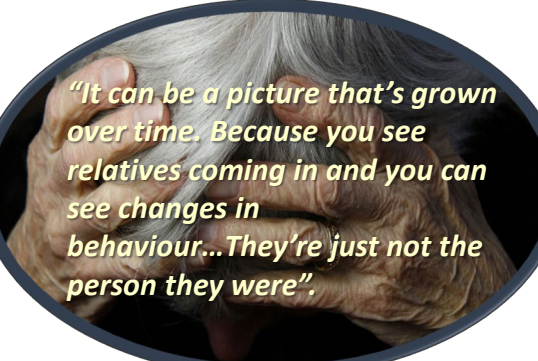




Hospital nurses' perspectives on assessing and responding to elder abuse



"It can be a picture that's grown over time. Because you see relatives coming in and you can see changes in behaviour... They're just not the person they were".

Purpose:

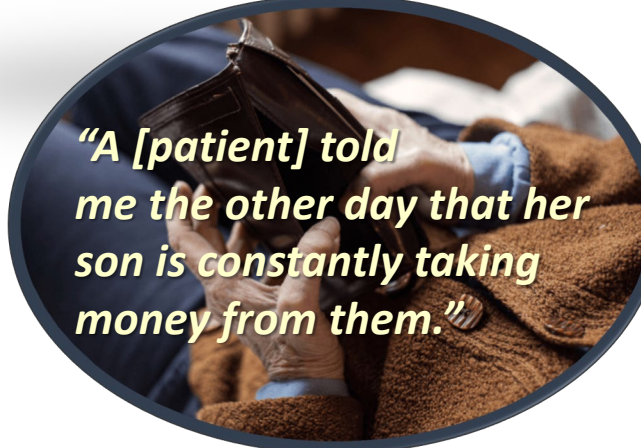
Nurses caring for hospitalised older people are in a unique position to identify elder abuse. This study investigated how nurses at RBWH currently detect, assess and respond to elder abuse.

Method:

Focus group interviews were conducted with ward nurses and nurse educators (n = 19) working in both acute and subacute care at RBWH. Transcribed interviews were coded and analysed thematically.



"I get told things that no-one else gets told because I've got the time to sit there. And I often get them to talk about themselves first."



"A [patient] told me the other day that her son is constantly taking money from them."

Results:

Primary themes identified included:

- ❖ Perceived 'flags' for elder abuse
- ❖ Challenges in substantiating abuse
- ❖ Importance of relationship building and privacy to elicit disclosures of abuse
- ❖ Dealing with uncertain outcomes

Difficulties encountered in substantiating abuse were often compounded by organisational factors and time constraints.

Having the time to build a relationship with the older person enabled a more comprehensive assessment of risk factors, but for those working in fast-paced wards this was not always possible.

Conclusion:

Relationship-based care is enabling nurses to **detect elder abuse** in the hospital setting.

This approach may afford **opportunities** for planning **interventions** and timely **referral** to **social work** or other **advocacy services** for **older people at risk** of abuse or neglect.