

## The perspectives of older care recipients, their family members, and their round-the-clock foreign home care workers regarding elder mistreatment

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**Objectives:** This study evaluated attitudes toward elder mistreatment from the perspective of older care recipients; their foreign home care workers, and their family members.

**Methods:** Overall, 88 older care recipients, 142 family members, and 127 foreign home care workers responded to a hypothetical case vignette querying about the appropriate care of an older woman who suffers from neuropsychiatric symptoms in dementia.

**Results:** Foreign home care workers tended to be more lenient toward elder mistreatment relative to older adults and their family members and to view as effective techniques that would non-equivocally be considered abusive and ineffective by current standards.

**Conclusions:** Interventions should inform these stakeholders about what constitutes elder mistreatment and should be particularly geared toward addressing cultural differences in the perception of elder mistreatment.

**Keywords:** globalization; dementia; elder abuse; elder neglect; neuropsychiatric symptoms; formal caregiving; informal caregiving

### Introduction

Managing neuropsychiatric symptoms (NPS) is a particularly challenging endeavor. However, to date, neither pharmacological nor non-pharmacological interventions have a strong evidence base (Ayalon, Gum, Feliciano, & Arean, 2006; Sink, Holden, & Yaffe, 2005). Research has shown that the management of NPS is challenging for both paid and unpaid caregivers and often results in higher levels of caregiver burnout, greater staff turnover, increased caregiver morbidity, and earlier institutionalization of the older adult (Stern et al., 1997; Tan, Wong, & Allen, 2005). Furthermore, research has consistently shown that older adults with NPS in dementia are more likely to experience abuse and neglect (Coyné, Reichman, & Berbig, 1993; Ogioni et al., 2007). Consistently, research has shown that individuals tend to hold more lenient attitudes toward abuse of older adults with dementia relative to older adults who are cognitively intact (Matsuda, 2007). Because of the fact that the recognition of elder mistreatment relies heavily on the perspective of the older adult and his or her paid or unpaid carers, it is particularly important to evaluate the perceptions of these individuals as to what constitutes elder mistreatment.

### Care of older adults in Israel

In Israel, the majority of older adults are cared for in their home. One of the most popular long-term care (LTC) alternatives is round-the-clock care by foreign home care workers (Heller, 2003). Currently, there

are 55,000 documented foreign workers and additional 40,000 undocumented. These workers provide almost all round-the-clock services to older adults in the country (Nathan, 2008). This LTC alternative is considered cheaper than other LTC alternatives and is partially subsidized by the government in an attempt to keep older adults in their home environment as long as possible. Because only the most impaired older adults are eligible for a foreign home care worker, many are not only physically impaired, but also cognitively impaired (Heller, 2003).

Despite the fact that this caregiving arrangement of individuals from the developing world, who provide care to frail but more affluent older adults from the developed world is common worldwide, research on this global phenomenon has been scarce (Ehrenreich & Hochschild, 2000; Ejaz, Noelker, Menne, & Bagaka's, 2008; Gilenn, 1992; Neysmith & Aronson, 1997; Yeoh, Huang, & Gonzalez, 1999). The limited research available has shown that this caregiving arrangement has many advantages for both sides (Ayalon, Kaniel, & Rosenberg, 2008). Nonetheless, there is also some literature outlining the disadvantages and conflicts associated with this caregiving arrangement. For instance, research has shown that these workers are often subject to abuse and inhuman working conditions (Ayalon, 2009a; Neysmith & Aronson, 1997). Further, whereas the salaries of foreign home care workers are higher than the salary they would have got in their home country, their status in the host culture is much lower as they provide services that no one in the host country is willing to provide (Rajiman, Schammah-Gesser, & Kemp, 2003). There is also some preliminary research

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suggesting that older adults under this caregiving arrangement also experience high levels of abuse and neglect executed either by their own family members or by their foreign home care worker, with those older adults presenting with NPS being most susceptible for elder abuse (Ayalon, under review).

The overall goal of the present study was to identify the attitudes of the three stakeholders (older adults, their family members, their foreign home care worker) involved in this caregiving arrangement toward the management of NPS in Alzheimer's disease (AD) and to evaluate their perspectives as to what constitutes elder mistreatment. I expected the attitudes of foreign home care workers to deviate substantially from those of the other stakeholders because they come from a different cultural background.

## Methods

### Procedure

This study was based on prior qualitative research conducted with the relevant stakeholders (Ayalon, 2009b,c). Measures were pilot-tested and a priori evaluated for readability and content by the involved parties. Inclusion criteria were: for *family members*, self-identifying as the primary caregiver of a family member aged 60 years or older who receives round-the-clock home care by a foreign home care worker; for *paid carer*, being a foreign home care worker who provides round-the-clock care to a person aged 60 or more years; and for *care recipient*, being 60 years or older, receiving round-the-clock foreign home care, and showing no evidence of severe confusion or disorientation during the interview.

Participants were recruited through snowballing techniques, such as adult day centers, meetings of the Alzheimer's Association, and other settings usually attended by the involved parties. Trained research assistants first approached the family member and subsequently contacted the care recipient and the foreign home care worker regarding participation in the study. Each stakeholder was interviewed separately. The study was approved by the ethics committee of Bar Ilan University.

### Measures

Measures were available in Hebrew, English, Romanian, Russian, and Tagalog to cater to the diverse ethnic origins of foreign home care workers.

### Attitudes towards elder mistreatment

This measure was based on an existing measure developed to assess attitudes toward elder abuse in caregivers and health care providers (Selwood, Cooper, & Livingston, 2007). The measure was further adapted based on qualitative interview with the various stakeholders (Ayalon, 2009c; Ayalon et al., 2008).

Following the presentation of a case vignette describing an older woman who suffers from NPS in AD, participants were presented with a list of ten potential management techniques, asked to rate the effectiveness of each of these techniques (0 = not effective at all; 5 = very effective) and asked to indicate whether or not a technique was abusive.

The exact vignette presented to respondents is as follows: 'Joseph works full time at the bank. He takes care of his old mother, Rebecca, who suffers from dementia (a medical condition that involves cognitive problems, such as deterioration in memory and thinking). Rebecca tends to have delusions (false beliefs). She believes that Joseph is stealing from her. She is very nervous, especially at night, and keeps asking repetitive questions. She often wanders outside the house and takes care of a doll as if it were her baby. Below are potential techniques to deal with Rebecca. How effective do you find each of the following techniques? What techniques would you consider abusive?'

Responses to this vignette were evaluated in reference to the guidelines of the restraint-free care model, which advocates the use of an individualized behavioral approach for frail older adults. Such an approach views all behaviors as a form of communication and advocates the reinforcement of adaptive behaviors in the older adult, rather than the extinction of non-adaptive ones (Fisher, Drossel, Yury, & Cherup, 2007). These guidelines are consistent with the World Health Organization's guidelines which were adopted from the Action on Elder Abuse (UK). According to these guidelines, 'Elder abuse is 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.' (World Health Organization, 2008, p. 6)

### Statistical analysis

I ran descriptive statistics, using chi-squared test and ANOVA to compare the responses of the various stakeholders to the attitudes toward elder mistreatment questionnaire. Because of the multiple comparisons, only variables significant at  $p < 0.01$  were considered significant. Listwise deletion was employed.

## Results

The original sample consisted of 148 matched dyads of foreign home care workers–family members and 90 matched triads of foreign home care workers–family members–older care recipients; demographic data were available for all 148 matched triads, but 58 older adults were not interviewed due to severe confusion and disorientation. Only 88 older adults, 142 family members, and 127 foreign home care workers responded to the case vignette and completed the attitudes toward elder mistreatment questionnaire. There were no significant differences between

respondents and non-respondents, except for the already noted exclusion of older care recipients with severe cognitive or physical impairment.

Table 1 outlines the demographic characteristics of the sample. The majority of the sample consisted

of females. Family members were significantly more educated and significantly more likely to be married than the other two groups.

As can be seen in Table 2, the three groups differed substantially on several of the items. Foreign home

Table 1. Demographic characteristics of the sample.

	Older care recipients ( <i>n</i> = 148 – 190) <sup>a</sup>	Family members ( <i>n</i> = 148)	Foreign home care workers ( <i>n</i> = 148)	<i>p</i> -value
Age (20–97)	82.8 (8.0)	58.8 (13.1)	38.2 (8.7)	<0.001
Gender – Female	98 (68.1%)	89 (60.1%)	119 (81.5%)	<0.001
Education (0–28)	10.6 (4.9)	14.3 (3.9)	11.2 (4.1)	<0.001
Marital status married	46 (30.5%)	121 (82.9%)	52 (35.1%)	<0.001

Notes: To compare characteristics across stakeholders, ANOVA analyses were conducted for continuous variables and chi-squared analyses for categorical variables.

<sup>a</sup>Demographic data were available for 148 older adults, but older adults who were disoriented or too physically frail did not participate in the interview (*n* = 54).

Table 2. Responses to the attitudes toward elder care questionnaire across the three stakeholders.

	Is the technique abusive?				How effective is the technique?			
	Older adults (88)	Family members (142)	Foreign home care workers (127)	<i>p</i> -value <sup>a</sup>	Older adults (88)	Family members (142)	Foreign home care workers (127)	<i>p</i> -value <sup>b</sup>
<i>Definitely Abusive<sup>c</sup></i>								
Lock Rebecca in the house when Joseph is at work all day	63 (73.3%)	107 (81.1%)	70 (63.1%)	<0.001	1.15 (1.47)	0.88 (1.41)	1.79 (1.71)	<0.001
Yell at her till she finally gets it	64 (77.1%)	111 (73.5%)	79 (73.1%)	0.001	0.66 (.94)	0.54 (0.97)	1.21 (1.40)	<0.001
Take her doll away from her: it is inappropriate for a person her age	63 (74.1%)	100 (75.8%)	48 (31.8%)	<0.001	0.78 (1.13)	0.72 (1.03)	1.57 (1.50)	<0.001
Force-feed her if she refuses to eat	58 (71.6%)	90 (70.3%)	58 (52.3%)	<0.001	1.37 (1.47)	1.22 (1.37)	2.00 (1.67)	<0.001
<i>Possibly Abusive</i>								
Not answer Rebecca when she is engaged in repetitive questioning	51 (60%)	52 (41.9%)	48 (45.3%)	<0.001	1.36 (1.40)	1.21 (1.39)	1.87 (1.63)	0.001
Not take her to family gatherings	60 (72.3%)	89 (69.0%)	67 (64.4%)	0.01	0.80 (1.29)	0.60 (0.94)	1.33 (1.54)	<0.001
<i>Not Abusive</i>								
Arrange an ID bracelet for identification if she wanders	4 (4.8%)	5 (3.9%)	18 (17%)	0.003	4.36 (1.10)	4.39 (0.96)	3.61 (1.59)	<0.001
Ask her doctor about medication which might help	1 (1.2%)	1 (.8%)	7 (6.4%)	0.02	4.63 (0.71)	4.59 (0.71)	4.37 (1.11)	0.05
Camouflage front door to prevent her from leaving the house	33 (41.3%)	46 (37.4%)	36 (32.4%)	0.1	1.93 (1.72)	2.29 (1.73)	2.53 (1.70)	0.04
Limit her ability to use money	20 (24.4%)	20 (16.0%)	30 (28.3%)	0.05	3.00 (1.65)	3.23 (1.59)	2.91 (1.61)	0.24
Total	7.2 (1.6)	7.3 (1.7)	6.2 (1.9)	<0.001				

Notes: <sup>a</sup>Frequencies and percentages of individuals who viewed the particular technique as abusive are reported. Chi-squared analyses were conducted to evaluate differences across three groups.

<sup>b</sup>Means and standard deviations of level of effectiveness assigned to each technique are reported. ANOVAs were conducted to evaluate differences across three groups.

<sup>c</sup>Techniques were grouped as definitely abusive, possibly abusive, and not abusive based on the current standards of care for individuals with AD (Fisher et al., 2007).

care workers were less likely to view locking the care recipient in the house alone, taking her doll away, and force feeding her as abusive and more likely to view arranging for an ID bracelet as abusive. Older adults, on the other hand, were more likely to view not answering repeated questions and yelling as abusive.

When asked to rank the effectiveness of each of the techniques, relative to the other two stakeholders, foreign home care workers were more likely to rank as effective the following techniques: locking the care recipient in the house alone, not taking the care recipient to family gatherings, yelling at care recipient, taking her doll away, not answering repeated questions, and force feeding her and less likely to view arranging for an ID bracelet as effective. There were significant differences on the total knowledge measure, with foreign home care workers being less consistent with current views of elder mistreatment (Fisher et al., 2007) relative to the other two stakeholders.

### Discussion

This study addresses a global phenomenon of individuals from the developing world who provide care to frail, but more affluent individuals from the developed world (Ehrenreich & Hochschild, 2000; Yeoh et al., 1999). Despite the popularity of this caregiving arrangement, it has received only limited attention. This is the first study to evaluate attitudes regarding elder mistreatment from the perspective of the various stakeholders involved in this caregiving arrangement. The main finding of the present study is that the three stakeholders hold different attitudes toward elder mistreatment. Specifically, foreign home care workers tend to be more lenient toward elder abuse relative to older adults and their family members, and to view as effective techniques that would non-equivocally be considered abusive and ineffective by current standards. Older adults, on the other hand, tend to view more harsh techniques that would be defined as definite or possibly abusive by current standards. These differences in attitudes toward elder mistreatment are important because they may result in unmet expectations and dissatisfaction with this caregiving arrangement across all stakeholders. These may also result in actual inappropriate behaviors toward older adults by their carers. However, it is important to note that attitudes toward elder mistreatment are not synonymous with actual behaviors and the present study is focused only on the former. Another limitation of this study is the fact that this is a convenience sample recruited in a variety of techniques. Hence, external validity of this study is limited and it is unclear whether findings are applicable to all round-the-clock carers, family caregivers, and older home care recipients in the country.

Nevertheless, this is the first study to evaluate attitudes toward elder mistreatment in matched triads of foreign home care workers – family members – older care recipients. Results suggest that relative to family

members and older care recipients, foreign home care workers report views that are significantly less consistent with current views of appropriate elder care. Interventions should inform stakeholders about what constitutes elder mistreatment and should be particularly geared toward addressing cultural differences in attitudes regarding elder mistreatment and elder care. A structured training course for home care workers could be a helpful future intervention.

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