

**KNOWLEDGE AND ATTITUDE TOWARD ELDER ABUSE  
AMONG ADULT ATTENDEES AT HOSPITAL  
UNIVERSITI SAINS MALAYSIA (USM)**

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**By**

**AINUL MARDHIAH BINTI ZAKARIA**

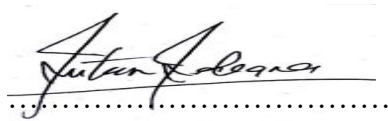
**Dissertation submitted in partial fulfilment of the  
requirements for the degree of  
Bachelor in Nursing with Honours**

**August 2024**

## CERTIFICATE

This is to certify that the dissertation entitled “Knowledge and Attitude toward Elder Abuse among Adult Attendees at Hospital Universiti Sains Malaysia (USM)” is the bona fide record of research work done by Ms Ainul Mardhiah Binti Zakaria during the period from October 2023 to August 2024 under my supervision. I have read this dissertation and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation to be submitted in partial fulfilment for the degree of Bachelor in Nursing with Honours.

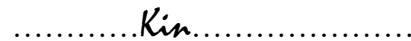
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## DECLARATION

I hereby declare that this dissertation is the result of my own investigations, except where otherwise stated and duly acknowledged. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at Universiti Sains Malaysia or other institutions. I grant Universiti Sains Malaysia the right to use the dissertation for teaching, research and promotional purposes.



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**Pengetahuan dan Sikap Terhadap Penderaan Warga Emas Dalam Kalangan  
Hadirin Dewasa di Hospital Universiti Sains Malaysia (USM)**

**ABSTRAK**

Penderaan orang tua didefinisikan sebagai perbuatan yang menyakitkan atau mengganggu orang tua, sama ada sekali atau berulang kali, atau dengan gagal mengambil tindakan yang sewajarnya dalam mana-mana hubungan di mana kepercayaan diharapkan (World Health Organization, 2022). Kajian ini bertujuan untuk menilai tahap pengetahuan dan sikap terhadap penderaan orang tua dalam kalangan peserta dewasa di Hospital Universiti Sains Malaysia (USM). Penyelidikan yang dijalankan menggunakan reka bentuk deskriptif dan keratan rentas ini melibatkan 99 responden dan menggunakan Teori Tingkah Laku Terancang sebagai rangka kerja kajian. Soal selidik yang digunakan dalam kajian ini adalah soal selidik sendiri yang diambil daripada Almakki et al. (2020). Data yang dikumpulkan dianalisis secara statistik menggunakan perisian SPSS versi 27.0. Ujian Chi Square Pearson digunakan untuk analisis data. Keputusan menunjukkan tahap pengetahuan yang tinggi 62 (62.6%) dalam kalangan peserta mengenai penderaan orang tua. Selain itu, tahap sikap terhadap penderaan orang tua dalam kalangan peserta dewasa di Hospital Universiti Sains Malaysia (USM) adalah kebanyakannya negatif, dengan 77 (77.8%) responden menunjukkan sikap negatif, 18 (18.2%) menunjukkan sikap neutral, dan hanya 4 (4.0%) menunjukkan sikap positif. Seterusnya, tiada kaitan antara tahap sikap dengan umur, jantina, status pendidikan, dan jenis keluarga terhadap penderaan warga emas ( $p = 0.741$ ), ( $p = 0.167$ ), ( $p = 0.962$ ), dan ( $p = 0.122$ ) masing-masing. Kajian ini menekankan kepentingan mempromosikan kesedaran dan pemahaman mengenai penderaan orang tua untuk mencegah dan menangani kes dengan berkesan dalam komuniti.

**Knowledge and Attitude toward Elder Abuse among Adult Attendees at Hospital  
Universiti Sains Malaysia (USM)**

**ABSTRACT**

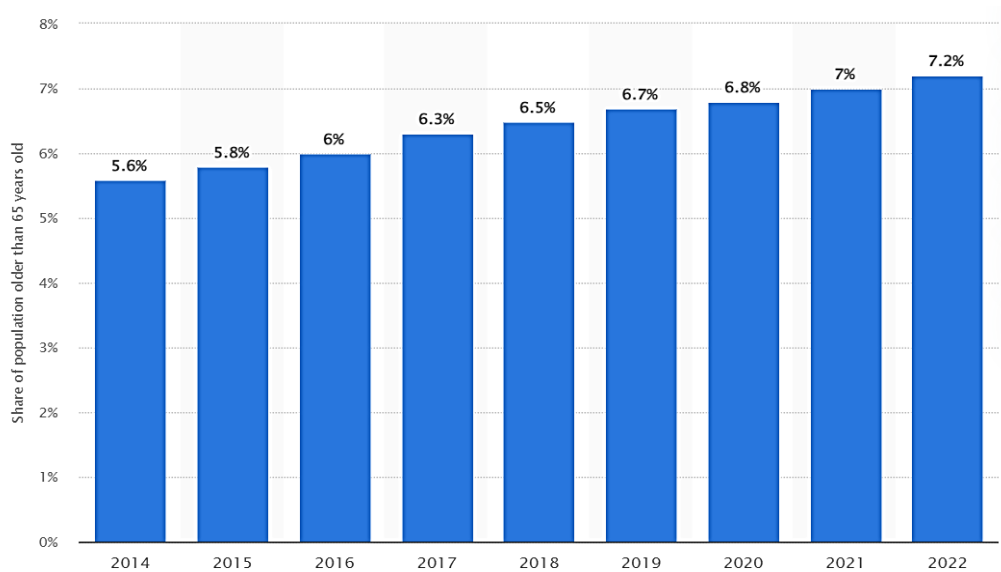
Elder abuse defined as an act that hurts or upsets an elderly person, either once or often, or by failing to take proper action in any relationship where trust is expected (World Health Organization, 2022). This study aimed to assess the level of knowledge and attitudes towards elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM). The research, conducted using a cross-sectional design, involved 99 respondents and utilized the Theory of Planned Behaviour as the study framework. The questionnaire used on this study was a self-administered questionnaire that was adopted from Almakki et al. (2020). Data collected were statistically analysed using the SPSS software version 27.0. Pearson Chi Square test was used for data analysis. Results indicated a high level of knowledge 62 (62.6%) among participants regarding elder abuse. Additionally, the level of attitude towards elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM) was predominantly negative, with 77 (77.8%) of respondents exhibiting a negative attitude, 18 (18.2%) showing a neutral attitude, and only 4 (4.0%) displaying a positive attitude. There is no association between the level of attitude with age, gender, educational status, and type of family toward elder abuse ( $p = 0.741$ ), ( $p = 0.167$ ), ( $p = 0.962$ ), and ( $p = 0.122$ ) respectively. The study highlights the importance of promoting awareness and understanding of elder abuse to prevent and effectively address cases within the community.

## CHAPTER 1 INTRODUCTION

### 1.1 Background of study

Elder abuse is a global and concerning issue that affects older adults worldwide. With the rise in the elderly population, there is an anticipated increase in elder abuse cases (Almakki et al., 2020). According to the Department of Statistics Malaysia (2022), the percentage of the population aged 65 years and over increased from 7.2% in 2022 to 7.4% in 2023, encompassing approximately 2.5 million individuals. This demographic shift indicates that Malaysia is experiencing population aging, with projections suggesting that Malaysia will be classified as an aging nation by 2030 (Statista Research Department, 2023) as shown in figure 1.1.

Elder abuse can take various forms, including physical abuse, sexual abuse, financial abuse, emotional abuse, and abandonment (Cleveland Clinic, 2023). Elder abuse can have severe physical, emotional, and psychological consequences, including physical injuries like bruises, fractures, and more serious harm, emotional trauma like anxiety, depression, and diminished self-esteem, financial loss such as exploitation and theft, and social isolation like isolation from friends and family. Common risk factors for elder abuse include social isolation, caregiver stress, substance abuse, cognitive impairments such as dementia, and poor mental health (Dean, 2019).



**Figure 1.1 Population older than 65 years old**  
**(Source: Statista Research Department, 2023)**

Understanding these factors is crucial for developing effective interventions and policies to prevent and address elder abuse. By examining the knowledge and attitudes of adult attendees at healthcare facilities, this research will provide valuable insights that can inform future educational and preventative measures. This is especially important in a culture and society where older people depend heavily on family members for care. Addressing elder abuse, mistreatment, abandonment, and neglect is crucial for ensuring the well-being of older adults in Malaysia's healthcare settings.

## **1.2 Problem Statement**

In the past year, 9.0% of Malaysian seniors reported experiencing elder abuse; neglect was the most common form (Sooryanarayana et al., 2020). Only 19.3% of abused older people reported having experienced more than one form of abuse, and only about 5% of them reported it to medical professionals (Hilmy, 2022; Sooryanarayana et al., 2020) noted that since the beginning of the Covid-19 pandemic, there has also been a high prevalence of elder abuse, with a rise of more than 80% all over this time. Because of

underreporting and varying definitions, it is difficult to determine the precise prevalence of elder abuse.

Underreporting tends to be associated with the fact that abusers are mostly family members or caregivers. It is also important to note that there is a lack of knowledge in the society at general and among health professionals regarding how to recognize cases of elder abuse (Garma, 2017). The study by Almakki et al. (2020) discovered that the study participants' knowledge regarding elder abuse was very lacking as out of the participants, only 38.4% correctly identified the five categories of elder abuse, which include physical, psychological, financial, sexual, and neglect abuse. Furthermore, there were misunderstandings about the definition of elder abuse; for example, 23.6% of participants thought it purely involved physical violence (Almakki et al., 2020). Garma, (2017) noted that according to professionals, one of the major barriers to properly controlling abuse is a lack of confidence and understanding about recognizing, diagnosing, and reporting abuse. Thus, the public needs programs that educate to increase their knowledge and awareness of elder abuse.

Besides, there was a lack of attitude toward a few common types of elder abuse, especially when it came to dealing with physical abuse, ignorance for the needs of the elderly, cultural influence, sexual abuse, and reporting of incidents. Almost 25% of the participants agreed that families with lower socioeconomic status had a greater prevalence of elder abuse (Srinivasan & Gupta, 2015). These results show the importance of promoting understanding and educating people about elder abuse and how to prevent it.

For cases of elder abuse to be identified and reported, the public's knowledges and attitudes toward it are important. In addition, there are no specific study done to test the knowledge level and attitude toward elder abuse among adult in Malaysia. Furthermore,

according to the previous study, attitudes towards elder abuse and demographic characteristics showed that it greatly associated. A much smaller percentage of women and younger age groups agreed that violent behaviour in the home is caused by the elderly's demanding behaviour meanwhile slightly more men and members of joint families agreed that younger people's violent behaviour is triggered by the elderly's behaviour, which can result in abuse (Srinivasan & Gupta, 2015).

This study was focusing on adult attendees that come to Hospital Universiti Sains Malaysia (USM). The rationale for focusing on adult attendees between 18 and 59 years old in the study is that this age group is a significant portion of the population who may have direct or indirect interactions with elderly. They may be family members, caregivers, or have a role in the community that involves interacting with elderly (Almakki et al., 2020). There seems to be a clear connection between the prevalence of elder abuse and a nation's culture or religion which this is a topic that requires more research. Therefore, this study is vital to review the level of knowledge and attitude toward elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM).

### **1.3 Research Question**

- (1) What is the level of knowledge toward elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM)?
- (2) What is the level of attitude of elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM)?
- (3) What is the association between demographic characteristics (age, gender, educational status, monthly income) with the level of attitude of elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM)?



## **1.4 Research Objective**

### **1.4.1 General Objective**

To determine the level of knowledge and attitude toward elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM).

### **1.4.2 Specific Objective**

- (1) To identify the level of knowledge toward elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM).
- (2) To identify the level of attitude toward elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM).
- (3) To determine the association between demographic characteristics (age, gender, educational status, monthly income) with level of attitude toward elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM).

## **1.5 Hypothesis**

Hypothesis Ho: There is no significant association between demographic characteristics (age, gender, educational status, monthly income) with the level of attitude of elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM).

Hypothesis HA: There is a significant association between demographic characteristics (age, gender, educational status, monthly income) with the level of attitude of elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM).

## 1.6 Conceptual and Operational Definitions

The following are the definitions of operational words used in this study proposal:

**Table 1.1 Conceptual and Operational Definitions**

<b>TERMS</b>	<b>CONCEPTUAL DEFINITION</b>	<b>OPERATIONAL DEFINITION</b>
Knowledge	“Understanding of or information about a subject that you get by experience or study, either known by one person or by people generally” (Cambridge University Press & Assessment, 2023c).	In this study, it refers to the adult attendees’ knowledge and understanding about elder abuse about possible causes of elder abuse (Almakki et al., 2020).
Attitude	An attitude toward something or someone, or a behaviour that results from this (Cambridge University Press & Assessment, 2023b).	In this study, it refers to the adult attendees’ attitude regarding social responsibility related to elder abuse, and attitudes toward blaming elderly for their abuse (Almakki et al., 2020).
Elder abuse	An act that hurts or upsets an elderly person, either once or often, or by failing to take proper action in any relationship where trust is expected (World Health Organization, 2022).	In this study, it refers to financial, psychological, or physical abuse of an elderly person by an individual in their relationship.
Adult	Adults in the 18–59 age range (Ministry of Health Malaysia, 2003).	In this study, refers to adults aged range 18-59 years old who attend to Hospital

		Universiti Sains Malaysia (USM).
Attendee	Someone who attends an event, activity, etc (Cambridge University Press & Assessment, 2023b).	In this study, it refers to adult that attend to Hospital Universiti Sains Malaysia (USM).

### 1.7 Significance of Study

It is crucial to address elder abuse, mistreatment, abandonment, and neglect of older persons, especially in a culture and society where older people depend on family members for care. Underreporting of elder abuse happens commonly (Garma, 2017). When it comes to deciding how many abuse situations are reported, attitudes and knowledge are crucial. Good attitudes and increased understanding may encourage people to report possible abuse, which leads to immediate action. An environment that is more empathetic and caring for victims of elder abuse can be created with greater knowledge of views regarding elder abuse. Having an improved knowledge of views toward elder abuse helps make communities more accepting and age friendly (Baker et al., 2016). Authorities and organizations can customize prevention and intervention programs through public awareness campaigns and educational programs in promoting a broader societal understanding of elder abuse to target specific weaknesses and misconceptions by assessing people’s level of knowledge and attitudes. This may result in elder abuse prevention strategies that are more successful. Research in this field may promote public awareness programs that inform people about the warning signs, factors that contribute, and impacts of elder abuse. This can also motivate people to take action and make community more alert. In order determine the most important factors influencing the level of attitude among adult attendees toward elder abuse and to prevent misconceptions about elder abuse, it is needed to determine an association between a

selected demographic and the level of attitude among adult attendees toward the elder abuse at Hospital Universiti Sains Malaysia (USM). This can improve knowledge and attitudes towards elder abuse as it increased awareness and understanding can contribute to the prevention and reporting of such cases. The results of this study can be the foundation for future, more in-depth studies.

## **CHAPTER 2 LITERATURE REVIEW**

### **2.1 Introduction**

A literature review was constructed to present the collection of knowledge currently available concerning knowledge and attitude toward elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM). To deepen our understanding of this subject, this literature review will explore and elaborate on prior studies on it from other scholars' points of view. This chapter covered the most recent articles as well as relevant issues. The conceptual framework that will be used to guide this suggested research is presented.

### **2.2 Review of Literature**

#### **2.2.1 Definition and Prevalence of Elder Abuse**

According to a report from the Department of Statistics Malaysia (DSM), the percentage of Malaysians which are 65 years old and above who fall into this category increased to 7.3 percent in 2022 from 7.0 percent in 2021, showing that the country is on track to become an aging nation by 2030 (Amri, 2023). The chance of elder abuse to occur is high as elderly population is increasing. World Health Organization (2022) define elder abuse as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person”.

There are 5 types of elder abuse which are physical abuse, sexual abuse, emotional abuse, financial abuse, and neglect. Clark (2023) noted that according to estimations from the World Health Organization, by 2050, 320 million seniors would experience elder abuse. About 27 percent of elder abuse cases involve emotional neglect by family members. In community settings, approximately one in six individuals aged 60 and over

reported having been the victim of abuse in the previous year (World Health Organization, 2022).

### **2.2.2 Adult Attendees Knowledge toward Elder Abuse**

Knowledge is understanding or awareness of a subject acquired by study or experience that is shared by a single person or the public at general (Cambridge University Press & Assessment, 2023). In this study, it refers to the adult attendees' knowledge about elder abuse.

The previous study focused on the knowledge and attitudes of adult visitors to primary healthcare centres in Saudi Arabia conducted by (Almakki et al., 2020) shows that majority of participants from primary healthcare centres (PHCCs) in Al Qatif, Saudi Arabia were aware of financial abuse (90.7%) and believed that using swear words can be considered abuse (93.5%) and most participants agreed that occasional manhandling of older people is violence/abuse (90.5%).

Similar study in Malaysia conducted by Balasubramanian et al., (2020) shows that the percentage of healthcare professionals and students who showed a moderate level of knowledge and attitude towards elder abuse was 72.9% for males and 75.0% for females. The findings of the study showed that both healthcare professionals and students had a moderate level of knowledge and attitude towards elder abuse. They possessed basic information but not adequate knowledge for proper assessment. The study also found that healthcare professionals and students still lacked knowledge regarding information on elder abuse.

### **2.2.3 Adult Attendees Attitude toward Elder Abuse**

The definition of attitude is an attitude toward something or someone, or a behaviour that results from this (Cambridge University Press & Assessment, 2023).

The previous study found that participants in Saudi Arabia have a positive attitude towards preventing and reporting elder abuse, possibly due to cultural and demographic changes leading to enhanced education about elder abuse (Almakki et al., 2020). The overwhelming majority of respondents (97%) stated that it is their individual responsibility to report elder abuse and neglect if they witness any and 91.8% of the participants agreed that elder abuse and neglect is a criminal act and they have the responsibility to prevent such abuse and neglect (Almakki et al., 2020).

In similar previous study by Balasubramanian et al., (2020), the findings of the study showed that the majority of healthcare professionals and students had a positive attitude towards elder abuse. Specifically, 73.8% of healthcare professionals and 94.4% of students showed a positive attitude towards reporting elder abuse meanwhile 66.7% of healthcare professionals and 61.2% of students agreed that they would report to the legal authority if they suspected someone was a victim of elder abuse. These findings indicate a willingness among healthcare professionals and students to address and intervene in cases of elder abuse.

#### **2.2.4 Factor Influencing Adult Attendees Attitudes towards the Elder Abuse**

Many demographic factors can influence how people react about the elder abuse. According to the previous study, several factors were found to influence the attitudes of adult attendees towards elder abuse. First factor is education level. Higher educational level was associated with more positive attitudes towards addressing elder abuse (Almakki et al., 2020). Another study revealed the level of knowledge and awareness about elder abuse can significantly impact attitudes. Healthcare professionals and students who receive education and training on elder abuse are more likely to have positive attitudes towards recognizing and addressing it (Balasubramanian et al., 2020). According to the other similar study, a significantly larger number of those with higher

educational status (graduates and above) than those with lower educational levels agree that elderly people's demanding behaviour led to abuse (Srinivasan & Gupta, 2015).

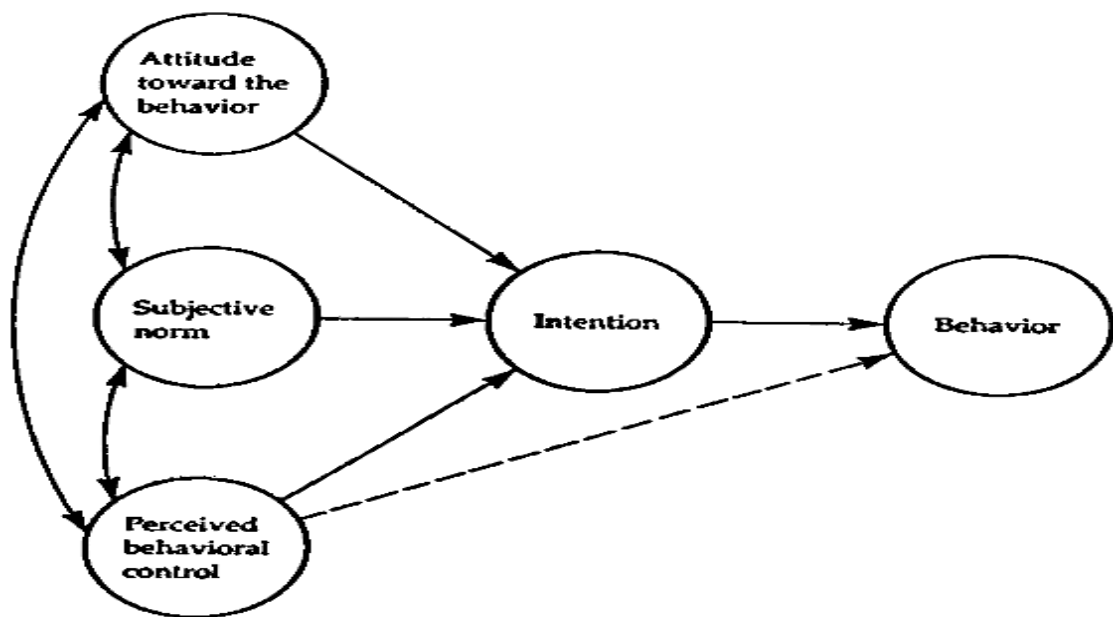
Second factor is income. Lower income levels were associated with more blaming of older people for their abuse. The similar study showed that adult attitudes toward elder abuse were significantly influenced by lower income. In contrast to individuals with higher income levels, those with lower income levels were more likely to blame for abuse to elderly. This was statistically significant, and there was a greater connection between lower income levels and having elderly to blame for their abuse (Almakki et al., 2020). In similar previous study by Balasubramanian et al. (2020), the availability of more resources and support services to adults with higher incomes may influence their attitudes toward elder abuse because they might take a more proactive approach to prevent and dealing with elder abuse since they are more aware of the impact that financial abuse may cause on elderly. Adults with lower incomes may experience problems with their finances, which may have an impact on their views and their ability to deal with elder abuse (Balasubramanian et al., 2020).

Third factor is marital status. Being married or widowed/divorced was associated with more positive attitudes towards addressing elder abuse compared to being single (Almakki et al., 2020). Other studies from Balasubramanian et al., (2020) have shown that married people, in contrast to single or divorced people, might have more positive attitude of dealing with elder abuse as adults who are married can feel a greater sense of duty to their families and be more likely to identify and report elder abuse in their own families or communities. However, the similar study from Srinivasan & Gupta, (2015) did not particularly discuss how marital status affects adult attitudes towards elder abuse as it focuses on factors that significantly influenced attitudes about elder abuse, including age, income, gender, and family structure.



## 2.3 Conceptual Framework

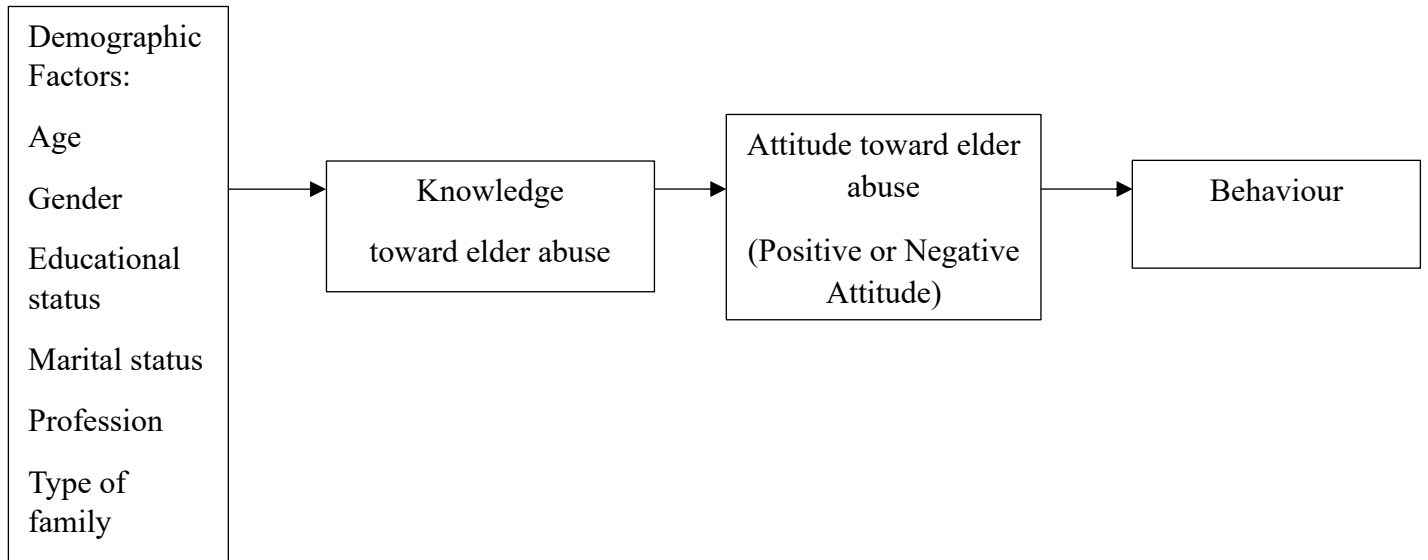
Theory of Planned Behaviour (TPB) is a theory developed by Icek Ajzen in 1991 that provide attitudes, subjective norms, and perceived behavioural control influence an individual's intention to engage in a particular behaviour (Ajzen, 1991). The theory of planned behaviour states that behavioural achievement can be directly predicted by behavioural intention and perceived behavioural control (Ajzen, 1991).



**Figure 2.1 Theory of Planned Behaviour ( Adapted from Ajzen 1991)**

The TPB is made up of components that connected show how much control an individual has over their behaviour (Figure 2.1). First component is attitude toward behaviour. This is an indicator of how positively or negatively an individual believes the behaviour of interest. It involves taking seriously the results of doing the behaviour (LaMorte, 2022). Second is subjective norm. This is a view about whether the majority of people find the behaviour acceptable. This refers to an individual's beliefs regarding the beliefs that matter to others and peers over the suitability of the behaviour (LaMorte, 2022). Third is perceived behavioural control. This is an individual's judgment of how simple or complex it is to carry out what they want to act. People see behavioural control

differently based on conditions since it is a variable that changes depending on actions and events (LaMorte, 2022)



**Figure 2.2 Conceptual framework of this study**

The Theory of Planned Behaviour can be effectively applied to study knowledge and attitudes toward elder abuse (Figure 2.2). The demographic factors that can affect the knowledge and attitude is age, gender, educational status, marital status, profession and type of family. This knowledge concept stands for understanding and knowledge of elder abuse, including its different types, risk factors, symptoms, and consequences. In the setting of elder abuse, it can be used to investigate the methods in which behaviours are influenced by knowledge and attitudes toward preventing or solving elder abuse. This framework will guide the analysis of how these factors interact to influence the prevention and reporting of elder abuse among adult attendees.

## **CHAPTER 3: METHODOLOGY OR MATERIALS AND METHODS**

### **3.1 Study Design**

This study used a cross-sectional study to identify the level of knowledge and attitude toward elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM) by using a questionnaire. A cross-sectional study design involves collecting data from a population, or a representative subset, at one specific point in time. In this study, a cross-sectional design was used to gather data from adult attendees at Hospital Universiti Sains Malaysia (USM) through a questionnaire. This approach allows for the efficient collection of data on participants' knowledge and attitudes toward elder abuse, providing a comprehensive snapshot that can inform further research and intervention strategies. By using this design, the researchers aim to identify key areas where knowledge and attitudes may need to be improved to better address and prevent elder abuse in the community.

### **3.2 Study Location**

This study was conducted specifically at Hospital Universiti Sains Malaysia (USM) in Kubang Kerian, Kelantan. Hospital Universiti Sains Malaysia (HUSM) is a prominent teaching and referral hospital located in Kubang Kerian, Kelantan, Malaysia. As a part of Universiti Sains Malaysia, it serves as a key medical and educational institution in the region. Hospital Universiti Sains Malaysia (HUSM) is situated in an urban area, Kubang Kerian, which is part of the larger Kelantan state. The area has a population exceeding 15,000 people, providing a diverse demographic for the study. Data collections were conducted within the Hospital Universiti Sains Malaysia (USM) area, encompassing various locations such as clinics, wards, the café, and the pharmacy. Conducting the study at Hospital Universiti Sains Malaysia (HUSM) allows for easy access to a large number of adult attendees who frequent the hospital for various medical

services. This accessibility is vital for achieving a robust sample size. The study's location made it possible to conduct a focused review of the knowledge and attitudes of adults living in this area.

### **3.3 Study Population**

Adult attendees at Hospital Universiti Sains Malaysia (USM) were accounted as the study's population. Adult attendees here can refer to anyone that presents themselves at USM which can either be caregivers, family member of patient, healthcare workers or have a role in the community that involves interacting with elderly (Almakki et al., 2020). The adult attendees at Hospital Universiti Sains Malaysia (USM) in the study ranged in age from 18 to 59 (Ministry of Health Malaysia, 2003). Therefore, the range of adult age is between 18 to 59 years old. The rationale for focusing on adult attendees between 18 and 59 years old in the study was that this age group is a significant portion of the population who may had direct or indirect interactions with elderly. Both the inclusion and exclusion criteria were met by the population.

### **3.4 Selection Criteria**

#### **3.4.1 Inclusion Criteria**

The following are the study's inclusion criteria:

- 1) Adult attendees between 18-59 years old at Hospital Universiti Sains Malaysia (USM).
- 2) Able to communicate in Malay and English language.
- 3) Having at least one elderly living in their family. "Living in their family" refer to elderly that lives with family members rather than alone or in a care institution like a nursing home (Srinivasan & Gupta, 2015).

### **3.4.2 Exclusion Criteria**

The following are the study's exclusion criteria:

- 1) Adult attendees who are outside the age range 18-59 years old.
- 2) Not able to hear and speak.
- 3) Adult attendees who do not have elderly living in their family.

### **3.5 Sampling Plan**

#### **3.5.1 Sampling Method**

The research sampling method of this study was purposive sampling that considered the inclusion and exclusion criteria in selecting a sample from population before collecting the data. Purposive sampling is suitable for studies with well-defined inclusion and exclusion criteria. It allows the researcher to use judgement to choose participants who are most likely to provide valuable insights, which is essential for study on knowledge and attitudes toward elder abuse (Etikan et al., 2015).

#### **3.5.2 Sample Size Estimation**

The sample size was calculated based on comparing two means using power and sample size calculation by Statistic and Sample Size web tools. Each objective's sample size was determined using data from a previous study that was carried out among the same target population with the same characteristics (Srinivasan & Gupta, 2015). Most of the reasonable sample size was chosen as the study's sample size.

**Objective 1:** To determine the level of knowledge of elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM).

The sample size was calculated using Statistic and Sample Size web tools (<https://m.apkpure.com/statistics-and-sample-size/thaithanhtruc.info.stat/download>) to determine the sample size (n) needed in this study. The prevalence of good knowledge of

elder abuse was 76.9%. With a confidence level of 95%, the margin sampling error 10% (significance level= 0.10) and given that 10% of the respondents drop out of the study's estimated sample size,

$$\begin{aligned}n &= 69 + 10\% \text{ drop out} \\ &= 69 + 7 \\ &= 76\end{aligned}$$

Therefore, total sample size for objective 1 will be 76 samples.

**Objective 2:** To determine the level of attitude of elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM).

The sample size was calculated using Statistic and Sample Size web tools (<https://m.apkpure.com/statistics-and-sample-size/thaithanhtruc.info.stat/download>) to determine the sample size (n) needed in this study. The prevalence of good attitude of elder abuse was 37.4%. With a confidence level of 95%, the margin sampling error 10% (significance level= 0.10) and given that 10% of the respondents drop out of the study's estimated sample size,

$$\begin{aligned}n &= 90 + 10\% \text{ drop out} \\ &= 90 + 9 \\ &= 99\end{aligned}$$

Therefore, total sample size for objective 2 will be 99 samples.

**Objective 3:** To determine the association between demographic characteristics with knowledge of elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM).

This objective uses the correlation sample size. The sample size was calculated using web tools (<https://sample-size.net/correlation-sample-size/>) with  $\alpha = 0.05$ ,  $\beta = 0.2$  and  $r = 0.92$ . The title article from the previous study is “Attitude of Family Towards

Elder Mistreatment: Cultural Perspective in Rural North India”. This study shows that the correlation coefficient (r) is 0.92 (Srinivasan & Gupta, 2015). Given that 10% of the respondents drop out of the study's estimated sample size,

$$\begin{aligned}n &= 6 + 10\% \text{ drop out} \\ &= 6 + 1 \\ &= 7\end{aligned}$$

Therefore, the total sample size for objective 3 will be 7 samples.

In conclusion, the sample size of the study was determined by the calculation of the sample size for each research objective. The exact sample size was then finalised by considering the largest sample size. The largest sample size was therefore chosen from Objective 2 (to determine the level of attitude of elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM).) as the sample size of the study which is 99 respondents after 10% dropout consideration.

### **3.6 Study Instruments**

Participants' responses was collected using a sociodemographic profile and a self-administered 21-item Likert Scale (6 points) that was separated into three sections which were section A, B and C. Questions about sociodemographic; age, gender, ethnicity, marital status, educational status, type of family was asked in section A. Section B examine the attitude of blaming elderly for their abuse and social responsibility related to elder abuse (11 items). Lastly, section C assesses knowledge regarding possible causes of elder abuse (9 items).

#### **3.6.1 Section A: Sociodemographic Data**

The questionnaire on sociodemographic data consists of seven items including age, gender, ethnicity, marital status, educational status, monthly income, and type of family. The gender consists of male and female. Ethnicity consists of Malay, Chinese, Indian and

others. The marital status consists of single, married, divorced/separated, and widowed. The educational status consisted of never attended school, primary school, metric, and graduate and above. The monthly income consists of RM0-RM4,849 (B40), RM4850-RM10,959 (M40), and RM10,960-RM15,039 (T20) (Lim, 2023). The type of family consists of joint and nuclear family. Nuclear family is "a two-generation family consisting of a father and mother and children or a single, possibly widowed parent and his/her children" (Ruggles, 2010). A joint family is a multigenerational family with two or more married children (Lodhi et al., 2021).

### **3.6.2 Section B: Knowledge regarding possible causes of elder abuse**

This questionnaire was adopted from Almakki et al. (2020) was used to assess the level of knowledge towards elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM). This questionnaire contains 9 items that include a question related to knowledge regarding possible causes of elder abuse. The questionnaire used six Likert Scale (1-strongly agree to 6-strongly disagree).

### **3.6.3 Section C: Attitude of social responsibility and blaming elderly for their abuse**

This questionnaire was adopted from Almakki et al. (2020) was used to assess the level of attitude towards elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM). This questionnaire contains 11 items that include a question related to attitude of social responsibility toward elder abuse and attitude of blaming elderly for their abuse. The questionnaire used six Likert Scale (1-strongly agree to 6-strongly disagree).

## **3.7 Variables**

This study was based on two types of variables that were independent and dependent variables. The independent variables were the sociodemographic data that



include age (<35 years old, >35 years old), gender (male, female), ethnicity (Malay, Chinese, Indian, others), marital status (single, married, divorced/separated, widowed), educational status (never attended school, primary & high school, cottage school, metric, graduate & above), monthly income (RM0-RM4,849, RM4,850-RM10,959, RM10,960-RM15,039), type of family (nuclear family, joint family) and level of knowledge toward elder abuse measured using a questionnaire assessing knowledge domains related to elder abuse. The dependent variables had measured the level of attitude of elder abuse among adult attendees at Hospital Universiti Sains Malaysia (USM) by using questionnaire Perceptions about Elderly Abuse and Neglect by Almakki et al. (2020).

### **3.7.1 Variables Measurement**

The variables of the study were measured by using a self-administered questionnaire.

#### **Section A: Sociodemographic Data**

This section includes ten closed-ended questions that represent data on demographic characteristics of age (<35 years old, >35 years old), gender (male, female), ethnicity (Malay, Chinese, Indian, others), marital status (single, married, divorced/separated, widowed), educational status (never attended school, primary & high school, cottage school, metric, graduate & above), monthly income (RM0-RM4,849, RM4,850-RM10,959, RM10,960-RM15,039), and type of family (nuclear family, joint family). Descriptive data frequency (n), and percentage (%) were presented.

#### **Section B: Knowledge regarding possible causes of elder abuse**

To assess the knowledge of adult attendees toward elder abuse in this study, a Perceptions about Elderly Abuse and Neglect questionnaire was used. The scoring system of Likert scale which Strongly Agree (1), Agree (2), Slightly agree (3), Slightly disagree (4), Disagree (5), Strongly disagree (6) were used. Bloom's cut-off point was used to

classify the knowledge into three levels; low level is 0–17 scores (0% to 59%) , moderate level is 18- 24 scores (60–79%) and high level is 24–30 scores (80–100%) (Alzahrani et al., 2022).

**Table 3.1 Knowledge regarding possible causes of elder abuse questionnaire**

<b>Level of Knowledge</b>	<b>Scores (%)</b>
High Knowledge	24-30 (80%-100%)
Moderate Knowledge	18-24 (60%-79%)
Low Knowledge	<17 (<60%)

### **Section C: Attitude of social responsibility and blaming elderly for their abuse**

To assess the attitude of adult attendees toward elder abuse in this study, Perceptions about Elderly Abuse and Neglect questionnaire was used. The scoring system of Likert scale which Strongly Agree (1), Agree (2), Slightly agree (3), Slightly disagree (4), Disagree (5), Strongly disagree (6) were used. Negative attitude-indicating questions get a reverse-scored. Bloom’s cut-off point was used to classify the attitude into three levels; positive attitude is 4-5 scores (80%-100%), neutral attitude is 3 scores (60%-79%), negative attitude is <3 scores (<60%) (Alzahrani et al., 2022).

**Table 3.2 Attitude of social responsibility and blaming elderly for their abuse questionnaire**

<b>Level of Attitude</b>	<b>Scores (%)</b>
Positive Attitude	4-5 (80%-100%)
Neutral Attitude	3 (60%-79%)
Negative Attitude	<3 (<60%)

### **3.7.2 Translation of Instrument**

The original questionnaires were developed in English version and needed to be translated into Bahasa Malayia to enable the participants to understand the questions. The questionnaire in section A, B and C were in the English version and was translated by

forward-backwards translation method. The forward-translated instrument was then back-translated from Malay to English by the bilingual translator from Language Centre and Literacies, Health Campus Universiti Sains Malaysia. This was to ensure the accuracy of the translation.

### **3.7.3 Validity and Reliability of the Data Collection Instrument**

Validity and reliability were concepts that were used to evaluate the quality of research. Both indicated how well the research method, technique, or test to measure something is accurate. Validity is known as the extent to which a concept is accurately measured in the context of quantitative research while reliability refers to a measure's consistency (Heale & Twycross, 2015). Validity and reliability were essential to establish the truthfulness and credibility of the finding. Therefore, evaluating whether the data was reliable and valid was an essential component in applying research finding of level of knowledge and attitude toward elder abuse among adult attendees at USM.

Three panels with a background of gerontological nursing were counter checked the self-administering questionnaires for both version Bahasa Malaysia and English questionnaires to establish the validity and reliability of this instrument. For this study to be valid, the instrument used in it needs to give a precise measurement of the study. The instrument needs to be measured regularly to be considered reliable. Before beginning this research, the researcher had carried out a pilot study by 10 adult attendees at USM for the ambiguity and convenience of users. The 10 respondents from pilot study were excluded from the main study. The reliability of the tool was tested by test-retest method and to find the internal consistency, Cronbach alpha was calculated. The Cronbach alpha range 0.70 to 0.95 is indicating an acceptable reliability (Tavakol & Dennick, 2011). The questionnaire Perceptions about Elderly Abuse and Neglect (Almakki et al., 2020) has

shown Cronbach's alpha  $\alpha = 0.93$  which showed a very reliable adopted questionnaire. The results then were analyzed.

### **3.8 Data Collection Methods**

#### **3.8.1 Procedure of Data Collection**

Within 1 year, data collection was started once ethical approval had been obtained from Human Research Ethical Committee (HREC), USM and the Director Hospital USM from February 2024 to March 2024. In figure 3.1 illustrated the flowchart of the data collection process. The adult attendees at USM that fulfil the inclusion criteria were chosen as the respondents. Data collections were conducted within the Hospital Universiti Sains Malaysia (USM) area, encompassing various locations such as clinics, wards, the café, and the pharmacy. Researcher had asked first the participants to ensure they met the inclusion and exclusion criteria. If so, then the researcher explained the purpose of the study verbally using the simple language and easy for participants to understand. After that, the researcher obtained the verbal and written consent of the participants. If they were agreed, the questionnaires were distributed to the participants and completed answering the questionnaires approximately 10-15 minutes. After completion, the survey questionnaires were gathered or collected. The data collection were analysed and then the researcher done the report finding from the data collection.