Professions Show Different Enquiry Strategies for Elder Abuse Detection: Implications for Training and Interprofessional Care.

REFERENCE

Yaffe, M.J., Wolfson, C., & Lithwick, M. (2009). Professions show different enquiry strategies for elder abuse detection: implications for training and interprofessional care. *Journal of Interprofessional Care, 23*(6), 646-654.

TEXT TYPE

Format: Scientific article
Content: Empirical

THEMES COVERED

Definition, extent of the phenomenon, detection, interprofessional care, professional development, role of the family physician.

GOAL OR RESEARCH QUESTION

This article outlines the results of discussion groups bringing together various professionals (doctors, nurses or social workers) in order to determine the issues that will be part of the detection tool of mistreatment on older adults. It highlights the differences of opinions and approaches according to the participants' profession and the influence of these differences on the detection of mistreatment.

PROBLEM

The prevalence of mistreatment on older adults without cognitive problem is in the order of 12 to 13.3 percent within family medicine units. However, the reporting rate of family physicians is estimated at 2 percent in the United States. Nonetheless, those professionals are in the best position to detect mistreatment, because they see their older patients on average five times per year. Thus, the EASI tool (Elder Abuse Suspicion Index) was developed and validated in order to facilitate the detection of mistreatment by family physicians.

METHODOLOGY

Following a literature review on the issue of mistreatment in the context of risk factors and detection instruments, nine detection questions were developed. Subsequently, these questions were submitted to the three discussion groups with eight participants (doctors, nurses and social workers), and then to a multidisciplinary group of seven participants. They were asked to individually rank in order of relevance the five most appropriate questions for detection by a family physician.

RESULTS

Results show that when it comes to mistreatment, professionals tend to forget that the victims may also be younger and more active seniors. Regarding the questionnaire, they agree to minimize the length of the detection questions, but citing different reasons. They each have their vision of the terms that should be used in the questionnaire. While social workers refer to the need of integrating issues related to risk factors, doctors do not share the same point of view. In addition, these two groups of professionals do not express the same concerns about the detection of mistreatment by the family physician. Finally, despite different points of view, all participants chose the same questions in the final classification, but not in the same order. Furthermore, they insisted on adding a sixth question taking into account the doctor's comments.

DISCUSSION

The approach advocated by social workers is based on the defense of the patient's rights. The nurses' approach is influenced by functional concerns, the desire to support the doctor and to defend her/his professional identity. The doctor's approach is rather holistic and takes into account the constraints related to practice and time management.

CONCLUSION

This research confirms the fact that various health professionals and social services may have different beliefs, attitudes, values and behaviours. Despite everything, they reached a consensus regarding the classification of issues to focus on for the detection of mistreatment on older adults. However, without an extended deliberation, differences between the approaches of these professionals can be an obstacle to detect mistreatment.

PRACTICE OR RESEARCH AVENUE

The authors suggest that curricula concerned by the phenomenon of mistreatment on older adults focus not only on knowledge, but also on the attitudes, beliefs and bias. In this way, students will be able to develop better skills to work and solve problems as a team, which could also lead to better results in detecting mistreatment.

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