Older People in Residential Care Settings

RESULTS OF A NATIONAL SURVEY OF STAFF-RESIDENT INTERACTIONS AND CONFLICTS






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Introduction

The population of people aged 65 years and older in Ireland is increasing. The 2011 census identified that there are approximately 535,393 people aged 65 years and older in the state, which now account for 11.7% of the total population.

Approximately 6% of the population of people aged 65 years and older in Ireland are receiving residential care (McGill 2010, CSO 2012b). The probability of requiring nursing home care rises exponentially with age. Of those requiring long-term care, approximately 70% are aged 80 years and older (Department of Health 2010a). The majority of older people in residential care are in the private nursing home sector (63%) with approximately 9% in the voluntary home sector and 28% cared for in Health Service Executive (HSE) extended care units or welfare homes.

The vast majority of older people in receipt of care in the residential sector are cared for in high quality, safe and supportive settings. However, there is international evidence that suggests that a significant minority of older people in residential homes are nursed in inadequate physical environments and experience a loss of personal freedom. In addition, many older people in receipt of residential care have enhanced physical and cognitive disabilities and reduced social networks. These issues, in conjunction with staffing factors, may lead to the possibility of older people in residential settings being neglected or physically, psychologically, financially or sexually abused.

A number of reports published in recent years in Ireland have acknowledged and identified the potential for older people requiring nursing care to experience abuse and neglect in the nursing home sector. These include *Abuse, Neglect and Mistreatment of Older people: An Exploratory Study* (O'Loughlin & Duggan 1998), *Protecting Our Future: Report of the Working Group on Elder Abuse* (Working Group on Elder Abuse 2002) and the *Commission of Investigation into Leas Cross Nursing Home* (Department of Health and Children 2009).

To date there has been no systematic study in Ireland on the possible abuse or mistreatment of older people receiving care within residential care settings. However, data from the Health Service Executive (HSE) and the Health Information and Quality Authority (HIQA) indicates that older people do experience abuse in residential care settings; however, the prevalence of abuse or factors associated with this abuse are, to date, unknown.

Aims of the Study

In the report *Protecting Our Future* it was recommended that, following its establishment, the National Centre for the Protection of Older People should identify 'current practices in residential care that result in the abuse of older people' (Working Group on Elder Abuse 2002: 22). This report is part of the process of enacting that recommendation. With the support of the Health Service Executive, the National Centre for the Protection of Older People (NCPOP) undertook a national survey of staff in residential care homes in Ireland.

The aims of the study were:

1. To measure the extent to which staff working in residential settings experienced conflict with residents.
2. To measure the extent to which staff working in residential settings were mistreated by residents in their care.
3. To measure the extent to which staff working in residential settings observed the neglect and abuse of older people.
4. To measure the extent to which staff working in residential settings engaged in the neglect and abuse of older people in their care.
5. To identify factors associated with the neglect and abuse of older people in residential settings.

This study examined interactions and conflicts between staff and residents in residential care settings, and in so doing identified both the prevalence and predictors of neglect and abuse of older people receiving care in these settings.

Definitions and Types of Abuse

The definition of abuse used in this study is the one recommended in *Protecting Our Future* (Working Group on Elder Abuse 2002: 25):

> A single or repeated act 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 or violates their human or civil rights.

In addition a number of forms of abuse and neglect were measured. The operational definitions of abuse and neglect were based on those outlined in *Protecting Our Future* (Working Group on Elder Abuse 2002: 26):

- **Physical Abuse**: included hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- **Sexual Abuse**: included rape and sexual assault or sexual acts to which the older adult has not consented, or could not consent, or into which he or she was compelled to consent.
- **Psychological Abuse**: included emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or Material Abuse**: included theft, fraud, exploitation or the misuse or misappropriation of property or possessions.
- **Neglect**: including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Research Methods

A national survey was used to measure the mistreatment and neglect of older people from the perspective of staff working in residential care settings in the following areas: physical abuse, psychological abuse, financial abuse, sexual abuse and neglect, both committed by and observed by staff. In addition, a number of factors that have been identified as correlates of abuse in the residential care setting were measured including: staff burnout, conflict, coping styles, job satisfaction and staff experiences of resident-related and facility-related stress. The survey also measured staffing factors that have been identified as predictors of abuse including: staff-resident ratios, qualifications of staff and resident dependency levels. The extent to which staff experienced abuse or mistreatment by those in their care was also measured.

In order to obtain an accurate representative sample of public, private and voluntary residential care settings in Ireland, sixteen geographical regions or clusters nationwide were selected from the thirty-two HSE local health office areas, based on weights determined by number of beds in each cluster. Following the selection of areas, four residential institutions were selected in each geographical cluster; these institutions were also weighted by number of beds within each residential care home. This approach ensured that a representative sample of sixty-four residential care settings was chosen. The sampling procedure allowed for one reserve home within each geographical cluster; the rationale for this was to have an alternative residential centre in place should a selected home decline to participate in the study.

All public, private and voluntary residential homes across Ireland were included in the sampling framework and each had the same statistical chance of being selected. The sample consisted of nineteen public nursing homes, forty-four private nursing homes and one voluntary nursing home. The primary sampling unit was the residential care home and the secondary sampling unit was the nursing and healthcare assistants within these homes. In total, over 3,000 questionnaires were distributed to nursing and healthcare staff.

It was decided for this study that the most feasible method of data collection would be an anonymous, self-report pen and paper survey of nursing and healthcare assistants employed in residential care settings. This approach was used to ensure that respondents would be as accurate as possible in their answers, something that could not be assured through face-to-face interviews or observational studies. The use of staff to identify the extent of abuse in the residential care sector is well supported in the literature. Pillemer and Moore (1989: 316) state that reports from staff are

'the most feasible way to obtain systematic information on this phenomenon.'

The self-completed questionnaire distributed to staff was designed to measure the extent to which staff observed and/or engaged in the abuse and neglect of older people in residential settings. The questionnaire also examined factors associated with mistreatment, including individual staffing factors, resident-related factors and facility-related factors. In addition staff-resident conflicts were also identified through staff reports on the extent that older people in their care had physically, psychologically or sexually mistreated them.

The self-completed questionnaire distributed to staff measured the following:

- Demographic, education and professional profile of staff.
- Respondents' attitudes towards their job and experience of burnout.
- Respondents' experience of stressful events that occurred in their work with older people.
- Respondents' general health and well-being.
- Staff interactions and conflicts with residents, including reports of neglect and abuse.

Interactions and conflicts with residents were measured using a modified version of the Conflicts Tactics Scale (CTS) (Straus 1979, Straus *et al*. 1996). Respondents were first asked to indicate the frequency with which they experienced conflict with residents and the extent to which they were physically, psychologically or sexually mistreated by residents. This was followed by asking them to rate the frequency with which they had observed the neglect and physical, psychological, financial or sexual abuse of older people, and finally, the extent to which they themselves had engaged in the neglect and abuse of older people. Respondents were asked to rate how often each behaviour occurred in the last year; response choices for occurrence ranged from never, once, 2 to 10 times to greater than 10 times.

Results

Profile of Residential Settings

A total of 64 nursing homes were included in the study. These consisted of 44 homes in the private sector, 19 homes in the public sector and one in the voluntary sector. Overall 69.0% of the sample included private nursing homes and 31.0% public/voluntary homes. The majority of residents cared for were female and were aged 76 years and older and were classified as high dependency.

Profile of Respondents – Registered Nurses and Healthcare Assistants

In total approximately 3,053 questionnaires were distributed to staff, 1,316 were returned, resulting in a response rate of 43%.

The majority of staff were working in the private nursing home sector (60.2%), with 39.8% employed in the public/voluntary residential sector. The average age of the sample was just over 42 years. The vast majority of respondents were female (92.7%). In total 79.0% of respondents reported their nationality as Irish with 7.0% stating that their nationality was other-European and 14.0% non-European. The majority of the respondents were employed at healthcare assistant grade (55.6%). Both registered nurses and healthcare assistants predominantly worked full-time, with approximately 40% of the sample working part-time.

The most frequently reported training programme completed by staff was in the area of elder abuse; this had been completed by 82.3% of the sample. A similar proportion of registered nurses (84.2%) and healthcare assistants (80.8%) had completed training on elder abuse.

The vast majority of staff reported being satisfied in their job (93.7%) with 6.3% expressing dissatisfaction. Overall levels of burnout amongst the staff were low in relation to emotional exhaustion (emotionally exhausted by work) and depersonalisation (negative attitude towards residents) and low to moderate in relation to personal accomplishment (negatively evaluating one's work). Respondents overall reported high levels of psychological well-being with approximately 1 in 6 reporting some level of psychological distress. The vast majority of respondents reported good physical health, while 1 in 10 of respondents reported their health as either fair or poor.

The majority of staff (98.1%) experienced resident-related stressors. Of those who identified resident-related stressors as occurring, the most frequent events were caring for residents with limited mobility, caring for residents who tend to be forgetful and caring for residents who experience incontinence. The resident-related event that respondents identified as most stressful was caring for residents who were aggressive. Difficulty in communicating with residents was also identified as stressful by the sample. Facility-related stressors frequently occurred and included being 'in charge of too many residents' and 'not getting enough help and support from colleagues'. The most stressful facility-rated stressors included: 'having too many things to do at once' and 'not having enough staff on duty'.

A single item measured attitudes towards older people: 'residents in nursing homes and residential care settings are like children, they need discipline from time to time'. Approximately 1 in 10 of the respondents were in agreement with the statement, with no observed difference in the proportion of registered nurses or healthcare assistants who were in agreement.

Staff-Resident Interactions and Conflicts

The vast majority of respondents reported that they had experienced conflicts with residents and these tended to occur on more than one occasion over the preceding twelve months. The most frequent conflict reported was dealing with a resident unwilling to undress; this was reported by 77.0% of respondents as occurring at least once in the preceding twelve months. This was followed by interactions in relation to a resident arguing about leaving the home. This was reported as occurring at least once in the last year by 73.4% of respondents.

Staff reported on their experience of physical, psychological and sexual mistreatment by residents in their care. The most frequent type of physical mistreatment experienced by staff was being slapped or hit by a resident. This was reported by 73.6%. Being pushed, grabbed, shoved or pinched by a resident was also frequently reported (69.0%). Overall, 85.0% of respondents reported that they had experienced a physical assault by a resident. Staff also frequently experienced psychological mistreatment. Approximately 80.0% of respondents reported that they had been insulted or sworn at by a resident or were shouted at by a resident in anger in the preceding twelve months.

A resident threatening to hit a member of staff was also reported by 63.5% of staff. In total, 88.6% of respondents had experienced one or more forms of psychological abuse in the preceding year. In addition, approximately a quarter of the staff surveyed reported that they had experienced some form of inappropriate sexual behaviour by a resident in the preceding twelve months.

Prevalence of Neglect and Abuse

Overall, 57.6% of staff reported that they had observed one or more neglectful behaviours by other members of staff in the preceding 12 months. The most frequent neglectful behaviours included observing a member of staff ignore a resident when they called (52%), and observing a member of staff not bring a resident to the toilet when they asked (40.4%). Approximately 11% of respondents had observed, on one or more occasion, a member of staff refuse to help a resident with their hygiene needs, with 10% reporting that they observed a member of staff neglect to move or turn a resident to help prevent pressure sores. Of those who observed these events, the majority had observed them occurring only once in a 12 month period with 4.3% reporting that they had observed these neglectful acts on 2 or more occasions. The least observed acts of neglect were refusing to help a resident with their feeding needs (6.7%) and giving a resident too much medication to keep them sedated or quiet (5.6%).

Approximately a quarter (26.9%) of staff had observed at least one psychologically abusive act directed towards a resident in the previous twelve months by another member of staff. The most frequently observed type of psychological abuse was shouting at a resident in anger. This was reported by 21.1% of respondents as having been observed at least once in a twelve-month period. Approximately 10% of respondents also reported that they had observed a member of staff insult or swear at a resident on at least one occasion. In addition, 6.5% had observed staff isolate a resident beyond what was required. A small minority of respondents also reported that they had observed a member of staff punish a resident through the denial of food or privileges (2.4%) or threaten to hit or throw something at a resident (0.6%).

Physical abuse was observed as occurring on one or more occasions by 11.7% of respondents. Of the abuse that was observed, the most frequent type was restraining a resident beyond what was needed at the time. This was

reported as occurring on one or more occasions by 8.5% of the sample. The next most frequent type of abuse was observing a staff member push, grab, shove or pinch a resident; this was observed on one or more occasions by 4.5% of respondents. A very small percentage of respondents (1.8%) had observed a member of staff slap or hit a resident with 0.6% reporting that they had seen staff throw something at a resident and 0.5% identified that a resident had been kicked, hit with a fist or hit with an object by a member of staff.

Financial and sexual abuse were the least observed forms of mistreatment with 1.2% of respondents reporting that they had observed financial abuse and 0.7% of respondents reporting that they had observed another member of staff talk to or touch a resident in a sexually inappropriate way.

Overall, a total of 27.4% of staff reported that they had been involved in at least one neglectful act within the preceding twelve months. The most frequently reported acts engaged in by staff were ignoring a resident when they called (22.6%) followed by not bringing a resident to the toilet when they asked (13.3%). A minority of respondents also reported that they had not changed a resident following an episode of incontinence (6.0%), neglected to turn or move a patient to prevent pressure sores (1.4%), refused to help a patient with their hygiene (1%) or feeding needs (1%) or administered too much medication to keep them sedated or quiet (1%).

A total of 3.2% of staff reported that they had committed one or more acts of physical abuse on a resident in the preceding year. Of the physical abuse that was engaged in by staff, the most frequent was restraining a resident beyond what was needed at the time. This was reported as occurring on one or more occasions by 2.4% of respondents. The next most frequent act was slapping or hitting a resident; this was reported as occurring on one or more occasions by 0.6% of respondents. The frequencies of other types of physical abuse self-reported by staff were very low. A very small percentage (0.6%) reported that they had pushed, grabbed, shoved or pinched a resident on one or more occasions, whereas 0.2% reported that they had thrown something at a resident. The same proportions reported that they had kicked a resident or hit them with their fist (0.2%) or hit or tried to hit a resident with an object (0.2%).

Overall, 7.5% of staff reported that they had perpetrated one or more psychologically abusive acts on residents in the previous twelve months. The most frequently reported type of psychological abuse was shouting at a resident in anger. This was reported by 6.3% of respondents as occurring at least once in the preceding twelve-month period. A very small proportion of the sample reported that they had engaged in other types of psychological abuse, with 1.5% of respondents reporting that they had isolated a resident beyond what was needed to control them and 1.5% also reporting that they had insulted or sworn at a resident on at least one occasion in the preceding 12 months. A very small proportion of respondents reported that they had denied a resident food or privileges as a form of punishment (0.5%).

In relation to financial abuse, 0.2% of staff reported that they had taken jewellery, money, clothing or something else from a resident or resident's room. A very small percentage (0.2%) of respondents reported that they had talked to or touched a resident in a sexually inappropriate way once in the preceding 12 months.

Factors Associated with Neglect and Abuse of Older People in Residential Care Settings

A number of factors were identified as being significantly related to reported physical abuse of residents. Factors included the size of the nursing home, nationality, job satisfaction, organisational commitment and burnout. Respondents that found aspects of their work with residents as stressful were also proportionally more likely to report that they had committed physical abuse. The psychological health of staff was another factor associated with the physical abuse of residents. Respondents who were identified as being psychologically distressed were significantly more likely to report having physically abused older people in their care.

A number of factors were identified as being significantly related to the reported psychological abuse of residents receiving care in residential care homes. These included: principally working night duty, working with older people for between 11 to 20 years, reporting low levels of job satisfaction and high levels of burnout. Staff who found aspects of their work with residents as stressful were also proportionally more likely to report that they had committed acts of psychological abuse. The frequency with which facility-related stressful events occurred in the residential care setting and the extent to which staff

found these events stressful was also associated with reported psychological abuse of older people.

The strongest predictors of the neglect and abuse of older people in residential care were identified as high levels of burnout, the frequency with which resident-related stressors occurred, staff experiences of mistreatment by residents and respondents experiencing psychological distress. The strongest predictors of the physical abuse of older people included staff working in smaller sized residential care homes, staff reporting working with older people as stressful, and staff intention to leave the nursing home in which they were currently employed. Poorer physical health and psychological health, high levels of burnout and night duty were identified as the strongest predictors of psychological abuse.

Conclusions

The sample of approximately 1,300 respondents is one of the largest undertaken internationally in the exploration of staff-resident interactions, neglect and abuse in the residential sector and allows us to generalise the results to all residential care centres in Ireland providing care to people aged 65 years and older. In addition the response rate of 43% is high for a survey of this kind.

The population of older people in Ireland is increasing and concomitantly are the numbers who require residential care. Older people who require residential care are some of the most vulnerable due to high levels of cognitive and physical impairments and reduced social networks; in addition the vast majority of older people in residential care are dependent on others for the provision of their physical and psychological needs.

The vast majority of staff reported that they had experienced conflicts with residents and these tended to occur on more than one occasion. The majority of staff had also experienced some form of physical and psychological mistreatment from residents in their care. Although reported to a lesser extent than either physical or psychological abuse, approximately a quarter of the staff reported that they had experienced some form of inappropriate sexual behaviour by a resident. This is the first time that accurate figures on these aspects of the working lives of healthcare assistants and registered nurses have been published in Ireland and will inform future strategies to reduce staff and resident experiences of conflicts.

Although the prevalence of neglect of older people by staff was similar to those found in studies carried out internationally, rates of physical and psychological abuse were substantially lower. Research into the financial and sexual abuse of older people is in its infancy and further work is needed to develop methods that will validly measure the extent to which older people are experiencing financial and sexual abuse. However, rates of these types of abuse were found to be comparable or lower to those reported in the US and Europe.

It is evident that a broad and comprehensive approach has been taken at policy and legislative level in Ireland to protect older people in the residential care sector from neglect and abuse. The establishment of HIQA and the proactive role taken by the HSE have provided a framework to reduce incidents of abuse as well as monitoring the standards of care provided to older people in residential care settings. However, as reported by staff who responded to this survey, a minority of older people in residential care in Ireland do experience neglect and physical, psychological, financial and sexual abuse. The impact of this neglect and abuse on older people can be detrimental and harmful to the older person's physical and psychological health and well-being and greatly reduces their quality of life.







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