



Knowledge, Attitude, And Perception On Elder Abuse Among Healthcare Professionals And Healthcare Students In Malaysia

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ABSTRACT



In Malaysia, elder abuse is recognized as a form of domestic violence, which is widely occurring among the geriatric population across the country. However, most of the cases remain undetected and silent, which makes it very hard to assess. The knowledge, attitude, and perception of healthcare professionals and healthcare students about elder abuse play a vital role in recognizing and reporting the cases. This study was conducted to assess their knowledge, attitude, and perceptions toward elder abuse. A prospective, cross-sectional study was conducted using a questionnaire. A total of 151 participants were included in two groups as healthcare professionals and healthcare students. The questionnaire was distributed to the respondents and the data collected were analyzed using the Chi-square test for the dichotomous variables and to look for the association between independent variables. The analyzed data showed that 60 healthcare professionals and 91 healthcare students have a considerable level of attribute in each category. The participants were found to possess the basic information but not the adequate one. As both types of participants play a major role in the healthcare of the nation, it is mandatory to implement few curriculum and other means to update and educate themselves.

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INTRODUCTION

Elder abuse is defined as an intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult. There are a few types of elder abuse, which includes psychological, physical, financial, sexual, and neglect (Hall *et al.*, 2016). In Malaysia, the abuse of the elderly is recognized as a form of domestic violence. The Domestic Violence Act, 1994 is the main legislation which gives protection and provides civil remedies to the abused victims, while the Penal Code concerns with penalizing the abuser. There is no legislation explicitly aiming elder abuse and neglect (Bidin and Yusoff, 2015). Even though elder abuse is con-

sidered as domestic violence, no dedicated unit for elder abuse is available in Malaysia, which may also contribute to the low rate of elder abuse.

Population projection shows that the aged population (65 years and over) is estimated to increase more than three folds of the 2010 population. This means that Malaysia would become an aged population by the year 2021 with 7.1% being elders (of Statistics, 2016). A previous research published in the Journal of the American Medical Association mentioned that one in every 10 older adults were engaged in different kind of abuses such as physical, mental, financial, sexual, and neglectful (Moracco and Cole, 2009). In Malaysia, the Prevent Elder Abuse and Neglect Initiative (PEACE) reported that the lifetime prevalence of elder abuse was 8.1% in the rural area (Yunus et al., 2017).

Healthcare professionals play an important role in assessing and referring to the real or suspected elder abuse and neglect cases during their point of contact with geriatric patients (Capezuti, 2011; Ahmed et al., 2016). However, most of the time, elder abuse cases are undetected. Another study demonstrated that the reasons for this might be due to the absence of knowledge, the fear of being legally involved, and lack of appropriate reporting protocols (Corbi et al., 2019). This finding is further supported by another study which concludes that there is a lack of knowledge regarding elder abuse issues and related laws among nurses and physicians (Almogue et al., 2010). Lack of proper knowledge among healthcare professionals seems to be one of the main barriers in elder abuse and neglect cases reporting. The healthcare students are the future of the healthcare sector; therefore, their knowledge is equally important too. The knowledge of healthcare students can be increased by providing an appropriate education. It should include real-life situations which have a high chance of being encountered in the future (Dow et al., 2013).

The primary purpose of this study was to assess the knowledge, attitude, and perception of the healthcare professionals and healthcare students about elder abuse in Malaysia, and to compare between them.

MATERIALS AND METHODS

It was a prospective, cross-sectional study with the aim of evaluating the knowledge, attitude, and perception of health care professionals in the tertiary care center as well as healthcare students regarding elder abuse. The subjects recruited in this study were the healthcare professionals, including physicians, pharmacists, nurses, physiotherapists,

optometrists, and occupational therapists practising in a tertiary hospital and university students undergoing medical, dental, and pharmacy courses. The sample size for the healthcare professionals group was calculated as $n = 60$ with a population size of 500, confidence interval of 90%, margin of error at 10%, and response distribution of 50%. On the other hand, the sample size for healthcare students group was calculated as $n = 91$ with a population of 1,625, confidence interval of 95%, margin of error at 5%, and response distribution of 50%. An additional 20% of the respondents were added to the calculated sample size in both groups. Altogether both groups contain 151 participants. A convenient sampling method was applied, and all the healthcare professionals and healthcare students were approached with a validated questionnaire. The questionnaire includes 11 questions related to the knowledge domain, 11 questions related to the attitude domain, and 5 questions related to perception. The answers were given in a five-point Likert scale to assess the attributes. The developed questionnaire was performed with content validation by involving the subject experts, and the reliability of the questionnaire was also checked, which showed a Cronbach's alpha value of 0.721. The questionnaire was divided into part A (Knowledge), part B (Attitude), and part C (Perception), with total number of items of 11, 11 and 5, respectively. Participants who were willing to participate in this study were included by collecting informed consent. Participants were distributed with the questionnaire for the response from healthcare professionals and healthcare students, and the data collected were analyzed using SPSS Version 23, SPSS Inc., Chicago, IL, USA. Chi-square test was used for the dichotomous variables and to look for the association between independent variables. Incomplete data were excluded.

The study was performed in accordance with the principles of the Declaration of Helsinki, as revised in Washington in 2013. This study attained approval from the Medical Research Ethics Committee (MREC), Ministry of Health Malaysia [(NMRR-18-179-39910(IIR)]. All data collected were kept strictly confidential, and no identifiable information was collected.

RESULTS AND DISCUSSION

A total of 343 participants were involved in this study. Of them, 65 were healthcare professionals (20% males and 80% females) and 178 were students (25.84% males and 74.16% females). From the perspective of the educational qualification of

healthcare professionals, 25 were diploma holders, 33 were undergraduates, and 7 were postgraduates. Regarding profession, there were 14 medical doctors, 14 pharmacists, 32 nurses, 3 physiotherapists, 1 optometrist, and 1 occupational therapist. In healthcare students, there were 67 medicine students, 51 dentistry students, and 60 pharmacy students who were undergoing the final and pre-final years of courses. There was a total of 112 students aged 22 years, 54 students aged 23 years, 8 students aged 24 years, 3 students aged 25 years old, and 1 student aged 26 years.

Most of the healthcare professionals obtained information about elder abuse from multimedia (75.4%), followed by newspapers or magazines (56.9%), lecture or talk (29.2%), friends and family (15.4%), school of clinical training (6.2%), and fellowships or postgraduate trainings (1.5%). Meanwhile, for healthcare students, the main source of information was multimedia (65.2%), followed by newspapers or magazines (53.9%), and friends and family (26.9%) ($p = 0.102$). Some of the students obtained information from campaigns (8.9%) as well. Regarding the knowledge of elder abuse, 37.3% of the healthcare professionals and 66.9% of the students responded to the statement of any, known, intended, or careless act that causes harm or serious risk to an older person. 36.5% of the healthcare professionals and 69.7% of the students responded to the statement "It can be done physically, mentally, emotionally, or financially." 14.3% of the healthcare professionals and 34.3% of the students chose the statement "It is something about violence." 66.2% of the healthcare professionals and 85.4% of the students said no for the encountering of suspected cases and showed significant difference with a p -value of 0.001. Both the healthcare professionals (66.2%) and students (79.8%) agree and believe that slap marks, pressure marks, and certain types of burns are the most suspicious evidence that a patient was experiencing elder abuse when compared to other signs. Both sides of respondents also showed similar results at the least doubtful evidence of expecting elder abuse, which is a sudden change in finances and accounts (Healthcare professionals - 30.8%; Students - 19.1%). Most of the healthcare professionals (56.5%) and students (72.5%) also agree that reporting to the concerned authority needs to be carried out when suspecting someone experiencing elder abuse. None of the healthcare professionals chose "ignore any case of elder abuse." However, one (0.56%) of the students chose to ignore the case.

Both the groups of participants [Healthcare professionals (53.8%), Students (54.5%)] think that the

most important reason for unreported cases of elder abuse was the victims being mistreated. This is also the cause of making the cases of elder abuse very hard to detect, as the victim himself or herself did not admit the case of abuse. Many of the healthcare professionals (30.8%) and students (34.3%) were also unclear about the definitions of abuse and neglect and unsure how to report suspected cases. Thus, it is encouraged to provide more information and education to the healthcare professionals and students. Moreover, many of the students (34.8%) also chose not to get legally involved in the cases of elder abuse. The healthcare professionals and students showed different opinions, in which the healthcare professionals (55.4%) feel that being in the care of another person is the most probable risk factors for elder abuse. On the other hand, students (53.9%) feel that social isolation is the most probable risk factor for elder abuse. Majority of the healthcare professionals (73.8%) and students (94.4%) showed similar responses that they were not familiar with any authorities or institutions regarding the management of elder abuse in Malaysia. Some of the healthcare professionals are alert regarding the Jabatan Kebajikan Masyarakat (JKM) as one of the available authorities ($p < 0.001$). Majority of the parties showed similar responses that the elder abuse education or resource materials such as brochures, posters are not available at their practice site [Healthcare professionals (58.5%), Students (60.6%)], which shows significance with a p -value = 0.009.

Healthcare professionals (75.4%) and students (44.4%) agree that clinical year students also play a role in reducing the risk of elder abuse. Majority of the healthcare professionals (42.8%) who agree the statement suggested that setting a private counselling area may help to reduce the risk of elder abuse. On the other hand, majority of the students (50.6%) suggested that providing skill-based training courses to community healthcare providers may be efficient to reduce the risk. 83.1% of the healthcare professionals and 71.9% of the students believe that self-neglect means the inability of an older adult to care for their own needs adequately. Based on the result obtained, majority of the healthcare professionals (56.9%) think that there are no laws against elder abuse. In comparison, majority of the students (33.7%) believe that there is a law against elder abuse. Many students are unsure whether there is a law against elder abuse ($p < 0.001$).

Under the individual response to perceptions of healthcare professionals and students, some of them showed positive responses on the statement of "cop-

ing with elder abuse is primarily the social worker's responsibility" [Healthcare professionals (67.7%), Students (54.5%)]. Most of the healthcare professionals (72.3%) and students (76.4%) believe that there is nothing which can be done towards the chronic cases of elder abuse. Majority of the healthcare professionals (89.2%) and students (82.0%) also agree that the authorities must involve and protect the older people from all cases of elder abuse. Both healthcare professionals (86.2%) and students (64.6%) agree that the intervention of the legal system in elder abuse is helpful. There exist neutral responses among the healthcare professionals regarding whether very few older people are being abused (Yes - 33.8%; No - 33.8%). On the other hand, the majority of the students (44.9%) were unsure about the condition and showed significance with p -value = 0.004.

Under the individual response to the attitudes between healthcare professionals and students, 63.1% of the healthcare professionals and 60.1% of the students agree that it must be sure that the abuse has occurred before reporting elder abuse. Majority of the healthcare professionals (66.7%) and students (61.2%) also agree that they would report to the legal authority if they suspect someone who is a victim of elder abuse. Moreover, 73.8% of healthcare professionals and 56.2% of students agree that they have the responsibility to improve the effectiveness to address elder abuse and showed significance with p -value 0.011. Both healthcare professionals (38.5%) and students (36.0%) showed neutral responses to "reporting elder abuse will make the abuser angry." Majority of healthcare professionals (38.5%) agree that families of abused victims will assume that he or she is the one who reports the case of abuse. However, majority of the students (42.1%) showed neutral responses towards this statement. Most of the healthcare professionals (47.7%) disagree regarding the relationship with the patient will be damaged if they report the case of elder abuse. Meanwhile, most of the students (47.2%) showed neutral responses to this statement (p = 0.001). Most of the healthcare professionals (44.3%) also agree that the identity of the reporter will eventually be disclosed. On the other hand, most of the students showed neutral responses to this statement.

Both the healthcare professionals (50.8%) and students (52.8%) agree that they fear the abuser will retaliate against the victim if he or she reported that the elder abuse to the authority or police. Both the groups [Healthcare professionals (61.5%), Students (54.5%)] also agree that they will be more patient with the older adults. Both healthcare pro-

fessionals (66.2%) and students (59.0%) agree that they would provide more assistance to older adults. Furthermore, majority of healthcare professionals (66.7%) and students (51.1%) also agree that they would be more understanding towards older adults.

Under the individual response to the knowledge of healthcare professionals and students, healthcare professionals (56.9%) and students (43.3%) agree that only a functioning legal authority will stop elder abuse. 60.0% of the healthcare professionals and 62.4% of the students also agree that all healthcare providers have a legal responsibility to report elder abuse. Majority of the healthcare professionals (61.5%) and students (44.9%) showed disagreement that only physicians are required to report elder abuse. Both the healthcare professionals (61.5%) and students (52.8%) agree that reporting the cases of elder abuse is their responsibility as healthcare professionals or students. Both healthcare professionals (52.3%) Students (53.4%) also agree that there are standard procedures for dealing with elder abuse. Most of the healthcare professionals (56.9%) and students (35.4%) agreed that law could restrict the elder abuse with a significant p -value of 0.037. Besides, both the healthcare professionals (75.4%) and students (56.2%) showed the same opinion that it is their responsibility to know the patient name, address, contact information, and other details to help the victim report about an elder abuse (p = 0.045). Most of the healthcare professionals (67.7%) and students (59.0%) also agree that stringent laws may protect the older and vulnerable adults who are living alone or with family. Majority of the healthcare professionals (41.5%) and students (39.9%) showed agreement on "he or she will notify the proper authority even though this may be intimidating to some." Most of the healthcare professionals (41.5%) and students (39.9%) showed neutral responses to the statement that the professional will be penalized for not reporting the case of elder abuse with a p -value of 0.020. Most of the healthcare professionals (52.3%) and students (48.3%) agree that pharmacists should participate in the on-going management of the patient once the case is reported.

Based on knowledge and attitude assessment, the total samples were categorized according to gender. The results showed that a total of 11 (18.6%) males and 42 (22.8%) females showed good knowledge and attitude on elder abuse, 43 (72.9%) males and 138 (75.0%) females showed moderate knowledge and attitude, and 5 (8.5%) males and 4 (2.2%) females showed poor knowledge and attitude. Thus, based on the result, most of the participants, either healthcare professionals or students, showed mod-

erate knowledge and attitude. Considering the attitude and knowledge of the healthcare professional in handling elder abuse, a total of 9 (13.8%) showed good, 51 (78.5%) showed moderate, and 5 (7.7%) showed poor attitude ($p < 0.001$). Based on the result, a total of 6 (9.2%) showed good, 55 (84.6%) showed moderate, and 4 (6.2%) showed poor knowledge ($p < 0.001$).

The tertiary healthcare professionals and healthcare students were chosen as sample targets to compare their knowledge and attitude. We believe that tertiary healthcare professionals have encountered many elderly each day in tertiary care settings such as hospitals. Thus, their knowledge, attitude, and perception are essential to make a comparison with the healthcare students. Healthcare students from the three faculties were chosen as they have the opportunity to access the cases of elder abuse. In the current study, among healthcare professionals, the number of nurses was the highest as compared to other professions. This may be due to the busy schedule of other professions such as doctors and pharmacists.

This study shows that most of the healthcare professionals and students obtained their source of information about elder abuse from multimedia and newspapers or magazines. Thus, the tertiary healthcare settings are encouraged to conduct more fellowship programs and perhaps campaigns to increase the knowledge, attitude, and perception of the healthcare professionals and increase awareness among them as well. The sources obtained from multimedia may be highly accessible. However, the data or the sources may not be valid or completely true since the sources from the internet are too vast (Alt *et al.*, 2011).

Both healthcare professionals and students showed results at the least suspicious evidence of expecting elder abuse, which is a sudden change in finances and accounts. According to the Prevent Elder Abuse and Neglect Initiative (PEACE), financial abuse is the leading subtype of elder abuse in Malaysia. Traditionally, most of the older adults used to depend on their younger children for care and financial support. The lack of financial support will make older adults more vulnerable to elder abuse and neglect (Yunus *et al.*, 2019b). Hence, based on the result, it is known that both healthcare professionals and students need to increase their knowledge regarding financial elder abuse. Most of the healthcare professionals (56.5%) and students (72.5%) also agreed that reporting to the concerned authority needs to be carried out when someone is suspected to be experiencing elder abuse. Based on

one of the studies, a report had shown that students were more likely to report the abusive behaviour to authorities (Dow *et al.*, 2013). Even though students viewed self-neglect and financial exploration as less severe cases, they are said to emphasize more towards the sexual as well as physical abuse. On the other hand, healthcare professionals, who are considered seniors, maybe thinking that reporting of elder abuse cases may make the scenario worse. As a result, they are likely to keep silent. The study also showed that most of the seniors felt others with their age would deny the case of abuse, if reported (Aday *et al.*, 2017). Many of the students chose not to get legally involved in the cases of elder abuse. This may be due to the fact that students don't know what to do if they are involved in such cases or afraid that they might encounter more problems if they lend a helping hand. Both the healthcare professionals and students showed different opinions, in which the healthcare professionals (55.4%) feel that being in the care of another person is the most probable risk factor for elder abuse. On the other hand, students (53.9%) feel that social isolation is the most probable risk factor for elder abuse. The different perspectives may be due to the different working environment. The healthcare professionals working in healthcare settings may feel that a patient under care might increase the chance of being abused. In contrast, the students may feel that social isolation is more serious and can increase the risk of being abused.

Majority of the healthcare professionals (73.8%) and students (94.4%) showed similar responses that they were not familiar with any authorities or institutions regarding the management of elder abuse in Malaysia. Some of the healthcare professionals were aware of JKM being one of the available authorities. Elder abuse is covered under the Domestic Violence Act 1994. Hence, even though elder abuse is not defined as a specific crime under the existing legal framework of the country, it can be considered as domestic violence. The problem is that it can only cover a few types of elder abuse. The remaining parts, such as abandonment, financial, and neglect, are not included (Bidin and Yusoff, 2015). An analysis based on the provision in the Domestic Violence Act 1994 showed that the existing legislation is inadequate to provide full protection to the elderly victims and significant amendments are required (Bidin and Yusoff, 2015).

Majority of the healthcare professionals (42.8%) who agree the statement suggested that setting a private counselling area may help reduce the risk of elder abuse. This suggestion is applicable as hospitals provide ample space in which a private coun-

selling area can be set up. On the other hand, majority of the students (50.6%) suggested that providing skill-based training courses to community healthcare providers may reduce the risk. Studies showed that only 10% of the United States medical schools require students to participate in geriatric coursework or rotations. In our country, medical schools should encourage clinical students to participate in geriatric cases to gain knowledge among them. As many healthcare professionals may be unable to detect the signs of elder abuse, nationwide training in the geriatric cases must be enhanced for improving the prevention as well as early detection of elder abuse (Burnett *et al.*, 2014).

Both healthcare professionals (83.1%) and students (71.9%) believe that self-neglect means the inability of an older adult to care for their own needs adequately. The 2010 Elder Justice Act (EJA) defined self-neglect as the "inability, result from mental or physical impairment or diminished capacity in order to perform essential self-care." However, there are different definitions across nations, states, as well as organizations. It is commonly expressed as a refusal or failure to provide oneself with protection and care in the areas of water, food, clothing, medication, hygiene, living environments, and safety precautions (Dong *et al.*, 2013). For self-neglecting patients, there are generally four approaches regarding clinical care. The first is to prevent the setup of a threshold for safety which is too high. Secondly, it is encouraged to convince the patients to accept interventions that can further their goals of remaining in their homes. Next, healthcare professionals such as physicians can help older adults in achieving their goals of ageing by visiting their home. Healthcare professionals can collaborate for the development of plans for worse case scenarios (Smith *et al.*, 2013).

Based on the result obtained, majority of the healthcare professionals think that there are no laws against elder abuse. In contrast, majority of the students think that there is a law against elder abuse. Many students were unsure whether there is a law against elder abuse. Currently, there is no specific law or any explicit provision in legislation on elder abuse. As mentioned above, the Domestic Violence of Act only covers a few parts of elder abuse. These include physical abuse and sexual abuse (Bidin and Yusoff, 2015). One of the suggestions includes the Legislature amending the Domestic Violence Act, adding a clause pertaining to elder abuse. In addition, the legislation can amend the Family Act by inserting a provision which compels children to take care of their parents. However, this is possible to be carried out; for instance, the Family Act of Mal-

dives has put an obligation on children to take care of their parents as well as supporting them by providing maintenance (Bidin and Yusoff, 2015). Based on one of the studies conducted in the Republic of Ireland, which was designed to study the attitude of healthcare workers towards older adults, the findings suggested that the public health nurses had a more positive attitude towards older adults than the registered nurses, nursing assistants, and students. However, it was noted that the differences across the role titles shown were not significant (Doherty *et al.*, 2011; Yunus *et al.*, 2019a).

Regarding the perception of healthcare professionals and students, our findings were similar to the study conducted in Australia on the perception of elder abuse among healthcare professionals and students. However, the healthcare professionals were expected to be more likely to identify the "potentially abuse" strategies, and the students were found to be more likely to identify the strategies which were more abusive than the strategies healthcare professionals were looking for. However, the study showed questions to this explanation and suggested that their previous findings on the Romanian healthcare professionals had more training to identify the abusive strategies (Dow *et al.*, 2013).

Elder abuse is usually hard to detect due to various reasons. However, it still exists as a critical and severe medico-social problem in the society as it ages. Elder abuse can cause a threat to the overall well-being as well as health, and survival of the older adults, if left ignored. Protecting the elderly rights is essential and any barriers or obstacles need to be overcome to ensure a society where the golden years can continue their life in a more meaningful way and safely without any fear (Burnett *et al.*, 2014).

CONCLUSION

Most of the healthcare professionals and students showed a moderate level of knowledge and attitude towards elder abuse, which shows that most of them were having basic knowledge but not adequate for proper assessment. It is undeniable that both healthcare professionals and students play a significant role in detecting, reporting, and preventing elder abuse cases which are likely to happen around them. Hence the healthcare professionals and students should increase their awareness by increasing their knowledge as well as attitude in handling elder abuse cases to provide the best healthcare services to patients and protect their quality of life. From the findings, both healthcare professionals and students still lacked knowledge regarding the information on elder abuse. Therefore, various events and activ-

ities should be carried out effectively to increase their knowledge of elder abuse. They should also be encouraged to participate more in workshops, seminars, training sessions and campaigns to enhance their skills. Students can be taught about the geriatrics in their curriculum where they can be educated regarding the laws of elder abuse to increase their understanding of elder abuse in Malaysia.

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Conflict Of Interest

All authors declare no any conflict of interest.

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