

The Story of a Not-So-Nursing Home: Looking at Nursing Home Quality of Care

ANNA CHAPPELLE



WRITER'S COMMENT: I wrote this essay in UWP 104F for a case study assignment, in which students were instructed to discuss a health topic by imparting someone's story. A family member of mine entered a nursing home shortly before I received the assignment, so the subject had been on my mind for some time. Specifically, a trend of negative nursing home-related experiences undergone by my family member and others raised my curiosity. I decided to focus my essay on one woman's ordeal and aimed to explore how common such occurrences are and why. While I feel I have only scratched the surface of this issue, I hope that readers feel they have gained something from this piece. I'd like to thank Dr. Karma for her help and encouragement throughout the writing process.

INSTRUCTOR'S COMMENT: Anna was an exceptional student in my 104F class—while her writing was strong from the very beginning, she endeavored to improve throughout the quarter. This last piece from the class managed to talk about a complex and emotionally difficult topic, to balance the facts with one person's experience, and to clearly inform and move a lay audience. There are no easy answers to the problems raised in the piece, but we should all be provoked to try to find the best care for those we love.

—Karma Waltonen, University Writing Program

“[Martha] had a stroke; . . . there was a lot of damage,” said Julie,* curled up in the leather recliner in her living room. I had asked her to recall what her good friend, Martha, went through years ago. She explained that Martha was in her sixties at the time of her stroke, and she was left to the care of only a few family members. “She was just really loving and giving. She was just a really good person,” Julie continued; “it’s kind of depressing to talk about, but I really loved her. I really did.” The stroke left her a paraplegic, paralyzed on the entire right side of her body. Martha attempted rehab, but it became apparent she would never walk again. Unable to continue taking care of herself, she entered a nursing home where she could receive long-term care.

Nursing homes provide basic living services and medical care to their residents, who are typically elderly. According to the Center of Excellence on Elder Abuse and Neglect, an estimated 40% or more of people over sixty-five will enter a nursing home. A high quality of life is essential to a resident’s overall well being, especially considering the emotional ramifications of moving into such a facility. Health professionals Sarah Forbes-Thompson and Charles Gessert explain that many residents have experienced “multiple losses,” including mental, physical, and financial issues, which contribute to “suffering” that can affect their outlook on life (235). “[Martha] gave up her apartment and gave up all her things,” like her furniture, Julie explained, “because she knew she was never going to come back. That’s sad, you know, watching all your stuff go.” While these losses can take a toll on residents, it is important to note that nursing homes are a valuable service to the elderly and disabled. They offer an environment with around-the-clock medical and personal care, and they often provide therapy and recreational services as well.

However, Martha’s experience proved less than ideal. “I saw it firsthand; she would press the nurse call button and no one would come,” Julie recalled. “She had to be in a diaper because she couldn’t get to the bathroom on her own,” she explained; “they would just leave her in her dirty diaper.” Evidence suggests these are not isolated incidents. In a study involving 2,000 nursing home residents, 95% of them said they had witnessed neglect or had been neglected themselves (Center of Excellence on Elder Abuse and Neglect). Understandably, this mistreatment only adds to the suffering of residents like Martha.

* Names have been changed.

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As Julie continued her story, she began to fidget, visibly uncomfortable. “One of the male caretakers,” she began slowly, “. . . was helping her to the bathroom and, I don’t know, her robe maybe was open, and he flicked her [breast] and said something mean.” The exchange deeply affected Martha. “It was mean-spirited, it wasn’t sexual,” Julie stressed. She claimed to be the only one who believed her friend. “The way she said it, and the story she told, I don’t think she could have made it up,” Julie asserted. Researchers Nicholas Castle, Jamie Ferguson-Rome, and Jeanne Teresi note that the “advanced cognitive impairment” of residents may pose a challenge “obtaining reliable and valid self-reports of abuse” (Castle, Ferguson-Rome, Teresi). This challenge could reasonably apply to reports to loved ones or nursing home staff—they may be unsure if the reports are real or fabricated, especially if the resident is cognitively impaired.

While Martha’s mistreatment may not represent the majority of nursing home experiences, it is not unheard of either. In fact, between 1999-2001, almost 10% of nursing homes had violations that inflicted harm or serious harm on the residents (Center of Excellence on Elder Abuse and Neglect), while one-third had violations that had the potential to or did ultimately cause harm (Center of Excellence on Elder Abuse and Neglect). A 2010 study claimed that 50% of nursing home staff admitted to mistreating a patient, with two-thirds of these incidents involving neglect (Center of Excellence on Elder Abuse and Neglect). In addition to neglect, physical, sexual, psychological, and financial abuse (stealing) have been reported; of these, physical abuse is the most common (Center of Excellence on Elder Abuse and Neglect). While abuse understandably can cause lowered quality of life, it can also lead to “adverse health consequences” (Castle et al.). Outcomes found to be associated with abuse include “dehydration, undernourishment, pressure sores, and increased mortality rates” (Castle et al.). Furthermore, the effects of abuse can manifest as medical problems such as gastrointestinal issues, headaches, anxiety, depression, and worsened dementia (Castle et al.).

These dismal outcomes pose a question—why do some nursing homes have such low quality of care? Of course, various factors contribute to the problem. Gawon Chung, who specializes in social welfare, discusses these factors in her dissertation on the quality of care in nursing homes. She states that competition amongst nursing homes fails to encourage improved quality of services, as normally expected in a market (12). This failure, she says, results from high demand and residents’ lack of options

close to their families (Chung 12). To ensure facilities meet certain care standards, the government requires regular inspections (Chung 12). However, there is “little incentive” for the nursing homes “to do more than the minimum” (Chung 13).

Chung also asserts that social structures greatly affect quality of care, especially those including nursing assistants (7), who serve significant roles in providing basic care in nursing homes. For-profit nursing homes, which make up two-thirds of the industry, keep wages low to increase profits (Chung 9-10). Even though this leads to staff shortages, the industry does not raise the wages, which is reflected in the 71% nursing assistant turnover rate (Chung 9). These low wages and benefits, high turnover rates, and heavy workloads for staff lead to a higher incidence of bedsores and higher resident mortality rates (Chung 9). Indeed, some of these issues are generally accepted as causes of abuse, according to public health researcher Catherine Hawes. She specifies stressful work conditions and employee burnout (exhaustion) as potential abuse factors; staff shortages contribute to both (Hawes 484). Hawes also notes that abuse can stem from resident aggression, which staff may be improperly trained to handle (484). However, differing definitions of abuse across cultures and staff members’ inclination to defend themselves complicate this issue (Hawes 485). Chung notes that training for nursing assistants has been described as lacking focus on dealing with issues like understaffing or conflict resolution (44).

With these factors in mind, some nursing homes’ policies may need some updating. In an article from the *Journal of Criminal Justice*, Brian Payne and Laura Fletcher recommend strategies nursing homes should follow to deal with abuse. They advise setting in place certain guidelines for reporting abuse, and they suggest that police departments establish relationships with nursing homes to “increase guardianship, reduce the motivations for offending, and lower residents’ vulnerability” (124). Payne and Fletcher call for a zero-tolerance policy for patient mistreatment to discourage offenders and assert that nursing home administrators should take part in developing prevention and response guidelines (124-125). The authors also suggest more research into which abuse prevention strategies work (Payne and Fletcher 124).

On the other hand, Chung points out that “quality indicators” of public reports tend to focus on medical aspects of residents as opposed to psychosocial aspects (30). She maintains that residents’ emotional needs

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are not being met and that meeting them could greatly improve their psychological well being (31). This involves focusing on the process of care, or *how* a certain care activity is performed, in addition to the outcome, or completion, of the task (Chung 153). This encourages nursing assistants to meet residents' needs by considering their individual psychosocial states and histories (Chung 153-154). Chung also emphasizes the importance of inspectors acting as advocates for residents by taking an active role in developing strategies to improve the quality of service (159).

Evidently, quality of care is complex and ingrained in nursing home social structures. While structural solutions may take time, individuals who wish to find an acceptable nursing home can seek out information to aid in their decision. The official Medicare website provides a helpful guide for choosing a nursing home, which contains a list of important questions to ask and suggests contacting an ombudsman (United States 8). Ombudsmen are advocates who address nursing home complaints; prospective customers can even ask them what kinds of complaints have come from which nursing homes (United States 8). Non-profit or government-run facilities might serve as favorable options, as these tend to have more staff than for-profits (Chung 10).

As for Martha, she stayed in the nursing home for at least two years. Her living conditions and her family's skepticism of them disheartened her. Towards the end, she continually contracted pneumonia, an infection that commonly afflicts nursing home residents. "The next time she got sick," Julie sighed, "she didn't want to get better." So she didn't. Martha refused life-saving treatment for the infection. "She was young... way too young to die," Julie lamented. Martha was only sixty-seven. Julie confessed, "I feel like she died of a broken heart." She admired her friend's strength until the end, declaring, "I swear she was beautiful 'til the day she died."

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