue of elder abuse in long-term care settings, the associated impacts, its prevalence, and measures that are taken to address the health concern. The main purpose of this article is to explore different levels of conflicts in health care facilities and organizations. This article is linked to elder abuse in that it discusses potential implications

concerning the quality of care needed in identifying abuse in the health care system. Abuse in these settings may be due to difficult working conditions, interactions, lack of training, and levels of support (Gil & Capelas, 2021).

## **Overview**

The article's authors performed a study to examine the perspectives of staff members and managers in long-term care institutions regarding the issue of elder abuse. The research involved participants from different care institutions in the metropolitan area of Lisbon (Gil & Capelas, 2021). Sixteen (16) nursing homes participated in the study. Averagely, each care setting had 36 residents. A total of 150 care workers participated in the study (Gil & Capelas, 2021). Questionnaires with four groups of questions were distributed to the participants. Findings from the study revealed that the factors contributing to elder abuse in nursing homes could be divided into three categories: interpersonal, contractual / material, and motivational factors (Gil & Capelas, 2021). Material and contractual factors include little training, lack of staff, alternating shifts, pressure on working hours, and low salaries (Andela et al., 2021). Interpersonal factors are criticism, lack of supervision, and lack of feedback. Lastly, motivational factors include a few success stories, dealing with death and illnesses, and lack of work valorization. Abuse is perpetrated on residents by pushing them, hitting and smacking, shouting at them, rejecting them, leaving them in bed for long hours, and neglecting their hygienic needs. Conflicts also occur among residents, coworkers, and staff members (Gil & Capelas, 2021).

This article is related to the QSEN competency of Quality Improvement in that it seeks information about outcomes for care for elders in nursing homes. The strategies for QI include the performance of a root cause analysis to establish the cause of elder abuse within a nursing

home facility, identify gaps between the current and best practice, and develop EBP initiatives to improve the quality and safety of care delivery (QSEN Institute, 2020, Table 4). Other strategies include the development of methods to monitor care outcomes and tools such as cause-effect diagrams and flow charts to evaluate quality improvement programs.

### **Quality Improvement**

Quality Improvement methods can be implemented in long-term care facilities or nursing homes. Long-term care facilities have become a home for older adults who cannot perform or need assistance with activities of daily living. For Quality improvement methods to be implemented in long-term care facilities, resources must be available. During the pre-implementation phase, Braaten & Malmedal (2017) explain that the main ways to address the problem include communication, the development of a conducive work environment, building trust, and skill development. They explain that most care providers have little knowledge concerning elder abuse in the elderly population. It is, therefore, difficult for them to know when they are causing harm to the residents. Consequently, skill set development is a crucial measure to prevent cases of abuse and improve the quality of care to residents. Besides physical abuse, nurses and other care providers must undergo training to understand the various forms of abuse, identify abused residents, and identify ways to help victims.

During the intra-implementation phase, Braaten & Malmedal (2017) state that documentation is vital in implementing change in long-term care facilities. Documenting how various processes and methods work, the information transfers to coworkers for the benefit of the

Resident. Also, the work environment is an essential aspect of implementing change. A workplace needs to be organized so that residents are given priority and ethical principles adopted. Most health care workers are unaware that their behavior towards residents could be considered abuse.

During the post-implementation stage, more funds are needed, which need to be invested in the training and skill development of healthcare staff. Also, improving management is essential. Management is vital in enhancing long-term care facilities' quality and patient safety. Leaders are viewed as important role models in terms of attitudes and values. Management supervision can help reduce elder abuse. Moreso, having an open working environment allows employees to talk about mistakes they make or if patients' safety is threatened.

The above-suggested changes will impact the institution financially in that the changes will cost the institution more money to train the nurses. Patient satisfaction will be improved as residents will feel safe knowing that measures are implemented to protect them from instances of abuse. Nurses' satisfaction will also be enhanced as fewer incidents of abuse will be reported, reducing the need to document incident reports.

### **Application to Nursing**

Elder abuse is progressively recognized as a crucial problem connected with significantly increased hospital admission rates, nursing home placement, and death (Wang et al., 2017). As populations age, it is becoming more and more essential for healthcare providers to identify, assess and start management of elder abuse. This can be done by nurses identifying and reporting abuse, implementing education programs, and using quantitative research methods.

## **Practice**

Nurses are responsible for identifying the different types of abuse and when it can be perpetrated on residents. Nurses must also assess the context, ensure appropriate response, and ensure that the Resident's voice is prioritized in case management (Wang et al., 2017). In doing so, Nurses can prevent and provide early intervention to protect older people or residents in nursing homes.

## **Education**

The selected quality improvement initiative for nursing homes is implementing an education program to train care providers on how to prevent abuse among residents. The program covers different areas, including ways to identify risk factors for abuse, abuse victims, and actions that translate to abuse (Wang et al., 2017). Second, it trains the providers on various strategies to prevent abuse, such as developing effective communication skills, teamwork, and building trust.

## **Research**

Nursing homes can use quantitative research methods to collect data regarding the occurrence of elder abuse before and after program implementation (Wang et al., 2017). Findings from the research are then plotted on cause-effect diagrams such as line charts to reveal the program's impact. Positive outcomes occur when the number of abuse cases drops after implementing the program. This indicates that the care providers have embraced the skills and are integrating them into care delivery processes (Wang et al., 2017). Conversely, when the number of cases remains constant or increases, it indicates that the education program has not impacted the care provider workforce.

## **Conclusion**

In summary, the main goal of quality improvement programs is to develop better measures and policies to improve the quality and safety of healthcare services. Quality and safety issues arise in different care settings and impact varying populations. Elder abuse is a prevalent healthcare issue in nursing homes. The population undergoes neglect, physical and emotional abuse, rejection, abandonment, and deprivation of human rights while in long-term care settings. The challenges impact the overall well-being of residents.

Consequently, nursing homes should develop root cause analysis to establish the causes and risk factors of abuse within their facilities. They should then develop measures to prevent or reduce the number of cases. One of the preventive mechanisms identified entails training care providers regarding the various forms of abuse and educating them on how to prevent the occurrence of such incidences. During program implementation, the project team should develop quantitative methods to monitor the initiative and determine whether it is a success or a failure. Evaluation helps to reassess the program and make necessary changes to achieve the desired goals.

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