The 6th Seminar on East Asian Social Seminar

Implications for elder abuse prevention in Japanese elderly care facilities

-What makes them effective in protecting elders?-

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Research Background

- Elder abuse in facilities is still increasing in Japan (Ministry of Health, Labor and Welfare 2016)
 - In 2014, 300 cases were reported
 - It increased by 35.2% compared to the previous year

The effect of existing elder abuse prevention law and preventive strategy is insufficient

Characteristics of Elder Abuse

■ Not only damages the physical and mental health of the elderly but also causes permanent disability, depression and even death (Dyer et al 2000; Astrom et al, 2002).

■ Abuse could occur gradually with human rights violation such as the inadequate care and quasi-abuse behavior (柴尾, 2008; 任, 2014)

■ Abusive behavior escalates to inadequate care, then to quasi-abuse, and ultimately to more harmful and serious abuse (Conrad et al, 2011; 任, 2016).

Characteristics of the human rights violation

■ Since human rights violations occur on a daily basis and repeatedly (柴尾, 2008; 任, 2014), it may cause damage continuously to the elder's physical and mental health.

■ For this reason, the effects to elderly of human rights violations may be as serious as the abuse.

■ Sudden environment changes such as disrupted human relations, impairment of decision-making and violation of privacy in a facility, have impacts on helplessness, depression, and isolation.
(川越, 2004; Walker et al, 2007)

To prevent abuse effectively,

Understanding and breaking the escalation process among the different levels of abusive behaviors is important.

Previous study

Most studies have focused on clarifying the risk factors of abuse



Problems

1. They tend to regard the occurrence of elder abuse as a simple causal relationship with risk factors, although the fact that there are facilities where abuse does not occur even if they have risk factors.

Problems

2. Previous studies have not analyzed the accumulation of risk factors which have effects on elder abuse.

We cannot accurately understand the mechanism of abuse without considering the effects of accumulation and chronicity of risk factors.

Current study

■ The need for exploration integrally the mechanisms of occurrence and prevention of abuse

■ The need for clarification the mechanism of chain and escalation of abuse

Purpose

1. To explore the process which quasi-abuse escalates to abuse, using the Double ABCX model

2. To examine the effect of preventive strategies which can break the escalations of abuse

Abuse, quasi-abuse, inappropriate care

(鈴木1993;柴尾2008; Conrad et al 2011;任 2014;任 2016)

Abuse

Behaviors with definite physical and psychological damage.

- O Isolating the elderly
- O Letting go to the toilet with no clothes while other residents are watching, which often happens while bathing

Abuse, quasi-abuse, inappropriate care

(鈴木1993;柴尾2008; Conrad et al 2011;任 2014;任 2016)

■ Quasi-Abuse

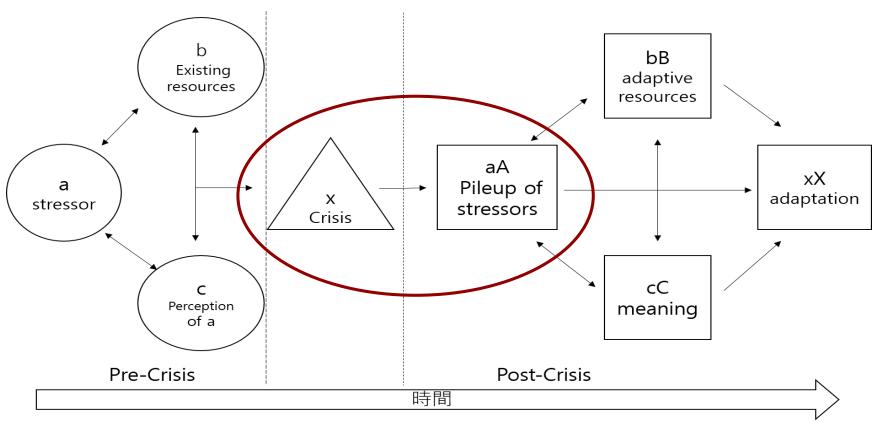
Behaviors that are not included in the Elder Abuse Prevention Law but are regarded as such which violates human rights of the elderly and causes physical harm or mental stress to them

- O Lack of Autonomy, behavioral control, Lack of Interchange, Lack of Dignity
- O Minimizing elderly's needs, Discounting their feelings, Not respecting self-determination, Controls in lifestyle that the elderly wish.

■ Inappropriate care

- Ways of caregiving that are not centered on the elderly but focused on staff's duty
- The severity of the problem is smaller than that of quasi-abuse
- As a result, it makes elderly feel bad and unsafe
- this can cause problems and anxiety for the elderly
- O Using water that is too hot when washing of the elderly's face or skin in the bottom(perineal).
- O Staffs bath the elderly at maximum 2 times a week.

(McCubbin & Patterson 1983)

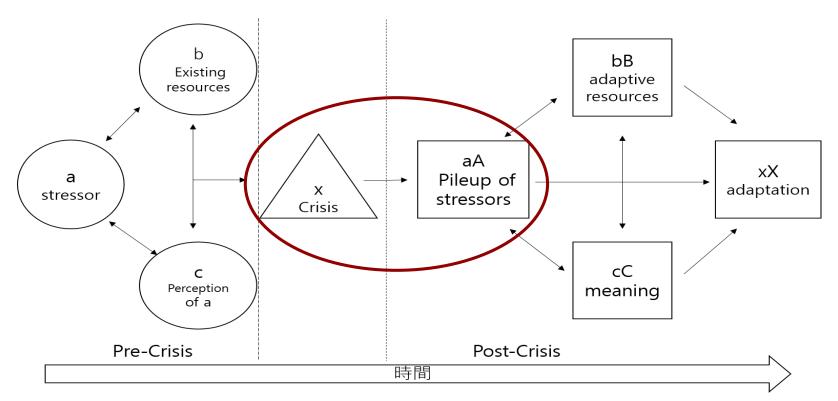


■ This was developed to explain changes and impacts of stress that occurs over time.

(McCubbin & Patterson 1983)

- This model can explain not only the crisis of system caused by piled-up of stress but the process in respond to that.
- This can examine the process of quasi-abuse escalating into abuse

(McCubbin & Patterson 1983)



Positive or negative result (xX) to a crisis

- by the accumulation of stressors(aA), the resources(bB) and meaning for stress situation(cC).

■ Most research have focused on the second postcrisis segment of the model, measuring the components on a single occasion (Minnes et al, 2007).

- O Crisis(X) the occurrence of quasi-abuse.
- O Post-crisis
 - composed as the quasi-abuse (xX),
 risk management, training of care skills (bB)
 and caregiving stress(cC).

Previous studies

- A hierarchy of abuse (Conrad et al, 2011).
- Abuse occurs on gradual process of human rights violations such as quasi-abuse (柴尾2008; 任2016).
- Risk management and training of care skills can prevent the occurrence of abuse

(堀米 2015, 2016; Anetzberger 1993).

- The more care staffs are exposed to stressful situations, the higher risks of abuse (Pillemer et al 1988; Anetzberger 2000; Schiamberg et al, 2011).
- Supports for risk management and training of care skills relieves caregiving stress.

Research question

- 1. Does abuse occur as a result of escalation of quasi-abuse?
- 2. Can training of care skills and risk management mitigate the occurrence of abuse?
- 3. Does caregiving stress influence the occurrence of abuse?

Method

■ Participants

6,000 nursing care staffs working at nursing homes and group-homes with dementia across Japan

Method of Research

Stratified two-stage random sampling

Data analysis

1516 responses (response rate 27.78%)

→ 1473 responses (valid response rate 22.9%)

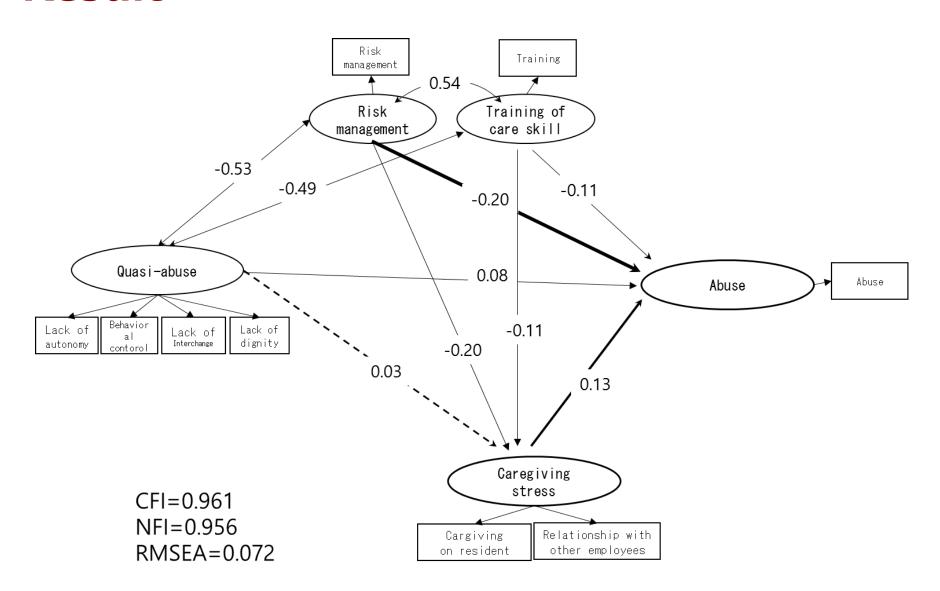
Analytical method

Path analysis

Result

Characteristics of respondents

Result



Discussion

1. Does abuse occur as a result of escalation of quasi-abuse?

Quasi-abuse - a positive influence on abuse.

- O Quasi-abuse is a risk factor of abuse
- O Supports the research done by Conrad et al, which suggests the hierarchical abuse
- O Proves empirically Shibao's claims on escalation of the abusive behavior

Discussion

2. Can training of care skills and risk management mitigate the occurrence of abuse?

- Risk management and training of care skills had a negative impact on abuse
- They also had a negative impact on caregiver stress
- Risk management was the strongest factor
- O Risk management and training can mitigate caregiving stress and abuse
- Intervention in risk management is quite useful compared to the other factors.

Discussion

3. Does caregiving stress influence the occurrence of abuse?

Caregiving stress positively impacted on abuse

O Care stress is a predictor of abuse occurrence

Suggestion for the intervention

1. Intervention of quasi-abuse leads to the prevention of abuse

- Necessary to define clearly a concept for quasiabuse and conduct investigation to clarify its actual condition
- O Important to devise the strategies to focus on the prevention of quasi-abuse, before level of abusive behaviors get more serious

2. Risk management must be implemented priority among other preventive strategies

- necessary to identify risk factors that elder peop -le potentially have and take measures against them
- O necessary to build a system that allows all employees to share information about the lives and small changes of the elderly at all times

3. Training on care skills should be strengthened that stops abuse and quasi-abuse from occurring

- Training skills that do not control the behaviors of the elderly
- Expansion of training about how to support elderly with dementia who is difficult to respond
- O If it is not possible to eliminate risk factors such as quasi-abuse, to enhance the preventive strategy against abuse

Suggestion

- 4. Efforts to reduce caregiving stress should be implemented
 - **Enhancing the risk management and training**
 - O Building a care environment that reduces the exposure of employees to stress
 - O Improving skills to cope with stress
 - O Eliminating barriers to implementing stress management in facility
 - Necessary to reflect the implementation of stress management on the assessment of facilities.

Thank you!