**Abuse among Elderly with Dementia in Nursing Homes: An Integrative** **Literature Review**

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**Abstract**

This integrative literature review focuses on abuse and/or neglect among elderly residing in nursing homes. Search engines such as Ebsco Host, Google Scholar, and PubMed were utilized to obtain relevant journal articles using the key words “elderly”, “abuse”, “dementia”, and “nursing homes”. Certain articles were excluded because the studies were not comparable. For example, some studies focused on other factors such as illnesses other than dementia or nursing home facilities but not in conjunction with abuse; however, this study focused on dementia concomitant to abuse. Also, some articles found were not full-text and were also excluded. Four studies were ultimately selected for the integrative review. These studies consistently reflected a high prevalence of abuse/neglect of elder patients with dementia. Abuse that was reported was in various forms, including but not limited to, physical and emotional abuse, neglect, isolation, and abandonment. A co-occurrence of depression and high mortality rates were also found. Very little research has been conducted that focuses directly on the elderly who have dementia and are at a higher risk of abuse. Abuse and/or neglect of these elderly patients is a humanitarian concern, as well as a public health concern. Further research is needed to drive improvement of treatment of elder patients with dementia in nursing homes.

Keywords: elder, abuse, dementia, nursing homes.,

Introduction

Elder abuse or maltreatment can be defined in a variety of ways, and is typically multi-dimensional- meaning that there are often overlapping forms of abuse1. Dementia includes many symptoms, including memory loss, loss of ability to communicate, loss of ability to pay attention or make judgment, and may also include many other functions that are impaired. Dementia has been identified as being caused by damaged brain cells. Several studies show that there is a direct correlation between dementia and elders that reside in nursing homes. One study also examined other possible joint effects of elder abuse in nursing homes, such as depression and higher mortality rates3. Types of maltreatment may include physical abuse, neglect, isolation, abandonment, emotional abuse, financial abuse, or any other behavior that can cause physical pain or mental suffering. Often, elder abuse is the result of a caregiver not aiding a dependent elder, leading to physical harm or mental suffering, which is more prevalent among elders in nursing homes1. For example, in one study, dementia was found to be 62% more prevalent in nursing homes1.

Elderly with dementia may be at higher risk of abuse1, 2. Despite the plethora of studies focused on elder abuse, few have assessed the prevalence among the elderly with dementia who reside in nursing homes, and none to our knowledge has conducted an integrative evaluation of the literature. As such, this integrative review was conducted to examine the prevalence of abuse among elderly with dementia residing in nursing homes. Integrative literature review is sparse in this topic, and more reviews are necessary, as it is an efficient way to summarize data and compare collective findings. Elder abuse is an important humanitarian issue, as well as a profound public health issue. These types of reviews present information in such a way that is easier for health care professionals to evaluate, which may lead to changes/improvements in this significant health crisis. Compassion, quality of life, cost, efficiency, improved healthcare outcomes – these are all factors that are at the forefront of healthcare, and elder abuse in nursing homes is under-represented focus in healthcare.

# Methods

The data selection process for this integrative review started with identifying articles through the following search engines: EBSCOhost, Google Scholar, and PubMed. Queries were conducted using the key words “elderly”, “abuse”, “dementia”, and “nursing homes”. The articles were then screened for eligibility for use in the review and certain articles were eliminated due to failure to meet the necessary criteria (i.e. study topic was not consistent, didn’t offer full text, articles were not written in English language). There were limitations on date ranges from 2000-2015 in the data search.

The data was then organized into two tables. For Table 1, the data was organized based on author and date, followed by sample size, study setting, study type, and definition of variable (elder abuse). Data was organized in ascending order according to article publication date.

The data was analyzed and reported primarily using odds ratios, confidence intervals, and percentages (for most of the studies). However, one of the articles reported results of surveys/interviews; therefore, such results are qualitative rather than quantitative.

## Results

There were four studies evaluated in this integrative review that met the criteria. In these studies, the sample sizes range from 45 to 21,6101, 2, 3, 4. The settings for the studies were elderly care homes/nursing homes. Two studies were retrospective case control studies1, 3, one was a cross sectional study4, and one study was a survey/interview2. Elder abuse encompassed many forms of abuse, including neglect, physical violence, malnourishment, psychological abuse, sexual abuse, and financial abuse cite

One study showed 82% of elders suffered from self-neglect and 16% suffered from multiple forms of abuse/neglect1. There was a high prevalence of dementia (62%) and depression (51%) among elders in nursing homes as well1. 40% of respondents in the interview study admitted to ignoring patient calls for help2. Another study reflected that patients admitted to hospitals from a nursing home had higher mortality rates than those admitted from home4.

Discussion

The purpose of this integrative review was aimed to examine the prevalence of abuse in nursing homes among the elderly with dementia. We evaluated four studies, including two retrospective case control studies1,3, one cross sectional study4, and one survey/interview2. Collectively, the studies reflected that there is a high prevalence of elderly abuse and/or neglect in such settings, and in some cases, multiple and overlapping forms of abuse were observed. In the Biquand and Zittel study, which interviewed nurses in nursing homes, several participants admitted to lower levels of attentiveness due to time constraints and lack of organization, which can further contribute to neglect/abuse2. In addition, Wolff et al. showed that elderly patients that were admitted to hospitals from nursing homes had higher mortality rate than those admitted to the hospital from their own homes. Similarly, co-occurrence of depression among such populations was as an emergent theme noted by Dyer et al (date).

Dementia is far more prevalent among elderly in nursing homes than those with alternate living situations. The Dyer et al. (date) study showed that 51% of the elderly nursing home patients observed also suffered from dementia. In the Wolff et al. study, 61.9%of the patients that were admitted to a hospital from a nursing home suffered from dementia versus 14.7% of patients that were admitted to a hospital coming from their home. With an adjusted odds ratio (AOR) of 3.34, elderly patients that reside in nursing homes are 234% more likely to have dementia than those who do not. Since dementia can be caused by damage to brain cells, we can conclude that cases of elderly abuse can exacerbate dementia in these nursing home residents. The nursing interviews conducted in the Biquand and Zittel (date) study suggest that neglect and abuse of elderly patients in nursing homes is a valid concern since many of them admitted to behaviors proving to be detrimental to the well-being of their patients. In general, disorganization of staff and limited resources are straining the system of care that is delivered to patients in healthcare settings, and may be particularly worse for the vulnerable elderly population. Increase in staffing, as well as more comprehensive training that encompasses a compassionate/therapeutic approach would not only greatly benefit the patients, but would also alleviate caregivers’ burden. It has been well established that good physical and mental health are linked to feelings of happiness and self-worth. In other words, it is likely that the lack of care, sympathy, attention, and love are contributing to the ill status of these elderly patients. Feelings of helplessness and isolation are hindering their ability to be happy, which also indicates why depression is also a co-factor in the abused/neglected patients.

The variables and settings represented in each study showed that the literature is consistent in the findings for elder abuse among dementia patients in nursing homes. Almost all of the studies used in the literature review included the various forms of abuse (physical, mental, neglect, etc), and all of the settings of the studies were elder care homes/nursing homes. Future research is important, as awareness can lead toward change. Elder abuse is a public health and humanitarian crisis. Therefore, the important aspects to consider are health outcomes, cost of care, strategic program planning, training, and most importantly, improving the quality of life for these elder patients.

As with any study, there are strengths and limitations to this integrative review. This literature included in this study was limited to those written in English, confined to articles from 2000-2015, as well as those for which the full text was available. Furthermore, the low sample size of some of the studies has limit the ability to infer strong conclusions. Another limitation of the literature is the lack of studies that report results of interviews of healthcare workers in the nursing care settings, as they provide a very candid view of the actual conditions of the facilities and can identify the sources of abuse and neglect. A potential strength of this study is the audience that it may capture~~.~~ It could capture a broader audience because it is not only a public health issue, but also a humanitarian issue. The elder population deserves compassion, quality care, safety, and respect during their stay in a nursing home. Hopefully further studies and reviews will prompt necessary improvements.

**Conclusion**

Throughout the integrative review we examined the prevalence of abuse in nursing homes among the elderly with dementia. Between the four relevant studies we found that there is a high prevalence of elderly abuse and/or neglect. Due to the low sample size of reviews found we lack the ability to infer a strong conclusion. Further studies and research needs to be conducted and the focus of the studies need to be targeted at the specific group of elders with dementia. Improvements can be made to reduce the overall rates of abuse among the elderly population in nursing homes with dementia by implementing new programs. Some programs that can potentially be implemented would include; organization among the staff schedules and duties and reoccurring trainings, increase staffing to allow for proper care for each patient, satisfactory reports among the patients. Between these three new implementation examples there could be an improved service to those patients as well as reduce the prevalence of abuse/ neglect.

**References**

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durch ambulante Pflegekrafte (Abstract in English)

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**Appendix A**

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| Author, date | Population and sample size | Setting (hospital, nursing home, etc.) | Study type (case control, cross sectional, interview, etc.) | How was your primary variable defined? |
| Dyer et al, 2000 | Population = 65 years or older. N = 65. | Hospital, Houston, TX. | Case Control Study | Elder Abuse- encompasses mis-treatment, including physical, psychological, financial, and sexual mistreatment. Found- Introduction |
| Rabold & Gordon 2007\* | Population = In homecare employees. N = 503 nurses | Hanover, Germany | Cross Sectional Study | Elder Abuse- In need of care. Found- Abstract |
| Biquand & Zittel 2012 | Population = Nurses working at Geriatric Institutions. | Hospital, Paris, France. | Interviews, Qualitative | Elder Abuse- Maltreatment and abuse. Found- Discussion. |
| Wolff et al, 2015 | Population = 65 years or older. N = 21,610. | Hospital, NHS, London. | Retrospective Case Control | Elder Abuse- actual abuse in the form of violence, neglect in the form of drinking, feeding and toileting. Found- Introduction |

**Appendix B**

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| **Author, date** | **Results** |
| Dyer et al, 2000 | * 45 cases of abuse/neglect studied in nursing homes, control group of 97 * 82% self-neglect * 16% of cases were deemed multiple types of neglect * 62% patients suffered from depression * 51% of patients suffered from dementia * AOR for depression 3.34 (234% more likely), 95% CI 1.54-7.2 * AOR dementia 4.08 (308% more likely), 95% CI 1.62-10.27 |
| \*Rabold and Gorgen, 2007 | * 40% respondents (in-home care workers) reported having abused or neglected at least one patient in the last 12 months |
| Biquand and Zittel, 2012 | * “When the bell rings, calling from a patient’s room, I sometimes do not go…I have no time” * “I like my job and I like working with the elder people but the work conditions are deteriorating” * The failure to organize work for the sake of the patient as a whole leads to discomfort, maltreatment, and abuse |
| Wolff et al, 2015 | * Dementia in patients admitted to hospitals from elderly care homes is 61.9% vs 14.7% admitted from their own homes * In-hospital mortality for patients admitted from elderly care homes is 14.2% vs. 6.0% of those admitted from their own homes |