

***Preventing Abuse and Neglect
in Healthcare***

2.0 Contact Hours

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Preventing Abuse and Neglect in Healthcare

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Objectives:

At the conclusion of this course, the learner will be able to:

1. Define abuse and give examples of abusive behavior
2. Define neglect and give examples of neglectful behavior
3. List and describe at least four common signs or indicators of abuse
4. List and describe at least four common triggers of abuse
5. Outline at least four strategies for preventing abuse and neglect
6. Discuss the emerging phenomenon of healthcare workers being abused on the job

Healthcare professionals are supposed to be caring, compassionate, and protective of their patients. They are supposed to help and heal, rather than harass and hurt. But sometimes – for a variety of reasons – the care relationship is corrupted and anger and abuse arise. This shift from compassion to cruelty is inexcusable and should be prevented at any cost.

To prevent abuse and neglect effectively, we must first understand what they really are. Abuse is the use of physical force, emotional distress, sexual contact, or other unwanted acts or forms of exploitation to harm or coerce someone. While lengthy, this definition encompasses all that the complex concept of abuse entails. Abuse involves a wide variety of intentional and unintentional forms of harm and coercion.

Neglect differs from abuse in both method and motive. While abuse centers on what is done, neglect focuses on what is not done. Neglect is the intentional or unintentional failure of a caregiver to fulfill caregiving obligations. This can be relatively minor or a life-threatening situation.

Abuse is generally broken down into three categories: physical, emotional, and exploitative. Each type of abuse has specific triggers, consequences, and patterns. In their report “Tackling Abuse of Patients and Clients – the Work of POPAN,” Frances Blunden and Jo Nash state that emotional abuse is the most common type of abuse in healthcare, but it is also often a precursor to other types of abuse. They also point out that abuse of any type may be intentional or simply the result of poor training, lack of experience, and/or poor judgment.

Physical abuse is what most people think of when the subject of abuse is broached. It includes all use of physical force, such as hitting, pushing, pulling, biting, kicking, etc. Physical abuse also includes all abuse that involves sexual contact, as well as the inappropriate use of physical or chemical (drug) restraints.

Emotional abuse – the most common form of abuse – often goes unrecognized, as many people do not even acknowledge that it is abuse. It includes all emotional attacks on a person, guilt trips, yelling, sarcasm, belittling, name calling, etc. Emotional abuse also includes any verbal or non-verbal actions designed to reduce a person’s self-esteem or make him or her feel like a bother or a burden.

Exploitative abuse – usually simply called exploitation – is less frequently discussed, but it is just as vital an issue as the other two types of abuse. It includes a variety of forms of exploitation: financial, sexual, emotional, or material. Exploitation involves use of a person’s assets, property, resources, abilities, or personality for the personal gain of the caregiver. Like emotional abuse, exploitation tends to escalate to other types of abuse if left unchecked.

A form of exploitation that is becoming increasingly common is medication tampering or theft. With more and more narcotics and other addictive drugs being prescribed, caregivers have ample opportunities to steal drugs from patients. Often demonstrated in damaged pain patches, unexplained changes in amounts of medication administered,

and/or obviously impaired caregivers, this type of abuse is certainly becoming more prevalent.

While few broad studies have been conducted on the precise incidence of abuse in healthcare, anecdotal evidence demonstrates that it is a common problem. Limited studies have shown, however, that abuse is more prevalent in long-term care. Short-term and home-based care settings are less likely arenas for abuse. Small studies have also indicated that approximately 30% of patients in long-term care will experience some form of abuse (Stewart, 2004).

The best way to reduce this alarming incidence of abuse is to learn how to identify both the signs and triggers of abuse and neglect. Naturally, some forms of abuse – such as physical violence – are easier to spot and report than others. All types of abuse have warning signs, however, and learning these signs and the triggers that can lead to abuse can save lives and protect vulnerable patients.

Physical signs or indicators of abuse may include:

- **An unexplained or unreported injury** – While some injuries are easily explained, especially in long-term care patients, unexplained injuries and those that go unreported should always raise red flags.
- **A burn of any kind** – All patients, regardless of care type, should be kept far from situations in which they could be burned.
- **Multiple bruises of the same or similar shapes** – This can be indicative of beating or, in more frail patients, violent gripping or shaking.
- **Non-reaction to pain** – The normal human response to pain is a physical reaction, so unless a non-reaction can be explained by medication or another factor, consider it a sign of abuse.

- **Verbal insults or threats** – If you hear another caregiver using verbal insults or threats with a patient you should consider the situation abusive and report it right away.
- **Physical isolation of a patient** – Unless isolation is medically indicated, patients should never be isolated from all others, as this provides opportunity for new abuse and a cover-up for existing abuse.
- **Lack of eye contact** – Considered a universal indicator of low self-esteem, a lack of eye contact is often one of the first signs of both physical and emotional abuse.
- **Untreated sores or rashes** – Although this is actually more of a sign of neglect, it is also often a sign of abuse, especially if wound treatment is withheld as a bargaining tool.
- **Unexplained administration or over-administration of drugs** – This is generally an indicator that drugs are being misused or stolen; any change in medication administration must come from a doctor.
- **Missing personal items or money** – When items are missing from a patient's personal belongings, abuse by exploitation should always be considered a possibility.

Emotional signs or indicators of abuse may include:

- **Depression** – Abuse and the hopelessness that comes with it can easily lead to depression and a sense of worthlessness.
- **Fear or anxiety** – A generalized sense of fear or anxiety is common to victims of both physical and emotional abuse, as they live in constant dread of the next attack.

- **Fear of specific people** – If a patient exhibits a strong, inexplicable fear of a particular person or people, consider it a warning sign of abuse.
- **Passivity or a withdrawn attitude** – Another classic sign of abuse, acting passive or withdrawn indicates a sense of hopelessness and uncertainty.

Signs or indicators of neglect may include:

- **Unexplained weight loss or gain** – Anything more than a minor (one or two pound) loss or gain that cannot be medically or otherwise explained should be considered a potential sign of neglect.
- **Poor dental care** – This is important as an element of overall good health, and failure to provide adequate dental care is a definite sign of neglect.
- **Poor hygiene** – Hygiene includes both general cleanliness and care of wounds, sores, rashes, and other medical issues.
- **Torn or dirty clothes** – Neglect is often first demonstrated through carelessness and a failure to notice material and physical needs, such as dirty clothes.

Being aware of the signs of abuse is important, but it is equally important to understand common characteristics of both abusers and victims. While these profiles are by no means all-inclusive, they can be useful in identifying potentially abusive situations. Be careful, however, to avoid using this information to pre-label individuals as abusers or to create an abuse allegation where abuse simply doesn't exist.

Statistically speaking, abusers are more likely to be male, although either gender can certainly be abusive. Abusers are also more likely to be young (under age 45) and relatively inexperienced in caregiving. They often have lower levels of education than

non-abusers, and they tend to lack a real sense of concern and empathy for their patients. Additionally, abusers are often suffering from job-related burnout, a sense of complete physical, emotional, and spiritual exhaustion.

Victims, on the other hand, are more likely to be female and are often older (over age 65). They are likely to be suffering from some type of significant mental and/or physical incapacity. Victims of abuse also tend to have communication difficulties or even language barriers. And statistics show that victims of abuse are most often the patients who have few, if any, visitors.

Regardless of the characteristics and personality of the victim and abuser, certain factors are known to trigger abuse situations. These factors – many of which are common, particularly in long-term care – can be divided into facility factors and interpersonal factors. Be aware of these potential triggers and try to limit their prevalence within both patient and caregiver populations.

Top Ten Facility Triggers for Abuse:

1. Staffing issues – This includes poor or inadequate staffing levels, high patient-to-caregiver ratios, and elevated levels of staff turnover.
2. Care setting – Long-term care settings are more prone to abuse, particularly settings in which patients are highly or totally dependent on caregivers.
3. Facility focus – The business focus of a facility (quality of care vs. quantity of care) has a profound effect on the focus and abuse potential of staff members.
4. Processes and policies – Abuse is more likely to occur when standards focus on speed of care and when administrators are not available to hear complaints.
5. Physician monitoring – A lack of proper physician monitoring removes a sense of accountability and opens the door for abuse.

6. Care monitoring – Proper care monitoring is even more vital than physician monitoring in establishing accountability and preventing abuse.
7. Training – Lack of adequate training on handling difficult or stressful situations is the primary contributing factor in many abuse situations.
8. Availability of care – Abuse is more likely to occur when a patient is poorly matched or mismatched with a facility and proper care is not readily available.
9. Facility design – A facility that is poorly designed or overcrowded lends itself easily to abusive situations.
10. Facility budget – When costs are high and pennies are being pinched, tensions tend to run high and morale tends to run low, increasing the potential for abuse.

Top Five Potential Interpersonal Triggers for Abuse:

1. Difficult interactions – When a caregiver must deal with a difficult patient without support or assistance, abuse often occurs, especially without proper training.
2. Stress or burnout – Caregivers who experience both workplace and personal stress without stress-release training and support often become abusers.
3. Dependency levels – Caregivers who must constantly care for highly dependent or totally dependent patients are much more likely to be abusive.
4. Cognitive or communication deficits – Caring for patients who cannot communicate effectively or who have cognitive deficits can lead to frustration and abuse.

5. Language or cultural barriers – When a caregiver does not understand the language or cultural norms of patients, unintentional abuse can easily occur.

When these triggers – or others – are observed in your care environment, it is best to report the situation before it becomes abusive. Sadly, many cases of abuse are never reported. In fact, research indicates that only about one in four cases of abuse is ever reported. Patients who are abused often feel responsible in some way for the abuse, or they are embarrassed or ashamed of the situation. When a patient does find the courage to report abusive situations, they are often simply brushed off, ignored, or told they are overreacting.

If a patient ever comes to you with allegations of abuse, you should listen calmly and patiently and do your best to keep an open mind. Be supportive and take the information seriously, even if it does not seem logical or reasonable to you. Remember that your job is to gather information and contact the appropriate corporate and/or law enforcement authorities; the full investigation is their responsibility.

As you listen to a patient who is reporting abuse to you, make sure that the patient knows he or she is not alone and not, in any way, responsible for the abuse. Do not act shocked, disgusted, or embarrassed – no matter what you are told – and do not make light of the situation by pretending the abuse is a mere misinterpretation. Assure the patient that he or she did the right thing by coming forward, but do not promise any “quick fixes” for the abuse situation, especially not any that you do not have the power to carry out.

When abuse occurs, it is important to work toward resolving the situation quickly and use it as a training point for the future. Ideally, all abuse would be prevented, but sometimes it is nearly impossible to spot abuse until it has already become a serious problem. There are, however, measures that can be taken to help reduce the risk of abuse and neglect by caregivers.

Top Ten Abuse Prevention Tips

1. Have a mission statement – Post your mission statement publicly and make sure employees fully understand their accountability to the mission.
2. Have a patient’s bill of rights – Make sure both staff and patients know and understand what the rights of all patients include.
3. Refuse to tolerate any form of abuse – Let all employees know that there is a zero-tolerance policy on all forms of abusive behavior.
4. Investigate all allegations of abuse – Take every reported situation seriously and thoroughly investigate every charge of abuse that is made.
5. Educate all staff on abuse and neglect – Some caregivers may not even realize that their behavior is abusive or neglectful until they are educated.
6. Encourage staff to discuss difficult situations – Have a team-based approach and use staff meetings to help strategize solutions for difficult patients and situations.
7. Encourage staff to take “cool down” breaks – Require caregivers to take five or ten minute “cool down” breaks whenever they become frustrated or angry.
8. Always assign at least two caregivers to difficult patients – Simply having a partner can help defuse tensions and prevent abusive reactions to challenges.
9. Rotate staff responsibilities to prevent burnout – This is especially important for caregivers in difficult or high-stress environments which can easily cause burnout.
10. Have an open-door policy for reporting abuse – Administrators and supervisors should be available and accepting of all reports of abuse and potential abuse.

Carefully planned strategies for abuse prevention can be highly successful in reducing the incidence of and the risk for abuse of patients by healthcare professionals. There is a growing problem, however, of healthcare professionals being seriously abused by patients. A recent survey by a task force of the Colorado Nurses Association showed that 32% of healthcare workers had been victims of some type of violence on the job (Morgan, 1999). This change in the tide of abuse can be difficult to predict and, often due to lack of education on the topic, even life-threatening.

The most common types of assaults on healthcare workers are moderate to severe in nature, ranging from spitting to hitting, kicking, hair pulling, and even attacks with weapons. Sexual assaults and threats of death or brutal violence are also on the rise. The risk of attacks and abusive situations is compounded for caregivers who work with patients who have drug or alcohol impairments, psychiatric conditions, neurological problems, or a history of violence.

Just as with patient abuse, many attacks on caregivers and other healthcare professionals go unreported. Caregivers often justify or excuse abusive behaviors by patients as the natural by-product of pain or trauma. In truth, however, abuse of healthcare professionals is a serious problem, and workers need to be trained and given permission to put their own safety first.

As with other types of abuse, certain strategies exist to help prevent abuse of caregivers and other healthcare professionals. These strategies include:

- **Teach anger-defusing strategies** – Workers that are well-equipped for defusing anger are more likely to avoid violence and abuse.
- **Install better parking lot lights and other outdoor lighting** – Statistics show that a large percentage of violence against caregivers occurs in parking lots or other outdoor areas.

- **Install bulletproof glass and metal detectors, where indicated** – In areas where gun violence is prevalent, these measures may save lives, particularly in emergency care settings.
- **Hire adequate security personnel** – The mere presence of security personnel, armed or not, can discourage violence, harassment, and abuse.
- **Use security devices to monitor facility environments** – Video cameras, electronic locks, panic buttons, and personal alarm devices are all helpful in deterring violence.

Abuse of any type is always undesirable. Abuse and neglect destroy quality of life for the victim and only serve to create a negative pattern of behavior for the abuser. As caring, compassionate healthcare professionals, we must strive to prevent abuse and neglect at all costs. Careful observation and prevention of abuse and neglect will help preserve optimum quality of life for patients and healthcare professionals alike.

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