Northern Virginia
Long-Term Care
Ombudsman Program
12011 Government Center Parkway, Suite 708, Fairfax, Virginia 22035-1104

Subtle Resident Abuse

Elderly or disabled residents of long-term care facilities are often quite dependent upon the staff in order to get their basic needs met. In many ways, they are at the mercy of the staff and very vulnerable. In turn, the facility staff has a lot of "power." Abuse of that power can be very subtle. A staff member may be totally unaware that he or she is being careless, thoughtless, tactless or insensitive in his or her words or actions. And the staff person may be completely unaware of the very adverse impact that this is having on the resident(s).

Here are some examples of subtly abusive treatment. For each one, ask

- Why is this abusive?
- Why might the staff person be doing it? (Is it intentionally done or not?)
- What harm can the resident suffer from this?
- What should the staff do instead?

1. Avoiding or ignoring residents. Ignoring a resident's call light.

2. Demonstrating favoritism towards one resident in front of others. *It's only natural that we'll gravitate towards or be more compatible with some people compared to others. Bear in mind that those who are less pleasant or even unpleasant to be around may be that way because—why? Illness, unhappiness, physical or emotional pain. Loneliness, sadness.*

3. The staff member makes promises he/she has no intention of keeping. *(Worker is rushed or concludes, "She won't remember it anyway.") This destroys a resident's trust. If circumstances prevent keeping the promise, a resident deserves the courtesy of an explanation. Better to be honest and explain your situation than to cause tension by brushing it off.*

4. Giving complaints the brush-off. Staff listens to a person's gripe (which is good), but reacts by communicating through words, body language or actions, that they aren't taking the complaint seriously. *The resident frequently complains about the food. On a particular morning she says out loud in the dining room, "If I am served one more bowl of cold oatmeal, I'll dump it on the floor!" A food service worker, who is tired of her complaining, overhears this and responds, "you can't expect perfection when we're feeding 100 people."*

5. Curt replies, sarcastic comments, deep sighs that convey disgust or irritation. Shrugging one's shoulders in an "I don't care" attitude; silently shaking one's head in exasperation.

6. Taking for granted a resident's response to a given situation. For example, a group outing is planned and a particular resident Mrs. B isn't invited because "She didn't want to go last time," or "Mrs. B wouldn't enjoy something like that." *The staff has no right to assume that a resident's feelings or wishes are based on what the staff member thinks. Maybe Mrs. B wasn't feeling well the last time.*

7. Speaking about the resident in front of him as though he wasn't there. If two staff members are in a resident's room caring for Mr. L. and they talk only to each other, excluding him from the conversation. The same dynamic can occur when staff meets with the resident and his family—the staff directs their comments and questions only to the family member. *They are treating Mr. L. as a thing, not as a person. They seem to be concluding that the resident should not or cannot give input. Another example of insensitivity: Two CNAs are helping Ms. G to get dressed. They are talking to each other about how tired they are and don't feel like working today.*

8. Coming into the room to clean it or repair something without greeting the resident or explaining why you are there. Doing a treatment or procedure without telling the resident what you are going to do beforehand. *Knocking and barging in before the resident acknowledges the staff person by saying "come in" is thoughtless. Other examples: Coming in to clean, to deliver the meal tray, coming to repair a bathroom light bulb. This room is her home--her "domain"--and staff should display courtesy and respect.*

9. "She's not my patient" is an inappropriate response when a person needs help. *It reveals a poor attitude and is abusive. At minimum, indicate that you will summon the resident's assigned caregiver Or, Mr. B asks for help because he can't lower his bed. The staff person walks away saying, "That's not in my job description."*

10. Laughing **with** a resident is different than laughing **at** her. Make sure she knows you are not ridiculing her.

11. Laughing or talking loudly in the hallways during nighttime sleeping hours.

12. Retaliation. "Getting back at" or "getting even" with someone who has complained. Actions that say, "Don't report me. I can make life uncomfortable for you." *This is ugly, spiteful, vile behavior in any adult, and even more so when exhibited by workers in the health care setting.*

13. Leaving a person in wet clothing or on wet bed linens as a punishment for being incontinent or for any other behavior is a form of abuse. So is scolding the person for this behavior.

14. Withholding small privileges can be a form of abuse. For example, making a resident wait for his shower or cigarettes until the staff member is "good and ready." *Deliberate delays in serving food or feeding a resident is spiteful—and potentially harmful—treatment. These types of behaviors are about being controlling, and they have no place in a caregiver-resident relationship.*