

# CARE 4.0

change in competence

## Leadership Congress

**How to lift the current taboos and fighting prejudices in long term care?**

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Chairman EAN Working Group Prejudices and Taboos

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# TABOOS AND PREJUDICES IN LONG-TERM CARE

## Why this subject?



- 2019: EAN GA in Matera, Italy: survey about taboos and dogmas to identify what dogmas and taboos were dominant from the perspective of a care provider
- Ageism: discrimination based on old age and the ageing process
- Sense that ageism is stuck in general views but needs to have more concrete content
- Working group assigned by the EAN Board: 8 experts from 5 European countries

# Taboos and prejudices

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- A prejudice is *“a feeling, favourable or unfavourable, toward a person or thing, prior to, or not based on, actual experience”* (Allport, 1979)
- A taboo is *“a subject, word or action that is avoided or forbidden for religious or social reasons”* (Cambridge Dictionary)
- The report contains 14 prejudices and 4 taboos

# Taboos and dogmas are culturally bound



A photograph showing a woman in a white uniform, possibly a caregiver, leaning over and pushing an elderly woman with white hair off a green couch. The elderly woman has a distressed expression. The scene is set in a living room with floral curtains and a bookshelf in the background. The image is overlaid with a dark semi-transparent layer on the left side where the text is located.

# Taboo: Elder abuse

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# What are forms of elder abuse? (WHO, 2011)

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- Physical abuse: physical and sexual violence.
- Mental abuse: emotional, neglect
- Financial/material exploitation
- Abandonment

But:

- Difficult to detect: when do we call it abuse?



# Findings WG about the current situation

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- Prevalence of elder abuse in Europe (Yon, Lam, Panssmore, Huber, Sethi, 2020):
  - 15.4% of older adults at home
  - 33% of older adults in an institutional setting!!
- Perpetrators:
  - Home setting: partners/family members, professional caregivers
  - Institutional setting: professional caregivers
- Older people with dementia or a disability increase risk (Osterbrink/Andratsch, 2015)

# HOW TO FIGHT ELDER ABUSE?

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- **Acceptance:** *“it also happens in our facility”*
- **Raise awareness:** *training*
- A (anonymous) **reporting** point and **counselling:** *a confidant where a person can speak openly and anonymously*
- **Coaching** network: *for victims, relatives and staff for prevention and treatment for post traumatic stress*



Prejudice:  
Old people  
cannot handle  
technology

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**“Place the mouse in the right upper corner of your screen”**

2014: 96% >67 years old have  
a mobile phone, half of it is a smart phone

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Involve seniors  
in test phase of  
applications

**Tell me and I'll  
forget. Show me  
and I may  
remember.  
Involve me and I'll  
understand.  
~Chinese proverb**

# How to fight this prejudice in elderly care

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- Staff need to be enthused about the advantages and possibilities of technology. The Covid crisis gave a boost to this.
- Educate and train both staff and older people by gaming and the use of internet and smartphones
- Work on age friendly applications by involving older people during the test and design phase



EUROPEAN  
AGEING  
NETWORK

[www.ean.care](http://www.ean.care)

# Involve seniors in test and design phase of applications by government regulations

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©Tenor



Taboo:  
Sexuality in old  
age



# Taboo: sexuality in old age

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Some interesting findings:

- Social legitimacy of sexuality in later life: taboo of sexual visibility related to youthfulness and beauty
- Ageing process affects sexuality
- Narrow definition of sexuality: intercourse and penetrative sex rather than intimacy
- No equality between LGBTQ and heterosexuals: discrimination by residents and staff



# Findings of the WG

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- Little or no understanding of sexual needs of older people by staff
- Discomfort to talk about “it” and address issues by residents and staff
- As a consequence there is no attention for sexual privacy
- Resistance against LGBTQ older people driven by culture and religion

# How to lift the taboo on sexuality in old age

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Therefore:

- Comply with human rights about sexuality
- Assess sexual needs as part of intake
- Zero tolerance on bullying because of sexual preferences by residents and staff
- Education of residents and training of staff about sexual needs and expression

# Taboo: Death

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# Findings of the WG

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- Death not openly talked about in most cultures
- Talking about it is not to make it happen....
- Some cultures celebrate dying → paradise
- The euthanasia discussions reflects the cultural perspective: assisted death, assisted suicide and assisted murders

# How to lift the taboo about death

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- Death needs to be seen as a part of life and good life exists until the end
- In facilities start a dialogue about death and dying among staff, residents and family
- Ask at intake if there are specific wishes towards palliative care like no-resuscitation and religious wishes or even palliative sedation
- If possible,
  - let deceased persons leave via the main exit instead of the back door
  - Organise a common goodbye ceremony with the residents.



THANK YOU  
FOR YOUR  
ATTENTION

# Contact data

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