

# Effectiveness of an Educational Program to Enhancing of Nurses Ability to Recognize the Elderly Abuse from their Caregiver

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## ABSTRACT

**Background:** To identify the effectiveness of intervention program to improving nurses' recognition ability of elder abuse from family caregiver.

**Objective:** Study aims to identify the effectiveness of intervention program to improving nurses' recognition ability of elder abuse from family caregiver.

**Materials and Method:** A quasi-experimental design was implemented to achieve study objectives. The study period from the first September 2024 to January 2025. A purposive sample (60) nurses were selected for a group of nurses working in emergency units of four hospitals in Mosul city and divided in to two groups (interventional and control). The data were collected based on developed questionnaire based on previous study, it consists two parts the first one to assess demographics data and the second to assess nurses' recognition to elderly abuse. The data were collected by interview, and were collected in three stages over time: pre-test, post-test1, and post-test 2. And analyzed by SPSS program version 26.

**Results:** The study findings indicated significant differences in pairwise comparisons between the pre-test and post-test 1, as well as between the pre-test and post-test 2, for the study groups assessing nurses' knowledge on all aspects of recognizing elder abuse, with a P-value of 0.005.

**Conclusions and recommendations:** The study found that an educational program improved nurses' ability to identify elder abuse and danger signs the study found that an educational program improved nurses' ability to identify elder abuse and danger signs of elderly and caregiver. The study recommended the development of evidence-based strategies to improve training of health professionals in reporting, identifying, and managing abuse.

**Keywords:** Elderly abuse, Recognition, Nurses, Caregiver

## INTRODUCTION

Elder abuse is a worldwide issue that is becoming more widely recognized because of the serious effects it has on victims and the aging population. As awareness has grown, investigators are looking into the traits of both the perpetrator and the victim that raise the possibility of elder abuse <sup>(1)</sup>. As life expectancy rises, the elderly citizens are more susceptible to a number of medical, and social issues, including ischemic heart disease, cancer, respiratory disorders, social isolation diminished, and cognitive function. Elderly people are more likely to be dependent on others for everyday tasks due to the rise in chronic illnesses, which may put them at higher risk of experiencing abuse. <sup>(2)</sup> The aging population's requirement for care is growing as a result of the rising prevalence of chronic illnesses. Elder abuse by family caregivers may be influenced by the stress and financial difficulties brought on by providing long-term care for the elderly. <sup>(3)</sup> Elder abuse is a serious public health issue with substantial social, and health consequences. 15.7% of older individuals worldwide, or around one in six, had experienced elder abuse in a common setting in the previous 12 months. <sup>(4)</sup> Elder abuse is a persistent issue that is getting worse every year on a global scale. <sup>(5)</sup> Every six old people worldwide suffer from some form of abuse. <sup>(6)</sup> One to two million elderly people in the US experience abuse of some kind every year. (Ross et al., 2020). Previous studies have shown that senior domestic abuse by family members is a severe health

care issue that is recognized as a challenge globally. Its prevalence in various communities ranges from 33.4% to 88.7%. <sup>(7)</sup> Elder abuse can be divided into several types, including financial, sexual, physical, psychological, and neglect <sup>(8)</sup>. Social isolation, functional disability, mental or personality disorders, cognitive impairment, caregiver's exhaustion and dissatisfaction are the main risk factors for elderly abuse. Elderly abuse is linked to a number of negative impacts, such as: decreased quality of life, bad health effects, social isolation, and an increased mortality risk <sup>(9)</sup>. Many occurrences of domestic elder abuse go unreported and unnoticed, despite the fact that it has many complexities. Health care workers' incapacity to identify elder abuse, the deliberate concealment of elder abuse by abused individuals, and negative attitudes toward its assessment and reporting are the main causes of elder abuse ignorance and underreporting <sup>(10)</sup>. An important aspect in identifying and managing elder abuse, lowering its expenses, and improving the quality of life for senior citizens is the knowledge of health care workers <sup>(11)</sup>. Healthcare professionals, especially nurses, are among the first to engage with the elderly population and are qualified to identify and assess cases of elder abuse. Evidence suggests that nurses are not well-versed in assessing, identifying, managing, and reporting cases of elder mistreatment <sup>(12,13)</sup>. To identify the effectiveness of intervention program to improving nurses' recognition ability of elder abuse from family caregiver.

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## METHODOLOGY

A quasi-experimental study design was implemented to identify the effectiveness of educational program in enhancing nurses' recognition in identifying elder abuse in Mosul hospitals. A purposive sample (60) nurses were selected for a group of nurses working in emergency units of four hospitals in Mosul city (Al Salam Teaching Hospital, Ibn Sena Teaching Hospital, Mosul General Hospital and Al Jumhuri Teaching Hospital) from period the first September 2024 to January 2025. And divided sample in to two groups (30) nurses' experimental group, and (30) for control group. The researchers have obtained written approval from the College Committee for Medical Research Ethics at the University of Mosul, and Ninevah health director for conducting the study, and consent form from the participants. The data were collected based on developed questionnaire based on previous study (Alipour, Shamsalnia, et al., 2019, Alipour et al., 2019 and Alipour, Fotokian, et al., 2019). The instrument consists of two parts, part one to describe nurse's demographic viables, part two consist of six (five Likert)

subscales to assess nurses' ability to recognize elder abuse included: (9 items) about Physical abuse, (9 items) about negligence, (7 items) about financial abuse, (6 items) about sexual abuse. (7 items) about emotional abuse, (18 items) about signs related to the elderly that increase the likelihood of exposure to violence, and (7 items) about signs related to the caregiver can increase the likelihood of abusing the elderly. The data were collected by direct interview with nurses. Pre-data were taken from the study sample, (study group and the comparison group). Then, an educational program was given to the study group, which consisted of four educational lectures that were created based on previous studies in order to achieve the study objective. Two weeks after the program was given, the first post-test was conducted for both groups. Two months later, the second post-test was taken for the two groups to determine the level of improvement in the nurses' ability to recognize the elderly abuse for the study group., Data were analyzed by using SPSS program version 26.

## RESULTS

**Table 1.** Socio-demographical characteristics and homogeneity between experimental and control groups. (60 participation).

Test of Homogeneity						
P-value	Test type	%	No.	Group	Items	Variables
1.000	Fisher's test	43	13	Control	Male	Gender
		43	13	Study		
1.000		57	17	Control	Female	
		57	17	Study		
1.000	Fisher's test	33	10	Control	20-29	Age
		37	11	Study		
1.000		50	15	Control	30-39	
		47	14	Study		
1.000		13	4	Control	40-49	
		13	4	Study		
1.000		4	1	Control	Above50	
		3	1	Study		
0.000	Fisher's test	27	8	Control	Secondary	Certificate
		13	4	Study		
0.589		30	9	Control	Diploma	
		40	12	Study		
1.000	Fisher's test	43	13	Control	Bachelors	Year of service
		47	14	Study		
0.601		37	11	Control	1-5 years	
		47	14	Study		
0.589		40	12	Control	6-10 years	
		30	9	Study		
1.000		23	7	Control	Above10 years	
		23	7	Study		
0.771	Fisher's test	30	9	Control	Al-Jumhuri Hospital	Worke place
		23	7	Study		
1.000		23	7	Control	Al Salam Hospital	
		23	7	Study		
1.000		20	6	Control	Ibn Sina Hospital	
		23	7	Study		
1.000		27	8	Control	Mosul General Hospital	
		31	9	Study		
0.580	Fisher's test	37	11	Control	Single	Marital status
		27	8	Study		
0.580		63	19	Control	Married	
		73	22	Study		
0.795	Fisher's test	40	12	Control	Nuclear	Type of family
		47	14	Study		
		60	18	Control		
0.795		53	16	Study	Extended	

**Table 2.** Comparison between scores across of the study and control Groups over time

Axis	Cases	Mean	t	P-value	Ass	cases	Mean	T	P-value	Ass	cases	Mean	t	P-value	Ass
<b>Physical abuse</b>	Pre -Study	3.125	-0.680	0.499	N.S	Post1- Study	3.807	-4.473	0.000	H.S	Post2- Study	3.677	-3.276	0.002	H.S
	Pre- Control	3.233				Post1- Control	3.229				Post2- Control	3.233			
<b>Negligence</b>	Pre -Study	3.425	-0.508	0.613	N.S	Post1- Study	4.144	-7.039	0.000	H.S	Post2- Study	4.003	-5.464	0.000	H.S
	Pre- Control	3.359				Post1- Control	3.355				Post2- Control	3.348			
<b>Sexual abuse</b>	Pre -Study	3.250	-0.256	0.799	N.S	Post1- Study	3.900	-5.147	0.000	H.S	Post2- Study	3.722	-3.406	0.001	H.S
	Pre- Control	3.288				Post1- Control	3.261				Post2- Control	3.277			
<b>Emotional abuse</b>	Pre -Study	3.209	-0.320	0.750	N.S	Post1- Study	4.023	-6.101	0.000	H.S	Post2- Study	3.885	-5.092	0.000	H.S
	Pre- Control	3.147				Post1- Control	3.147				Post2- Control	3.133			
<b>Financial abuse</b>	Pre -Study	3.257	-0.540	0.591	N.S	Post1- Study	3.923	-3.746	0.000	H.S	Post2- Study	3.780	-3.142	0.003	H.S
	Pre- Control	3.122				Post1- Control	3.219				Post2- Control	3.185			
<b>Signs related to elderly</b>	Pre -Study	3.424	-0.093	0.926	N.S	Post1- Study	3.866	-4.689	0.000	H.S	Post2- Study	3.768	-3.691	0.000	H.S
	Pre- Control	3.435				Post1- Control	3.437				Post2- Control	3.429			
<b>Signs related to caregiver</b>	Pre -Study	3.295	-0.478	0.634	N.S	Post1- Study	3.900	-4.887	0.000	H.S	Post2- Study	3.776	-4.286	0.000	H.S
	Pre- Control	3.223				Post1- Control	3.233				Post2- Control	3.214			

N.S= Non significance, H,S= High significance

## DISCUSSION

According to the study results, the percentage of female participants (57%) was higher than that of males (43%), with no significant differences between the study and control groups. Most of the nurses were between (30-39) years old, and most of them held a bachelor's degree in nursing, and most of them were married. The results of the study indicated that there are no significant differences between the study group and the control group with regard to the various demographic data. This indicates that there is clear homogeneity between the two groups. The demographic description of the study sample was consistent with a previous study conducted in Mosul, which showed that most of the participants were female, 62.9% of them were married. Most of nurses (54.3%) held practical positions in their worksite. According to the year of experience, about (37.1%) of the nurses had practical experience from (1 to 5) years. (Ahmed et al., 2023) The results of the study showed through interpretation that the participants were homogeneous among themselves, because one of the basic conditions for experimental studies is group homogeneity, which is the best way to determine the effectiveness of the interventions that researchers conduct on the study group<sup>(14-19)</sup>. The findings of the study revealed that there are no significant differences in the nurses' knowledge to recognize elder abuse in baseline test for experimental and control groups for all types of elder abuse such as physical abuse, sexual abuse, negligence, emotional abuse, financial abuse, and the potential risk factors of elder abuse and caregiver. The score range of nurse's knowledge are (3.122) -(3.425). While the results of the pairwise comparisons between the pre-test and post-test1 and pre-test and post-test2 for study groups of nurses' knowledge towards all aspects of elder

abuse showed significant differences at P- value (0.005). While there was no change in the knowledge score of nurses in the control group. This indicates an improvement in the level of nurses' knowledge in study group to recognizing abuse against the elderly as a result of the educational program. this finding agreement with previous study conducted in Iran in 2019 showed that educational program improved nurses' recognition, attitudes and performance regarding elder abuse by their family<sup>(20-24)</sup>. Previous study indicated that the nursing professionals should be properly equipped and trained to recognize elder abuse and to understand proper assessment and intervention in dealing with elder abuse issues. According to a prior study, the intervention group's mean score on elder abuse recognition ability grew significantly ( $P < 0.001$ ), whereas the control group's score did not significantly alter ( $P = 0.85$ ). The participants' capacity to identify physical elder abuse was good, but their ability to identify sexual abuse was restricted<sup>(25-33)</sup>. The study concluded that the educational program significantly improved nurses' ability to recognize elder abuse by caregivers during an emergency department visit and to recognize danger signs related to the elderly and their caregivers. The study recommended the development of evidence-based strategies to improve training of health professionals in identifying, reporting and managing elder abuse.

## Conclusions

**The study found that an educational program improved nurses' ability to identify elder abuse and danger signs. The study found that an educational program improved nurses' ability to identify elder abuse and danger signs of elderly and caregiver.**

**Author contribution:** All authors share equal effort contribution towards (1) substantial contributions to the conception and design, acquisition, analysis, and interpretation of data; (2) drafting the article and revising it critically for important intellectual content; and (3) final approval of the manuscript version to be published. Yes

**Potential Conflict of Interest:** None

**Competing Interest:** None

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