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Elderly Abuse & Neglect In the Nursing homes; the meditating role of Caregiver

Burnout

I was born and raised in Nepal, where showing civility to our elders is taught from a very young age. Even when elders were narrow-minded and clung to traditions like banishing menstruating women to huts, we always showed respect. We followed traditional cultural practices even when we disagreed with their values. Since most households are multigenerational, elderly grandparents live with their families and feel valued while looking after the younger ones in the family. After arriving in the US and seeing how most of the elderly end up isolated from their families in nursing homes, I fully appreciate the civility shown to seniors in my home country. Unfortunately, the elderly in the US are a vulnerable population. Of the elderly persons suffering severe impairments, only 57% could cover at least two years of primary paid home care, and 40% could pay for at least two years of comprehensive primary paid home care by selling all of their assets, resulting in those who can't afford primary paid home care to likely end up in homelessness. Sadly, those who can afford care suffer abuse and neglect.

Over the last two years of my experience as a Nursing Assistant in a long-term facility home, I mostly interacted with and served patients with dementia. Frequently almost every morning when I arrive for an early morning shift, I find residents drenched in their urine and confused, cold, and neglected. I also find seniors often crouched up, lonely, and in despair due to caregivers who are ignorant and neglectful about providing care for residents when they need it most. Residents feel voiceless, sad, and hungry throughout the day. I have witnessed toxic work

environments in most nursing homes where nursing assistants and residents are impacted the most. Due to the workload and demand expected from Nursing Assistants, caregivers experience mental and physical burnout leading to residents not receiving quality care living and short staffage in nursing assistants.

Although there has always been limited focus on elderly abuse in residential homes, older people in assisted living facilities face maltreatment and neglect daily. Residents in nursing homes are especially at risk as most have chronic health conditions that restrict their cognitive and physical abilities and make them dependent upon others. According to Pierre Gérain and Emmanuelle in their article, *A Harmful Care: The Association of Informal Caregiver Burnout With Depression, Subjective Health, and Violence*, “For every case of elder abuse, neglect, or exploitation reported to authorities, five go unreported. In a study of 2,000 nursing home residents, 44 percent said they had been abused, and 95 percent said they had been neglected or seen another resident being neglected. Even nursing home staff members acknowledge there is a problem.”(Gérain, P., & Zech, E. (2022) Almost every elder residing in nursing homes faces abuse and neglect daily. Based on another research article *Elder abuse and dementia: a review of the research and health policy*, Elder mistreatment among older adults with cognitive impairment appears to be markedly higher. In a convenience sample of adults with cognitive impairment and their caregivers, 47.3% of adults with cognitive impairment were found to have experienced elder mistreatment. Specifically, 88.5% experienced psychological abuse, 19.7% experienced physical abuse, and 29.5 % experienced neglect” (Wiglesworth et al. 2010). Occurrences of abuse and neglect ultimately lead to caregivers experiencing burnout and quitting.

Staff burnout is the biggest contributor to the abuse and neglect occurring in Nursing homes. Nursing Assistant is very demanding, working from 8-12hr shifts or even longer if there's

a temporary staff. Nursing assistant requires both mental and physical energy, and throughout my experience as a caregiver, I have never had the opportunity of uninterrupted 30 mins of a lunch break or a 15 min break through the shift. I have lost 20 pounds, and my mental and physical health took a toll while working as a nursing assistant. According to *Work Environment and Elderly Abuse in Nursing Homes: The Mediating Role of Burnout* in their article states “Specifically, job demands are posited to result in psychological and physiological costs to the staff person (e.g., emotional exhaustion), whereas lack of job resources contributes to difficulty meeting job demands, which leads employees to disengage or withdraw from their work. Whereas caregivers become exhausted and disengaged, they likely conserve resources and pull back. This attitude leads to depersonalization and ultimately reduced quality of care.”(Andela M, Truchot D, Huguenotte V. Work 2021) I have even experienced the role of burnout while working and serving elders. Many times at my work, there have been times when most days would get so busy since an outbreak of covid/ airborne infections would pass around the residents. It was hard to take a break throughout the shift since we couldn’t leave all 18 residents with one caregiver. According to Andela M, Truchot D, and Huguenotte in their article, *Work Environment and Elderly Abuse in Nursing Homes: The Mediating Role of Burnout*, states “Workload was measured with nine items, including “having too many patients to look after” and “not having enough time for patient care. The scale consisted of two subscales: neglect and abusive behaviors. Neglect was evaluated with 11 items, including “sometimes I don’t provide the patients' water when they asked for it because I am too busy,” “sometimes I don’t provide a patient enough food when he or she takes too much time to open his or her mouth and to swallow,” and “I don’t bring the dependent patients to the toilet even if they are continent, because to save time they systematically have incontinence diapers.” Abusive behaviors were evaluated with eight items, including “Sometimes I hurt patients

when accomplishing technical nursing practices because I haven't got the time anymore to be careful," and "sometimes I provide food to patients that can't eat alone without respecting their rhythm because I'm in a hurry," and "sometimes I threaten patients when they waste my time and when I'm overwhelmed." This is evident that caregiver burnout plays a moderating role in the relationship between work pressures and a lack of organizational resources resulting in abuse and neglectful behaviors towards residents residing in nursing homes.

Attention must be given to the CNA in addition to the many insensitive settings of the older adult resident/CNA transactional process that affect quality care for efforts to reduce abuse and neglect and increase quality care to be successful. While working in a nursing home as a Nursing Assistant, I always questioned why nursing home care was the way it was. Poor quality of care, bad hygiene, malnourishment, & dehydration are all examples of neglect. In a residential setting, it's the consequence of a structural problem and lack of staff motivation and management, which increases the practice of abuse and neglect. A few things I observed happen quite often in nursing homes were UTI infection, medication errors, and Falls. I often noticed caregivers acting like they didn't hear when a resident asked for help to take them to the restroom. "Urinary incontinence is prevalent in nursing home residents, especially residents with an indwelling catheter. A resident incontinent of bladder or bowel is at increased risk for a UTI." A major issue that I couldn't work in nursing homes is that frequently I noticed that the residents aren't being toileted after every 2 hours; instead, they are just taken to the bathroom in the morning while they are getting ready, and at the end of the day when they get them ready for bed. I also observed handicapped residents being dismissed and asked to rest while requesting assistance for the bathroom. Several times a week, nurses had to take UTI tests however, at the end of the day, only testing was taking place with no healing or treatment for the elderly experiencing the pain.

Medication error is also one of the effective practices that take place a lot in Nursing homes. From my experience of working as both Medtech/Caregiver, There have been many times, especially since after the covid outbreak, there has been a lot of temporary staff in many nursing homes. In nursing homes, there usually should be two caregivers and a med tech; however, in many nursing homes, they train caregivers to practice Medtech, so when a rude staff/ a caregiver calls out, the other caregiver takes on the Medtech role. According to Jeffrey A. Pitman and Katherine E. Metzger, *Nursing Home Abuse and Neglect and the Nursing Home Reform Act: An Overview* states, “Nursing home residents suffer 1.9 million adverse drug effects events annually, 70 percent of which are preventable. As many as 86,000 of these events are fatal or life-threatening.”(Jeffrey A. Pitman, & Katherine E. Metzger 2018) During my first year of working as a caregiver, I had to train as a MedTech for two weeks and start on the floor without my medical licensing. While working with other staff, I often observed them popping pills ¾ hours before, so caregivers felt less work demand and instead getting the job done than delivering quality care; this indicates how risky and neglecting nursing homes are when it comes to as fatal as a medication error. Medication takes a huge toll, and the practice is so common in nursing homes that it puts residents' lives and health in danger.

Another reason abuse and neglect occur is the staff's lack of sensitivity and training. Most of the Caregivers I have worked with and interacted with in nursing homes were older adults. Most of them experience a language barrier and aren't trained enough to work with elderly adults experiencing cognitive health conditions. An etched memory while working in a nursing home, my staff and I were helping a hospice resident get out of bed; she was hospice and liked getting up late. She would usually be moody and in an attitude, but if you spoke with care and eloquence and explained what you were doing, she would help you out. As my coworker and I were done

getting her dressed and ready to walk out to the hallway, she insisted she didn't want to go and rather just stay in her room. Since the other co-worker tried hard to get her to come out, they had a little quarrel. The other coworker held on to her walker and forced her to come out. As I was riding and gathering garbage, the resident fell and landed on her left hip. It took about 5-10 mins for the nurse to arrive, and all there was done was an incident report and put her back in bed. This is a very few examples in nursing homes where residents are forced and left wounded. Jeffrey A. Pitman and Katherine E. Metzger's article also stated, "Every second of every day in the United States, an older adult falls, making falls the number one cause of injuries and deaths from injury among older Americans." It is also found that "Many falls do not cause injury. Still, one out of five falls does cause a serious injury such as a broken bone or head injury.³⁸ Each year, at least 300,000 older people are hospitalized for hip fractures." Falls occur daily, and they can also get unreported daily. This is a lack of sensibility, civility, and care from the nursing home caretaking system and the time they take to train their caregivers.

Elderly abuse and neglect will continue for generations, creating incivility for residents, families, and workers. These are only a few incidents in nursing homes; many other factors play into the role of residents not receiving quality care and adapting to live with the abuse and neglect. Individuals being cared for in institutions must have the right to respectful treatment and involvement in life decisions. The value of interactions between the various medical staff members and residents must occur in nursing homes to prevent caregiver burnout and elder abuse in long-term care institutions. Establishing an organizational culture that upholds and applies ethical principles in medical and nursing care is crucial for long-term care institutions. Health care personnel are required by law and ethics to report and stop cases of abuse. Elder abuse, which has a large negative influence on the quality of life, could be reduced dramatically by the management

team. A systematic and policy change must occur to create nursing home changes. Training and more resources should be available for both elderly and the nursing assistant. There needs to be a positive work environment where caregivers and residents can advocate for themselves and speak up for themselves. Nursing home managers must learn to be more civil towards themselves and their staff so that the team doesn't feel labored, overworked, and burnt out.

Respect for others, understanding how our actions affect others, and a willingness to cooperate for the benefit of everyone are characteristics of civility. Civility must be taught in schools for even the youngest to be exposed to what kind of adult mistreatment/abuse you experience. I have observed the positive impact of civility on residents and staff. While incivility is pervasive, even small acts of civility can be very beneficial. For example, my co-workers trained me to be a caregiver and to take good care of older adults. My trainee would always try to be on time; if not, she would let them know in advance and check on them, making them feel respected and cared for. They would be mindful of their likes and dislikes, such as extra milk and raisins with oatmeal to their favorite juice drink. They would also be very encouraging to the residents who were very sad and did not want to eat by offering them a cookie or milk where residents would feel cared for and would eat a little bit. From witnessing outstanding, compassionate caregivers, I have learned to always respect their choices and decisions and, most importantly, to treat them with respect. Every nursing assistant should be trained to respect residents' choices and decisions and treat them with respect and care.

Three possible solutions can be implemented to eliminate elderly abuse and neglect and the mediating role of caregiver burnout. Ensuring staff safety, Providing employee assistance programs and other support, and offering appreciation and enjoyable diversions. Nursing homes could ensure staff safety by making the testing algorithm available to the public, providing

personnel with proper PPE, including face shields for enhanced safety, and providing staff with quick COVID-19 tests upon request, Using newsletters, bulletin boards, huddles, stand-up and stand-down meetings, and information while rounding to keep employees up to date on breakthroughs, Encouraging employees to practice safety at home and to impart this knowledge to their family members. Make masks or hand sanitizer available. Often times when I arrived for my work, neither the residents nor the employees would not be aware of other residents who were experiencing sickness, which puts everyone at risk.

Providing employee assistance programs and other support is also crucial few ways nursing homes could imply providing are by offering a mental health specialist's services online or in person, Have to debrief sessions offered to employees prior they leave for the day to observe what difficulties they faced and what could be done in the future to prevent it from occurring. Lastly, establishing a private, stress-relieving space for personnel to use during shifts. My break room used to be a med room where we weren't allowed to eat inside, and the bathroom designated for the caregivers would often be used by residents since it was more assessable than taking them to their rooms. Working in conditions where there are frequent emergency settings and not being able to process and be calm at the moment also affects the quality of care a nursing assistant provides.

Nursing homes should start offering appreciation and enjoyable diversions by encouraging and supporting the identification of staff members genuinely worthy of special recognition by nursing facility patients and their family members. This would benefit the person and impact the caregiver's team to deliver that level of care and be recognized. Spread positive rumors through word-of-mouth using the phrase "positive gossip" so that managers may recognize employees who go beyond and above norms. Offer wholesome, energizing foods through the shift some caregivers

are performing without any food/ water. Accessible protein bars and water would motivate the employees and make them feel cared for by their managers.

In conclusion, each individual should practice civility in nursing homes. Everyone should be respectful of others, understand how one's/ our actions affect others, and be willing to cooperate for the benefit of everyone are characteristics of civility. We are all human beings, we all grow old, and we could end up in nursing homes. I want to be the voice of elderly demographics and my fellow certified nursing assistants facing this issue every day. I believe that addressing this issue more and having it out in public where everyone is aware of the uncivil actions will bring change in not only nursing homes but also the way we view the elderly's and respect them and their experiences they lived.

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