

11-24-2023

Family Members' Perceptions of Elder Abuse at U.S. Nursing Homes

Philomena Nkem Onoyona
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Psychology Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Philomena Nkem Onoyona

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Nathan Moran, Committee Chairperson,
Human and Social Services Faculty

Dr. Dorothy Seabrook, Committee Member,
Human and Social Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Family Members' Perceptions of Elder Abuse at U.S. Nursing Homes

by

Philomena Nkem Onoyona

MPhil, Walden University, 2021

MSW, Clark Atlanta University, 2017

BS, Kennesaw State University, 2014

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

Walden University

November 2023

Abstract

The older adult population in the United States is increasing, and many of these individuals have entered, or will enter, nursing homes where they may experience elder abuse. Elder abuse is a social problem that negatively affects society and causes significant suffering for its victims, such as emotional trauma. Although family members are also adversely affected, their perceptions about elder abuse that occurs in nursing homes have not been examined, resulting in a gap in knowledge of the care provided to U.S. older adults. The purpose of this generic qualitative study was to explore the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes. The study was grounded in the social exchange theory. Purposeful and snowball sampling were used to select 13 participants who were close family members of older adults in nursing homes. Data were collected by conducting semistructured interviews with participants. Eight themes emerged from the thematic analysis of the data: (a) feeling of sadness, (b) training of staff, (c) the need for more workforce in nursing homes, (d) experience with residents' care, (e) evidence of elder abuse on participant's relative, (f) definition of elder abuse and perpetrators, (g) identification of elder abuse, and (h) laws and protection. Study findings showed that nursing homes need more capacity to attend to nursing home residents. Training and retraining of both experienced and new staff is essential to minimize the prevalence of elder abuse. This research may foster positive social change by informing the development of better ways for family members of nursing home residents to identify and report elder abuse to curtail further suffering of their elders.

Family Members' Perceptions of Elder Abuse at U.S. Nursing Homes

by

Philomena Nkem Onoyona

MPhil, Walden University, 2021

MSW, Clark Atlanta University, 2017

BS, Kennesaw State University, 2014

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

Walden University

November 2023

Dedication

I want to dedicate this dissertation to my Lord and Savior, JESUS Christ, Who has given me the grace, patience, courage, strength, and understanding to pull through this doctoral journey. May Your name be praised. I also dedicate this study to my dear husband, Dr. Sylvester Onoyona. You have been my pillar and helper. Thank you for all the support. Also, to Oghenekome, Oghenejabor, and Oghenekaro Onoyona, my beautiful children, I dedicate this study to you. Thank you for your support, understanding, and love and for bearing with me until the end. This one is for you. Also, thanks to my parents, Chief Emmanuel and Mrs. Ezenne Angela Ehikwe, for your prayers. Hard work never kills one; only laziness does.

Acknowledgments

I want to acknowledge my dissertation committee: Dr. Nathan Moran, my chair; Dr. Dorothy Seabrook, my second committee; Dr. Tara Kachgal, my editor, and Dr. Shari Jorissen, my university research reviewer. Thank you for your assistance. I acknowledge my church, Holy Trinity Anglican Church, for their prayers. I recognize and appreciate Dr. Victoria Landu's kindness, support, and push for me to keep going; you made me know this doctoral goal was doable. I acknowledge Mummy Landu for your prayers and food each time I came to the house; see, GOD has answered our prayers.

I sincerely appreciate Dr. Niyi Taiwo. Thank you for your encouragement, support, kindness, and positive affirmations that I could finish in record time and that I can do it. The Lord knows how to bring people together and thus brought you to us. Thank you so much.

I want to acknowledge pastor Danel, pastor Henry, pastor Kency, Dennis, Covenant, and Evenly for your prayers and love; words cannot say how much I appreciate all you have done for me. I am most grateful. I sincerely appreciate Tonna Okie, my dear cousin, and Uncle Lucky for your encouragement. To my brothers and sisters, Azuka, Bene, Isioma, Onyi, Ngozi, and Angela, see what the Lord has done; when people said I could not do this, GOD said I am a chosen one. I can, and I did. Whom GOD has chosen, no man can change; whom GOD has blessed, no man can curse. Finally, I acknowledge all my families and friends for their prayers; it is the Lord's doing, and it is marvelous in our sight.

Table of Contents

List of Tables	v
List of Figures	vi
Chapter 1: Introduction to the Study.....	1
Background	2
Problem Statement	4
Purpose Statement.....	5
Research Question.....	5
Theoretical Framework	5
Nature of the Study	6
Definitions.....	7
Assumptions.....	8
Scope and Delimitations	8
Limitations	9
Significance.....	9
Summary	10
Chapter 2: Literature Review	11
Literature Search Strategy.....	12
Theoretical Foundation	12
Development of Social Exchange Theory	13
Components of Social Exchange Theory	14
Guiding Principles of Social Exchange Theory	16

Criticisms and Limitations of Social Exchange Theory	17
Previous Applications of Social Exchange Theory in Research	19
Literature Review Related to Key Variables and/or Concepts	23
Prevalence of Older Adults in the United States	23
Elder Abuse.....	27
Legislation Regarding Elder Abuse	29
Caregivers and Elder Abuse.....	35
Nursing Home Quality and Oversight	41
Family Members' Role in Nursing Home Oversight	45
Summary and Conclusions	48
Chapter 3: Research Method.....	50
Research Design and Rationale.....	50
Role of the Researcher	52
Methodology.....	53
Participant Selection Logic	53
Instrumentation	55
Procedures for Recruitment, Participation, and Data Collection	58
Data Analysis Plan	60
Issues of Trustworthiness.....	62
Ethical Procedures.....	64
Summary	65
Chapter 4: Results.....	66

Setting	66
Demographics	68
Data Collection	69
Data Analysis	70
Evidence of Trustworthiness.....	71
Credibility	71
Transferability.....	72
Dependability.....	72
Confirmability.....	72
Results.....	73
Theme 1: Feeling of Sadness	77
Theme 2: Training of Staff.....	80
Theme 3: Need for More Workforce in Nursing Homes	82
Theme 4: Experience with Resident Care.....	82
Theme 5: Evidence of Elder Abuse on Participant’s Relative.....	86
Theme 6: Definition of Elder Abuse and Perpetrators.....	88
Theme 7: Identification of Elder Abuse.....	89
Theme 8: Laws and Protection.....	90
Summary	92
Chapter 5: Discussion, Conclusions, and Recommendations.....	93
Interpretation of the Findings.....	94
Theme 1: Feeling of Sadness	95

Theme 2: Training of Staff.....	96
Theme 3: Need for More Workforce in Nursing Homes	98
Theme 4: Experience With Residents' Care.....	99
Theme 5: Evidence of Elder Abuse on Participant’s Relative	101
Theme 6: Definition of Elder Abuse and Perpetrators.....	103
Theme 7: Identification of Elder Abuse.....	104
Theme 8: Laws and Protection.....	106
Limitations of the Study.....	107
Recommendations.....	108
Implications.....	109
Conclusion	111
References.....	112
Appendix A: Recruitment Flyer	137
Appendix B: Email Communication With Inclusion Questions	138
Appendix C: Interview Protocol.....	139
Appendix D: Human Subjects Training Certificate.....	144

List of Tables

Table 1. Demographic Items.....	56
Table 2. Participant Demographics.....	68
Table 3. Codes, Categories, and Themes.....	74
Table 4. Description of Themes.....	76

List of Figures

Figure 1. Projected Number of Children and Older Adults in the United States by 2035.....	24
Figure 2. The Projected Population of the United States by Age and Gender in 2060 as Compared to 1960.....	26

Chapter 1: Introduction to the Study

This study was an investigation of the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes. According to the National Center on Elder Abuse (2017), older adulthood begins at 60. Elder abuse is a social problem that negatively affects society and causes significant suffering for its victims (Pillemer et al., 2016). Elder abuse also has long-term negative effects on the health of older adults, including an increased likelihood of nursing home placement, adverse psychological consequences, and even death (Curry et al., 2018; Gupta, 2021). The National Center on Elder Abuse (2010) found that estimates of the number of elder abuse cases were necessarily inexact because many cases went unreported. According to Ramsey-Klawnsnik and Miller (2017), each elder abuse situation involves an older adult victim and an offender responsible for the actions leading to abuse or neglect. Nursing homes ought to be a safe place for older adults where they can feel at home and receive quality care and respect from their caregivers; instead, these are settings in which some residences experience abuse (Neuberg et al., 2017).

The World Health Organization (WHO, 2018) defined elder abuse as "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" (para. 1). This definition covers all types of elder abuse, including physical abuse, financial abuse, emotional abuse, material abuse, sexual abuse, and neglect (WHO, 2018). Elder abuse is a social problem in nursing homes and domestic situations. Elder abuse affects older adults' physical and emotional health and could lead to depression and anxiety; it is also

associated with elevated mortality rates and admission to nursing homes (Winant, 2018). When a case of elder abuse progresses slowly, one common occurrence is that identifying and reporting particular times at which the abuse happens can be challenging (Winant, 2018). Hundreds of thousands of older Americans experience abuse in nursing homes yearly, but the prevalence of elder abuse remains underreported (Winant, 2018).

For every case of elder abuse reported to authorities, many have gone unreported (Winant, 2018). McDonald (2017) reported the results of a study in which researchers interviewed 2,000 nursing home residents; 44% stated they had experienced abuse, and 95% said they had encountered neglect or had seen another resident neglected. Even nursing home staff members in the study acknowledged the problem of elder abuse, including financial exploitation. There is little current research regarding perceptions of elder abuse held by family members of nursing home residents.

In this chapter, I discussed the research background and stated the research problem. Also, I discussed the purpose and research question underpinning the study and outlined the study's theoretical framework and nature. Definitions were also highlighted, followed by a discussion of the study's assumptions, scope and delimitations, and limitations. The chapter concluded with a discussion of the significance of the research and a summary of key points.

Background

This study focused on the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes. Aging poses a global challenge for the care of older adults worldwide (WHO, 2015). In the United States, the growth in

the population of older adults and the associated increase in the number of older adults entering nursing homes have led to predictions of increased elder abuse in the country's nursing homes. Such abuse will continue without action to raise awareness of and reduce or end elder abuse, according to experts (Prevratil, 2010). Furthermore, definitions of elder abuse in health care have continued to vary from state to state, making it difficult to say what it means (Feng, 2019).

Elder abuse has become one of older adults' most critical problems (Bows & Penhale, 2018). Between 10% and 47% of older adults in the United States have been victims of elder abuse (Zheng et al., 2018). To implement the Elder Abuse Prevention and Prosecution Act (EAPPA, 2017), the Department of Justice conducted a fraud sweep in 2018 and 2019, identifying more than 500 defendants who victimized more than 3,000,000 older Americans (Mao, 2020).

Researchers have addressed elder abuse in nursing homes, but abuse has remained unreported (Winant, 2018). Most research on elder abuse is qualitative and concerned with leadership, caregivers, prevention, and industry examination (Pitman & Metzger, 2018). Consequently, researchers have indicated a problem in the older adult population regarding elder abuse (Neuberg et al., 2017; Roberto, 2016). Previous researchers have provided limited information to understand how family members of residents perceive elder abuse in nursing homes. Nursing home elder abuse has a severe impact not only on victims, who often visit the hospital or emergency room because of the abuse, but also on family members and nursing homes (McDonald, 2017). The effects of elder abuse can be physical, sexual, and psychological. It also includes neglect and exploitation of elders,

including financial abuse and scams targeting elders. This often results in the family having to make the difficult decision to place the individual in a nursing home (because of poor reports), negatively affecting family relationships (Florea et al., 2021). The study may encourage positive social change through potential policy reform by informing administrators of nursing homes of better ways of taking care of older adults.

Problem Statement

The older adult population in the United States is increasing. The occurrence of elder abuse in nursing homes has increased along with the growth of the older adult population (Roberto, 2016). Elder abuse has been a common, costly, and sometimes fatal public health concern, affecting an estimated 10% of the approximately 64,900,000 older adults in the United States in 2015 (Dong, 2016). Legislators have attempted to address elder abuse reporting in nursing homes. The EAPPA (2017) established a duty for most nursing homes to report abuse. According to Section 301 of the EAPPA, many cases of abuse of older adults in the United States have gone unidentified and unreported.

Researchers face many challenges when studying elder abuse, in particular, due to differences in the understanding of abuse among cultures, jurisdictions, researchers, family members, health care staff members, and even potential victims (Myhre et al., 2020; Phelan, 2015). Findings reported in the existing literature on elder abuse in nursing homes complicate reporting and management (Myhre et al., 2020). There are three main reasons for elder abuse in nursing homes, according to researchers. These include employee workload, employee job dissatisfaction, and failure to recognize and report mistreatment of residents (Lynn-Ivey, 2019). Lynn-Ivey (2019) thus suggested a need for

additional research on strategies to manage abuse adequately. I found no qualitative research on the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes. Further research was thus warranted to explore the perceptions of family members of nursing home residents about elder abuse; this research was needed to address the documented problem of inadequate care for older adults (Feng, 2019).

Purpose Statement

The purpose of this generic qualitative study was to explore the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes. The research findings could increase awareness of the perceptions of elder abuse in nursing homes among family members of residents.

Research Question

What are the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes?

Theoretical Framework

I used the social exchange theory (SET) as the framework for this study. SET, proposed by Homans (1958) and Emerson (1972), relates to two people in a relationship. In this relationship, the two people exchange value items (e.g., pay and care) to benefit each other. This theory suggests that social behavior and communication between individuals result from an exchange process. It also indicates that the pursuit of rewards and benefits produces the relationship between these individuals. The interaction between the two parties is positive when both benefit equally from the relationship (Jackson,

2018). For these reasons, SET explains older adults' relationships and caregivers (Jackson, 2018). The theory, as applied to this study, proposes that elder abuse increases when older adults depend on their caregivers. Furthermore, this dependence increases as older adults become more powerless and vulnerable. Caregivers can resent the older adults they care for because they have become entirely dependent on their caregivers. Caregivers in this situation may experience anger, leading to abusive behavior.

The SET was suitable for the study because it can account for relationships among residents' family members, administrators, and caregivers in nursing homes. These relationships involve parties exchanging value to obtain care for pay benefits (Jackson, 2018). Family members of nursing home residents can keep their loved ones in nursing homes for maintenance and safety, which benefits the family members. Nursing homes, in return, benefit from remuneration. However, the risk of abuse and neglect of residents by caregivers is high if caregivers are stressed and burdened (Ernst & Maschi, 2018). I used SET because I aimed to explore perceptions of elder abuse held by family members of nursing home residents.

Nature of the Study

Researchers have examined elder abuse and deficiencies in the quality of care of older adults and concluded that more research is needed on elder abuse as it has not received adequate public attention (Lynn-Ivey, 2019; McDonald, 2017; Roberto, 2016). In this generic qualitative study, I explored the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes. To achieve this goal, I interviewed family members regarding their perceptions of elder abuse in nursing homes.

According to Percy et al. (2015), “generic qualitative inquiry investigates people’s reports of their subjective opinions, attitudes, beliefs, or reflections on their experiences of things in the outer world” (p. 79). Researchers who conduct this type of inquiry do not claim allegiance to a single established qualitative research methodology like phenomenology, ethnography, and grounded theory (Kahlke, 2014). Instead, they seek to discover the perspectives of the people involved (Cooper & Endacott, 2007). This type of research design helps researchers to understand how individuals make meaning of a phenomenon or a situation.

Definitions

Abuse: The mistreatment or threatening of another person’s freedoms, whether civil freedoms or fundamental human rights (Bedford Borough Council, 2017).

Elder abuse: Harm (physical, sexual, emotional, financial, or neglectful) caused by an individual to an older adult, whether intended or not, regardless of the relationship between the individual and the older adult (Centers for Disease Control and Prevention, 2017).

Emotional abuse: A form of violence that is an ongoing process in which one individual systematically diminishes and destroys the inner self of another through belittling and denigrating the victim's ideas, feelings, perceptions, and personality to such an extent that these aspects of the victim's self erode or disappear (Sims, 2008).

Nursing home: A nursing home, or skilled nursing facility, provides a wide range of health and personal care services. It is a place for people who do not need to be in a hospital but cannot receive care at home (National Institute on Aging, 2020). According

to Boorsma et al. (2012), a nursing home supplies room and board and staff members who provide nursing care 24 hr per day and assist with activities of daily living, mobility care, personal care, and paramedical and occupational therapy.

Physical abuse: “Any form of physical force or punishment causing bodily injury, physical impairment or behavior pattern that assaults all physical and sexual aspects of the elderly causing pain and injury. Physical abuse includes hitting, beating, pushing, burning, and beating” (Hazrati et al., 2020, p. 2).

Assumptions

I worked to ensure quality data collection in the study and assumed that the steps I followed were adequate. Another assumption was that interview participants answered questions honestly (see Vésteinsdóttir et al., 2019). The questions asked had clear and detailed wording to avoid misunderstanding. Another assumption was that the data collected would not reflect researcher bias but would be current and reflect contemporary culture and events (see Levesque, 2011). I took steps to reduce bias during data collection and report results accurately, regardless of whether they were positive or negative. These steps were mentioned in Chapter 3’s Issues of Trustworthiness section. I also followed Walden’s policies concerning ethics. A further assumption underlying the study was that the results may redefine how family members of nursing home residents perceive elder abuse.

Scope and Delimitations

The scope of the research was the exploration of the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes. The

study results can be generalized only to those who meet the inclusion criteria outlined in Chapter 3. The study's findings may further the understanding of what family members perceive as elder abuse. It was appropriate to study family members' perceptions of elder abuse because of family structure responsibilities. Family members of nursing home residents are usually adult children or cousins (Namkung et al., 2016; Turner & Finch-Guthrie, 2020). Participants in the study were family members of older adults in nursing homes in the United States and thus provided a general assessment of elder abuse.

Limitations

A limitation specific to the research is that I may not have been able to collect the data needed due to potential bias on the part of the participants concerning their older adult loved ones and elder abuse. I relied on respondents' views and perceptions, which could have been false or inaccurate, leading to response bias (Nikolopoulou, 2022). Another limitation is the tendency for respondents to either underreport undesirable concerns or overreport desirable behaviors or actions, leading to social-desirability bias (see Latkin et al., 2017). Because of COVID-19 pandemic-related restrictions, I was unable to have in-person, face-to-face contact with participants, where I might not be able to see nonverbal expressions (Centers for Disease Control and Prevention, 2023). For this reason, social media was used for recruiting participants.

Significance

The study is potentially significant because it may further the understanding of how family members of older adults perceive elder abuse. In particular, this study may clarify how family members of nursing home residents perceive elder abuse that occurs

in nursing homes. The U.S. government has shown some concern about elder abuse, leading to actions such as the EAPPA (2017). This study may better inform practitioners about the experiences of older adults in nursing homes.

Summary

In Chapter 1, I provided an overview of the study and addressed the background that led to the identification of the problem and the purpose of the study. The focus of the study was perceptions of elder abuse held by family members of nursing home residents. A generic qualitative study design was used for this study. Chapter 1 included the research question anchoring the study and an overview of the study's theoretical framework, which was SET. The chapter also addressed the study's nature, assumptions, scope and delimitations, limitations, and significance. The research findings may help practitioners, nurses, certified nursing assistants, caregivers, and family members of nursing home residents better understand elder abuse. The findings may explain elder abuse and the types of abuse elders face in nursing homes.

In Chapter 2, I reviewed existing literature and discussed the study's literature review strategy and theoretical framework. I also discussed state laws relating to elder abuse and its definition. Findings reported in existing literature indicate concerns regarding elder abuse in nursing homes. The literature review supports the need for more research on elder abuse in nursing homes.

Chapter 2: Literature Review

The population of older Americans is growing, and with that comes challenges associated with caring for these individuals (Winant, 2018). The incidence of elder abuse has been increasing, but reporting this abuse has been hampered by inadequate evidence (Myhre et al., 2020). Phelan (2015) stated that understandings of abuse vary among cultures, jurisdictions, researchers, family members, health care staff, and residents. Mowery et al. (2016) also argued that comparing results regarding elder abuse in nursing homes is difficult because many older adults cannot report the abuse. In contrast, Yon et al. (2019) argued that the occurrence of elder abuse in nursing homes indicated that research related to elder abuse in nursing homes was still in its early stages. According to Myhre et al. (2020), variation in understanding of elder abuse among different U.S. states and organizations has made it difficult to understand the severity of the problem in many situations.

Elder abuse is a common, costly, and sometimes fatal public health issue affecting an estimated 10% of the approximately 64,900,000 older adults in the United States in 2015 (Bostanci Dastan et al., 2021; Dong, 2016; Elder Abuse Statistics, 2017). Legislative remedies have included the EAPPA (2017), which established a duty for most nursing homes to report elder abuse. According to Section 301 of the EAPPA, most abuse and neglect of older adults in the United States has gone unidentified and unreported (Winant, 2018). This chapter discusses the literature search strategy and theoretical foundations underpinning this study. I also enumerated governmental recognition of elder

abuse as a public health and social issue at the state and federal levels and different types of elder abuse. As I discuss, elder abuse has continued despite this recognition.

Literature Search Strategy

My first step in reviewing the literature was consulting a Walden librarian, who helped me develop a search strategy. This strategy involved searching 11 electronic databases and search engines: the Cumulative Index to Nursing and Allied Health Literature, Taylor and Francis, SAGE Journals, SocINDEX, PsycINFO, ERIC, Political Science, Google Scholar, the National Institutes of Health, the Social Sciences Citation Index, and ProQuest (Dissertations and theses). To locate reliable material, I used several search terms, including *elder abuse, elder neglect, elder mistreatment, elder maltreatment, elder assault, patient safety, physical abuse, older person abuse, older adult abuse, inadequate care of elderly, senior abuse, family member perception, caregiver abuse on elderly, elder emotional abuse, family members, long-term care, nursing homes, positive behavior, and negative communication*, limiting searches to work published since 2017. The terms were used to identify material relevant to physical and emotional abuse, abusive care behavior, family members of abuse victims, and nursing homes.

Theoretical Foundation

Researchers and service providers have proposed several models and theories regarding elder abuse (Landor & Barr, 2018). Caillier (2016) argued that organizations could motivate employees by offering incentives above their input. This approach has proved especially useful in understanding organization–employee interactions in public

settings (Vancouver et al., 2014). Therefore, the theory underpinning the study was the SET. The framework of this theory explains the relationships among older adults in nursing homes, their family members, and their caregivers.

Development of Social Exchange Theory

SET emerged at the end of the 1950s (Davlembayeva & Alamanos, 2022). It is a major theoretical perspective for the study of social interactions and social structures (Cook et al., 2013). SET, proposed by Homans (1958) and Emerson (1972), relates to two people in a relationship. Homans (1958) advanced the relationship between two people as an example of an economic exchange resembling cost and rewards. Homans argued that two parties or more aim to get a benefit or something of greater value than the cost they may incur (Cook et al., 2013). The two people exchange value with each other to obtain benefits; evaluation of the interaction between the two people is thus based on the benefits they receive from each other (Jackson, 2018). A concept entrenched in SET is that the exchange of social and material support is integral to everyday human interaction (Caillier, 2016; Lawler & Thye, 1999).

In developing his thoughts on SET, Homans drew from a variety of theories and fields. For example, Homan considered the ethnographic study of Boston's Italian migrants, gangs, and corner boys by Williams Foote Whyte and the concept of behaviorism, which he compared to the corn given to pigeons as rewards for pecking a target (Redmond, 2015). Many scholars, including Peter Blau, John Thibaut, George Homans, and Harold Kelley, were involved in the development of SET, with each focusing on or emphasizing concepts of the theory as it applied to their discipline

(Davlembayeva & Alamanos, 2022). Invariably, SET has been applied in research on virtually all social situations, including marriage, politics, television viewing, consumer buying relations, and organizational management (Redmond, 2015).

Homans (1958) summarized SET into three propositions. The first is the success proposition, which states that when someone is rewarded for their actions, they tend to repeat the action. Second is the stimulus proposition, indicating that the more often a particular stimulus had led to a reward in the past, the more likely a person would respond to it. The third proposition, deprivation, explains that the more often in the recent past a person has received a reward, the less valuable any unit of that reward becomes.

Components of Social Exchange Theory

The following are the components of SET.

- Rewards or value of rewards. Drawing upon his economics in developing his theory, Homans was of the view that some economic terms like rewards may not suitably apply to social interactions. As such, he coined the phrase “value of rewards” to explain that a given reward may have different values for different people (Redmond, 2015).
- Social rewards. These are rewards that can be achieved via interactions with other people. Davlembayeva and Alamanos (2022) defined rewards as the outcome of a relation that has positive outcomes. According to Redmond (2015), “being loved, respected, socially accepted, attractive to others, or having opinions and judgments approved by others, all depend upon other

people” (p.7). Some rewards from social interactions include gratification, pleasures, and fulfillment of needs.

- Cost is another component of SET defined as something of value that is given up. It is also referred to as a resource, the attribute an individual is willing to give up in anticipation of a reward (Davlembayeva & Alamanos, 2022). In most cases, money is the obvious cost. However, other forms of cost may include the withdrawal of a reward, time, energy, freedom, and so forth (Redmond, 2015).
- Profit. Economically speaking, profit can be simply defined as rewards minus cost. This implies that the greater the rewards and the lesser the cost, the greater the profits. However, in social interactions, the definition of profit is more complex than explained economically (Redmond, 2015). Profits affect individuals' relationships. People tend to be satisfied with relationships wherein the rewards outweigh the costs. They also tend to continue with such relationships where there is hope of future profits (Redmond, 2015).
- Equity and distributive justice. Equity is based on partners in a relationship seeking balance in the ratio of rewards and costs for both partners. A situation where a partner feels that his/her input (cost) outweighs or is not commensurate with the rewards may generate a feeling of resentment and lead to inequity or injustice (Redmond, 2015).

Guiding Principles of Social Exchange Theory

SET has three applications that are of interest to the research question in this study (Redmond, 2015). The first application is the psychological use of cost and rewards in decision-making (Nickerson, 2021). This means that people consider the potential benefits available to them by virtue of the cost they are willing to pay in making decisions. (Redmond, 2015). Redmond (2015) also added a second application to be that “we” are actually involved in the exchange that takes place in a relationship. Exchange, as further explained, can be for tangible or intangible things. Third is the level at which we apply economic principles in selecting or evaluating our relationships, which is relational and congruent to weighing the costs and rewards (Redmond, 2015). Exchanges are communication events that can be consummated by simple conversations or detailed discussions (Nickerson, 2021). Redmond noted the following principles of SET.

- Social behavior can be explained through costs, rewards, and exchanges.
- People seek to maximize rewards and minimize costs in pursuit of the most significant profit.
- Social interaction involves two parties, each exchanging a reward the other person needs.
- SET can be used to explain the development and management of interpersonal relationships.
- Social exchanges affect the relationships among members of groups and organizations.

Criticisms and Limitations of Social Exchange Theory

The use of the principles of SET to explain research has been confronted with a wide array of criticisms. Davlembayeva and Alamanos (2022) argued that the guiding principles of the theory are not well articulated nor synthesized enough. Thus making SET a challenge as an overarching theoretical framework. The most significant concern identified was the unending and overlapping lists of constructs proposed by many proponents of SET, which reduces the explanatory potential predictive power of the theory and makes the interpretation of human behavior very challenging (Cropanzano et al., 2017; Davlembayeva & Alamanos, 2022). Davlembayeva and Alamanos added that the lack of uniformity among the constructs brings about variances in research findings and interpretation across many fields and consequently makes the replicability of research challenging.

Another criticism of SET is tied to Homans's original assumptions on conceptualizing rewards (Redmond, 2015). This is based on the assumption that humans are rational beings who calculate the value of rewards as SET would want us to believe. The assumption presupposes that for every reward that comes our way, we are constantly assessing the differences between the cost and the rewards, giving an impression that we are always in a state of constant accounting (Redmond, 2015). Earlier work by scholars in the SET field referred to social and economic exchanges as transactions, not relationships (Davlembayeva & Alamanos, 2022). This assumption portrays human interaction as a linear mathematical model with a known expected outcome (Creel, 2011). While this may happen occasionally, it cannot be a constant practice as many factors underlie human

behavior, making it difficult to achieve a consistent outcome (Redmond, 2015).

Davlembayeva and Alamanos (2022) also queried the applicability of human behavior based on economic theories. A question germane to SET is if humans are as rational or calculating as SET indicates in our interactions with others (that we assess rewards and cost), how often do we calculate the profits, project the future, or compare available alternatives when interacting with each other? (Deauseault, 2018; Redmond, 2015). Notwithstanding, people vary widely in the values they place on rewards; therefore, assessing the values of rewards makes it difficult to assess them, posing a limitation to SET (Redmond, 2015).

SET is also criticized on the premise that it is an oversimplification of human relationships and behavior (Deauseault, 2018). Simply explaining human behavior regarding rewards, costs, and profits leaves out many factors that can impact human exchanges (Redmond, 2015). Humans are complex beings, and applying SET to changing social values and structures weakens the ability of SET to meet the goal of theory prediction (Cropanzano et al., 2017; Redmond, 2015). For example, SET innately assumes that humans are selfish, always seeking avenues to profit from any relationship or ready to terminate a relationship where the cost outweighs the rewards (Redmond, 2015). However, SET has not been able to explain the role of altruism in determining relationship outcomes – in which case, people are not always acting in self-centered ways but are satisfied with the public good resulting from their actions (Creel, 2011).

Another limitation of SET is the lack of uniformity and consistency in defining the exchange rules across studies (Davlembayeva & Alamanos, 2022). The applications

of different rules of exchange, including rationality, negotiated rule, group gain, and status consistency, have created varying views of perspectives of human behavior, thus making it difficult to harmonize a consistent finding (Davlembayeva & Alamanos, 2022). Researchers working on SET will benefit from properly distinguishing one construct from the other (Cropanzano et al., 2017).

Though relationships are far too complex to be oversimplified, as observed in the drawbacks of SET, SET can still do a great job in explaining relationships as cost-benefit equations, taking into cognizance factors that create and sustain a relationship (Creel, 2011). These factors include mutual needs for one another, emotional and psychological factors, and the motives for staying in the relationship. However, these factors, alongside the cost-benefit equations, cannot be reduced to a straight-line mathematical relationship in predicting human relations or behavior, as there are many restrictions posed by roles and social structures (Redmond, 2015). Despite the many criticisms against SET, Redmond (2015) found it helpful in explaining the relationships among humans in highly diverse phenomena after a review of the applications of SET in many situations. My study has clear-cut definitions of the identified constructs I studied concerning elder abuse, including the perceptions of abuse, why elder abuse occurs, and the different forms such abuse takes. Therefore, SET was an ideal theory to explain my study.

Previous Applications of Social Exchange Theory in Research

The principles of SET have driven a large body of research to explain different aspects of human behaviors in varied disciplines and contextual settings (Cook et al., 2013; Cropanzano et al., 2017; Davlembayeva & Alamanos, 2022; Deauseault, 2018;

Emerson, 1972; Li, 2015; Nickerson, 2021; Redmond, 2015; Wan & Antonucci, 2016). SET has been used to explore people's cost-benefit evaluation, informing their decision to partake in social activities (Kanwal et al., 2020). In the study to investigate road construction's impact on tourism in China – Pakistani economic corridor, Kanwal et al. used SET to examine a positive relationship between the impact of road and transport infrastructure development (cost) and local support for tourism (environmental impacts/rewards). The environmental impacts were in the form of perceived tourism benefits and community satisfaction. They found that the impact of road construction on tourism was positively related to the community support for tourism. Community satisfaction played a mediating role in the relationship (Kanwal et al., 2020). Invariably, the study by Kanwal et al. revealed that behavioral outcomes can be predicted by a negative correlation with a perceived negative impact (cost) and a positive correlation with perceived benefits.

Davlembayeva et al. (2020) used SET to test the reciprocity norm as a belief in fair exchange to predict users' intention to participate in the sharing economy. They found that a belief in reciprocal relations is the most substantial social factor predicting users' intention to participate in the sharing economy. Conversely, social ties, shared vision, and altruistic belief were insignificant in predicting use behavior (Davlembayeva et al., 2020). In their study, Davlembayeva et al. found that the relationship between use behavior and outcomes were moderated by age, use intensity, and use frequency. SET was also used to investigate the different constructs related to costs and benefits in the exchange practices in online communities (Geiger et al., 2018). The theory was

instrumental in identifying the risks and benefits of using online-based knowledge management systems, which has contributed to the use of the system for sharing knowledge among system members (Davlembayeva & Alamanos, 2022)

Other areas where SET had been applied include medicine, which was used to explore the use of mobile health intervention to encourage medicine adherence among patients (Davlembayeva & Alamanos, 2022). The authors found that negative and positive reinforcement (i.e., cost and rewards) encourage or discourage the use of the system. Also, SET was used in entrepreneurship to assess cost rewards evaluation mechanisms that serve as the basis for entrepreneurs' decisions, especially concerning investment decisions (Zhao et al., 2017). SET was also used to assess knowledge-sharing behaviors in virtual communities (Li, 2015). Proposing a model on SET that willingness, trust, reciprocity, and altruism have an impact on people's knowledge-sharing behaviors in virtual communities, Li analyzed several essential factors that may influence peoples' knowledge-sharing behaviors in virtual communities. Li found that the altruism of people cannot predict knowledge-sharing behaviors. This observation was later confirmed by Davlembayeva et al. (2020). Li also observed that sharing willingness is the most important factor in virtual community knowledge-sharing behaviors compared with trust, reciprocity, and altruism (Li, 2015)

Application of the Social Exchange Theory in This Study

SET predicts that abuse can occur in the context of tactics and responses related to family life (Gholipour et al., 2020). The theory is helpful for properly understanding perceptions of abuse, and it is crucial to describing why elder abuse occurs and the

different forms such abuse takes. According to the SET, elder abuse may arise because an older adult depends (social exchange) on others for care. From a social exchange perspective, elder abuse occurs when older adults become more powerless, vulnerable as they get older, and dependent on their caregivers. These characteristics put older adults at an elevated risk of abuse (Gholipour et al., 2020).

Scholars have argued that elder abuse can occur when caregivers feel the older adults they care for depend entirely on them for care (Botngard et al., 2021). Caregivers may experience burnout and anger due to this dependence, which could lead to them engaging in abusive behavior (Gholipour et al., 2020). For example, if a caregiver decides they deserve a reward for supporting or caring for an older adult, they may resort to abuse if denied that reward. Elder abuse may also result from a caregiver's growing financial dependence on an older adult they care for (Gholipour et al., 2020). Redmond (2015) added that people may remain in inequitable positions for many reasons. These positions generate a feeling of loss that may translate into dissatisfaction with the social reward in their place of work. This can lead to behaviors that will be abusive in their relationship with others. A sense of imbalance in the relationship regarding social opportunities and independent adult behaviors may lead a caregiver to reinstate some sense of control via abuse or threats of violence (Momtaz et al., 2009). Based on these previous examples of how the components and functioning of the SET have been applied to the study of abuse, I kept this in mind when interpreting my results.

Literature Review Related to Key Variables and/or Concepts

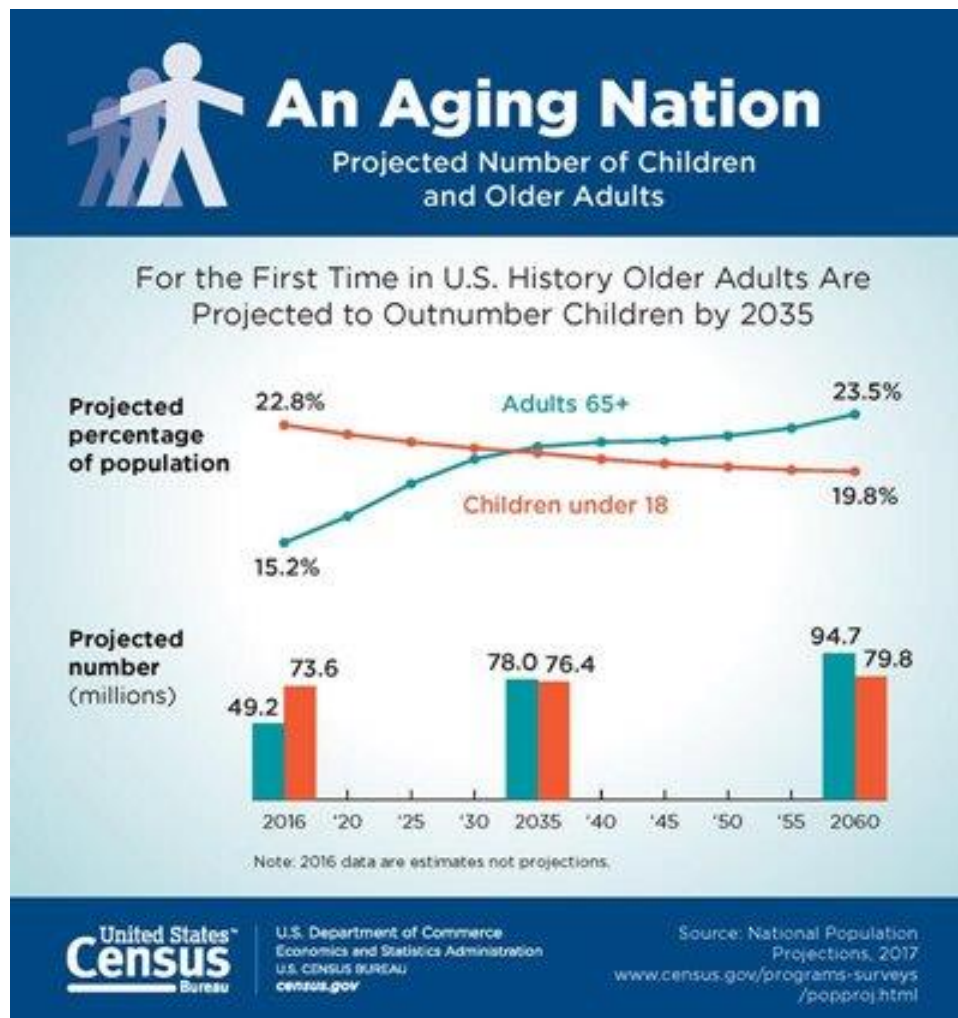
Prevalence of Older Adults in the United States

As of 2018, there were 52,400,000 adults aged 65 years or over in the United States (Administration on Aging, 2020; most recent estimate). This number is predicted to reach 80,000,000 by 2040 (Urban Institute, 2015), or nearly 21% of the total population (Vespa, 2018). Other predictions are that the number of people aged 85 years or older will triple from about 19,000,000 in 2019 to 67,000,000 in 2060 (Population Reference Bureau, 2019) and that older adults will outnumber children in the United States by 2035 (Vespa, 2018). Figure 1 depicts this trend.

Demographic snapshots of aging adults in the United States have shown that the population of older adults has been growing increasingly racially and ethnically diverse. According to the Administration on Aging (2020), as of 2018, 23% of all older adults belonged to racial or ethnic minority groups: Approximately 9% were non-Hispanic African Americans, 5% were Asian, 0.5% were American Indian or Alaska Native, 0.1% were Native Hawaiian or Pacific Islander, and 0.8% identified as belonging to two or more races. Individuals of Hispanic origin made up 8% of older Americans.

Figure 1

Projected Number of Children and Older Adults in the United States by 2035



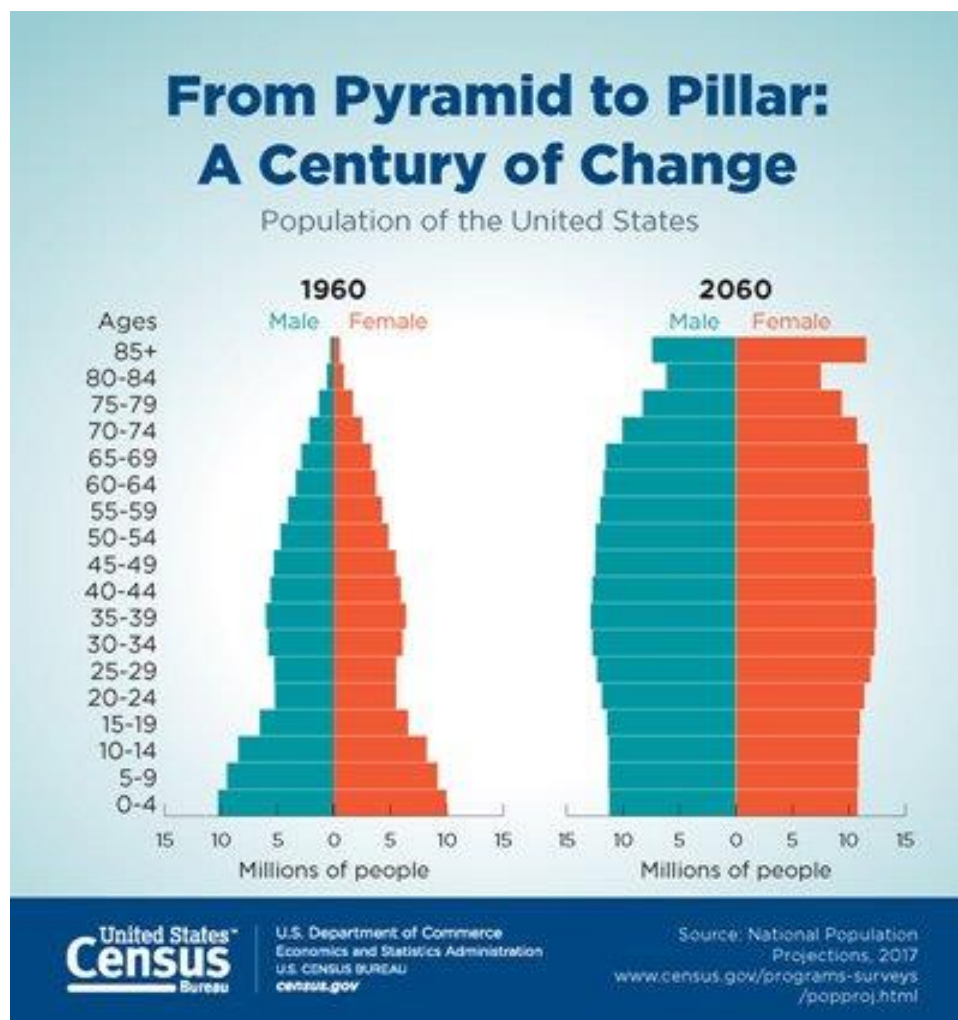
Note. From *The Graying of America: More Older Adults Than Kids by 2035: The U.S. Joins Other Countries With Large Aging Populations*, by J. Vespa, 2018, U.S. Census Bureau (<https://www.census.gov/library/stories/2018/03/graying-america.html>) in the public domain.

The Administration on Aging (2020) predicted that the percentage of Americans belonging to racial or ethnic minority groups will rise to 34% by 2040. Life expectancy increased from 68 years in the middle of the 20th century to about 81 years for women and 76 years for men in 2019 (Population Reference Bureau, 2019). In 2018, there were 29,100,000 older women in the United States, compared with 23,300,000 older men (Administration on Aging, 2020).

By 2030, the number of adults over 65 who require nursing home care will increase by 50%, and the number of older Americans living with Alzheimer's disease will likely double from 5,800,000 in 2019 to 13,800,000 in 2050 (Population Reference Bureau, 2019). Figure 2 illustrates the projected population of the United States in 2060 as compared to 1960 by age and gender.

Figure 2

The Projected Population of the United States by Age and Gender in 2060 as Compared to 1960



Note. From *The Graying of America: More Older Adults Than Kids by 2035: The U.S. Joins Other Countries With Large Aging Populations*, by J. Vespa, 2018, U.S. Census Bureau (<https://www.census.gov/library/stories/2018/03/graying-america.html>) in the public domain.

Elder Abuse

Pass (2019) indicated that elder abuse dates back to 1970 compared with other types of abuse, and elder abuse has remained a social issue in the United States and worldwide. The National Center on Elder Abuse (n.d.) revealed that hundreds of thousands of older Americans are abused each year and projected that 10% suffer abuse at least once a year. This percentage could be a substantial underestimate because many victims fail to report abuse. Adult Protective Services in Georgia, a state-run organization advocating elder abuse prevention, has reported a dramatic increase in elder abuse.

Several authors have defined elder abuse. For instance, Figueredo-Borda and Yarnoz (2015) described elder abuse as an intentional act of maltreatment directed toward an individual older adult. Lachs and Pillemer (2015) divided elder abuse into five categories: physical abuse, emotional abuse, psychological abuse, sexual abuse, financial abuse, and neglect. They further defined these categories as follows:

1. Psychological or verbal abuse involves acts inflicted to inflict emotional pain or injury.
2. Physical abuse consists of intentional acts carried out by an individual to cause bodily injury.
3. Sexual abuse is non-consensual sexual contact.
4. Neglect occurs when an older adult's designated caregiver fails to meet the older adult's needs.
5. "Financial abuse results from misappropriating an older adult's money or property" (Lachs & Pillemer, 2015, p. 1947).

The federal government provided its first definition of elder abuse in 1987 in amendments to the Older Americans Act (H.R.1451 - 100th Congress (1987-1988): Older Americans Act Amendments of 1987). Any physician or caregiver needing guidance on elder abuse can refer to this standardized guideline. Each state, however, has also defined elder abuse (Nursing Home Abuse Center, 2023). At the federal level, the Centers for Disease Control and Prevention (2017) described elder abuse as (a) physical abuse, which involves inflicting or threatening to inflict physical pain or bodily injury that causes functional impairment, such as kicking, biting, striking, and beating; (b) emotional or psychological abuse, which involves inflicting mental pain, anguish, or distress through verbal or nonverbal acts, including humiliation or restriction of access to resources such as telephones; (c) sexual abuse, which is unwanted sexual contact of any kind involving coercing or forcing an older adult to participate in a sexual act; (d) financial abuse, which is misappropriation of an older adult's money; and (e) neglect, which is the failure of responsible individuals to provide an older adult with food, shelter, and health care. However, these definitions are guidelines only and do not carry the force of law. The lack of an agreed definition of elder abuse at the federal level has left each state to define its meaning (Pickering et al., 2017). This lack of universal definition has hampered the fight against elder abuse because it is harder to resist a concept than a defined problem. With states having their purposes for elder abuse, caregivers, family members, and nurses of older adults, as well as members of the public, have remained confused about what is and is not abuse (Nursing Home Abuse Center, 2023).

The EAPPA (2017) stated that the variety of definitions of elder abuse among states could reduce the number of nursing home lawsuits within some states. The leniency of the federal law is why each state has been able to implement its definition of elder abuse, which has prevented clear-cut answers regarding what constitutes elder abuse (Mao, 2020). Some states' definitions of elder abuse are narrow, and the meanings in other states are broad, which has led to the frequency of elder abuse reporting in health care facilities varying from state to state (Mao, 2020).

Over one million elder abuse cases occur in the United States annually (Leahy-Warren et al., 2016), which is why the WHO (2018) stated that elder abuse is a social problem. Elder abuse is a common problem, and many cases have remained undetected in the aging services network (Yon et al., 2019). This is because people have often viewed elder abuse as a private matter and have thus reported it less often than other kinds of abuse. Elder abuse affects its victims and everyone who has relationships with older adults; elder abuse is, therefore, a violation of the older adult's rights (Yon et al., 2019). In institutions, interpersonal violence directed at older adults has tended to be reported less often than other types of violence.

Legislation Regarding Elder Abuse

Although each state has an elder abuse prevention law, the lack of uniformity in these laws has created confusion about what actions constitute abuse (Heitz, 2014). The terms *abuse* and *neglect* have lacked consistent definitions in elder abuse law. For instance, Pickering et al. (2017) defined abuse as “the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm,

pain or mental anguish.” They defined neglect as “failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.” These definitions focus on intentional criminal acts (Heitz, 2014). However, some states’ elder abuse laws oppose the federal definitions. The American Bar Association Commission on Law and Aging (ABACLA, 2020), Arizona, defined abuse as (a) intentional infliction of physical harm, (b) injury caused by negligent acts or omissions, (c) unreasonable confinement, or (d) sexual abuse or sexual assault (Phillips, 1988). Simple negligence constitutes abuse by this definition (ABACLA, 2020).

Arizona state defined neglect as “a pattern of conduct without the person’s informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain minimum physical or mental health” (Thobaben & Anderson, 1985, pp. 331-374). Pennsylvania defined abuse as the occurrence of one or more of the following acts: (1) The infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. (2) The willful deprivation by a caretaker of goods or services necessary to maintain physical or mental health. (3) Sexual harassment, rape, or abuse, as defined in the [Protection from Abuse Act]. (35 Pa. Stat. and Cons. Stat. Ann. § 10225.103, Pagels, 2016). Pennsylvania state law thus also included negligence in its definition of abuse.

Unlike Arizona and Pennsylvania, Illinois defined elder abuse as causing any physical, mental, or sexual injury to an eligible adult, including exploiting such an adult’s financial resources. Nothing in this Act shall be construed to mean that a qualified adult

is a victim of abuse because of health care services provided or not provided by licensed health care professionals. Meanwhile, Kentucky similarly defined abuse as “the infliction of injury, sexual abuse, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury” (Ky. Rev. Stat. Ann. § 209.020, 2013). As noted, Illinois and Kentucky did not include negligence in their definitions of elder abuse.

Although the state of Alabama, Tennessee, and Georgia described both abuse and neglect, the state of Alabama and Georgia defined abuse and neglect separately. However, the state of Tennessee combined abuse and neglect in one definition. The state of Alabama defined elder abuse as “the infliction of physical pain, injury, or the willful deprivation by a caregiver or other people of services necessary to maintain mental and physical health” (ABACLA, 2020). The state also specifically defined “emotional abuse” as “the willful or reckless infliction of emotional or mental anguish or the use of physical or chemical restraint, medication, or isolation as punishment or as a substitute for treatment or care of any protected person” (ABACLA, 2020). Unlike the states of Illinois and Kentucky, the state of Alabama defined neglect as the failure of a caregiver to provide food, shelter, clothing, medical services, or health care for a person unable to care for themselves or the inability of the person to provide these basic needs for themselves as a result of the person’s mental or physical incapacity. (ABACLA, 2020).

The state of Tennessee defined abuse and neglect together: As the failure of a caregiver to provide food, shelter, clothing, medical services, or health care for the person unable to care for themselves or the inability of the person to provide these basic needs

for themselves when the negligence is the result of the person's mental or physical incapacity (ABACLA, 2020). Tennessee law further clarified that abuse and neglect means transporting an adult and knowingly abandoning, leaving, or failing to provide additional planned transportation for the adult. If the adult's caretaker knows or should understand that: (i) The adult is unable to protect or care for themselves without assistance or supervision; (ii) The caretaker's conduct causes any of the results listed in subdivision (1)(A) or creates a substantial risk of such results. (ABACLA, 2020). The state of Georgia defined abuse as the willful infliction of physical pain, physical injury, mental anguish, unreasonable confinement, or the intentional deprivation of essential services to a disabled adult or older person. Neglect, according to Georgia, is "the absence or omission of critical services to the degree that it harms or threatens with harm the physical or emotional health of a disabled adult or elderly person" (Ga. Code Ann. § 30-5-3).

The lack of comprehensive federal legislation addressing elder abuse will continue to pose a problem unless the government creates a uniform definition of elder abuse followed by all states. Hayslip et al. (2015) argued that the lack of a consistent definition of elder abuse in the United States has led to inadequate attention to the issue of elder abuse and contributed to its underreporting. To address elder abuse and increase awareness among the people of Georgia, expert panelists discussed the case at the Westminster Senior and Community Center on June 15, 2017, about elder abuse (World Elder Abuse Awareness Day; DeLeonard et al., 2018). The panelists, including attorney Brian DeLeonardo, Carroll County Long-Term Care Ombudsman Rebecca Zick, and

other experts, discussed signs of elder abuse and ways to respond to elder abuse (DeLeonard et al., 2018). The discussion revealed that most people are very aware of child abuse, but elder abuse, people don't think that much about it (DeLeonard et al., 2018). An additional conclusion was that it is essential to speak about elder abuse because people have been unaware of the gravity of the abuse, which indicates a need for more research: "This is why it is a perfect time to bring elderly care abuse to people's attention" (DeLeonard et al., 2018). The Carroll County Bureau of Aging and Disabilities has compiled statistics revealing that an estimated 5,000,000 older Americans experience some form of abuse, neglect, or exploitation annually. Zick emphasized that the panel discussion was to better inform people about the signs of elder abuse and the resources available to report incidents and obtain help (DeLeonard et al., 2018).

Concern about incessant elder abuse led to the EAPPA (2017) act. The act defined elder abuse as follows:

1. The terms "abuse," "adult protective services," "elder," "elder justice," "exploitation," "law enforcement," and "neglect" have the meanings given those terms in section 2011 of the Social Security Act (42 U.S.C.1397j);
2. The term "elder abuse" includes abuse, neglect, and exploitation of an elder; and [[Page 131 STAT. 1209]].
3. The term "State" means each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any other territory or possession of the United States. (EAPPA, 2017, § X) Such laws have been necessary because elder abuse infringes on human rights (Choi et

al., 2017). The act provided enhanced victim assistance to survivors of elder abuse based on the following observations:

- a. Most cases of abuse, neglect, and exploitation of older adults in The United States go unidentified and unreported.
- b. No less than \$2,900,000,000 is taken from older adults each year due to financial abuse and exploitation.
- c. Elder abuse, neglect, and exploitation have no boundaries and cross all racial, social, class, gender, and geographic lines.
- d. Older adults who are abused are three times more likely to die earlier than older adults of the same age who are not.
- e. Up to half of all older adults with dementia will experience abuse. (EAPPA, 2017, § 301)

The act concluded that (a) elder abuse involves exploiting potentially vulnerable individuals that bring about devastating physical, mental, emotional, and financial consequences to the victims and their loved ones. (b) Something must be done to combat this affront to America's older adults to possibly support victims of elder abuse and prevent the abuse from occurring in the first place. (c) the Senate supports a multipronged approach to prevent elder abuse and exploitation, protect the victims of elder abuse and exploitation from further harm, and bring the perpetrators of such crimes to justice. (EAPPA, 2017, § 403). This is why the act required consultation with and evaluation of the attorney general of a state concerning abuse: In consultation with the Secretary of Health and Human Services and coordination with the Elder Justice Coordinating

Council (established under section 2021 of the Social Security Act; 42 U.S.C. 1397k), shall create, compile, evaluate, and disseminate materials and information, and provide the necessary training and technical assistance to assist States and units of local government in—(1) investigating, prosecuting, pursuing, preventing, understanding, and mitigating the impact of (a) physical, sexual, and psychological abuse of elders; (b) exploitation of elders, including financial abuse and scams targeting elders; and (c) neglect of elders; and (2) assessing, addressing, and mitigating the physical and psychological trauma to victims of elder abuse. [[Page 131 STAT. 1215]]. (EAPPA, 2017, § 403)

Caregivers and Elder Abuse

Maltreatment of older adults can cause them emotional and physical harm (WHO 2018). Elder abuse has several identified causes. For instance, Carmody et al. (2015) explained that health issues caused most elder abuse. Moreover, self-neglect of older adults increases morbidity and early mortality due to abuse (Dong, 2016). Another factor of elder abuse is dependency. For example, older adults in some cultures, such as Asian cultures, must depend on their family members, which increases the rate of elder abuse in those cultures (Dong et al., 2015).

Some researchers have found that elder abuse occurs because of a physical loss of the strength needed for everyday living, increasing older adults' dependency (Halvorsen et al., 2017). Elder abuse has remained an ongoing social problem that leaves older adults with traumatic experiences not visible to their family members. Researchers have conducted sponsored studies on elder abuse on small and large scales. Myhre et al. (2020)

explored nursing home leaders' perceptions of elder abuse. Using a qualitative research design, the researchers engaged with 28 nursing home leaders who served in the role of care management through six focus group interviews. Constant comparative data analysis revealed that elder abuse was an overlooked patient safety issue that fell into three main categories of abuse: abuse from co-residents, abuse from relatives, and abuse from direct care staff (Myhre et al., 2020)

As the number of older adults has increased, many have been unable to afford nursing home care, which is why many older adults have come to rely on home care from unpaid family members and friends (Pagels, 2016). Pagels estimated that the number of older adults living alone would exceed 1,200,000 by 2020. As a result, many older adults must resort to nursing homes for care (Pagels, 2016). The number of older adults in nursing home care is estimated to increase from 15,000,000 in 2000 to 27,000,000 in 2050 (Pagels, 2016). This growth explains why abusive care behavior has persisted in nursing homes (Yon et al., 2019).

Cooper et al. (2013) explored types of abuse, barriers to good care, and facilitators of reasonable care. They suspected elder abuse existed in care homes, but detecting it was challenging. Using thematic analysis, the authors found that participants knew situations conducive to abuse were constant but believed deliberate abuse was rare (Cooper et al., 2013).

Physical Abuse by Caregivers

Physical abuse is the type of elder abuse that has received the most attention, probably because it leaves easily recognizable evidence on older adults' bodies, and

perpetrators of physical abuse cannot easily deny the abuse (Bhagat & Htwe, 2018).

Physical abuse is “the bodily injury, pain or impairment that results from the use of force or assault that is non-accidental. For example, slapped, burned, cut, and bruised, although it’s not limited to only these aspects” (Bhagat & Htwe, 2018, p. 4732). The National Center on Elder Abuse (2016) defined physical abuse as a physical force resulting in bodily injury, physical pain, or impairment.

The most commonly documented physical impacts of elder abuse are wounds and welts (Anetzberger, 2004; Bhagat & Htwe, 2018). Other physical elder abuse affects nutrition, hydration, pain, and soreness. The New York State Office for Children and Family Services (as cited in Stacy, 2012) stated that physical abuse is a “non-accidental use of force resulting in bodily injury, pain, or impairment. Including, slap, burn, cut, bruises or improper physical restrain” (p. 10). Such abuse can include withholding food and medical attention from frail older adults, drugging them, denying them sleep, slapping them, punching them, kicking them, biting them, or choking them (Stacy, 2012). Physical elder abuse may not frequently occur together with emotional abuse; however, emotional abuse can happen in a physically abusive relationship when the abuser cannot physically abuse the victim in public (New York State Office of Children and Family Services, 2017).

Physical abuse by caregivers—such as hitting, slapping, inappropriate use of physical restraints, and force-feeding—indicates a need to scrutinize factors and contexts associated with different types of physical abuse (Popp, 2018). According to the WHO (2015), the prevalence of elder abuse varies widely from 1% to 35%, depending primarily

on populations, settings, cultural backgrounds, definitions of abuse, and methodological measures. Approximately 1,000,000–2,000,000 older adults in the United States have been abused. The WHO (2015) predicted that the prevalence of physical elder abuse would increase as the global population of older adults expanded to nearly 2,000,000,000 by 2050.

The estimated incidence of physical abuse in nursing homes suggests that a substantial number of older adult nursing home residents have experienced one or more types of physical abuse from staff members, reaffirming the gravity of the problem (Botngard et al., 2021). Bhagat and Htwe (2018) conducted several studies and reviews of the existence and types of physical abuse. The authors collated and analyzed 100 articles published between 1995 and 2015 to detect physical and emotional abuse patterns and aid the detection of these types of abuse. They aimed to track references to physical abuse in older adults (Bhagat & Htwe, 2018).

Other researchers have also investigated physical abuse perpetrated against older adults (Myhre et al., 2020). Nursing home managers were found to consider physical abuse the most severe form of resident–resident aggression, often leading to visible harm and despair. Researchers found that nurse aides indicated that 52% of respondents suspected other staff members of pulling residents' hair, and 6% had observed or had evidence of other physical abuse perpetrated by staff members (Castle & Beach, 2011). Other researchers found that 1% of staff reported physical abuse, such as hitting or shaking a resident, rarely occurred, and only 0.1% reported such abuse sometimes occurring (Cooper et al., 2013).

Emotional/Psychological Abuse by Caregivers

According to Stacy (2012), emotional abuse is any behavior that purposefully hurts another person mentally. Robinson and Brown (2013) deferred a bit by defining emotional abuse as typically interrelated with other forms of ill-treatment. Bhagat and Htwe (2018) expanded the definition of emotional abuse as “any act including confinement, isolation, verbal assault, humiliation, intimidation and infantilization and such treatment which may diminish the sense of identity, dignity, and self-worth” (p. 4732). Actions that cause harm to a person’s mental, spiritual, or social development are emotional abuse (Blumenfeld et al., 2017). In summary, emotional abuse is a type of interpersonal maltreatment that includes various nonphysical actions, such as threats, coercive intimidation, humiliation, harassment, social isolation, yelling, blaming, name-calling, shaming, and oppression. Emotional abuse remains an ongoing public health concern, with an incidence of about 54.1% (Bhagat & Htwe, 2018).

Emotional elder abuse is common in the United States, with a rate of occurrence of 17.1% versus physical abuse occurrences of 1.6% (Bhagat & Htwe, 2018). Emotional abuse is subtle and can include withholding food and medication from older adults and belittling or humiliating them (Lachs & Pillemer, 2015). This type of abuse can be challenging to detect because it leaves no marks on the skin or a paper trail to find. Proving emotional abuse usually requires an eyewitness account. However, such abuse can have noticeable repercussions, such as anxiety or depression over time. The symptoms of emotional abuse vary and can invade any part of a person’s life, distressing them and consequently disturbing their emotional well-being (Bhagat & Htwe, 2018).

Though very damaging, emotional abuse is the least reported form of elder abuse among residents of long-term care facilities (Roberto, 2016). Social isolation occurs in about 20% of older adults' experiences, whether at home or in long-term care (Kruzel, 2016). Emotional abuse caused by care providers can result in many layers of emotional distress. It can take many forms, such as demeaning behavior, continuous screaming and yelling, constant humiliation and ridicule, and frightening or ignoring residents to create fear (Roberto, 2016). Abuse can be detrimental to an older adult's quality of life and desire to live (Kruzel, 2016).

Indicators of emotional abuse among older adults include (a) hopelessness, fearfulness, and agitation; (b) frequent mood changes; (c) seclusion (avoiding the public); (d) avoiding making decisions; and (e) abrupt changes in eating and sleeping habits (Kruzel, 2016). Other symptoms of emotional abuse in older adults are anxiety and depression (Smith & Freyd, 2014). Therefore, emotional abuse can lead to detrimental changes in mental health. Roberto (2016) added that the effects of emotional abuse can also include negative psychological symptoms and functional impairment. Elder abuse, including emotional abuse, was identified in 435,195 cases (Elder Abuse Statistics, 2017). There are multiple types of emotional abuse that occur in nursing homes. Emotional abuse, such as staff shouting at, insulting, or speaking harshly to residents, making a resident wait for care, not giving a resident enough time to eat, and not taking enough care moving a resident are all behaviors that could be considered abuse in nursing homes (Cooper et al., 2018).

Nursing Home Quality and Oversight

Nursing home quality care has been a long-standing issue worldwide (Konetzka, 2020). The Institute of Medicine (1986) pioneered a change movement for nursing home residents, noting the “shockingly deficient” care received in many government-licensed nursing homes. This was a fallout of the substantial neglect and abuse found in landmark studies of nursing homes in the United States by the Institute of Medicine (Konetzka, 2020). The change movement led to the creation of the Nursing Home Reform Act of 1987, which mandated regular inspections, extensive regulatory controls, and the development of resident-level assessment, data collection, and care planning systems. Another innovative report sponsored by the Institute of Medicine was released, encouraging the patient safety movement, promoting evidence-based methods for improving care safety, and creating a universally applicable and coherent approach to patient safety and quality (Kohn et al., 2000). Granted that the families and loved ones of patients and ill residents in the nursing home serve as their voice, the perspective of patients about their nursing homes is critical because the nursing homes are like total institutions for them where they live all their lives (Gaudet, 2020).

In the United States, staff in about 15,600 nursing homes care for more than 1.3 million older adults daily. Therefore, ensuring high-quality care for nursing home residents remains challenging (Toles et al., 2021). Nursing homes in the United States represent one of the largest healthcare sectors, with spending of about \$166,000,000,000 in 2017 projected to grow to \$240,000,000,000 by 2025 (Martin et al., 2018). Nursing homes in the United States have continued to attract the interest of investors, such as

Sunrise Senior, that would like to own or partner with healthcare facilities (Appelbaum & Batt, 2020). Private equity firms have taken ownership of large nursing home chains, large hospitals, emergency rooms, and staffing operations for one-third of emergency rooms (Appelbaum & Batt, 2020). Total national healthcare investment increased from less than \$5,000,000,000 in 2000 to over \$100,000,000,000 in 2018 (Appelbaum & Batt, 2020). Nonetheless, evidence informing policy discussion has been limited and inconclusive.

Gupta et al. (2021) collected data between 2000 and 2017 to study the impact of private equity in health care. Gupta et al. obtained observations for about 15,000 unique nursing homes annually, summing to approximately 280,000 observations. Of these 280,000 observations, about 29,000 represented facilities acquired by private equity firms. The data provided essential facility attributes—such as nurse availability, patient volume, and case mix, based on the components of the annual five-star ratings. The researchers emphasized that half of the private equity deals related to 365 nursing homes in the sample data. They also observed that compliance with standards and staff availability led to a facility-level five-star rating from 1 (worst) to 5 (best). These findings emphasized the importance of constantly monitoring what goes on inside nursing homes. A facility's rating reflected whether the facility followed care protocols—such as disinfecting surfaces and storing and labeling drugs properly—and other aspects of care—such as protecting residents' rights and avoiding patient abuse (Gupta et al., 2021).

Researchers found that 24.3% of respondents reported at least one incident of physical abuse by nursing home staff members (Schiamberg et al., 2012). Nursing homes' quality can be based on several composite quality measures from Nursing Home Compare (Braun & Clarke, 2018). However, researchers who attempted to examine nursing home quality found that the employed quality measures do not always measure what matters (Burke & Werner, 2019). Previous attempts to assess nursing home quality have been hampered by a lack of a conceptual model stipulating the constructs to measure and how these components are associated with quality (Glass, 1991). Nursing home patient safety depends on identifying errors and preventing those errors from happening again (Braun & Clarke, 2018).

A substantial number of older adult nursing home residents may be subject to physical abuse from staff members (Schiamberg et al., 2012). Incidents reported by affected individuals (i.e., hitting, slapping, mistreatment, physical restraint, force-feeding, and sexual abuse) should be carefully scrutinized, and the contexts associated with each type of physical abuse reported (Schiamberg et al., 2012). This can help estimate various risk factors in nursing home abuse that a client has that can lead to a greater possibility of abuse taking place. For example, older adults who have had behavioral difficulties, limitations in activities of daily living, and previous victimization by non-staff abusers are associated with a higher likelihood of physical abuse (Schiamberg et al., 2012). Although the goals of nursing homes include maintaining quality and safety, the task of differentiating patient safety from other quality outcomes designed to measure nursing home quality has received little attention (Braun & Clarke, 2018). Interventions that

directly address these risk factors might effectively reduce physical abuse of older adults in nursing homes, and quality improvement efforts can, therefore, improve positive health outcomes and safety (Schiamberg et al., 2012).

In a bid to examine the relationship between nursing homes' performance on overall standard quality measures and measures specific to patient safety in nursing homes, Braun and Clarke (2018) merged data from the Nursing Home Compare archives for the first quarter of 2017 with data from Certification and Survey Provider Enhanced Reporting to create a data set at the nursing home level. Although Nursing Home Compare captured some aspects of patient safety, relationships between nursing homes' performance and several composite quality measures from the site were weak and inconsistent, leaving consumers who care about patient safety with little guidance (Braun & Clarke, 2018). The authors recommended the refinement of Nursing Home Compare to provide consumers with a clearer picture of patient safety and quality of life, allowing consumers to weigh their preferences and priorities.

Approximately 50% of institutionalized older adults in nursing homes had dementia (López et al., 2021). This can make nursing homes challenging because residents' health and cognitive statuses are complex. Efforts to promote good care in many nursing homes have exacerbated neglect and reduced person-centered care. Adequately catering to the many institutionalized older adults who will need care in nursing homes will require measuring indices that matter, which can be used to prepare adequately for the task ahead (Burke & Werner, 2019). Management support is the only work-related factor that researchers have positively associated with care quality,

indicating a need for continuous advocacy and protection (Popp, 2018). Three individual factors of personal accomplishment, depersonalization, and negative old-age stereotypes are essential predictors of care quality (López et al., 2021). Negative old-age stereotypes and depersonalization have been found to be negatively associated with care quality, and personal achievement was positively associated with care quality (López et al., 2021).

Family Members' Role in Nursing Home Oversight

Families are crucial to promoting social engagement and strengthening the dignity of relatives living in nursing homes (Roberts & Ishler, 2018). The population of older adults has remained vulnerable, as have the healthcare facilities that provide care for them (Pagels, 2016). Nursing homes and skilled nursing facilities have rapidly become two of the most critical industries in the United States (Pagels, 2016). The need for nursing homes will dramatically increase as those in the baby boomer generation age. Therefore, nursing facilities must provide quality care to the growing number of older adults. Unfortunately, nursing homes have not been so equipped; therefore, nursing home residents and their family members have often relied on litigation to hold homes accountable for failures related to institutional negligence and elder abuse (Pagels, 2016). The involvement of family members of older adults in nursing homes has been shown to improve the quality of life of older adults (Roberts & Ishler, 2018).

Litigation aimed at nursing homes and healthcare facilities has become prevalent because nursing facilities have acquired many risk factors and become prone to accidents while providing care to older adults. It is often up to family members of nursing home residents to stand up for those residents when abuse occurs (Morton Law Offices, 2016).

The participation of family members is a cornerstone of high-quality palliative care (Mignani et al., 2017). There are three ways family members of older adults in nursing homes can be involved in their care: often visiting, providing care when visiting, and communicating frequently and clearly with staff (Roberts & Ishler, 2018). However, family members may find communicating with staff difficult as staff are often focused on getting the work done (rather than communicating with residents' family members Baer et al., 2006; Mignani et al., 2017).

Many family members of older adults wish to participate in the care of those older adults, and this participation can benefit both parties (Szebehely & Meagher, 2018). However, residents' families seldom actually participate in care in nursing homes, a situation that nursing home staff described as problematic (Nyborg et al., 2017). Many family members of older adults want to continue caring for their relatives, but others feel pressure to take on more tasks than they would like (Haggstrom et al., 2007, as cited in Westergren et al., 2020). Family members of older adults are motivated to participate in care for various reasons, including love, guilt, and desire to maintain the older adult's identity. Family members of older adults who participate in the care of those older adults could induce feelings of satisfaction and importance in the older adults (Anderson et al., 2010, as cited in Westergren et al., 2020). These feelings can help older adults cope, which naturally leads to an emphasis on the importance of family members of older adults participating in the older adults' care.

Despite the recognition of family members' involvement in nursing homes, the practice of working with families has been a recurring challenge (Hovenga et al., 2022).

Westergren et al. (2020) found that participation in care had the benefit of higher care and trust and care in collaboration between staff and the family and family and staff. From the family member's perspective, involvement in the older adult's care improves the experience of good quality care. However, the complexities of the power imbalance between family and nursing home staff often prevent a trusting relationship (Hovenga et al., 2022). One complication is that not all older adults want their family members to participate in their care. Nursing home personnel must, therefore, respect each older adult's wishes (Nool et al., 2022). Communication and trust positively impact family members of older adults in nursing homes (Westergren et al., 2021).

The participation of older adults' family members is also essential as most older adults have various needs due to health, including the need for help with personal hygiene emotional or social needs (Nool et al., 2022; Westergren et al., 2021). About 10% of informal caregivers are overburdened and unable to continue with care as they are usually not trained in the care process and are unprepared for challenging situations. This results in the family deciding to place the individual in a nursing home, which can negatively impact relationships (Florea et al., 2021). In old age, most people wish to stay at home and would prefer to receive informal care from their adult children or from home assistance services; however, this is not always possible. This can then negatively impact the communication and trust between the individual and the family members. Then, these issues can spread to the communication and trust with the staff who care for the individual (Florea et al., 2021).

Misperceptions of the role of family members, conflicting duties, and inadequate staff training have also acted as barriers to communication in nursing homes (Westergren et al., 2021). Overall, family caregivers of older adults provide most of the informal care for home-dwelling persons. They have a significant influence on the health, well-being, and self-care of these individuals (Hagedoorn et al., 2020). As informal caregivers, family caregivers act as an advocate between health care providers and home-dwelling persons when their older adults are admitted to the hospital or when they receive care at home (Hagedoorn et al., 2020).

Summary and Conclusions

The incidence of elder abuse has constantly been increasing, but reporting this abuse has been hampered by inadequate evidence (Myhre et al., 2020). Although researchers have investigated elder abuse in several ways over the last few decades, only a few have focused on elder abuse or just an aspect of elder abuse (Braun & Clarke, 2018; Hoff, 2013; Schiamberg et al., 2012; Shinan-Altman & Cohen, 2009). Since 2000, researchers have developed validated psychometric instruments to directly measure aspects of abuse as a standalone phenomenon (Cooper et al., 2018; Westergren et al., 2020, 2021).

SET underpinned this study (Emerson, 1972; Homans, 1959). SET has three propositions (Cook et al., 2013). The first is the success proposition, which states that when someone is rewarded for their actions, they tend to repeat the action. Second, the stimulus proposition indicates that the more often a particular stimulus had led to a reward in the past, the more likely a person would respond to it. The third proposition,

which is deprivation, explains that the more often in the recent past a person has received a reward, the less valuable any unit of that reward becomes. Though using the principles of SET to explain research has been confronted with a wide array of criticisms, SET can still do a great job explaining relationships as cost-benefit equations, taking into cognizance factors that create and sustain a relationship (Creel, 2011).

A history of elder abuse dates back to 1970 compared with other types of abuse, and elder abuse has remained a social issue in the United States and worldwide (Pass, 2019). Elder abuse is divided into five categories: physical abuse, emotional abuse, psychological abuse, sexual abuse, financial abuse, and neglect (Lachs & Pillemer, 2015). There are different definitions of elder abuse. This lack of universal definition has hampered the fight against elder abuse because it is harder to resist a concept than a defined problem (Nursing Home Abuse Center, 2023). Elder abuse has remained an ongoing social problem that leaves older adults with traumatic experiences not visible to their family members. Maltreatment of older adults can cause them emotional and physical harm (WHO 2018). Physical abuse is the type of elder abuse that has received the most attention, though emotional elder abuse is common (Bhagat & Htwe, 2018).

In the United States, staff in about 15,600 nursing homes care for more than 1.3 million older adults daily. Therefore, ensuring high-quality care for nursing home residents remains challenging (Toles et al., 2021). A benefit of the study is that it will yield insights into elder abuse in nursing homes through the perception of family members of residents. In Chapter 3, I describe the interview questions, sampling methods, and data collection and analysis procedures.

Chapter 3: Research Method

The purpose of this generic qualitative study was to explore family members' perception of elder abuse at U.S nursing homes. Elder abuse is a common, costly, and sometimes fatal public health concern, affecting an estimated 10% of the approximately 64,900,000 older adults in the United States in 2015 (Dong, 2016). Legislative efforts have attempted to address elder abuse reporting in nursing homes. The EAPPA (2017) established a duty for most nursing homes to report abuse. According to Section 301 of the EAPPA, many cases of abuse of older adults in the United States have gone unidentified and unreported. In this chapter, I discuss the research design and rationale, the role of the researcher, the methodology, issues of trustworthiness, and ethical procedures of the study.

Research Design and Rationale

The research question that underpinned this study was, what are the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes? I employed a generic qualitative approach for this research. A generic qualitative research design is the most flexible of qualitative designs. Some topics in qualitative research cannot be pursued using traditional qualitative research designs like case studies, ethnography, phenomenology, and narrative study (Percy et al., 2015). According to Percy et al. (2015), "generic qualitative inquiry investigates people's reports of their subjective opinions, attitudes, beliefs, or reflections on their experiences of things in the outer world" (p. 79). A researcher who conducts this type of inquiry does not claim allegiance to a single established qualitative research methodology like phenomenology,

ethnography, and grounded theory (Kahlke, 2014). Rather, they strive to conduct a full qualitative survey to answer their research question (Percy et al., 2015).

Researchers who use a generic qualitative approach seek to discover and understand a phenomenon, a process, and the global perspectives of the people involved (Cooper & Endacott, 2007). After considering different qualitative methods like a case study, phenomenology, and the generic qualitative design, I concluded that a generic qualitative design best fits my research. This is because this methodology would give me more flexibility than the other designs, and as a new researcher, it would be a good introduction to conducting qualitative research. According to Kholomeydik (2012), “a generic approach aims to simply seek to discover and understand a phenomenon, a process, or the perspectives and worldviews of the people involved” (p. 29). The approach allows researchers to interview the study participants and describe the information (Kholomeydik, 2012).

For this study, I did not collect numerical data or test a hypothesis; therefore, a quantitative approach was unsuitable (see Siddique & Biswas, 2021). The same applies to the mixed-methods approach, as I did not intend to combine the study of the beliefs, views, and perceptions of my participants with the analysis of numerical data (Dawadi et al., 2021). I used a generic qualitative approach for this research because I wanted to understand the perceptions of family members of adults in nursing homes; this required no measurable analysis involving statistics.

For this qualitative enquiry, I considered the following qualitative designs: case study, phenomenology, and generic qualitative study design. A case study can be single

or multiple; it is used to investigate a case in depth (Rutberg & Bouikidis, 2018). A single-case study involves an individual or an individual organization or location, while a multiple-case study is where more than one individual, organization, or location is included in the in-depth data collection and study for comparison (Quintão et al., 2020). I did not do an in-depth data collection or analyses associated with a case study design. Phenomenological studies involve the investigation of the "lived experiences" of different phenomena (Percy et al., 2015). This design is relevant when exploring the participant's lived experiences to establish a common theme. Because phenomenology requires the study of intense human experiences, it was not ideal for my research because I worked with family members and not the nursing home residents themselves (see Yin, 2017). After considering all the research designs, I decided that the generic qualitative design was the most appropriate.

Role of the Researcher

In qualitative research, the researcher is an instrument as they ask questions and record participants' answers (Wa-Mbaleka, 2020). They are also the tools used to determine results and interpret what those results mean. Part of the role of the researcher is to describe in detail the participants and their interactions with them (Wa-Mbaleka, 2020). I was the research instrument for this study. I collected the data using semi-structured interviews and managed, analyzed, and interpreted the data.

I abided by all ethical procedures and guidelines by obtaining approval from the Walden Institutional Review Board (IRB). I also obtained informed consent from the participants prior to study commencement and used the interview guide during interview

sessions with the participants. As a researcher, I was aware of personal views that could influence the data and monitored my thoughts and actions (see Doyle & Buckley, 2017). Though I was interested in working with the family members of nursing home residents, I did not have any relationship with any. This lack of relationship with the potential study participants helped to prevent bias or conflicts of interest.

According to Doyle and Buckley (2017), a researcher plays a supervisory role when collecting participant data. For my study, I respected each participant during interviews to protect participants and ensure that participants felt comfortable and safe during data collection from participants. I maintained a clear methodological strategy regarding trustworthiness by recognizing and understanding personal bias, maintaining transparency, and ensuring that different data viewpoints were evident (Noble & Smith, 2015). I also ensured clear documentation. I did not engage in social activities or fraternize with participants outside of the interview process to avoid bias and conflicts of interest.

Methodology

Participant Selection Logic

Population

Elder abuse has been found to impact an estimated 10% of the approximately 64,900,000 older adults in the United States in 2015 (Dong, 2016). As of 2018, there were 52,400,000 adults aged 65 years or over in the United States (Administration on Aging, 2020; most recent estimate). This number is predicted to reach 80,000,000 by 2040 (Urban Institute, 2015), or nearly 21% of the total population (Vespa, 2018). Due to

the increasing number of older adult population in the United States, the occurrence of elder abuse in nursing homes is increasing (Roberto, 2016). Nonetheless, elder abuse in nursing homes has remained unreported (Winant, 2018).

Sampling Strategy and Sample Size

I first used purposeful sampling for my study to identify family members of nursing home residents. Purposeful sampling is a technique commonly used in qualitative research to identify and select individuals especially knowledgeable about the inquiry or phenomenon of interest (Palinkas et al., 2015). I also used snowball sampling until I reached saturation. Snowball sampling is a non-probability sampling technique where existing participants provide referrals to recruit other participants for the study (Dragan & Isaic-Maniu, 2013). I provided a statement in my recruitment flyer (see Appendix A) indicating that individuals could forward the flyer to others who might qualify for the study. I also let participants in my study know they can give my study information to others who may qualify at the end of the interview process.

Data saturation is essential in determining when data collection can end and ensuring that results are reliable and valid (Yin, 2017). Saturation is when there is no new emergent information during data collection. In a homogeneous group, it has been suggested that five to eight participants are appropriate, while between 12 and 20 are best for a heterogeneous group (Cooper & Endacott, 2007; Malerud et al., 2015). I believe between 12 and 20 participants was appropriate to reach saturation.

Inclusion/Exclusion Criteria

The target population for this study was family members of older adults residing in nursing homes. The criteria for participation were as follows:

- Every participant must be a child, sibling, spouse, or other family member of the nursing home resident.
- Participants must be at least 18 years old.
- The family member in the nursing home must have resided in a nursing home for at least six months.
- The participant must have visited the older adult at least twice a month within the last six months before participating in the study.
- Must be able to read, speak, and understand English.

Anyone who did not meet all of the inclusion criteria was excluded from participating in the study. Inclusion criteria questions can be found in Appendix B.

Instrumentation

Demographics

I collected from the research participants information in Table 1 to describe the sample and provide information about generalizability (see Carminati, 2018). The interview protocol (see Appendix C) contains the questions I used to gather this information.

Table 1*Demographic Items*

Item no.	Question	Response option
1	What is your age in years?	Actual age Prefer not to answer
2	What is your highest education level?	Did not finish high school High school Some college Associate's degree/certificate Bachelor's degree Master's degree Doctoral degree Prefer not to answer
3	What is your race?	White Black/African American American Indian/Alaska Native Asian Native Hawaiian/other Pacific Islander Two or more races Prefer not to answer
4	What is your profession?	Name of profession Prefer not to answer
5	In what state is the nursing home that your family member resides in?	Name of state Prefer not to answer
6	What is your relationship to the nursing home resident?	Relationship
7	How long has your relative lived in a nursing home?	Number of years
8	Is this the only nursing home that your relative has lived at?	Yes No Not sure Prefer not to answer
9	How often do you visit your relative in the nursing home per month?	Number of times per month Prefer not to answer
10	Has your relative ever experienced any abuse while living in a nursing home?	Yes No Prefer not to answer
11	Only ask if they have indicated past abuse— In that incident, did an investigation occur?	Yes No Not sure Prefer not to answer
12	Only ask if they have indicated past abuse— In that incident, was a nursing home employee found guilty of that abuse?	Yes No Not sure Prefer not to answer

Item no.	Question	Response option
13	Only ask if they have indicated past abuse and an employee was found guilty—What punishment resulted?	Fired Suspended Warning Other Prefer not to answer

Semistructured Interview

A semi-structured interview format was utilized for this study. From the literature review, I identified the relevant constructs needed to develop my research instrument for data collection. I collected data via a semistructured interview to answer my research question. I developed an interview protocol based on possible questions that could answer my research question (see Appendix C). The survey questions were preceded by a demographic section to describe my participants and for possible generalization purposes. Content validity for my instrument was achieved through a review of my interview questions by my committee members. The following are the interview questions that I asked participants:

1. Describe how you believe the nursing home where your loved one resides cares for them.
2. Describe your experiences with the staff of the nursing home when you have visited your loved one.
3. Describe your understanding of what a care plan is for a resident in a nursing home.
4. How would you describe the care plan of your family member in the nursing home?

5. How would you define elder abuse?
6. Who do you think could commit elder abuse toward a resident in a nursing home environment?
7. Based on how you defined it, how would you be able to identify abuse if it occurred?
8. How do you think being a victim of abuse affects someone residing in a nursing home?
9. Describe what you think the relationship is between a care plan for a resident in a nursing home and preventing elder abuse in the nursing home.
10. Describe how elder abuse in a nursing home can impact the family members of the nursing home resident.
11. What types of safeguards do you think nursing homes should put into place to protect nursing home residents from elder abuse?
12. What types of laws and other protections do you think governments should put into place to protect nursing homes from elder abuse?

Procedures for Recruitment, Participation, and Data Collection

Before recruiting participants or collecting data, I obtained approval for the proposed study from the IRB. Once I got the necessary permissions, I posted a recruitment flyer (see Appendix A) on my personal Facebook page and on other social platforms, including LinkedIn and WhatsApp groups, to which I belong. With the permission of Walden IRB, I also posted it to Walden's participant pool. The flyer detailed the study purpose, participation eligibility criteria, participant expectations, the

time commitment required, and how individuals can contact me to ask questions or express interest in participating.

Potential participants contacted me directly through email or phone to indicate their interest. I emailed them the inclusion questions (see Appendix B) as well as the informed consent form for their review. I also asked them to reply with their answers to the inclusion question and, if they consent to participate, to indicate “I consent” in that email. I also asked them to provide me with dates and times that they would be available for a virtual interview in that email if they answered all inclusion questions as “yes” and if they consented to participate.

The interview took place either by recorded (audio only) online audio conferencing or by a phone or WhatsApp call, whichever was more comfortable and convenient for the participant. At the beginning of the interview, before recording, I still asked if they had any questions about the information on the informed consent that they received. If there was none, I told them at the beginning of the call that I would audio-record the interview. If they indicated that they did not want to be recorded, I thanked them for their time and ended the interview appointment.

After the recording started, I commenced with the demographic items and then asked the interview questions in line with the interview protocol. I also prompted them if more information about their answer to a question was needed. At the end of the interview, I stopped the recording and thanked them for their participation. I emailed them a copy of the interview transcript for their review (member checking) after transcription. Transcription took place between 1 day and three days after the interview.

They had seven days from the day the transcript was sent to them to let me know if there were any issues with the transcript or things that needed to be clarified. If they did not respond, I assumed the interview was accurate and included it in my data analysis. I was going to use Rev.com for my audio transcription. After my data collection, I decided to listen to the audio recordings to immerse myself in them. In the process, I told myself I could even give transcription a trial with one of the audio recordings. I found that the process helped me understand the interview process more (as I had to listen to transcribe). I then realized I could do the transcription manually, one step at a time.

I developed a filing name that used acronyms of “P” for the participant and numbers 1 – 20 (as the case may be) for identifying the particular respondent. I combined this with the interview date in the format (DD/MM). For example, if the first interview took place on the 2nd of March, 2023, the audio file name was P10203. The same filing name was used for the transcript files in Word. The files will be deleted from my computer after five years as per Walden IRB requirements.

Data Analysis Plan

I used NVivo to organize and assemble the collected data for analysis using an inductive thematic analysis technique. In an inductive thematic analysis, a researcher does not attempt to fit collected data into preexisting categories; instead, the data drives the research by reading the data several times and locating information related to the research questions (Clark & Braun, 2018). Before data analysis, I set aside all preunderstandings and individually analyzed data collected from participant interviews, observations, or open-ended questionnaires.

There are different phases in an inductive thematic analysis. In the first phase, I became acquainted with the data through immersion, which involves reading the data entirely and then repeating the reading intentionally to obtain initial meaning and patterns from the data (Clark & Braun, 2018). To ensure accuracy, I compared the transcripts with the verbal transcript in the immersion process. The next phase was to generate codes by using the notes from the first phase to create detailed explicit codes. In the next stage, I developed themes from the data code. I organized the coded data by looking for the patterns among coded data, which were then placed into primary themes (Clark & Braun, 2018). I repeated the procedure with all participants to create a composite interpretation of the meanings and implications related to the research question investigated (Clark & Braun, 2018).

The data analysis also involved open coding to strengthen the reliability of the analysis. I reviewed the emerging themes in this stage and ensured they created a clear pattern. In the next step, I reevaluated the complete thematic data set results and checked for the validity of the individual themes (Clark & Braun, 2018). Next, I defined and refined the themes, reviewed the extracted data representing each theme, and organized the theme into coherent accounts that a narrative will accompany. Next, I identified the essence of each theme to determine which data each theme captured (Clark & Braun, 2018). The next step was to have a detailed analysis written for each theme and then consider how each theme aligned with the story; while ensuring that the story aligns, I looked at the data specifically for large and complex themes (Clark & Braun, 2018). Then, I used examples to demonstrate adequate evidence of the theme to complete the

story. For the report, I included non-repetitive, concise data with explicit language that would tell the story of the data (Clark & Braun, 2018).

Issues of Trustworthiness

Cypress (2017) and Gusnardi (2019) indicated that credibility corresponds to the extent to which findings are believable. To establish credibility, I constructed appropriate interview questions to answer the research question and have specific steps from recruitment through data analyses that I followed for each participant. To address bias, I recognized personal perspectives that may affect the data collected (Smith & Noble, 2014). To address bias, I ensured transparency and did not engage in social activities or fraternize with participants to avoid bias and conflicts of interest, especially outside the interview process.

Establishing the dependability of a study requires ensuring that other researchers can replicate the study by following the described steps and obtaining similar findings (Creswell & Creswell, 2018; Merriam & Tisdell, 2015). I provided a detailed research plan that I followed throughout the study, detailed enough for another researcher to replicate. I also provided detailed information in Chapter 4 about how I went through the thematic coding from interviews to major themes so that another researcher could go through the same process and, hopefully, arrive at the same conclusions. To aid in this, I used a peer debriefer, my chair, and a committee member (Creswell & Creswell, 2018; Merriam & Tisdell, 2015) who critique the components of my research plan and interpretation.

The transferability of a study is the extent to which its conclusions apply to different participants and situations in similar contexts (Cypress, 2017; Gusnardi, 2019; King et al., 2019). Providing demographic information about my sample can help determine whom the study results can be generalized. This information also helped me determine some of the limitations to generalizability based on the sample's demographics. I established transferability by documenting all detailed descriptions that allow results to be similar and relatable to verify the situation. I achieved this goal by logging all interview activities and participant interactions in a notebook. Some of the activities documented include strange/weird/unusual things that happened in any of the interviews, the thoughts that crossed my mind during the interview (which could show the biases that I may have), thoughts that crossed my mind during the interviews when you think a participant has provided important information, different voice inflections or pauses that may add meaning to the verbal answers given. I did this with all the participants. This information was stored under the filing name of the participants for triangulation.

Confirmability of a study is the extent to which the study is neutral and free from bias (Creswell & Creswell, 2018; Grossoehme, 2014; Merriam & Tisdell, 2015). To establish confirmability, I created an audit trail and practiced reflexivity and external auditing, which involved my committee members reviewing my research and offering constructive criticism. Triangulation included comparing my audio files with the transcripts and the notes from my reflexive journal to see that there is agreement void of any researcher bias.

Ethical Procedures

I obtained permission and approval from Walden University's IRB before collecting data (approval no. 05-01-23-0756482) and completed human subjects training (see Appendix D). Before interviewing each participant, I obtained informed consent, as outlined earlier in Chapter 3. I asked each participant I met with if they had any questions about the information in the informed consent and answered them before beginning the interview. I recommended that every participant keep a copy of the informed consent I sent them and let them know they can contact me after the interview if they have any questions or concerns.

Participant identities were coded for confidentiality (the only individuals who will know the names or contact information of participants will be me, my committee members if requested, and the IRB if requested). During data analysis and writing of results and interpretation, I identified participants as P1, P2, and P3 to protect their identities. If they provided any names of individuals or facilities, I redacted that information and/or used pseudonyms as necessary.

I kept all the data and documents related to the study on a computer with a secure password and also locked up any printed materials in a file cabinet in my home office. After five years, I will destroy all data and documents by shredding paper documents and erasing all electronic copies. After study completion, I will provide a one-page summary of my study and results on the social media sites/groups where I recruited. I also emailed this summary to each of my participants.

Summary

The purpose of this generic qualitative study was to explore perceptions of elder abuse held by family members of nursing home residents. This chapter discussed the design and rationale of the study, my role as the researcher, participant selection and recruitment, instrumentation, data collection, and data analysis. The chapter also discussed trustworthiness and ethics related to the study. Chapter 4 presents the results' analysis and discusses the importance of the results concerning the research question. Chapter 4 also provides the study setting and evidence of trustworthiness.

Chapter 4: Results

The purpose of this generic qualitative study was to explore the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes. Elder abuse in nursing homes correlates with the increase in the admission of older adults into nursing homes (Roberto, 2016). Despite the rise in the number of cases, there is very little research on the perception of family members of nursing home residents on elder abuse that occurs in nursing homes. Most research on elder abuse is quantitative and concerned with leadership, caregivers, prevention, and industry examination (Pitman & Metzger, 2018). In this generic qualitative study, I elicited rich data from family members of nursing home residents who participated in semistructured interviews. Their responses answered the following central research question: What are the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes? In Chapter 4, I describe the study's setting and the participants, including demographics, the data collection process, and the data analysis. I also provided evidence of trustworthiness, including as it relates to credibility, confirmability, dependability, and transferability. This chapter concludes with a summary of findings and a preview of Chapter 5.

Setting

I posted a recruitment flyer on my personal Facebook page and other social platforms, including LinkedIn and WhatsApp groups. The flyer had details about the study purpose, IRB approval no., participation eligibility criteria, participant expectations, the time commitment required, and how individuals could contact me to ask

questions or express their interest in participating. I received emails and phone responses from 25 individuals interested in participating in the study. Of the 25 participants, 20 stated they were interested in participating and would help spread the word to other friends and post the flyer on my behalf. Unfortunately, three did not respond to further follow-up, while four participants did not meet the eligibility criteria. For example, one of the participants was not a direct family member of the resident; she was a friend of the family, and another participant was an employee of a nursing home.

I continued follow-up emails and phone calls to the remaining 13 individuals who agreed to participate in the study. Recruiting individuals to participate in the study was initially difficult, I believe because the study topic involved elder abuse. However, the consent form clarified that their identity would be confidential. I posted the flyer multiple times and also requested other groups repost it in their groups.

All the interviews were conducted in the privacy of my office and the comfort of the participant's home. Before I interviewed the participant, I told them that their participation in the study was voluntary and that they had the right to stop if they felt uncomfortable; they were also told that their information would remain confidential. The participants were also instructed not to use any identifiers during their interviews, such as their names, the names of their older adults in nursing homes, and the names of the nursing homes where their older adults reside. I used identifiers like P1 and P2 for privacy reasons. The participants were also given a telephone number to call for counseling if necessary.

Furthermore, I asked the participants for permission to audio record the interview using a personal digital voice recorder. They agreed to this. In addition to the recordings, I took notes to document detailed insights during the interview process. I asked them if they had any concerns or questions before we continued. The interview process continued when all concerns were addressed.

Demographics

Of the 13 family members who agreed to participate in the study, three were African American, one was mixed race, and nine were European American. Their older adult loved ones have stayed in the nursing home for at least six months. All the participants were over 20 years old; eight had degrees and professional careers, and five had full-time jobs. Two participants were siblings to their older adults, whereas 11 were children of their older adults. Table 2 is a summary of the participants' demographics.

Table 2

Participant Demographics

Participant	Age	Race	State	Profession	Relationship	Educational level
P1	28	African American	GA	Computer Analyst	Daughter	BSc
P2	44	European American	GA	Manager	Daughter	BSc
P3	42	European American	GA	Accountant	Daughter	BSc
P4	40	European American	GA	Customer Service	Daughter	BSc
P5	40	European American	GA	Computer Tech	Daughter	BSc
P6	50	European American	GA	Teacher	Sister	BSc
P7	34	European American	GA	Teacher	Daughter	MSc
P8	25	Mixed	GA	Customer Service	Daughter	BSc
P9	35	European American	GA	Sales Service Manager	Daughter	BSc
P10	43	European American	SC	Sales	Daughter	HSD
P11	43	African American	GA	Social Worker	Daughter	MSW
P12	40	African American	GA	Teacher	Daughter	BSc
P13	55	European American	GA	Teller	Sister	BSc

Note. BSc = Bachelor of Science degree; MSc = Master of Science degree; MSW = Master of Science in Social Work degree; HSD = High School Diploma

Data Collection

I collected data from 13 participants who were family members of older adults residing in the nursing home over seven weeks. The data collection process began after obtaining approval from Walden IRB. I posted the study recruitment flyer (see Appendix A) on social media (Facebook, Instagram, and WhatsApp). Some of my friends helped me repost it on their Facebook pages. I got a few responses from participants interested in the study. Initially, I had 25 participants interested, of which 13 who fulfilled the inclusion criteria agreed to the interview. I replied by thanking them for their in the research and sent them the consent form to read and respond with “I consent.” After I received their responses, I sent them another email to schedule a date and time for the interview that was convenient for the participants through email.

I used an interview protocol (see Appendix C) for data collection. The interview questions I used for the participants were open-ended to carry on a discussion and build a rapport about their knowledge, perceptions, and opinions about elder abuse. The interviews lasted between 30 to 60 min. It took me about a month to collect and transcribe the data myself. It was easy for me to fit into whatever schedule the participants wanted because I could clear my calendar to get the time they were available. The interview was a smooth process and went as planned. It brought out some excellent data regarding the perceptions of family members of nursing home residents about facility elder abuse. The plan for this study was to have a sample size of 12 to 20

participants for the interview. However, saturation was obtained after 13 participants because the answers began to repeat themselves without any new themes. After completing the interview, collecting, and transcribing the data, all the files and the recording device were safely locked in a safe cabinet with a key. Also, the participants were told they would receive an email follow-up of the study results.

Data Analysis

I explored the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes, thus necessitating an inductive approach. The first step in analyzing data is to transcribe each interview. I used a Microsoft Word document while also using NVivo to transcribe all data records of each participant's interview verbatim, then cross-referenced the audio records by listening to them, interview transcripts, and notes I had to ensure they aligned with what the participants shared with me. Furthermore, to confirm the accuracy of the data I transcribed, I emailed the participants a copy of the transcribed interview for them to review and ensure the accuracy of the transcribed data. I called the participants to ensure they had received the email and asked if they had noticed any discrepancies with the transcribed document. Coding began when the participants and I agreed that the transcription accurately reflects their views.

First, I open-coded by looking for the first impression from the raw data reviewed from each printed interview transcript and handwritten notes. Using the research question, I developed short keywords to define the key themes and which is the best strategy to organize the themes responding to the question. The themes reflected every

focus of the research question: the circumstances and challenges, thoughts, and participants' experiences. I analyzed the data by developing word classifications that defined each category. There were eight primary areas of analysis based on the study question. These were feelings of sadness, training of staff, need for more workforce in nursing homes, experience with resident care, evidence of elder abuse on participant's relative, definition of elder abuse and perpetrators, identifying elder abuse, and laws and protection.

Evidence of Trustworthiness

Credibility

Credibility is one of the strategies used to generate trustworthy sources. Establishing credibility for this research involved collecting data from trusted sources (i.e., from participants with older adult loved ones residing in nursing homes). According to Ravitch and Carl (2015), maintaining and implementing the research design is a way for the researcher to attain credibility. To establish credibility, I retained and kept a log that contained details of the participant's responses, everything I wrote down together with all comments of self-reflection to enable me to recognize the bias of any kind and the audio recordings from the interviews, which provided more insights into the family member perception of elder abuse in nursing homes. After the interview, I emailed the participants a copy of the transcript for review and followed up with each participant to ensure everything reflected their views. These combinations of first-hand knowledge from the participants and transcript review assisted in conveying the credibility of the study.

Transferability

Transferability is determined by the potential for the results of a research study to be transferred to other contexts and which the audience reading the study can evaluate. Furthermore, transferability can also be interpreted as the study's ability to transfer the study's methodology (Ravitch & Carl, 2015). I establish transferability by documenting all detailed descriptions and encounters that allow similar and relatable results to verify the situation. Suppose a researcher wishes to build upon the current study. In that case, data collected from participants in this study and the research design used will assist in creating an excellent platform to build on.

Dependability

According to Creswell and Creswell (2018), the dependability of a study entails certifying that other researchers can recreate the study by following the categorized steps and gaining similar findings. Dependability can be achieved by using a repeatable and understandable procedure. Furthermore, compiling the study details in a file that contains all the participant's audio recordings, hand notes, and transcripts will provide the opportunity to check data accuracy of the data. I also explained the steps of the processes so that other researchers could utilize the same approach as needed so the study could be repeated.

Confirmability

Confirmability of a study is the degree to which the study is impartial and free from bias (Creswell & Creswell, 2018; Grosseohme, 2014; Merriam & Tisdell, 2015). I created an audit trail and external auditing to establish confirmability in this study. This

audit trail describes the process of every step of the data collection. The audit trail includes digital audio recordings, handwritten notes, transcripts, NVivo data coding, and some manuals and results. I also practiced reflexivity by keeping a journal to identify any bias before the study started. Since the interview was by Zoom and phone call, there was no chance for the interview to be influenced, thus assisting me in eliminating bias and creating a study based on subjectivity due to its firm conformity to the research design.

Results

The central research question for this generic qualitative study concerned the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes. This section of the study focuses on the interview results from the participants with 13 demographic questions and 12 interview questions (see Appendix C) related to the perception of each participant that is associated with the question. The interview questions were intended to obtain the perceptions of the family members of nursing home residents about elder abuse that occurs in nursing homes. While analyzing the responses given by the participants, some themes emerged. Table 3 is a summary of the codes, categories, and themes that emerged from data analysis, whereas Table 4 is a description of the identified themes.

Table 3*Codes, Categories, and Themes*

Code	Category	Theme
The lack of patience and quickly getting angry when attending to a relative	Participants unhappy with the level of treatment or care given to relative in nursing home	1. Feeling of sadness
Participant unhappy with the sight of elderly relative in nursing home, participant desired to change nursing home	Desire to relocate relative to another nursing home	
Mandatory training for all staff, create awareness on elder abuse and legal implications	Nursing home staff need regular training in geriatric care	2. Training of staff to stem elder abuse in nursing homes
The workload is too much for the available staff, appreciate outstanding staff	Need for more manpower in nursing homes	3. Need for more workforce
The nursing home resident was ignored, nursing home resident rough-handled by staff, desire to leave the nursing home, not being prompt with needed care	The feeling of sadness on the part of the nursing home resident	4. Experience with resident care
Bed sores, bruises, shoving my dad, bump rashes, scratches on my dad, pushing and dragging my father, my mum always crying, her bed wet, evidence of falls	There was evidence of elder abuse on participant's relative	5. Evidence of elder abuse of participant's relative
Harm the elder, threaten them, doing wrong to someone, when someone treats an older person badly, talking to the residents in a baby way, mocking them and making them feel down, talking to them without respect, when someone puts the older people in danger of any kind causing physical, emotional, and financial harm to the elderly	Definition of elder abuse	6. Definition of elder abuse and perpetrators

Code	Category	Theme
Folks in nursing home, anyone, angry staff, the nurse, one of the staff, some of the nursing home residents too	Perpetrators	
I look out for what is not right, I look out for what is not normal, so if anything changes, if I see anything funny, I look out for any irregularities, I look out for anything that is not in place	Look out for signs of underlying elder abuse	7. Identification of elder abuse
Residents may say they were touched or pushed, yes, I will know cause my dad will tell me, withdrawal from people, mood changes	Testimonies from residents	
I think a law that will put people in jail when they abuse these older ones, a law to protect the residents, law of how staff will be punished if they violate the law	Proposed laws to deter elder abuse	8. Laws and protection
Management working with the ombudsman, ombudsman programs and state survey agencies in the nursing homes, check with state agencies on the programs for the nursing homes, monitor what goes on in the nursing home, that can protect the residents if there's a whistleblower	Protection for elders in nursing homes	

Table 4*Description of Themes*

No.	Theme	Description
1	Feeling of sadness	An analysis of the experience family members has concerning the care their elderly loved ones are getting in the nursing homes where they reside.
2	Training of staff to stem elder abuse in nursing homes	One of the recommendations of the participants of what should be done to improve care services of the elderly ones in nursing homes
3	Need for more workforce	Another recommendation from the participants on how to improve care by increasing the number of nursing home staff per resident
4	Experience with resident care	Participant's observations of the mood of their elderly ones and causative factors
5	Evidence of elder abuse on participants' relative	The different signs and observations participants noticed on their elderly ones as evidence of ill treatment from the nursing homes
6	Definition of elder abuse and perpetrators	The understanding of elder abuse from the participant's perspective and those likely to commit it
7	Identification of elder abuse	How participants will be able to know if there is any act of elder abuse in the nursing home
8	Laws and protection	The proposed laws and protections participants think governments should put into place to protect elder abuse from nursing homes

The first theme was the feeling of sadness on the part of the family members with the care of their older ones by the staff of the nursing homes. This theme revealed that the participants were unhappy with the treatment given to their older adult loved ones in nursing homes. This theme from the transcribed data provided an understanding of the participants' perceptions of elder abuse in nursing homes.

Theme 1: Feeling of Sadness

Participants explained that they felt sad about how their older adult loved ones were being cared for, which brought them many concerns. P1 spoke about not having a good experience the first few months, which made her sad. P1 explained that

We did not have a good experience in the first few months. The first few months were very rough as the staff was trying to know my mom but was not patient with her and became angry that she was putting too much work into taking care of my mom. Not happy at all because if not for my schedule, I should have my mother in the house and hire a caregiver to take care of her at home, but my schedule will not permit it.

Likewise, P4 expressed that:

At the initial stage, it was not easy. I think they were rough and not having any sense of patience. During the early stage of my dad being admitted to the home, one particular aide was very rough on him, and since I am working in customer service, I know how to treat other people no matter the mood I find myself but this one gal was always picking on my dad, and my dad would try to say something, but it's like nobody was listening to him until the gal was caught pulling and shoving my dad and she got herself in trouble for her misbehavior and bad conduct. I was sick to my stomach, sad, and angry that I never knew anything was going on for a minute, and nothing was done when the aide was carrying on with such behavior because nobody took the time to hear my dad out. I wish we had listened to my dad and taken action immediately by getting her fired in time

so she doesn't commit such anymore. And am not sure how long that was going on. What got me was not knowing how long it was going on, and I could not do anything to help my dad.

Also, P10 explained that:

It was bad and good; some days were better than others. Yes, so some days my mom had bruises, sometimes she had fallen from her chair, and I think the days am off from work, I have stayed from morning to the evening, she felt better because I stayed and take care of her, so she's ok those days.

P11 changed the home where their older adult loved one stayed to have better care.

According to P11,

It's a better place now that we changed her home. The first experience at the old place was horrible, it was not good at all because of what I discovered. I always looked out for her. The first place my mom was, had issues with taking care of her, and I was not happy about it and at first, they never knew that I was a social worker, and when I told them I had already made some records about the way they cared for her.

P11 also went on to add that "they finally got it right at the second place.

They want to be careful because I told them I am a social worker". P5 also started having a better experience after the nursing home changed its management when asked to describe their experiences with the nursing home staff when they visited their loved one.

P5 explained:

Not good at some point cause of the bad management at first until they changed them. Well, I was sad with how my mom was treated with the previous management. But since they changed management, it is better. At first not happy at all; it made me almost pull her out of the nursing home, but with all that was involved, I told them I was going to call the state on them; then they changed the management, and things are much better.

P2 started having a better experience after the State came for the yearly evaluation. P2 stated:

much better; they are doing a better job now that the state came in to check up on them for their yearly evaluation. (laugh) The staff tries to be nice whenever we come to visit. It can be very challenging when your family member needs help to turn, and the aids are not available to assist them. Not happy at all; it made me sad. I think sometimes they are pretending because I am there. Sometimes I feel the staff has too much work; although my mom is not much of a problem, I still think they should take care of them since they need it.

P7 had a fair experience and wished the staff could do more for their loved ones by always keeping them neat. Similarly, P7 stated:

Fairly well, I wish they could do more and better cleaning my mom up to look neat. I was not happy that my mom could be with a wet pull-up for hours and not get changed, and one time I found out that she was having bum rashes; I felt awful about the whole rash, and I felt that it was not fair to treat someone who cannot help herself that bad.

P3, P6, and P9 had no problems with the nursing homes where their loved ones resided. P3 explained “very good I have never had any problems. Well, my experience is very good with the staff at the nursing home”. P6 also explained: “Very well; Well, my experience has been good, we have not had any issues that I know of the staff there are very nice”. P9 also stated

Oh good, I mean great. My experience with my dad at this place is very good, so far so good. Yes, at first, I was thinking the home will not care well for my dad but I was wrong, in fact, my dad has taken the staff as family (laughing)

Theme 2: Training of Staff

Another theme that emanated during the analysis is that participants wished the staff had more training to work well with their older adult loved ones. All the participants had the same views when asked what types of safeguards they think nursing homes should put into place to protect residents from elder abuse. Each participant believes that there should be some type of training given to staff, while one believes that there should be more hands to take care of the residents in the nursing home.

Similarly, P3 expressed that:

One thing I think is needed in some of these nursing homes is monthly training. It will be good to have mandatory training for the staff. Yes, training, so I don't know what it's called with the nursing homes, but where I work, because we have to deal with people, every month, we have this mandatory training we must take. It's an emotional training on the company's website to see how you do with people. So, I think that will be an excellent place to start. The management should

set up something like that since they deal with people every day; at the end of the month, they should be taking an evaluation test to ensure they have their emotions under control... You know what I mean?

Similarly, P5 expressed:

I think more training of staff will help. I think there should be training on creating awareness of the abuse older people face. I guess I don't really know. I know some people have spoken about aged parents and abuse, but I don't know if they have anything in place for that.

Also, P7 explained that

They need to have more training and ensure that residents who are prone to fall are guided, also so that the staff are not putting their hands on these old folks and getting away with it. Hmmm, I don't know, ok, well, ammm, you know some old people are not so strong and so they fall and that can cause harm to them. So, I was thinking if the management can ensure that these aides are able to work with them so that they don't fall to cause them harm. That's what I mean by prone to fall.

P9 also stated:

Ok, get experts to come and train the staff every month for updates on the laws concerning elder abuse and taking good care of them. Well, I just feel once every month, the management of the home should have an expert come in and talk about preventing elder abuse and then tell the employees and staff about the law,

what the law says about abusing older adults, and I think that's what I can think now (laugh) I don't know, am not sure (laugh again).

Likewise, P11 expressed

If the nursing homes can train their staff and send them to some kind of class for anger management, that will reduce elder abuse. Most of these employees have some anger problem, so they come to work with that anger, and everybody is in trouble (laughing)

Theme 3: Need for More Workforce in Nursing Homes

Participants explained that they felt nursing homes need more staff so their older adult loved ones can get better care. P2 spoke about how aids are not available to assist.

P2 explained that

It can be very challenging when your family member needs help to turn, and the aids are not available to assist them. Not happy at all; it made me sad. I think sometimes they are pretending because I am there. Sometimes, I feel the staff has too much work; although my mom is not much of a problem, I still think they should take care of them since they need it.

Likewise, P11 stated, "Like I said before, it's always good to have more staff on ground to reduce the issue of abuse. The less residents an aide has the less abuse will be in the nursing homes".

Theme 4: Experience with Resident Care

The fourth theme noticed in the analysis is the experience family members have concerning the care their older adult loved ones are getting in the nursing homes where

they reside. Each of the nursing homes has a care plan for the residents. P5 was asked to describe their experiences with the nursing home staff when they visited their loved ones, and her answer was “not good at some point cause of the bad management at first until they changed them.” Furthermore, when asked to talk more about the experience, P5 stated:

Well, I was sad with how my mom was treated by the previous management. But since they changed management, it is better. At first not happy at all; it made me almost pull her out of the nursing home, but with all that is involved, I told them I was going to call the state on them; then they changed the management, and things are much better.

When P5 was asked Who do you think could commit elder abuse towards a resident in a nursing home environment? P5 replied, “Oh, anyone can commit elder abuse in the nursing home. Truly, some people can go to work with their problems at home and take it out on them”. Similarly, P7 also stated, “Well, my experience was not good at first because of the things I was noticing. Also, P7 continued,

Well, I was not so happy with how I saw my mom each time I visited her. She was not well-kept, and sometimes I had to change her clothes because it was dirty. Sometimes she was sad, and sometimes, she didn't want to talk to anybody.

A follow-up question on how did that make her feel? P7 answered

Sad. Well, now it is better since I complained about the old staff. The new person is better now since I told the management I was unsatisfied with the previous

staff; they are doing better now, I think, because they know I am looking out now, so they want to be careful. But I am happy with the outcome now.

P5 preferred not to answer when asked have your relative experienced any abuse while living in a nursing home. Although, when asked to describe how they believe the nursing home where their loved one resides cares for them. P5 stated, “Good, yes, not bad at all.” P8 did not have a good experience with the care their loved one received.

P8 explained:

Not so good. Well, I noticed that my dad always had scratches on his body so one day my mom and I went to visit him, he was crying, and when we asked and looked into the issue, we found out that the employee was pushing and dragging him because he did not want to go to bed and she needed to leave. Very, very sad; my mom had to make other arrangements to move him out of the home. I and my mom had to look for another home to place my dad because he was never happy there and each time we visit he wanted us to take him home or stay with him. Then my mom figured that was not conducive for him, and we didn't want to come one day, and they say he is no more.

P12 further explained:

The care my mom had was terrible. We had a horrible experience at the first nursing home. My mom was always having one bruise or the other, and I came to find out that it was not only her neighbor constantly scratching her, but also the aide was just overzealous. Yes, my mom can be a little bit of a hand full, but I expected the aide to be a little kind. Also, sometimes, I come to see her, she is

very wet, and her bed is wet because they have not changed her for hours. It was just terrible. The aide was fired after I reported her ok, after the girl was fired, I felt better because it would have been a problem if nothing was done to her.

Of all the participants, only P3, P6, and P9 had an excellent experience with the nursing homes where their loved ones reside. P1, P2, P4, P5, P7, P8, P10, P11, P12, and P13 had one problem with the care the nursing homes provided their loved ones.

P4 shared that the experience with the staff of the nursing home when they have visited their loved one was sometimes good and sometimes not so good. P4 also stated

Yes, there have been times I visit and my dad is dirty and he tells me he is sad and sometimes he wants a juice but they don't give it to him I don't know why. I was not happy about that because I think the staff should be kind and caring.

Another piece of information noted by the participants is the different types of abuses recorded by these participants, which their older adult loved ones face. The participants stated that their older adult loved ones experienced abuse like shoving, scratching, hitting, pushing, dragging, and so forth. For example, P8 explained:

Well, I noticed that my dad always had scratches on his body, so one day, my mom and I went to visit him; he was crying, and when we asked and looked into the issue, we found out that the employee was pushing and dragging him because he did not want to go to bed and she needed to leave.

P12 also stated:

The care my mom had was terrible. We had a horrible experience at the first nursing home. My mom was always having one bruise or the other, and I came to

find out that it was not only her neighbor constantly scratching her, but also the aide was just overzealous. Yes, my mom can be a little bit of a hand-full, but I expected the aide to be a little kind. Also, sometimes, I come to see her, she is very wet, and her bed is wet because they have not changed her for hours. It was just terrible.

From the participants' responses during the interview, out of 13 participants, I had reached saturation because there was no new information from the participants. Of these 13 participants, 3 had a better experience with the nursing homes where their loved ones resided, while 10 had a terrible experience.

Theme 5: Evidence of Elder Abuse on Participant's Relative

Participants explained that there was evidence of abuse of their loved ones in the nursing home, and P1 explained,

I was not so happy that someone would not take good care of my mom.

Sometimes she feels sad, and since she is not talking much, she doesn't say much.

I can remember on one occasion that I visited and found that my mom had bed sores just for traveling for 2 weeks for work, and I was furious that I was regretting going for that job to another state.

Likewise, P4 expressed that:

At the initial stage, it was not easy. I think they were rough and not having any sense of patience. During the early stage of my dad being admitted to the home, one particular aide was very rough on him, and since I am working in customer service, I know how to treat other people no matter the mood I find myself but

this one gal was always picking on my dad and my dad would try to say something, but it's like nobody was listening to him until the gal was caught pulling and shoving my dad and she got herself in trouble for her misbehavior and bad conduct.

Also, according to P7,

I was not happy that my mom could be with a wet pull-up for hours and not get changes and one time, I found out that she was having bump rashes. I felt awful about the whole thing and felt that treating someone who could not help herself that badly was unfair.

According to P8,

Well, I noticed that my dad always had scratches on his body so one day my mom and I went to visit him, he was crying, and when we asked and looked into the issue, we found out that the employee was pushing and dragging him because he did not want to go to bed and she needed to leave.

P10 explained:

Yes, so some days my mom had bruises, sometimes she had fallen from her chair, and I think the days am off from work I have stayed from morning to the evening she felt better because I stayed and take care of her so she's ok those days.

Also, P12 explained:

My mom was always having one bruise or the other, and I came to find out that it was not only her neighbor constantly scratching her, but also the aide was just

overzealous. Also, sometimes, I come to see her, she is very wet, and her bed is wet because they have not changed her for hours. It was just terrible.

Then, P13 stated that:

My mom was never happy there. She cried each time I visited and was going back home she will wale and hold me not to leave and she will cry like a baby. I felt very sad and I will cry with her too, for the fact that my mom was not happy due to mistreatment made me very unhappy. She was not well-kept, she had bruises here and there, I have come unexpectedly to visit.

Theme 6: Definition of Elder Abuse and Perpetrators

Participants explained what they understood by elder abuse. For example, P1 described elder abuse as “when someone harms the elder or maybe threatening them, it’s just like doing wrong to someone is the same as the older people.” She added that “Oh my God, them folks in nursing home can be crazy, any of them can do it I think”.

Additionally, P1 in trying to explain what can predispose to elder abuse added that

Well, you know sometimes the staff can be angry and they can take it out on the old people, that's why sometimes I come to visit my mama, I look at her and make sure she's ok. I think anyone can commit elder abuse in the nursing home when there's the opportunity to do so. The staff, which is the nurses, CNAs [certified nurse's assistants], and so. I had one resident tell me that the nurse spoke to her badly. When someone is unhappy working or caring for people, they might do crazy things.

P2 also defined elder abuse as “when someone treats an older person badly. Elder abuse are in different ways, talking to the residents in a baby way, mocking them and making them feel down, talking to them without respect.” According to P5, “elder abuse is when someone puts the older people in danger of any kind. It’s causing harm to them, its trying to exploit them of their money or touching them in a funny way”. P5 added that “anyone can commit elder abuse in the nursing home. Truly, some people can go to work with their problems at home and take it out on them.”

Participant P7 and P8 stated the same thing, saying, “Oh yes, elder abuse is when someone taking care of your loved one causes them harm.” In the views of P9, “elder abuse is causing physical, emotional, and financial harm to the elderly.” Furthermore, P10 explained:

Elder abuse is when other people taking care of your loved one cause them to be sad or even hit them or abuse them. Well, with my mother, it was one of the staff working with her, did not have any patience to deal with her.

Likewise, P13 said

Elder abuse is abuse causing danger, is not doing right by people and causing them harm. Hmmm, from my experience, I will say anyone. I know am going by what I have experienced with my mom, but I want to believe that even some of the residents do cause abuse to each other. I'm just saying (laugh)

Theme 7: Identification of Elder Abuse

Based on the definition participants gave of elder abuse, some participants explained that they could tell if abuse occurred by looking out for signs, and another

participant stated that because of the care, it would be evident if abuse happened.

Participant P1 said

Hmmm, for one, I look out for what is not right. Hmmm, if it occurs and I am present, there are some cases the resident will say he touched me and sometimes they say they are pushed because they did not do something right.

P5 said “for one, I look out for what is not normal with my mom, like if I see a bruise or her mood changes, I will like to find out why she is the way she is.” In the views of P3, “Oh, I will know, this people are so good with my mom that I will know if there are any changes. My mom is pleased with them, so if anything changes, I will know.” Also, P4 stated that “Yes I will know cause my dad will tell me and I am also watching to see if I see anything funny.” Furthermore, P7 explained,

For one, I look out for any irregularities with my mom, like if I see a bruise or something on her body or her mood changes. Like the first time she came to the home was when I discovered that she was always sad and I began to look more but now it’s better.

According to P8, “from our old experience with my dad, I look out for anything that is abnormal, something that is not in its place. P8 cited examples of what to look for to include as “I will look out for bruises, I will look out for a change of feelings, like sadness or withdrawal from people.”

Theme 8: Laws and Protection

Some of the participants including P4, P5 and P9 recommended the enactment of some laws to serve as either deterrent to committing elder abuse or punitive measures for

those accused of the act. P4 suggested “a law that will put people in jail when they abuse these older ones.” P5 opined, “I think there should be a way for management to have a law to protect the residents.” On the part of P9, “I think the management of the nursing home should work with the government to put a few things down that will go into law of how staff will be punished if they violate the law.”

Several participants proposed the use of an ombudsman as a government representative that could be put in place to protect older adults from abuse in nursing homes and investigate any complaints of elder abuse. For example, Participant P1 stated, “I’ve heard about these people called the ombudsman; they are like the police for health care am not so sure of them, so I don’t know (laughing).” Also, P3 explained, “There’s this group called the ombudsman. I want to say they are the police that keeps nursing home and health care in check. With them, then don’t play.” P6 added that “management working with the ombudsman. There should be an ombudsman on board that will get them straight.” According to P7,

I think there should be a way for management to always have the ombudsman programs and state survey agencies in the nursing homes. I know they have one, but they need more of them, and they should be present at all time, which will keep the staff on their toes.

Also, P11 explained, “I think there should be a way for management to always have the ombudsman programs and state survey agencies in the nursing homes.

Furthermore, P12 stated, "I think it will be a great thing for management to always have the ombudsman programs and check with state agencies on the programs for the nursing homes."

Summary

In Chapter 4, I addressed the research setting, the participants' demographics, the data collection, data analysis, evidence of trustworthiness, and the results. The data for the study were generated through interviews. I interviewed 13 family members of elders in nursing homes who volunteered for the study using 12 open-ended interview questions. The participant responses were recorded, transcribed, and analyzed to interpret the data. I used coding techniques on the transcribed data to find themes that addressed the main research topic. Eight themes were derived from analyzing the data: (a) feelings of sadness, (b) training of staff, (c) the need for more workforce in nursing homes, (d) experience with residents' care, (e) evidence of elder abuse of participant's relative, (f) definition of elder abuse and perpetrators, (g) identification of elder abuse, and (h) laws and protection. Chapter 5 covers my interpretation of the findings, the study's limitations, discussion, recommendations, implications, and the study's conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this generic qualitative study was to explore the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes. Elder abuse is a major social issue and a common, costly, and sometimes fatal public health concern, affecting an estimated 10% of the approximately 64,900,000 older adults in the United States in 2015 (Dong, 2016). Exploring the perception of family members is very important as they are actively involved in the care and support of their older adult loved ones and can have firsthand information about the care of their loved ones (Hovenga et al., 2022). I transcribed and analyzed the participants' interview responses to answer the research question.

Of the 25 individuals who showed interest in participating in the study, only 13 completed the interview. During the interviews, I discovered that most participants had a bad experience with their older adults' care in the nursing homes where they resided. At the same time, some stated that after changing the nursing homes, the care improved. Although three participants explained that they had a good experience with the care their loved ones received in the nursing home, another said the care was terrible. Eight themes emerged from the data analysis: (a) the feeling of sadness, (b) training of staff, (c) the need for more workforce in nursing homes, (d) experience with residents' care, (e) evidence of elder abuse of participant's relative, (f) definition of elder abuse and perpetrators, (g) identification of elder abuse, and (h) laws and protection. Each theme reflected the experience the participants had with the nursing homes. This is a reflection

of the care the participants' older adults received in the nursing homes where they resided.

Interpretation of the Findings

The study results align with previous studies discussed in the literature review and provide additional knowledge. Findings from this study reflect the experiences and perceptions of family members about elder abuse in the nursing homes where the older adults resided. A significant finding from this study was the issue of physical abuse. The New York State Office for Children and Family Services (2008; as cited in Stacy, 2012) stated that physical abuse is a “non-accidental use of force resulting in bodily injury, pain, or impairment. Including, slap, burn, cut, bruises or improper physical restrain” (p. 10). According to Schiamberg et al. (2012), many older adult nursing home residents may be subject to physical abuse from staff members. Incidents reported by affected individuals include hitting, slapping, mistreatment, and force-feeding. Other types of physical abuse include withholding food and medical attention from frail older adults, drugging them, denying them sleep, slapping them, punching them, kicking them, biting them, or choking them (Stacy, 2012). P8 observed elder abuse as follows:

Well, I noticed that my dad always had scratches on his body, so one day, my mom and I went to visit him; he was crying, and when we asked and looked into the issue, we found out that the employee was pushing and dragging him because he did not want to go to bed and she needed to leave.

Also, P11 explained,

the first experience at the old place was horrible, it was not good at all because of what I discovered. For example, Mom was always having bruises on her body each week I visited. I always looked out for her. The first place, my mom had issues with taking care of her, and I was not happy about it, and at first, they never knew that I was a social worker, and when I told them, I had already made some records about the way they cared for her.

The unhappiness with physical abuse by relatives of residents agrees with previous literature explaining how family members felt about the care their loved ones received in nursing homes (Schiamberg et al., 2012). The themes identified from this study highlight the issues arising from family members visiting their older adult loved ones in nursing homes. The following are the interpretations of the eight themes that reflect these perceptions.

Theme 1: Feeling of Sadness

The first theme identified was the participants' feeling of sadness. The participants noted the feeling of sadness towards the care their older adult loved ones received while in the nursing homes. According to one participant, they noticed that their loved one always had scratches on their body. A participant stated that, on one of the visits, she found that her older adult was crying, and the family member decided to probe the matter. The participant discovered that the employee was pushing and dragging the patient because he did not want to go to bed, and the employee needed to close for the day. This made the family members feel sad about the treatment their loved one was getting in the nursing home. Cooper et al. (2013) observed that elder abuse existed in care

homes, but detecting it was challenging. They explored types of abuse, barriers to good care, and facilitators of reasonable care in nursing homes. Cooper et al. determined that elder abuse in a nursing home was frequent and contributed to significant negative consequences that affected the residents' well-being. However, the involvement of family members of older adults in nursing homes has been shown to improve the quality of life of older adults (Roberts & Ishler, 2018). Litigation aimed at nursing homes and healthcare facilities has become prevalent because nursing facilities have acquired many risk factors and staff have become prone to accidents while providing care to older adults (Roberts & Ishler, 2018).

Theme 2: Training of Staff

Another finding was the need for staff of nursing homes to have monthly training to prevent incidents of elder abuse. P8 stated, "If the nursing homes can train their staff and send them to some kind of class for anger management, that will reduce the elder abuse." Furthermore, P4 explained, "They need to have more training. Am not sure, but I think there should be some type of training where they can teach on caring for the old ones. I mean, these are people, not toys." Also, P11 stated,

I believe that every nursing home should provide a sufficient number of staff who are adequately trained to provide high-quality care for elders; I think it should be a law that all poorly performing nursing homes should be held accountable for improper and unsafe care of these older adults.

P11 clarified the type of training by saying the following:

Ok, what I mean is that the management should designate a day in the month to provide training geared towards preventing abuse. Oh, another thing that can help is giving rewards to employees of the month; recognizing those who have done well in taking care of the residents will go a long way. Like I said before, it's always good to have more staff on the ground to reduce the issue of abuse. The less residents an aide has, the less abuse will occur in the nursing homes. I hope this helps.

In the United States, in 2020, the staff in about 15,600 nursing homes cared for more than 1.3 million older adults daily. Therefore, ensuring high-quality care for nursing home residents remains challenging (Toles et al., 2021). Toles et al. (2021) emphasized that high-quality care in nursing homes is a challenge due to insufficient staff. In line with Toles et al., P11 added,

I believe that every nursing home provides a sufficient number of staff who are adequately trained to provide high-quality care for elders; I think it should be a law, and also poorly performing nursing homes should be held accountable for improper and unsafe care of these older adults.

Other areas proposed as training focus include awareness. Training staff to raise awareness on elder abuse is an important way to raise awareness among the staff and management of nursing homes (P5). Staff members should be well informed as to how to take care of residents and treat them in whatever illness they may face that way (P3), the staff is fully aware of the type of resident they are dealing with. Nursing home staff who are poorly educated and unaware of the caregiver practice and the resident's rights will

not know the correct way to serve these residents, resulting in poor quality or abusive care.

Another area of training focus is the area of the staff recognizing their stress. Overworked nursing home staff might take out their stress on the resident. The nursing homes need to invest some resources in training the staff to recognize when they feel stressed. In addition to training these staff on recognizing their stress level, the nursing home management should hire staff who also have the experience of knowing when they are stressed and to know when they have reached their limits. Another training focus to consider is training nursing home staff on abuse from residents. Nursing homes can help to prevent this type of abuse by training the staff of the nursing homes on how to recognize these abuses. According to the SET, elder abuse may arise because an older adult depends (social exchange) on others for care. From a social exchange perspective, elder abuse occurs when older adults become more powerless, vulnerable as they get older, and dependent on their caregivers. These characteristics put older adults at an elevated risk of abuse (Gholipour et al., 2020).

Theme 3: Need for More Workforce in Nursing Homes

The need for nursing homes to hire more employees to cover the areas where the nursing homes were short of staff was also stated. The risk of abuse and neglect of residents by caregivers is high if caregivers are stressed and burdened (Ernst & Maschi, 2018). Three main reasons for elder abuse in nursing homes have been identified by researchers who have gathered perceptions of nursing home leadership about elder abuse. These include employee workload, employee satisfaction, and mistreatment of residents

(Lynn-Ivey, 2019). However, researchers who attempted to examine nursing home quality found that the employed quality measures do not always measure what matters (Burke & Werner, 2019). Participants explained that they felt nursing homes need more staff so their older adult loved ones can get better care. P2 spoke about how aids are not available to assist. P2 explained that

It can be very challenging when your family member needs help to turn, and the aids are not available to assist them. Not happy at all; it made me sad. I think sometimes they are pretending because I am there. Sometimes, I feel the staff has too much work; although my mom is not much of a problem, I still think they should take care of them since they need it.

Likewise, P11 stated, “Like I said before, it’s always good to have more staff on the ground to reduce the issue of abuse. The less residents an aide has, the less abuse will be in the nursing homes.” Scholars have argued that elder abuse can occur when caregivers feel the older adults they care for depend entirely on them for care (Botngard et al., 2021). In the United States, staff in about 15,600 nursing homes care for more than 1.3 million older adults daily. Therefore, ensuring high-quality care for nursing home residents remains challenging (Toles et al., 2021). Caregivers may experience burnout and anger due to this dependence, which could lead to them engaging in abusive behavior (Gholipour et al., 2020).

Theme 4: Experience With Residents' Care

The involvement of family members of older adults in nursing homes has been shown to improve the quality of life of older adults (Roberts & Ishler, 2018). Litigation

aimed at nursing homes and healthcare facilities has become prevalent because nursing facilities have acquired many risk factors and become prone to accidents while providing care to older adults. It is often up to family members of nursing home residents to stand up for those residents when abuse occurs (Morton Law Offices, 2016).

The participation of family members is a cornerstone of high-quality palliative care (Mignani et al., 2017). There are three ways family members of older adults in nursing homes can be involved in their care: often visiting, providing care when visiting, and communicating frequently and clearly with staff (Roberts & Ishler, 2018). P2 expressed that her experience with the nursing home care for her older adult loved one was that the home was “much better; they are doing a better job now that the state came in to check up on them for their yearly evaluation.” Additionally, P4 stated

at the initial stage, it was not easy. I think they were rough and not having any sense of patience. During the early stage of my dad being admitted to the home, one particular aide was very rough on him, and since I am working in customer service, I know how to treat other people no matter the mood I find myself but this one gal was always picking on my dad, and my dad would try to say something, but it's like nobody was listening to him until the gal was caught pulling and shoving my dad and she got herself in trouble for her misbehavior and bad conduct.

The involvement of family members in nursing homes to prevent abuse has been recognized, though the practice of working with families has been a recurring challenge (Hovenga et al., 2022). According to Hovenga et al., from the family member's

perspective, involvement in the older adult's care improves the experience of good quality care. However, the complexities of the power imbalance between family and nursing home staff often prevent a trusting relationship (Hovenga et al., 2022). Nonetheless, Westergren et al. (2020) found that participation in nursing care had the benefit of higher care and trust and care in collaboration between nursing home staff and the family.

Theme 5: Evidence of Elder Abuse on Participant's Relative

Participants in this study stated that they saw different evidence of elder abuse in their older adults in the nursing homes. A substantial number of older adults in nursing home residents may be subject to physical abuse from staff members (Schiamberg et al., 2012). Incidents reported by affected individuals (i.e., hitting, slapping, mistreatment, physical restraint, force-feeding, and sexual abuse) should be carefully scrutinized, and the contexts associated with each type of physical abuse reported (Schiamberg et al., 2012). Physical abuses are the most common example of elder abuse (Anetzberger, 2004; Bhagat & Htwe, 2018). Other forms of elder abuse are emotional, including (a) hopelessness, fearfulness, and agitation; (b) frequent mood changes; (c) seclusion (avoiding the public); (d) avoiding making decisions; and (e) abrupt changes in eating and sleeping habits (Kruzel, 2016). P1, in citing an example of elder abuse, explained

I was not so happy that someone would not take good care of my mom.

Sometimes, she feels sad, and since she is not talking much, she doesn't say much.

I can remember on one occasion that I visited and found that my mom had bed sores just for traveling for two weeks for work, and I was furious that I was regretting going for that job to another state.

Likewise, P4 expressed that the caregiver was rough on her dad, such that he was keeping to himself. Also, according to P7,

I was not happy that my mom could be with a wet pull-up for hours and not get changes, and one time, I found out that she was having bump rashes. I felt awful about the whole thing and felt that treating someone who could not help herself that badly was unfair.

P8 noticed that her dad always had scratches on his body. One day, on a visit, he was crying, and when P8, alongside her mum, investigated, they found out that the nursing home employee was pushing and dragging him because he did not want to go to bed, and the employee needed to leave. P10 explained, "So some days my mom had bruises, sometimes she had fallen from her chair." P12 added

My mom was always having one bruise or the other, and I came to find out that it was not only her neighbor constantly scratching her, but also the aide was just overzealous. Also, sometimes, when I come to see her, she is very wet, and her bed is wet because they have not changed her for hours. It was just terrible.

Then, P13 stated that:

My mom was never happy there. She cried each time I visited and was going back home. She will wail and hold me not to leave, and she will cry like a baby. I felt very sad, and I will cry with her, too, for the fact that my mom was not happy due to mistreatment made me very unhappy. She was not well-kept, she had bruises here and there, I have come unexpectedly to visit.

Theme 6: Definition of Elder Abuse and Perpetrators

Participants explained what they understood by elder abuse. For example, P1 described elder abuse as “when someone harms the elder or maybe threatening them, it’s just like doing wrong to someone is the same as the older people.” Additionally, P1, in trying to explain what can predispose to elder abuse, added that sometimes the staff gets upset and takes it out on older adults. “For this reason, when I visit my mother, I make sure she’s okay by taking a look at her. When given the chance, I believe anyone may abuse an older adult in a nursing facility. The staff consists of CNAs, nurses, and other personnel”. One of the residents told me that the nurse had spoken poorly to her. Someone may act strangely if they are dissatisfied with their job or providing care for others.

P2 also defined elder abuse as “when someone treats an older person badly. Elder abuse are in different ways, talking to the residents in a baby way, mocking them and making them feel down, talking to them without respect.” According to P5, “elder abuse is when someone puts the older people in danger of any kind. It’s causing harm to them, its trying to exploit them of their money or touching them in a funny way”. P5 added that “anyone can commit elder abuse in the nursing home. Truly, some people can go to work with their problems at home and take it out on them.”

Participant P7 and P8 stated the same thing, saying, “Oh yes, elder abuse is when someone taking care of your loved one causes them harm.” In the views of P9, “elder abuse is causing physical, emotional, and financial harm to the elderly.” Furthermore, P10 explained:

Elder abuse is when other people taking care of your loved one cause them to be sad or even hit them or abuse them. Well, with my mother, it was one of the staff working with her did not have any patience to deal with her.

Likewise, P13 said elder abuse is abuse causing danger, is not doing right by people, and causing them harm. These definitions are like what the Centers for Disease Control and Prevention (2017) described as elder abuse, which includes (a) physical abuse, (b) emotional or psychological abuse, (c) sexual abuse, (d) financial abuse, which is misappropriation of an older adult's money; and (e) neglect, which is the failure of responsible individuals to provide an older adult with food, shelter, and health care. SET innately assumes that humans are selfish, always seeking avenues to profit from any relationship or ready to terminate a relationship where the cost outweighs the rewards (Redmond, 2015). SET is helpful for properly understanding perceptions of abuse, and it is crucial to describing why elder abuse occurs and the different forms such abuse takes (Gholipour et al., 2020)

Theme 7: Identification of Elder Abuse

Based on the definition participants gave of elder abuse, some participants explained that they could tell if abuse occurred by looking out for signs, and another participant stated that because of the care, it would be evident if abuse happened. Participant P1 said, "Hmmm, for one, I look out for what is not right." P5 said, "for one, I look out for what is not normal with my mom, like if I see a bruise or her mood changes, I will like to find out why she is the way she is." In the views of P3, "Oh, I will know, these people are so good with my mom that I will know if there are any changes. My

mom is pleased with them, so if anything changes, I will know.” Also, P4 stated, “Yes, I will know cause my dad will tell me, and I am also watching to see if I see anything funny.” Furthermore, P7 explained, “For one, I look out for any irregularities with my mom, like if I see a bruise or something on her body or her mood changes.” According to P8, “From our old experience with my dad, I look out for anything that is abnormal, something that is not in its place.” P8 cited examples of what to look for, saying, “I will look out for bruises; I will look out for a change of feelings, like sadness or withdrawal from people.”

It is clear from the study results that participants could easily identify evidence of elder abuse. SET suggests that social behavior and communication between individuals result from an exchange process (Jackson, 2018). SET predicts that abuse can occur in the context of tactics and responses related to relationships, i.e., elder abuse may arise because an older adult depends (social exchange) on others for care (Gholipour et al., 2020). For example, if a caregiver decides they deserve a reward for supporting or caring for an older adult, they may resort to abuse if denied that reward (Gholipour et al., 2020). Redmond (2015) added that people may remain in inequitable positions for many reasons. These positions generate a feeling of loss that may translate into dissatisfaction with the social reward in their place of work. This can lead to behaviors that will be abusive in their relationship with others. A sense of imbalance in the relationship regarding social opportunities and independent adult behaviors may lead a caregiver to reinstate some sense of control via abuse or threats of violence (Momtaz et al., 2009).

Theme 8: Laws and Protection

Litigation aimed at nursing homes and healthcare facilities has become prevalent because nursing facilities have acquired many risk factors and become prone to accidents while providing care to older adults. It is often up to family members of nursing home residents to stand up for those residents when abuse occurs (Morton Law Offices, 2016). Some of the participants including P4, P5, and P9, recommended the enactment of some laws to serve as either deterrent to committing elder abuse or punitive measures for those accused of the act. P4 suggested “a law that will put people in jail when they abuse these older ones.” P5 opined, “I think there should be a way for management to have a law to protect the residents.” On the part of P9, “I think the nursing home management should work with the government to put a few things down that will go into law of how staff will be punished if they violate the law.”

Several participants proposed the use of an ombudsman as a government representative that could be put in place to protect older adults from abuse in nursing homes and investigate any complaints of elder abuse. For example, Participant P1 stated, “I’ve heard about these people called the ombudsman. They are like the police for health care am not so sure of them, so I don’t know (laughing).” Also, P3 explained, “There’s this group called the ombudsman. I want to say they are the police that keeps nursing home and health care in check. With them, they don’t play.” P6 added that “management working with the ombudsman. There should be an ombudsman on board that will get them straight.” According to P7,

I think there should be a way for management to always have the ombudsman programs and state survey agencies in the nursing homes. I know they have one, but they need more of them, and they should be present at all time, which will keep the staff on their toes.

Also, P11 explained, “I think there should be a way for management to always have the ombudsman programs and state survey agencies in the nursing homes.

Furthermore, P12 stated, “I think it will be a great thing for management to always have the ombudsman programs and check with state agencies on the programs for the nursing homes.” Adequately catering to the many institutionalized older adults who will need care in nursing homes will require measuring indices (such as the ombudsman programs), which can be used to prepare adequately for the task ahead (Burke & Werner, 2019).

Limitations of the Study

A qualitative study is generally smaller in sample size than mixed-methods or quantitative and is usually considered less reliable or trustworthy due to the limited sample size (Creswell & Creswell, 2017). The current study included 13 participants. The nature of my research topic could have impacted participant recruitment because speaking about elder abuse in nursing homes was difficult for the participants. Some were worried about talking about what they experienced. This could have affected the potential views of other people not included in the study. Recruiting participants for the study was challenging, even when assured that their participation would be kept private and confidential.

An interview lasted between 30 to 35 min, which I believe is due to the nature of the topic. Even though some interviews were conducted via Zoom and phone calls, the participants who used Zoom did not use their cameras. Five participants opted for only audio, while eight were by phone calls to protect their identity. The inability to use the video tool did not allow me to observe the participant's reactions to comments or questions, which may have assisted in understanding their answers better. However, I was able to listen very carefully for verbal cues throughout the interviews.

Another limitation of this study is self-selection bias. All participants were recruited by seeing my flyer posted on social media and then contacted me through email or phone to participate in the study. Of all the participants, only one was a sibling while the rest were daughters, which makes all the participants female participants of the older adult residing in the nursing homes. This is a limitation as they all volunteered for this study, meaning that the sample is not fully representing the population. However, after 13 interviews, I had reached saturation as the interview answers the participants were giving began to sound similar to each other's answers.

Recommendations

The purpose of this generic qualitative study is to explore the perceptions of family members of nursing home residents about elder abuse that occurs in nursing homes. This study provided enlightenment regarding the perceptions of elder abuse in nursing homes among family members of residents. Based on the limitation of this study, it is recommended that future studies should include a larger sample size of family members. Also, another recommendation for this study is that the interview be done in

person to be able to read the body language of family members as they answer questions. One of the strengths of this study was that the participants selected were all from different backgrounds, ages, and professions. Also, the family members' perceptions gave in-depth information on elder abuse in nursing homes, providing various viewpoints and further adding to the study's trustworthiness.

Implications

The data collected in this study has many positive social change implications. These implications may affect how nursing homes view elder abuse through the perception of the nursing home resident's family members and the services the homes provide. Much of the previous research on elder abuse focused on qualitative and quantitative studies and connected with leadership, caregivers, prevention, and industry examination (Pitman & Metzger, 2018), which only allowed the data to focus on the result of the policy and not focus on the experience and perception of family members. This study will aid the purpose of producing a basis of where to begin to further the empirical data on how staff in nursing homes view elder abuse, which can eventually lead to changes in recent strategies, thus leading to a more effective response to elder abuse. The results of this study also reveal how family members feel about the care their older adult loved ones received in the nursing homes, which contains the positive benefit of allowing the reader to view what policies should be amended so that a better response to elder abuse is possible. Another crucial social change implication of this study is the awareness the family members' response provides about elder abuse in nursing homes. This awareness can lead to better-quality training programs that will address the

weaknesses found among nursing home staff. The findings of this study will enable nursing home administrators to view what changes may be made to improve the services older adults receive in nursing homes.

The latest all-encompassing healthcare approaches to tackling health issues strongly emphasize prevention and an integrated method of implementing policies, programs, and services. While providing clinical care is essential, it is crucial to treat the whole person. The results of this study are related to one of the social determinants of health – healthcare access and quality – as it relates to the need to improve healthcare services to older adults in nursing homes. Strong evidence exists that factors other than medical care can influence health across various health indices, environments, and populations (Braveman & Gottlieb, 2014). According to the WHO, the social determinants of health are the non-medical elements that affect health outcomes. They consist of a larger group of factors and systems influencing the conditions of daily life and the circumstances in which people are born, develop, work, live, and age (WHO, 2023). These factors and systems include policies and programs to create and maintain healthy, vibrant environments and communities. By incorporating elder justice through an adult protection program where the human service provider works directly with the older adult, oversees the staff, and reports to the family member, the study's findings may help human services policy and practice in support of the family members of nursing home residents.

Conclusion

This generic qualitative study was conducted to analyze the perception of family members of nursing home residents about facility elder abuse. After interviewing 13 participants, the results revealed the experiences of the family members about elder abuse in the nursing home. The findings from the study showed that the family members of the older adult patients in the nursing homes were not happy with the treatment their loved ones were receiving – citing cases of elder abuse. They recommended series of trainings for staff of the nursing homes to take to improve their services and an improvement in the care management plan for residents in the nursing homes. These will encourage nursing home administrators to review their activities to improve the services older adults receive in nursing homes.

References

- Administration on Aging. (2020, May). *2019 profile of older Americans*. U.S. Department of Health and Human Services, Administration for Community Living.
<https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2019ProfileOlderAmericans508.pdf>
- American Bar Association Commission on Law and Aging. (2020). *Elder abuse*.
https://www.americanbar.org/groups/law_aging/resources/elder_abuse/
- Anetzberger, G. J. (2004). *The clinical management of elder abuse* (1st ed.). Routledge.
<https://doi.org/10.4324/9780203049495>
- Appelbaum, E., & Batt, R. (2020, March 15). *Private equity buyouts in healthcare: Who wins, who loses?* (Working Paper Series No. 118). Institute for New Economic Thinking. <https://doi.org/10.36687/inetwp118>
- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*(1), 27–45. <https://doi.org/10.1177/1073191105283504>
- Bedford Borough Council. (2017). *What is abuse?*
<https://www.bedford.gov.uk/media/4219/download?inline>
- Bhagat, V., & Htwe, K. (2018). A literature of findings in physical and emotional abuse in elderly. *Research Journal Pharmacy and Technology, 11*(10), 4731–4738.
<https://doi.org/10.5958/0974-360X.2018.00862.4>
- Blumenfeld, A. O., Fierz, K., & Zuniga, F. (2017). Elder abuse in nursing homes: Do

special care units make a difference? A secondary data analysis of the Swiss Nursing Home Human Resources Project. *Gerontology*, 63(2), 169–179.

<https://doi.org/10.1159/000450787>

Boorsma, M., Joling, K., Dussel, M., Ribbe, M., Frijters, D., van Marwijk, H. W. J., Nijpels, G., & Van Hout, H. (2012). The incidence of depression and its risk factors in Dutch nursing homes and residential care homes. *The American Journal of Geriatric Psychiatry*, 20(11), 932–942.

<https://doi.org/10.1097/JGP.0b013e31825d08ac>

Bostanci Dastan, N., Ciftci, H., & Kaya, F. (2021). The effects of elder abuse on psychological resilience in individuals 65 years and older admitted to the emergency department. *Turkish Journal of Geriatrics*, 24(1), 50–59.

<https://doi.org/10.31086/tjgeri.2021.199>

Botngård, A., Eide, A. H., Mosqueda, L., Blekken, L., & Malmedal, W. (2021). Factors associated with staff-to-resident abuse in Norwegian nursing homes: A cross-sectional exploratory study. *BMC Health Services Research*, 21, Article 244.

<https://doi.org/10.1186/s12913-021-06227-4>

Bows, H., & Penhale, B. (2018). Editorial: Elder abuse and social work: Research, theory, and practice. *British Journal of Social Work*, 48(4), 873–886.

<https://doi.org/10.1093/bjsw/bcy062>

Braun, V., & Clarke, V. (2018). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.

<https://doi.org/10.1191/1478088706qp063oa>

- Braveman, P., & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 129(1, Suppl. 2), 19–31. <https://doi.org/10.1177/00333549141291S206>
- Burke, R. E., & Werner, R. M. (2019). Quality measurement and nursing homes: Measuring what matters. *BMJ Quality Safety*, 28, 520–523. <https://doi.org/10.1136/bmjqs-2019-009447>
- Burkholder, C. & Thompson, J. (2020). *Fieldnotes in qualitative education and social science research*. Routledge. <https://doi.org/10.432/9780429275821>
- Caillier, J. G. (2016). Does satisfaction with family-friendly programs reduce turnover? A panel study conducted in U.S. federal agencies. *Public Personnel Management*, 45(3), 284–307. <https://doi.org/10.1177/0091026016652424>
- Carminati, L. (2018). Generalizability in qualitative research: A tale of two traditions. *Qualitative Health Research*, 28(13), 2094-2101. <https://doi.org/10.1177/1049732318788379>
- Carmody, J., Traynor, V., & Marchetti, E. (2015). Barriers to qualitative dementia research: The elephant in the room. *Qualitative Health Research*, 25(7), 1013–1019. <https://doi.org/10.1177/1049732314554099>
- Castle, N., & Beach, S. (2013). Elder abuse in assisted living. *Journal of Applied Gerontology*, 32(2), 248–267. <https://doi.org/10.1177/0733464811418094>
- Centers for Disease Control and Prevention. (2017, June 8). *Elder abuse: Definitions*. U.S. Department of Health and Human Services. <http://www.cdc.gov/violenceprevention/elderabuse/definitions.htm>

- Centers for Disease Control and Prevention. (2023). *COVID-19: How to protect yourself and others*. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
- Choi, M., Brownell, P., & Moldovan, S. I. (2017). International movement to promote human rights of older women with a focus on violence and abuse against older women. *International Social Work, 60*(1), 170–181.
<https://doi.org/10.1177/002087281455956>
- Clark, V., & Braun, V. (2018). Using thematic analysis in counselling and psychology research: A critical reflection. *Counselling & Psychology Research, 18*(2), 107–110. <https://doi.org/10.1002/capr.12165>
- Cook, K. S., Cheshire, C., Rice, E. R. W., & Nakagawa, S. (2013). Social exchange theory. In J. DeLamater and A. Ward (Eds.), *Handbook of Social Psychology, Handbooks of Sociology and Social Research*, 61. https://doi.org/10.1007/978-94-007-6772-0_3
- Cooper, C., Dow, B., Hay, S., Livingston, D., & Livingston, G. (2013). Care workers abusive behavior to residents in care homes: A qualitative study of types of abuse, barriers, and facilitators to good care and development of an instrument for reporting of abuse anonymously. *International Psychometrics, 25*(5), 733–741.
<https://doi.org/10.1017/S1041610200227X>
- Cooper, C., Marston, L., Barber, J., Livingston, D., Rapaport, P., & Higgs, P. (2018). Do care homes deliver person-centered care? A cross-sectional survey of staff-reported abusive and positive behaviors towards residents from the MARQUE

(Managing Agitation and Raising Quality of Life) English national care home survey. *PLoS ONE*, 13(3), e0193399.

<https://doi.org/10.1371/journal.pone.0193399>

Cooper, S., & Endacott, R. (2007). Generic qualitative research: A design for qualitative research in emergency care? *Emergency Medicine Journal*, 24(12), 816–819.

<https://doi.org/10.1136/emj.2007.050641>

Creel, A. (2011). Social exchange theory: Strengths & weaknesses

<https://smashtyn.wordpress.com/2011/04/23/strengths-weaknesses-2/>

Creswell, J. W. (2014). *Research designing: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Sage Publishing.

Creswell, J. W., & Creswell, J. D. (2018). *Research designing: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Sage Publishing.

Cropanzano, R., Anthony, E., Daniels, S., & Hall, A. (2017). Social exchange theory: A critical review with theoretical remedies. *The Academy of Management Annals*, 11(1),1-38. <https://doi.org/10.5465/annals.2015.0099>

Curry, S. J., Krist, A. H., Owens, D. K., Barry, M. J., Caughey, A. B., Davidson, K. W., Doubeni, C. A., Epling, J. W., Grossman, D. C., Kemper, A. R., Kubik, M., Kurth, A., Landefeld, C. S., Mangione, C. M., Silverstein, M., Simon, M. A., Tseng, C.-W., Wong, J. B., US Preventive Services Task Force, & Epling, J. W., Jr. (2018). Screening for intimate partner violence, elder abuse, and abuse of vulnerable adults: US preventive services task force final recommendation statement. *JAMA: Journal of the American Medical Association*, 320(16), 1678–

1687. <https://doi.org/10.1001/jama.2018.14741>

Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing*, 36(4), 253–263.

<https://doi.org/10.1097/DCC.0000000000000253>

Davlembayeva, D. & Alamanos, E. (2022) Social exchange theory: A review. In S. Papagiannidis (Ed), TheoryHub Book. <http://open.ncl.ac.uk>

Davlembayeva, D., Papagiannidis, S. & Alamanos, E. (2020). Sharing economy: Studying the social and psychological factors and the outcomes of social exchange. *Technological Forecasting and Social Change*, 158, 120143.

<https://doi.org/10.1016/j.techfore.2020.120143>

Deauseault, M. (2018). Social exchange theory: What is it, and how can it be applied to everyday situations? *Thinking Matters Symposium Archive*. 139.

https://digitalcommons.usm.maine.edu/thinking_matters/139

Department on Aging. (2017). *Department of Human Services*.

<https://dhs.sd.gov/LTSS/default.aspx>

Dong, X. (2016). Elder abuse in nursing homes: How do we advance the field of elder justice? *Annals of Internal Medicine*, 165(4), 288–289.

<https://doi.org/10.7326/M16-1161>

Dong, X., Chen, R., & Simon, M. A. (2015). Elder mistreatment in US community-dwelling Chinese older women. *Violence Against Women*, 22(9), 1097–1112.

<https://doi.org/10.1177/1077801215618804>

- Doyle, E., & Buckley, P. (2017). Embracing qualitative research: A visual model for nuanced research ethics oversight. *Qualitative Research, 71*(N), 95–117.
<https://doi.org/10.1177/1468794116661230>
- Dragan, I-M., & Isaic-Maniu, A. (2013). Snowball sampling completion. *Journal of Studies in Social Sciences, 5*(2), 160–177.
<https://core.ac.uk/download/pdf/229607586.pdf>
- Elder Abuse Prevention and Prosecution Act. (2017) Pub. L. No. 115-70, *Elder Law Report 29*(5), 2
- Elder Abuse Statistics. (2017). *MedSurg Nursing, 26*(2), 123. Jannetti Publications.
<https://link.gale.com/apps/doc/A491949342/EAIM?u=minn4020&sid=ebsco&xid=195145ff>
- Emerson, R. M. (1972). Exchange theory, Part II: Exchange relations and network structures. In J. Berger, M. Zelditch, & B. Anderson (Eds.), *Sociological theories in progress* (Vol. 2, pp. 335–362). Houghton Mifflin.
- Ernst, J. S., & Maschi, T. (2018). Trauma-informed care and elder abuse: A synergistic alliance. *Journal of Elder Abuse & Neglect, 30*(5), 354–367.
<https://doi.org/10.1080/08946566.2018.1510353>
- Feng, Z. (2019). Global convergence: Aging and long-term care policy challenges in the developing world. *Journal of Aging & Social Policy, 31*(4), 291–297.
<https://doi.org/10.1080/08959420.2019.1626205>
- Figueredo-Borda, N., & Yarnoz, A. Z. (2015). Perceptions of abuse in nursing home care relationships in Uruguay. *Journal of Transcultural Nursing, 26*(2), 164–170.

<https://doi.org/10.1177/1043659614526458>

- Florea, M., Puia, A., & Sorina, P. R. (2021). *The family as recipient and provider of home care: A primary care perspective. Suggestions for addressing clinical and non-clinical issues in palliative care.* <https://doi.org/10.5772/intechopen.91926>
- Ga. Code Ann. § 30-5-3 (2015).
- Gaudet, H. J. (2020). Nursing home quality: What matters to patients. *BMJ Quality & Safety*, 29, 401-404. <http://doi.org/10.1136/bmjqs-2019-010338>
- Geiger, A., Horbel, C. & Germelmann, C.C. (2018). “Give and take”: How notions of sharing and context determine free peer-to-peer accommodation decisions. *Journal of Travel & Tourism Marketing*, 35(1), 5–15. <https://doi.org/10.1080/10548408.2016.1231101>
- Gholipour, F., Khalili, Z., & Abasian, M. (2020). Definitions and theories of elder abuse. *Elderly Health Journal*, 6(2), 140–145. <https://doi.org/10.18502/ehj.v6i2.5022>
- Glass, A. P. (1991). Nursing home quality: A framework for analysis. *Journal of Applied Gerontology* 10(1), 5-18. <https://doi.org/10.1177/073346489101000102>
- Gondi, S., & Song, Z. (2019). Potential implications of private equity investments in health care delivery. *Journal of the American Medical Association*, 321(11), 1047–1048. <https://doi.org/10.1001/jama.2019.1077>
- Grossoehme, D. H. (2014). Overview of qualitative research. *Journal of Health Care Chaplaincy*, 20(3), 109–122. <https://doi.org/10.1080/08854726.2014.925669>
- Gupta, A., Howell, S. T., Yannelis, C., & Gupta A. (2021). *Does private equity investment in healthcare benefit patients? Evidence from nursing homes* (No.

w28474). National Bureau of Economic Research.

<https://doi.org/10.3386/w28474>

Gusnardi, M. I. (2019). Educational institution performance measurement based on Miles and Huberman models using balanced scorecard approach. *Access la Success*, 20(170), 32–41.

H.R.1451 - 100th Congress (1987-1988): Older Americans Act Amendments of 1987.

(1987, November 29). <https://www.congress.gov/bill/100th-congress/house-bill/1451>

Hagedoorn, E. I, Paans, W., Jaarsma, T., Keers, J. C., van der Schans, C. P., & Luttik, M.

L. A. (2020). The importance of families in nursing care: Attitudes of nurses in the Netherlands, *Scandinavian Journal of Caring Sciences*.

<https://doi.org/10.1111/scs.12939>

Halvorsen, R., Hvinden, B. Brown, J. B., Biggeri, M., Tossebro, J., & Waldschmidt, A.

(2017). *Understanding the lived experiences of persons with disabilities in nine countries. Active citizenship and disability in Europe Volume 2*. Routledge.

Hayslip, B., Jr., Blumenthal, H., & Garner, A. (2015). Social support and grandparent

caregiver health: One-year longitudinal findings for grandparents raising their grandchildren. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 70(5), 804–812. <https://doi.org/10.1093/geronb/gbu165>

Hazrati, M., Mashayekh, M., Sharifi, N., & Motalebi, S. A. (2020). Screening for domestic abuse and its relationship with demographic variables among elderly individuals referred to primary health care centers of Shiraz in 2018. *BMC*

- Geriatrics*, 20(1), 1–8. <https://doi.org/10.1186/s12877-020-01667-9>
- Heitz, D. (2014, January 27). U.S. official: Elder abuse is ‘broad and widespread.’ *Healthline*. <http://www.healthline.com/health-news/senior-elder-abuse-more-common-than-youthink-012714#2>
- Hoff, T. (2013). Embracing a diversified future for US primary care. *American Journal of Managed Care*, 19(1), 9–13. <https://www.ajmc.com/view/embracing-a-diversified-future-for-us-primary-care>
- Homans, G. C. (1958). Social behavior as exchange. *American Journal of Sociology*, 63(N), 597–606. <http://www.jstor.org/stable/2772990>
- Hovenga, N., Landeweer, E., Zuidema, S., & Leget, C. (2022). Family involvement in nursing homes: An interpretative synthesis of literature. *Nursing Ethics*, 29(6), 1530-1544. <https://doi.org/10.1177/09697330221085774>
- Institute of Medicine. (1986). *Improving the quality of care in nursing homes*. National Academy Press.
- Jackson, S. L. (2018). Introduction and overview of elder abuse. In *Understanding elder abuse: A clinician’s guide* (pp. 3–22). American Psychological Association. <https://doi.org/10.1037/0000056-001>
- Kahlke, R. M. (2014). Generic qualitative approaches: Pitfalls and benefits of methodological mixology. *International Journal of Qualitative Methods*, 13(1), 37–52. <https://doi.org/10.1177/160940691401300119>
- Kanwal, S., Rasheed, M.I., Pitafi, A.H., Pitafi, A. & Ren, M. (2020). Road and transport infrastructure development and community support for tourism: The role of

- perceived benefits, and community satisfaction. *Tourism Management*, 77, 104014. <https://doi.org/10.1016/j.tourman.2019.104014>
- Kholomeydik, N. N. (2012). *A generic qualitative study of the experiences of international students participating in the cultural connections program at the University of Mississippi*. [Doctoral Dissertation, University of Mississippi]. Electronic Theses and Dissertations. 165. <https://egrove.olemiss.edu/etd/165>
- King, E., Turpin, M., Green, W., & Schull, D. (2019). Learning to interact and interacting to learn: A substantive theory of clinical workplace learning for diverse cohorts. *Advances in Health Sciences Education*, 24(4), 691–706. <https://doi.org/10.1007/s10459-019-09891-8>
- Kohn, L. T., Corrigan, J., & Donaldson, M. S. (2000). *To err is human: Building a safer health system*. National Academy Press.
- Konetzka, R. T. (2020). The Challenges of Improving Nursing Home Quality. *JAMA Network Open*. 3(1), e1920231. <https://doi.org/10.1001/jamanetworkopen.2019.20231>
- Kruzel, T. A. (2016). Geriatric health. *Naturopathic Doctor News & Review*, 12(9), 16–18.
- Ky. Rev. Stat. Ann. § 209.020 (LexisNexis 2013).
- Lachs, M. S., & Pillemer, K. A. (2015). Elder abuse. *New England Journal of Medicine*, 373(20), 1947–1956. <https://doi.org/10.1056/NEJMr1404688>
- Landor, A., & Barr, A. (2018). Politics of respectability, colorism, and the terms of social exchange in family research. *Journal of Family Theory & Review*, 10(2), 330–

347. <https://doi.org/10.1111/jftr.12264>

Latkin, C. A., Edwards, C., Davey-Rothwell, M. A., & Tobin, K. E. (2017). The relationship between social desirability bias and self-reports of health, substance use, and social network factors among urban substance users in Baltimore, Maryland. *Addictive behaviors*, *73*, 133–136.

<https://doi.org/10.1016/j.addbeh.2017.05.005>

Lawler, E. J., & Thye, S. R. (1999). Bringing emotions into social exchange theory. *Annual Review of Sociology*, *25*(1), 217–244.

<https://doi.org/10.1146/annurev.soc.25.1.217>

Leahy-Warren, P., Day, M. R., & McCarthy, G. (2016). Self-neglect: Ethical considerations. *Annual Review of Nursing Research*, *34*(1), 89–107.

<https://doi.org/10.1891/0739-6686.34.89>

Leedy, P. D., & Ormrod, J. E. (2019). *Practical research: Planning and design* (12th ed.). Pearson Publication.

Levesque, R. J. R. (2011). Cultural biases in research. In: R.J.R. Levesque, (eds)

Encyclopedia of Adolescence. Springer. https://doi.org/10.1007/978-1-4419-1695-2_632

Li, J. (2015). Knowledge sharing in virtual communities: A social exchange theory perspective. *Journal of Industrial Engineering and Management*, *8*(1), 170–183,

<https://doi.org/10.3926/jiem.1389>

López, J., Pérez-Rojo, G., Noriega, C., & Velasco, C. (2021). Personal and work-related factors associated with good care for institutionalized older adults. *International*

Journal of Environmental Research and Public Health, 18(2), 820.

<https://doi.org/10.3390/ijerph18020820>

- Lynn-Ivey, A. (2019). *Leadership and the propensity for abuse in long-term care facilities* (Order No. 22616532). Available from ProQuest One Academic. (2287019486). <https://www.proquest.com/dissertations-theses/leadership-propensity-abuse-long-term-care/docview/2287019486/se-2>.
- Malterud, K., Siersma, V. D., & Guassor, A.D. (2015). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, 26(13), 1753–1760. <https://doi.org/10.1177/1049732315617444>
- Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, 26(13), 1753–1760. <https://doi.org/10.1177/1048732315617444>
- Mao, A. (2020). The U.S. Department of Justice defends against elder financial fraud and abuse. *Generations*, 44(1), 101–102.
- Marshall, C., & Rossman, G. B. (2014). *Designing qualitative research*. Sage Publications.
- Martin, A. B., Hartman, M., Washington, B., Catlin, A., & National Health Expenditure Accounts Team. (2018). National health care spending in 2017: Growth slows to post–great recession rates; Share of GDP stabilizes. *Health Affairs*, 38(1), 10–1377. <https://doi.org/10.1377/hlthaff.2018.05085>
- McDonald, M. (2017). *An investigation of the relationship between types of ownership and quality of care in nursing homes* (Publication No. 10638099) [Doctoral

- dissertation, Northcentral University]. ProQuest Dissertations and Theses Global.
- Mealer, M., & Jones, J. (2014). Methodological and ethical issues related to qualitative telephone interviews on sensitive topics. *Nurse Researcher*, 21(4), 32–37.
<https://doi.org/10.7748/nr2014.03.21.4.32.e1229>
- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation* (4th ed.). John Wiley & Sons.
- Mignani, V., Ingravallo, F., Mariani, E., & Chattat, R. (2017). Perspectives of older people living in long-term care facilities and of their family members toward advance care planning discussions: A systematic review and thematic synthesis. *Clinical Intervention in Aging*, 12, 475–484. <https://doi.org/10.2147/CIA.S128937>
- Moglia, P. (2015). Emotional abuse. In X. X. Editors (Ed.), *Psychology and behavioral health* (4th ed., Vol. 1, pp. 647–650). Salem Press at Greyhouse Publishing.
- Mohajan, H. K. (2018). Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People*, 7(1), 23–48. <https://doi.org/10.26458/jedep.v7i1.571>
- Mohammed, H. J., & Kamel, A. A. (2015). The effect of home caregiving program for family members providing care for chronically ill relative client. *Journal of Education and Practice*, 6(22), 18 – 21.
<https://files.eric.ed.gov/fulltext/EJ1079509.pdf>
- Momtaz, Y. A., Hamid, T. A., & Yahaya, N. (2009). The role of religiosity on relationship between chronic health problems and psychological well-being among Malay Muslim older persons. *Research Journal of Medical Sciences*, 3(6),

188–193.

- Mowery, J., Andrei, A., Le, E., Jian, J., & Ward, M. (2016). Assessing quality of care and elder abuse in nursing homes via Google reviews. *Online Journal of Public Health Informatics*, 8(3), e201. <https://doi.org/10.5210/ojphi.v8i3.6906>
- Myhre, J., Saga, S., Malmedal, W., Ostaszkiwicz, J., & Nakrem, S. (2020). Elder abuse and neglect: An overlooked patient safety issue. A focus group study of nursing home leaders' perceptions of elder abuse and neglect. *BMC Health Services Research*, 20(1), 199. <https://doi.org/10.1186/s12913-020-5047-4>
- Naderifar, M., Hamideh, G., & Ghaljaie, F. (2017). Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education*, 14(3). <https://doi.org/10.5812/sdme.67670>
- Namkung, E. H., Greenberg, J. S., & Mailick, M. R. (2016). Well-being of sibling caregivers: Effects of kinship relationship and race. *The Gerontologist*, 57(4), 626–636. <https://doi.org/10.1093/geront/gnw008>
- National Center on Elder Abuse. (n.d.). *Statistics data*.
<http://www.ncea.aoa.gov/Library/Data/>
- National Center on Elder Abuse. (2010). *American Bar Association Commission on Law and Aging*. https://www.americanbar.org/groups/law_aging/
- National Center on Elder Abuse. (2017). *Ageism and Elder Mistreatment*.
<https://ncea.acl.gov/>
- National Institute on Aging. (2020). <https://www.nia.nih.gov/health/elder-abuse#types>
- Neuberg, M., Zeleznik, D., Mestrovic, T., Ribic, R., & Kozina, G. (2017). Is the burnout

syndrome associated with elder mistreatment in nursing homes: results of a cross-sectional study among nurses. *Archives of Industrial Hygiene and Toxicology*, 68(3), 190. <https://doi.org/10.1515/aiht-2017-68-2982>

New York State Office of Children and Family Services. (2017). *Family and Children Services*. <https://ocfs.ny.gov/main/>

Nickerson, C. (2021, Oct 28). *The Social Exchange Theory in Relationships*. Simply Psychology. www.simplypsychology.org/what-is-social-exchange-theory.html

Nikolopoulou, K. (2022). What is response bias? Definition & examples. <https://www.scribbr.com/research-bias/response-bias/>

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing*, 18(2), 34–35. <https://doi.org/10.1136/eb-2015-102054>

Nool, I., Koop, K., & Tupits, M. (2022). The experiences and needs of the elderly receiving home nursing services in relation to the support given by family and the experiences and needs of family members of the elderly in relation to supporting the elderly. *Annals of Community Medicine and Primary Health Care*, 1(1), 1013. <http://meddocsonline.org/>

Nursing Home Abuse Center. (2023). Elder abuse laws by State. <https://www.nursinghomeabusecenter.com/legal/state-laws/>

Nyborg, I., Danbolt, L. J., & Kirkevold, M. (2017). Few opportunities to influence decisions regarding the care and treatment of an older hospitalized family member: A qualitative study among family members. *BMC Health Services Research*, 17(1), 1–12. <https://doi.org/10.1186/s12913-017-2563-y>

- Pagels, M. (2015). You cannot protect elders unless you protect the institutions that care for them: How streamlining the definition of elder abuse will positively impact the long-term care industry. *DePaul L. Rev.*, 65, 793.
- Pagels, M. (2016). You cannot protect elders unless you protect the institutions that care for them: How streamlining the definition of elder abuse will positively impact the long-term care industry. *DePaul Law Review*, 65(2), 793–829.
<https://via.library.depaul.edu/law-review/vol65/iss2/18>
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health*, 42(5), 533–544. <https://doi.org/10.1007/s10488-013-0528-y>
- Pass, A., M. (2019). *Elder abuse in Illinois: A two-pronged approach to assessing the State's response*. Walden Dissertations and Doctoral Studies.
- Percy, W. H., Kostere, K., & Kostere, S. (2015). Generic qualitative research in psychology. *The Qualitative Report*, 20(2), 76–85.
<http://www.nova.edu/ssss/QR/QR20/2/percy5.pdf>
- Petrova, E., Dewing, J., & Camilleri, M. (2016). Confidentiality in participatory research: Challenges from one study. *Nursing Ethics*, 23(4), 442–454.
<https://doi.org/10.1177/0969733014564909>
- Phelan, A. (2015). Protecting care home residents from mistreatment and abuse: On the need for policy. *Risk Management and Healthcare Policy*, 8, 215–223.
<https://doi.org/10.2147/RMHP.S70191>

- Phillips, L. R. (1988). The fit of elder abuse with the family violence paradigm and the implications of a paradigm shift for clinical practice. *Public Health Nursing, 5*(4), 222–229. <https://doi.org/10.1111/j.1525-1446.1988.tb00729.x>
- Pickering, C. E., Ridenour, K., Salaysay, Z., Reyes-Gastelum, D., & Pierce, S. J. (2017). Identifying elder abuse & neglect among family caregiving dyads: A cross sectional study of psychometric properties of the QualCare scale. *International Journal of Nursing Studies, 69*, 41–46. <https://doi.org/10.1016/j.ijnurstu.2017.01.012>
- Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016). Elder abuse: Global situation, risk factors, and prevention strategies. *The Gerontologist, 56*(Suppl_2), S194-S205. <https://doi.org/10.1093/geront/gnw004>
- Pitman, A., & Metzger, K. E. (2018). Nursing home abuse and neglect and the Nursing Home Reform Act: An overview. *NAELA Journal, 14*(1-2), 137–154.
- Popp, L. (2018). *The Nursing Home Reform Act of 1987: A policy analysis*. California State University, Long Beach.
- Population Reference Bureau. (2019). *The U.S. population is growing older, and the gender gap in life expectancy is narrowing*. <https://www.prb.org/the-u-s-population-is-growing-older-and-the-gender-gap-in-life-expectancy-is-narrowing/>
- Prevratil, J. F. (2010). Archstone Foundation preface. *Journal of Elder Abuse & Neglect, 22*(3–4), 217–218. <https://doi.org/10.1080/08946566.2010.489879>

- Quintão, C., Andrade, P., & Almeida, F. (2020). How to improve the validity and reliability of a case study approach. *Journal of Interdisciplinary Studies in Education*, 9(2), 264–275. <https://ojed.org/jise>
- Ramsey-Klawnsnik, H., & Miller, E. (2017). Polyvictimization in later life: Trauma-informed best practices. *Journal of Elder Abuse & Neglect*, 29(5), 339-350. <https://doi.org/10.1080/08946566.2017.1388017>
- Ravitch, S. M., & Carl, N. M. (2015). *Qualitative Research: Bridging the conceptual, Theoretical, and Methodological*. Sage Publications.
- Redmond, M. V. (2015). Social exchange theory. English Technical Reports and White Papers. 5. http://lib.dr.iastate.edu/engl_reports/5
- Roberto, K. A. (2016). The complexities of elder abuse. *American Psychologist*, 71(4), 302–311. <https://doi.org/10.1037/a0040259>
- Roberts, A. R., & Ishler, K. J. (2018). Family involvement in the nursing home and perceived resident quality of life, *The Gerontologist*, 58(6), 1033–1043. <https://doi.org/10.1093/geront/gnx108>
- Robinson, S., & Brown, H. (2013). *Preventing the emotional abuse and neglect of people with intellectual disability: Stopping insult and injury*. Jessica Kingsley Publishers.
- Rutberg, S., & Bouikidis, C. D. (2018). Focusing on the fundamentals: A simplistic differentiation between qualitative and quantitative research. *Nephrology Nursing Journal*, 45(2), 209–212. <https://www.annanurse.org/resources/products/nephrology-nursing-journal>

- Schiamberg, L. B., Oehmke, J., Zhang, Z., Barboza, G., Griffore, R. J., Heydrich, L. V., Post, L. A., Weatherill, R. P., & Mastin, R. (2012). Physical abuse of older adults in nursing homes: A random sample survey of adults with an elderly family member in a nursing home. *Journal of Elder Abuse & Neglect*, *24*(1), 65–83. <https://doi.org/10.1080/08946566.2011>
- Schiavo, A. (2013). Chapter 659: Overcoming obstacle to elder abuse prevention. *McGeorge Law Review*, *44*(3), 811–815. <https://scholarlycommons.pacific.edu/mlr/vol44/iss3/32>
- Schoonenboom, J., & Johnson, R. B. (2017). How to construct a mixed methods research design. *Kolner Z Soz. Sozpsychol*, *69*(Suppl 2), 107–131. <https://doi.org/10.1007/s11577-017-0454-1>
- Shaheen, M., Pradhan, S., & Ranajee, R. (2019). Sampling in qualitative research. In book: *Qualitative techniques for workplace data analysis*. <https://doi.org/10.4018/978-1-5225-5366-3.ch002>
- Shinan-Altman, S., & Cohen, M. (2009). Nursing aides' attitudes to elder abuse in nursing homes: The effect of work stressors and burnout. *The Gerontologist*, *49*(5), 674–684. <https://doi.org/10.1093/geront/gnp093>
- Siddique, R., & Biswas, P. C. (2021). *Knowledge transfer in MNCs: Headquarter to subsidiaries in developed & emerging markets* [Master's thesis, University of Gavle]. <https://www.diva-portal.org/smash/get/diva2:1526963/FULLTEXT01.pdf>
- Sims, C. D. L. (2008). Invisible wounds, invisible abuse: The exclusion of emotional abuse in newspaper articles. *Journal of Emotional Abuse*, *8*(4), 375–402.

<https://doi.org/10.1080/10926790802480422>

Slack, R. E., Corlett, S. & Morris, R. (2015). Exploring employee engagement with (corporate) social responsibility: A social exchange perspective on organisational participation. *Journal of Business Ethics*, 127(3), 537–548.

<https://doi.org/10.1007/s10551-014-2057-3>

Smith, C. P., & Freyd, J. J. (2014). Institutional betrayal. *American Psychologist*, 69(6), 575–587. <https://doi.org/10.1037/a0037564>

Smith, J., & Noble, H. (2014). Bias in research. *Evidence-Based Nursing*, 17(4), 100–101. <https://doi.org/10.1136/eb-2014-101946>

Stacy, V. A. (2012). *Effects of maltreatment on physical health in female adolescents and young women with a substance use disorder* [Doctoral dissertation, University of Pittsburgh].

Szebehely, M., & Meagher, G. (2018). Nordic eldercare—Weak universalism becoming weaker? *Journal of European Social Policy*, 28(3), 294–308.

<https://doi.org/10.1177/0958928717735062>

Thobaben, M., & Anderson, L. (1985). The legal side: Reporting elder abuse: It's the law. *The American Journal of Nursing*, 85(4), 371–374.

<https://doi.org/10.2307/3425085>

Toles, M., Colón-Emeric, C., Moreton, E., Frey, L., & Leeman, J. (2021). Quality improvement studies in nursing homes: a scoping review. *BMC Health Services Research*, 21, 803. <https://doi.org/10.1186/s12913-021-06803-8>

Tsai, H. H., Tsai, Y. F., & Huang, H. L. (2016). Nursing home nurses' experiences of

resident transfers to the emergency department: no empathy for work environment difficulties. *Journal of Clinical Nursing*, 25(5-6), 610–618.

<https://doi.org/10.1111/jocn.13084>

Turner, C., & Finch-Guthrie, P. (2020). Experiences of caregivers caring for a family member who is using hemodialysis. *Nephrology Nursing Journal*, 47(1), 23–35.

<https://doi.org/10.37526/1526-744x.2020.41.1.23>

Urban Institute. (2015, April 3). *The US population is aging*.

<https://www.urban.org/policy-centers/cross-center-initiatives/program-retirement-policy/projects/data-warehouse/what-future-holds/us-population-aging>

U.S. Census Bureau. (2018). *An aging nation: Projected number of children and older adults*. U.S. Department of Commerce.

<https://www.census.gov/content/dam/Census/library/stories/2018/03/graying-america-aging-nation.jpg>

Vancouver, J. B., Gullekson, N. L., Morse, B. J., & Warren, M. A. (2014). Finding a between-person negative effect of self-efficacy on performance: Not just a within person effect anymore. *Human Performance*, 27(3), 243–261.

<https://doi.org/10.1080/08959285.2014.913593>

Vespa, J. (2018, March 14). *The graying of America: More older adults than kids by 2035: The U.S. joins other countries with large aging populations*. U.S. Census

Bureau. <https://www.census.gov/library/stories/2018/03/graying-america.html>

- Vésteinsdóttir, V., Joinson, A., Reips, U. D., Danielsdottir, H. B., Thorarinsdottir, E. A., & Thorsdottir, F. (2019). Questions on honest responding. *Behavioral Research*, *51*, 811–825. <https://doi.org/10.3758/s13428-018-1121-9>
- Wa-Mbaleka, S. (2020). The researcher as an instrument. In: A., Costa, L., Reis, A., Moreira. (eds) *Computer Supported Qualitative Research. WCQR 2019. Advances in Intelligent Systems and Computing*, 1068. Springer, Cham. https://doi.org/10.1007/978-3-030-31787-4_3
- Walden University Writing Center. (2020). *A Journal of Writing Center*.
- Wan, W. H., & Antonucci, T. C. (2016). Social exchange theory and aging. In: N, Pachana, (Ed.), *Encyclopaedia of Geropsychology* (Vol. 1, pp. 1–9). Springer. https://doi.org/10.1007/978-981-287-080-3_285-1
- Westergren, A., Ahlstrom, G., Persson, M., & Behm, L. (2021). Next of kin participation in the care of older persons in nursing homes: A pre-post non-randomized educational evaluation, using within-group and individual person-level comparisons. *PLoS ONE*, *16*(1), 1–15. <https://doi.org/10.1371/journal.pone.0244600>
- Westergren, A., Behm, L., Lindhardt, T., Persson, M., & Ahlstrom, G. (2020). Measuring next of kin's experience of participation in the care of older people in nursing homes. *PLoS One*, *15*(1), e0228379. <https://doi.org/10.1371/journal.pone.0228379>
- Winant, G. (2018). A place to die: Nursing home abuse and the political economy 1970s. *Journal of American History*, *105*(1), 96–120.

<https://doi.org/10.1093/jahist/jay009>

World Health Organization. (2015). *World report on aging and health*.

<https://www.who.int/ageing/events/world-report-2015-launch/en/>

World Health Organization. (2018). *Elder abuse: What is elder abuse?*

http://www.who.int/ageing/projects/elder_abuse/en/

World Health Organization. (2023). *Social determinants of health*.

https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Yilmaz, K. (2018). Comparison of quantitative and qualitative research traditions:

Epistemological, theoretical, and methodological differences. *European Journal of Education*, 48(2), 311–325. <https://doi.org/10.1111/ejed.12014>

Yin, R. K. (2016). *Case study research: Design and methods* (5th ed.). Sage.

Yin, R. K. (2017). *Case study research and applications, Inc.* (6th ed.). Sage.

Yon, Y., Ramiro-Gonzalez, M., Mikton, R., Huber, M., & Sethi, D. (2019). The prevalence of elder abuse in institutional settings: A systematic review and meta-analysis. *European Journal of Public Health*, 29(1), 58–67.

<https://doi.org/10.1093/eurpub/cky093>

Yunus, R. M., Hairi, N. N., & Choo, W. Y. (2019). Consequences of elder abuse and neglect: A systematic review of observational studies. *Trauma, Violence, &*

Abuse, 20(2), 197–213. <https://doi.org/10.1177/15248338017692798>

Zhao, Q., Chen, C., Wang, J. & Chen, P. (2017). Determinants of backers' funding intention in crowdfunding: Social exchange theory and regulatory focus.

Telematics and Informatics, 34(1), 370–384.

<https://doi.org/10.1016/j.tele.2016.06.006>

Zheng, N. T., Wiener, J. M., & Feng, Z. (2018). Strengthening regulations, standards, and quality assurance for long-term care. In E. Glinskaya & Z. Feng (Eds.), *Options for aged care in China: Building an efficient and sustainable aged care system* (pp. 243– 262). World Bank. https://doi.org/10.1596/978-1-4648-1075-6_ch7

Appendix A: Recruitment Flyer

A Call for Volunteer Interviews for a Doctoral Study

This study is to understand better the perceptions of family members of nursing home residents about elder abuse that may occur in nursing homes.

No cash gift or a card issued

- *Are you a child, sibling, spouse, or other family member of a nursing home resident?*
- *Are you at least 18 years old?*
- *Has your family member in the nursing home resided in a nursing home for at least six months?*
- *Have you visited your older adult at least twice a month within the last six months?*
- *Are you able to read, speak, and understand English?*

If your answer to the questions above is Yes, this interview is for you.



This interview is part of the doctoral study for Philomena Onoyona, a Ph.D. student at Walden University.

To volunteer confidentially, contact the researcher Philomena Onoyona for more information.

Phone: [number redacted] *Email:* [email address redacted]

Appendix B: Email Communication with Inclusion Questions

Dear Participant:

I am a Ph.D. student at the Walden University School of Human and Social Services. I am conducting a study on elder abuse from the perception of family members. This letter invites you to participate in my research through a Zoom or telephone interview, estimated to be between 30 minutes to an hour. Below are the inclusion criteria:

1. Every participant must be a child, sibling, spouse, or other family member of the nursing home resident.
2. Participants must be at least 18 years old.
3. The family member in the nursing home must have resided in a nursing home for at least six months.
4. The participant must have visited the older adult at least twice a month within the last six months before participating in the study.
5. Must be able to read, speak, and understand English.

I selected you as a possible candidate, and I am inviting you to review the inclusion criteria above and read and return the attached Consent Form to me at [email address redacted]. You can call my phone at [telephone number redacted] if you have any questions. If you fulfill the inclusion requirement and you are willing to participate after studying the consent form, indicate "I consent" in your email response to me. I will reply by asking you to provide me with dates and times that you would be available for a virtual interview.

The records of the study will be kept private. I will not include any information that could identify individuals who participated in any report of this study that might be published. All findings will be reported in the aggregate. If you have any questions, don't hesitate to contact me via email at [email address redacted] or by phone at [telephone number redacted]

Thank you for considering my request.

Sincerely,

Philomena Onoyona
Ph.D. Candidate Walden University

Appendix C: Interview Protocol

- Thank you, XXX, for agreeing to participate in my study. Do you have any questions for me about the study or the interview process before we start?
<answer any questions>
- I just want to remind you that your participation is completely voluntary and that we can stop data collection and your participation at any time if you wish to stop. I am going to go ahead and start the audio recording of our interview at this time—are you ok with that? <if yes, start the recording—if no, thank them for their time and stop the interview>
- First, I am going to ask you some questions about you...

Item	Question	Responses
1	What is your age in years?	Actual age Prefer not to answer
2	What is your highest education level?	Did not finish high school High School Some College Associate Degree/Certificate Bachelor's Degree Master's Degree Doctoral Degree Prefer not to answer
3	What is your race?	White Black/African America American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander Two or more races Prefer not to answer
4	What is your profession?	Name of profession Prefer not to answer

Item	Question	Responses
5	In what state is the nursing home that your family member resides in?	Name of state Prefer not to answer
6	What is your relationship with the nursing home resident?	Relationship
7	How long has your relative lived in a nursing home?	Number of years
8	Is this the only nursing home that your relative has lived at?	Yes, no, not sure, prefer not to answer
9	How often do you visit your relative in the nursing home per month?	Number of times per month Prefer not to answer
10	Has your relative ever experienced any abuse while living in a nursing home?	Yes, no, prefer not to answer
11	Only ask if they have indicated past abuse—In that incident, did an investigation occur?	Yes, no, not sure, prefer not to answer
12	Only ask if they have indicated past abuse—In that incident,	Yes, no, not sure, prefer not to answer



Item	Question	Responses
	was a nursing home employee found guilty of that abuse?	
13	Only ask if they have indicated past abuse and an employee was found guilty—What punishment resulted?	Fired, suspended, warning, other, prefer not to answer.

Now we will go into the interview questions...

1. <If I need more information about an answer given, I will use one or more of the following prompts: Tell me more about that...How did that make you feel...What was the outcome of that...>Describe how you believe the nursing home where your loved one resides cares for them.
2. Describe your experiences with the staff of the nursing home when you have visited your loved one.
3. Describe your understanding of what a care plan is for a resident in a nursing home.
4. How would you describe the care plan of your family member in the nursing home?
5. How would you define elder abuse?
6. Who do you think could commit elder abuse towards a resident in a nursing home environment?

7. Based on how you defined it, how would you be able to identify abuse if it occurred?
8. How do you think being a victim of abuse affects someone residing in a nursing home?
9. Describe what you think the relationship is between a care plan for a resident in a nursing home and preventing elder abuse in the nursing home.
10. Describe how elder abuse in a nursing home can impact family members of the nursing home resident.
11. What types of safeguards do you think nursing homes should put into place to protect nursing home residents from elder abuse?
12. What types of laws and other protections do you think governments should put into place to protect nursing homes from elder abuse?

Appendix D: Human Subjects Training Certificate



Completion Date 09-Jan-2023
Expiration Date N/A
Record ID 53489218

This is to certify that:

Philomena Onoyona


Has completed the following CITI Program course:

Student's
(Curriculum Group)
Doctoral Student Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Walden University

Not valid for renewal of certification through CME.



Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w3e01d698-62c9-49b3-bbbc-4e5494756b6e-53489218