



Report Launch

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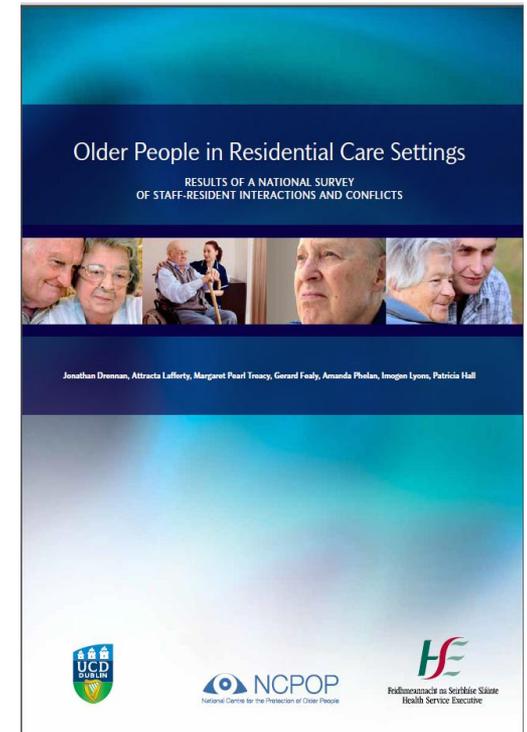
NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

Older People in Residential Care Settings: Results of a National Survey of Staff-Resident Interactions and Conflicts

Project Lead: Dr. Jonathan Drennan

Project Team: Dr. Attracta Lafferty, Prof.
Margaret P. Treacy, Prof. Gerard Fealy, Dr.
Amanda Phelan, Ms Imogen Lyons, Ms
 Patricia Hall

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Introduction



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This study examined interactions and conflicts between staff and residents in residential care settings, and identified both the prevalence and predictors of neglect and abuse of older people receiving care in these settings.



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Aims



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- To measure the extent to which staff working in residential settings experienced conflict with residents.
- To measure the extent to which staff working in residential settings were mistreated by residents in their care.
- To measure the extent to which staff working in residential settings observed the neglect and abuse of older people.
- To measure the extent to which staff working in residential settings engaged in the neglect and abuse of older people in their care.
- To identify factors associated with the neglect and abuse of older people in residential settings.



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Growing Old in Ireland

- The population of people aged 65 years of age and older in Ireland is increasing.
- The 2011 census identified that there are approximately 535,393 people aged 65 years of age and older in the state (Central Statistics Office (CSO) 2012), a 14% increase on the 2006 census figures.
- People aged 65 years of age and older now account for 11.7% of the total population; in 2006 older people accounted for 11% of the population.
- It is envisaged that by 2026 there will be approximately 908,000 people aged 65 years of age and older, accounting for 16% of the population (CSO 2012).

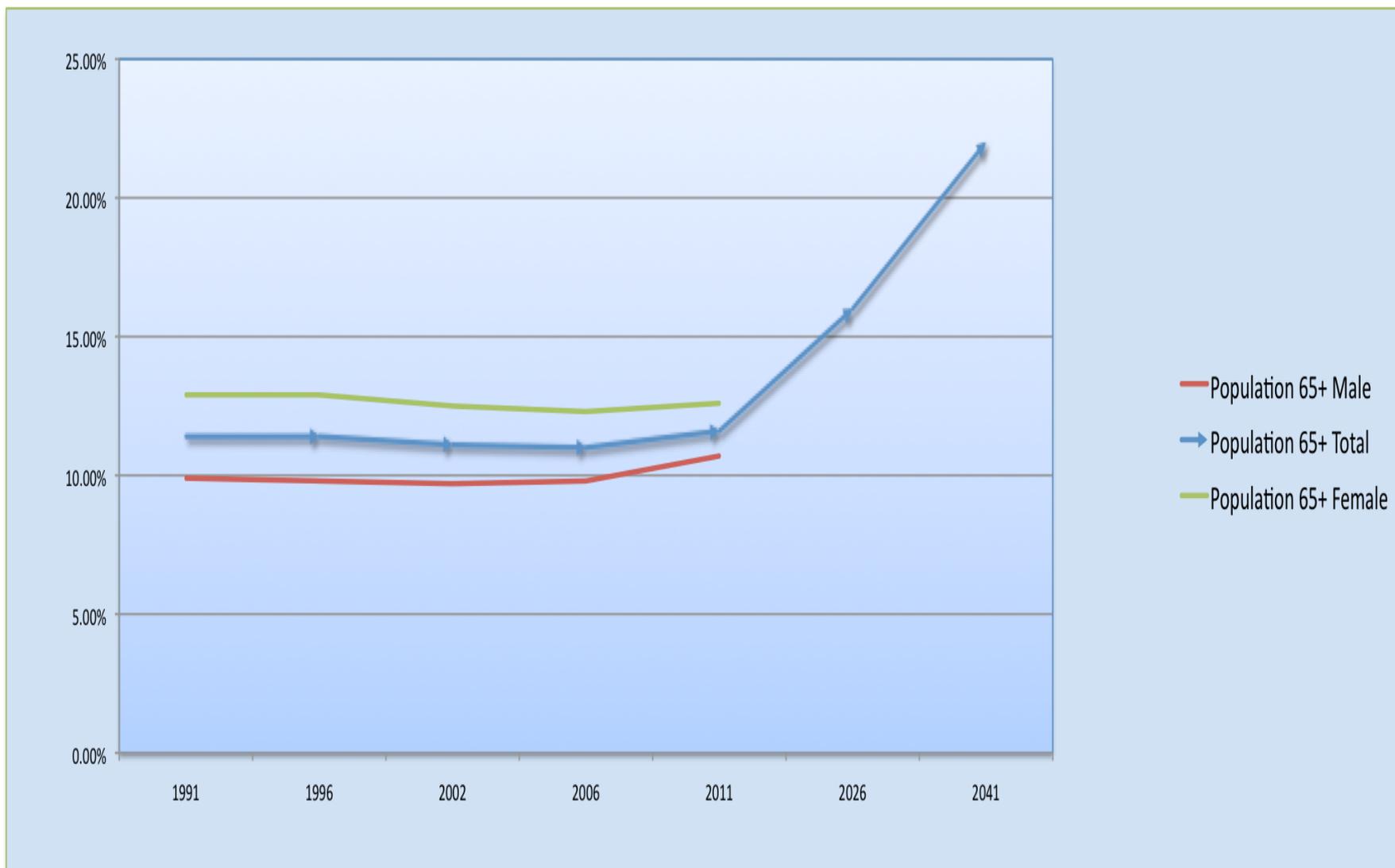




Current Proportion of Older People in Ireland and Projected Growth to 2041

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Residential Care for Older People in Ireland



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- Approximately 6% of the population of people aged 65 years and older in Ireland are receiving residential care (McGill 2010, CSO 2012).
- The probability of requiring nursing home care rises exponentially with age.
 - Of those requiring long-stay beds, approximately 70% are aged 80 years and older (Department of Health 2010).
 - Twelve per cent of all people in Ireland aged 80- 84 and 25% of people aged 85 and over are receiving long-term care (McGill 2010) whereas only 2.3% of people aged 65 years of age and older are classified as living in a residential setting.



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Residential Care for Older People in Ireland



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- Due to the difference in life expectancy rates for men (77.3 years) and women (80.8 years) (CSO 2007), the vast majority of older people receiving care in the nursing home sector are women.
- The proportion of women in nursing homes increases with age:
 - approximately 76% of female residents in the nursing home sector are aged 80 years and over compared to 56% of men.

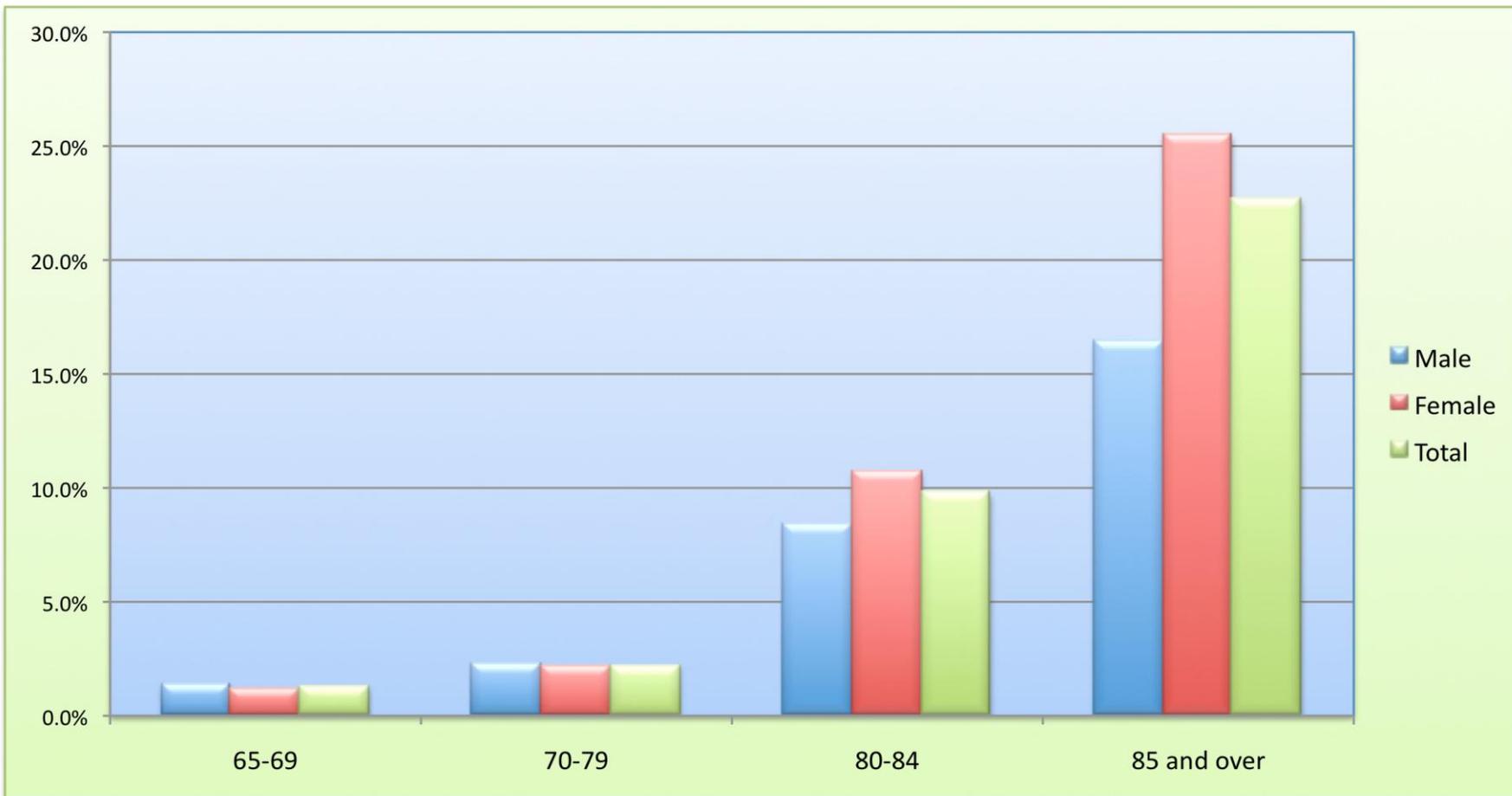




Percentage of the Population of Older People by Age and Gender in Residential Care



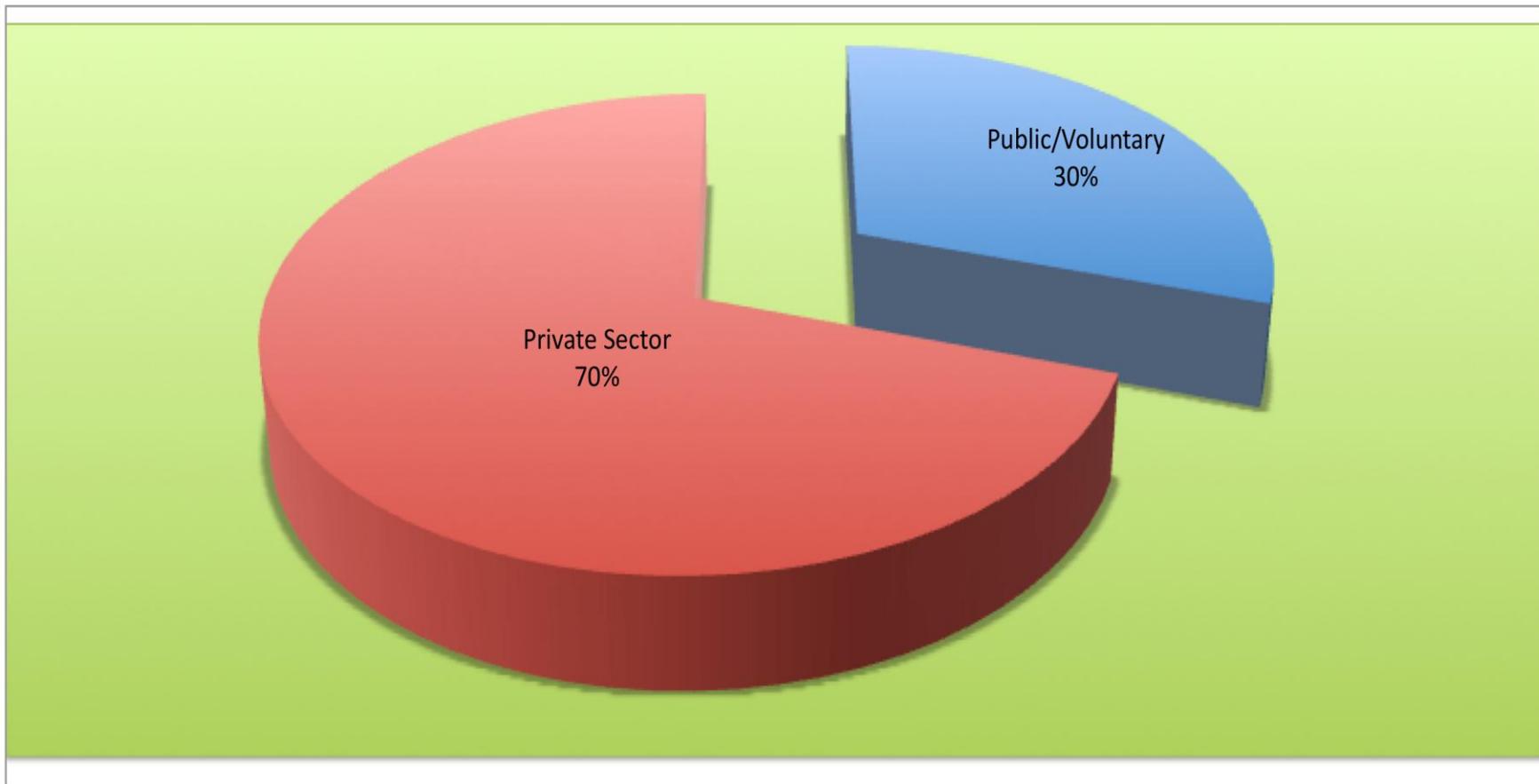
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Residential Care for Older People in Ireland

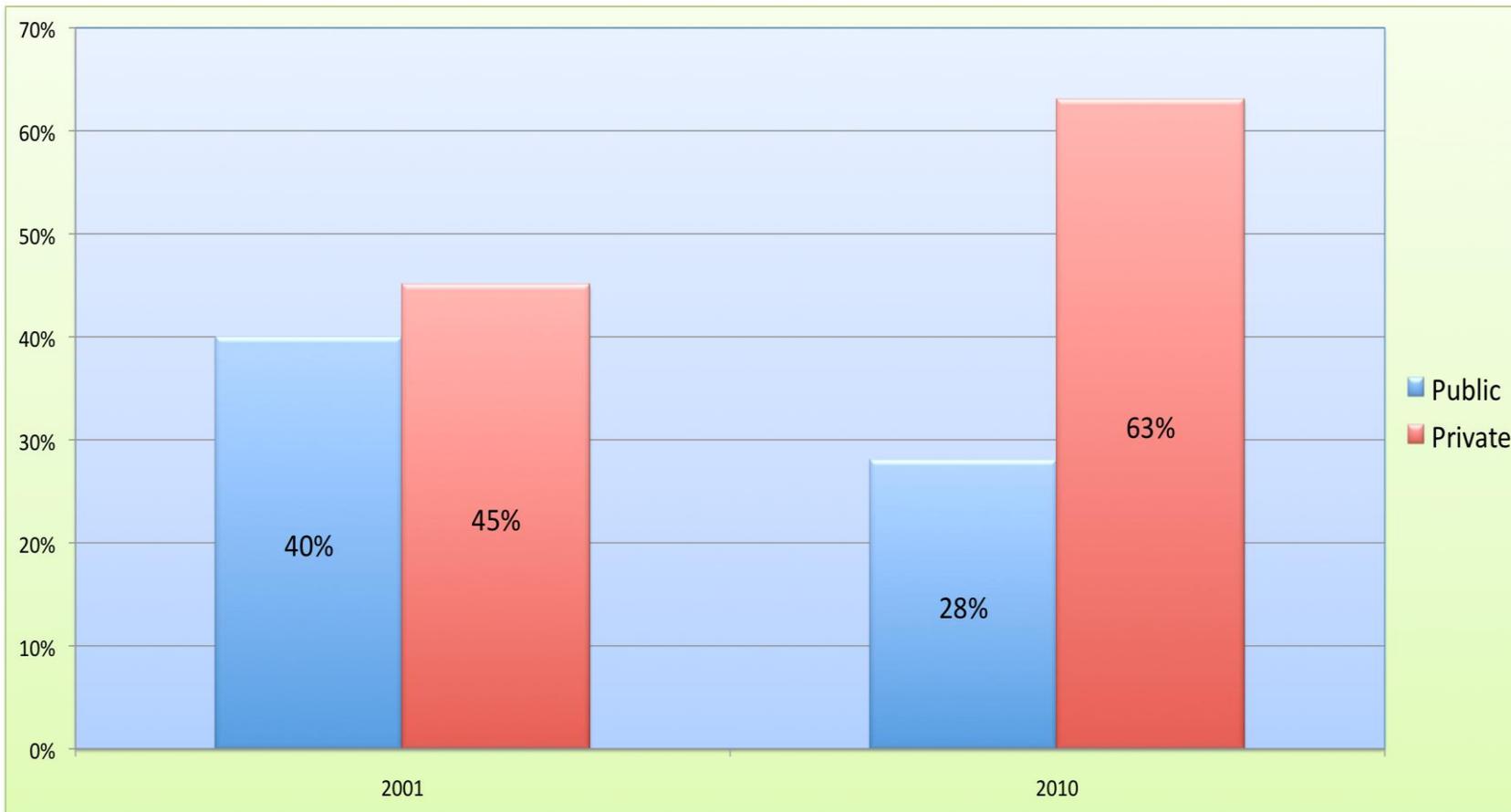




Proportion of Residents Cared for in the Public and Private Sectors 2001 – 2010

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Residential Care for Older People in Ireland



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- Older people requiring residential care tend to have cognitive impairments or require help with their physical needs.
- In addition, older people requiring residential care have smaller social networks and less social support than older people living in the community (Drennan *et al.* 2008, McDonald *et al.* 2012).



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Residential Care for Older People in Ireland



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- Reasons for older people requiring residential care:
 - long-term physical or cognitive disability;
 - social issues
 - convalescence and rehabilitation
- The majority of admissions to private nursing homes come from the acute hospital sector.
- Admissions to HSE welfare homes are predominantly from the community (Department of Health 2011).





Residential Care for Older People in Ireland



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- The majority (64%) of residents receiving long-term care in residential settings are classified as being either at high or maximum dependency levels (Department of Health 2011).
- The Department of Health (2011) in a survey of long-stay care facilities reported that dependency levels varied according to the type of institution providing care.
 - Approximately half of the residents in voluntary welfare homes were identified as having dependency levels at either high or maximum levels; this rises to approximately 60% in the private nursing home sector and to over 77% in HSE Extended Care Units (Department of Health 2011).





Residential Care for Older People in Ireland



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- The increase in the number of people aged 65 years and older and the projected increase in life expectancy suggest that a greater number of older people will require care in the residential sector.
- The characteristics of older people requiring care in the residential sector, such as increased dependency and reduced social networks, may make them vulnerable to neglect as well as physical, psychological, financial and sexual abuse (McDonald *et al.* 2012).



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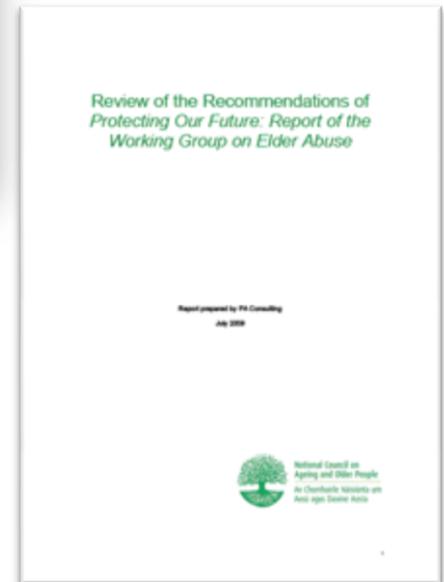
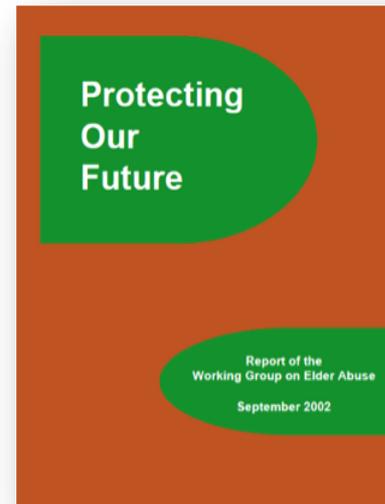


Development of Policy on the Protection of Older People in Ireland



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- *Abuse, Neglect and Mistreatment of Older people: An Exploratory Study* (O'Loughlin and Duggan 1998)
- *Protecting Our Future: Report of the Working Group on Elder Abuse* (DoHC 2002)
- *Commission of Investigation into Leas Cross Nursing Home* (DoHC 2009).
- *Review of Recommendations of Protecting Our Future: Report of the Working Group on Elder Abuse*, (NCAOP 2010)



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Legislation and Policy Related to the Protection of Older People Receiving Care in the Residential Sector



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- National Quality Standards for Residential Settings for Older People in Ireland (HIQA 2009)
- Health Act 2007
- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended)
- Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 (the Regulations)





The Role of the Health Information and Quality Authority (HIQA) in the Protection of Older People

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The Role of the HSE in the Protection of Older People



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- The HSE has a dedicated elder abuse service responsible for the development of policies and procedures, education and training, awareness campaigns and the provision of specialist staff.
- Since 2007, approximately 26,000 health care staff have been trained in the area of elder abuse by dedicated officers and senior case workers for the protection of older people.
- Dedicated Officers for the Protection of Older People are responsible for policy and protocol development, training, advice in the application of elder abuse policies, procedures and guidelines (HSE 2012).



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The Role of the HSE in the Protection of Older People



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- Senior Case Workers for the Protection of Older People are responsible for the assessment of suspected cases of abuse referred to the HSE.
- The vast majority of referrals to senior case workers in 2010 were related to community dwelling older people.
- In comparison, relatively lower levels of referral come from private (6%) or public (4%) nursing homes (HSE 2011).
- In 2011 referrals to senior case workers fell slightly from community-dwelling older people (81%) and increased to 8% from the private nursing home sector; referrals from the public sector remained relatively unchanged at 3% (HSE 2011).



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Resources

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Fit-person Entry Programme

Reflecting on practice for continuous improvement in designated centres for older people

04

There's No Excuse for Elder Abuse



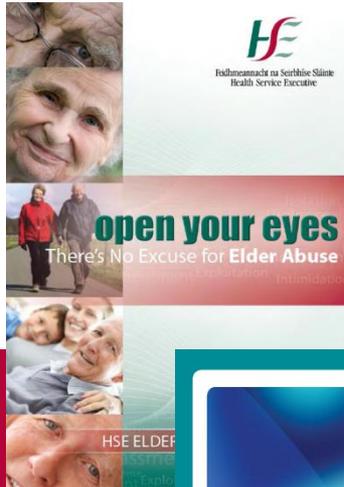
An information booklet on elder abuse and how to prevent it



OPEN YOUR EYES TO ELDER ABUSE



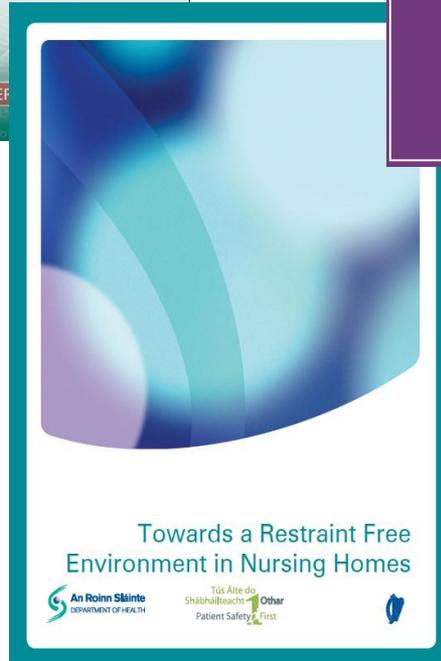
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open your eyes

There's No Excuse for Elder Abuse

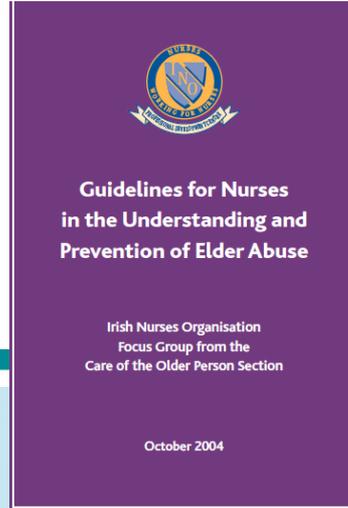
HSE ELDER



Towards a Restraint Free Environment in Nursing Homes



Tús Áite do Shábháilteacht 1st Other Patient Safety First



Guidelines for Nurses in the Understanding and Prevention of Elder Abuse

Irish Nurses Organisation
Focus Group from the
Care of the Older Person Section

October 2004

PROFESSIONAL GUIDANCE FOR NURSES WORKING WITH OLDER PEOPLE

First Edition - April 2009



An Bord Altcánas



Abuse of Older People in Residential Settings in Ireland



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- To date there has been no systematic study in Ireland on the possible abuse or mistreatment of older people receiving care within residential care settings.
- However, data from the HSE and HIQA indicates that older people do experience neglect and abuse in both public and private nursing homes.



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International Research on Staff-Resident Conflicts and Interactions



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- Pillemer and Moore (1989: 318), following a survey on elder abuse in nursing homes in the US, observed that ‘it does not appear that maltreatment only occurs in isolated, well-publicized incidents, but that it may instead be a common part of institutional life’.



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International Research on Staff-Resident Conflicts and Interactions



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

OLD FOLKS AND DIRTY WORK: THE SOCIAL CONDITIONS FOR PATIENT ABUSE IN A NURSING HOME

CHARLES I. STANNARD

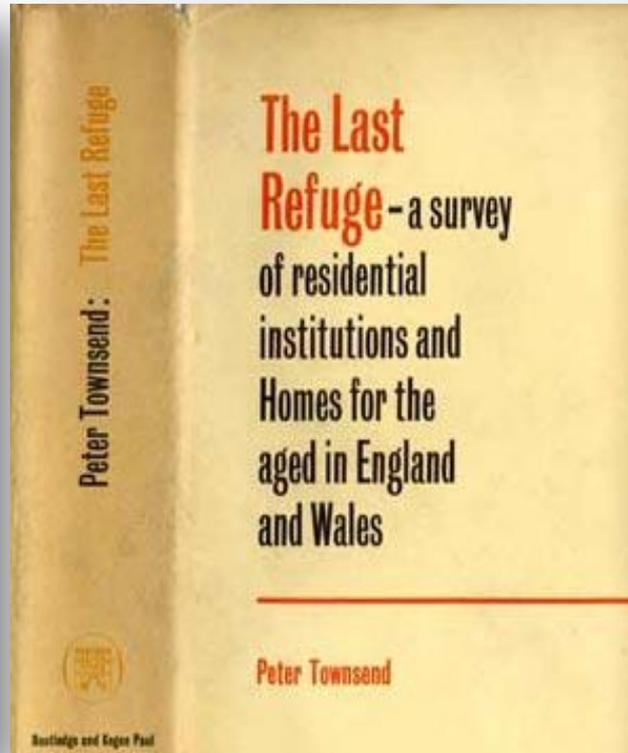
Strategies for Change and Knowledge Utilization

This analysis, using data gathered by participant observation, examines patient abuse in a nursing home. It tries to show how the everyday conditions of work there keep the nurses from seeing or hearing about patient abuse. These conditions also provide the nurses with routine ways to deny its occurrence when such a claim is made. The conditions are: the invisibility of side-patient interaction, the gap of hostility, and suspicion that separates the nurses from the rest of the employees, and the character and behavior of the personnel and patients which provide the nurses with "accounts" that deny its existence when allegations of abuse are made. In the conclusion, it is argued that similar conditions and processes may exist in other types of organizations.

This report will try to show how patient abuse can occur in a small, proprietary nursing home without the nurses who work there being aware that it is a recurring problem. I will try to show how the everyday conditions of work in the nursing home and people's reactions to them not only prevent the nurses from seeing much of the abuse that goes on, but also, by impeding the development of trust and communication among the groups who work and reside there and coloring the relations that obtain among these people with distrust, hostility, and cynicism, these conditions keep the nurses from hearing about abuse. These same conditions, finally, also provide the nurses with a variety of reasonable denials of the occurrence of abuse when infrequent allegations of its use by

ing home located in a suburb of a large midwestern city. Participant observation involves the researcher entering a group or organization, observing interaction patterns, and discussing the meaning and import of the interactions with group members (Bruyn, 1966; Schwartz and Schwartz, 1955; Zelditch, 1962). The aim of such research is to develop a systemic or holistic model of the group under investigation (Becker, 1958; Weiss, 1968). This leads to an emphasis on the similarities and commonalities in the patterns of interaction, rather than an emphasis on the differences or variations, as is the case in other modes of research, especially survey research (Becker, *et al.*, 1961:22).

Initial contact with the nursing home began in the fall of 1967. From September to December, I made a dozen



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The Gerontological Society of America

Despite persistent allegations that abuse of nursing home residents is widespread, the topic has received only limited research attention. Data are presented from a survey of a random sample of 577 nurses and nursing aides working in long-term care facilities. Rates of abuse based on staff self-reports are presented, and subgroups of staff who are more likely to engage in abusive behaviors are identified.

Key Words: Nursing homes, Abuse, Staff-Patient relations

Abuse of Patients in Nursing Homes: Findings from a Survey of Staff¹

Karl Pillemer, PhD² and David W. Moore, PhD³

Although nursing homes occupy a central position in the long-term care system, research on many aspects of these institutions is still in its infancy. One area that researchers have all but neglected has been of substantial concern to the media and the public: abuse of patients by staff. Since the 1960s, patients' rights advocates have portrayed nursing homes as substandard environments in which patients run serious risk of maltreatment (Garvin & Burger, 1968; Lorig, 1987; Mendelson, 1974; Moss & Halamandaris, 1977; Townsend, 1970). These and other writers have cited gross limitations of patient freedom, substandard nutrition and living quarters, and verbal and physical abuse as basic features of nursing home life.

In light of such observations, the paucity of empirical investigations of maltreatment of patients in nursing homes is surprising. Although anecdotal evidence abounds, little is known about the extent or correlates of abusive behavior by staff. Thus, Kahana's (1973) statement is as apt today as it was 16 years ago:

Those few accounts which look at the quality of life in institutions for the aged at close range tend to conjure up images of Dante's *Inferno*. . . . Nevertheless, [there are] no hard data on the prevalence of inhumane treatment in various institutional settings. Consequently there is the possibility that we are interpreting the isolated or occasional event as the norm.

This study represents an attempt to provide reliable information on this issue. It is the first random sample survey specifically designed to assess the scope and nature of physical and psychological abuse in nursing homes. The analyses presented are

focused on the extent of maltreatment of patients, based on reports by staff. In addition, subgroups of staff are identified who are more likely to engage in abusive behaviors.

Although data on the extent of patient abuse in nursing homes are limited, they provide some evidence that such maltreatment does in fact occur. Stannard (1973), in a participant observation study, observed or heard about such actions as:

pulling a patient's hair, slapping, hitting, punching, or violently shaking a patient, throwing water or food on a patient, tightening restraining belts so that they cause a patient pain, and terrorizing a patient by gesture or word.

Other qualitative studies have found examples of these and other types of maltreatment (Fontana, 1978; Gubrium, 1975; Jacobs, 1969; Kayser-Jones, 1981). Because of the case-study approach used by these researchers, however, it is not known whether such incidents are isolated events or frequent occurrences.

In the only quantitative study of this issue, Douglass *et al.* (1980) interviewed 24 nurses and nursing aides in 12 long-term care facilities. Although several respondents reported that abuse had occurred, they were asked about maltreatment of patients by either families or staff; thus, it was impossible to determine the degree to which the abuse reported was committed by staff members. Further, the respondents were selected by the administrators of the facilities, which almost certainly led to under-reporting of maltreatment.

Federal and state statistics provide further documentation that abuse occurs in long-term care facilities. Doty and Sullivan (1983) noted that both of these sources reported numerous incidents of patient abuse each year. Monk *et al.* (1984) found that many complaints about staff treatment of patients

¹We are grateful to the AARP Andrus Foundation, which funded this study. We are particularly indebted to J. Jill Suttler for reviewing several drafts of this manuscript.





International Research on Staff-Resident Conflicts and Interactions



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- Studies on elder abuse in residential settings have been carried out in:
 - Norway (Malmedal *et al.* 2009)
 - US (Pillemer and Moore 1989)
 - Canada (Goodridge *et al.* 1996)
 - Israel (Lowenstein 1999, Natan *et al.* 2010)
 - Taiwan (Wang *et al.* 2009)
 - Sweden (Saveman *et al.* 1999)
 - Germany (Goergen 2004)
 - Czech Republic (Buzgova & Ivanova 2011)





Reporting of Abuse



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- There is evidence that incidents of abuse in residential settings are underreported, even in countries where reporting is mandatory.
- Reasons for non-reporting or underreporting of abuse include:
 - negative attitudes towards older people
 - a lack of training or education in the recognition and reporting of abuse
 - a fear of reprisals from colleagues and employers
 - lack of coordination amongst the various agencies charged with investigating abuse
 - a lack of awareness amongst staff that their behaviour towards older people could be deemed abusive



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Financial Abuse

- Financial abuse of older people receiving care in residential settings is rarely reported in the literature.
- This form of mistreatment of older people has been identified as an ‘insidious’ (Conrad *et al.* 2010: 758) and ‘calculated’ form of abuse (Harris & Benson 1998: 66).





Sexual Abuse

- Sexual abuse of older people encompasses a range of non-consensual behaviours such as touching, rape, sexual harassment, and talking to a person in a sexually explicit way (Ramsey-Klawnsnik *et al.* 2007).
- Sexual abuse has been rarely measured in studies of staff-resident interactions in the nursing home sector; however, there is evidence that it does occur, although to a much lesser extent than other forms of abuse.





Neglect of Older People in Residential Care



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- Neglect is defined as ‘the failure of a designated care giver to meet the needs of a dependent elderly person’ (Lachs & Pillemer 1995: 437).
- The types of neglect experienced by older people in nursing homes include:
 - omission of care such as failure to provide food or water or adequate clothing
 - omitting to turn the resident to prevent pressure sores
 - neglect of hygiene needs including toileting, bathing, oral care or neglecting to change a resident following an episode of incontinence
 - refusing to answer a resident when they call
 - improper or non-administration of prescribed medicines
 - submitting residents to institutionalised practices





Staff Experiences of Mistreatment

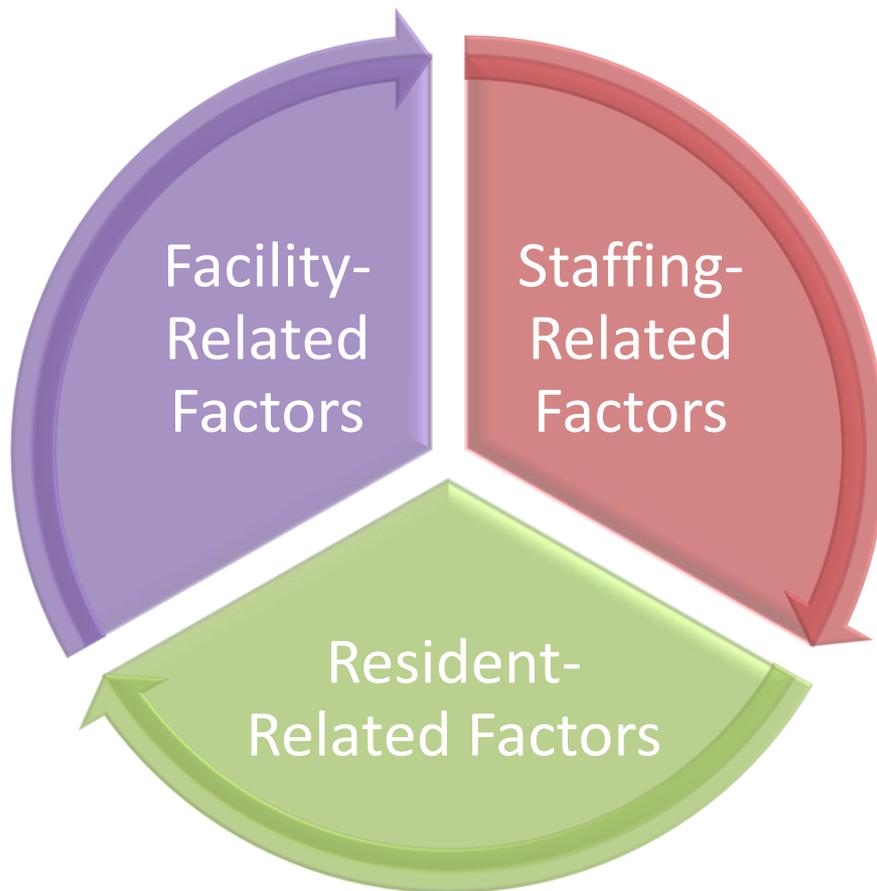


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- Staff working with older people, especially residents with cognitive impairment, dementia and agitation are at risk of either physical or psychological mistreatment.
- In one study in Canada, 70% of nursing assistants reported that they had experienced some form of physical aggression from a resident in the previous month (Goodridge *et al.* 1996).
- Goodridge *et al.* (1996: 60) concluded that ‘a typical nursing assistant ... might reasonably expect to be physically assaulted by clients 9.3 times per month’.



Factors Associated with Abuse and Neglect





Research Design





Aims of the Study



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- The aims of the study were:
 - To measure the extent to which staff working in residential settings experienced conflict with residents.
 - To measure the extent to which staff working in residential settings were mistreated by residents in their care.
 - To measure the extent to which staff working in residential settings observed the neglect and abuse of older people.
 - To measure the extent to which staff working in residential settings engaged in the neglect and abuse of older people in their care.
 - To identify factors associated with the neglect and abuse of older people in residential settings.





Definition of Elder Abuse

- The definition of elder abuse used in this study is the one recommended in *Protecting our Future* (Working Group on Elder Abuse 2002: 25):
 - 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 or violates their human or civil rights.

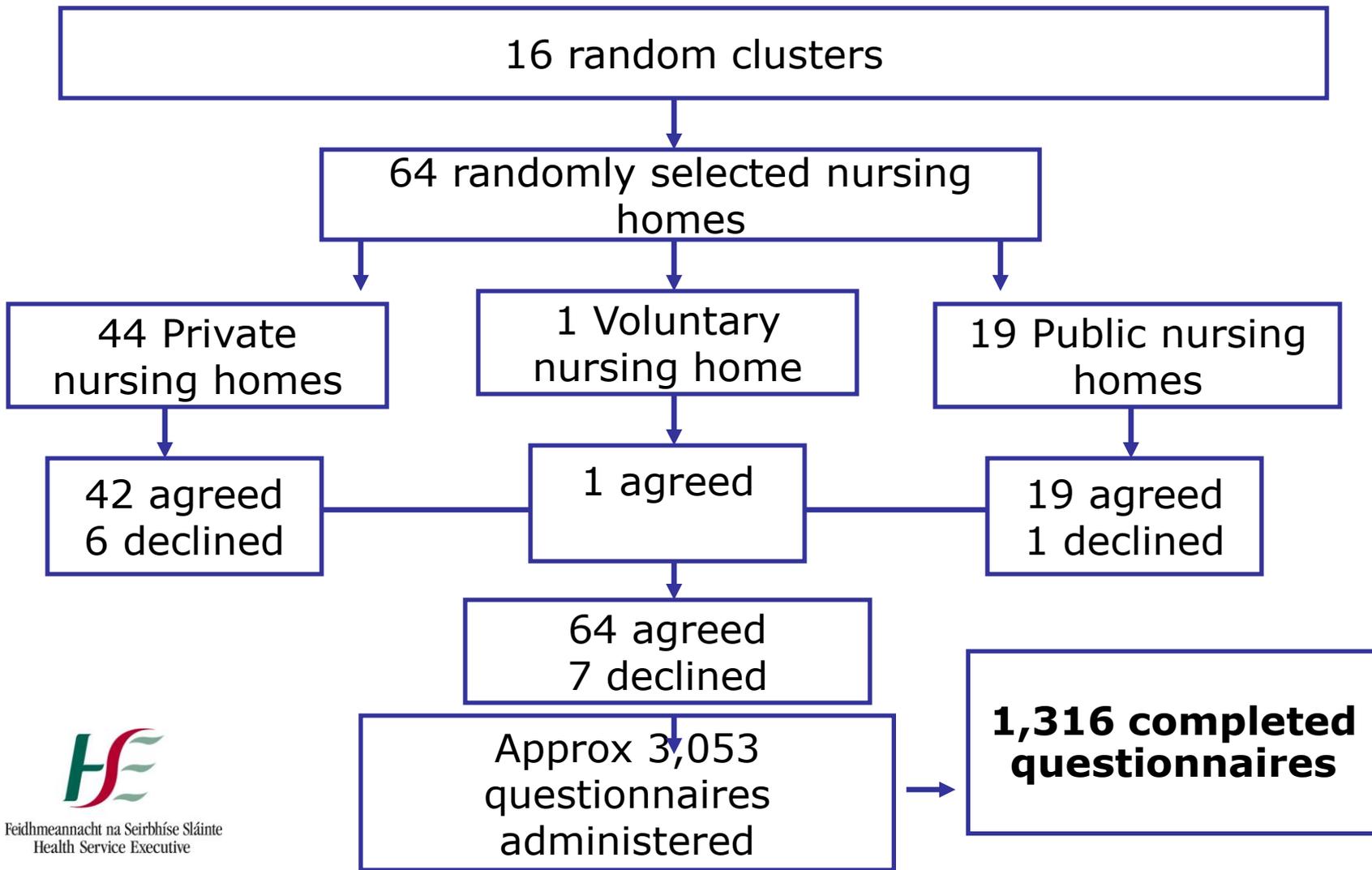


Methods

- Cross-sectional survey
- Random cluster sample of public, private and voluntary residential care settings
- Representative sample of registered nurses and healthcare assistants
- Anonymous self-completed questionnaire
- Suite of instruments:
 - Demographic, education & professional profile
 - Job Satisfaction and intention to leave (Price & Mueller 1981)
 - Maslach Burnout Inventory (Maslach & Jackson 1981)
 - Stressful Events Questionnaire (Benjamin & Spector 1990)
 - General Health Questionnaire (Goldberg & Williams 1988)
 - Conflict Tactics Scale (Straus 1979)
 - Neglect (Goergen 2004, Kalisch *et al.* 2009)
 - Attitudes towards older people (Pillemer and Moore 1989, Pillemer & Bachman-Prehn 1991)
 - Institutional characteristics

Methods

- Pillemer and Moore (1989: 316) state that reports from staff are ‘the most feasible way to obtain systematic information on this phenomenon.’
- Following an extensive survey of staff in the nursing home sector in the US, Pillemer and Moore (1989) concluded that staff are willing to engage in studies of abuse of older people and are disposed to identifying abusive practices, both observed and perpetrated.





Operational Definitions

<i>Neglect</i>	<p>Not change a resident each time they were wet or soiled after an episode of incontinence.</p> <p>Ignored a resident when they called.</p> <p>Not bring a resident to the toilet when they asked.</p> <p>Give a resident too much medication to keep them sedated/quiet.</p> <p>Refuse to help a resident with their hygiene needs.</p> <p>Refuse to help a resident with their feeding needs.</p> <p>Neglect to turn or move a resident to prevent pressure sores.</p>
<i>Physical Abuse</i>	<p>Restrain a resident beyond what was needed at the time.</p> <p>Push, grab, shove or pinch a resident.</p> <p>Throw something at a resident.</p> <p>Slap or hit a resident.</p> <p>Kick a resident or hit with a fist.</p> <p>Hit or try to hit a resident with an object.</p>
<i>Psychological Abuse</i>	<p>Isolate a resident beyond what was needed to control him or her.</p> <p>Insult or swear at a resident.</p> <p>Shout at a resident in anger.</p> <p>Deny a resident food or privileges as part of a punishment.</p> <p>Threaten to hit or throw something at a resident.</p>
<i>Financial Abuse</i>	<p>Take jewellery, money, clothing or something else from a resident or resident's room.</p>
<i>Sexual Abuse</i>	<p>Talk to or touch a resident in a sexually inappropriate way.</p>



Ethical Considerations



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- The Human Research Ethics Committee at University College Dublin granted ethical approval for the study.
- All respondents were assured that the nursing home or individual staff member would not be named or identified in any subsequent report or publication.
- Field workers also received training and were provided with a training manual outlining their responsibilities in relation to confidentiality.
- All participants were informed about the measurement procedures involved in the study and were also informed that they were entitled not to participate in the study if they so chose.
- Informed consent was implicitly obtained by respondents agreeing to complete and return the questionnaire. In the event that fieldworkers were approached by a member of staff regarding a disclosure, allegation or suspicion of mistreatment or abuse, they were provided with a protocol that outlined the steps that the member of staff should take to report the abuse.





Results





Results – Profile of Institutes Surveyed



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

<i>Characteristic</i>	<i>Total Sample</i>
<i>Average Number of Registered Beds M (SD)</i>	60.3 (34.5)
<i>Average Number of Residents M (SD)</i>	55.1 (34.0)
<i>Gender of Residents % (n)</i>	
<i>Males</i>	33.0 (1,071)
<i>Females</i>	67.0 (2,165)
<i>Age Profile of Residents % (n)</i>	
<i>Residents 65 – 75</i>	13.6 (416)
<i>Residents 76 – 85</i>	39.4 (1,205)
<i>Residents > 85</i>	47.0 (1,437)
<i>Dependency Level of Residents % (n)</i>	
<i>Low</i>	12.5 (421)
<i>Medium</i>	26.2 (884)
<i>High</i>	61.3 (2,063)



Results – Profile of Sample (Registered Nurses and Healthcare Assistants)



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

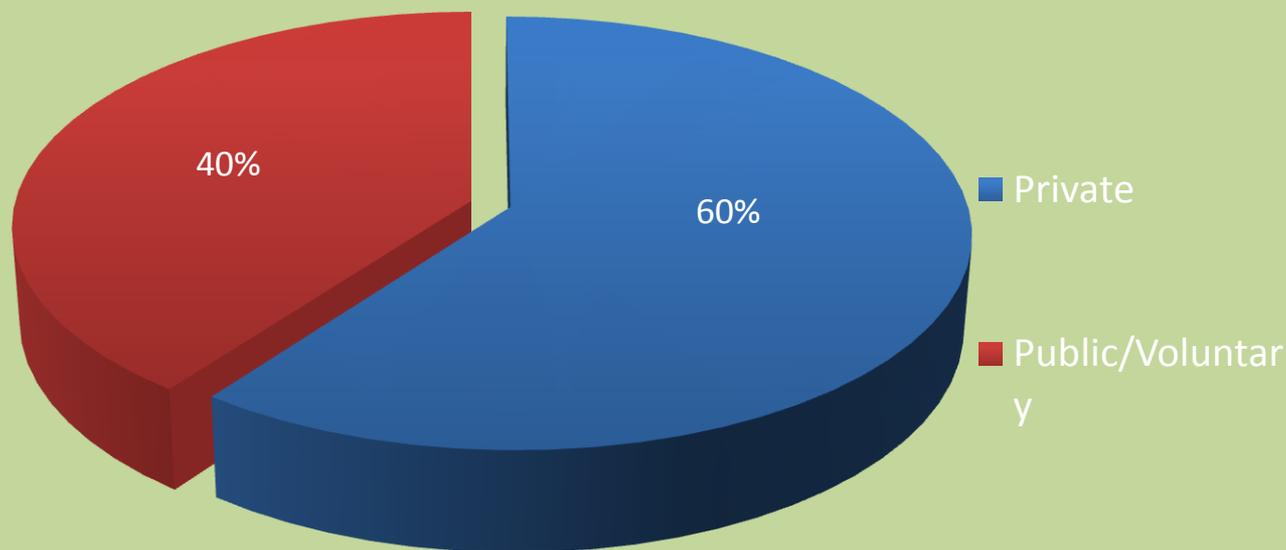
<i>Characteristic</i>	
<i>Age in Years M, (SD)</i>	42.4 (12.1)
<i>Gender % (n)</i>	
<i>Female</i>	93.1 (1162)
<i>Male</i>	6.9 (86)
<i>Nationality % (n)</i>	
<i>Irish</i>	79.0 (986)
<i>Other European</i>	7.0 (87)
<i>Non-European</i>	14.0 (175)





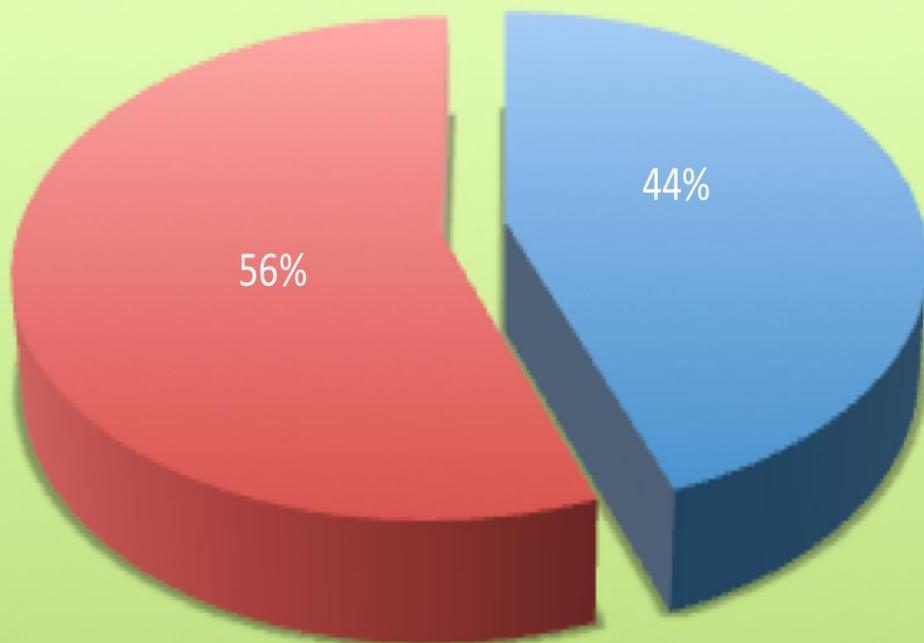
Residential Sector - Respondents

Respondents



Grade of Respondents

Grade



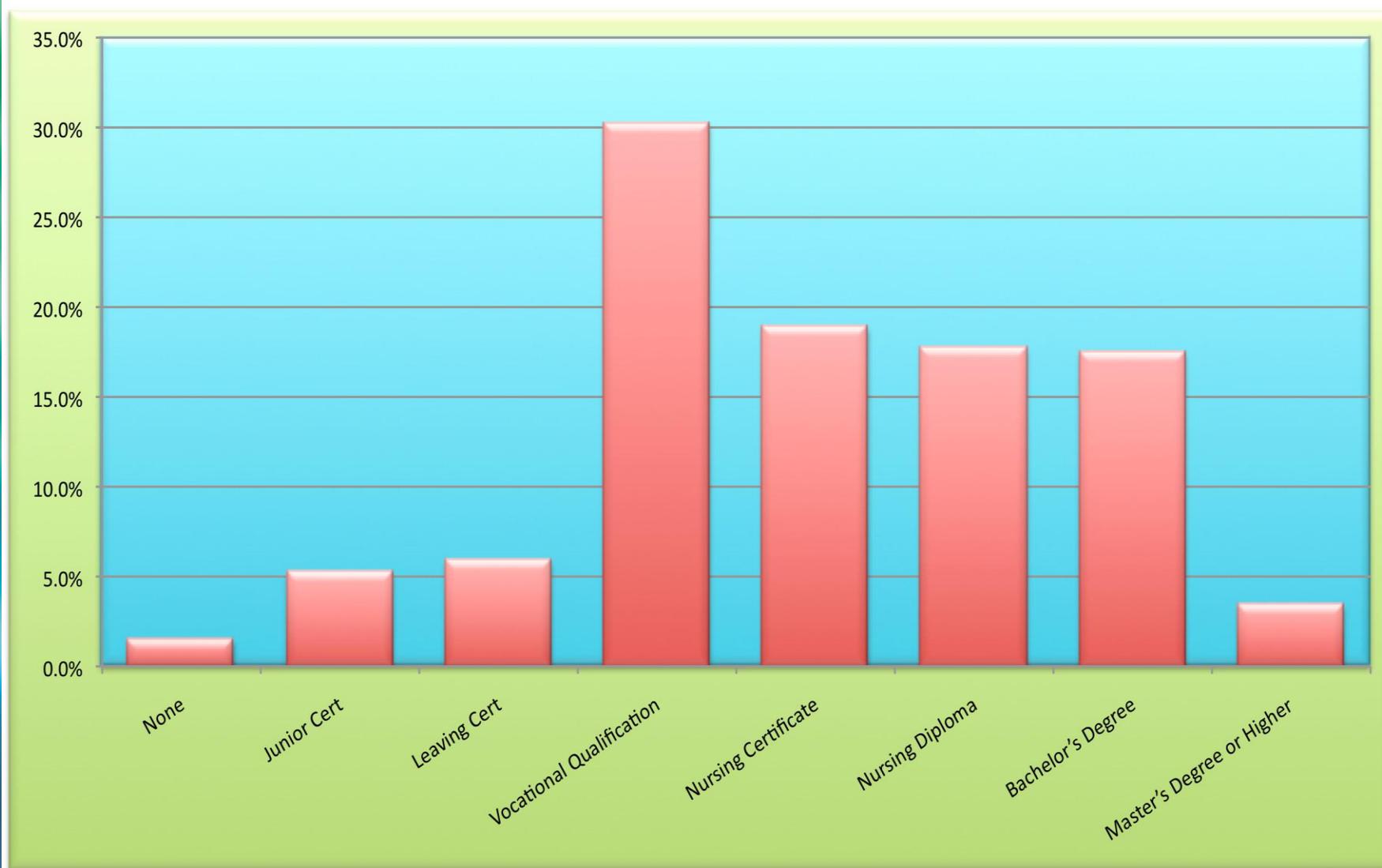
- Registered Nurse
- Healthcare Assistant



Highest Level of Education of Respondents

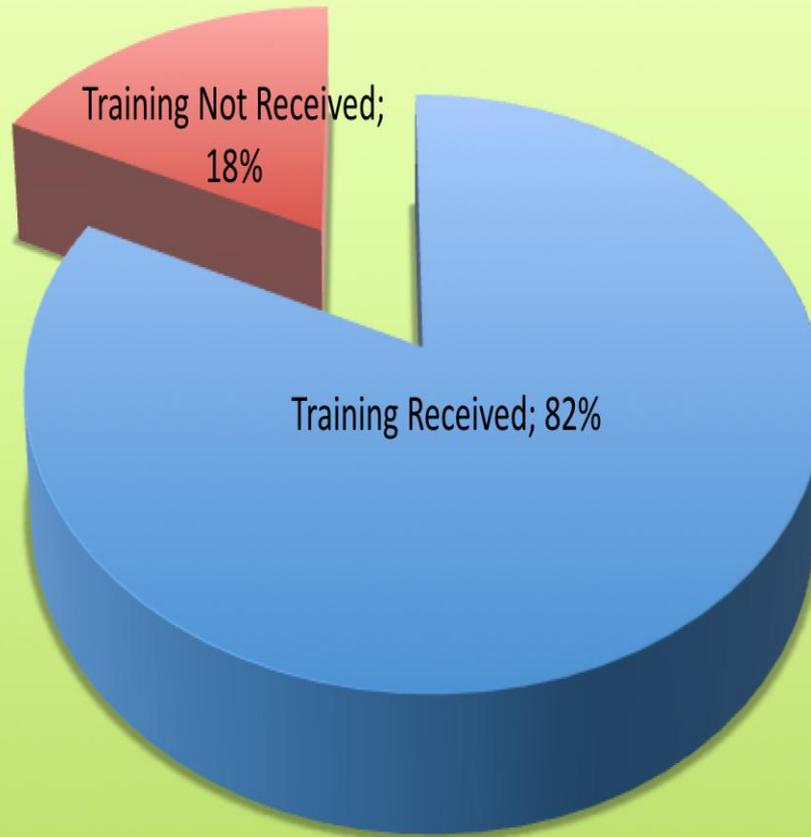
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Education and Training in Elder Abuse





Respondents' Levels of Job satisfaction and Burnout

<i>Characteristic</i>	<i>Total Sample</i>	<i>Registered Nurses</i>	<i>HCA</i>	<i>t</i>	<i>p</i>
	M (SD)	M (SD)	M (SD)		
<i>Job Satisfaction^a</i>	4.1 (0.6)	4.1 (0.6)	4.1 (0.6)	1.35	0.18 ^{ns}
<i>Burnout</i>					
<i>Personal Accomplishment^b</i>	38.7 (8.0)	38.3 (7.8)	39.1 (8.2)	1.60	0.11 ^{ns}
<i>Emotional Exhaustion^c</i>	15.2 (10.5)	16.1 (10.8)	14.6 (10.2)	2.78	0.006*
<i>Depersonalisation^d</i>	2.2 (3.3)	2.1 (3.0)	2.4 (3.5)	1.84	0.07



Profile of the Sample



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- Respondents overall reported high levels of psychological well-being with approximately 1 in 6 reporting some level of psychological distress. Psychological distress was higher in registered nurses than healthcare assistants.
- The vast majority of staff had good physical health while 1 in 10 of respondents reported their health as either fair or poor.



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Profile of Sample

- The vast majority of staff experienced stressful events in their day-to-day work:
 - caring for residents with limited mobility,
 - caring for residents who tend to be forgetful,
 - caring for residents who experience incontinence.
- Although the majority of staff experienced stressful events, only half identified these events as stressful.
- The most resident-related stressful events included:
 - caring for residents who were aggressive and;
 - difficulties in communicating with residents.
- Facility- related stressors experienced and identified as stressful included having too many things to do at once and not having enough staff on duty.





Conflicts

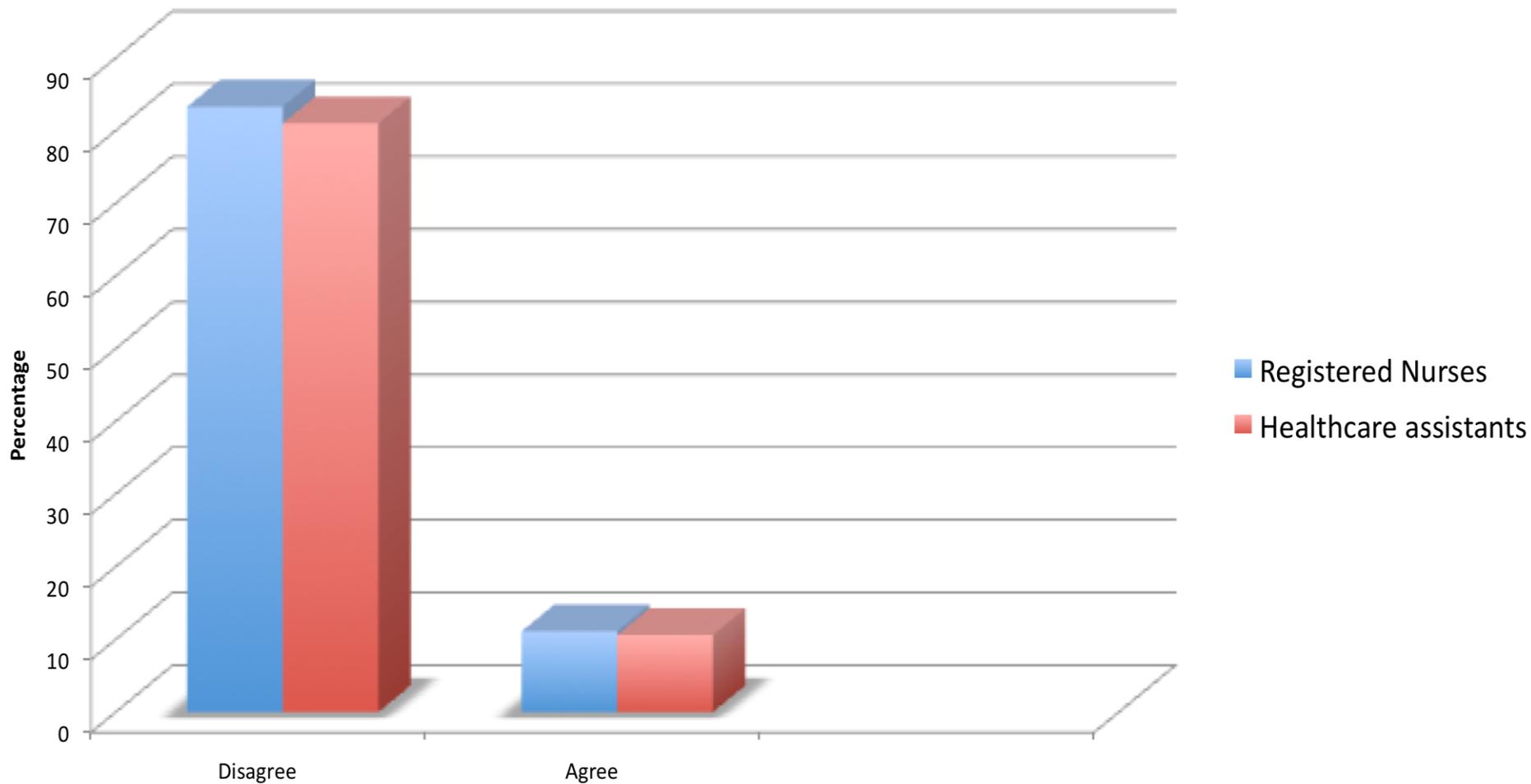
- The vast majority of staff reported that they had experienced conflicts with residents and these tended to occur on more than one occasion over the preceding 12 months.
- The most frequently reported conflicts were dealing with a resident who was unwilling to dress and preventing an older person from leaving the home in which they were receiving care.





Attitudes Towards Older People

Residents in Residential Care are like Children, they need Discipline from Time to Time





Staff Experiences of Mistreatment by Residents in their Care





Staff Experience of Mistreatment



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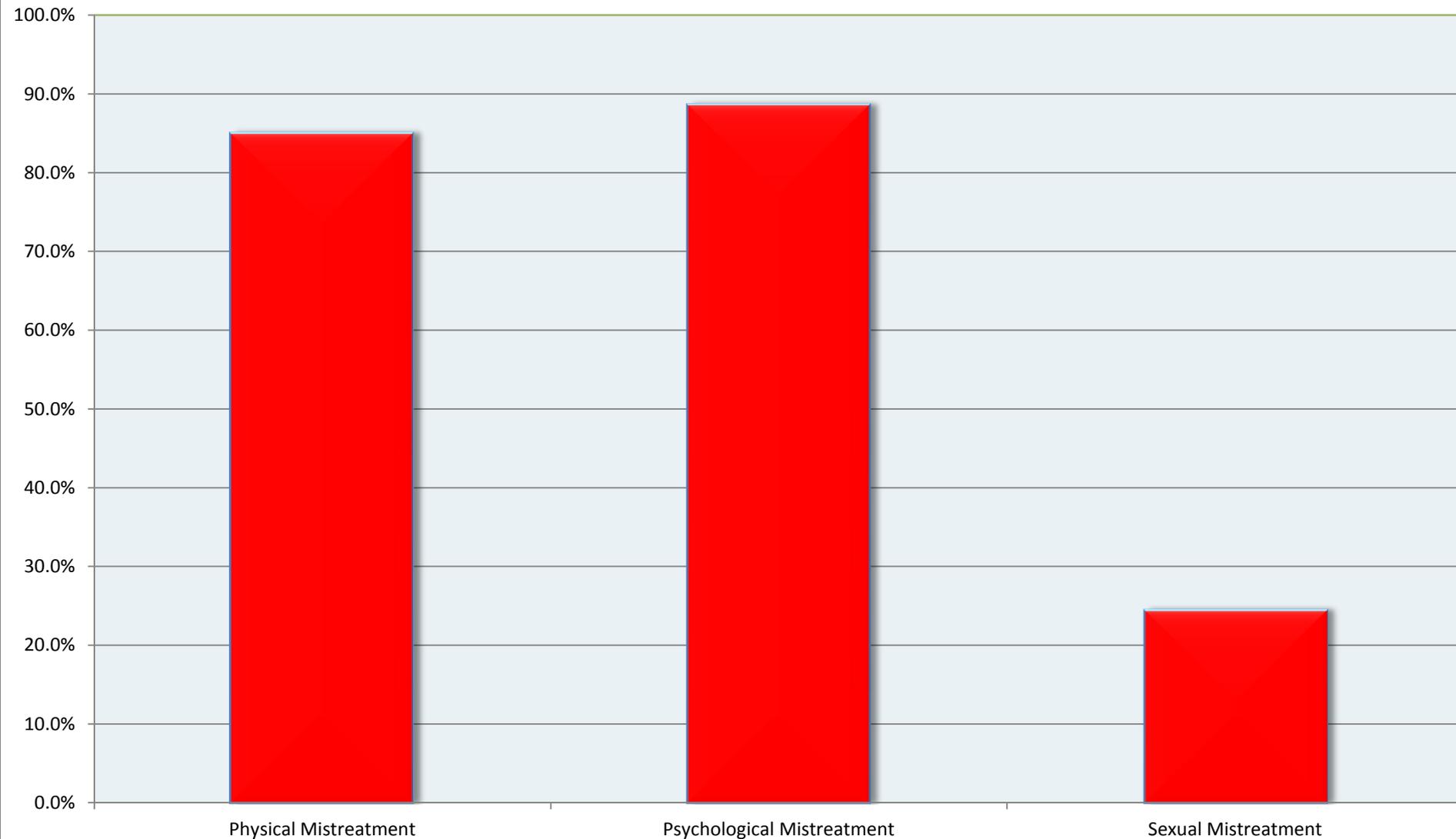
<i>Type</i>	<i>Never</i>	<i>Once</i>	<i>2 - 10 times</i>	<i>More than 10 Times</i>
	% (n)	% (n)	% (n)	% (n)
<i>Physical Mistreatment</i>				
Pushed, grabbed, shoved or pinched by a resident	31.1 (385)	15.4 (191)	36.1 (447)	17.3 (214)
Resident thrown something at you	47.1 (578)	21.8 (268)	25.5 (313)	5.6 (69)
Resident slapped or hit you	26.4 (325)	19.4 (239)	38.2 (470)	15.9 (196)
Resident kicked you or hit you with a fist	38.0 (468)	18.5 (228)	32.3 (398)	11.3 (139)
<i>Psychological Mistreatment</i>				
Insulted or sworn at by a resident	19.8 (245)	15.2 (188)	41.1 (508)	23.8 (294)
Shouted at by a resident in anger	19.6 (240)	17.4 (214)	42.0 (514)	21.0 (257)
Resident threatened to hit or throw something at you	36.5 (449)	17.2 (212)	32.4 (398)	13.9 (171)
<i>Sexual Mistreatment</i>				
Resident talked to or touched you in a sexually inappropriate way	75.5 (934)	10.2 (126)	11.2 (139)	3.1 (38)



Overall Staff Experience of Mistreatment by Residents in Their Care

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Staff Experiences of Mistreatment by Resident in their Care



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- The majority of staff had experienced some form of mistreatment by residents in their care.
- In relation to physical abuse, the majority of staff reported that they had been slapped or hit, pushed, grabbed, shoved or pinched and/or kicked or hit with a fist by a resident.
- Psychological mistreatment was also frequently reported by staff, with the majority of respondents reporting that they had been insulted or sworn at by a resident or were shouted at by a resident in anger in the preceding 12 months.
- Although reported to a lesser extent than either physical or psychological abuse, approximately a quarter of the staff reported that they had experienced some form of inappropriate sexual behaviour by a resident.





Neglect and Physical, Psychological, Financial and Sexual Abuse Observed by Staff





Neglect of Older People Observed by Staff



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

<i>Type</i>	<i>Never</i>	<i>Once</i>	<i>2 – 10 times</i>	<i>More than 10 Times</i>
	% (n)	% (n)	% (n)	% (n)
<i>Neglect – In the last 12 months have you seen a member of staff...</i>				
Not change a resident each time they were wet or soiled after an episode of incontinence	78.2 (968)	9.8 (121)	9.8 (142)	0.6 (7)
Ignored a resident when they called.	48.0 (595)	17.2 (213)	30.3 (376)	4.5 (56)
Not bring a resident to the toilet when they asked	59.6 (737)	15.4 (191)	22.3 (276)	2.7 (33)
Give a resident too much medication to keep them sedated/quiet.	94.4 (1172)	3.5 (44)	1.8 (22)	0.2 (3)
Refuse to help a resident with their hygiene needs	89.3 (1106)	6.2 (77)	4.3 (53)	0.2 (3)
Refuse to help a resident with their feeding needs	93.3 (1159)	4.3 (53)	2.2 (27)	0.2 (3)
Neglect to turn or move a resident to prevent pressure sores	89.9 (1114)	5.3 (66)	4.3 (53)	0.5 (6)



Physical and Psychological Abuse of Older People Observed by Staff



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

<i>Type</i>	<i>Never</i>	<i>Once</i>	<i>2 - 10 times</i>	<i>More than 10 Times</i>
	% (n)	% (n)	% (n)	% (n)
<i>Physical Abuse Observed</i>				
Restrain a resident beyond what was needed at the time.	91.5 (1133)	6.3 (78)	2.0 (25)	0.2 (2)
Push, grab, shove or pinch a resident.	95.4 (1185)	3.5 (43)	1.1 (14)	0.0 (0)
Throw something at a resident.	99.4 (1234)	0.5 (6)	0.1 (1)	0.0 (0)
Slap or hit a resident.	98.2 (1219)	1.7 (21)	0.1 (1)	0.0 (0)
Kick a resident or hit with a fist.	99.5 (1235)	0.5 (6)	0.0 (0)	0.0 (0)
Hit or try to hit a resident with an object.	99.5 (1235)	0.4 (5)	0.1 (1)	0.0 (0)
<i>Psychological Abuse Observed</i>				
Isolate a resident beyond what was needed to control him or her	93.5 (1160)	4.6 (57)	1.7 (21)	0.2 (3)
Insult or swear at a resident	89.4 (1110)	7.3 (90)	3.0 (37)	0.3 (4)
Shout at a resident in anger	78.9 (978)	14.0 (173)	6.9 (86)	0.2 (2)
Deny a resident food or privileges as part of a punishment	97.7 (1209)	1.5 (18)	0.9 (11)	0.0 (0)
Threaten to hit or throw something at a resident	99.4 (1233)	0.4 (5)	0.2 (3)	0.0 (0)



Financial and Sexual Abuse of Older People Observed by Staff



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

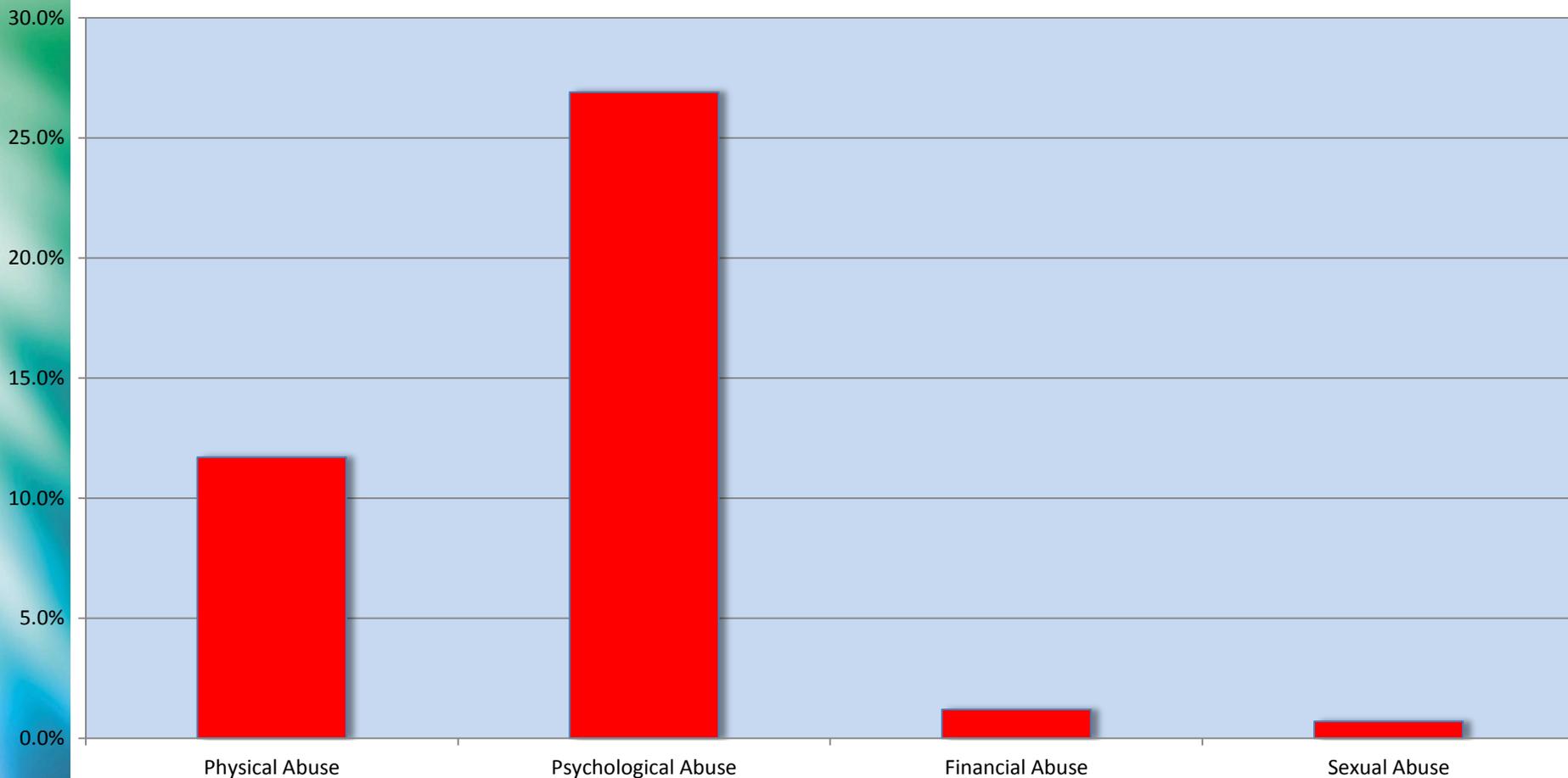
<i>Type</i>	<i>Never</i>	<i>Once</i>	<i>2 - 10 times</i>	<i>More than 10 Times</i>
	% (n)	% (n)	% (n)	% (n)
<i>Financial Abuse - Observed a Member of Staff...</i>				
Take jewellery, money, clothing or something else from a resident or resident's room	98.8 (1226)	0.9 (11)	0.3 (4)	0.0 (0)
<i>Sexual Abuse - Observed a Member of Staff...</i>				
Talk to or touch a resident in a sexually inappropriate way.	99.3 (1232)	0.5 (6)	0.2 (3)	0.0 (0)



Abuse of Older People Observed by Staff



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)



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Neglect and Physical, Psychological, Financial and Sexual Abuse Engaged in by Staff





Neglect of Older People Engaged in by Staff



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

<i>Type</i>	<i>Never</i>	<i>Once</i>	<i>2 - 10 times</i>	<i>More than 10 Times</i>
	% (n)	% (n)	% (n)	% (n)
<i>Neglect - In the last 12 months have you...</i>				
Not changed a resident each time they were wet or soiled after an episode of incontinence	94.0 (1161)	3.5 (43)	2.1 (26)	0.4 (5)
Ignored a resident when they called.	77.4 (957)	12.9 (159)	9.1 (113)	0.6 (7)
Not bring a resident to the toilet when they asked	86.7 (1071)	7.7 (95)	4.2 (52)	1.5 (18)
Give a resident too much medication to keep them sedated/quiet.	99.0 (1127)	0.9 (11)	0.1 (1)	0.0 (0)
Refuse to help a resident with their hygiene needs	98.9 (1225)	0.6 (7)	0.4 (5)	0.1 (1)
Refuse to help a resident with their feeding needs	99.0 (1228)	0.7 (9)	0.2 (3)	0.1 (1)
Neglect to turn or move a resident to prevent pressure sores	98.6 (1221)	1.2 (15)	0.2 (2)	0.0 (0)



Physical, Psychological Abuse Engaged in by Staff

<i>Type</i>	<i>Never</i>	<i>Once</i>	<i>2 – 10 times</i>	<i>More than 10 Times</i>
	% (n)	% (n)	% (n)	% (n)
<i>In the last 12 months have you...</i>				
<i>Physical Abuse</i>				
Restrained a resident beyond what was needed at the time.	97.6 (1210)	1.9 (23)	0.6 (7)	0.0 (0)
Pushed, grabbed, shoved or pinched a resident.	99.5 (1235)	0.4 (5)	0.1 (1)	0.0 (0)
Thrown something at a resident.	99.8 (1239)	0.2 (2)	0.0 (0)	0.0 (0)
Slapped or hit a resident.	99.4 (1233)	0.5 (6)	0.1 (1)	0.0 (0)
Kicked a resident or hit with a fist.	99.8 (1239)	0.2 (2)	0.0 (0)	0.0 (0)
Hit or tried to hit a resident with an object.	99.8 (1238)	0.2 (3)	0.0 (0)	0.0 (0)
<i>Psychological Abuse</i>				
Isolated a resident beyond what was needed to control him or her	98.5 (1219)	1.1 (14)	0.4 (5)	0.0 (0)
Insulted or sworn at a resident	98.5 (1222)	1.3 (16)	0.2 (3)	0.0 (0)
Shouted at a resident in anger	93.7 (1162)	4.7 (58)	1.5 (19)	0.1 (1)
Denied a resident food or privileges as part of a punishment	99.4 (1232)	0.3 (4)	0.2 (3)	0.0 (0)
Threatened to hit or throw something at a resident	99.9 (1238)	0.1 (1)	0.0 (0)	0.0 (0)



Financial and Sexual Abuse Engaged in by Staff



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

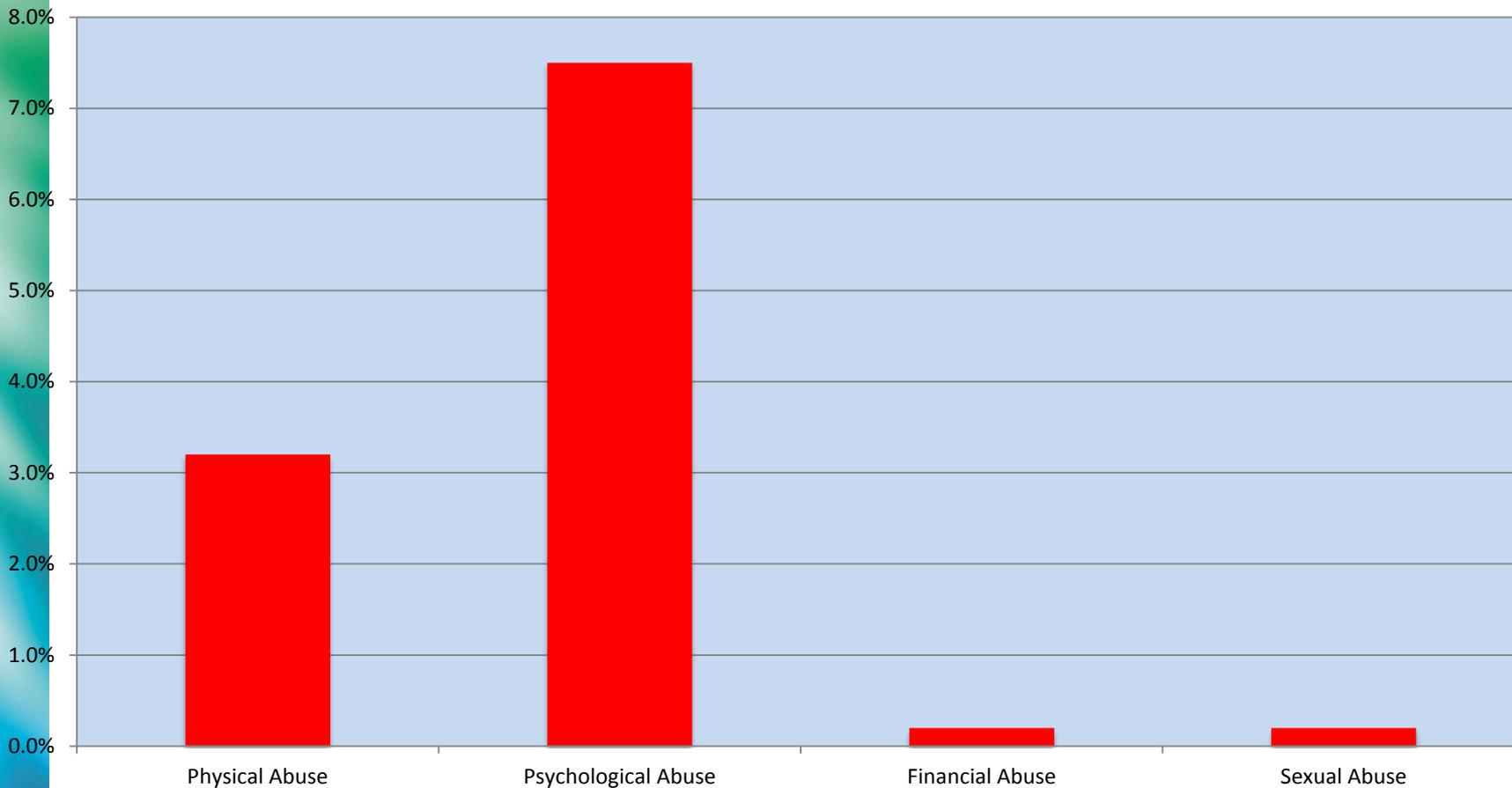
<i>Type</i>	<i>Never</i>	<i>Once</i>	<i>2 - 10 times</i>	<i>More than 10 Times</i>
	% (n)	% (n)	% (n)	% (n)
<i>In the last 12 months have you...</i>				
<i>Financial Abuse</i>				
Taken jewellery, money, clothing or something else from a resident or resident's room	99.8 (1237)	0.1 (1)	0.1 (1)	0.0 (0)
<i>Sexual Abuse</i>				
Talked to or touched a resident in a sexually inappropriate way	99.8 (1236)	0.2 (3)	0.0 (0)	0.0 (0)



Abuse of Older People Engaged in by Staff

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NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)



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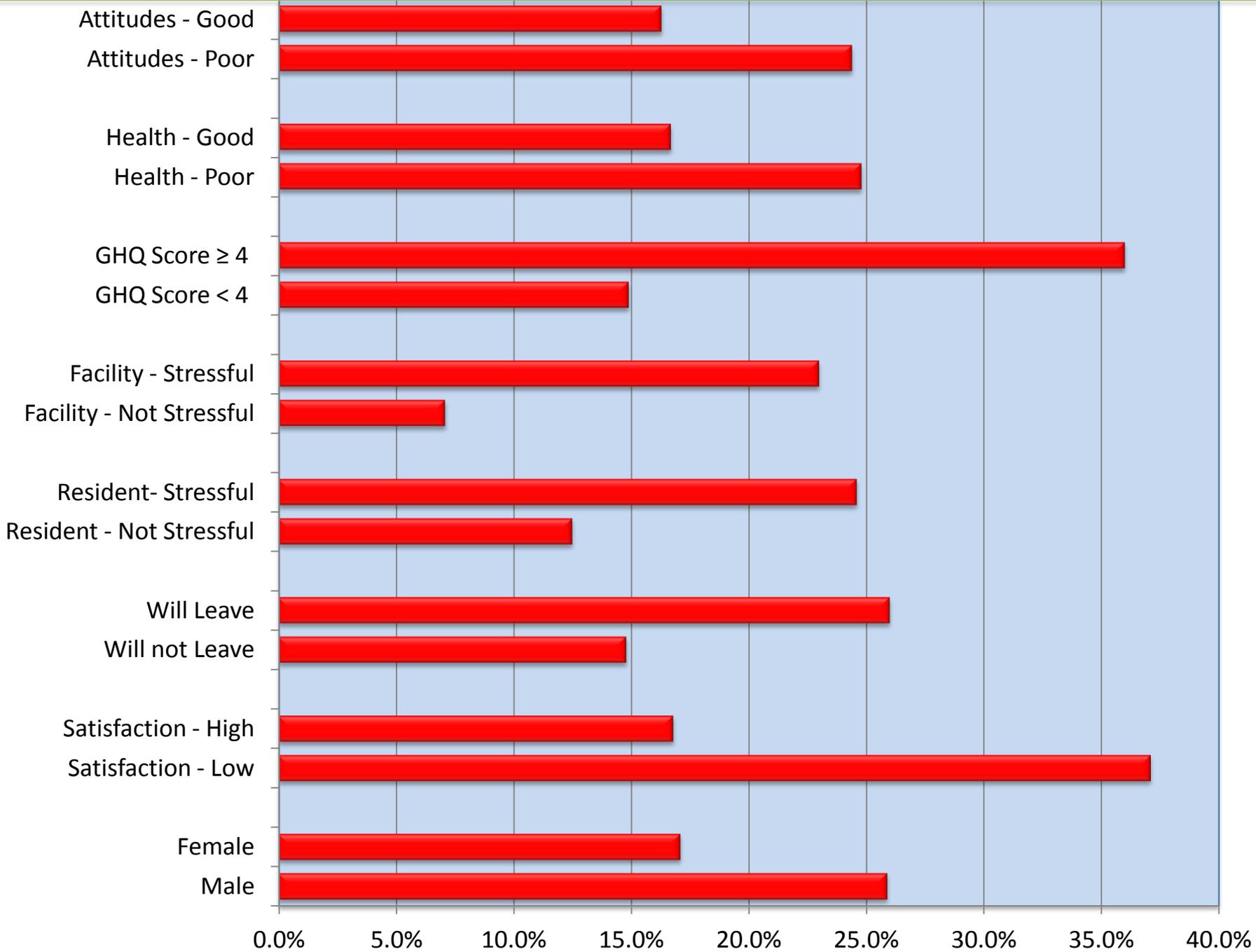
- The relationship between institutional variables, resident characteristics and staff characteristics and abuse or neglect of older people were explored.
- In examining associations between staff who committed or did not commit abuse, the criterion outlined in Pillemer and Moore's (1989) study of abuse in residential settings was followed.
 - For physical abuse, financial and sexual abuse staff that had perpetrated one or more of these types of abuse were compared with staff that had not on each of the factors.
 - In relation to neglect and psychological abuse, the cut-off criterion for comparison was between staff that had committed two or more acts of neglect or psychological abuse were compared to those who had not.
 - This was based on the premise that a single act of either psychological abuse or neglect does not necessarily represent mistreatment (Pillemer and Moore 1989).



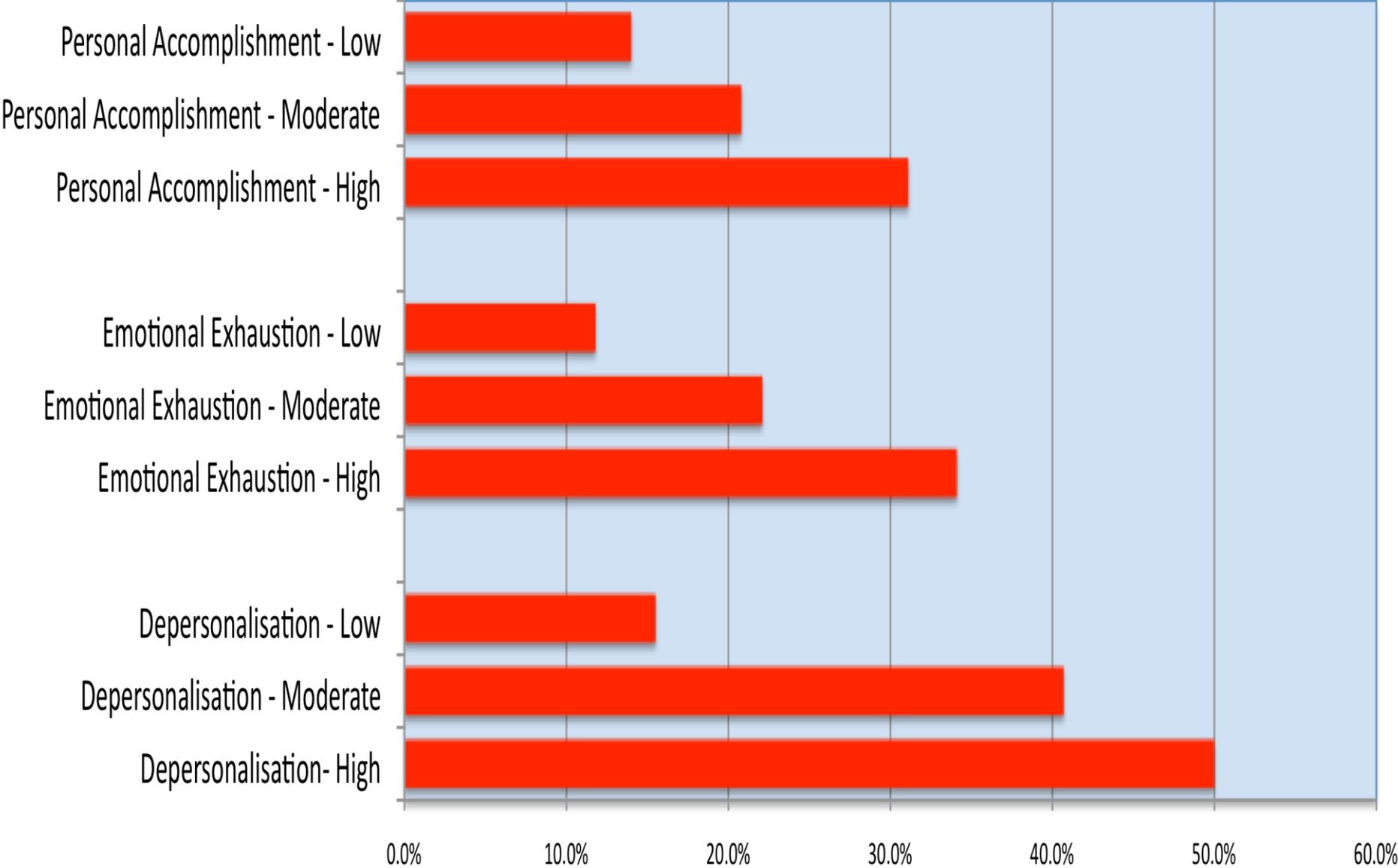
Factors Associated with Neglect

- Gender
- Job satisfaction
- Organisational commitment
- Resident-related and facility-related stressors
- Burnout
- Psychological well-being
- Overall health
- Attitudes towards older people



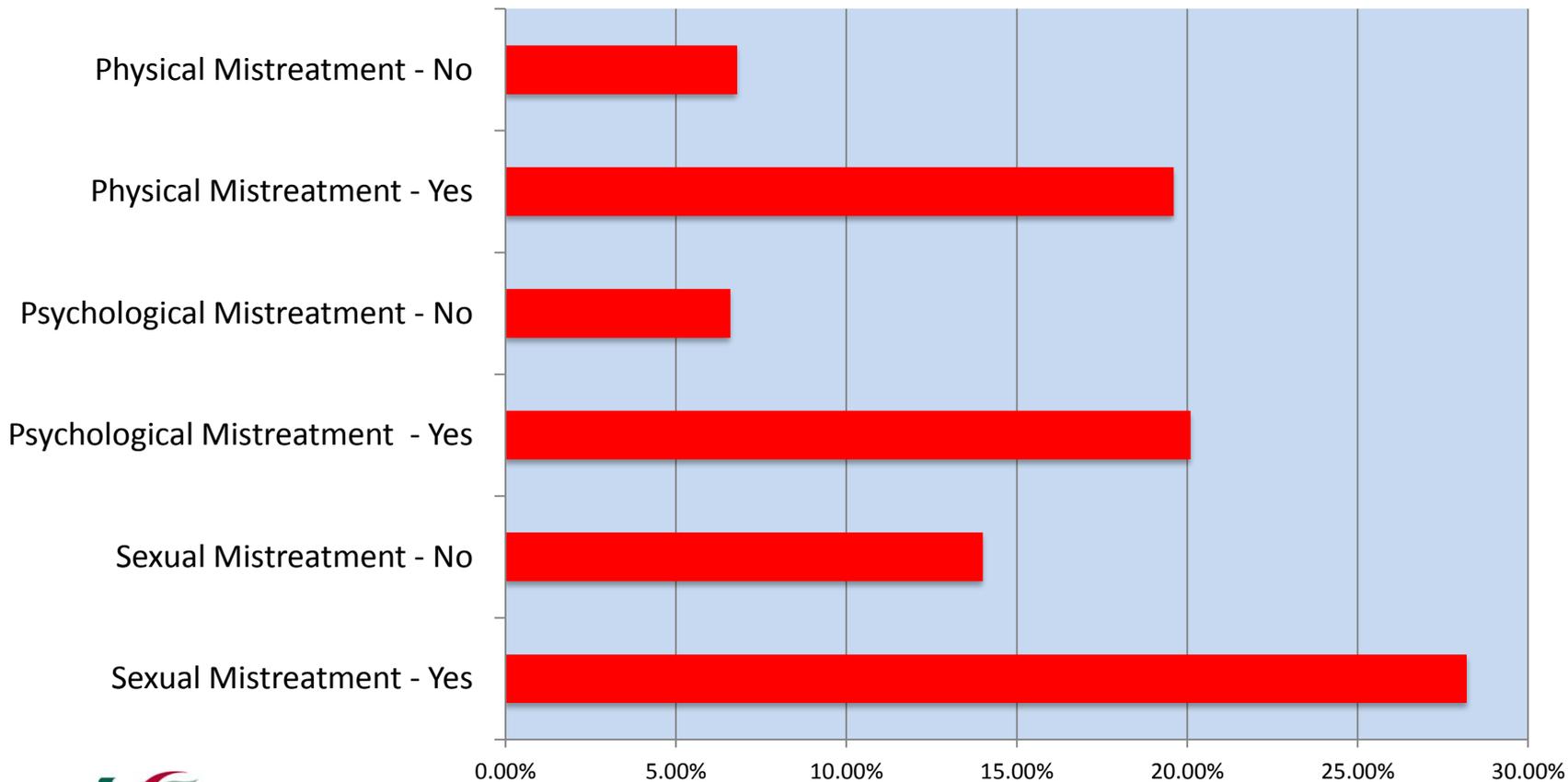


Burnout and Neglect





Staff Experiences of Mistreatment and Association with Neglect





Factors Associated with Physical Abuse



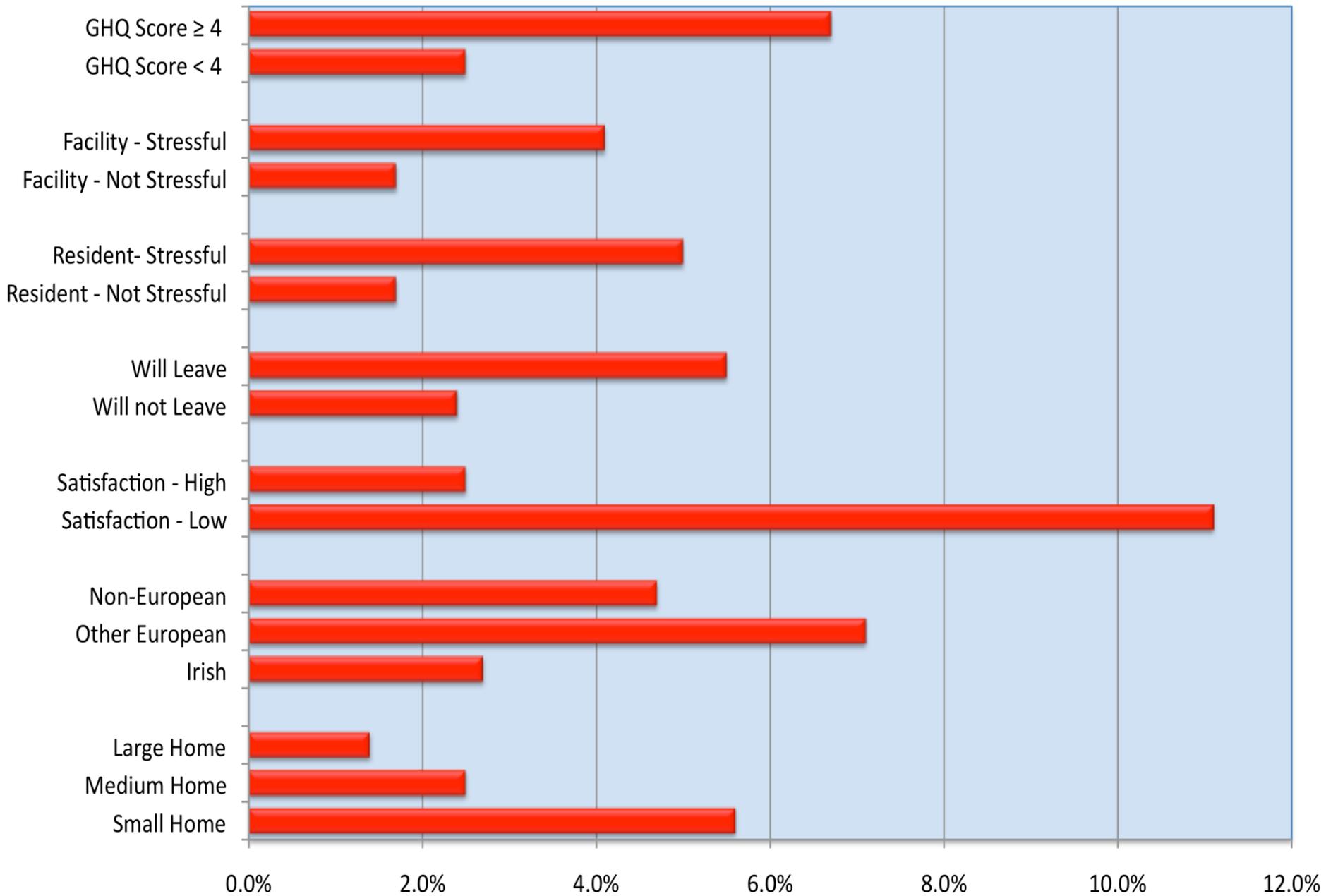
NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- Size of home.
- Nationality
- Job satisfaction.
- Organisational commitment.
- Burnout.
- Resident-related stressors.
- Facility-related stressors.
- Psychological health.

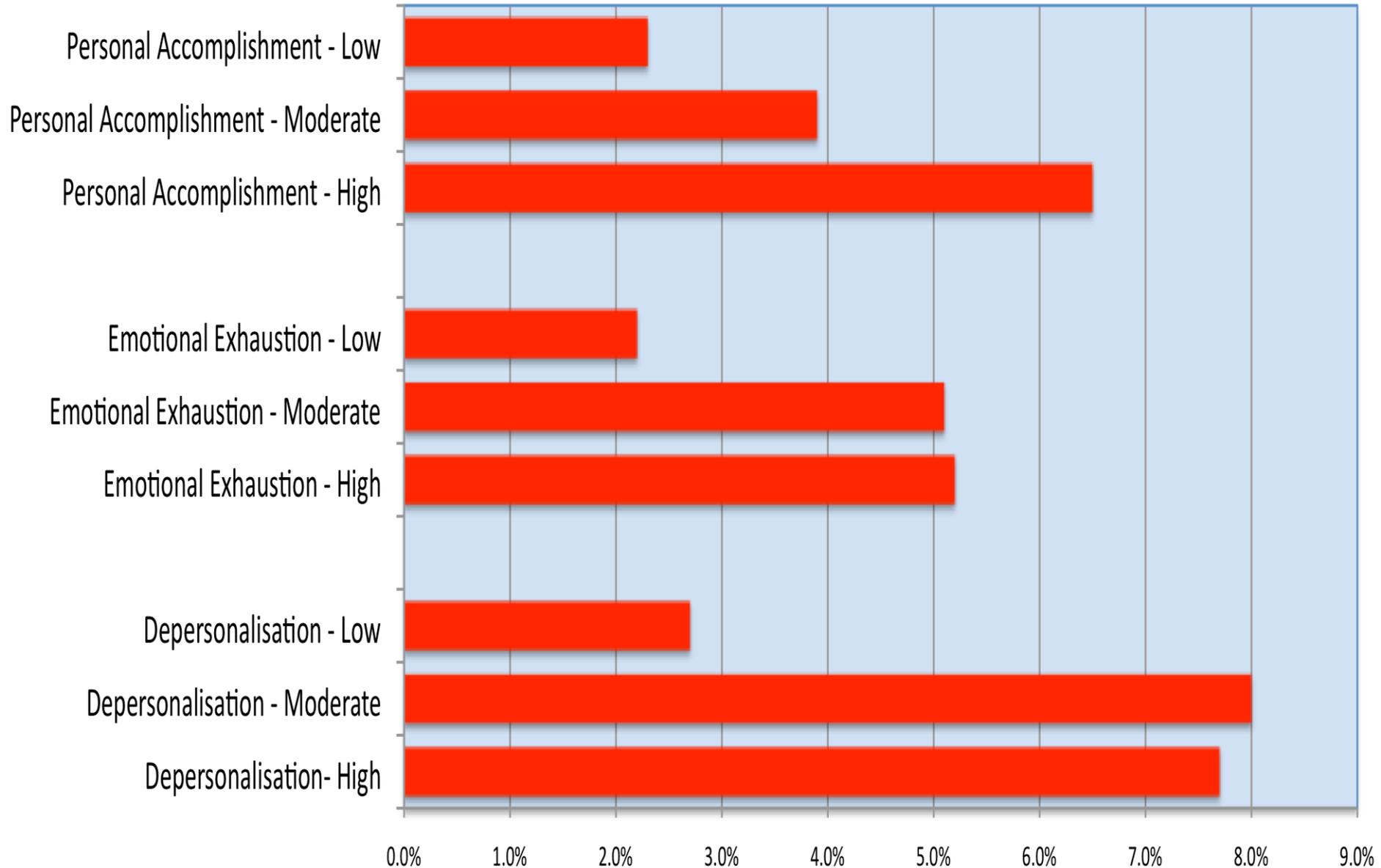


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Factors Associated With Physical Abuse



Burnout and Physical Abuse





Factors Associated with Psychological Abuse



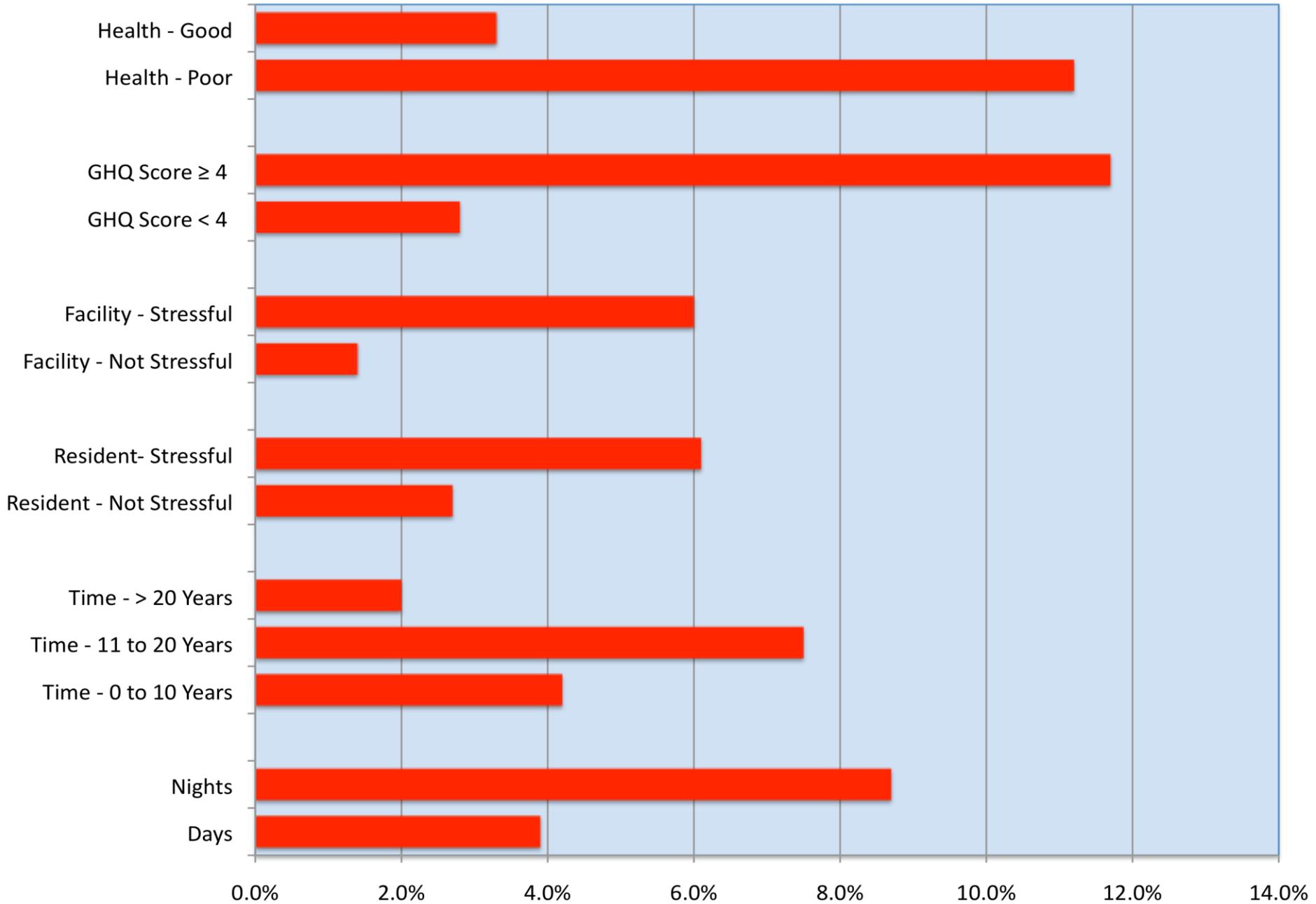
NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- Type of shift.
- Time working with older people.
- Job satisfaction.
- Burnout
- Resident-related stressors.
- Facility-related stressors.
- Psychological well-being.
- Overall health.

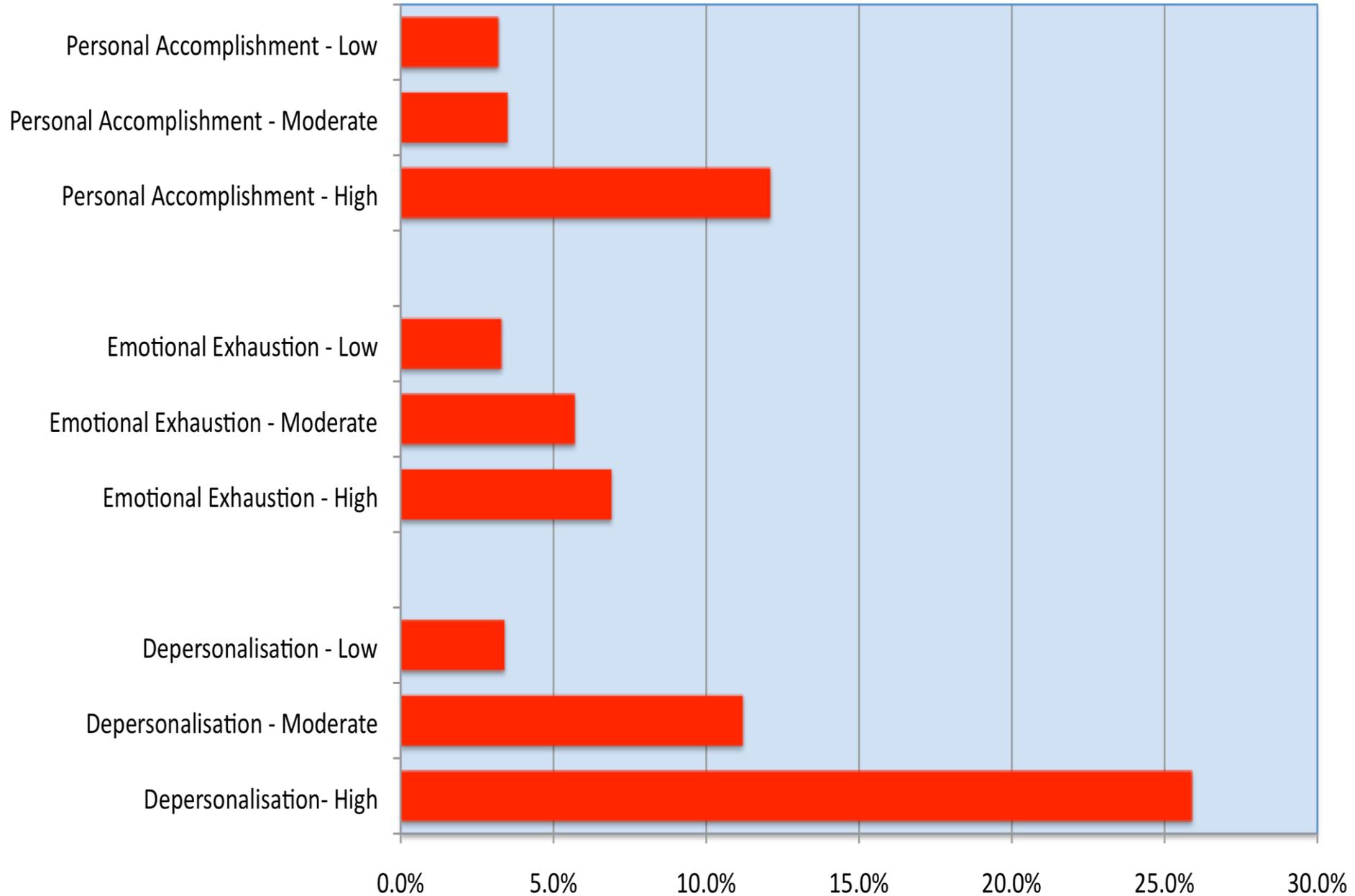


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Factors Associated with Psychological Abuse



Burnout and Psychological Abuse





Conclusion:

Factors Associated with Neglect



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- A number of factors were identified as being associated with neglect.
- These included:
 - gender (male),
 - intention to leave,
 - high levels of burnout,
 - holding a negative attitude towards older people and:
 - the frequency and extent of resident-related and facility-related stressors.
 - There was also an association between poorer psychological well-being and poorer physical health and reports of neglect committed.





Conclusion:

Factors Associated with Physical Abuse



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- Factors associated with the physical abuse of older people included:
 - the size of the nursing home (smaller),
 - nationality (other-European),
 - low job satisfaction,
 - intention to leave,
 - high levels of burnout
 - the frequency with which facility-related stressors occurred and the stressfulness of resident-related and facility-related stressors.
 - Staff reports of psychological distress was also associated with reports of physical abuse committed.





Conclusion: Factors Associated with Psychological Abuse



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- A number of factors were identified as being associated with the psychological abuse of residents receiving care in the nursing home sector. These included:
 - working night duty,
 - working with older people for between 11 to 20 years,
 - reporting low levels of job satisfaction and:
 - high levels of burnout.
 - In addition psychological abuse was associated with staff that found aspects of their work with residents as stressful, the frequency with which facility-related stressful events occurred in the nursing home and the extent to which staff found these events stressful.
 - Psychologically distress and poor to fair health.





Conclusion: Financial and Sexual Abuse



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- Financial and sexual abuse of residents, although rare, were also observed by staff.
- In addition, a small minority of staff reported that they had stolen jewellery, money, clothing or something else from a resident or resident's room and/or had talked to or touched a resident in a sexually inappropriate way.



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Conclusion – Staff Experience of Mistreatment



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- Staff surveyed frequently experienced incidents of physical and psychological aggression directed towards them by residents in their care.
- The vast majority of staff reported that residents had physically assaulted them on a number of occasions in the previous twelve months.
- Physical mistreatments reported by staff included being slapped, hit, pushed or kicked.





Conclusion – Staff Experience of Mistreatment



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- An example of the extent to which staff experienced physical mistreatment is highlighted in the finding that over half of the respondents had been slapped or hit on two or more occasions with 1 in 7 respondents reporting that this type of mistreatment had happened on more than 10 occasions.
- The levels of physical (85.0%) and psychological (88.6%) aggression directed towards staff by residents in the residential sector in Ireland were similar to that reported in international studies (Goodridge *et al.* 1997, Goergen 2001, Josefsson *et al.* 2007).





Conclusion

- Overall rates of neglect both observed and perpetrated by respondents were similar to that reported internationally.
- However, rates of physical and psychological abuse observed and engaged in were substantially lower.
- Overall staff reports of both observed and perpetrated financial and sexual abuse were minimal, with the rates that were reported comparable or lower than those reported in the international literature.
- However, rates of financial and sexual abuse, by their very nature are difficult to ascertain and approaches to measuring these forms of hidden abuse are only beginning to emerge.





Conclusions – Financial Abuse

- A very small minority of respondents (0.2%) reported that they had committed financial abuse.
- Harris and Benson (1998) reported a higher prevalence of 1.5% for financial abuse self-reported by staff working in the nursing home sector in the US.
- Reports of thefts observed by staff are also reported internationally to be higher than identified in this study. Harris and Benson (2000) reported that 6.0% of staff had observed another member of staff stealing from a resident; this compares to 1.2% of respondents in this study who reported that they had observed another member of staff take jewellery, money, clothing or something else from an older person in their care.





Conclusions – Sexual Abuse

- This is one of the few surveys to have measured sexual abuse of older people in residential settings, as reported by care staff.
- This study found that a very small minority of respondents (0.2%) reported that they had talked to or touched a resident in a sexually inappropriate way, and 0.7% of respondents reported that they had observed another member of staff engage in this behaviour.
- Internationally, reports of sexual abuse observed or perpetrated by staff are also relatively low, ranging from no incidents perpetrated to approximately 1% observed.



Conclusions – Sexual Abuse

- Buzgova and Ivanova (2011), in a study of staff working in residential centres in the Czech Republic, reported a slightly higher proportion (0.7%) of staff admitting that they had perpetrated this form of abuse and the same proportion of staff (0.7%), as in this study, reported that they had observed sexual abuse by another staff member.
- In Germany, Goergen (2004) identified no reports of sexual abuse perpetrated by staff with 1.1% of respondents reporting that they had observed sexually inappropriate behaviours being carried out by other members of staff on residents.



Resident-related characteristics associated with neglect and abuse



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- A number of resident-related factors were found to be associated with the neglect and abuse of older people.
- These included stress related to working with residents who had cognitive and physical problems and residents who were aggressive towards staff.



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Facility-related characteristics associated with neglect and abuse



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- A number of facility-related characteristics were identified as being associated with the abuse and neglect of older people.
- These included the frequency with which facility-related stressful events occurred and the extent to which staff found these events stressful.
- In addition the size of the nursing home was identified as being associated with reports of physical abuse.





Facility-related characteristics associated with neglect and abuse



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- Unlike other studies (Lowenstein 1999, Allen *et al.* 2003, Jogerst 2006), there was no statistically significant difference in the reported prevalence of neglect or abuse, when public or private residential homes were compared.
- This study identified that older people are no more likely to experience neglect and abuse in the private sector than they do in the public sector.



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Staff-related factors associated with neglect and abuse



NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

- Staff-related factors that were found to be associated with abuse included gender, nationality, organisational commitment, job satisfaction, burnout, attitudes towards older people and the psychological and physical health of staff.



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Implications of the Findings

- Although the occurrences of neglect and abuse were found not to be as prevalent as those in other studies, the reported prevalence highlights the need to explore strategies that will further reduce and eliminate the abuse and neglect of older people in residential care settings.
- There are a number of core fundamental principles that should inform strategies related to the protection of older people receiving residential care including: that all older people are protected from neglect and abuse and, older people receiving care in a residential setting have the right to live a life free from abuse and neglect.





Implications of the Findings

- Strategies that can reduce and eliminate the abuse and neglect of older people need to be multifactorial and multidisciplinary.
- Multifactorial strategies include:
 - targeted education for health professionals and those working in social and legal services,
 - making residents aware of their rights,
 - supporting staff,
 - undertaking pre-employment background checks on staff,
 - developing a culture of therapeutic staff-resident contacts to ensure the well-being of older people,





Implications of the Findings

- Multidisciplinary involvement in the protection of older people should include:
 - Continuing input from, and communication between, the Department of Health, the HSE, HIQA, Nursing Homes Ireland, the justice system, non-governmental and voluntary organisations, the education sector, the financial sector, health and social care professionals, advocates for older people and, most importantly, older people themselves.
 - The reduction in, and prevention of, elder abuse has been shown to be much more effective when multiple strategies are used and multiple agencies are involved (Wilson & Micucci 2003).



Strategies





Conclusion

- The rates of elder abuse reported by residential care staff, by international standards, were low. It is evident that a broad and comprehensive approach has been taken at policy, legislative and local level to protect older people in the residential care sector from neglect and abuse.
- The regulation of the nursing home sector through HIQA and the power invested in the authority through legislation has changed the landscape in terms of the quality and standards of care in the nursing home sector.
- The HSE has also developed a central role in the protection of older people from abuse through a number of high profile educational, staffing and communication initiatives. In addition, public awareness of elder abuse has been highlighted in media reports and official enquires, not least those that were instigated on Leas Cross Nursing Home.





Conclusion

- Although the prevalence of mistreatment of older people in the residential sector was lower than that reported in the international literature and the vast majority of older people are cared for in high quality environments, this study provides evidence from staff reports that older people in Ireland may experience neglect and physical, psychological, financial and sexual abuse.
- The impact of this neglect and abuse on older people can be detrimental and harmful to the older person's physical and psychological health and well-being and greatly reduces their quality of life, especially in the latter years of their life.
- It is therefore imperative that older people are put at the centre of all future initiatives to prevent their mistreatment in residential settings and that they have the right to live a life free from abuse and neglect.





Report Launch

 NCPOP

NATIONAL CENTRE FOR THE PROTECTION OF OLDER PEOPLE (NCPOP)

Older People in Residential Care Settings: Results of a National Survey of Staff-Resident Interactions and Conflicts

Project Lead: Dr. Jonathan Drennan

Project Team: Dr. Attracta Lafferty, Prof.
Margaret P. Treacy, Prof. Gerard Fealy, Dr.
Amanda Phelan, Ms Imogen Lyons, Ms
 Patricia Hall

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