

Congress on Policy and Practice (COPP)

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Elder Abuse

What is the position of the New Jersey State Nurses Association (NJSNA) on practice issues? The Congress on Policy and Practice (COPP) utilizes the expertise of the COPP membership to guide practice issues through the development of position statements which can be used by nurses, policy makers and the community at large. Periodically COPP is tasked with reviewing existing position statements for current relevance and content; either the statements are revised with new material incorporated into it or they may be archived or retired. The current and archived NJSNA position statements are available for NJSNA members on the NJSNA website (www.njsna.org under the yellow tab titled "Policy"). After a thorough review of the position statement on Elder Abuse originally drafted in 1999, it was decided that the statement would be archived. The COPP agreed that while any form of elder abuse is tragic, it is universally unacceptable and therefore a position statement is not needed. The COPP will be compiling series of resources and references for nurses regarding elder abuse to be placed on the NJSNA website under "Patient Resources."

Case Scenario: Stella, an 82-year old woman, was brought to the Emergency Department by her daughter. In triage, the daughter explained that because she travels extensively, she hired a nursing aide to provide 24-hour care for her mother. Upon return from a recent trip, the daughter found that her mother was not using her left arm and she had bruises on her face, chest and legs. When asked, the aide attributed these minor injuries to a fall. As the nurse assigned during the assessment, you notice Stella's bruises are at different stages of healing and the x-ray results show a spiral fracture of her arm. Would you consider this a case of physical abuse?

Elder abuse occurs regardless of socioeconomic status, race, or religion and can occur in the home, community, long term care facility, or hospital. As the level of dependency increases in the elderly, so does the risk of elder abuse. Nurses have an ethical and legal responsibility to report any suspected abuse. Elder abuse can be physical, emotional/psychological, sexual, financial, or neglect (Muehbauer & Crane, 2006). Physical abuse has clues, especially if the adult is described as being accident-prone or if treatment



is delayed. Psychological abuse is challenging to prove and may be demonstrated by unwillingness of the family to cooperate, or being over dominating or indifferent. Financial abuse is usually covert and one aspect could be with holding money back or not buying household articles (Lynch, 1997).

Assessment of the elderly patient should begin with inspection of all bruises, to determine their age and causation. During the assessment, have the family member/caregiver step outside the room. When interviewing and assessing the patient alone, observe the client's behavior and start with demographic data to hopefully place the client at ease. If by the end of the interview you suspect abuse, the client needs protection. Inform the family of your plan and report it to Adult Protective Services. All agencies involved with the elderly should be educated in the signs of abuse and the reporting protocol.

The Congress on Policy and Practice wants to hear from all NJSNA members. Please send your comments about this article and/or any practice concerns to COPP via Jamie Smith, RN, MSN, NJSNA Director of Practice and Education to: jamie@njsna.org.

References:

- Lynch, Humphries S. (1997). Elder Abuse What to Look for: How to Intervene. *American Journal of Nursing*, 97, 26-32.
- Muehbauer, M., & Crane, P. (2006). Elder abuse and neglect. *Journal of Psychosocial Nursing*, 44(11), 43-48.
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- Wagner, L., Greenberg, S., & Capozuti, E. (2002). Elder Abuse and Neglect. In: V.T. Cotter, & N.E. Strumpf (Eds.), *Advanced guided practice nursing with older adults: Clinical guidelines* (pp. 319-332). New York: McGraw Hill.

of full endorsement and open acceptance of NJSNA by hospitals and nurse administrators. That is now in the past! As a nurse executive myself, I consider the work of NJSNA unique and invaluable; no other nursing organization purports to serve the needs of all registered nurses regardless of specialty or area of practice. Through this column, I have had the privilege of reaching out to members I have never met or know only slightly—and continue the conversation with those I work with and see nearly every day. Keep the work going. Don't be silent. To paraphrase a saying that was popular in the 1970s, "Well behaved people rarely make history." Make some noise!

Reference

Coerver, H. & Byers, M. (2011). *Race for relevance: 5 radical changes for associations*. Washington, DC: ASAE Center for Association Leadership.

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