

Preventing and Addressing Abuse of Older Adults: Long-Term Care Videos

Discussion Guide



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Registered Nurses' Association of Ontario
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Preventing and Addressing Abuse and Neglect Long-Term Care Videos Discussion Guide

This resource was developed by Parkview Manor Health Care Centre together with support from the Registered Nurses' Association of Ontario (RNAO) and with funding from the Government of Canada's New Horizons for Seniors Program.

The purpose of this guide is to provide key areas to focus your discussion when watching the five videos which depict interactions between staff and residents in a long-term care setting. Questions and responses are used to guide the facilitator and are suggestions only. Facilitators are responsible for ensuring they provide accurate and up-to-date information regarding legislation and their own organization's policies.

The videos can be found online at www.RNAO.ca/elder-abuse

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Introduction & Purpose

Parkview Manor Health Care Centre together with support from RNAO and with funding from the Government of Canada's New Horizons for Seniors Program created five videos depicting interactions between staff and residents in a long-term care setting. The purpose of the videos is to provide fictional scenes which can be viewed and then discussed as part of education to prevent and address abuse and neglect of older adults.

Abuse and neglect of older adults is a topic that makes many nurses and other LTC staff feel uncomfortable. Providing staff with an opportunity to discuss this topic in an open, non-judgmental way may help raise awareness and promote dignity, respect and safety for residents.

Since abuse and neglect are topics which are not always discussed very openly people may have different understandings of the definitions, possible signs and responsibilities about how to respond. Take a minute to think about your understanding of abuse and neglect – What is the definition? Would you need to see physical signs of abuse such as bruises and cuts before taking action? Do you know what signs to look for? Do you ever hear or see something you know is not right, but you think to yourself, what's the point of addressing it, nothing will change? Opening up dialogue between staff members in a long-term care home can help ensure that everyone has a good understanding of what is considered abuse and neglect, what the policies and laws are surrounding this topic, and ways to work together to address problems.

Many different definitions of abuse and neglect have been developed over time; the definitions used in this guide align with the RNAO guideline *Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches*. Definitions of abuse can be found starting on page 5 of this discussion guide. Some forms of abuse, such as physical, financial and sexual abuse may be better known, given that they are more frequently highlighted in the media. Less may be understood about some of the more subtle forms of abuse such as emotional/psychological abuse and neglect. All forms of abuse can be damaging to older adults. The five videos show some of these more subtle behaviours and actions that cause harm such as hurtful language and tone of voice, rushing residents or making them wait for care and not giving residents the opportunity or encouragement to participate in their care.

LTC staff are in a unique position to advocate for quality care and promote dignity, respect and safety for all residents. This is important because residents and their families rely on you to step up and protect them. Everyone has a moral obligation to respond to poor care and a legal obligation to report actual or suspected abuse or neglect of those in our care (legislation varies across Canada).

These videos have been created by LTC staff for LTC staff to bring to light situations that may be seen and heard but not addressed or reported. Every person who is involved in the care of residents needs to be able to identify and address situations of abuse and neglect and therefore should be included in education programs. The aim is to provide the best care, respectful behaviour towards all residents, valuing each individual and upholding their rights. It is critical that LTC homes work together across all to address the problem of abuse and neglect.

Here are some recommended goals for discussing these videos:

- 1) clarify forms of abuse and neglect particularly those that might be overlooked or less understood
- 2) raise awareness and discuss as a group what kind of care should be provided to residents
- 3) identify ways to support staff and promote a positive work environment
- 4) identify factors that may contribute to poor care, abuse and neglect
- 5) identify ways to prevent and address poor care, abuse and neglect in your organization
- 6) provide an opportunity for educators to clarify organizational policies and procedures, legislation (i.e. duty to report)
- 7) reinforce residents' rights and professional standards of care

This discussion guide has a section for each of the five videos. Each section includes discussion questions, possible responses, key points, and tips for the facilitator. The videos and discussion guide should be used to generate conversation and promote critical thinking. Discussions can also include what impact our own values, beliefs and attitudes may have on the care that is provided for residents. In some cases this may lead to questions about your organizational policies or local legislation. In this case you will need to seek out the information which is relevant to you as this varies from organization to organization and across Canada. Appendices and Resources are provided to support an informed discussion.

It is important that you review "duty to report" legislation according to the Long Term Care Homes Act for those in Ontario (if outside Ontario, refer to your local regulation on how to report and to whom). This should also include discussion of "whistleblower protection" that is part of the Ontario regulations. See Appendix A.

Facilitator Tip: Throughout the guide you will see boxes which indicate additional tips to help facilitate the discussion.

Here are some tips to consider before getting started:

- preview the videos in advance to determine which videos you would like to use and in what order
- be familiar with the content of the guide, your organization's policies, procedures and legislation and have this information on hand
- consider setting ground rules with the group to make people feel more at ease to discuss sensitive issues
- prepare for strong emotional reactions and anticipate ways you can address these effectively
- be prepared to follow up on suggestions staff may have about ways to enhance quality care or to prevent or address abuse and neglect

Remember that there are a variety of definitions of abuse and neglect the examples provided in this document are not a complete list. The definitions are intended to clarify what is and is not abuse, but sometimes you may not be certain.

For actions and behaviours that are not clearly abuse or neglect, facilitators might choose to focus the discussion on residents' rights, or focus on ways to ensure that the residents in your LTC home are safe and are treated with dignity and respect.

Definitions of Abuse and Neglect of Older Adults

This information is from Appendix D (page 97) in the RNAO guideline *Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches*. A complete list of references can be found in the guideline.

The guideline can be found online at www.RNAO.ca/elder-abuse

Overarching definitions of abuse and neglect

- “A single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person” (WHO, 2002, p.126).
- “Mistreatment of older adults refers to actions and/or behaviours, or lack of actions and/or behaviours that cause harm or risk of harm within a trusting relationship. Mistreatment includes abuse and neglect of older adults” (NICE, 2012, p.99).

Emotional/psychological abuse

“Severe or persistent verbal or non-verbal behaviour that results in emotional or psychological harm” (NICE, 2012, p.99).

Psychological, emotional and verbal abuse is also defined as “any action, verbal or non-verbal, that lessens a person’s sense of identity, dignity and self-worth” (ESDC, 2011).

“Psychological, emotional and verbal abuse may include one or more of the following:

- words or actions that belittle an older adult, are hurtful, make the person feel unworthy;
- not considering an older adult’s wishes;
- not respecting an older adult’s belongings or pets;
- inappropriate control of activities for example, denying access to grandchildren or friends;
- threatening an older adult with for example putting them in a “home”;
- treating an older adult like a child;
- removal of decision-making power while the older adult is still competent;
- withholding affection;
- verbal aggression, humiliation, isolation, intimidation; and
- name-calling”(ESDC, 2011).

Financial/material abuse

“An action or lack of action with respect to material possessions, funds, assets, property, or legal documents, that is unauthorized, or coerced, or a misuse of legal authority” (NICE, 2012, p.99).

“Any improper conduct, done with or without the informed consent of the older adult, which results in a monetary or personal gain for the abuser and/or a monetary or personal loss for the older adult. The misuse of another individual’s funds or property through fraud, trickery or force is financial abuse” (ESDC, 2011).

Sexual abuse

“Direct or indirect involvement in sexual activity without consent” (NICE, 2012, p.99). Sexual abuse “includes coercing an older person through force, trickery, threats or other means into unwanted sexual activity. Sexual abuse also encompasses sexual contact with older adults who are unable to grant consent. This includes inappropriate sexual contact between service providers and their older adult clients” (ESDC, 2011).

Physical abuse

“Actions or behaviours that result in bodily injury, pain, impairment or psychological distress” (NICE, 2012, p.99).

“Physical abuse may include one or more of the following, but is not limited to:

- pushing, shoving;
- hitting, slapping, poking;
- pulling hair, biting, pinching;
- spitting at someone; and
- confining or restraining a person inappropriately” (ESDC, 2011).

Neglect

“Repeated deprivation of assistance needed by the older person for activities of daily living” (NICE, 2012, p.99).

Neglect is also defined as the “intentional or unintentional failure to provide for the needs of the older adult” (ESDC, 2011).

Neglect can be divided into two categories: 1) Active neglect is “the deliberate or intentional withholding of care or the basic necessities of life”; and 2) Passive neglect is “the failure to provide proper care due to lack of knowledge, information, experience or ability” (ESDC, 2011).

Systemic abuse

Systemic abuse has multiple meanings. These may include:

- rules in a facility or at the government level that inadvertently cause harms;
- repeated patterns of substandard care;
- situations where employees are unaware that their behavior is wrong and therefore there is no corrective action;
- failure of administration to effectively address incidents of abusive conduct; or
- system wide problems, such as inadequate resources or an institutional culture where staff fear consequences for reporting abuse (Spencer et al., 2008).

Violation of rights

“A *violation of rights* is defined primarily as the denial of a person’s fundamental rights according to the *Canadian Charter of Rights and Freedoms* or the *United Nations’ Universal Declaration of Human Rights*. Conduct that denies an older adult’s rights may include one or more of the following:

- censoring or interfering with a person’s mail;
- withholding information to which the person is entitled;
- restricting liberties, not allowing the senior go out and/or socialize; and
- denying privacy, visitors, phone calls or religious worship/spiritual practice” (ESDC, 2011).

Video #1: REPORT

While staff watch the video, ask them to write down their observations about the behaviours and interactions depicted in the scene (negative and positive).

Sample Discussion Questions

Question: What is happening in this situation? Did you see any behaviours which you thought were not acceptable or should be changed?

Possible responses:

- talking in front of the resident (the resident could potentially hear the entire report which is a breach of confidentiality)
- threatening physical harm to a resident – even if it is clarified that she did not mean it
- reluctant to answer the call bell
- downplaying a resident's need for pain control
- talking disrespectfully (sarcasm – i.e. 'joy to work with', labeling coworkers)

Question: What positive behaviors/actions did you observe in this video?

Possible responses:

- offering a specific description of the behavior rather than a blanket statement of aggression
- suggesting possible ways to help with aggressive behaviours (i.e. music or holding a cloth during care)

Facilitator Tip: Promote discussion about the importance of respectful behaviour. Explore how the resident in this situation might feel. Discuss how to build and promote a healthy work environment.

Question: What factors might be contributing to this situation?

Prompt: for example, factors for the health-care provider, on that particular unit or within the organization.

Possible responses:

- fatigue (caregiver may be approaching burnout)
- lack of education on how to manage dementia and related symptoms
- lack of education on pain management
- unhealthy work environment
- culture that condones abuse or inadequate care
- ageism
- attitudes or assumptions about residents (i.e. assuming the resident isn't listening or understanding)

- fear from one staff member to discuss the another staff member's behaviour/attitude

Facilitator Tip: Be familiar with the factors that contribute to abuse and neglect in institutional settings, Appendix B. Discuss what types of actions someone might take if they are involved in a scenario like this or try role playing how this scene could have gone differently.

Question: From what you have seen, would you perceive any behaviours shown in this scenario as abuse or neglect? What types of abuse are demonstrated (if any)?

Possible responses:

- emotional/psychological abuse (see page 5)
 - intimidation
 - threatening to harm a resident
- neglect (see page 6)
 - not respecting a resident's report of pain and not treating due to a personal beliefs about the pain
 - ignoring the call bell

Facilitator Tip: You may want to provide handouts with the definitions of abuse and neglect for participants to refer to throughout the discussion.

Question: What would you do differently in this situation/how would you proceed? Or What should our response to this situation be?

Possible responses:

- address the situation if a colleague is acting in a way that is potentially abusive or neglectful (see your legislation to determine if there is a duty to report and your organizational policies about addressing behaviour that is potentially abusive or neglectful)
- learn about self care and how to rebound from caregiver burnout (see Appendix C for suggestions)
- think about how you would like to be treated if you were the resident

Other possible discussion topics:

- relevant organizational policies and procedures
- residents' rights
- confidentiality
 - for example, within the Ontario LTCHA on confidentiality, all aspects of information related to each resident must not be shared in a setting where it may be overheard by other staff who are not involved in this individuals care, other residents or visitors (see Resources for link to LTCHA legislation)
- responsibilities and duties to report

- process for alerting the supervisor if co-workers are unable to fulfill job duties

Facilitator tip: Be familiar with any duties to report that may apply, according to your jurisdiction or your organization's policies. Be able to clarify to staff:

- What must be reported?
- Who is responsible for reporting?
- Who do you need to report to and what are the contact details?
- If you report, how are you protected by whistleblower protection?
- If you don't report, are there any repercussions?

Note: It may be useful to have your abuse and neglect policies available for review during this educational opportunity.

Question: What else can be done to promote dignity, respect and safety for residents in your organization?

Further questions: What can each individual do? What can you do as a group? What can your organization do?

Possible responses:

- practice self care to prevent burnout (see Appendix C)
- contribute to a positive work environment (see Appendix D and RNAO's Healthy Work Environment BPGs)
- practice person-centred care
- form a committee dedicated to quality improvement and making positive culture change happen in your home
- review your policies and procedures on employee conduct: are expectations and consequences of inappropriate conduct clear?
- review policies on prevention of abuse and neglect, are they clear?
- provide education and training for all employees on dementia and pain management
- ensure all staff are familiar with and fully understand how to report suspected or confirmed abuse or neglect
- discuss with management if staff require education and support for working with dementia patients - in Ontario, see the Long-term Care Homes Act and review Appendix 1 (training section)

Vignette #2: ADMISSION

While staff watch the video, ask them to write down their observations about the behaviours and interactions depicted in the scene (negative and positive).

Sample Discussion Questions

Question: What is happening in this situation? Did you see any behaviours which you thought were not acceptable or should be changed?

Possible responses:

- does not introduce herself or explain her role
- unprofessional attitude
 - comments about early arrival
 - seeming rushed/inconvenienced
 - comments about working short
 - answering the phone and commenting that no one else can do it
- breaching confidentiality while on phone
- ignoring resident's question about what information is being gathered
- speaking to the family member about the resident in front of her
- using medical jargon that may be difficult to understand
- focusing on the negative aspects of the resident's situation (e.g. multiple diagnoses, incontinence)

Question: What positive behaviors/actions did you observe in this video?

Possible responses:

- greeting the resident and family member in a friendly way and shaking hands
- apologizing for not speaking directly to the resident and asking to start over
- asking for more information
- acknowledging the request to use preferred name
- acknowledging the right to exercise religious beliefs and activities
- offering assurance that preferences will be included in the care plan

Facilitator Tip: Promote discussion about the importance of respectful behaviour. Explore how the resident in this situation might feel. Discuss how to build and promote a healthy work environment.

Question: What factors might be contributing to this situation?

Prompt: for example, factors for the health-care provider, on that particular unit or within the organization.

Possible responses:

- oversight of introducing self could be due to rushing
- home may not have adequate staffing
- unprofessional attitude and comments may have never been addressed before (might seem normal)
- possible inadequate staff training
- home may not follow a person-centred approach to care

Facilitator Tip: Be familiar with the factors that contribute to abuse and neglect in institutional settings, Appendix B.

Question: From what you have seen, would you perceive any behaviours shown in this scenario as abuse or neglect?

Possible responses:

- emotional/psychological abuse (see page 5)
 - words or actions that belittle an older adult, are hurtful, make the person feel unworthy
 - treating an older adult like a child
- systemic abuse (page 7)
 - system-wide problems, such as inadequate resources

Facilitator Tip: You may want to provide handouts with the definitions of abuse and neglect for participants to refer to throughout the discussion.

Question: How would you offer support to your colleague if you witnessed this type of scenario?

Possible responses:

- talk about stress and caregiver burnout, (see Appendix C)
- discuss how colleagues can provide support to one another
- refer them to the professional practice standards e.g., College of Nurses Professional Standards or standards on Therapeutic Nurse-Client Relationships (see Resources)
- discuss approaching management about working short if this is a frequent problem; your workplace may be not meeting the staffing and care standards according to legislation
- suggest they speak with their supervisor to come up with an individualized education plan

Facilitator tip: Be prepared to provide information on counseling or emotional support available to help health-care providers who may be experiencing stress or burnout.

Question: What else can be done to promote dignity, respect and safety for residents in your organization?

Further prompts: What can each individual do? What can you do as a group? What can your organization do?

Possible responses:

- practice self care to prevent burnout (see Appendix C)
- contribute to a positive work environment (see Appendix D and RNAOs Healthy Workplace Environment BPGs)
- if working short is often a problem, review recruitment and retention practices
- review employee conduct policy and procedures and professional practice standards with all staff
- provide education on residents' rights
- review quality improvement plans and ensure there is a plan to address issues of abuse, neglect or poor quality care to improve the care provided

Video #3: HALLWAY

While staff watch the video, ask them to write down their observations about the behaviours and interactions depicted in the scene (negative and positive).

Sample Discussion Questions

Question: What is happening in this situation? Did you see any behaviours which you thought were not acceptable or should be changed?

Possible responses:

- staff imposing their own schedule and being forceful while getting the resident to bath
- not offering choices
- threatening to not provide care
- humiliation (e.g. speaking about odour), talking about resident as if she is not there
- using force to complete a task

Question: What positive behaviors/actions did you observe in this video?

Possible responses:

- intervening with more positive approaches and suggesting non-medical interventions (e.g. allow some time to relax, use cue cards)
- looking for reason behind the responsive behaviour and identifying that the resident might not understand verbal communication
- bending down to speak to the resident and making eye contact (coming from side to reduce risk of personal harm)

Facilitator Tip: Promote discussion about managing responsive behaviours. Explore how the resident in this situation might feel. Discuss how to build and promote a healthy work environment.

Question: What factors might be contributing to this situation?

Prompt: for example, factors for the health-care provider, on that particular unit or within the organization.

Possible responses:

- inadequate training for staff working with people who have dementia
- culture of the home (e.g., set bath times, assembly line care giving)
- fear that bath must be completed “no matter what” to meet job expectations
- culture of home that does not address inadequate care or abuse and neglect
- lack of policies and procedures to address abuse or neglect

Facilitator Tip: Be familiar with the factors and conditions that contribute to abuse and neglect in institutional settings, Appendix B.

Question: From what you have seen, would you perceive any behaviours shown in this scenario as abuse or neglect?

Possible responses:

- Physical abuse (page 6)
 - actions or behaviours that result in bodily injury, pain, impairment or psychological distress for example pushing or shoving
- Passive neglect (page 6)
 - the failure to provide proper care due to lack of knowledge, information, experience or ability
- Emotional/psychological abuse (page 7)
 - words or actions that belittle an older adult, are hurtful, make the person feel unworthy
 - not considering an older adult's wishes
 - treating an older adult like a child

Facilitator Tip: You may want to provide handouts with the definitions of abuse and neglect for participants to refer to throughout the discussion.

Question: If you were the third health-care provider (the one who calmed the situation) what would your next steps be?

Possible responses:

- consider having a team huddle or meeting to discuss the situation and problem solve together
- speak with your supervisor about the scene you witnessed and what was done to de-escalate the situation

Other possible discussion topics:

- review any relevant organizational policies and procedures
- reinforce residents' rights
- reinforce responsibilities and duties to report that may apply

Facilitator tip: Be familiar any duties to report that may apply, according to your jurisdiction or your organization's policies. Be able to clarify to staff:

- What must be reported?
- Who is responsible for reporting?
- Who do you need to report to and what are the contact details?
- If you report, how are you protected by whistleblower protection?
- If you don't report, are there any repercussions?

Note: It may be useful to have you abuse and neglect policies available for review during this educational opportunity.

Question: What else can be done to address situations like these?

Prompt: What can each health-care provider do? What can the team do? What can the LTC home do?

Possible responses:

- reflect on your own attitudes, values and beliefs (see Appendix E)
- make a self improvement plan to learn about person-centred care and how to apply it to your own practice
- meet with your supervisor to ask for help and make a plan to address your frustrations
- practice self care to decrease your stress levels (see Appendix C)
- think about how you would like your loved one to be talked to and cared for
- ask for further education on dementia and effective management of responsive behaviours
- speak with your supervisor on what the appropriate approach would be in regards to completing a bath when a resident is demonstrating responsive behaviors
- support a positive work environment (see Appendix D and RNAOs Healthy Workplace Environment BPG)

Video #4: DINING ROOM

While staff watch the video, ask them to write down their observations about the behaviours and interactions depicted in the scene (negative and positive).

Sample Discussion Questions

Question: What is happening in this situation? Did you see any behaviours which you thought were not acceptable or should be changed?

Possible responses:

- lunch is being served late
- negative attitudes displayed by some staff members
- inappropriate language (e.g. “she’s a grump,” “grandpa”)
- speaking negatively about one resident to another resident
- not providing adaptive aids (“special spoon”)
- failing to provide a therapeutic dining experience (shouting across the room)
- humiliation (does not provide clothing cover or “special spoon”, resident spills on shirt and is visibly upset)
- treating a resident like a child and threatening: “you better eat all your soup up or you won’t get any dessert”
- poor staff relationships (uncomfortable to ask dietary staff for more juice so do not provide choice to residents)

Question: What positive behaviors/actions did you observe in this video?

Possible responses:

- offering choice of drinks
- engaging a resident in dialogue (before comment about the other resident being grumpy)
- giving a resident time to respond and checking that the response was understood properly
- apologizing to the resident for her not getting the “special spoon” and assisting her to leave the dining room to change her shirt
- informing other staff that she is leaving the room

Facilitator Tip: Explore how the residents in this situation might feel. Discuss how to build and promote a healthy work environment.

Question: What could be done differently?

Prompt: What can be done to promote dignity and respect for the residents?

Possible responses:

- staff could get the “special spoon” and not depend on other staff to get it

- all staff could be assisting residents getting set up for the meal, then sitting with residents to assist once everyone has all they need (split the tasks between staff)
- more supervision in the dining room to oversee the treatment and care provided

Question: From what you have seen, would you perceive any behaviours shown in this scenario as abuse or neglect?

Possible responses:

- Emotional/psychological abuse (page 5)
 - words or actions that belittle an older adult, make the person feel unworthy
 - treating and older adult like a child (no dessert)
 - humiliation (soup on shirt)
 - tone of voice and speaking about another resident being “grumpy”
- Neglect (page 6)
 - not providing choice (drinks)
 - not providing assistive aide
 - making resident wait
- Systemic abuse (page 7)
 - repeated pattern of substandard care
 - employees are unaware that their behaviour is wrong and therefore there is no corrective action

Facilitator Tip: You may want to provide handouts with the definitions of abuse and neglect for participants to refer to throughout the discussion.

Question: What are some factors that might contribute to a situation like this? Consider resident factors, staff factors and organizational factors

Possible responses:

Resident Factors:

- dependency on others related to physical limitations
- dependency on others related to communication deficit
- cognitive deficit
- little family involvement
- unaware of residents’ rights

Staff Factors:

- disempowered staff
- lack of supervision
- personal stress of staff (may decrease ability to cope with stress at work)
- attitudes, ageism, condoning abuse and neglect

Organizational Factors:

- inadequate staffing to meet the needs of residents
- staff may not have been adequately trained
- culture or regime of the LTC home

Facilitator Tip: Refer to Appendix B for some of the factors and conditions that contribute to abuse and neglect in institutions.

Question: What can your organization do to prevent and address a situation like this?

Possible responses:

- establish a person-centred approach to care and uphold residents' rights
- establish routes for complaint reporting and ensure staff are provided education
- establish clear policies and procedures on zero tolerance of abuse and neglect
- education and ongoing training on dementia and ageism
- establish no-blame policies (whistleblower protection) so staff may be more comfortable in reporting mistreatment
- review level of staffing to ensure enough supervision is provided
- involve staff in quality improvement plans so they may feel empowered and valued and recognize and reward good performance

Facilitator Tip: Refer to the RNAO BPG, *Person-and Family-Centred Care* for recommendations on how to assist individuals and organizations to adopt a person-centred culture of care.

Video #5: RESIDENT ROOM

While staff watch the video, ask them to write down their observations about the behaviours and interactions depicted in the scene (negative and positive).

Sample Discussion Questions

Question: What is happening in this situation? Did you see any behaviours which you thought were not acceptable or should be changed?

Possible responses:

- does not introduce herself
- calling the resident “honey”
- throwing off the blankets and turning on the lights before greeting the resident
- being rough with the resident
- outpacing/rushing the resident
- disrespectful tone of voice and body language
- using the resident’s phone for a personal call
- inappropriate comments
 - about inability to wash self
 - about daughter not visiting due to his inability to care for self
 - using the term diaper
 - calling the resident ‘lazybones’
- possible issue with confidentiality (report sheet put within the resident’s view)
- not enough incontinence products (LTC home may be rationing supplies)
- discussing staff “incompetence” in front of resident
- call bell is not accessible (failure to provide a safe environment)
- choice is not given about using wheelchair (removal of decision-making power while the older adult is still competent)
- not providing wheelchair when resident feeling unable to walk
- not providing pain medicating prior to walking

Question: What positive behaviors/actions did you observe in this video?

Possible responses:

- calling resident by his preferred name
- investigating pain, offering to ask a nurse for pain management and following up
- offering help to a colleague who is frustrated by taking over to help with resident walking

Facilitator Tip: Explore how the residents in this situation might feel. Discuss what do if a colleague is acting frustrated.

Question: From what you have seen, would you perceive any behaviours shown in this scenario as abuse or neglect?

Possible responses:

- Emotional/psychological abuse (page 5)
 - words or actions that belittle an older adult, are hurtful, make the person feel unworthy
 - not considering an older adult's wishes
 - not respecting an older adult's belongings
 - treating an older adult like a child
 - humiliation
 - name-calling
- Physical abuse (page 6)
 - actions or behaviours that result in bodily injury, pain, impairment or psychological distress
- Neglect (page 6)
 - intentional or unintentional failure to provide for the needs of the older adult
- Systemic abuse (page 7)
 - repeated patterns of substandard care
 - situations where employees are unaware that their behavior is wrong and therefore there is no corrective action
 - failure of administration to effectively address incidents of abusive conduct
 - system wide problems, such as inadequate resources

Facilitator Tip: You may want to provide handouts with the definitions of abuse and neglect for participants to refer to throughout the discussion.

Question: What are some resident factors that may increase the resident's risk for abuse or neglect?

Possible responses:

- daughter lives a distance away
- physically dependent on staff
- may not be aware of who to speak to about his concerns
- may be fearful of reporting mistreatment

Question: What can you do to ensure you, as a health-care provider, provide care to a high standard?

Possible responses:

- reflect on your attitude towards older adults, your own cultural beliefs and values and consider how this impacts the care you provide (see Appendix E)
- practice self care (see Appendix C)

- ask for help before you become frustrated and your standard of care is compromised
- speak to your supervisor to create a plan to improve time management
- put yourself in the position of the older adult

Question: What can the organization do to ensure that residents are safe and are treated with dignity and respect?

Possible responses:

- educate residents on their rights and encourage them to speak out if the care they are receiving is substandard (see Resources to link to Residents' Bill of Rights - ACE & Community Legal Education Ontario *Every Resident: Bill of Rights for people who live in Ontario long-term care homes*)
- advocate for adoption of RNAO's *Person-and Family-Centred Care* BPG (see Resources)
- recognize and educate staff on caregiver burnout, promote a healthy work environment, promote staff taking good care of themselves
- ensure preventing and addressing abuse and neglect is part of your quality improvement plan
- review staffing policies, review recruitment and retention and revise plan as necessary

Other possible discussion topics:

- review any relevant organizational policies and procedures (e.g. if you have a zero tolerance for abuse policy, a whistleblower protection policy (no-blame policy) for those who report abuse or neglect, clarify this (see Appendix A))
- reinforce residents' rights
- reinforce responsibilities and duties to report that may apply

Facilitator tip: Be familiar any duties to report that may apply, according to your jurisdiction or your organization's policies. Be able to clarify to staff:

- What must be reported?
- Who is responsible for reporting?
- Who do you need to report to and what are the contact details?
- If you report, how are you protected by whistleblower protection?
- If you don't report, are there any repercussions?

Note: It may be useful to have you abuse and neglect policies available for review during this educational opportunity.

Resources

Resource	Description	URL
ACE & Community Legal Education Ontario <i>Every Resident: Bill of Rights for people who live in Ontario long-term care homes</i>	A plain language, user friendly overview of the <i>Bill of Rights for people who live in Ontario long-term care homes</i> .	http://www.advocacycentreelderly.org/appimages/file/Every%20Resident%20-%20Bill%20of%20Rights.pdf
Advocacy Centre for the Elderly (ACE)	The Advocacy Centre for the Elderly provides direct legal services to low-income seniors, public legal education, and engages in law reform activities.	www.ancelaw.ca
Alzheimer's Society Person Centred Language	Language used to describe Alzheimer's disease and other dementias has historically been largely negative, focusing on the losses experienced by the person living with dementia. The Alzheimer Society has developed language guidelines as a tool for anyone who lives with, supports or cares about a person living with Alzheimer's disease or another dementia.	http://www.alzheimer.ca/~media/Files/national/Culture-change/culture_person_centred_language_2012_e.pdf
College of Nurses of Ontario (CNO) Therapeutic Nurse-Client Relationship Standard	At the core of nursing is the therapeutic nurse-client relationship. The College's Therapeutic Nurse-Client Relationship, Revised 2006, practice standard describes the expectations for all nurses in establishing, maintaining and terminating a therapeutic relationship.	http://www.cno.org/Global/docs/prac/41033_Therapeutic.pdf
College of Nurses of Ontario (CNO) Professional Standards, Revised 2002	The <i>Professional Standards</i> practice standard provides an overall framework for the practice of nursing and links with other practice standards, guidelines and competencies	http://www.cno.org/Global/docs/prac/41006_ProfStds.pdf

Resource	Description	URL
College of Nurses of Ontario (CNO) Abuse Prevention: One Is One Too Many	developed by the College of Nurses of Ontario. One Is One Too Many is a valuable tool for any organization employing nurses that is concerned about issues involving client abuse. It was created by the College in response to a government directive that all health colleges provide member education about abuse.	http://www.cno.org/en/learn-about-standards-guidelines/educational-tools/abuse-prevention/
Community Legal Education Ontario	Useful information about understanding residents' rights. Includes examples.	www.cleo.on.ca
Ontario Long Term Care Homes Act	All long-term care homes in Ontario are now governed by one piece of legislation: the Long-Term Care Homes Act, 2007. The LTCHA is designed to help ensure that residents of long-term care homes receive safe, consistent, high-quality, resident-centred care.	http://www.ontario.ca/laws/regulation/r10079
Registered Nurses' Association of Ontario Healthy Work Environment Best Practice Guidelines	Guidelines to provide resources on establishing healthy work environments.	www.RNAO.ca/bpg/guidelines/healthy-work-environment
Registered Nurses' Association of Ontario Initiative: Addressing Abuse of Older Adults	Access to: <ul style="list-style-type: none"> • RNAO BPG, <i>Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches</i> • A four module eLearning course • A Best Practice Success Kit (includes the Taking Action Toolkit, Organizational Self Assessment Tool and more) 	www.RNAO.ca/elder-abuse

Resource	Description	URL
Registered Nurses' Association of Ontario <i>Person-and Family-Centred Care</i>	The <i>Person- and Family-Centred Care</i> BPG (formerly Client Centred Care) was developed to promote evidence-based practices associated with person- and family-centred care to assist nurses and other health-care providers acquire the knowledge and skills necessary to practice person-and family-centred care.	http://rnao.ca/bpg/guidelines/person-and-family-centred-care

Appendix A: Whistleblower Protection/No-Blame Policies

Whistleblower protection legally protects staff when they report abuse and neglect so that staff can feel more at ease knowing they cannot legally be reprimanded for reporting mistreatment of residents to the proper authority. In Ontario, there is a Whistleblower Protection Act contained in the LTC regulations (see whistleblower protection section of regulations, accessible through Resources section in this guide). This part of the act states “no person shall retaliate against another person, whether by action or omission, or threaten to do so because...” they have reported abuse or neglect of a resident or suspicion of to the appropriate authority.

The RNAO BPG *Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches* recommends that organizations establish no-blame policies (whistleblower protection) to make it easier for staff and others to speak up about abuse and neglect. See Pg 53 in the guideline for more information.

The guideline can be found online at www.RNAO.ca/bpg

Appendix B: Factors and Conditions that Contribute to Abuse and Neglect in Institutions

This table is from page 53 in the RNAO guideline *Addressing and Preventing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches*.

Registered Nurses' Association of Ontario. (2014). *Addressing and Preventing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches*. Toronto, ON: Registered Nurses' Association of Ontario.

The guideline can be found online at www.RNAO.ca/bpg

Table 5: Factors and Conditions that Contribute to Abuse and Neglect in Institutions

ORGANIZATIONAL FACTORS
<ul style="list-style-type: none">■ inadequate number of staff/inappropriate staff mix^c to meet the needs of residents■ staff who have not been adequately trained (e.g., no training in dementia care, transient staff)■ rationing of supplies■ culture or regime of institution (e.g., set bed times, assembly line caregiving)■ lack of supervision■ overcrowding/congestion
STAFF FACTORS
<ul style="list-style-type: none">■ burnout/emotional/physical exhaustion■ disempowered staff■ personal stress such as performing "double duty" (i.e., providing care at work and at home)■ alcohol or substance abuse■ personal history of abuse■ attitudes: ageism, condoning abuse and neglect
RESIDENT FACTORS
<ul style="list-style-type: none">■ dependency based on physical limitations■ communication difficulties■ cognitive impairment■ physical or social isolation (e.g., few visitors, no family involvement)
<p>(Buzgova & Ivanova, 2009; Goergen, 2004; Long-Term Care Task Force on Resident Care and Safety, 2013; McDonald et al., 2012; Phillips & Ziminski, 2012; Shinan-Altman & Cohen, 2009; Spencer, 2006; Spencer et al., 2008)</p>

Appendix C: Self-Care Strategies to Help Avoid Caregiver Burnout

These tips are from Module 2 (Working with Older Adults and Their Families) of the RNAO eLearning course *Preventing and Addressing Abuse and Neglect of Older Adults* which can be found online at <http://elearning.rnao.ca/>

Caregiver Burnout

When you are emotionally and physically exhausted, your energy, attitude and overall health may shift downwards.

You may experience fatigue, stress, anxiety and depression. You might withdraw from friends and family. Your sleep patterns may change as well as your appetite and/or weight.

Caregiver burnout is also a factor that contributes to abuse and neglect.

What can you do to help yourself?

- Eat nutritious food and stay hydrated
 - Go for a 15 minute walk during lunch or your break
 - Get lots of rest and recognize your own signs of needing more sleep
 - Be social, spend time with family and friends
 - Address your feelings and attitudes about your work environment and look for solutions
 - Educate yourself on signs of burnout and stress
 - Take advantage of counseling services for staff or other employee assistance programs offered by your employer
 - Take entitled breaks and support colleagues to do the same
 - Limit overtime hours worked
- (Public Health Agency of Canada, 2011; RNAO, 2011)

Appendix D: Fostering a Positive Work Environment

These tips are from Module 2 (Working with Older Adults and Their Families) of the RNAO eLearning course *Preventing and Addressing Abuse and Neglect of Older Adults* which can be found online at <http://elearning.rnao.ca/>

Fostering a Positive Work Environment

Fostering a positive work environment will go a long way in the prevention of abuse and neglect of older adults. A positive work environment includes a work culture of support, trust and collaboration (among other elements). Overall this contributes to quality care and addresses some of the factors and conditions associated with abuse and neglect.

What health-care providers can do to support a positive work environment

- Take advantage of educational opportunities
- Learn more about the factors and conditions in the work environment that contribute to abuse and neglect
- Become a champion for best practices in preventing and addressing abuse and neglect in your work setting
- Support a caring environment
- Build relationships and establish trust
- Learn more about interprofessional collaborative practice among your health-care team (See Supplemental Materials included as part of this e-learning course.)
- Learn more about managing conflict in the workplace (Review *Managing and Mitigating Conflict: Tips and Tools for Nurses* located in Resources as a PDF)
- Strengthen your verbal and non-verbal communication skills

What organizations can do to support a positive work environment

Organizations need to have structures and supports in place that: enable health-care providers to uphold best practices, promote a positive work environment, and help prevent abuse and neglect of older adults.

Organizations can:

- Establish person-centred care and uphold the rights of older adults
- Establish routes for complaints
- Develop collaborative teams for preventing or addressing abuse and neglect
- Eliminate barriers that older adults and families may experience when accessing information and services related to abuse and neglect
- Provide education and ongoing training
- Establish clear policies and procedures
- Establish no blame policies (whistleblower protection)
- Ensure appropriate staffing
- Develop a culture that supports staff to improve quality care
- Develop a culture where staff feel valued; encourage staff to participate in quality improvement initiatives; recognize and reward good performance

Appendix E: Reflecting on my Attitudes

These tips are from Module 1 (Understanding Abuse and Neglect of Older Adults) of the RNAO eLearning course *Preventing and Addressing Abuse and Neglect of Older Adults* which can be found online at <http://elearning.rnao.ca/>

Your own attitudes and attitudes of those around you may contribute to a culture within a health-care setting that accepts abuse and neglect, or perpetuates it. In other words, these attitudes make it difficult to put an end to abusive and neglectful behaviour. To condone means to accept and allow behaviour that is considered wrong or offensive to continue.

Examples of things people might say to justify or condone abuse include:

- “He got what was coming to him”
- “That’s just the way it is around here, there’s nothing we can do about it”

What can you do?

- reflect on your own attitudes (see Learning Activity below)
- practice self care
- get help addressing your frustrations, if necessary
- nurture your compassion and empathy for others
- put yourself in the position of the older adult
- speak out when your work environment is unsafe or puts people at risk for abuse or neglect
- promote a caring work environment and support high quality care

This Learning Activity is from Module 1 (Understanding Abuse and Neglect of Older Adults) of the RNAO eLearning course *Preventing and Addressing Abuse and Neglect of Older Adults* which can be found online at <http://elearning.rnao.ca/>



Reflecting on My Attitudes

1. Read the following statements about older adults. Select "Agree" or "Disagree" and explain why.

Attitudes Towards Older Adults	Agree	Disagree	Why
All older adults suffer from mental decline.	<input type="radio"/>	<input type="radio"/>	
All older adults need care.	<input type="radio"/>	<input type="radio"/>	
The lives of younger adults take priority over the lives of older adults.	<input type="radio"/>	<input type="radio"/>	
Older adults no longer have sexual feelings.	<input type="radio"/>	<input type="radio"/>	
Older adults are a burden on services.	<input type="radio"/>	<input type="radio"/>	
Older adults bring on abuse themselves because they are difficult to manage.	<input type="radio"/>	<input type="radio"/>	
Older adults are incapable of making decisions about their care needs.	<input type="radio"/>	<input type="radio"/>	
Older adults act up because they are tired and cranky.	<input type="radio"/>	<input type="radio"/>	
Older adults need to go to bed early.	<input type="radio"/>	<input type="radio"/>	
Older adults don't need as many friends as younger adults.	<input type="radio"/>	<input type="radio"/>	
Older adults want to be invisible and not be bothered.	<input type="radio"/>	<input type="radio"/>	
All older adults are the same.	<input type="radio"/>	<input type="radio"/>	

Check page 3 for feedback.



2. Complete the following statements to reflect on your role in caring for older adults.

A. When caring for older adults, I like myself the most when:

B. During a conversation if I hear an ageist remark at work, I would:

C. When caring for an older adult, I am most professional when:

D. To learn more about older adults, I will:

E. To learn more about abuse and neglect, I will:

3. Each older adult in your care should be thought of as an individual. Each older adult is a unique person who may be creative, a valued friend, and a knowledgeable person. To help you reflect on your beliefs of older adults, write the initials of five older adults in your care. For each person, write down what makes them unique, what their interests are and how they may have contributed to their community, their family or society.

Older Adult in My Care	Uniqueness	Areas of Interest	Lifelong Contribution or Accomplishments

Feedback for question 1:

If you agreed with any of the statements in the chart, you may have an ageist attitude without even knowing it. As a reminder, ageism is discrimination on the basis of age that makes negative assumptions about capacity, removes decision-making powers, ignores an older person's known wishes and treats an older adult like a child. Learn more about normal ageing and gerontology and the rights of older adults. Listen to older adults talk about how ageism affects their lives and take note of your own language and behaviour when caring for older adults.

This resource was developed for RNO, 2015 using the following sources:

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