ABSTRACT

ELDER ABUSE IN SKILLED NURSING FACILITIES: A QUALITATIVE STUDY WITH OMBUDSMEN FROM FRESNO, MADERA, AND MERCED COUNTIES

The following thesis is a research study that aimed to find measures on how to both combat and prevent elder abuse and neglect in skilled nursing facilities (SNF). Elder abuse and neglect are currently becoming a worldwide issue that the World Health Organization has currently recognized as a health crisis. The United States has contributed to the problem of elder abuse with continuing the discriminatory act of Ageism that formed during the industrial revolution. The United States has tried to combat this social justice issue with the passing of the Older Americans Act in the 1960s, which formed the Agency on Aging, which created Long-Term Care Ombudsmen program. The Ombudsmen are advocates that represent the residents of SNFs. The literature proved that even with procedures in place, elder abuse and neglect continues in the United States. In order to better understand how to combat and how to prevent elder abuse and neglect in the central San Joaquin Valley, the researcher conducted a qualitative study with a with five Ombudsmen from Fresno, Madera, and Merced counties. Using grounded theory, relevant themes were extracted, and yielded suggestions of why abuse exists in SNFs, how to combat elder abuse and neglect and how to prevent it in the SNFs in this region of California. This thesis will show that these themes extracted pertaining to the cause of elder abuse in SNFs are directly related to social work ethics, and the suggestions on how to prevent the continuing, in addition, relate to the social work values of service and human relationships.

Jenny Turner
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ELDER ABUSE IN SKILLED NURSING FACILITIES: A QUALITATIVE STUDY WITH OMBUDSMEN FROM FRESNO, MADERA, AND MERCED COUNTIES

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CHAPTER 1: INTRODUCTION

Elder abuse is a social issue that is currently being experienced by victims in both the United States and worldwide. The World Health Organization (WHO) has declared that elder abuse is a violation of human rights (Dong & Simon, 2013). Elder abuse can occur in the home as well as institutional settings such as assisted livings or skilled nursing facilities. This study concentrated on elder abuse in skilled nursing facilities (SNF). Approximately 10% of elders residing in SNFs have experienced abuse (Schiamberg et al., 2011). People living in SNFs are predominantly elders who need 24-hour medical care for either physical or cognitive reasons, which could leave these elders more at risk of being victims of abuse (Schiamberg et al., 2011). There have been policies, guidelines, and legislation created in order to prevent and combat the abuse in SNFs; however, abuse still exists in SNFs in the United States.

In order to better understand why the abuse occurs and possible solutions of how to prevent the abuse, the researcher interviewed Long-Term Ombudsmen. These are a group of paid staff and volunteers whom advocate for all residents whom reside in SNFs. This allowed a first-hand, yet an objective perspective of elder abuse in SNFs. This took place through a qualitative interview process with the Ombudsmen, and analyzed the data through grounded theory to find themes that explained reasons behind the abuse, what tools can be utilized to prevent and combat the abuse, and what laws are helping or hindering concerning abuse in SNFs. This research is important for social work study because the elderly population is vulnerable, and the research could be the basis for training programs for staff, and create an understanding of why elder abuse continues to occur in SNFs. This is applicable for nursing staff, administration, and social workers for the purposes of providing educational tools to efficiently detect and prevent future abuse.

Problem Statement

There are current policies and procedures in place to prevent and report elder abuse, such as mandated reporting by nursing staff and general staff, or the state of California's ability to fiscally punish facilities that do not follow procedures; however, the problem of elder abuse continues to exist in SNFs. The problem lays within the individual SNFs concerning both the nursing staff, and general staff (e.g., cooks, housekeeping, janitorial), and their training concerning what elder abuse is, and when they are required to report it. In addition, concerns over all SNFs staff's values, such as the ability to feel empathy towards the residents, and attitudes the staff has towards their occupation in general. These problems, concerning the nursing staff specifically, are essential to solve because they are the primary caregivers to the elderly in a SNF setting. This problem is a violation of an individual's right to feel safe in their home. Even though the individual is residing in a SNF, the individual's section of their room is still considered their space and home by law, thus they need to feel safe while residing in the SNF.

Background

The evolution of how elder abuse became recognized as a social problem in the United States began in the 1960s. According to the National Committee to Preserve Social Security & Medicare (NCPSSM) (2018), in order to help prevent the victimization of the elderly, and to help the aging population with aging issues such as rising healthcare costs, pension coverages and employment opportunities, the Senate Committee on Aging was established in 1961. Following the establishment of this committee, the Older Americans Act of 1965 was enacted. This act created funding for such programs as meals on wheels, in-home support services, legal services, and transportation services. The programs were created to assist the elderly to enhance their independent daily living. These committees were also responsible for creating elder abuse intervention programs,

therefore giving validity to the reality of elder abuse (NCPSSM, 2018). The first-time elder abuse was ever recognized by the medical community was in 1975. Burston (1975), a physician, described "Granny battering", and how people had become increasingly concerned with children being abused, yet no one was concentrating on the older individual. He was able to bring attention to elder abuse as both a social issue and medical.

During the approximate time the British were acknowledging elder abuse as a social issue, Butler (1975), also observed the phenomenon of the victimization of the elderly in the United States. He described the victimization of the elderly on a broad scale, from being victims of violent crimes to victims of fraud. As a person ages, some senses such as hearing and vision, have a greater risk of becoming impaired. This can leave the elderly vulnerable to theft and even assault. According to Butler (1975), in 1970, in Washington D.C., 25% of the population was age 50 or over, and they accounted for 35% of victims of crime. Butler (1975) continued to describe another type of criminal victimization against the elderly; fraud. Even though there had been subcommittees created in 1966 to help combat fraud against the elderly, some people continued to defraud the elderly with medical 'miracles' for their ailments, pharmaceuticals, and appliances to make their lives easier. In 1973 the elderly spent 10 billion dollars on cancer cures, arthritis remedies, and other medicines that were promised to cure them. Butler (1975) was able to show the need for government intervention.

According to Madden (1995), the first time that the government expressed interest in elder abuse as a public issue was in 1978, with a report from the Sub-Committee on Aging. This report was able to prove elder abuse was a growing issue. According to an additional report by the United States House of Representatives (1985), it was indicated who was abusing the elderly, why they were abusing them, how states were not following up with the reported abuse, and possible federal interventions. This report also gave

definitions of abuse, testimonials by elderly victims, proof of a lack of reporting laws by the states, possible reasons behind the abuse, and proposed laws for abuse prevention. The report said that elder abuse is far less likely to be reported than child abuse, while one out of three child abuse cases were reported, only one out of six elder abuse cases were reported. The report also saw that family members were the people most likely to abuse their elder, followed by the spouse (United States House of Representatives, 1981). Since this landmark investigation into elder abuse in 1981, subsequent reports by the Committee on Aging has produced many changes concerning elder abuse and led to more efficient reporting laws and stronger Adult Protective Service (APS) programs on the state level; however, federally, elder abuse continued to be underreported. The Federal Government continued to be involved minimally in elder abuse programs. For example, they have created programs such as APS, and require the states to maintain this program, but did not require policies and procedures to protect the elderly and create a standard to combat elder abuse (United States House of Representatives, 1985).

Elder abuse can happen in either a private setting, such as the home, or in an institutional setting, such as an assisted living facility or SNF. For this study, the concentration was on elders (65 years of age or older) in the institutional setting of a SNF. The size of the problem is unkown, due to the fact that this is underreported for a number of reasons including that the population is sometimes not cognitively aware that they are being abused, fear of retaliation, and lack of education. The amount of reported abuse stands at approximately 10% of the elder population residing in SNFs (Schiamberg et al., 2011).

According to the Social Work Policy Institute (2010), Federal law (42 CFR 483.15), requires every SNF to have a social work department. When there is an accusation of abuse in the state of California, there is a four pronged approach for mandated reporters. All staff who work in a SNF are considered mandated reporters.

This means that if they witness abuse of any kind, including abuse from resident to resident, they must report the abuse to the proper authorties (State of California Department of Justice, 1999). The California Long-Term Care Ombudsmen Association, State Long-Term Care Ombudsmen, Ombudsmen Services of Northern California, collectivly created a four pronged approach to reporting abuse (See Appendix A). The procedures are as follows. First, if the accusation concerns non-physical abuse (financial abuse, isolation, mental abuse, neglect), the mandated reporter and or SNF is suppposed to report the incident to the Ombudsmen office, or law enforcement within two working days of the incident. The second is for physical abuse that caused bodily injury, which needs to be reported by the mandated reporter or SNF to law-enforcement immediately, in addition a report must be made to the Ombudsmen office, and California State Licensing Board within 2 hours of the incident. The third point in the approach occurs if it is physical abuse that did not cause bodily harm, then a report must be made to law enforcement, the Ombudsmen, and the state licensing agency within 24 hours. Lastly, if the physical abuse is done by a resident who has been diagnosed with dementia towards another resident, then a report must be made to law enforcement or the Ombudsmen office within 24 hours (see Appendix A). The Ombudsman office is notified because they are localized agencies that can be on site faster than a state representative, and are specifically trained to advocate for the elder's rights in institutional settings. These current standards are effective to an extent; however, they do have faults. For example, these measures take place after abuse has occurred, meaning that it is not preventative, they are simply the procedures in which to follow if abuse is witnessed. The length of time to report some incidences (2 days), is long enough for most people to forget details of the incident, even the nursing staff, thus an elder with possible cognitive impairments may not remember any part of the incident. This increases diffuculty in investigating the abuse, and the case could be closed.

Mandated reporting procedures is one of the strongest weapons that California has to combat abuse; however, it is not a preventative measure. The current preventative measures the state employs for SNF staff and nursing staff is one informative video, a pre and post test, and an information packet (State of California Department of Justice, 1999). Some SNFs will ask for additional in-service meetings from state agencies to teach about abuse; however, it is not mandated. In order to try and prevent abuse there are assault laws and additional charges can be brought against the perpetrator if they assualted an elderly person. Again these laws are punitive; the goal of the law is to deter people from performing the act; however, this is still not a preventative measure. Therefore preventative measures are lacking when it comes to elder abuse in SNFs. This shows that the current system still has flaws that need to be researched and investigated. In order to have a better understanding of the problem and how to solve it, research needs to be conducted with the people that have frequent contact with the abused individuals and facility staff. For most of the United States, and specifically California, these people would be the Ombudsmen. They have special training concerning signs and symptoms of abuse in SNFs. The Ombudsmen could have an insightful approach to causation and prevention of elder abuse in the SNF environment.

Purpose of the Study

The purpose of this study was to increase the knowledge of why and how to prevent elder abuse in SNFs, in addition to see if the laws are sufficient enough in combating and preventing elder abuse in SNFs. The study discovered possible reasons and causes behind elder abuse, and possible educational tools that facilities can use to train the nursing staff and general staff, about elder abuse. In addition this study answered the question as to whether the current laws are enough to prevent and combat the abuse. This study is important because elders who reside in these SNFs probably

suffer from ailments, physical or cognitive, that prevent them from either accusing their abuser or defending themselves. The goal should be for people to have the right to feel safe where they reside, and living in fear because someone is abusing them is a violation of that right. The benefits of this study will help close a gap in training and educational tools, and suggest what laws could regulate the abuse more efficiently. This study aimed to find these gaps, and to understand why it is still happeneng, whether it be nurses attitudes towards abuse or stricter laws concerning elder abuse, and the answers will help create a deeper understanding and could create efficient tools to help lower abuse in SNFs.

Conceptual Framwork

One of the conceptual frameworks that was used for this study is modernization theory, which provides an understanding, historically, of how modern society views the elderly. Modernization theory is able to explain how the elderly population used to be revered as wise persons full of knowledge; people to speak with concerning advise (Hendricks, 1982). When the industrial age began, production sped up and life itself became fast paced. Elderly adults lost their positions of power to the younger generation (Hendricks, 1982). Modernization led to the second conceptual framework of Ageism. Ageism is discrmination against the elderly. Ageism is the common stereotypes that a society believes of an elderly person, such as they are forgetful, they are slow moving, and their ideas are antiquated (Dobbs et al., 2008).

Modernization and ageism are both conceptual frameworks that are on a macro level, thus on a micro level, trauma theory was used as a framework. Social workers are bound to follow a code of ethics, and these ethics guide the social worker on social justice issues. Abuse applies to these ethics, and could create trauma for an individual who feels they are powerless to help themselves. These traumas also could lead to issues

such as depression, anxiety, and physical injury, which can be exacerbated in the elderly population (Briere & Scott, 2015; Kleber & Brom, 1992; Tseris, 2018).

A secondary conceptual framwork that was used in this thesis, was the lack of definitions concerning elder abuse in SNFs. The definitions of abuse vary from state to state within the United States. There are Federal Government agency definitions; however, these definitions are only guidelines for the states to follow. These guidelines are not enforced by the Federal Government. This has proven to be confusing amongst nursing staff within the facilites, and has possibly created unclear understanding of regulations and laws for staff, families, and administators throughout the SNF communities.

An additional secondary framework used was legislation. Legislation has been created throughout the years in order to battle against elder abuse. Since the 1960s the United States has been continuing to make efforts through laws and regulations to ensure the safty and well being of elders. Committees have been formed in order to regulate these laws and regulations on both Federal and state levels.

Relevance to Social Work

According to Dong and Simon (2011), the elderly are a vulnerable population that are in danger of having their fundamental rights of being safe from abuse violated. Therefore, they are among the populations that the social work profession is supposed to protect. According to the National Association of Social Workers (NASW), (2018), the social work profession prides itself on core values that are needed in order to deliver the best service towards the vulnerable clients. One of the core values that is addressed related to the social issue of elder abuse is dignity and worth of the individual. In social work practice, it is a principal or value that all humans deserve dignity, and all must be treated with respect as an individual. Elder abuse is in direct violation to this value, thus

it must be addressed. The importance of human relationships is another core value that is related to elder abuse. The relationship between elder and caregiver, (i.e. nurses in SNFs), is central, and an essential piece of the puzzle concerning elder abuse. Building this relationship and nurturing it by having an in depth understanding concerning the nurses plight, is crucial for both elder and caregiver. The third core value of social work that is essential to elder abuse is social justice (NASW, 2018). Therefore, social workers have an obligation and duty to ensure the safety and well being of this population.

This study and its recommendations will be relevent for social workers, because it looked at the problem concerning a social justice issue. The suggestions came from an ecological systems theory perspective concerning both caregiver and elder, as well as methods on how to prevent and combat elder abuse. These are theories that are essential to social work. Looking at these systems and methods as a whole, will help better define the cause of the problem, and will hopefully give a well informed solution. The answers to the causation of elder abuse could further social work because the social work departments within the SNFs could have a better understanding of the nursing staff and elders, and can advocate for both towards the administration and change certain policies within the facility. The study could also help social workers in APS or the Ombudsmen offices nation wide to help create effective tools and training for facilities in their state or area.

This study will empower the elderly community and their families by producing helpful training tools that SNFs could use to both prevent and combat elder abuse. This could relieve fear, in the elder, of the possiblity of having to be placed in a SNF, even temporarily, by bringing a clearer understanding of elder abuse in SNFs. This study could also educate a family member on abuse, by showing them what to look for when it pertains to abuse in SNFs.

Summary

This study focused on elder abuse in SNFs. The study used qualitative interviewing as a method, and used grounded theory to find themes. These themes will help social workers, nursing staff, and family members have a better understanding of elder abuse in SNFs. The themes produced explanations concerning the abuse, for example nurses attitudes towards abuse, lack of abuse education, state law, or definitions. This study could help produce possible solutions towards preventing elder abuse. These solutions could include education or adminstrative changes to current policies. The conceptual framework and background used, created an understanding of how the United States has evolved in a way that does not value the elderly population as contributing members of society, and explain some confusion with elder abuse definitions. This study could help social workers uphold the core values of social work and create a competent solution on how to both prevent and combat this social issue. In chapter two these frameworks along with empirical evidence will be discussed to show that there is a problem with elder abuse in SNFs, what are possible causes, solutions that have been discovered, and gaps that continue to exist.

CHAPTER 2: LITERATURE REVIEW

Elder abuse which includes physical abuse, emotional abuse, psychological abuse, sexual abuse, financial abuse and neglect is currently a social problem both globally and in the United States (Lachs &Pillemer, 2015). This problem also endangers the lives of the elderly who live within SNFs. There are certain variables that can make an elder more vulnerable than others, such as race, gender, cognitive ability, financial status, and family involvement (Pillemer, Burnes, Riffin, & Lachs, 2015). Some of the studies found that cognitive ability was a mitigating factor (Schiamberg et al., 2011), others found that a mitigating factor was low-social support that increased vulnerability, as well as low socioeconomic status (Acierno et al., 2010). This chapter will concentrate on past studies that have been conducted concerning elder abuse in SNFs in the United States. Through the research conducted for this literature review, certain themes were found that illustrate the problem of elder abuse in SNFs. The chapter will give definitions of abuse and how they vary from state to state, the nursing staff's attitudes towards elder abuse, abuse in SNFs, and what recent efforts have been made to prevent or combat abuse in SNFs through training. This chapter will show that elder abuse is currently recognized on both federal and state levels as a public health issue, and in order to combat and prevent the abuse, agencies and laws have been created. Unfortunately, it will also show that elder abuse is still occurring in SNFs. The empirical research is predominantly conducted with family members or the nursing staff, not with the elderly individual who resides in the SNFs themselves. This creates a gap, however in order to protect the vulnerable, it would be unethical to interview the elderly who currently reside in these facilities; therefore, gaps in literature still exist. This study attempted to close those gaps by seeking knowledge from first responders of abuse accusations in SNFs.

There were agencies in place in the United States concerning the elderly and victimization beginning in 1961 with the Senate Committee on Aging being established. Following this committee was the Older Americans Act of 1965. This act was able to fund such programs as meals on wheels, in-home services, legal services, and transportation services, and elder abuse prevention programs for the elderly to enhance their independent daily living (NCPSSM, 2018). Regulations concerning skilled nursing facilities were not in effect on a federal level until the Omnibus Budget Reconciliation Act of 1987, where a federal framework was created to help combat elder abuse in SNFs (Lachs & Pillemer, 2015).

The types of abuse that were examined in this study are physical, emotional, sexual, financial and elder neglect. Neglect and emotional abuse can be viewed as subjective, thus in this review and study, it will be well defined with examples. If elder abuse is not addressed, this could become a public health issue with older adults becoming sick with communicable diseases. This can also become a costly issue for the public. As prosecution is increasing, government agencies have been created to investigate and regulate elder abuse; therefore, for every accusation and case of abuse, the United States tax payers are paying for it, with an approximate cost of $50,000 per prosecution (Brent, 2015). The importance of elder abuse has been recognized as an increasing social issue with the United States. President Barack Obama, in 2012, hosted World Elder Abuse Awareness Day, and proclaimed a national awareness day (Dong & Simon, 2013). This study examined elder abuse in SNFs because the people living in SNFs are the people that need 24-hour care for numerous reasons. The reasons can range from family physical incapability (e.g., fall risk, stroke, Parkinson's) to decreased cognitive ability (e.g., Alzheimer's, dementia). Since, these populations are at times unable to speak or defend themselves, they are at a higher risk of being a victim. The nursing staff, which includes, Registered Nurse (RN), Licensed Vocational Nurse (LVN),

and Certified Nursing Assistant (CNA), within the facilities are the caregivers; therefore, it is also important to understand the nursing staff attitudes, backgrounds, and job concerns. Due to licensing issues, CNAs are not always considered a part of the nursing staff in medical atmospheres, however in the SNF community they are. Therefore, for the purposes of this study, when the term "nursing staff" is used, this includes CNAs, unless otherwise specified.

The United States currently recognizes that elder abuse is a social issue, and both federal and state governments have placed legislature and policies in place to both prevent and combat this issue; however, the abuse continues. According to Acierno et al. (2010), slightly more than one out of 10 people have a family member or loved one that has experienced a form of elder abuse. Most of the empirical research that has been conducted concerned the education and training of the caregivers i.e., the nursing staff. Thus, education and training of nursing staff appears to be a prime solution to prevent and combat elder abuse in SNFs. Most of these studies either interviewed the nursing staff or a family member of the elder; both are good sources of information. The research conducted in this thesis contributed to the studies by expanding on those that came before. The thesis accomplished this by interviewing Ombudsmen who work with elder abuse in SNFs on a daily basis.

Conceptual Framework

There are three primary frameworks that were used in this thesis, and two secondary. In order to properly understand why elder abuse continues to exist in modern society, it is important to understand the concept behind the abuse. In addition, it is also important to describe why the social work profession needs to be involved in elder abuse because of the above-mentioned ethics. The conceptual theories that were used to create

a framework as to why elder abuse occurs are modernization and ageism. Trauma theory was used in order to justify the social work concern.

Modernization

According to Hendricks (1982), modernization theory, on a macro level, has become accepted as a possible reason behind current mistreatment of the elderly. Modernization theory is able to give an explanation into the ways in which society perceives and treats the elderly. Modernization theory places its roots in the industrial revolution of the mid to late 1800s. Modernization theorizes that before the industrial revolution, that the elderly were active and valued people in society. They held positions of power in families and were valued in economic and emotional roles, thus earning universal respect. They were perceived as wise and held positions of power in their communities; the wise chief, grandmother or grandfather. Hendricks (1982), continues to explain once the industrial revolution was at its peak, the elderly roles appeared to change. For example, assembly lines were created that required faster workers with no aliments in order to keep up with production. This meant that the older workers were unable to keep up with production, and younger workers became dominant. This created a schema that the elderly were a burden, financial risk, ignorant of modern ideals and practices, physically impaired, and cognitively inferior. This point of history could be argued to be when the devaluing of the elderly began.

Ageism

In addition, with the consistent devaluing of the elders due to modernization, a new type of discrimination was created called ageism. According to Dobb et al. (2008), ageism stigmatizes the elderly as being a burden because of diseases, cognitive impairment, and no longer being able to work and contribute to society. This has led to an attitude in society of labeling the elder individual as a second-class citizen, and created

a distinction between the “young” and “old”, where the young are the dominant culture, and is able to discriminate. Ageism is a particular ironic type of discrimination, because all of society will one day be elderly regardless of race, culture, are economic status (Dobbs et al., 2008). Understanding the concept of modernization, which help develop ageism, could explain why some caregivers in SNFs either witness abuse and do not report it or they commit the abuse themselves. If caregivers, family members, or staff have a preconceived notion that the elderly are not valuable, then neglect or abuse may be justified.

Trauma Theory

The third conceptual framework concentrates on the micro level. The recognition of PTSD by both the psychological community and the medical community during the late 1970s, has developed trauma theory (Tseris, 2018). This theory has been able to help explain and treat individuals suffering from mental illness, PTSD, anxiety, and depression. According to Briere and Scott (2015), trauma either experienced by an individual or witnessed by an individual, can have long lasting psychological effects. Trauma can also include a person who has experienced loss. In the case of the elderly being placed in a SNF, this could mean loss of their freedom, and the capacity to make their own choices such as when to go to the bathroom, or the food they eat. Being neglected is a type of psychological trauma, which a form of abuse as well. These psychological traumas can lead to mental issues such as depression, anxiety, and PTSD (Acierno et al., 2010; Briere & Scott 2015). According to Kleber and Brom (1992), these mental issues could also lead to physical ailments, such as heart problems, and the elderly are in the primary age category where these health issues are already exacerbated. This increase their chances of falls, which could lead to a physical injury and possibly cause death. Physical trauma can also lead to prior mentioned mental issues, in addition to

medical issues that could result in invasive surgeries or death. Something as simple as a skin tear for an elderly person could be detrimental to their health.

Trauma has three aspects that an individual experiences. These are powerlessness, disruption of one's experience, and extreme discomfort (Kleber & Brom, 1992). Social workers are bound by their ethics of social justice, service, and dignity and worth of the person; these ethics in action would be to help people who are powerless and unable to represent themselves (NASW, 2018; Tseris, 2018). As mentioned above being placed in a SNF could be traumatizing to an elder because of the loss of power over their lives. Social workers also have the opportunity to become clinicians who will treat people who have experienced trauma and are seeking help.

Legislation. It is important to recognize that the Federal Government, in the past 60 years or so, has created legislation to try and combat ageism and the repercussions of modernization and trauma concerning the elderly. Legislation may not be a prominent part of the conceptual framework; however, it is a part of concept because this shows the government is still working to combat the ideals of modernization, in addition ageism, and trauma among the elderly population in the United States.

According to Dong and Simon (2011), the two most important pieces of legislation for elder abuse are the Older Americans Act, which helped develop and give money to long-term care Ombudsman programs, APS, and the Violence Against Women Act, which provides funds and grants to persons who are experiencing elder abuse. The most recent legislation that has been passed concerning elder abuse in the United States is Elder Justice Act (EJA), which was developed in 2002 and enacted in 2010 with the Affordable Care Act (Dong & Simon, 2011). The EJA is responsible for providing grants and incentives for long-term care staffing, sponsoring and supporting training services, reporting, evaluation of elder programs, and bolstering APS funding to better serve those

experiencing elder abuse (Dong & Simon, 2011). The Older Americans act in 1965 created the Administration on Aging, which is the agency that is responsible for monitoring these legislations and ensuring that funds are properly distributed (Administration for Community Living, 2017).

Elder abuse defined. An additional secondary concept, is the definitions that currently exist concerning abuse. Multiple definitions exist concerning elder abuse, with the definitions varying from state to state. The multiple definitions are mentioned as a part of the conceptual framework because the varying definitions, could be part of the problem in combating elder abuse. Therefore, the concept of having so many definitions, has thus, created part of the problem. These different definitions are described below.

According to Lachs and Pillemer (2015) there are five types of abuse. The different types are as follows,

> 1) physical abuse, which is when acts are carried out by an individual with the intent to cause physical injury. 2) psychological or verbal abuse, these acts are carried out to inflict emotional pain or injury. 3) sexual abuse, which is defined as nonconsensual sexual contact. 4) neglect is also a form of abuse, which is when the designated caregiver doesn't meet the needs of the elderly person. 5) financial abuse, which involves the misappropriation of the elder's money or property. (Lachs & Pillemer, 2015, p. 1947)

According to Lachs and Pillemer (2015), there are descriptions of these five types of abuse that have common characteristics with other definitions of abuse, such as neglect. Neglect encompasses withholding food and medication, isolation of the elder from either society, or their friends and family. These actions can manifest into a malnourished individual with poor hygiene who is possibly suffering from dehydration and delirium. The examples of physical abuse are striking, pushing, shoving, choking,

burning the skin, which can manifest into abrasions, lacerations, bruises, and fractures. Psychological or emotional abuse can be a subtle type of abuse and is described as withholding food, medications, or belittling and or humiliating the elder. Lachs and Pillemer (2015), continue to describe psychological abuse as being difficult to detect because this form of abuse can be well hidden as it does not leave a mark on the skin or a "paper trail" for an individual to find. Psychological abuse is predominantly a hearsay type of abuse that requires an eyewitness account; however, there are still repercussions from the abuse that can be noticed with the elder such as the elder developing depression or anxiety. According to Lachs and Pillemer (2015) and Hardin and Khan-Hudson (2005), financial abuse can include confiscation of pensions, social security checks, saving and checking accounts. It can also be in the form of not allowing the elder access to these funds, or restricting their access. The signs of financial abuse are the inability to pay for essentials for their health such as medications, medical expenses, food, rent, mortgage, or a failure to renew prescriptions and keeping medical appointments. Unpaid utility bills, malnutrition, depression, and unexplained worsening of a medical condition that was once under control, are also signs of financial abuse. Lastly, there is sexual abuse. Sexual abuse can also have a physical effect on the elderly that nursing staff and general staff in SNFs should be aware of, such as bruising, torn skin, and skin irritation. Similar to physical abuse, the signs of sexual abuse can be bruising, abrasions, lacerations, along with an acquired sexual disease and urinary tract infections (Hardin & Khan-Hudson, 2005; Lachs & Pillemer, 2015).

Federal definitions of abuse first appeared in 1987 with amendments to the Older Americans Act. If a caregiver or a physician is needing some guidance concerning what is abuse, there are the federal guidelines the government has set forth to standardize what constitutes abuse. Each state has their own definitions of elder abuse. The closest Federal definitions found by this researcher came from the Centers for Disease Control

and Prevention (CDC), (2018). The following is how the CDC currently defines elderly abuse; however, these are guidelines only, not universal federal law. 1.) Physical abuse, inflicting or threatening to inflict physical pain or bodily injury, that causes functional impairment through kicking, biting, striking, beating, etc. 2.) Emotional or psychological abuse, inflicting mental pain, anguish or distress through verbal or nonverbal acts, including humiliating acts or limiting access to resources such as the telephone. 3.) Sexual abuse, unwanted sexual contact of any kind coercing or forcing a sexual act with an elder. 4.) Financial abuse or exploitation, misappropriations of or taking of elder's funds that benefits someone other than the elder. 5.) Neglect, refusal or failure by those responsible to provide food, shelter, and health care (CDC, 2018). For a more accurate definitions of abuse in a particular state, check the state's center of public health and human services.

With so many definitions of abuse varying from state to state, and no Federal definition, this concept could be part of the problem. According to Pickering, Ridenour, Salaysay, Reyes-Gastelum, and Pierce (2017), with no solid agreed upon definitions from the Federal Government, the states have been left to create their own definitions. This has created a difficulty for people trying to fight elder abuse because it is difficult to fight a concept, rather than a defined problem. One part of the fight to prevent elder abuse is a universal concrete definition, and at this point in time, the United States is lacking. Allowing all 50 states to have their own definition has shown to confuse the public, caregivers, family members, and nurses on what is, and is not abuse (Pickering et al., 2017). With so many definitions of abuse, this can complicate addressing the issue both domestically and institutionally, and the first step to combat this mistreatment is to have a universal definition (Madden, 1995).

Definitions can also be determined by the culture that is defining elder abuse, and this can misappropriate rights. An example of this misappropriation is in some Sub-

Saharan Africa societies. For example, in these Sub-Saharan Africa societies, seizing the property of women who are divorced or widowed from their husband is not uncommon, even if they had cultivated that land for many years. Therefore, cultural variations can exist in the above five forms of abuse and can influence the definitions (Lachs & Pillemer, 2015; McFerson, 2010).

Empirical Framework

Abuse in Skilled Nursing Facilities

As more American's reach the age of 65, some families are unable to take care of their elderly, and are rendering their relatives to facilities and institutions (Hardin & Khan-Hudson, 2005). Family members placing their loved ones into SNFs is not a recent concept. From a historical perspective, Garvin and Burger (1968), were able to notice that the people of the United States were placing their elderly family members in SNFs at an alarming rate, thus becoming a common solution for many families concerning their elderly. According to Garvin and Burger (1968), the conditions in which these SNFs and its residents were kept were also deplorable. For example, Garvin and Burger (1968) described many stories of relatives finding their paralyzed loved one with flies around their mouth, being soiled with urine, afflicted with bed sores, suffering from poor nutrition, and laundry not being properly washed. Garvin and Burger (1968) were writing of issues that are still being spoken of today concerning the quality of care and elder abuse in SNFs. There have been many improvements because of advocacy from the Administration on Aging and the Special Committee on Aging, which has helped produce many government hearings that have created new legislature, standards, and guidelines concerning the elderly, elder abuse, and SNF conditions (Administration on Aging, 2017 & United States Senate, n.d.); however, most are still only guidelines and standards. The federal standards are currently not the requirements for individual states.

These Federal standards, from state-to state, are not being followed even though the facility is receiving the Medicare/Medicaid funds (United States House of Representatives, 1975). It was not until the Omnibus Budget Reconciliation Act of 1987 where a federal framework was created to specifically help combat elder abuse in SNFs, such as requiring a state or local agency to conduct one unannounced inspection and visit to each facility every year. In addition to unannounced inspections, punishments for facilities that do not follow state standards were also created in the Act, such as, the facility losing Medicare funds if the facility is not following regulations; however, even with these regulations in place, the problem of elder abuse in skilled nursing facilities still exists (Lachs & Pillemer, 2015; Omnibus Budget Reconciliation Act, 1987).

According to Conner et al. (2010), there are certain risk factors that can increase the chances of experiencing elder abuse in SNFs. They hypothesized that the more a person displays behavior problems, the more susceptible they are to abuse or neglect. This hypothesis was tested when the authors surveyed 769 people who had relatives in SNFs. The behavior problems for this survey were described as having cognitive impairments or physical impairments that may impede the ability to perform activities of daily life (ADLs) such as dressing, toileting, bathing, eating; and instrumental activities of daily life (IADLs). The types of abuse they measured were physical, verbal, emotional, neglect, sexual, and material. They found that cognitive impairment did not have a direct negligible effect on abuse; however, they discovered that cognitive impairment can lead to a behavioral problem, which is significantly related to susceptibility of abuse. The authors also found that physical impairment does not directly lead to a behavioral problem thus has no direct path to susceptibility. The research did find that age, in general, is the greatest risk factor in long-term care facilities. This means the older the person is, the greater the risk of becoming a victim of elder abuse, and for

all people, aging, is an unavoidable risk factor. It is important for a family and future SNF residents to understand these risk factors.

There are few studies on abuse in the skilled nursing atmosphere because sometimes the residents, or their family members, fear retaliation by the caregiver or facility towards the elder (Lachs & Pillemer, 2015; Schiamberg et al., 2011). Having stated this, there is a foundational study that was conducted in the late 1980s shortly after the Omnibus Budget Act of 1987, when stricter SNF regulations came into effect. Pillemer and Moore (1989), conducted a study concerning physical and psychological abuse in SNFs. This study was prompted by the increasing concern of the public and the media that people were being abused by staff in these facilities. The researchers used telephone interviews with 577 nursing staff and employees of SNFs. The results showed 36% of the respondents had witnessed physical abuse by others, and 81% claimed to witness a form of psychological abuse by others, while 10% admitted to the physical abuse themselves, and 40% admitted to psychological abuse themselves. This study was able to increase awareness of abuse in SNFs and was able to lay the groundwork for other studies for years to come.

In order to collect data on these abuses in SNFs, researchers will sometimes interview the family members that have their loved ones in a SNF, in order to protect the vulnerable elder adult. Schiamberg et al. (2011), interviewed 452 family members with a relative in a SNF by a telephone survey. This particular study defined three types of physical abuse "1.) physical mistreatment by staff, e.g. hitting, beating, kicking and so on, 2.) caretaker mistreatment, including inappropriate use of restraints, forced toileting, unjustified forced feeding, and 3.) sexual abuse" (Schiamberg et al., 2011, p. 74). The study found that of the 452 participants, 110 (24.3%) stated that their relative has or is currently experiencing a type of the above abuses while staying in a SNF. The study found that age is a significant predictor to abuse, in addition, residents with decreased

cognitive ability, had an increase of experiencing resident-to resident-abuse (Schiamberg et al., 2011).

Resident-to-resident abuse, or resident-to-resident elder mistreatment (R-REM) is an understudied form of elder abuse, that can cause physical injury, psychological and emotional issues for the elder being abused. R-REM, is a form of elder abuse that occurs predominantly in SNFs between residents of the facilities. According to Ferrah et al. (2015), between the years of 1949 to 2013 throughout multiple countries, there were approximately 18 studies conducted researching R-REM. The studies were specifically concerning physical abuse, with the first one being published in 1993. Most of the studies were conducted in the United States. According to Ferrah et al. (2015), of the residents that were found to have either experienced or performed the abuse, 79.7% had a diagnosis of dementia. In addition, many of the residents had a form of physical impairment and behavioral problems. The most common instigators of the altercations with R-REM were misunderstandings concerning invasion of space, hearing impairment, mumbling/stuttering, and privacy. Even though physical injury is rarely reported, it is important to note the R-REM can cause negative social and psychological effects on the elder victim, as well as their quality of life. These incidents may also be damaging to these SNFs because they may be found liable for failing to protect their residents and can incur federal sanctions and civil lawsuits (Ferrah et al., 2015; Teresi et al., 2013).

In order to better understand R-REM and how large of a public health issue it is, Lachs et al. (2016), conducted a large study in New York state in 10 SNFs, in both urban and suburban areas, with a total of 2011 residents in all. This was an observational study conducted to measure the negative and aggressive physical behaviors, sexual behaviors, and verbal behaviors among residents in the SNFs. Of the 2011 residents, 407 experienced or were involved in at least one episode of R-REM, with 9.1% being verbal, 5.2% were physical, 0.6% were sexual, and 5.3% were classified as other, which included

invasion of privacy. The research showed the prevalence of R-REM in both the urban and suburban areas as being, 10.4% to 31.2% in the urban facilities and 11.6% to 28.1% in suburban SNFs. The researchers concluded that this study was the first of its kind to bring the prevalence of R-REM to light and proved that at least 20% of the residents were experiencing a type of R-REM once a month. More research was suggested in order to protect these residents and focus effects of these behaviors, thus develop successful interventions with the SNFs.

According to Payne and Gray (2002), in order to help those who are being abused in SNFs specifically, the government created the long-term care ombudsman program. This was created as part of the Older Americans Act in the 1970's, over concerns for the elderly's well-being in residential facilities. This program is government run and employs and trains volunteers to become qualified advocates to represent the residents and their human rights in SNFs; this includes being and feeling safe. This system remains the primary method in which anyone can help an elder in a SNF setting if they believe that someone is being abused by either staff or resident (Payne & Gray, 2002)

Nurses Attitudes

With the passing of the Nursing Home Reform Act through the Ominous Budget Reconciliation Act of 1987, it became a federal law for all nursing homes to have a Registered Nurse (RN) on staff at all times. According to Harrington, Schnelle, McGregor, and Simmons (2016), this created certain guidelines on nursing staffs in SNFs such as RNs, LVNs, and CNAs by the federal government. The federal government broke down the number of hours per resident per day that the nursing staff should be spending with each resident in order to maintain the resident's quality of life. Harrington et al. (2016) continued to state that in 2001 the U.S. Center for Medicare/Medicaid Services found that the nursing staff should be spending approximately 4.1 hours per

resident day, with the CNAs carrying the bulk of the hours with 2.8 hours. These are federal guidelines and suggestions; each state has their own standards. Harrington et al. (2016), has shown that nursing homes are not living up to that standard, and are well below the CNAs 2.8 hours per resident per day standard. The reality is that the most SNFs are closer to having a ratio of 10-11 residents per CNA during the day and evening shifts, which is when most of the labor-intensive care is provided (Harrington et al., 2016).

The role of the CNA is pivotal to the resident in a SNF as they are the ones with the most one-on-one contact with the resident; thus, it is pivotal to understand how they feel about abuse and why they feel a certain way. Shinan-Altman and Cohen (2009) were able to give insight concerning CNAs attitudes towards abuse in SNFs. The researchers used a questionnaire to ask 208 CNAs from different races, economic status, ages, and years of education from 18 nursing homes, in order to have a well-rounded study. This study was concerned with the CNAs' attitudes towards abuse, not if the CNA has actually committed abuse. The study was focused on their job duties and expectations and how those factors affected their attitudes towards elder abuse. They were able to find that burnout was a significant mediator between work stressors, role ambiguity, and overload. This suggests that burnout and overload can lead to work stressors. According to Shinan-Altman and Cohen (2009) work stressors such as burnout, are variables that can lead to the nursing staff condoning elder abuse in the SNF. The study suggested that hiring more CNAs to alleviate the workload and stressors on the CNAs can reduce burnout, thus reducing the attitude of condoning elder abuse. This study did not find demographics such as economic status, as a contributing factor towards elder abuse tolerance.

Nurses burnout and being overworked is only one possible reason behind nursing staff condoning abuse. The nursing staff may also be having issues with misunderstandings of definitions of abuse, or to who is reponsible for the abuse.

Winterstein (2012) conducted a study with nurses concerning elder neglect in SNFs. For this study there were 30 nurses with professional credentials (e.g. RN, with a minimum of 2 years' experience in a SNF). The study was conducted through in-depth semi structured interviews concerning four areas 1.) professional encounter with elder neglect, 2.) the personal encounter with the phenomenon, 3.) attitudes towards aging in general and neglect, 4.) policy and intervention with neglect in SNFs. The study showed four themes. The first theme was confusion of where the neglect came from, meaning did the neglect come from the facility, such as by family members, or was it from the inside of the facility such as by a nurse after admission. The nurses were confused as to whether they should report the neglect if they felt it happened outside of the facility. The second theme was that the nurses did not understand boundaries concerning neglect and physical abuse such as: should force feeding a resident be avoided to prevent abuse, or should force feeding happen at any cost to prevent neglect? The third theme was the nurses having to distinguish between their personal and professional life. A wide range of emotions surfaced when the nurses described witnessing neglect and admitted that it affects both parts of their lives. They also found that they will view colleagues' behavior as disturbing and made them question their professional identity. The fourth theme was asking whose responsibility is the neglect, and they found that many of the staff members would blame the neglect on others or other factors such as society, family, organizations, social workers or the state.

In order to understand the CNAs perspective concerning elder abuse, it is important to understand their cultural background and social environment. This is also called their ecological system (Bronfenbrenner, 1979). Schiamberg et al. (2011) conducted a study using the nurse's ecological system as a theory behind elder abuse. This study used the micro, meso, exo, and macro systems between both resident and CNA as a dyad in SNFs. This perspective can take both individual's characteristics and

cultures into account and is able to explain the relationship between resident and caregiver. In this study, the microsystem was the individual resident, and individual caregiver. The mesosystem, was the caregiver being more involved with the institution's community. Increasing involvement in work related activities could make the nurses feel more involved with their job, and if they do find something that they dislike about the institution, they may feel more apt to change it; this could increase job satisfaction, thus less likely to be an abuse. The exosystem was the caregiver and their relationship with the resident's family members. Sometimes the family members may be coming from a caregiving situation with their family member, and this can create conflict. From the resident's perspective the exosystem is the limited training that the CNAs have received to become a CNA. The macrosystem has to do with each other's culture and personal values that have been learned through the years. This can sometimes become a conflict between caregiver and resident. Social policies are also a part of the macrosystem, such as the Older Americans Act and the Nursing Home Reform Act are all part of the macrosystem. The benefit of looking at elder abuse in SNFs through the ecological system, is that it shows that there are many factors concerning this phenomenon. It is important to look at the systems of both resident and CNA, in order to better understand elder abuse in an institutional setting, and to better notice certain risk factors for the abuse. This suggests that elder abuse needs to be studied as a dynamic interaction, not simply perpetrator and victim, and the CNAs will have a voice as well (Schiamberg et al., 2011).

Possible Solutions

There have been many changes throughout the 20th and the beginnings of the 21st centuries pertaining to care for the elderly, starting from the Social Security Act of 1965 to the Affordable Care Act of 2010. Both federal and state laws and guidelines have been

created and set state laws that govern the licensing of the nursing homes, federal laws that govern the homes that are receiving money from Medicare/Medicaid services, elder abuse laws prohibiting abuse in SNFs, and laws that created the Ombudsman programs; however, the phenomenon still exists, thus much remains to be done to try and eradicate these issues (Gittler, 2008). Many SNFs are taking these laws and regulations that have been created by the state and local governments and working within their facilities to try and ensure abuse that does not happen. Payne and Fletcher (2005), conducted a survey study with 76 SNFs, to show how some SNFs are meeting and ensuring their states standards. The research found four main themes. One theme was facility-based prevention, which refers to the SNFs policies, which both the administration and nursing staff are required to follow to protect the resident. The SNFs reported that they conduct background checks, drug screening, checking credentials, and references. Many of the facilities created safety committees to create a safer environment for both resident and employee. Community outreach was a significant theme, which was primarily maintaining a healthy relationship with the local police department and having specific liaisons with local senior citizen groups. Building security systems was a modern type of abuse prevention that was found to be common among the facilities. This included closed-circuit cameras in the hallways, doors being locked at certain times, directing all visitors to a reception area to sign in and out when visiting, security guards, having one person responsible for the mail, and not allowing anything above the value of $5 at the resident's bedside. The final theme was education. This included staff education or in-service training regarding residents' rights, safety, abuse, and advocacy. It was also noted that these homes provided education for the residents as well as their family, which included residents' rights and abuse training.

In general, there appears to be four main themes that are emerging from evidence-based practices that are recommended to use in a SNF in order to prevent elder abuse;

these are risk assessment and mitigation tools, community-based approaches, multidisciplinary and interdisciplinary team, and educational programs (Moore & Browne, 2016). Education appears to be a repetitive theme, and there are currently educational programs and tools for nursing staff. According to Du Mont, Kosa, Yang, Solomon, and Macdonald (2017), one pilot program was conducted with Sexual Assault Nurse Examiners (SANEs). An Elder Abuse Nurse Examiner curriculum was tested on the SANEs to improve their efficiency concerning elder abuse and competence. The training session was held over an 8-hour period, and the participants were given both a pre-test and post-test to see where their level of competence of elder abuse before and after the session. The study showed that within the 8-hour training session there was significant improvement in content domain skills-based competence with pre-test mean of 2.36 to a post-test mean of 3.45. This study concluded that the Elder Abuse Nurse Examiner Curriculum, is a useful tool for nurses' competence and reporting for elder abuse (Du Mont et al., 2017).

In addition to the above study, Goodridge, Johnston, and Thomson (1997), conducted a study involving a similar training program with CNAs that also includes the CNAs feelings towards their jobs as well to gives a broader picture of the attitudes that CNAs may have concerning elder abuse. According to Goodridge et al. (1997), this training is pre-test and post-test designed training program called CARIE. The content of the program for this specific study dealt with identification of abuse and possible causes, along with understanding the caregiver's feelings, cultural and ethical perspectives and ethical perspectives by staff and residents, along with ethical and legal issues related to reporting abuse and intervention strategies for abuse prevention. This study was conducted in one facility, with 126 participants who remained anonymous. They were given a questionnaire concerning abuse and burnout for their pre-test, repeated measure was administered 7-8 weeks after the program. The participants were overwhelmingly

positive in the evaluation of this program, as 91.4% felt that a one-day workshop was the right amount of length for them to better understand elder abuse and their job, and 82.9% reported feeling very comfortable with the topic area, with no participants feeling uncomfortable. There was a significant change concerning the question of whether or not they viewed the residents like children who needed to be disciplined, from a 27.7% strongly disagree on pre-test, to 46.8% on post-test. There was also a significant decreased change between tests concerning conflict between residents and caregivers concerning ADLs, resident's complaints, quality of food, and residents wanting to go home. The positive evaluation and the decrease in conflict shows that nurses assistants' value relevant educational programs, and a program that emphasizes the resident's perspective can have a positive shift in attitude towards the residents. This study did not show any changes in burnout, which shows that there needs to be a reorganization by administrators and educators (Goodridge et al., 1997).

Gaps in Literature

These above discussed studies, historical literature, and government documents have given people an understanding as to how and why the United States has attempted to recognize and combat elder abuse. These studies have informed individuals, institutions, and governments that there is a problem within American society concerning elder abuse. In addition, these studies have been able to help implement new ways of training nursing staff, and has given an in depth look into the nurse's state of mind concerning their work load and job. Even though these studies have given positive information on how to prevent, detect, and combat elder abuse, as well as possible reasons of why the abuse happens, there are still existing gaps that need to be bridged.

The elderly residents that are in SNFs are possibly surrounded by their perpetrators, which makes interviewing the victims themselves difficult. Most

researchers must think of the safety and well-being of the subjects they are studying; thus, these studies do not interview the elders that are residing in these facilities. The existing studies primarily interview family members or nursing staff. This has created a weakness in the literature. Therefore, more research needs to be conducted that gives the researcher a closer insight into elder abuse, without having to interview the victim themselves. The Long-Term Care Ombudsmen is someone who has direct contact with the alleged victims and alleged assailants during the time of an abuse allegation. In addition, Ombudsmen are not relatives to the elder, thus they can remain objective. According to Payne and Gray (2002) the Ombudsmen act as advocates for the residents in SNFs and are important because they are the first to receive initial reports of abuse from either the facility or family member, and they are the first to investigate the alleged abuse. In addition, Payne and Gray (2002), discovered through surveying 203 Ombudsmen across 26 states, possible reasons of why abuse occurs in SNFs. Some possible reasons that were found were lack of knowledge, lack of training, abusers' morals, system failure, and lack of staff. This study had laid the groundwork, for possible barriers that Ombudsmen face in investigating the abuse, as well as possible reasons behind the abuse; however, a gap still exists, and this study attempted to close that gap. This study built upon previous research and gave a closer insight into possible solutions on how to combat and prevent elder abuse in SNFs, from an educational and training perspective, as well as a legislative perspective. This was conducted through qualitative interviews with long-term care Ombudsmen. The Ombudsmen gave an inside, trained, and experienced view on abuse training and possible causes of elder abuse in SNFs, and barriers they face concerning legislation. The Ombudsmen were able to answer the question: what are effective methods to educate and train caregivers to help prevent and combat elder abuse including physical, emotion, sexual, financial, in addition elder neglect by caregivers in SNFs? The Ombudsman were also be help answer the

question of what legislative barriers do they experience in preventing and combating elder abuse in SNFs?

Summary

The United States has enacted legislation over the past several decades beginning in 1961 with the Older Americans Act. Legislation has recognized that the elderly needs more resources for the population to continue to lead an enriched life. Placing a loved one in a SNF is also becoming a reality for many families in the United States. The mass amount of people that were entering these facilities also gave way for the federal government to become involved in the regulations and standards concerning the sanitation and function of the facilities in 1987. All these laws and regulations have helped combat and regulate abuse in SNFs; however, as the above literature review suggests, there is still work that needs to be done to try and eliminate the phenomenon. The emerging themes that were found through this literature review were poignant legislation, unclear definitions of abuse, caregiver attitudes and possible teaching tools. These themes were found through the conceptual framework and empirical data from the above review and will be able to open a discussion concerning different ways to address the elder abuse.

CHAPTER 3: METHODOLOGY

Elder abuse includes physical abuse, financial abuse, emotional abuse, psychological abuse, sexual abuse, and neglect. The problem this study addressed was elder abuse that occurs specifically within SNFs. The method that was used for this study was qualitative interviewing. Once all the interviews had convened, the interviews were transcribed, and the data was analyzed through grounded theory, and themes were extracted to find solutions to the initial research questions. The themes helped answer the researcher's questions concerning education and training tools for nursing staff to help combat and prevent elder abuse in SNFs, who are the abusers, as well as possible new legislation that could help. This method allowed the participant to express their experiences and ideas freely on solutions concerning elder abuse in SNFs. As mentioned above, it is unethical to interview a vulnerable individual that could be in the presence of their perpetrator and do not have a proper safety plan; therefore, only Ombudsmen were the subjects for this study. Ombudsmen are advocates who specialize in protecting the elderly's rights while residing in SNFs, as well as investigating allegations of abuse in SNFs. The participants were from Fresno, Madera, and Merced county Long-term care Ombudsmen offices. The expectation of this study was to close a gap between understanding that there is an elder abuse problem in SNFs, and what are the solutions to prevent these abuses. The limitation of this study is that it was not statewide, nor a national study. This was a small study concentrating on a small area of the Central San Joaquin Valley of California.

Variables

The variables that were identified for this study are as follows:

a) The former economic status of the elderly persons residing in the SNFs, and the current socioeconomic status of the residents the Ombudsman represents, measured by their former and current incomes.

b) Family involvement with the elderly and their care while residing in the SNF, of the residents the Ombudsman represents, measured by how many times per month a family member visits the elder.

c) The demographics of the general area in which the SNF is located, such as the culture, ethnicity, and economic status.

d) Whether or not the SNF is located in an urban or rural setting.

The researcher interviewed five Ombudsmen. Each interview took place over approximately 45-60-minutes. The interviews were held where the Ombudsmen prefer. It was preferable for the Ombudsmen to choose an environment where they felt comfortable to speak freely concerning their job. A consent form was given to the interviewee (see Appendix B), which ensured their anonymity and the process of the interview including the destruction of the data after the approval of this thesis. A series of approximately 13 questions (see Appendix C) was asked during this time, and the answers were recorded and transcribed. The transcriptions and the recordings will be kept on a password sensitive thumb drive; however, they will be available upon request, without names or other identifying information, for certain authorities at Fresno State if needed. This ensured trustworthiness and quality of the data collection process, as well as keeping identities private.

Research Questions

The primary research question of this study is: what are effective methods to educate and train caregivers to combat and prevent elder abuse including physical abuse, emotional or psychological abuse, sexual abuse, financial abuse, and elder, neglect by

caregivers, in skilled nursing facilities? Additional questions are, what are current effective policies the State of California currently has in place? Is elder abuse in SNFs occurring due to a lack of training or knowledge, or is it the work environment of the staff that causes the abuse? What is the feeling of the work environment for the nurses? Whom is allegedly committing the abuse, and why? These are some the questions that will be answered through these interviews.

Research Design

The researcher noticed through the literature review that there were many possible solutions concerning elder abuse in SNFs as well as current agencies and laws that help prevent and fight against the continuation of abuse; however, these solution and laws appear to not be enough to eliminate the issue, which means that the research must delve deeper into these issues. There are training issues, family dynamics, nurses' attitudes, definitions, and ratio instability, which could all be mitigating factors in the search for ending elder abuse in SNFs. The researcher utilized a qualitative study that would allow the researcher to notice common themes of current flaws concerning modern day training and education of caregivers. In addition, it would also allow the researcher to find themes of how they can change existing training effectiveness, and a theme of what barriers may exist concerning current laws. A theme the researcher also found, was nurses' attitudes towards abuse. This qualitative study could generate concepts that have not been addressed before because most of the research that has been conducted has been through quantitative research, even where the Ombudsmen are concerned. At this point, the research is suggesting that there is an issue of elder abuse in SNFs in the United States. The research is also suggesting some educational tools could be effective; however, the research does not appear to be showing a detailed answer of why elder abuse continues or why educational tools that have been proven to help, have not been

implemented in any state (Shinan-Altman & Cohen, 2009; Payne & Gray, 2002; Goodridge et al., 1997). Most of the articles in Chapter 2 concluded with: more research is needed. This study helped contribute to the research by pulling concepts from the people that have firsthand experience with elder abuse and its damage. This study used grounded theory as a framework for this research. Grounded theory worked well with this research project because it is a "unified theoretical explanation" (Corbin & Strauss, 2007, p.107 as cited in Crestwell & Poth, 2018 p. 82). Using grounded theory as a way to extract themes to discover answers to the research questions was the most logical method for this study. According Eaves (2001), the purpose of grounded theory is a reality-based concept where researchers are to get out into the field of study and understand the world in which they are researching. This research is then analyzed and the data collected is what shapes results. There are no preconceived notions, the data is what will create the theory of how to solve the problem (Eaves, 2001). This could only be learned by interviewing the people who are the closest, however educated on the laws and regulations concerning elder abuse in SNFs; therefore, the Ombudsmen are the source information on how to prevent and combat elder abuse in SNFs.

This research design was implemented through recording the interview, and transcribing the interview. The reason for the qualitative interviewing is so that the researcher is able to produce detailed themes and concepts that can be expanded upon in future research. Previous studies, such as Winterstein (2012), Shinan-Altman and Cohen (2009), and Goodridge et al. (1997), have used this method to study reasoning behind elder abuse in SNFs concerning nurses' attitudes towards abuse. These qualitative studies, have been able to provide insight into the mind of a CNA or RN regarding how they view and understand elder abuse. These studies also produced some reasoning behind elder abuse, such as burnout and overload. These studies have helped contribute

toward a solution to the problem. Therefore, a qualitative study concerning Ombudsmen may be a link to help bind other qualitative and quantitative research together.

Subjects

The population that was interviewed for this study was long-term care Ombudsmen. The Ombudsmen that qualified for this study were currently working in either Madera, Fresno, or Merced counties as an Ombudsman. They all had at least 1-year experience with working as an Ombudsman, and at least one case of any form of elder abuse, in the past 6 months. The population being interviewed was not restricted by gender, ethnicity, religion, or sexual orientation. This was an inclusive study, created to help elders from all cultures and backgrounds residing in SNFs.

Data Collection

The source of the data that was collected was strictly from the Ombudsmen. These subjects are advocates that are designated and mandated by the Federal Government to protect the human rights of people whom reside in SNFs. According to the Senior Advocacy Services (2018), the requirements to be an Ombudsmen are, being 18 years of age or older, not have a family member employed by a long-term care facility in the past 12 months, submit an application, criminal background checks (Federal and State), valid driver's license, 40-hour certification program, mentored long-term care facility, additional 12-hour training for the state of California.

A qualitative method was employed in the collection of the data utilizing interviews collected from the Ombudsmen. As mentioned above, there were 13 questions asked of the Ombudsmen. The questions did not vary; the questions were the same for each interview. The interviews pertained to their experiences with the elderly in SNFs, questions pertaining to what they believe continues the phenomenon, and questions pertaining to possible solutions. The interview questions that were used were original

questions created by the researcher. There was no permission needed to use these questions as the questions had been developed by the researcher.

This was a qualitative interview; therefore, the answers that were given were based on the individual Ombudsmen opinions. This means that the veracity of the interviews was assumed; however, the current job status was verified through the International Ombudsman Association. This upheld the legitimacy of the interview.

Data Analysis

The strategy that was used to analyze the data was collected is as follows. The answers that the Ombudsmen gave to the questions asked were transcribed. After they were transcribed, they were read and analyzed for potential themes. Once the themes were identified the researcher then determined the frequency of each theme. This produced two lists: one for causes of the problem and one for solutions. In addition, themes were extracted to see if current laws are either helping or hindering the Ombudsmen from performing their advocacy. The themes were placed on the list in occurrence to how many times the theme was mentioned. For example, the theme mentioned most frequently, is first on the list, the second most frequently mentioned theme is number two, and so on, thus showing the most evident cause that needs to be fixed and the most evident possible solution. The data analysis technique was inspired by Shinan-Altman and Cohen (2009); however, there was no questionnaire or stress measures. The research for this thesis, only provided a list and the greatest common themes produced from the interviews.

The data used were primarily qualitative data extracted from the interviews. Additional data that was collected was nominal, which is factual data such as age or race; there is no measurement to be taken. The gender, race, where the Ombudsman works, and the number of years they have worked as an Ombudsman was asked as a part of at

the beginning of the interview. Since a list was produced from the data collected, the researcher used Stevens (1946), to guide the creation of the list. Meaning, the data for the list, was ordinal because numbers were placed with certain themes to show importance or priority with no measurement of value between interval of numbers.

Human Subjects Summary

Potential Benefits

The potential benefits of this study are that it could help in developing a comprehensive training program for nursing staff and also administration in SNFs. Even though the administration does not have consistent direct contact with the residents, it is important for them to understand the signs and what they can do concerning their staff, to create a productive nurturing environment for their staff, which could be passed along to the resident. This study could produce possible causes behind the abuse, and possible solutions to the abuse.

Potential Risks

One potential risk is the Ombudsmen speaking of someone or something concerning a resident without anonymity, which could endanger the elder residing in the SNF; therefore, any identifying information concerning the interview will be deleted from the transcription.

Management of Risk

The transcriptions will be locked in a cabinet on a thumb drive in the researcher's house until the completion of this thesis. Then they will be erased and destroyed after official approval of the thesis. This will keep anonymity certain and protect both the elders and Ombudsmen jobs and reputations.

Subjects Compensation

The compensation for the Ombudsmen, who agreed to be a part of the study, were in the form of a non-alcoholic beverage, such as coffee, with a monetary value of at most $5. This compensation was only offered if insisted upon, or could not be avoided, for example if the subject could only meet at a place of business where a purchase is needed in order to patron the business, then the researcher did offer to buy the product; however, as mentioned above, the cost did not exceed $5.

Academic Qualifications

The qualifications for being an Ombudsman are a training course, and shadowing.

Consent Form

A consent form was provided that discusses the process, the thesis, anonymity, and that this is a voluntary interview.

Instruments

The instruments that were used are interview questions. The study is qualitative, and the themes produced by the interview is the data.

Certificate of Training

The researcher has completed CITI Program course Social & Behavioral Research, record I.D. number 26144170 (see Appendix D).

Approval from participating Institutions

The researcher has obtained verbal permission from Fresno, Merced, and Madera counties Ombudsmen offices through the management to give interviews.

Summary

Qualitative methods were used in this study to obtain data through conducting interviews with Ombudsman whom are advocates for the residents of SNFs. Once the data was analyzed, there were themes that emerged. These themes then became both possible causes and possible solutions to the problem.

CHAPTER 4: FINDINGS

Below are the findings that were discovered through the research conducted for this thesis. Ombudsmen from Fresno, Madera, and Merced counties were interviewed for this thesis, and gave their descriptions to the questions asked. The answers to the interview questions were strictly based on their experience as an Ombudsman, in the central San Joaquin Valley of California. Some of the questions asked were closed-ended to obtain demographic information and work experience from the Ombudsmen, and most questions remained open-ended in order for the participant to describe their experience freely. A brief description of the participants' occupations including their demographics was discussed. Please note, as mentioned in Chapter 2, for the purposes of this study, CNAs will be included when "nursing staff" is mentioned unless otherwise specified. Once the data was collected and analyzed, certain themes began to emerge concerning the researcher's initial research questions. The themes discovered were 1). Education on mandated reporting, 2). Lack of training, 3). Resident to resident abuse is common, 4). Nursing staffing issues, 5). Not enforcing the laws, 6). Nursing staff and empathy. The themes that were found were then counted as to how many times they were mentioned. This enabled the researcher to create two lists, one that shows possible causes of elder abuse in SNFs, and one that shows possible solutions to combat and prevent elder abuse in SNFs. The themes that appear on this list will be numbered by most frequently mentioned, to least frequently mentioned, to show the most common issue concerning elder abuse.

Description of an Ombudsmen

Each Ombudsman was asked to describe what an Ombudsman is, and what that job entailed. Most of the participants described their job as advocates for the people who reside in SNFs, whether elderly or not. They are there solely to represent the resident's

rights, which are outlined by the state of California, which includes the right to privacy, and to feel safe while residing in the facility; this includes being free from abuse. If the Ombudsman suspects that abuse is occurring, then they contact the state of California Licensing Board, which, according to the participants, has the power to cite, suspend, or revoke the facility's license. In addition, the Ombudsmen also described their job as a volunteer position with very few being a part of the paid staff.

Demographics of Participants

There was a total of five Ombudsmen that were asked to participate in the study, which represented three central valley counties. All five Ombudsmen elected to participate. The participants were predominantly Caucasian, one was Hispanic, and one was Asian. The age range of the participants was 25 to 85; two were male and three were female. Three of the participants had Ombudsman experience of 2-5 years, and two had experience of 15-20 years. According to the Ombudsmen office of Fresno and Madera county, there are approximately 27 SNFs they cover and the three Ombudsmen that agreed to participate represent approximately 13 of those SNFs. The SNFs that are represented by these three Ombudsmen have approximately 1,456 beds in the facilities. The one Ombudsman that participated in the study from Merced county represents 10 SNFs, with approximately 756 beds in the SNFs. Table 1 outlines the above-mentioned demographics.

Table 1

Demographics of Ombudsmen

Descriptions	Numerical Data
Caucasian	3
Hispanic	1
Asian	1
Age Ranges	25 to 85 years
Years of experience as Ombudsmen	15 to 20 years
Number of SNFs covered	27

Lists

The themes that were generated were also counted how many times they were mentioned throughout the interviews with the Ombudsman. By creating a numerical list, with one being of greatest amount, the researcher was able to see what the largest problem is, and what is the most agreed upon solution according to the Ombudsmen, to combat and prevent elder abuse in SNFs in the above mentioned three central California counties. The common themes discovered through the interviews concerning elder abuse in SNFs, and the recommended solutions for the problem, are outlined in Table 2.

Table 2

Ranking of Results

Causes of the Problem	Ombudsmen Recommended Solutions for Problem
1. Lack of understanding concerning mandated reporting	1. Increase Mandated Reporter Training
2. Lack of training on what is abuse	2. Train all staff on a monthly basis concerning abuse
3. Laws are not being enforced	3. State Licensing Board upholds the law
4. Nurse Staffing issues	4. Increase ratios, increase wages
5. Nursing staff and Empathy	5. Increase wages and increase CNA to resident ratios, if problem continues, unknown what solution is at this time.
6. Resident-to-Resident Abuse	6. Separate people in SNFs who are 65 and older, from the residents who are 64 and younger

Results

Education on Mandated Reporting

Almost all the participants repeatedly stated that mandating reporting is misunderstood, and not emphasized enough in facilities. The lack of education and understanding of mandated reporting in SNFs was a consistent theme throughout most of the interviews, with most of the participants referring back to lack of mandating reporting as the most frequent cause of why elder abuse continues. As one Ombudsman stated:

> The staff doesn't get it, no one gets what a mandated reporter is. They have to report it (abuse) to the authorities, and to us. Most of the time, they think that if they report it to the administrator then it's done, they don't have to do anything more, but that's not mandated reporting. They need to know that yeah, its fine to report it to the boss, but you have to call the Ombudsmen or sometimes both of us and the authorities. This chart, (Mandated Reporting chart) should be everywhere in the facility, and they still don't get it, or don't care.

Another Ombudsman elaborated the theme by saying that:

> a lot of the staff doesn't understand that when you work in these facilities, you are a mandated reporter. If you work in the kitchen to cleaning the rooms, you are a mandated reporter and have to report if you see abuse, and the staff outside of the nurses, really has not been told this.

The above emerging theme, prompted the question of whether mandated reporting is misunderstood among the nursing staff and general staff? Three of the Ombudsmen had a similar response; however, one elaborated by saying:

> I don't think the administrative staff wants everyone to understand how important it is (mandated reporting), if they let everyone know, they (administration) can get into more trouble with the state because that puts more eyes on them, so they, just tell them (staff) to report it to admin, and they take care of it, and if you don't

> have any experience in this (mandated reporting) why would you think any different?

This was poignant because this could be an implication that the administrative staff is aware of the problem however chooses not to advocate for their resident, which implicates further studies are needed concerning administration.

The Ombudsmen reported that they give free classes to facilities on mandating reporting as a way to combat the elder abuse; however, these classes are not required. According to the Ombudsmen, most do not take them up on their classes, and "that's when you know a facility cares a little more than others, when they have us come and teach the staff, but even then, it's mostly the nursing staff." The lack of the facility participation with mandating reporting classes continues to reinforce the misunderstanding of mandated reporting laws with their general staff as well as the nursing staff. The Ombudsmen collectively agreed on increased mandated reporter training as a solution on combating and preventing elder abuse in SNFs.

Lack of Training

During the interviews, lack of training for the nursing staff became a common theme. This was described as the nursing staff not having a complete understanding of the different types of abuse, especially neglect. One Ombudsman stated that "they think only hitting and leaving a bruise is abuse, but no, leaving them in their brief for hours, and it's soiled, is also abuse, and they just don't understand that, nope that's abuse too." The Ombudsman reported that the nursing staff is shown one video concerning abuse during their training session, and it is about 12 minutes long, "that's it, one video, like really, this is so important, and one video is what you get, that's not really training them on what abuse really is." The general consensus was that increased training, simply as an

informative tool to reinforce what abuse looks like would be an effective tool on how to prevent elder abuse in the SNFs:

> I think a monthly meeting with the nursing staff and staff, even the administrators would be nice, and just go over abuse with them once a month for like a year. This would make it consistent and really drive the issue home. I think they would be more educated about noticing the abuse, and reporting it to the right people. I really think it would help, just reinforcement, reinforcement, I mean the staff are all these people have, we get called in when there has already been abuse, so I think this would really help prevent it.

The above statement is relevant because not only does the quote show that there is a lack of education among the nursing and general staff, and that this could be a reason behind the abuse and neglect; this statement additionally shows there is a lack of consistent reinforced education. The lack of training issue was brought up as a consistent theme, and even though the Ombudsmen were unable to provide the researcher with specifics as to what programs they would like to see be administered in the SNFs, they did feel that extended training time, with visual aids and vignettes, would be helpful as a training tool. One Ombudsman elaborated:

> maybe some physical type trainings as well, like thinking of a way they could experience what the elderly feel. I saw one time a type of training where all the people being trained had to put popsicle sticks in between their fingers to show how arthritis works, stuff like that…more tactile.

Most of the Ombudsmen agreed that increased training to as often as monthly, and utilizing a variety of training methods, such as visual, vignette, and tactile methods, need to be employed for the nursing staff and general staff to have a full understanding of abuse.

Resident-to-Resident Abuse is Common

A shocking finding was the theme of who the most common abuser was and that is resident to resident abuse (R-REM). This type of abuse was discussed earlier as a form of elder abuse (Lachs et al., 2016). In the interviews conducted with the Ombudsmen, all stated that R-REM is a common type of abuse that is reported to them. In fact, according to the Ombudsmen, this is the most common complaint they receive. It is, however, the least reported to the state because it is handled within the facilities by moving the residents away from one another if possible. This, of course begs the question "what if they can't"? One of the Ombudsman responded to this question with:

> then sometimes the facilities have to go as far as finding the aggressor another facility…most of the time it is little things, like people getting irritated with their neighbor because they are not getting enough privacy, even though this sounds petty, we need to be there in order to make sure the facility is giving them adequate privacy and such, so even though it sounds like a small issue, it's the biggest one we deal with.

Another Ombudsman stated:

> sometimes it can get violent, and that is when we have to bring in the State, and the families, and see where someone is going to go, well if they are violent with everyone, meaning one time is sometimes not enough.

Participants also explained their perspective on the reasons behind the R-REM. One Ombudsman stated that:

> There is too much mixing of ages. I don't know if it's the drugs or what, but we have a lot more young people coming in (to SNFs) to get therapy, and they are mostly cognitively aware, so thy get real annoyed with the older ones who can't do anything for themselves. They need to figure out where these younger people

> need to go because it's not good, them being in with the elderly, that really increased the resident to resident abuse.

This insinuates that the population in SNFs are changing, which is important to note because if the population of the SNFs are changing, however the laws and regulations are not changing, this could create a greater risk for the elderly in SNFs, especially ones who are cognitively impaired. The younger residents are not trained in abuse and possibly do not understand what it is, thus the younger residents may be increasing the risk without knowing.

As mentioned above, R-REM is becoming a frequent type of abuse in nursing home, and is on the rise according to the Ombudsmen; therefore, this is a type of abuse that needs to be addressed as well. A reason behind the increase of R-REM is beyond the reach of this study reach; however, further research and resources need to increase for this type of abuse according to the Ombudsmen, "we don't know what to do because there are only so many places you can move someone. It's starting to get out of hand."

Nurse Staffing Issues

Nurse staffing issues was a theme found through most of the interviews. Even if the Ombudsmen did not name it as an essential part of preventing the abuse in SNFs, all did recognize nurse staffing issues as a part of the problem. When asking the Ombudsmen, about whom they are referring to as nursing staff, the Ombudsmen replied, the Certified Nursing Assistants (CNAs), which are the primary caregivers in a SNF setting. One Ombudsman stated, "there simply are not enough of them, they are over worked, I mean I would hate to do that job." Another Ombudsman remarked:

> they don't get paid anything, like minimum wage to clean urine and poop all day long off of people, I mean would you care about these people once you saw the paycheck. I mean, I would hope I still would, but I don't know I've never done it.

This theme was consistent while talking of the nursing staff. Even though there are state regulations on the ratios of resident to caregiver in the state of California, it appeared to the Ombudsmen that either the facilities were misrepresenting when reporting to the state the number of CNAs they had working, or "fudging the numbers", as one Ombudsman stated, or "the ratios need to change." This appears to be key when it comes to combating abuse. The Ombudsmen appeared to feel that if there were more CNAs then abuse would go down because more one on one time would exist, thus types of abuse like neglect would be avoided. In addition, according to the Ombudsmen, additional help reduces the stress of the job, and "if there were more CNAs, then briefs would be changed on time, and there would be no rush to get to the next resident, they could actually attend to their care."

Not Enforcing the Law

When the Ombudsmen were asked about barriers they have been encountering to combat or prevent elder abuse in SNFs, they collectedly agreed that the laws to combat the abuse are there. They stated that the problem is that there are not enough preventative measures, such as requiring facilities to have in-service education concerning abuse. While, they agreed that the laws currently in place to combat abuse, such as mandated reporting, are sufficient, participants also agreed that the State of California Licensing Board does not enforce the laws and penalties, which renders their jobs difficult. One Ombudsman explained the struggle,

> we are not cops, we are not government officials really, we are volunteers trying to do something good. We can make the facility's life a little uncomfortable or a CNA uncomfortable for a little while, but if the licensing board doesn't help us, then the complaint just closes.

The researcher continued to ask for more information on this subject. One Ombudsman explained the issue as follows:

> Since we are not law-enforcement, we cannot press charges, and since our department has never been given the ability to determine what is a finable offense or not, we are sometimes not able to advocate the way we need or want to. We have to report (to the State of California Licensing Board) any of the abuse that we determine as abuse, most of the time it's neglect from a fall or something, but we have to report all of that to the state, and even if we feel strongly that this resident is being abused, we don't have the authority to enforce the laws, the state board does, so we send the complaint to them, and they don't do anything with it. I don't know if it's because they are afraid of getting sued or what, but they don't enforce the laws that are there, so how are we supposed to do our job well, if they just let all the complaints close without further investigation.

This statement created an additional question concerning the position the Ombudsmen are placed in by the state. The state is required to have an Ombudsmen program from the Federal Government in order to advocate for the resident's rights in SNFs; however, they have no authority. Therefore, they need the backing of the authority figures, which is in SNFs is the state licensing board, in order to advocate and perform their job to the best of their abilities. If the Ombudsmen do not have the support from the state licensing board, then the Ombudsmen authority could be viewed as moot by the residents, the administration, nursing staff, and general staff.

There were two questions concerning legislature in the pre-scripted interview questions. Each time the Ombudsmen were asked these questions, they would focus their answers on problems with the California State Licensing Board. When the Ombudsmen were asked about new legislature that should be proposed to help combat and prevent abuse, one Ombudsman stated:

> none, the laws are already there. The licensing board are the ones not enforcing them, they are a problem, and it's because of them that we can't do our job. We try, but they are making it almost impossible because if we don't even have a consequence for the action then, what's the point?

This theme also appeared to be an area of concern for the Ombudsmen because they described not feeling supported by the state government. They are doing what is asked of them, in their own time, however are not given the backing that is needed in order to truly advocate for the elderly in SNFs.

Nursing Staff and Empathy

The last of the themes discovered was the lack of empathy the Ombudsmen felt the nursing staff had concerning the elderly. Most of the Ombudsmen agreed that the nursing staff, specifically the CNAs, do not feel empathy towards the elders they take care of in SNFs. One Ombudsman stated:

> they just don't care, anytime I talk to them (to investigate the abuse) its's always someone else's fault, and even if they admit it (abuse), and I can't prove otherwise because the abuse is never witnessed, then the investigation will stop there, but I know they did it, I feel it in my gut, and they don't care.

The researcher wanted to expand on this issue since it appeared to coincide within the earlier theme of a nursing staff issue. When the Ombudsmen were asked if hiring more staff or increasing a wage would help increase the CNAs empathy towards the elder, the answers were inconsistent. Two of the Ombudsmen said yes, they believed that would help "this way they feel more appreciated, and the stress of the job would go down, I mean when people are stressed, they can turn into mean people, even if that is not normally who they are." The other three Ombudsmen stated "no"; one Ombudsman expounded:

> There is something happening today, and I don't know what it is, but a lot of them are young, and its's this younger generation. Something is wrong, they are just not patient and mean, they think they don't have to work, and they just don't care about anyone but themselves. I hate to put it on them, but I've been doing this for 19 years, and I have seen a change in the CNAs caring about the residents. It was never a great job, but I feel like people used to tolerate it to get to the next step of nursing, now they have no goals so they don't care. I don't know, I know it sounds mean, but I swear they are just mean.

The above train of thought appeared to coincide with two other Ombudsmen and their feeling towards CNAs empathy. When the researcher decided to press the issue and see if the Ombudsmen could think of any educational tools concerning nurse's empathy, the answers were very bleak, such as "how do you teach someone to be a good person?", and "that is out of our scope. "This theme appears to contradict the earlier theme of nurse staffing issue; however, it was mentioned frequently, and was said by all five participants. Only some thought it was a stress related issue rather than a personality issue. Therefore, even though it has contradictory features the theme of nurse's empathy was consistent enough to emerge as a theme.

Summary

The five Ombudsmen from Fresno, Madera, and Merced counties were able to give insight into combating and the prevention of elder abuse in these counties. The answers the participants gave were able to be analyzed by the researcher, and found six themes that could help combat and prevent elder abuse in SNFs in that tri-county area of the central San Joaquin valley. The themes that were found were, a lack of understanding on mandating reporting, lack of training, laws not being enforced, nurse staffing issues, nurse empathy issues, and resident to resident abuse. Even though this study was small,

the Ombudsmen were able to provide a starting point concerning how to advocate for change with abuse and neglect in SNFs. Chapter 5 will explore the social work implications of this study, and future research that is needed in order to find a possible solution to the problem of elder abuse in SNFs.

CHAPTER 5: CONCLUSION

As the elderly population increases, the need for more skilled care may increase for a family. The people that are placed in SNFs are there because of either a physical or a cognitive impairment. This has created a vulnerable population that needs to be advocated for against abuse and neglect from the people who are supposed to take care of them: their caregivers. In addition, resident-to resident issues need to be addressed through more research and separating the younger residents from the older resident. In order to better understand how to combat and prevent abuse it was sought to interview people who have first-hand knowledge of abuse in SNFs, without interviewing the victims themselves. This was reached through qualitative methods by interviewing of Ombudsmen in the Fresno, Madera, and Merced counties. The results were analyzed and six themes were extracted from the data given by the Ombudsmen. These themes provided answers of why Ombudsmen believe the abuse happens and what can be done to help combat and prevent elder abuse from continuing in SNFs. This chapter answers the previous referred to research questions. In addition, the chapter describes this study's implications for social work practice, on the micro, mezzo levels. This chapter concludes with its limitations and recommendations for future research.

Discussions of Findings

The major finding that this study implicated is that there is a huge gap in education concerning CNAs in the SNFs. The staff is unaware of their duties as mandated reporters. A lack of knowledge by all staff in SNFs concerning mandated reporting appear to be of the greatest of urgency to solve. Routine educational in-services specifically about abuse and neglect, what it is and how to detect it, is an additional educational tool that the Ombudsmen felt would be a bridge in that gap. In addition, a major finding that may have macro implications is the California State

Licensing Board, apparently not enforcing the laws to where the Ombudsmen sometimes feel powerless to perform their jobs to the best of their abilities. This relationship between the state and the Ombudsmen office should be one of a partnership, not an adverse relationship. Both departments have the same goal to help prevent and combat abuse in SNFs; therefore, these agencies need to have a strong relationship, not a distrusting relationship. The third relevant finding was that there is a slight contradiction concerning nurses, their attitudes and their staffing issues. The Ombudsmen appeared to be both sympathetic to the CNAs need for additional help and lack of support; however, they were also angry at their perceived attitudes concerning the residents. The Ombudsmen would describe how terrible a nurse's job could be and how they needed help; however, they also blamed them for the abuse due to their lack of empathy. This was a perplexing find, which showed that nurses play a pivotal role in the SNF community, and more attention needs to be paid to their needs or actions, in order to further the prevention of elder abuse.

The answers to the previous stated research questions are as follows: 1.) The effective tools and methods that will help educate and train caregivers in SNFs are, consistent (monthly), in-services given to all SNF staff about elder abuse, what it is, what it looks like, and what mandated reporting is. 2). The effective policies the state of California has in place to prevent and combat elder abuse in SNFs, are already there. There is no need for new policy, it is just that the current laws need to be enforced by the State Licensing Board. 3). Elder abuse is currently happening in the SNFs because of a lack of training that the caregivers and staff receive, the nursing staff is over worked and underpaid, and the nursing staff also lack empathy towards to residents themselves. 4.) The people who are primarily responsible for elder abuse in SNFs are other residents (R-REM). These findings were consistent with previous studies such as Schiamberg et al. (2011) who conducted a study concerning nurses and their attitudes towards abuse. This

study found that by examining the nursing staff's ecological system (Bronfenbrenner, 1979), they were able to have a clearer understaning of why the nurses felt the way they did towards the SNF residents. They found that the nursing staffs' needs were not being met, which was creating an incresased level of burnout. The burnout exaccerbated additonal nursing issues such as the need for increased wages and increase ratios. These findings showed to increase negative attitudes the nurses felt towards the residents. The researcher's findings were also consistent with who is commiting the most abuse in the SNFs; fellow residents. Lachs et al. (2016), found that R-REM was the most common type of abuse in there study as well.

Implications for Social Work Practice

Social workers are bound by their code of ethics. These ethics include social justice, human relationships, service, and dignity and worth of the person (NASW, 2018). Elders, especially those who reside in an SNF, are highly likely to have medical and cognitive issues that require 24-hour care. Therefore, this group of people need to be represented by social workers because they are unable, at times, to represent themselves. The role of the social worker is an essential part of the social justice process because of the above noted ethics they follow. Elder abuse will fall into the above listed NASW ethics categories because elder abuse is a social issue that is currently happening in SNFs. Federal law regulates that every SNF have a social services department, and this study could help the social worker in the SNF better understand possible reasons behind the abuse, and possible solutions to prevent and combat the abuse.

The study's findings could give reasons for the social worker to start new training programs, or teach new in-service programs for the staff. This study's findings could also help with creating a stronger healthier relationship between the SNF and the Ombudsmen. This could start a working, viable relationship that is brought together out

of concern for the well-being of the residents. The social work code of ethics works with these issues concerning elder abuse in SNFs by advocating for a social justice issue, working on human relationships between resident and nurse or resident to resident, and delivering service to a vulnerable group who is unable to advocate and speak for themselves. In addition, they work on both a micro (individual) level of delivering service to the individual elder by advocating for their rights and their right to feel safe, and on a mezzo (local government, community) (Bronfenbrenner, 1979) level of working with organizations such as the local Ombudsmen office or with local governments to educate the staff on abuse, mandated reporting, nurses' attitudes, and working with state governments who give the facilities the licenses to operate. Any of the above-mentioned suggestions could be accomplished with community organization, drafting legislature, spreading awareness through in-services with the medical community.

This study addressed issues with social justice as it studied a population of people who suffer from social injustice. They are discriminated against concerning their age, and are institutionalized when they become sick, or cognitively impaired. This study was an attempt to show this phenomenon as an issue that people need and social workers need to care about. Neglecting or abusing someone in a vulnerable state is wrong from not just a legal perspective, but a social justice perspective, whether viewed locally or globally. This study showed certain barriers that the Ombudsmen are experiencing to protect this vulnerable population This study could help empower the Ombudsmen in their fight to protect the human rights of the elderly, and in turn empower the elderly to know their rights and advocate for themselves the right to feel safe in their own home.

Social workers can also work towards change with the existing laws, meaning if the California State Licensing Board is not enforcing the existing laws, then advocacy with the state needs to start. Thus, this could influence the state to enforce the laws that are in place. Since one of the themes that was found in this study is the lack of support

from the state licensing board, social workers could advocate towards demanding that this board follow the regulations and laws that are in place to protect the elderly in SNFs.

Limitations and Future Research

The limitations of this study were its small size and narrow geographic focus. This was a study that was conducted in a less populated part of central California with a small group of people who were sharing their subjective opinions. While this limits the study's ability to contribute to general knowledge about elder abuse, it does however provide vital information relevant to practitioners and advocates working in this region. Most grass roots organizations and public policies start at a community local level, and this study is on a local level where local governments can create polices that are appropriate for their own area, and these policies could reach up to a state level.

Even though this study was able to give a look into elder abuse in SNFs on a local level, the larger state or nationwide level is missing. Therefore, more research is needed from the Ombudsmen point of view, of legislative barriers, the causes of elder abuse in SNFs, and possible solutions of how to prevent and combat the abuse. One of the themes discovered was issues with nurses' attitudes; therefore, more research is needed concerning the nurses and their needs as well. In addition to nursing, research is needed to see how the ratios need to change concerning nursing staff to number of residents. There is still a great amount of research that needs to be done; however, with most people looking at the reality of becoming older one day, this is a social issue people should be concerned about.

Summary

Social workers continue to fight for social justice on a daily basis, and elder abuse in SNFs is one of the many issues for which social workers must advocate. This study can be a springboard for future studies because it included the Ombudsmen, who are a

rich resource on why the abuse is happening, and what has to happen in order for the abuse to be eradicated. Elder abuse is a social justice issue that social workers, who abide by their values of social justice and service, should try to help. In addition, to those values, the value of human relationships between the SNFs and the Ombudsmen could improve, which could enrich the lives of the elders that reside in SNFs. This study is predominantly valuable on the mezzo and micro level; however, if social workers could advocate and organize on the individual and community level, then elder abuse could move up and be further addressed on the macro level as well. This study's limitations were both a positive and a negative: a positive being that the study was small and on a local level, and that it could make a difference with local government; however, it is also not large enough to extrapolate to a statewide level. Either way, this study was able to give suggestions to the questions of how to prevent and combat elder abuse, some of the reasons abuse happens, and what laws could be considered barriers that are hindering Ombudsmen from advocating for the elderly who reside in SNFs. These answers were given by the Ombudsmen of Fresno, Madera, and Merced counties, and it is a start to a complex and socially unacceptable problem in the United States.

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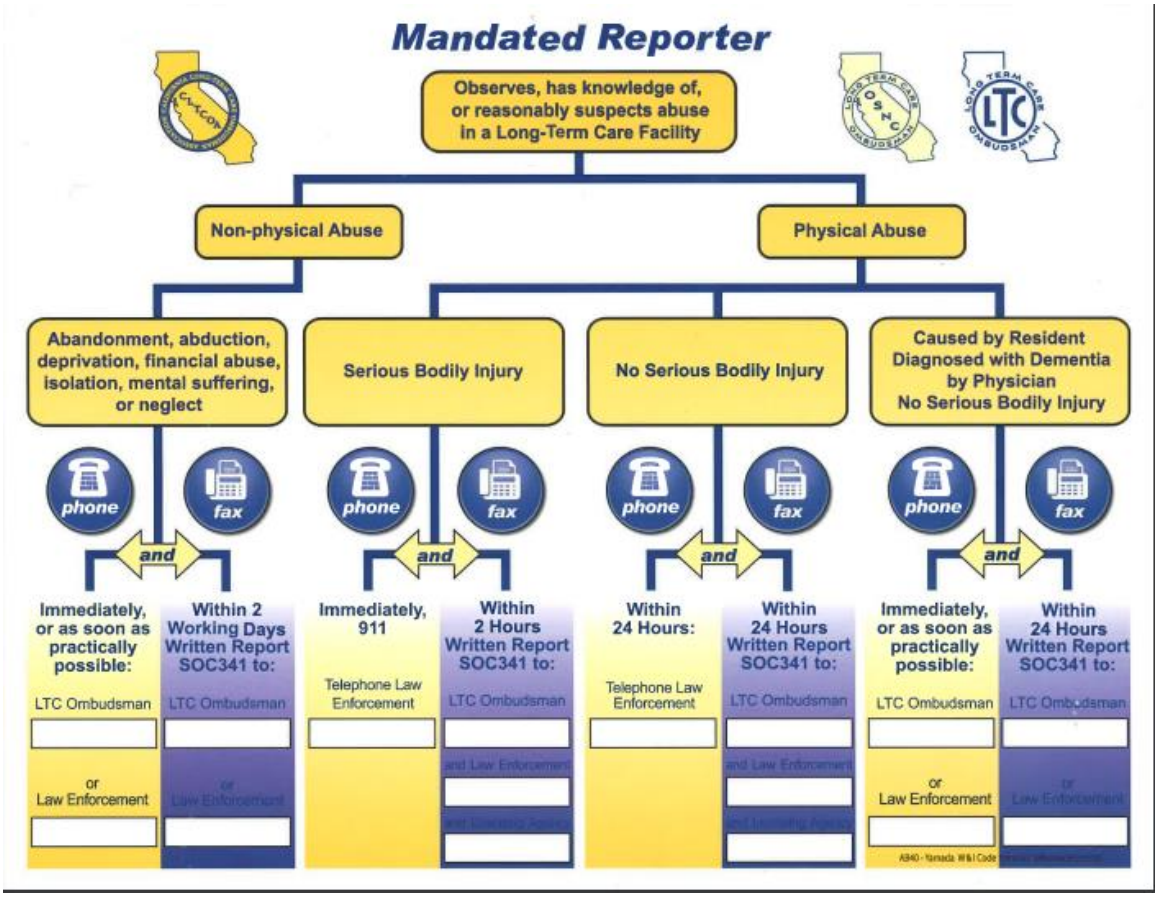
APPENDICES

APPENDIX A: MANDATED REPORTING CHART



Source: Long-Term Care Ombudsman (2013)

APPENDIX B: CONSENT FORM

Consent Form

You are invited to participate in a study conducted by Jenny Turner of California State University, Fresno, for her graduate thesis. We hope to learn reasons behind and how to prevent elder abuse in skilled nursing facilities. You were selected as a possible participant in this study because Ombudsmen are appointed advocates that have direct contact with both the alleged victims and alleged abusers.

If you decide to participate, I, Jenny Turner, MSW student, will ask you, the participant, 12 open-ended questions, that are opinion based only. These questions concern possible causes and solutions of elder abuse in skilled nursing facilities. This interview should take approximately 30 minutes to complete. The answers will then be transcribed and analyzed to find themes causes and solutions to elder abuse. This is a low-risk study, that is strictly voluntary and confidential. All transcriptions will be destroyed after thesis has been approved.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. If you give us your permission by signing this document, we plan to disclose to California State University, Fresno the results of the study only.

There is no compensation for this study. If the participant would option to hold the interview in a neutral location, where monies are needed to patron establishment, researcher will pay to patron only, however not exceeding $5.00. No cost should be passed onto the participant, or risk to participant.

Your decision whether or not to participate will not prejudice your future relations with California State University, Fresno. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. The Committee for the Protection of Human Subjects at California State University, Fresno has reviewed and approved the present research.

If you have any questions, please ask us. If you have any additional questions later, Jenny Turner 559-760-5337, will be happy to answer them. Questions regarding the rights of research subjects may be directed to Dr. Kris Clarke, Chair, CSU Fresno Committee on the Protection of Human Subjects, (559) 278-2985.

You will be given a copy of this form to keep.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

Date **Signature**

APPENDIX C: INTERVIEW QUESTIONS

Interview Questions

1.) Describe the population of the facilities that you represent.

2.) Describe the demographics in the area that you represent.

3.) Describe the common complaints that you receive.

4.) Describe the procedures of your job.

5.) Describe, if any, possible issues with the procedures that may be affecting your ability to give efficient service.

6.) Describe the prominent type of abuse claims that happen in the area that you represent.

7.) Describe the most common alleged or confirmed abusers in the facilities.

8.) Describe what you think, is the motive behind the abuse.

9.) What are some of the responses alleged abusers give when questioned?

10.) Describe training in your opinion that could decrease elder abuse, and whom should have this training.

11.) In your opinion are the current state laws more or less sufficient in preventing elder abuse in SNFs.

12.) Describe, on a macro level, what legislation should happen in order to combat and reduce elder abuse in SNFs.

13.) Describe a feasible viable solution to prevent elder abuse in SNFs.

APPENDIX D: CERTIFICATE OF TRAINING

CITI PROGRAM

Completion Date 18-Feb-2018
Expiration Date 17-Feb-2021
Record ID 26144170

This is to certify that:

Jenny Turner

Has completed the following CITI Program course:

Social & Behavioral Research - Basic/Refresher (Curriculum Group)
Social & Behavioral Research (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

California State University, Fresno

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