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HOW ARE MEDICAL SOCIAL WORKERS EQUIPPED WITH ADEQUATE TRAINING TO DETECT AND REPORT ELDER ABUSE IN HOSPICE

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A Project

Presented to the

Faculty of

California State University,

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In Partial Fulfillment

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Master of Social Work

by

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ABSTRACT

Purpose: This study explored how equipped medical social workers are with adequate training to detect and report elder abuse in hospice.

This study was carried out in Southern California with the help of participants who currently or have previously worked as medical social workers in hospice. The eleven participants are all women of varying backgrounds in age, ethnicity, cultures, work experience, and licensures.

In the United States, elder abuse is known to affect approximately one out of ten Americans aged sixty and over. However, there are ways we can combat elder abuse. One of the major ways is by properly educating and training medical social workers who work with the elderly population to detect, identify, report, and intervene when elder abuse is suspected. This study obtains a better understanding of how medical social workers are supplied with adequate training to detect and report elder abuse in hospice. Data for this study was collected through interviews of medical social workers who currently work or have previously worked in hospice.

Analysis of the interviews revealed that participants who did receive mandatory and volunteer training at their hospice agencies on elder abuse, most expressed that the training they did receive was beneficial. Although, they did express a need for more comprehensive and extensive training that would challenge them and further their current knowledge on elder abuse. Along with mandatory and volunteer training, participants also shared their formal education,

in the classroom and through internship, as beneficial in being able to identify, detect and report elder abuse in hospice. Results in volunteer training were similar to mandatory training in that participants found it beneficial because it was more comprehensive information that challenged and furthered their current knowledge. These findings reveal the professional and educational needs of medical social workers in hospice. Participants expressed a need for more training and education that would further their knowledge and understanding of elder abuse. Therefore, it is the social workers' and hospice agencies' responsibility to provide and participate in more comprehensive and extensive training in elder abuse that will create more adept social workers in hospice.

DEDICATION

We would like to thank our beloved parents, Ernesto and Fidelina, for all the support and guidance they have provided through our educational journey. Our deepest appreciation to our partners, Roberto Tapia and Aaron Tang, for the endless love, support and encouragement. Also, a special thank you to our siblings, classmates, and professors for all the help and support we received through this graduate program.

Next, we would like to thank the hard-working medical social workers who agreed to take part in this study. It was a pleasure getting to know each one of you through your experiences and knowledge.

Lastly, the most important of all, our forever loves Abel and Stefan Barba! Thank you for your unconditional love and the endless free hugs.

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CHAPTER ONE:

PROBLEM FORMULATION

In the United States, elder abuse is known to affect approximately one out of ten Americans aged sixty and over (National Council on Aging [NCOA], 2021). The National Center of Elder Abuse estimated in the year 2018, there were 52.4 million people aged sixty-five years or older (National Center on Elder Abuse [NCEA], n.d.). This number is expected to rise significantly in the future. The Center for Disease Control and Prevention (CDC) defines elder abuse as causing harm or distress to an older individual, 60 years and older (2021). The various forms of elder abuse are physical abuse, sexual abuse, emotional abuse, financial abuse, and neglect.

In California, one of the ways elder abuse is combated is with the Welfare and Institutions Code Section 15630 in which most people who work with an elderly person or disabled adult are mandated reporters (California Department of Social Services [CDSS], n.d.). This law is not only intended for social workers but for any personnel working closely with these individuals. The law holds people accountable for any withheld information or failure to report possible or suspected abuse of an adult by fines and/ or jail punishment (CDSS, n.d.). Laws are intended to protect these individuals in understanding when it is appropriate to report such abuse. Even with this law in place, it is estimated only 1 in every

24 cases of abuse are reported to law enforcement in the United States (NCOA, 2021). Elder abuse affects many, not just the victim.

Elder abuse affects all economic levels but those who are the most vulnerable are elders who are poor, have limited functional capacity, women, and older (Donovan & Regehr, 2010). Risk factors vary from strong, potential, and contested risk factors – the first being the strongest and the last being the weakest (Pillemer et al,. 2016). Strong risk factors include functional dependence or physical disability, poor physical health, dementia, poor mental health, and low income (Pillemer et al,. 2016). Moderate risk factors vary by gender, with men being less likely to be abused than women, especially with emotional (Laumann et al., 2008, as cited in Pillemer et al., 2016) and financial abuse (Lowenstein et al., 2009, as cited in Pillemer et al., 2016). Other potential moderate risk factors include the geographic location the elderly person resides in such as urban areas (Pillemer et al., 2016). Marital status is also considered a risk factor, being married has a higher rate of emotional and physical abuse than if you were not married (Pillemer et al., 2016). Lastly, financial dependence is another risk factor that can contribute to being at a higher risk of being abused as an elderly person (Pillemer et al., 2016).

As a social worker, it is important to consider elder abuse as a societal issue at the macro and micro level. Funding that is allocated to the research of elder abuse - about the victims and abusers - and making the information widely available to all those who work with the elderly population will be one way we can

fight this critical public health issue. Underfunding constrains programs and resources that help educate, train, and prepare social workers - and other professionals who collaborate with elder persons to prevent, identify, and report abuse. The Prevention of Elder Abuse, Neglect & Exploitation Grants (PEANE) is a program which supports educating professionals about elder abuse and brings awareness, creates programs, activities, and research to help prevent future abuse from occurring (Administration for Community Living [ACL], 2019). Underfunding takes away the access to the resources necessary for professionals working with the elderly population to be trained in complex cases. A study done in Michigan on Adult Protective Services (APS) workers, assesses the effectiveness of mandatory reporting of elder maltreatment. The study found APS workers describing their training as very minimal and they found cases which deal with mental competency very puzzling because training on this issue is also minimal (Sengstock & Marshall, 2013).

Having the appropriate funding to support programs which help train social workers on detecting and reporting elder abuse will help prevent, identify, and report this health problem that affects the elderly population. The availability of extensive training in complex cases will better prepare professionals who work with the elderly community to prevent, report, and treat elder abuse. With this, leads to the following question: How are medical social workers equipped with adequate training to detect and report elder abuse in hospice?

CHAPTER TWO:

LITERATURE REVIEW

Introduction

Elder abuse is a prevalent public health issue in the United States that will continue to grow as the elderly population grows. Without the proper funding to support the education, training, and certification of social workers who work with this population, the problem will only continue to be underreported and missed. Social workers serve a vital role as preventers, identifiers, and interventionists of elder abuse. All social workers who work with the elderly population in hospice require a degree from a school of social work accredited by the Council on Social Work Education or degree in a field related to social work. Along with a degree, social workers working with the elderly population must have competencies in the ethics and values of the social work profession, be knowledgeable in the laws of mandated reporting in their jurisdiction and be able to understand the different assessment tools that can be used when identifying and intervening in elder abuse when detected. Elder abuse in hospice may be present in a private residence, such as a house, skilled nursing facility, independent living facility, board and care, room and board and a hospital.

There have been few studies done in respect to evaluating the professional and educational needs of hospice and palliative care social workers and their efficacy identifying and intervening in elder abuse. This literature review will examine current medical social workers in the field of hospice and examine

what type of training and education they have undergone to detect, report, and intervene in elder abuse.

Additionally, it will examine how adequately they have been trained to detect and report elder abuse in hospice. The subsections discuss what is required to become a social worker in the hospice setting and certifications one can gain to specialize in this field. Subsections also describe competencies a social worker must have to have the ability to identify, report, and intervene regarding elder abuse. Lastly, theories guiding conceptualization and gaps that have been identified in previous research are discussed.

Qualifications for Hospice Social Workers

Educational Needs

There are three different qualification options to become a social worker in hospice. The first being obtaining a Master of Social Work (MSW) degree from a school of social work accredited by the Council on Social Work Education, and one year of experience in a health care setting (Weisenfluh & Csikai, 2013). The second option is to hold a baccalaureate degree in social work (BSW) from a school of social work accredited by the Council on Social Work Education and have one year of experience in a health care setting (Weisenfluh & Csikai, 2013). The third option is to hold a baccalaureate degree in psychology, sociology, or other field related to social work and have at least one year of “social work” experience in a health care setting (Weisenfluh & Csikai, 2013).

If the social worker is hired without obtaining an MSW degree, the social worker must be supervised by a social worker with an MSW from a social work accredited by the Council on Social Work Education and have one year of social work experience in the healthcare field (Weisenfluh & Csikai, 2013). However, social workers who obtain a BSW who were employed by a hospice agency before the effective date of this final rule, which is December 2, 2008, do not need to be supervised by someone who obtains an MSW (Weisenfluh & Csikai, 2013). Obtaining a degree in social work or a field related to social work is a must, but obtaining any certificate related to hospice care is not mandatory (Weisenfluh & Csikai, 2013). Considering the educational requirements, it takes time to become a social worker, not everyone can become a medical social worker without the appropriate degree and experience. This provides hospice agencies a peace of mind that medical social workers will come with a health care field background.

Certifications

Although it is not required to obtain any certificates to work for hospice, certificates have been made available for obtaining to better service hospice and palliative care patients as a social worker. The National Association of Social Workers (NASW) along with the National Hospice and Palliative Care Association (NHPCO) created the Advanced Certified Hospice and Palliative Social Worker (ACHP-SW) certificate in 2008 (Wong et al., 2022). This certificate is offered in two levels of specialty (Wong et al., 2022). The first being for those

who obtain a BSW called the Certified Hospice and Palliative Care Social Worker (CHP-SW) and the second for those who obtain an MSW called the ACHP-SW (Wong et al., 2022). It was not until 2009 both certificates became available. It is believed this certificate enhances the knowledge of hospice and palliative care to further support social workers and become more specialized (Wong et al., 2022).

Knowledge of Risk Factors

Current interventions set in place to combat elder abuse rely heavily on identifying risk factors of elder abuse in patients. A systemic review of elder abuse interventions conducted by Rosen et al. (2019) found 115 programs that have been proposed and implemented since 1982. By examining all these intervention programs, Rosen et al. (2019) discovered that the professionals working with the elderly population rely on identifying risk factors in individual cases to create or decide on the correct intervention. Therefore, social workers working in a hospice setting who are competent in identifying and reporting elder abuse must be knowledgeable about the risk factors that put some patients at a higher risk than others for experiencing elder abuse.

A study was recently done on finding the probability of medical social workers participating in training courses to further their knowledge in end-of-life care. The study found 84% of social workers would not partake in educational programs due to insufficient financial incentive and found that 50% of participants did not want to take time away from work (Rosen et al., 2019). After looking at

the results of recent participants, a significant improvement in competencies was shown after the participants had participated in educational programs.

Some ways of identifying risk factors are asking the client/ patient simple questions. Some questions may include asking about their functional dependency, any disabilities, poor mental health, and income. These can also be done through observation and through medical records.

Competencies for Hospice Social Workers

Cases of elder abuse are often filled with ethical dilemmas and may create difficulties for the social worker to intervene and create a plan of action. When handling elder abuse cases, a social worker's duty requires competency on many different aspects to respond in a timely manner that assures the safety of the elderly person. Donovan & Regehr (2010) extensively go over the competencies all social workers who work with elderly persons should have when handling cases of elder abuse. Intervention in cases of elder abuse requires a social worker to be knowledgeable in the social work codes of ethics, laws in their areas of practice, and tools in assessing and detecting elder abuse.

Ethics and Values

Understanding the social work code of ethics provided by the National Association of Social Work (NASW), is imperative knowledge for every social worker. It assists the social worker when handling ethical dilemmas and “acts as a guide for the professional conduct of social work practitioners” (Donovan & Regehr, 2010). The NASW code of ethics extensively provides both broad ethical

principles and specific ethical standards that both provide the social worker with knowledge and guidance when facing an ethical dilemma when intervening in elder abuse cases (Donovan & Regehr, 2010). The standards and principles are both used to help guide the social worker based on social work's core values and provide a basis for judgment when deciding to act in a dilemma related to elder abuse cases (Donovan & Regehr, 2010). Although the NASW code of ethics is a great manual to guide social workers facing ethical dilemmas, the values and principles of social work do not always provide a clear plan of action. Therefore, it is important for social workers - who may be unsure of the correct thing to do for their patient facing elder abuse – to seek a second opinion or guidance from a supervisor in their field (Ernst, n.d.). This will allow the social worker to become aware of their own personal beliefs and value systems, the client's beliefs and value systems, social work values, societal values, and professional ethics and how they affect the ultimate decision for the intervention plan. ("Ernst, n.d.).

Laws and Mandated Reporting

Not only should social workers who intervene in elder abuse in a hospice setting be knowledgeable about the NASW code of ethics, but they must also be fluent in the laws that apply where they practice their profession. There are different laws for every state in the US, but the mandatory reporting law applies to the whole country. There are differences in every state regarding who must make a report (who falls under the mandated reporter category), when to make the report (what constitutes a report), and how to make a report (how long after

identifying the abuse and to whom the report should be made). It is a social worker's duty to be aware of the laws in their jurisdiction because not only is it an obligation to the client but to the state as well (Ernst, n.d.). For example, in California, social workers who work in hospice and who assume responsibility of an elderly or dependent adult, suspect, or have knowledge about an incident regarding elder abuse must make a report via telephone or through a confidential internet reporting tool to Adult Protective Services (APS) as soon as possible.

Understanding Assessment Tools

For a social worker to identify whether an elderly person in a hospice setting is experiencing any type of abuse, they must be knowledgeable about different geriatric assessment tools. A geriatric assessment allows for the social worker to assess for the possibility of elder abuse at a greater focus than a regular biopsychosocial assessment (Ernst, n.d.). Every setting is different and the same is to be said for different institutions, therefore the social worker working in a hospice setting needs to become familiar with the components of the assessment that is used. Components of the geriatric assessment may include the patient’s personal information, level of functioning, knowledge of their legal rights, environmental settings, social support systems, physical health, psychological health, and a capacity assessment that determines the patient's cognitive functioning (Ernst, n.d.).

Elder abuse screening instruments are also tools that are necessary for social workers when assessing elder abuse. There are screening instruments

that do not require any training and can be administered by anyone who works with the elderly population as well as others that require training to be administered correctly (Donovan & Regehr, 2010). Elder abuse Screening instruments include ones such as The Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST) which does not require any training to administer. Other instruments that require training include the Elder Assessment Instrument (EAI) and The American Medical Association's Diagnostic and Treatment Guidelines on Elder Abuse and Neglect created outlines for assessments that can be used by physicians and other health professionals (Ernst, n.d.; Donovan & Regehr, 2010).

Theories Guiding Conceptualization

Past research on this similar topic has led to many different theories regarding elder abuse. Social exchange theory is defined as both parties, the caregiver and the dependent, both give items of value resulting both parties to benefit from the relationship positively (Momtaz et al., 2013). According to this theory, if one person in the relationship is benefitting more from the relationship than the other, that is when elder abuse may occur (Momtaz et al., 2013). It is known that when elder people age, they start to become more physically dependent, thus resulting in becoming powerless and vulnerable which may increase the risk of abuse (Momtaz et al., 2013).

This study incorporates competence motivation theory to conceptualize the framework of this study. Competence motivation theory - originally called

effectance motivation theory - states that people are motivated to undertake activities that they can demonstrate or develop their skills which will then allow them to experience belief in their abilities in that realm along with their ability to control their performance (Harter, 1978). Successful mastery attempts at difficult tasks provide the individual with socio-emotional support from essential individuals in their field which lead to the preservation/rise in competence motivation for the individual (Harter, 1978). The same is said about the opposite - failed mastery attempts lead to decrease in competence motivation for the individual (Harter, 1978). This relates to this study because this theory assumes that people tend to experience a rise in competency when making successful attempts and a decrease in competence when making failed attempts. Social workers who work with the elderly population are considered mandated reporters and must be properly trained and equipped to identify, report, and intervene in elder abuse. Successful attempts raise and preserve this competence motivation and failures decrease this competence motivation in this field. Overall, competence motivation theory supports framing the process of understanding how well medical social workers are equipped with adequate training to detect and report elder abuse in hospice.

Gaps in the Research

A study done by Won et al. (2022) focused on the effectiveness of educational programs on palliative and end-of-life care in promoting perceived competence among health and social care professionals. In this study, the

measurement of the social workers competence was solely based on self-reviews, absence of a control group, and a limit of generalization of social workers in the study. This study contributes to the current limited research on medical social workers and how equipped they are with adequate training to detect and report elder abuse. This study focuses on elder abuse in hospice which is important because much of the research has been done on palliative care, nursing home facilities, and in the community.

Summary

Elder abuse is a public health issue that affects 5 million elderly people in the United States annually, however, there are ways we can combat elder abuse. One of the major ways is by properly educating and training medical social workers who work with the elderly population to detect, identify, report, and intervene when elder abuse is suspected. Some studies have been done in the past where it has been examined how effective social workers have been in identifying and intervening in elder abuse in hospice and palliative care. This study obtains a better understanding of how medical social workers are supplied with adequate training to detect and report elder abuse in hospice.

CHAPTER THREE:

METHODS

This study explores the competency and efficacy of medical social workers related to their training to detect and report elder abuse in hospice. This chapter discusses and explains the details about how this study is conducted. The subsequent sections are study design, recruitment and participants, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

Elder abuse has been a public health problem and has only been increasing over the years. The purpose of this study is to analyze and identify training that has been provided for medical social workers in the hospice setting to observe and report elder abuse if it suspected or witnessed. In using an exploratory, qualitative approach, the medical social workers have an opportunity to openly discuss their answers and experiences in the field regarding elder abuse training and reporting which will provide an in-depth understanding. This provides us, as the researchers, a greater insight on the experiences of the medical social workers. This type of research method yields the most information from participants that is not limiting or minimizing their experiences.

A limitation in this study is that the interviews will be face-to-face instead of an anonymous survey that would allow the participants to hide behind

anonymity. Although the participants are not anonymous to the researcher, their identity is anonymous in what is reported in the study. The researchers have done everything possible to make the participants feel comfortable and feel they are in a safe environment where they can share their experiences to the full extent. We asked interview questions that have been developed in advance and based on what the participant shares, follow-up questions are asked after their response for clarity or for further understanding.

Recruitment and Participants

In our study, we use non-probability and snowball sampling to recruit participants. Our study consists of medical social workers who currently work for a hospice agency or have worked for a hospice agency in the past. Eligibility to participate in this research study requires participants to be current social workers who reside in the Southern California region. We have sought approval from all participants who have been interviewed for this study. Current participants are encouraged to invite other medical social workers working in hospice to participate in this study. There are a total of eleven medical social workers who have experience working for a hospice agency. Eight out of the eleven medical social workers that are participating in this study have been informed of what kind of study is being conducted and have given their verbal agreement to participate.

Data Collecting

For this study, we chose to gather data from participants by conducting individual interviews. Individual interviews allow for a comprehensive understanding to be collected related to the study. We decided to conduct the research by conducting individual interviews rather than group interviews because individual interviews prevent our participants from their answers being compromised by other participants. Qualitative data has been collected by audio-recording individual interviews with the participants' permission which was transcribed to the letter for analysis. All interviews are conducted via video chat to ensure that the participants have privacy and feel they are in a safe space to be open and share their experiences. Each interview session is started by the social work student informing the participant about the purpose and description of the study. Demographic information from the participant is also gathered at the beginning of each individual interview including the participants age, ethnicity, highest education level achieved, gender, and number of years of experience as a medical social worker.

We are conducting semi-structured in-depth interviews to collect exact text on the medical social workers' experience with elder abuse in the hospice setting. We developed a semi-structured interview guide to ask the medical social workers questions regarding their experience and training to detect and report elder abuse in hospice. Questions include their education qualifications, mandatory and voluntary training experience, identifying risk factors, and past

experiences with detecting, intervening, their organizations procedure to file an APS report, and reporting elder abuse. Questions are posed as both closed-ended questions and open-ended questions.

Questions related to the medical social workers training include, “Have you had to take mandatory training on how to identify and report elder abuse? If so, what kind of training was taken? How long did the training take to complete? When was the training completed? How often do you have to take the training course if it is more than once? Have you completed any volunteer training on how to identify and report elder abuse? If so, what kind of training was taken? How long did the training take to complete? When was the training taken? How many volunteer training courses have you completed?” Questions are asked regarding the medical social workers education including, “Have you obtained an MSW degree? Yes or no. If no, what is social work degree or social work-related degree have you obtained?” We encouraged each participant to share their experiences and anything they find relevant. Follow-up questions that are not in the interview guide are asked if the researcher requires clarity or further understanding of the participants experience. Audio recordings are transcribed exactly for analysis.

Procedures

As researchers, we have had conversations with the medical social workers regarding this study and the purpose of the study and have asked for their verbal agreement to participate in the study. We have discussed what the

interview would look like regarding the type of information that is asked. The participants are given different dates and times as to when the interviews will take place and are provided with the correct video chat link to connect via video chat. This choice gives them a sense of comfort being in their personal workspace or choosing a space outside of their employment. We have sent reminders of the scheduled interviews to prevent the participants from forgetting or from double booking.

After a brief introduction, the researcher explains informed consent and confidentiality to the participants. A consent form is distributed explaining in further detail the purpose of the study and the participant role in the study. Each participant is asked to sign the consent form before the interview and audio recording device is started. The researcher continues by asking demographic questions, such as their age, ethnicity, highest level of education achieved, gender, and years of experience as a medical social worker. The researcher collects this information via audio recording, as the participants speak. This is transcribed into a document after the interview. At the end of the interview, the participants are thanked for their time and participation and a debriefing statement will be provided.

Protection of Human Subjects

While conducting research for this study, a few guidelines are put in place to ensure the protection of each participant. Before starting the interview, we

discuss informed consent with each participant. Each participant is asked to sign a consent form before the interview begins and the audio recording is started. They are informed that they can withdraw from the study at any time and are not obligated to continue without their consent. They are informed that the interview will be audio recorded but no identifying information about their identity is recorded in the study. We inform each participant that their identity is not disclosed in the study to protect their privacy and what they disclose during the interview is kept anonymous. To ensure privacy during the interview, participants are interviewed individually. Pseudonyms are provided to each participant and each pseudonym is assigned a number while audio recording to ensure the participants privacy and to allow the researcher to collect the data and transcribe the conversations had after the fact. All information regarding the study (i.e., audio recordings, transcripts, and signed documents) is kept on a separate drive that requires a password to access.

Data Analysis

After conducting the interviews, the audio recordings are transcribed verbatim. Each participant is given a pseudonym and each pseudonym has been provided a number for easier transcription and storage of data. Non-verbal actions such as, body movement, hesitations, facial expressions, and loudness or tone of voice is noted if found significantly important for the purpose of understanding the participants explanation of their experiences. Once transcription is completed the data is analyzed to find any common accounts

found throughout all the participants statements. We utilize narrative analysis and are reformulating the stories and narratives told by the participants. We then take this data and categorize it into different codes that represent a major theme in the data. The data is analyzed first through open coding where the raw data is organized. Next comes axial coding where the organized data is interconnected, and categories of codes are linked by the researchers. Lastly, we formulate a story through connecting the categories.

Summary

In conclusion, we hope our findings answer our research question in exploring the competency and efficacy of medical social workers related to their training to detect and report elder abuse in association with hospice. This study consists of eleven participants being interviewed in a one-on-one interview. In using the exploratory, qualitative method, this allows our participants to give an in-depth understanding of their personal experiences as a medical social worker in association with hospice. This chapter has gone in depth as to what study design we have chosen, recruitment and participants, data collection and instruments, procedures, protection of human subjects, and data analysis.

CHAPTER FOUR:

RESULTS

Introduction

Chapter four will be reviewing the participant demographics and the results gathered from the in-depth interviews. This chapter will be reviewing the results regarding the four major themes found in the research. The four major themes found include: training, education, APS reporting, and consultation experiences. The data was collected and qualitative analysis was performed to obtain the findings. Eleven participants were recruited during a two-month recruitment period. Each participant completed the demographic survey and participated in an in-depth interview. Table 1 displayed below shows the demographic characteristics of the participants. Table 1 displayed below demonstrates the participants participation in mandatory and volunteer training on elder abuse, formal education on elder abuse, experience with APS reporting, and experience with consultation regarding elder abuse cases. Tables 2- 5 displayed below discuss the major themes found in the data with quotations from the participants regarding the major themes found.

Demographics

Table one below represents the characteristics of the participants who were interviewed. A total of eleven medical social workers who work in hospice were interviewed via Zoom. Medical social workers who currently or have

previously worked in hospice were asked about their experience in both their formal education and training on elder abuse and Adult Protective Services (APS) reporting. Interview questions were asked to explore participants's experiences as social workers in hospice regarding elder abuse and APS reporting.

All eleven participants were female. Ages of the participants varied from 20 to 58 years old. Specifically, 3 (27.3%) were between the ages of 20 – 30 years old, 5 (45.5%) were between the ages of 31 to 43, and 3 (27.3%) were between the ages of 44 to 58 years old. The most common age group of the participants were between the ages of 31 to 43 years old. Regarding the participants' ethnic background, 5 (45.4%) of participants identified as Caucasian, 5 (45.5%) of participants identified as Hispanic/Latino, and 1 (9%) identified as two or more ethnic backgrounds. Participants were also asked what type of educational program type they have participated in. Of the 11 participants, 2 (18.2%) reported having a Bachelors only background, 5 (45.5%) reported having a Master's of Social Work only background, and 4 (36.4%) reported being California Licensed Clinical Social Workers. Regarding the participants employment status, 9 (81%) reported being employed full-time and 2 (18.2%) reported being employed per-diem. Participants were also asked about their years of experience of working as medical social workers in hospice and results showed that 6 (54.5%) had 0 to 5 years of experience, 3 (27.3%) reported

having 6 to 10 years of experience, and 2 (18.2%) reported having 11 to 15 years of experience.

Participants were also asked about their participation/experience in mandatory training on elder abuse, volunteer training on elder abuse, formal education on elder abuse, their experience in making an APS report, and having consultation available for making an APS report. Regarding the participants participation in mandatory training on elder abuse, 10 (90.9%) reported participating in mandatory training and 1 (9.1%) reported not participating in mandatory training. For volunteer training in elder abuse, 3 (27.3%) participants reported having participated in some form of volunteer training and 8 (72.7%) participants reported having not participated in volunteer training. Regarding the participants' experience in receiving formal education on elder abuse, 10 (90.9%) reported having formal education and 1(9.1%) reported not having any formal education. All participants (11, 100%) reported having experience in filing an APS report. Lastly, regarding the participants' experience in having a consultant available when making an APS report, 10 (90.9%) reported having a consultant available and 1 (9.1%) reported not having a consultant available.

Table 1. Demographic Characteristics of Participants

Descriptive	***f***	**%**

Age		
20-30	3	27.3
31-43	5	45.5
44-58	3	27.3
Gender		
Female	11	100
Ethnicity		
Caucasian	4	+5
Hispanic/Latino	52	+1
2 or More	1	9
Program Type		
Bachelor's Only	2	18.2
MSW Only	5	45.5
LCSW	4	36.4
Employment Status		
Full-Time	9	81
Per Diem	2	18.2
Years Working For Hospice		
0-5	6	54.5

6-10	3	27.3
11-15	2	18.2
Mandatory Training in Elder Abuse		
Yes	10	90.9
No	1	9.1
Volunteer Training in Elder Abuse		
Yes	3	27.3
No	8	72.7
Education in Elder Abuse		
Yes	10	90.9
No	1	9.1
Experience in Making an APS Report		
Yes	11	100
Consultation for APS Reporting		
Yes	10	90.9
No	1	9.1

Training on Elder Abuse

Participants were asked to describe their experiences with both mandatory and volunteer training on elder abuse while working for a hospice agency. The mandatory training that was referenced in the interviews with the participants was regarding mandatory training that participants had to undergo for the hospice agencies that employed them. The volunteer training that was referenced in the interviews was regarding any elder abuse training that the participants took voluntarily on their own time outside of their employment and education requirements.

Table 2. Training in Elder Abuse

Mandatory Training	Volunteer Training
Found it helpful I found it very beneficial because there's going to be times where you're going to come across a case where something is just not looking good. The training gave me the understanding of what to look for when I go out and do home visit with my patients. It made me more aware of what to keep an eye out for. Yeah, I found it to be helpful. **Found it unhelpful**	**Found it helpful** I found the Morongo training very helpful. It was very in depth and very informative. The CEU's are more of a review and surface level information so they're somewhat helpful for reviewing and getting a refresher on the information. But it's not any new information that I haven't already learned. **Found it unhelpful**

I would say that it wasn't really helpful. I don't think they were prepared to train us or had enough information for us to understand elder abuse and when to report. The person leading the training didn't really give me cases for me to understand anything else that I hadn't already learned in school. The training wasn't something that was going to light a spark and make me think "oh, that makes sense." They didn't give us real life examples that they have experienced in their work where they had identified elder abuse, what triggered their suspicions and how they dealt with the situation. It was more definition	[Was the volunteer training helpful to your work in hospice?] God, it really doesn't. Again, because it just goes over what types of elder abuse there are and what each one means, it's information I already know through school and experience. It doesn't really offer any additional information. If they were to focus on giving us scenarios and practice that way, then maybe it would be helpful. But since it's information I am already aware of, it's not helpful.

Mandatory Training

Ten out of eleven participants had to undergo mandatory training for the hospice agencies that employed them. Of those ten participants, six found the mandatory training beneficial. Many of the participants who found the training helpful stated it was beneficial to them because it laid down the foundation of what elder abuse is in hospice. Participants who expressed that the training was helpful stated that they found it beneficial in understanding what types of elder abuse there is and signs that they can indicate to identify if abuse was present with the elderly patients. As seen in the quote in Table 2, they stated the importance of understanding what the several types of elder abuse look like and

when it is necessary to make an elder abuse report to Adult Protective Services (APS).

For those who did not find the mandatory elder abuse training helpful – four out of the ten participants – they stated that the information was not beneficial. Many of the participants who did not find it beneficial expressed that the mandatory elder abuse training did not give them any additional information that they had not learned in their formal education. As seen in the quote in Table 2, they also expressed that the information was surface level – i.e., definitions of elder abuse and typical signs that one may observe that may indicate types of abuse. They expressed a lack of real-world examples and case studies that they could analyze to determine whether abuse was taking place. They expressed a lack of challenge in understanding elder abuse in a hospice setting at an in-depth level.

Volunteer Training

As seen in Table 1, results from the interviews showed that three participants of the eleven had participated in volunteer elder abuse training outside of their formal education and mandatory training. Volunteer training formats included online videos presentations/readings and in-person training. Of the three participants, two took the volunteer training more than once in two- and three-year intervals. Two of the three participants found the volunteer training to be helpful while the other participant did not find the volunteer training to be helpful in their work in hospice.

For the participants that found the volunteer training helpful, they expressed that the additional training was in-depth and added to their already known knowledge about elder abuse. As seen in Table 2, the participants expressed that after the volunteer training, they had a better understanding of what elder abuse is, what to look for to identify it in hospice, and how to make a report to APS. For the one participant who did not find the volunteer training helpful, they expressed that the training was information they already learned through their mandatory training and through their formal education. As seen in Table 2, the participant stated that the information in the volunteer training was superficial and that it did not “really offer any additional information.”

Education on Elder Abuse

Participants were then asked about their educational background regarding elder abuse leading up to their career. Education can be recognized through formal education in the classroom either through their bachelor’s program or through their master’s program; these classes were an elective or a mandatory course that the program required. Education can also be recognized through their field work, also known as their internship, either through their bachelor’s level, master’s level, or both.

As seen in Table 1, results indicate that ten out of the eleven participants had some form of education regarding elder abuse. Of the ten that had education on elder abuse, eight of the participants reported having formal education on elder abuse in the classroom. The other two participants who reported having an

educational background on elder abuse reported getting their education through their field work and not in the classroom.

Table 3. Education on Elder Abuse

Class	Internship
Geriatric Elective I think my MSW program prepared me well for my current work in hospice. I took a course on elder abuse and the elderly. I took the class because I knew this was the population I wanted to work with and the field I wanted to pursue as a social worker. I will say that it was an elective, so this class wasn't required by my program, I decided to take it on my own because I wanted to work with the elderly. Since it was an elective, my classmates were not required to take the course, so I don't think they were as prepared as I was in identifying and reporting elder abuse. **Generalized Program** In the classroom? It wasn't well, I did not take any classes on geriatrics, and it wasn't a required course that was a part of my program.	Although, I did get additional training in the internship that I acquired through my school. I interned at a senior site, and they gave all the interns training on what elder abuse was and how we can identify it. Plus, I got a lot experience when I was working with clients. It was through the experiences with clients that I got the most knowledge. Plus, I was able to consult with my preceptor and field instructor if I ever had any questions. They were a huge help because they had a lot of knowledge and experience.

Formal Education in the Classroom

For the eight participants who stated they had formal education in the classroom regarding elder abuse, six of them reported taking a class dedicated to the aging population (e.g., elective on geriatrics, death and dying, and elder abuse). All six participants stated feeling well prepared for their future work as a social worker in hospice. They stated feeling well prepared to identify and report elder abuse if situations were to arise in their place of employment. They expressed that the dedicated classes on the aging population gave them an in-depth understanding of what elder abuse is, what to look for in the home/facility to assess for abuse, and how to make a report if needed. Some of the six participants also stated benefiting from the classes on the aging population by receiving real life case scenarios and working on their clinical judgement to determine whether the elderly person in the case example was experiencing abuse and whether they saw it fit to file an elder abuse report to APS. All participants who participated in a class dedicated to the aging population stated they felt well prepared to enter the workforce as social workers for hospice.

For the two of eight participants who received formal education in the classroom but who did not take a class dedicated to the aging population, expressed dissatisfaction with the education provided and feeling unprepared for their future work as social workers in hospice. Through their interviews, they stated being presented with brief information on elder abuse “on one class day.” These participants explained how they did not know how to make a report due to

the lack of information provided that day. They stated that through their formal education, their professor had only scratched the surface on elder abuse information and APS reporting. They expressed a lack of in-depth information on elder abuse, how to make an APS report, how to judge whether an APS report was necessary, and a lack of practice via case examples in the classroom. These participants did not feel that their formal education prepared them for their work as a social worker in hospice.

Field Work

The two participants who reported having field work education on elder abuse found it most helpful to have had knowledge on elder abuse through their internship. One participant reported their experiences with their clients was how they got the most knowledge. The second participant reported learning most through shadowing Licensed Clinical Social Workers (LCSW) or other supervisor professionals. This participant reported “a great deal was learned on the field.”

Adult Protective Services Reporting

Participants were then asked about their experience with making a report to Adult Protective Services (APS). These reports consisted of all types of elder abuse; physical, emotional/ psychological, financial, sexual and neglect. All the participants interviewed reported making an elder abuse report to APS while working for hospice.

Table 4. APS Reporting

Triggers	Types of Abuse	Procedures
For example, there was a case when I had a patient that was sitting in their own urine. I did a routine home visit, and the daughter was there with my patient – her mother. I noticed the smell of urine, and I also noticed that the patient was wet – she had urinated on herself. I asked the daughter about this seeing as she was the caregiver. The daughter refused to change her mom, refused to give her medication because she felt that the medication made her sleepy and restricted her mom from being able to get up to go to the restroom. But by not giving her the medication, it allowed the patient to be in unnecessary pain. So, because of the daughter's convenience, what was easier for the daughter was more important to her than what was easier for the patient. So then I made a report to APS for the neglect of the patient.	Self-neglect, neglect... I can honestly say any type of abuse that is out there I've probably reported on in my fifteen years of work in hospice. Financial, emotional, physical… so yeah, every single one.	Depending on the county, make the report over the phone to the county they reside in, then fax over the written report usually within 24 hours. We would have a filing cabinet where we would put the written report. Depending on what is going on I would call the assigned APS social worker to follow up and tell them what was going on.

Types of Abuse

For Nine of the eleven participants reported most of their reports to APS was neglect. Neglect consisted of either self-neglect or neglect from their caregivers/ family members. The second most popular report of elder abuse was financial abuse with seven of the eleven participants reporting. Four of the eleven participants also reported elder abuse for physical, emotional/ psychological, and sexual.

Triggers

Open ended questions were then asked during the interview to get a better understanding of how elder abuse is detected in the hospice setting by medical social workers. The participants in this study identified both witnessing physical signs (either on the elderly person's body or their environment) and identifying signs while speaking to the elderly person. Below are the findings from the interviews conducted.

Four of the eight who have reported neglect as a form of elder abuse state that they identified or suspected neglect due to the patient being soiled for an extended period. Triggers associated with the form of neglect include new rashes appearing due to patient being soiled and not changed regularly, family refusing to give patient medication causing patient to be in excruciating pain, patients who are bedridden not being turned to prevent rashes, empty refrigerator, stolen medical supplies provided by the hospice agency and the inability to contact family member for them to provide caregiving services to the patient. Other

triggers associated with financial abuse include patients receiving eviction notice although the patient has steady income, utilities not being paid knowing the patient is receiving social security, pension, or retirement benefits, and lastly family members “running off with patient’s money.” One participant reported witnessing the patient being slapped and shaken during a home visit. This resulted in the participant making a physical abuse report to APS.

Procedures of the Organization

Participants were asked about their organization's procedures regarding filing elder abuse reports to Adult Protective Service (APS). Of the eleven participants, ten participants reported they had a procedure in place in their organization on filing a report to APS. The last participant reported their organization had “no structure when it comes to filing a report.” Three of the participants reported consulting with their supervisors before making a report. All ten of the participants stated making a report by calling the patient’s residing county. Five of the participants report faxing a written report to APS after making the verbal report over the phone. Seven of the participants report they make a follow up call to the assigned social worker on the APS case. Two of the participants report informing the team with the report that was made. One participant reported the organization prefers the nurses to make the APS report if there is suspected abuse as the participant states “they obviously see it, the abuse firsthand.”

Consultation of Adult Protective Services Reports

During the interview with the participants, they were asked about the resource of having the ability to consult with a supervisor/mentor when making an elder abuse report to Adult Protective Services (APS). Not only were participants asked about consultation resources, but they were also asked about the effectiveness of having such a person available for consultation.

Table 5. Consultation on APS Reports

Helpful	Unhelpful
Been good. They're available at any time if I have questions and they're willing to help me through the steps if I have a question and if I need help with something. Like I said, it was really helpful in the beginning when I first started. They helped me distinguish when I had to report and when it wasn't necessary. And I still don't know everything so it's good to be able to consult with someone who may have a different perspective.	To be honest with you, not so great. I think I have more experience than the person I'm collaborating with. The reason she is my supervisor is simply because she has a license, and I don't. I have 15 years' experience, so I feel I know more about when to report to APS than the person I collaborate and consult with on cases. It's still good to consult to get the other persons perspective but I have so much experience I don't find it very beneficial.

Results from the interviews with the eleven participants revealed that ten received consultation from a supervisor/mentor at the hospice agency that

employed them. Of those ten participants that had the opportunity to consult, eight participants found it to be beneficial. As seen in Table 6, participants have expressed that consultation when contemplating whether to file an APS report has been helpful. Participants stated the importance of consultation, especially when first starting out as a social worker for hospice. Participants expressed the importance of obtaining the perspective and feedback of a supervisor/mentor who has had more time and experience as a social worker in hospice. One participant in an interview stated, “They helped me distinguish when I had to report and when it wasn’t necessary. And I still don’t know everything so it’s good to be able to consult with someone who may have a different perspective.” Many of the participants who found the consultation to be beneficial expressed similar sentiments.

For the two participants who had a supervisor/mentor who provided consultation and did not find it helpful, expressed the reasons being the participants having more experience than the supervisor/mentor, and the supervisor/mentor who was assigned was not of a social worker background. As seen in Table 6, the first participant found the consultation non beneficial because she felt that she had more time and experience as a social worker in hospice than her supervisor/mentor. The second participant stated that since her supervisor/mentor did not come from a social work background/experience, she felt that they did not “understand the background of why we report.” This same

participant also expressed feeling unsupported by her hospice agency, stating that “I don’t feel the appropriate consultation or support is present.”

Conclusion

Key findings from the research include participants' perceptions of mandatory and volunteer training, elder abuse education in the classroom and through internship, and consultation. A majority of the participants found the mandatory training helpful stating the importance of understanding what the several types of elder abuse look like and when it is necessary to make an elder abuse report to Adult Protective Services (APS). Participants who found the mandatory training unhelpful expressed a lack of challenge in understanding elder abuse in a hospice setting at an in-depth level. Participants that found the volunteer training helpful expressed that the additional training was in-depth and added to their already known knowledge about elder abuse. The participant who didn’t find it helpful expressed that the training was information they already learned through their mandatory training and through their formal education. All participants who participated in a class dedicated to the aging population stated they felt well prepared to enter the workforce as social workers for hospice. Participants who did not take a specialized class on the aging population did not feel that their formal education prepared them for their work as a social worker in hospice. For those who talked about their internship/field work, they found it most helpful and stated to have gained knowledge on elder abuse through their internship. The majority of participants stated the importance of consultation,

especially when first starting out as a social worker for hospice and expressed how beneficial consultation is. Two participants expressed how unbeneficial they found consultation to be. These results will be further analyzed and discussed in the next chapter.

CHAPTER FIVE:

DISCUSSION

Introduction

Four major themes were identified while analyzing the transcripts obtained through the interviews with eleven participants. The four major themes included: training, education, Adult Protective Services (APS) reporting, and consultation experiences. The following is a summary of the results explained in the previous chapter.

Through the four major themes, we found that the majority of the participants (6) found that the mandatory training on elder abuse and APS reporting was beneficial to their work as medical social workers in hospice. Results from the interviews also revealed that two of the three participants who took volunteer training found it beneficial. The majority of participants (8) who had formal education through their social work program (in-class and field work/internship) found it to be beneficial and felt well prepared for their future work as medical social workers for hospice. All participants reported having experience in filing APS reports of various types of elder abuse. Lastly, the majority (8 of 10) of the participants who reported having consultation available found it to be beneficial and supportive.

Discussion and Implications for Social Work

There have been very few studies done in the past evaluating the professional and educational needs of hospice and palliative care social. Past research has not focused on medical social workers' efficacy in identifying and intervening in elder abuse. The purpose of this study is to contribute to the limited research by focusing this study on how equipped medical social workers are with adequate training to detect and report elder abuse.

The results of this study provided a good overall picture of the state of knowledge and experience of medical social workers in hospice regarding mandatory training on elder abuse and APS reporting, volunteer training, formal education, APS reporting experience and knowledge, and consultation services to support social workers when making a report. The information shared by the participants in this study about their knowledge and experience with training, formal education, filing APS reports, and consultation resources have given us some insight into how equipped medical social workers are in detecting and reporting elder abuse in hospice settings.

Mandatory and Volunteer Training

Regarding the participants' experience with mandatory and volunteer training on elder abuse and APS reporting, the majority of participants found these training to be beneficial and expressed that this continued education was necessary and helped them with their work as medical social workers in hospice – especially when they first started out in their careers. Although participants

expressed that the training they received was beneficial, they also expressed a desire for the training that they took to be more “in-depth.” Participants described the mandatory training information as “surface level information” such as definitions of elder abuse and common signs to look for when working with a patient. Participants were asked to elaborate what they meant when they wished for more “in-depth” training. Responses indicated that participants wished for the opportunity to evaluate case studies and determine the presence of elder abuse and a need for filing a report with APS within a hospice setting. Continuing with this, they also wished for the opportunity of evaluating different – more complicated – cases of elder abuse, such as financial abuse in hospice.

If these participants' wishes and concerns are to be considered for future training, hospice agencies who require mandatory training on elder abuse for new employees must consider providing more comprehensive and hands-on trainings that will meet the educational needs of their medical social workers. Social workers for hospice have expressed a need for more comprehensive information on elder abuse including what different types there are, case studies they can use to practice identifying and filing a report on elder abuse, and exercises that allow them to practice their clinical judgment. Through this study we have seen these participants receptive to mandatory training on elder abuse and APS reporting and have expressed further interest in more comprehensive training. These participants have seen and expressed the benefits of these mandatory trainings and hospice agencies must take these results into account

and implement more comprehensive and hands on trainings that will further the social workers knowledge on elder abuse and APS reporting and will make them adept out in the field in identifying and reporting elder abuse seen with the patients on their caseload.

Similar results were found when assessing the responses about volunteer training for elder abuse and APS reporting. Participants who partook in volunteer training (3 of 11), two found the training to be beneficial. Participants expressed that the training was exhaustive information which added to their knowledge that had been obtained through their formal education and mandatory training. The participants who did not find the training beneficial reported that it was due to information provided being surface level and not adding any significance to their current knowledge. If current and future medical social workers for hospice were to take this information into consideration, they should consider the benefits of taking part in volunteer training.

For those who found the information beneficial, they stated that it furthered their knowledge and understanding of elder abuse and APS reporting in a hospice setting. It is the responsibility of the social workers to want to continue their education and learn more information to become experts in their field. Although, through the interviews with the current participants in this study, it is not ignored that many medical social workers in hospice find it hard to carve out time out of work hours and out of their personal time to register and attend these volunteer training sessions. For this reason, it is recommended that hospice

agencies see the value in continued and recurring training in creating more competent experts in the hospice field.

Formal Education

All social workers working in hospice must meet an educational requirement/qualification to become a social worker in hospice. Ten of the eleven participants reported having some form of formal education on elder abuse. Education was described by either 1) taking a full course on geriatrics, either mandatory or elective, 2) learning about elder abuse in class not related to geriatrics and lastly 3) during field practicum either through the Bachelor of Social Work (BSW) program or the Master of Social Work (MSW) program.

All participants interviewed for this study met that requirement by obtaining either a BSW, MSW or a baccalaureate degree in psychology, sociology or other field related to social work. Our study found that three of the eleven participants had not obtained an MSW degree and had only obtained a baccalaureate degree. Eight of the eleven participants had an MSW degree. Of the eight who obtained an MSW degree, four obtained a License to be a Licensed Clinical Social Worker (LCSW). Participants shared that their formal educational programs were beneficial in being able to identify, detect and report elder abuse in hospice.

Participants who took a class specifically on geriatrics all report gaining most of their knowledge on elder abuse through this class and expressed being very well prepared when going into the hospice field. Participants who reported

learning through their internship experience stated their knowledge and understanding of elder abuse and APS reporting mostly came from experience on the field with clients and not in the classroom. A participant who reported only learning about elder abuse in class and not in a geriatric course explained how they lacked the knowledge of how to make a report to APS regarding elder abuse. Another participant who did not take a course on geriatrics reported they only learned about the definition of elder abuse but was not given scenarios or examples of what elder abuse may look like. This study gave us an overview of how impactful education on elder abuse learned in the classroom and through field practicum can be.

With these results and findings in mind, it is recommended that advanced generalist social work education programs take these results into consideration. This can be done when identifying and creating a curriculum whose goal is to provide broad training and instruction in clinical and macro social work. The elderly population is a greatly served population in social work that deserves a comprehensive part in the generalist practice curriculum. Many social workers will be working with this population and must have a comprehensive understanding of elder abuse and how to identify and report to APS. Those who took a specialized class on the topic found it beneficial and expressed the need for this information for those who did not take the specialized class.

Recommendations for future Research

This study had some limitations while conducting and gathering information. Limitations included the small sample size and participants' reluctance to provide more details to the interview questions. The sample size consisted of eleven participants who currently work for a hospice agency or had experience working for a hospice agency – a majority of which work for the same hospice agency. A sample size this small is unable to generalize the results to the larger population. Also, due to the majority of the participants coming from one agency, this may fail to provide this study with enough diversity in their experience so this further restricts the generalizability of your results. Therefore, for future research in this area, the sample size should be increased to gather more information and for the results to include a more diverse sample and have the ability to be generalized to the larger population. Sample size can bias the results of the study. To prevent bias from occurring in the future, the sample size should be increased. In addition, participants' reluctance to provide more details regarding their experience with hospice limited this study's findings. More detailed information gathered from participants would have given this study's results a more comprehensive understanding of the medical social workers experiences and feelings leading to a better understanding of whether social workers are adequately equipped to identify and report elder abuse in hospice.

Conclusion

In closing, medical social workers require training on elder abuse and APS reporting, either in the classroom and/or on the field, to adequately detect and report elder abuse in hospice. Results from this study revealed that participants who did receive mandatory and volunteer training at their hospice agencies on elder abuse, most expressed that the training they did receive was beneficial. Although, they did express a need for more comprehensive and extensive training that would challenge them and further their current knowledge on elder abuse. Along with mandatory and volunteer training, participants also shared their formal education, in the classroom and through internship, as beneficial in being able to identify, detect and report elder abuse in hospice. Results in volunteer training were similar to mandatory training in that participants found it beneficial because it was more comprehensive information that challenged and furthered their current knowledge. These findings reveal the professional and educational needs of medical social workers in hospice. Participants expressed a need for more training and education that would further their knowledge and understanding of elder abuse. Therefore, it is the social workers and hospice agencies' responsibility to provide and participate in more comprehensive and extensive training in elder abuse that will create more adept social workers in hospice.

APPENDIX A

IRB APPROVAL

Date: 4-13-2023

IRB #: IRB-FY2022-227
Title: MEDICAL SOCIAL WORKERS TRAINING AND ELDER ABUSE IN HOSPICE
Creation Date: 2-7-2022
End Date:
Status: Approved
Principal Investigator: Yawen Li
Review Board: Main IRB Designated Reviewers for School of Social Work
Sponsor:

Study History

Submission Type	Review Type	Decision
Initial	Exempt	Exempt

APPENDIX B

INTERVIEW QUESTIONS

The questions below were created by authors of this research project.

1. “Have you had to take mandatory training on how to identify and report elder abuse?
2. If so, what kind of training was taken?
3. How long did the training take to complete?
4. When was the training completed?
5. How often do you have to take the training course if it is more than once?
6. Have you completed any volunteer training on how to identify and report elder abuse?
7. If so, what kind of training was taken? How long did the training take to complete?
8. When was the training taken? How many volunteer training courses have you completed?” Questions will also be asked regarding the medical social workers education including
9. “Have you obtained an MSW degree? Yes or no. If no, what is social work degree or social work-related degree have you obtained?”

We will be encouraging each participant to share their experiences and anything they find relevant, and think will be a contribution to the study. Follow-up questions that are not in the interview guide will be asked if the researcher requires clarity or further understanding of the participants experience. Audio recordings will be transcribed exactly for analysis.

APPENDIX C

INFORMED CONSENT FORM

CSUSB
WE DEFINE THE Future
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
www.csusb.edu

INFORMED CONSENT

The study in which you are asked to participate is designed to explore the competency and efficacy of medical social workers related to their training to detect and report elder abuse in hospice. The study is being conducted by Katherine Barba and Crystal Garcia, graduate students, under the supervision of Dr. Yawen Li, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to examine the competency and efficacy of medical social workers related to their training to detect and report elder abuse in hospice.

DESCRIPTION: Participants will be asked of a few questions on their previous training and experience on detecting and reporting elder abuse in hospice.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential, and data will be reported in group form only.

DURATION: It will take 20-30 minutes to complete the interview.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Yawen Li at yawen.li@csusb.edu via email or 909-537-5584 via telephone.

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2023.

I agree to have this interview be audio recorded: _____ YES _____ NO
I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

_____ _____
Name Date

APPENDIX D

FLYER

CSUSB

WE DEFINE THE Future

School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407

909.537.5501 | fax: 909.537.7029
http://socialwork.csusb.edu

Medical Social Workers Needed

To participate in a research study examining how equipped are medical social workers with adequate training to detect and report elder abuse in hospice.

All your answers to the questions will be kept confidential.

Findings from this study will add to the literature in this area of research.

To participate in this study, e-mail Katherine Barba and Crystal Garcia, at

004865519@coyote.csusb.edu.

Questions/concerns?

Contact Katherine Barba and Crystal Garcia, Student Researchers, anytime at

004865519@coyote.csusb.edu, or Research Supervisor, contact

Dr. Yawen Li at Yawen.Li@csusb.edu

or via phone at (909) 537-5532.

REFERENCES

Administration for Community Living. (2019, January 31). *Prevention of elder abuse, neglect, and exploitation*. https://acl.gov/programs/elder-justice/prevention-elder-abuse-neglect-and-exploitation

California Department of Social Services. (n.d.). *Adult protective services*. Retrieved September 25, 2021, from https://www.cdss.ca.gov/inforesources/adult-protective-services

Center for Disease Control and Prevention. (2021, June 2). *Violence prevention.* https://www.cdc.gov/violenceprevention/elderabuse/fastfact.html

Donovan, K., & Regehr, C. (2010). Elder abuse: Clinical, ethical, and legal considerations in social work practice. *Clinical Social Work Journal*, *38*(2), 174–182. https://doi.org/10.1007/s10615-010-0269-2

Ernst, J. S. (n.d.) Elder justice curriculum module for MSW programs. In Ernst, J. S. (Ed.) Hood College.

Greenlee, K. (2020). *Our national shame: Little to no funding for elder abuse prevention and response*. ASASPELL OUT Generations. https://generations.asaging.org/elder-abuse-prevention-older-adults-funding

Harter, S. (1978). Effectance Motivation Reconsidered Toward a Developmental Model. *Human Development*, *21*(1), 34–64. https://doi.org/10.1159/000271574

Momtaz, Y., A., Hamid, T. A., & Ibrahim, R. (2013). Theories and measures of elder abuse. Psychogeriatrics, 13(3), 182–188. https://doi.org/10.1111/psyg.12009

National Council on Aging. (2021, February 23). *Get the facts on elder abuse*. https://www.ncoa.org/article/get-the-facts-on-elder-abuse

National Center on Elder Abuse. (n.d.). *Research statistics and data*. Retrieved September 25, 2021, from https://ncea.acl.gov/About-Us/What-We-Do/Research/Statistics-and-Data.aspx

Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016). Elder abuse: Global situation, risk factors, and prevention strategies. *The Gerontologist*, *56 Suppl 2*(2), 194–205. https://doi.org/10.1093/geront/gnw004

Sengstock, M. C., & Marshall, B. I. (2013). Adult protective services workers assess the effectiveness of mandatory reporting of elder maltreatment in Michigan. *Journal of Applied Social Science*, *7*(2), 220–232. http://www.jstor.org/stable/43615078

Weisenfluh, S. M., & Csikai, E. L. (2013). Professional and educational needs of hospice and palliative care social workers. *Journal of Social Work in End-Of-Life & Palliative Care*, *9*(1), 58–73. https://doi.org/10.1080/15524256.2012.758604

Wong, K. T. C., Chow, A. Y. M., & Chan, I. K. N. (2022). Effectiveness of educational programs on palliative and end-of-life care in promoting perceived competence among health and social care professionals. *American Journal of Hospice and Palliative Medicine®*, *39*(1), 45–53. https://doi.org/10.1177/10499091211038501

ASSIGNED RESPONSIBILITIES

The work for this research paper was divided evenly between the two authors. Both authors worked collaboratively to split the chapter and workload evenly. A list of each person's primary responsibilities was created for each chapter written.

For chapter one, Crystal was responsible for researching and writing about the population affected by elder abuse in the nation and in California. Katherine was responsible for researching and writing about the populations that were most vulnerable to experiencing elder abuse. Lastly, both researchers worked together to discuss and write about the importance that social workers have on the problem of elder abuse.

Regarding chapter two, the work was also divided evenly between the two authors. Crystal was responsible for researching and writing on the topic of what qualifications are required for medical social workers working in hospice. Katherine was responsible for researching and writing about the competencies that medical social workers must have while working in hospice.

For chapter 3, again the work was divided evenly between the two authors. Both researchers discussed how the study was going to be conducted, how participants would be recruited, how data would be collected, what procedures would be in place while collecting data from participants, how the human subjects would be protected, and how data would then be analyzed. After

discussing all the forementioned information, the two authors split the work evenly and wrote about their sections.

For chapters four and five, the two authors worked collaboratively to transcribe, code, and analyze the data gathered from the interviews with the participants. Both authors worked together to take on different sections of these last wo chapters to demonstrate the findings of this study.

Throughout this process, the two authors listed each person's primary responsibilities, created multiple timelines for when specific tasks should be completed, communicated regularly on progress made and any complications that were faced, and ensured that the project was completed on time and to the best of their ability Lastly, the two authors also met regularly with their faculty supervisor to address any complications that arose and to receive guidance.