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Knowledge and Attitude Regarding Older Adult Abuse among UNIMAS
Undergraduate Nursing Students

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This project is submitted

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DECLARATION

I declare that the work in this thesis was carried out in accordance with the regulations of Universiti Malaysia Sarawak. Except where due acknowledgements have been made, the work is that of the author alone. The thesis has not been accepted for any degree and is not concurrently submitted in candidature of any other degree.



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ABSTRACT

Background: Older adult abuse represents a significant and escalating public health concern that demands prompt recognition and appropriate intervention by healthcare professionals. Malaysia's rapidly aging population, projected to reach 15.3% by 2030, intensifies the urgency of preparing nursing students to identify and respond to older abuse effectively. As future frontline healthcare providers, undergraduate nursing students must possess comprehensive knowledge and demonstrate positive attitudes toward recognizing and managing abuse among older adults.

Objectives: This study aimed to: (1) assess the level of knowledge regarding older adult abuse among UNIMAS undergraduate nursing students, (2) examine attitudes toward older adult abuse, and (3) analyse the relationship between knowledge and attitudes regarding this critical issue.

Methodology: A descriptive cross-sectional study was conducted among undergraduate nursing students at Universiti Malaysia Sarawak (UNIMAS). Using simple random sampling, 163 participants from Year 1 to Year 4 were recruited. Data collection employed a validated, structured questionnaire comprising 26 items across three sections: sociodemographic characteristics, knowledge regarding possible causes of older adult abuse, and attitudes encompassing both victim-blaming tendencies and social responsibility perspectives. The reliability coefficients were acceptable (knowledge scale: $\alpha = 0.80$; attitude scale: $\alpha = 0.73$). Data analysis utilized IBM SPSS version 27, employing descriptive statistics and Spearman's rank correlation coefficient.

Results: Participants demonstrated moderate to high knowledge levels regarding older adult abuse, with 55.8% ($n=91$) showing moderate knowledge and 42.9% ($n=70$) exhibiting high knowledge. Attitudes toward older adult abuse were moderately positive (median = 38, *IQR*

= 6). However, Spearman's correlation analysis revealed no statistically significant relationship between knowledge and attitudes ($r_s = 0.052$, $p = 0.511$), suggesting that increased knowledge does not necessarily translate into more positive attitudes toward addressing older adult abuse.

Conclusions: While UNIMAS undergraduate nursing students possess adequate knowledge about older adult abuse, the absence of a significant knowledge-attitude relationship indicates that cognitive understanding alone may be insufficient for developing appropriate professional responses. These findings underscore the critical need for educational interventions that integrate both knowledge acquisition and attitude development through experiential learning, simulation-based training and reflective practice. Future nursing curricula should emphasize not only the recognition of abuse indicators but also the cultivation of empathy, ethical reasoning and confidence in intervention strategies to better prepare nursing graduates for protecting vulnerable older adult populations.

Keywords: Older adult abuse, older adult, nursing students, knowledge, attitude, nursing education

ABSTRAK

Latar Belakang: *Penderaan warga emas merupakan satu isu kesihatan awam yang signifikan dan semakin membimbangkan, yang memerlukan pengesanan awal serta intervensi yang sesuai oleh para profesional penjagaan kesihatan. Penuaan populasi di Malaysia yang pesat—dijangka mencecah 15.3% menjelang tahun 2030—meningkatkan keperluan mendesak untuk memastikan pelajar kejururawatan bersedia mengesan dan menangani isu penderaan warga emas dengan berkesan. Sebagai penyedia penjagaan kesihatan barisan hadapan pada masa hadapan, pelajar kejururawatan prasiswazah perlu memiliki pengetahuan yang menyeluruh dan menunjukkan sikap positif dalam mengenal pasti serta mengurus penderaan dalam kalangan warga emas.*

Objektif: *Kajian ini bertujuan untuk: (1) menilai tahap pengetahuan mengenai penderaan warga emas dalam kalangan pelajar kejururawatan prasiswazah UNIMAS, (2) mengkaji sikap terhadap penderaan warga emas, dan (3) menganalisis hubungan antara pengetahuan dan sikap terhadap isu penting ini.*

Metodologi: *Satu kajian deskriptif keratan rentas telah dijalankan dalam kalangan pelajar kejururawatan prasiswazah di Universiti Malaysia Sarawak (UNIMAS). Melalui pensampelan rawak mudah, seramai 163 peserta dari Tahun 1 hingga Tahun 4 telah direkrut. Pengumpulan data menggunakan soal selidik berstruktur yang sah dan terdiri daripada 26 item merangkumi tiga bahagian: ciri sosiademografi, pengetahuan mengenai punca-punca kemungkinan penderaan warga emas, dan sikap yang melibatkan kecenderungan menyalahkan mangsa serta tanggungjawab sosial. Pekali kebolehpercayaan adalah memuaskan (skala pengetahuan: $\alpha = 0.80$; skala sikap: $\alpha = 0.73$). Analisis data menggunakan IBM SPSS versi 27 dengan statistik deskriptif dan pekali korelasi pangkat Spearman.*

Keputusan: Peserta menunjukkan tahap pengetahuan yang sederhana hingga tinggi mengenai penderaan warga emas, dengan 55.8% (n=91) berada pada tahap pengetahuan sederhana dan 42.9% (n=70) pada tahap tinggi. Sikap terhadap penderaan warga emas pula adalah sederhana positif (median = 38, IQR = 6). Namun, analisis korelasi Spearman tidak menunjukkan hubungan yang signifikan secara statistik antara pengetahuan dan sikap ($r_s = 0.052$, $p = 0.511$), yang menunjukkan bahawa peningkatan pengetahuan tidak semestinya disertai dengan sikap yang lebih positif terhadap isu penderaan warga emas.

Kesimpulan: Walaupun pelajar kejururawatan prasiswazah UNIMAS mempunyai pengetahuan yang memadai mengenai penderaan warga emas, ketiadaan hubungan signifikan antara pengetahuan dan sikap mencadangkan bahawa pemahaman kognitif sahaja tidak mencukupi untuk membentuk respons profesional yang sesuai. Dapatan ini menekankan keperluan penting untuk intervensi pendidikan yang menggabungkan pemerolehan pengetahuan dan pembangunan sikap melalui pembelajaran berasaskan pengalaman, latihan simulasi dan amalan reflektif. Kurikulum kejururawatan masa hadapan seharusnya memberi penekanan bukan sahaja kepada pengenalan tandatanda penderaan, malah juga kepada pemupukan empati, penaakulan etika dan keyakinan dalam strategi intervensi demi melindungi kesejahteraan warga emas yang terdedah.

Kata kunci: penderaan warga emas, warga emas, pelajar kejururawatan, pengetahuan, sikap, pendidikan kejururawatan

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LIST OF ABBREVIATION

UNIMAS	Universiti Malaysia Sarawak
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CHAPTER 1

INTRODUCTION

1.0 Introduction

This chapter presents study background, problem statement, research questions and research objectives, hypotheses, significance of the study, conceptual and operational definition of terms followed by summary.

1.1 Study Background

The global demographic transition toward an aging society represents one of the most significant social transformations of the 21st century. Malaysia is experiencing this transition at an unprecedented pace, with projections indicating that individuals aged 60 and older will constitute 15.3% of the population by 2030, representing approximately 5.8 million citizens (Abdullah et al., 2024). This demographic shift, while reflecting improved healthcare and living conditions, simultaneously presents complex challenges for healthcare systems, particularly in protecting vulnerable older adults from abuse and neglect.

Older adult abuse, as defined by the World Health Organization (2024), encompasses "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, that causes harm or distress to an older person." This multifaceted phenomenon includes psychological, physical, financial and sexual abuse, as well as neglect and violations of dignity and autonomy. The complexity of older adult abuse extends beyond individual harm, representing a violation of fundamental human rights that undermines the safety, well-being and quality of life of one of society's most vulnerable populations.

The epidemiological burden of older adult abuse is substantial yet likely underestimated. Globally, approximately one in six community-dwelling adults aged 60 and older experiences abuse annually, with significantly higher prevalence rates reported in institutional settings (WHO, 2024). In Malaysia, the National Health and Morbidity Survey in 2018 revealed that 9.0% of community-dwelling older adults experienced abuse, with neglect being the predominant form at 7.5% of reported cases (Sooryanarayana et al., 2020). However, these statistics likely represent only the visible portion of a much larger problem, as underreporting remains endemic due to factors including shame, fear of retaliation, dependency on perpetrators and inadequate reporting mechanisms (Yunus, 2021).

The healthcare system's response to older adult abuse is critically dependent on the knowledge, skills, and attitudes of healthcare professionals, particularly nurses who often serve as the first point of contact for older adults across various care settings. Nurses' frequent and intimate interactions with older adult patients position them uniquely to identify subtle signs of abuse, assess risk factors, and initiate appropriate interventions (Ranabhat et al., 2022). However, their effectiveness in this crucial role is fundamentally contingent upon their preparedness during undergraduate education.

Contemporary nursing education faces the challenge of preparing students not only with technical competencies but also with the knowledge and attitudes necessary to recognize and respond appropriately to complex psychosocial issues such as older adult abuse. Research suggests that healthcare professionals, including nursing students, often lack comprehensive understanding of abuse indicators, legal reporting requirements, and intervention strategies (Ha & Park, 2021). Moreover, attitudes toward aging and older adults significantly influence how nursing students perceive and respond to potential abuse

situations. Negative stereotypes, ageist assumptions, or misconceptions about older adults' autonomy and rights can impede effective recognition and intervention in abuse cases.

The Malaysian context presents additional complexities due to the absence of specific legislation addressing older adult abuse. Current legal frameworks rely on general statutes such as the Penal Code (Act 574) and the Domestic Violence Act 1994 (Act 521), creating ambiguity regarding healthcare professionals' roles and responsibilities in identifying and reporting suspected abuse (Mydin et al., 2021). This legislative gap underscores the importance of preparing nursing students through education rather than relying solely on regulatory mandates.

Furthermore, Malaysia's multicultural society, with its diverse family structures, cultural values, and caregiving practices, requires nursing students to develop culturally sensitive approaches to identifying and addressing older adult abuse. Understanding the intersection between cultural norms and abusive behaviours is essential for effective practice in Malaysia's diverse communities.

The significance of this research extends beyond academic inquiry to practical implications for nursing education and public health policy. As Malaysia transitions toward an aged society, the healthcare system will increasingly rely on well-prepared nursing professionals to safeguard older adults' welfare. Identifying gaps in nursing students' knowledge and attitudes provides the foundation for evidence-based curriculum development and targeted educational interventions.

Thus, this research aims to comprehensively assess the knowledge and attitudes of UNIMAS undergraduate nursing students regarding older adult abuse. By examining these foundational elements of professional competence, this study seeks to inform educational

strategies that will better prepare future nurses to recognize, respond to, and prevent older adult abuse in their professional practice. The findings will contribute to the broader goal of creating a healthcare workforce capable of protecting and advocating for the dignity and safety of Malaysia's growing older adult population.

1.2 Problem Statement

Despite increasing recognition of older adult abuse as a critical public health issue, significant gaps persist in healthcare professionals' preparedness to address this complex problem effectively. Nursing students, as future frontline caregivers, represent a crucial yet underexamined population whose knowledge and attitudes will directly influence the quality of care delivered to vulnerable older adults. The problem is multifaceted, encompassing both knowledge deficits and attitudinal barriers that can impede effective recognition and intervention in abuse cases.

Research indicates that many healthcare professionals lack comprehensive understanding of the various manifestations of older adult abuse, including subtle forms of psychological abuse, financial exploitation, and neglect that may not present with obvious physical indicators (Ranabhat et al., 2022). This knowledge gap is particularly concerning given that early identification is crucial for preventing escalation and protecting victims from continued harm.

Equally problematic are the attitudinal factors that influence nursing students' willingness and confidence to act when abuse is suspected. Negative stereotypes about aging, misconceptions about older adults' autonomy and decision-making capacity, and uncertainty about professional boundaries can create barriers to appropriate intervention (Alraddadi, 2022). Additionally, fear of legal consequences, concerns about family

dynamics, and uncertainty about reporting procedures may lead to hesitation or inaction even when abuse is recognized.

The consequences of inadequate preparation extend far beyond individual cases. When nursing professionals are unprepared to identify and respond to older adult abuse, the result is systematic underreporting and inadequate protection for vulnerable populations. This perpetuates cycles of abuse, contributes to increased morbidity and mortality among older adults, and undermines the healthcare system's fundamental obligation to "do no harm" and protect vulnerable patients.

In the Malaysian context, these challenges are compounded by cultural factors, diverse family structures, and the absence of specific older adult abuse legislation. Without clear legal frameworks and cultural competency training, nursing students may struggle to navigate the complex intersection of professional obligations, cultural sensitivity, and patient protection. Research specifically examining nursing students' knowledge and attitudes toward older adult abuse remains limited, particularly in Malaysia.

This gap represents a critical oversight in nursing education research, as understanding these foundational elements is essential for developing effective educational interventions. Without empirical data on current knowledge levels and attitudinal patterns, nursing educators cannot design targeted curricula that address specific deficits and misconceptions. The urgency of addressing this problem is underscored by Malaysia's rapid demographic transition and the projected increase in older adult abuse cases.

As the population ages, the healthcare system will increasingly depend on well-prepared nursing professionals to serve as guardians of older adults' safety and dignity. Failure to adequately prepare nursing students today will result in a future workforce ill

equipped to reach the complex challenges of caring for vulnerable older adults. This research addresses these critical gaps by systematically examining the knowledge and attitudes of undergraduate nursing students at UNIMAS, providing empirical evidence to inform educational improvements and ultimately contribute to better protection of older adults in Malaysian healthcare settings

1.3 Research Questions and Research Objectives

1.3.1 Research Questions

- i. What is the level of knowledge regarding older adult abuse among UNIMAS undergraduate nursing students?
- ii. What is the attitude regarding older adult abuse among UNIMAS undergraduate nursing students?
- iii. What is the relationship between knowledge and attitude regarding older adult abuse among UNIMAS undergraduate nursing students?

1.3.2 Research Objectives

- i. To assess the level of knowledge regarding older adult abuse among UNIMAS undergraduate nursing students.
- ii. To examine the attitude regarding older adult abuse among UNIMAS undergraduate nursing students.
- iii. To analyse the relationship between knowledge and attitude regarding older adult abuse among UNIMAS undergraduate nursing students.

1.4 Hypotheses

- i. Null Hypothesis (H_0): There is no statistically significant relationship between knowledge and attitude regarding older adult abuse among UNIMAS undergraduate nursing students.
- ii. Alternate Hypothesis (H_1): There is a statistically significant relationship between knowledge and attitude regarding older adult abuse among UNIMAS undergraduate nursing students.

1.5 Significance of Study

Older adult abuse is a profound public health concern that significantly affects the general well-being of older adult. As the global population ages, the prevalence of older adult abuse is expected to rise, necessitating the implementation of effective strategies within the healthcare sector to address this critical concern. The role of nursing professionals is particularly vital in this context, as they are often on the front lines of healthcare delivery and possess the unique opportunity to identify and intervene the older adult abuse cases.

Understanding nursing students' knowledge and attitudes towards this issue is essential as they are the future healthcare professionals that will interact closely with the older adult. Identifying gaps in knowledge and attitudes can help educators develop targeted curricula in nursing academics that emphasise the importance of recognizing and preventing older adult abuse in clinical practice. By understanding these gaps, this study can provide insights in improving the quality of care delivered to older adults as well-informed nursing professionals are more likely to advocate for these vulnerable populations and intervene appropriately in cases of abuse.

1.6 Conceptual and Operational Definition of Terms

1.6.1 Knowledge of Older Adult Abuse

Zagzebski (2017) defines knowledge as a highly esteemed state in which an individual is in cognitive contact with reality. In this study, knowledge of older adult abuse operationally refers to nursing students' understanding and awareness of the types of abuse, recognizable signs, underlying causes and consequences of abuse that can occur among older adults. This construct is measured using validated instruments from Srinivasan and Gupta (2015) specifically the "Knowledge Regarding Possible Causes of Older adultly Abuse" scale administered through structured questionnaires.

1.6.2 Attitude of Older Adult Abuse

Cherry (2023) conceptualizes attitude as a collection of action, beliefs and feelings directed toward a specific item, person or event. In this study, attitude regarding older adult abuse encompasses the beliefs, perceptions and feelings that nursing students may hold regarding the mistreatment of older adults. These attitudinal components are measured using two validated scales from Srinivasan and Gupta (2015) which are "Attitude of Blaming the Older Adult for their Abuse" and "Attitude of Social Responsibility Related to Older Adult Abuse" which together provide a comprehensive assessment of nursing students' perspective on older adult abuse.

1.6.3 Older Adult

The United Nations (2024) defines an older person as a person aged 60 years or more, while, globally, several countries such as Malaysia, define 'older adult' as a person aged 65 or over.

1.6.4 Older Adult Abuse

The World Health Organization (2024) defines older adult abuse as a single or repeated act, lack of appropriate action, occurring within any relationship where there is an expectation of trust, that distress and cause harm to an older individual. Abuse in older adults comes in many forms that include human rights violations such as psychological, physical, financial, sexual, emotional and material abuse, neglect and serious damage of respect and dignity. According to Fang et al. (2022), older adult abuse comprises a broad range of actions, including physical, emotional, financial, and neglectful behaviours directed toward older adults, often perpetrated by caregivers or family members. In this study, older adult abuse is defined as a deliberate or negligent action taken by a caretaker or another person that results in significant risk of harm to an older adult.

1.7 Summary

This chapter provides an overview of the growing issue of older adult abuse, particularly within the context of Malaysia's ageing population. It highlights the role of nurses and the importance of their knowledge and attitudes in identifying and managing abuse cases. The study addresses the gap in research on nursing students' understanding of older adult abuse and outlines key research questions, objectives, and hypotheses. Additionally, it discusses the significance of the study in shaping nursing education and improving care for older adults. Key concepts and operational definitions relevant to the study are also clarified.

CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

In this literature review chapter, it aims to provide an overview of prevalence, knowledge and attitude regarding older adult abuse among UNIMAS undergraduate nursing students. Thus, it helps to understand better whether there is relationship between knowledge and attitude regarding older adults among nursing students. There are several online databases have been used including Google Scholar, PubMed and ResearchGate.

2.1 Prevalence of Older Adult Abuse

Older adult abuse is a significant global problem that affects the dignity and well-being of older adults across various cultures and settings that refers to negligent or any intentional act by their caregiver or another individual which causes harm and a serious risk of harm to an older adult (Jandu et al., 2024). The study stated that older adult abuse can manifest in several ways, including emotional, physical and sexual abuse, as well as more subtle types like financial exploitation and neglect. The number of older adults experiencing domestic violence and other forms of abuse rises along with the ageing of many nations' populations (Şentürk, 2020). It can happen in diverse settings that includes the home, long-term nursing care homes and other institutional facilities.

According to Yon et al. (2019), a meta-analysis of prevalence research and global systematic review found that the overall prevalence of older adult abuse in educational and social settings is approximately 14.1%. Meanwhile, the World Health Organization (2024) reported that the prevalence of older adult abuse in community settings and institutional

settings have increased drastically during pandemic COVID-19 in which the overall prevalence is 15.7% and 64.2% respectively. The finding suggests that the number of abuse victims is significantly high and projected to increase over the years due to rapid population ageing occurring globally.

Meanwhile in Malaysia, the 2018 National Health Morbidity Survey (NHMS) highlights that 9.0% older participants suffered abuse and neglect, while there are two local studies in Kuala Pilah, Negeri Sembilan argued that the prevalence of 4.5% and 8.1% since the age of 60 and in the past 12 months (Firdaus et al., 2022). Moreover, Wang et al. (2022) reported that the prevalence of older adult abuse is 78.33 out of 1000 individuals annually in East Asian nations. These concerning data shows that the prevalence of older adult abuse in Malaysia is significantly high and requires immediate interventions from the healthcare professionals and policymakers.

However, the older adult abuse cases are more widespread than what is currently published and reported as Yunus (2021) argued that under- or non-reporting of cases is a common worldwide phenomenon that happens for various reasons. This is due to feeling ashamed and embarrassed as well as lack of a proper channel of complaints available that can be safely utilised in the healthcare and community settings as they mentioned not knowing where to seek help. This is supported by a study conducted by Roger et al (2021) stating that authorities receive reports of fewer than one-third of older adult abuse instances. Eventually, accurate estimates of the prevalence of older adult abuse in the community remain elusive.

2.2 Knowledge Regarding Older Adult Abuse

Knowledge is defined as a highly esteemed state in which an individual is in cognitive contact with reality which, therefore, is understood as a relational concept (Zagzebski, 2017). Healthcare professionals are crucial in identifying actual or suspected cases of older adult abuse and neglect when they interact with geriatric patients. Nursing students soon to be nursing professionals play a vital role in assessing, preventing, and addressing older adult abuse due to their direct interactions with older adults in various healthcare settings (Yon et al., 2019). Nevertheless, many instances of older adult abuse often go unnoticed. Meanwhile, Corbi et al. (2019) underlined that the causes for this may be attributed to inadequate reporting procedures, ignorance, and fear of legal repercussions.

The knowledge levels of older adult abuse among healthcare professionals, including nursing students, can differ widely based on several influencing factors such as educational background, training, and personal experiences. A study by Balasubraniam et al., (2020) found that the knowledge of 91 healthcare students in Malaysia regarding older adult abuse was found to be moderate, indicating that while they possessed some basic understanding and was not sufficient for proper assessment and intervention. A significant portion of students (72.5%) claimed that reporting to the authority is necessary when suspecting older adult abuse. However, there are many students (34.8%) who preferred not to get legally involved in cases of older adult abuse, which may stem from a lack of knowledge about what actions to take or fear of potential repercussions. This shows that a considerable number of students were uncertain about the abuse and neglect definition, which contributed to unclarity in reporting cases.

Additionally, a study by Şentürk et al., (2020) on nursing students in Turkey highlighted that the students considered their knowledge on the topic to be sufficient, while a significant portion felt their understanding was inadequate. About 25% of the students believed their knowledge was inadequate, and most of them claimed they had not been taught about the abuse and neglect of the older adult during their time in nursing school. This suggests the need for curriculum improvement as nursing programs may not be sufficiently covering topics related to older adult abuse and neglect, which are critical issues of geriatric care. Both studies by Balasubramanian et al. (2020) and Şentürk et al. (2020) emphasised the need for improved education and skill training for healthcare students to enhance their knowledge and preparedness in handling older adult abuse situations effectively.

Moreover, a study by Fang et al. (2022) found that the average knowledge score of nurses towards older adult abuse is 2.89 out of 4. This proposes a moderate level of understanding of nurses about the abuse issue. However, the study noted that the level of knowledge does not significantly influence the willingness to manage the case of older adult abuse. This is because, despite having some knowledge, nurses may feel unprepared and hesitant to act on the knowledge when faced with a real situation. Many healthcare professionals may have a basic understanding of older adult abuse, but there can be significant gaps in knowledge regarding the specific signs, types, and reporting mechanisms associated with older adult abuse and neglect (Yunus, 2021). This suggests the gaps in knowledge regarding the topic need to be addressed through targeted education and training programs (Ha & Park, 2021).

2.3 Attitude Regarding Older Adult Abuse

Attitude is defined as a collection of feeling, beliefs and action directed toward a specific item, person, or event (Kendra Cherry, 2023). Attitude of nursing students can significantly influence the way they recognize, address and prevent abuse in older adults. Nursing students' attitudes towards older adult are crucial because they will influence how they care for older adultly patients in the future (Fu et al., 2022). Study conducted by Balasubramanian (2020) shows that the attitude of healthcare students towards older adult abuse reflected a complex interplay of awareness and uncertainty. The findings indicated that a significant majority of the participants (72.5%) acknowledged their responsibility to report suspected older adult abuse cases to the legal authorities. This reflects a foundational understanding of the ethical obligation healthcare professionals have in safeguarding vulnerable populations, particularly older adults who may be susceptible to abuse. However, Balasubramanian (2020) also uncovered a notable reluctance among a substantial portion of students (34.8%) to become legally involved in such cases. This hesitancy suggests underlying fears regarding potential repercussions or a lack of confidence in their ability to effectively manage the complexities associated with reporting older adult abuse.

In addition, study by Şentürk et al. (2020) found most nursing students displayed a significantly high level of awareness regarding the symptoms and risk factors associated with older adult neglect and abuse. A significant majority of students identified specific relatives as more likely to neglect or abuse older adultly individuals, including unemployed relatives, substance addicts, and grandchildren or siblings of the older adults. Besides, the students recognized that certain groups, particularly those over 75 years old, those living alone, and individuals with psychiatric disorders, were at a higher risk of experiencing abuse

and neglect. This indicates nursing students can identify behaviours that show potential abuse, such as inconsistencies in statements made by the older adultly and their relatives, as well as signs of indifference from family members. The ability to recognize subtle signs of potential abuse is crucial for nursing professionals, as early identification can lead to timely interventions and support for vulnerable populations.

On the other hand, Fang et al. (2022) found that nurses exhibit a generally positive attitude toward managing cases of older adult abuse, as evidenced by an average score on the Attitudes Towards Handling Abuse of Older People Scale. This finding suggests that nurses are predisposed to confront incidents of abuse and acknowledge their professional responsibilities in assessing, documenting, and reporting suspected cases of older adult abuse. However, the study also highlights a noteworthy gender disparity, revealing that female healthcare workers demonstrate a greater willingness to engage with cases of older adult abuse compared to their male counterparts. These findings underscore the importance of considering demographic factors, for instance the gender, when evaluating attitudes toward older adult abuse within nursing practice. The greater willingness among female nurses may be attributed to socialization processes or differing perceptions of caregiving roles, which could influence their approach to vulnerable populations. Furthermore, while the overall positive attitudes indicate a readiness among nurses to address older adult abuse, the observed variations suggest a need for targeted training and support that addresses these disparities, thereby fostering a more uniform commitment to older adult abuse prevention and intervention across the nursing workforce.

2.4 Relationship between Knowledge and Attitude Regarding Older Adult Abuse

Nursing students who possess comprehensive knowledge of older adult abuse are more likely to view it as a crucial issue, which in turn, shapes their attitudes toward taking preventive action. For instance, Almakki et al. (2020) highlights that the relationship between knowledge and attitude regarding older adult abuse is significant. They stated that higher levels of knowledge correlate with more positive attitudes towards preventing and addressing older adult abuse. The study emphasized that participants who were more knowledgeable about different types of abuse, including financial and emotional abuse tended to have a more proactive attitude towards the intervention and prevention as they expressed increased concern and responsibility for addressing abuse. A similar finding found by Balasubramanian et al. (2020) emphasised that when healthcare practitioners and students are well-informed about the signs of abuse and legal responsibilities involved, they are more likely to feel empowered to act against the abuse case among older adults. This suggests increased knowledge leads to more positive attitudes and greater willingness to report and intervene in cases of abuse.

Arora et al. (2020) highlighted that students who possess a higher knowledge level about older adult care and the various forms of abuse are more likely to have a positive attitude towards the vulnerable population as well as a better understanding of the importance of preventing abuse. Conversely, inadequate knowledge can perpetuate misconceptions and negative attitudes, thereby hindering effective intervention. For instance, the study also found that most students viewed older adultly individuals as a burden, which reflects a negative attitude that may stem from a lack of understanding of the obstacles faced by the older adult population. This suggests that knowledge serves as a

foundation for shaping attitudes, while attitudes influence how knowledge is applied in practice.

The literature revealed that nursing students' attitudes toward older adult abuse are significantly influenced by their knowledge base to reporting such incidents. To enhance these attitudes, it is imperative that nursing education programs prioritize the recognition and intervention of older adult abuse. The findings revealed that nursing students' perspectives on older adults can be positively transformed through comprehensive education and training focused on geriatric care, older adult abuse awareness, and the legal protections afforded to this vulnerable population. By fostering a sense of empathy and equipping students with the requisite skills and knowledge, nursing programs can better prepare future practitioners to advocate effectively for the safety and dignity of older adults.

2.5 Conceptual Framework

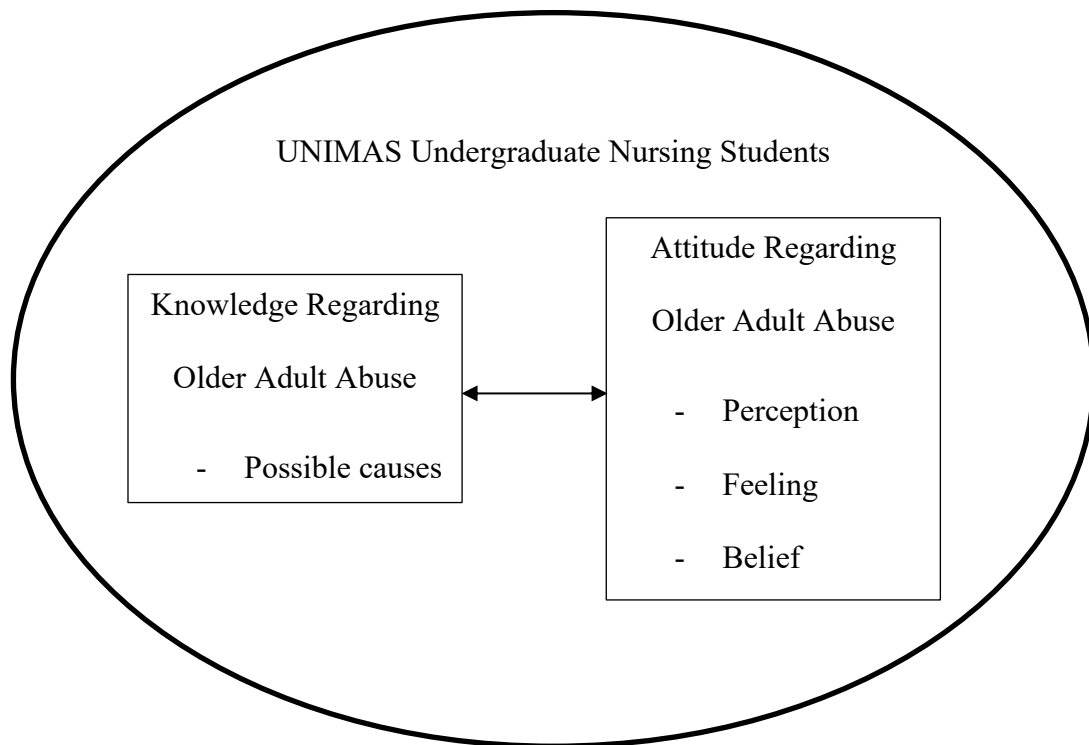


Figure 2.1. *Conceptual Framework Model*

Based on the literature review, the conceptual framework is proposed and demonstrated as shown in Figure 1. In this study, it assesses the knowledge level and attitude of nursing students regarding older adult abuse. It also examines the relationship between knowledge and attitudes regarding older adult abuse among UNIMAS undergraduate nursing student. The independent variables are the knowledge and attitude regarding older adult abuse among UNIMAS undergraduate nursing students. There is no dependent variable in this conceptual framework as the objectives in this study focuses on assessing the knowledge and attitude regarding older adult abuse and examining their relationship. Knowledge is conceptualized as the understanding nursing students have regarding possible cause of older adult abuse. Attitudes refer to the perception, feeling and belief that nursing students hold toward older adult abuse.

2.6 Summary

This chapter reviewed literature on older adult abuse, focusing on nursing students' knowledge, attitudes and its relationship. It identified key types and risk factors of abuse and highlighted the critical role of nurses in early detection. Studies show that nursing students often have limited knowledge and mixed attitudes, which may hinder effective intervention. The review emphasized the importance of education and training in improving knowledge and awareness among nursing students. A gap in local research, especially in Malaysia, supports the need for this study to better prepare future nurses in addressing older adult abuse.

CHAPTER 3

METHODOLOGY

3.0 Introduction

This chapter presents research design, research setting, sampling method and sample size, inclusion and exclusion criteria, research instrument, ethical consideration, data collection procedure for pilot study and main study followed by data analysis method and summary.

3.1 Research Design

This study employed a quantitative, descriptive cross-sectional design to assess the level of knowledge and attitude regarding older adult abuse among UNIMAS undergraduate nursing students. A quantitative approach was appropriate, as it facilitated the collection of numerical data for analytical purposes. The cross-sectional design was particularly suitable for assessing knowledge and attitudes within a defined population at a single point in time. Kesmodel (2018) stated that cross-sectional study cost fewer financial issues and time constraints since the data gathered at one specific time.

3.2 Research Setting

This study was conducted at the Faculty of Medicine and Health Sciences (FMHS), Universiti Malaysia Sarawak (UNIMAS) in Kota Samarahan, Sarawak. This setting was selected as FMHS is the primary institution training nursing professionals in East Malaysia, providing direct access to the target population of undergraduate nursing students.

3.3 Sampling Method and Sample Size

3.3.1 Sampling Method

Sampling is the process of choosing a representative subset of a population to determine the characteristics of the whole population (Mujere, 2016). According to Taherdoost (2016), the sampling process involves six steps: defining the population, choosing a sampling frame, selecting a sampling technique, determining sample size, collecting data and analysing data.

In this study, simple random sampling was utilized to select participants from the target population of UNIMAS undergraduate nursing students, which comprised approximately 234 students. This method was chosen as it ensures an unbiased and representative sample by giving each member of the population an equal chance of selection (Noor et al., 2022).

A comprehensive list of UNIMAS undergraduate nursing students from Year 1 to Year 4 was obtained from the academic office of the Faculty of Medicine and Health Sciences (FMHS), UNIMAS to create the sampling frame. The population list was arranged by matric number using Microsoft Excel. A random number generator function (=RAND()) was used to generate random values for each potential participant, enabling random selection of participants (Rahi, 2017).

3.3.2 Sample Size

The required sample size was calculated by utilising Taro Yamane's (1973) simplified formula, resulting in a required sample of 148 students based on the known population of 234 students. To accommodate potential attrition rate of approximately 10%,

consistent with similar studies, the final sample size was increased to 163 students. This adjustment ensured that at least 148 participants completed the study thereby enhancing the validity and reliability of the findings.

The calculation of sample size is the following:

$$n = \frac{N}{1 + Ne^2} \quad \text{Equation 3.1}$$

n = sample size

N = population size

e = error (0.05) reliability level 95%

$$n = \frac{234}{1 + (234)(0.05)^2}$$

$$n = 147.63$$

$$\approx 148$$

Calculation of sample size with attrition rate:

Final sample size = sample size + (sample size x 10%)

$$= 148 + (148 \times 10\%)$$

$$= 162.8$$

$$\approx 163 \text{ participants}$$

3.4 Inclusion and Exclusion Criteria

3.4.1 Inclusion Criteria

The study included UNIMAS undergraduate nursing students from Year 1 to Year 4 who had completed a minimum of one month of clinical practice.

3.4.2 Exclusion Criteria

UNIMAS post-registration nursing students were excluded from participations.

3.5 Research Instrument

The study utilized an adapted questionnaire incorporating validated instrument from "Knowledge Regarding Possible Causes of Older Adult Abuse," "Attitude of Blaming the Older Adult for their Abuse" and "Attitude of Social Responsibility towards Older Adult Abuse" which were adapted from a study by Srinivasan and Gupta (2015).

The final questionnaire encompassed three sections: Section A, Section B, Section C (i) and Section C (ii). Section A collected sociodemographic data including age, gender, ethnicity, year of study and participation in any activities related to the older adult. This section consists of either filling in the blanks or multiple-choice questions.

Section B evaluated the knowledge regarding possible causes of older adult abuse and consisted of 10 items measured on a 5-points Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. The Bloom's cut-off point was used to classify the knowledge into three levels; low level is 0 - 29 scores (0% - 59%), moderate level is 30 - 39 scores (60 - 79%) and high level is 40 - 50 scores (80 - 100%) (Alzahrani et al., 2022) (refer Table 3.1).

Table 3.1. *Level of Knowledge Regarding Possible Causes of Older Adult Abuse*

Level of Knowledge	Scores (%)
Low knowledge	0 - 29 (0% - 59%)
Moderate knowledge	30 - 39 (60 - 79%)
High knowledge	40 - 50 (80 - 100%)

Section C comprised two subsections: Section C (i) measured attitudes related to blaming the older adult for their abuse while Section C (ii) measured the attitude of social responsibility towards older adult abuse. This section was rated using a 5-point Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. The total score will be scored and grouping them by using the SPSS test. The score 1, 2, 3, 4 and 5 was applied for the positively worded items while reversible for the negatively worded items. There are several statements were structured into negative statements and the scores were reversed when calculating the total scores to avoid bias. Section C (i) consisted of 7 items in negative statement while Section C (ii) comprised of 5 positive statements.

3.6 Ethical Consideration

Approval from the Research and Ethics Committee of the Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS) was obtained prior to the commencement of the study to ensure compliance with ethical standards. Informed consent was acquired from all the participants before their involvement in the study (refer Appendix III). Participants were provided with detailed information regarding the aim of the study and were informed of their autonomy to withdraw at any time without facing any penalties or repercussions.

Participants' privacy was safeguarded as access to the data was restricted to the researcher and supervisor only. All the collected data were utilised solely for study purposes, and no personal identifying information was disclosed. In addition, an official consent email was sent to the authors to request permission to use the questionnaire as a study instrument tools.

No personal information was included in the questionnaires, and the study was conducted with strict adherences to the principles of confidentiality and anonymity. To preserve confidentiality, data were anonymized by assigning serial numbers to participants instead of using their names.

3.7 Data Collection Procedure

3.7.1 Pilot Study

Pilot study is known as small-sized, exploratory investigations that assess the viability of essential study elements (Bell et al., 2018). According to In (2017), the aim of the pilot study is to analyse the validity and reliability of the questionnaire and enable the researcher to comprehend the precise purpose and questions of the study. In this study, approval from the Research and Ethics Committee of Universiti Malaysia Sarawak (UNIMAS) was obtained prior to collection of data for this study. There were 16 participants involved in the pilot study and they were explained a comprehensive detail of the study's aim and procedures. The data collection process was conducted in accordance with ethical guidelines established by the committee which was administered in a paper-based format. An informed written consent was sought from participants to ensure their voluntary involvement and understanding of their rights, including the assurance of confidentiality prior to participation.

Subsequently, the data collected from the pilot study was entered and analysed using the Statistical Package for Social Sciences (SPSS) version 27 to check for the reliability and validity of the research instrument. The reliability analysis yielded a Cronbach's Alpha value of $\alpha = .80$ for the knowledge scale and $\alpha = .73$ for attitude scales, indicating acceptable internal consistency (Taber, 2018). Those who participated in the pilot study were excluded from the actual study. The feedback from the pilot study was used to improve the actual questionnaire.

Table 3.2. *Cronbach's Alpha for Reliability of Questionnaire*

Questionnaire	No of items	Cronbach's alpha	
		Past study	Pilot study
Knowledge Regarding Possible Causes of Abuse	10	.76	.80
Attitude Regarding Older Adult Abuse	12	.75	.73
Subsection: (i) Attitude of Blaming the Older Adult for their Abuse	7		
(ii) Attitude of Social Responsibility towards Older Adult Abuse	5		

3.7.2 Main Study

Following the pilot study, main study was executed as the Cronbach's Alpha coefficient for the pilot study was $\alpha = .80$ for the knowledge scale and $\alpha = .73$ for attitude scales. The participants were recruited by a simple random method. Random numbers were generated through Excel. The steps to randomize numbers in Excel are first to click on the cell where researcher generates the random number. Then enter the formula =RAND(). After that, press the "Enter" key, generating a random number (Kallner, 2015). The participants who had been involved in pilot study was excluded to participate in the main study and the sample size of 163 participants were provided with a comprehensive detail of the study's aim and procedures.

Furthermore, an informed written informed consent was obtained from participants to ensure their voluntary involvement and understanding of their rights, including the assurance of confidentiality prior to participation. The paper-based questionnaire was designed to assess knowledge and attitudes towards older adult abuse which took approximately 20 minutes to be completed. The researcher's contact number was provided in the questionnaire for any inquiry. The completed questionnaires were collected within two days to allow flexibility and minimize participants' burden. To safeguard the confidentiality and anonymity of participants, all completed questionnaires were securely stored in a sealed file.

3.8 Data Analysis Method

The Statistical Package for the Social Sciences (SPSS) version 27 from IBM was used to analyse the data. Descriptive statistics including frequency, percentage, median, interquartile range (IQR), range, mode, minimum and maximum values were employed to

describe the sociodemographic data, knowledge levels and attitudes towards older adult abuse among the participants.

The Bloom's cut-off point was utilised to categorize the knowledge into three levels; low level was 0 – 29 scores (0% - 59%), moderate level was 30 - 39 scores (60% - 79%) and high level was 40 – 50 (80 % - 100%) (Alzahrani et al., 2022) using visual binning. As the sample exceeds 50, a normality test of Kolmogorov-Smirnov test was conducted to observe the data distribution and determine the inferential statistic. In this study, the continuous data for both Section B and Section C were not normally distributed. Therefore, it was reported in median and interquartile range. Inferential statistical test was utilized to analyse the relationship between knowledge and attitudes regarding older adult abuse among UNIMAS undergraduate nursing students. In this study, non-parametric test of Spearman's rank correlation coefficient was utilised as the continuous data did not meet normality assumptions.

3.9 Summary

This study employed a quantitative cross-sectional design and was conducted at the Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS). It involved undergraduate nursing students from Year 1 to Year 4. A simple random sampling method was used to select participants and the sample size of 163 was determined using the Yamane formula (1973). The research instrument was a self-administered questionnaire divided into three sections: sociodemographic data, knowledge and attitude regarding older adult abuse. Prior to data collection, ethical approval was acquired from the Research and Ethics Committee of Universiti Malaysia Sarawak (UNIMAS). The collected data were

analysed using IBM SPSS Statistics version 27 utilizing both descriptive and inferential statistical methods.

CHAPTER 4

RESULTS

4.0 Introduction

This chapter presents the findings of the study obtained from a total of 163 undergraduate nursing students at Universiti Malaysia Sarawak (UNIMAS). All results are reported in alignment with the research objectives, which are to assess the level of knowledge, to examine the attitude and to analyse the relationship between knowledge and attitude regarding older adult abuse. Section 4.2 outlines the reliability analysis for the knowledge and attitude scales. Section 4.3 includes the preliminary analysis such as the response rate. Section 4.4 presents the descriptive statistics of the participants' sociodemographic characteristics, including age, gender, ethnicity and year of study. Section 4.5 details both descriptive and inferential statistics related to the research objectives. Finally, Section 4.6 provides a summary of the chapter.

4.1 Reliability

The reliability for knowledge scale is found to be good (10 items; $\alpha = .80$). The reliability for attitude scale is found to be acceptable (12 items; $\alpha = .73$).

4.2 Preliminary Analysis

4.2.1 Response Rate

A total of 163 participants were invited and all completed the questionnaire resulting a 100% response rate.

4.3 Socio-demographic Characteristics of UNIMAS Undergraduate Nursing Students ($n=163$)

4.3.1 Age

There are no outliers or extreme values noted from the box plot for age. A Kolmogorov-Smirnov test showed a significant departure from normality, $D(163) = .16, p < .001$. The median age among the participants is 22 years old ($IQR = 2$ years old). The maximum age is 26 years old while the minimum age is 20 years old. The range is 6 years old. The mode age is 23 years old.

4.3.2 Gender

There are no outliers or extreme values from screening the data. Out of the 163 participants, 28 (17.2%) were male and 135 (82.8%) of them were female (refer figure 4.1).

4.3.3 Ethnicity

There are no outliers or extreme values from screening the data. The most represented ethnic group was Malay, comprising 67 (41.1%) of the participants. This was followed by Bumiputera Sarawak 48 (29.4%), Bumiputera Sabah 40 (24.5%), Chinese 7 (4.3%) and Indian 1 (0.6%).

4.3.4 Year of Study

There are no outliers or extreme values from screening the data. The highest proportion of participants were in Year 4, comprising 47 (28.8%) of the sample. This was followed by participants in Year 2 and Year 3, each making up 42 (25.8%) respectively. The smallest group was from Year 1, representing 32 (19.6%) of the sample.

Table 4.1. *Distribution of Participants by Socio-demographic Characteristics (n=163)*

Characteristics		Frequency (n)	Percentage (%)	Median (IQR)
Age				22 (IQR=2)
Gender				
	Male	28	17.2	
	Female	135	82.8	
Ethnicity				
	Malay	67	41.1	
	Chinese	7	4.3	
	Indian	1	0.6	
	Bumiputera Sabah	40	24.5	
	Bumiputera Sarawak	48	29.4	
Year of Study				
	Year 1	47	28.8	
	Year 2	42	25.8	
	Year 3	42	25.8	
	Year 4	32	19.6	

Note. n = frequency, % = percentage, IQR = interquartile range

4.4 Research Objectives

4.4.1 Knowledge Regarding Possible Causes of Older Adult Abuse

There are no outliers or extreme values noted from the box plot for knowledge score. A Kolmogorov-Smirnov test showed a significant departure from normality, $D(163) = .094$, $p < .001$ as shown in Figure 4.4. The median score among the participants is 39 points ($IQR = 6$ points). The maximum score is 50 points while the minimum score is 13 points. The range is 37 points. The mode score is 38 points.

The result below shows the knowledge regarding possible causes of abuse among UNIMAS undergraduate nursing students. As depicted in Table 4.2, more than half, 60.1% ($n=98$) of nursing students agreed that older adult who has mental impairment is exposed to abuse and neglect more often. The same number of students agreed that bad habits in the family cause abuse and neglect of older adult. Most of the participants, 58.3% ($n=95$) agreed that violence in the family cause abuse and neglect of older adult.

Besides, the most significant, only 1 participant (0.6%) strongly disagreed that older adult who has physical impairment, handicapped, stroke or bedridden are exposed to abuse and neglect more often. Out of 163 participants, there were only 2 (1.2%) of them strongly disagreed older adult abuse, which is observed more often in families whose socioeconomic and cultural status is low.

Table 4.2. *Knowledge Regarding Possible Causes of Older Adult Abuse*

Items	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
1. Older adult who lives alone is exposed to abuse and neglect more.	7 (4.3)	26 (16.0)	31 (19.0)	82 (50.3)	17 (10.4)
2. Woman older adult is exposed to abuse and	3 (1.8)	14 (8.6)	33 (20.2)	88 (54.0)	25 (15.3)

	neglect more compared to man older adult.					
3.	Older adult who has mental disability is exposed to abuse and neglect more often.	1 (0.6)	5 (3.1)	10 (6.1)	98 (60.1)	49 (30.1)
4.	Older adult who has physical disability, stroke, handicapped or bedridden are exposed to abuse and neglect more often.	1 (0.6)	8 (4.9)	8 (4.9)	94 (57.7)	52 (31.9)
5.	Older adult who lives in a large family are exposed to abuse and neglect more often.	4 (2.5)	39 (23.9)	69 (42.3)	41 (25.2)	10 (6.1)
6.	Older adult abuse is seen more often in families whose socioeconomic and cultural status is low	2 (1.2)	18 (11.0)	38 (23.3)	80 (49.1)	25 (15.3)
7.	Bad habits in the family cause abuse and neglect of the older adult.	1 (0.6)	3 (1.8)	10 (6.1)	98 (60.1)	51 (31.3)
8.	Violence in the family cause abuse and neglect of older adult.	1 (0.6)	2 (1.2)	5 (3.1)	95 (58.3)	60 (36.8)
9.	Individuals who have negative feelings, thoughts and bad experiences with older adult are more likely to neglect and abuse of older adult	3 (1.8)	2 (1.2)	19 (11.7)	94 (57.7)	45 (27.6)
10.	Individuals who think looking after the older adult as a burden are more likely to neglect and abuse of older adult.	3 (1.8)	3 (1.8)	19 (11.7)	86 (52.8)	52 (31.9)

Note. *n* = frequency, % = percentage

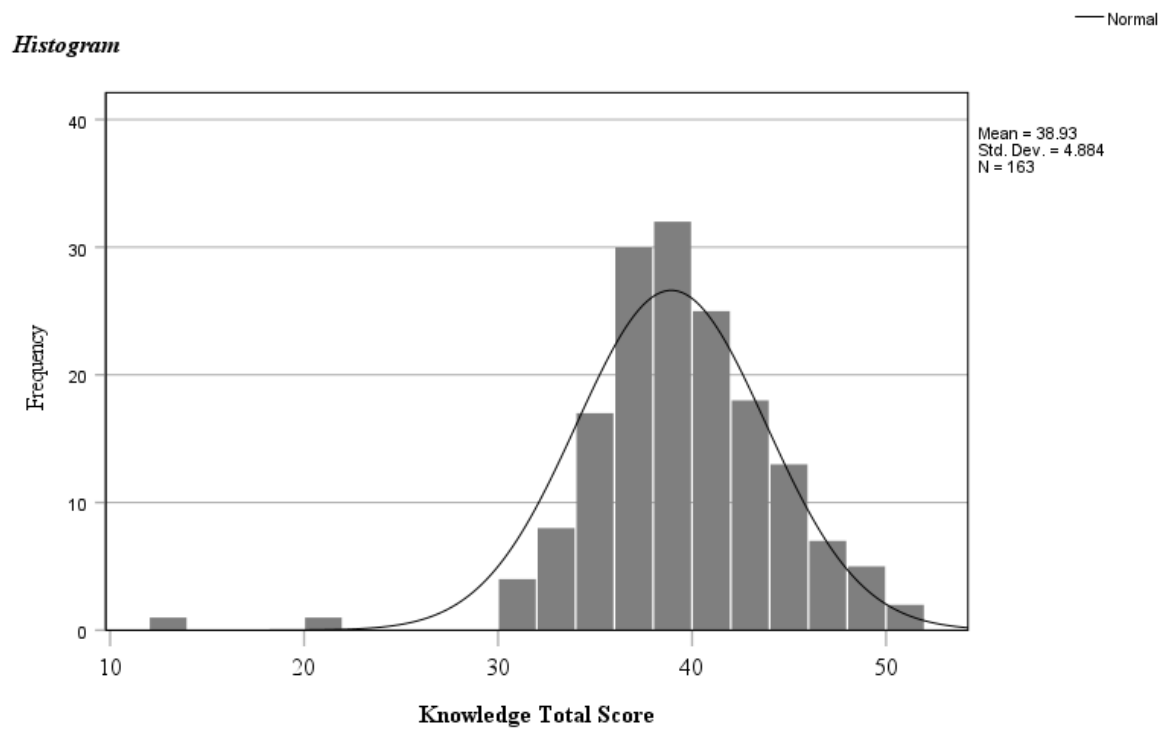


Figure 4.1. *Kolmogorov-Smirnov Test of Knowledge Total Score*

Recoding knowledge score into level of knowledge was done using the visual binning in SPSS version 27. The result below indicates the level of knowledge regarding possible causes of older adult abuse among UNIMAS undergraduate nursing students. As depicted in Figure 4.5, out of the 163 participants, it was revealed that only 2 (1.2%) of the participants have a low level of knowledge while more than half, 91 (55.8%) of them have moderate level of knowledge and 70 (42.9%) of the participants have a high level of knowledge regarding possible causes of older adult abuse.

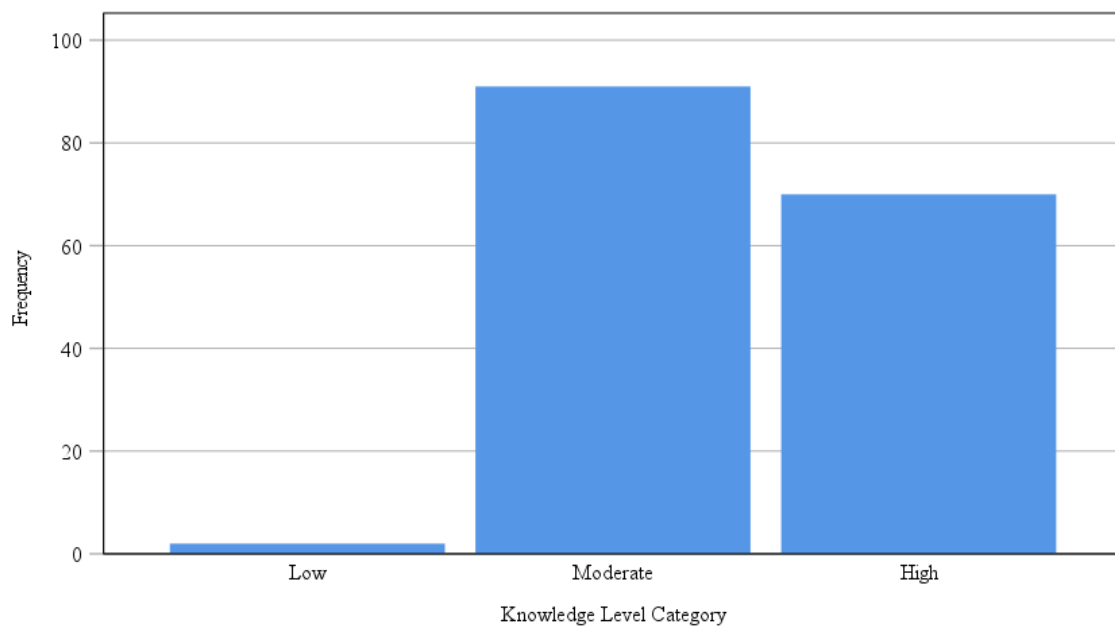


Figure 4.2. *Level of Knowledge among UNIMAS Undergraduate Nursing Students*

4.4.2 Attitude Regarding Older Adult Abuse

There are no outliers or extreme values noted from the box plot for attitude total score. A Kolmogorov-Smirnov test showed a significant departure from normality, $D(163) = .095, p < .001$ as shown in Figure 4.6. The median score among the participants is 38 points ($IQR = 6$ points). The maximum score is 58 points while the minimum score is 27 points. The range is 31 points. The mode score is 34 points.

The result below shows the attitude of blaming older adults for their abuse among UNIMAS undergraduate nursing students. As depicted in Table 4.3, majority of the participants, 62.0% ($n=101$) agreed that the behavior of the older adult provokes aggressive

behavior in young people that leads to abuse. Similarly, more than half of participants, 54.0% ($n=88$) agreed that the older adult often complains and nags which lead to abusive behavior.

Significantly, only 1.2% ($n=2$) of participants strongly disagreed to the statement the older adults would be less exposed to violence if they had more understanding of their problem of their adult children. Besides, there were 2.5% ($n=4$) strongly disagreed that older adult is demanding which leads to violent behavior of the people in their household.

Table 4.3. *Attitude of Blaming Older Adult for Their Abuse*

Items	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
1. The older adult often complains and nags, which leads to abusive behavior.	2 (1.2)	20 (12.3)	42 (25.8)	88 (54.0)	11 (6.7)
2. The older adult is demanding, which leads to violent behavior of the people in their household.	4 (2.5)	12 (7.4)	43 (26.4)	94 (57.7)	10 (6.1)
3. The behavior of older adult provokes aggressive behavior in young people which leads to abuse.	3 (1.8)	10 (6.1)	34 (20.9)	101 (62.0)	15 (9.2)
4. The older adult would be less exposed to violence if they had more understanding of the problems of their adult children.	2 (1.2)	18 (11.0)	43 (26.4)	74 (45.4)	26 (16.0)
5. If older adult and the young lived separately, there would be no violence.	7 (4.3)	44 (27.0)	55 (33.7)	46 (28.2)	11 (6.7)
6. The older adult would experience less violence if they	5 (3.1)	44 (27.0)	60 (36.8)	43 (26.4)	11 (6.7)

	didn't live with their children					
7.	If the older adult lived in a nursing home with their peers, less family violence would occur.	6 (3.7)	26 (16.0)	46 (28.2)	64 (39.3)	21 (12.9)

Note. *n* = frequency, % = percentage

The result below shows the attitude of social responsibility towards older adult abus among UNIMAS undergraduate nursing students. As shown in Table 4.4 below, most of participants, 63.2% (*n*=103) agreed that older adult abuse and neglect are a social problem. This also goes the same to the statement “I think I have responsibilities in preventing older adult abuse and neglect” in which more than half of the participant, 61.3 % (*n*=100) agreed to the statement.

Interestingly, none of the participants strongly disagreed to the items No. 1 to No. 4 in this section. Only 1 participant (0.6%) disagreed to the statements, I think I have responsibilities in preventing older adult abuse and neglect, older adult abuse and neglect is criminal act and when I witnessed older adult abuse and neglect, reporting is my individual responsibility.

Table 4.4. *Attitude of Social Responsibility towards Older Adult Abuse*

Items	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
1. Older adult abuse and neglect are a social problem.	0 (0.0)	5 (3.1)	10 (6.1)	103 (63.2)	45 (27.6)
2. I think I have responsibilities in preventing older adult abuse and neglect.	0 (0.0)	1 (0.6)	12 (7.4)	100 (61.3)	50 (30.7)
3. I think I have professional liabilities	0 (0.0)	7 (4.3)	41 (25.2)	84 (51.5)	31 (19.0)

	in preventing older adult abuse and neglect.					
4.	Older adult abuse and neglect is a criminal act.	0 (0.0)	1 (0.6)	13 (8.0)	87 (53.4)	62 (38.0)
5.	When I witness older adult abuse and neglect, reporting is my individual responsibility.	0 (0.0)	1 (0.6)	11 (6.7)	97 (59.5)	54 (33.1)

Note. n = frequency, % = percentage

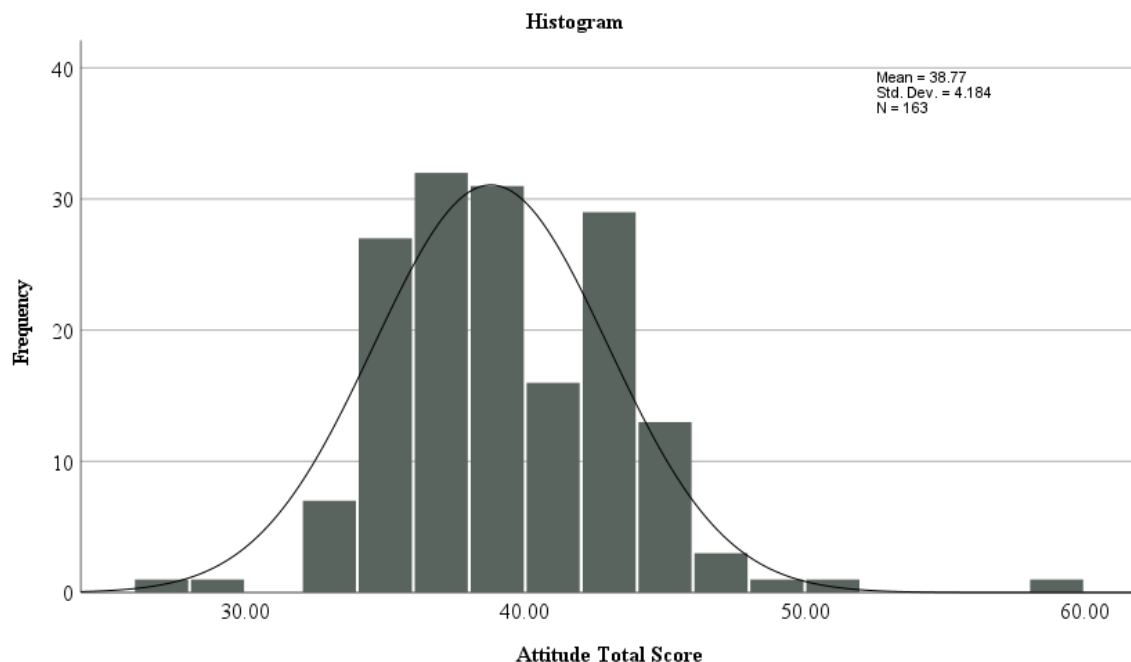


Figure 4.3 Kolmogorov-Smirnov Test of Attitude Total Score

4.4.3 Relationship between Knowledge and Attitude towards Older Adult Abuse

The relationship between level of knowledge and attitude score was investigated using Spearman correlation coefficient. Preliminary analyses were performed and there was

a violation of the assumptions of normality for attitude score, $D(163) = .095, p < .001$. No outliers or extreme values were detected from the box plot. There was no statistically significant correlation between the two variables, $r_s(163) = .052, p = .511$. Thus, this study fail to reject null hypothesis.

Table 4.5. *Spearman Correlation Coefficient*

			Level of Knowledge	Attitude Total Score
Spearman's rho	Level of	Correlation Coefficient	1	.052
	Knowledge	Sig. (2-tailed)		.511
		N	163	163
	Attitude	Correlation Coefficient	.052	1
	Total Score	Sig. (2-tailed)	.511	
		N	163	163

4.5 Summary

Most UNIMAS undergraduate nursing students showed moderate to high knowledge and moderately positive attitudes in responding to older adult abuse. However, there was no significant relationship between knowledge and attitudes, suggesting that increased knowledge may not shape students' views. The knowledge-attitude disconnect observed in this study aligns with emerging evidence from other contexts and highlights the complexity of factors that influence professional behaviour in older adult abuse situations. These findings highlight the need for enhanced training that integrates both knowledge and attitude

development to better prepare future nurses for identifying and responding to older adult abuse.

CHAPTER 5

DISCUSSION

5.0 Introduction

This chapter discusses the findings on the level of knowledge, attitude and the relationship between the level of knowledge and attitude regarding older adult abuse among UNIMAS undergraduate nursing students. In this chapter, a discussion of findings, a summary of findings, implications, limitations of this study and conclusion will be presented.

5.1 Discussion of the Findings

5.1.1 Knowledge Regarding Older Adult Abuse

In Malaysia, according to the most recent estimates by DOSM, the composition of the population aged 65 years and over increased from 7.2% in 2022 to 7.4% in 2023, encompassing 2.5 million people, indicating that Malaysia is experiencing population. In this study, most UNIMAS undergraduate nursing students showed moderate to high knowledge regarding possible causes of older adult abuse with 55.8% ($n=91$) exhibiting moderate knowledge and 42.9% ($n=70$) displaying high knowledge levels. These results suggest a foundational understanding of older adult abuse among nursing students, which provides an encouraging baseline for professional development.

However, the high number of moderate scores suggests a need for enhanced training in education system. The knowledge levels observed in this study align with findings from similar research conducted in other contexts. Şentürk et al. (2020) reported comparable moderate knowledge levels among Turkish nursing students while emphasizing the need for

improved education and skill development among nursing students. Similarly, Balasubramanian et al. (2020) found moderate knowledge levels among Malaysian healthcare students, reinforcing the pattern observed in this study. However, the comparison with Fang et al. (2022), who reported a mean knowledge score of 2.89 out of 4 among practicing nurses, suggests that student knowledge levels may be relatively adequate compared to some practicing professionals.

The moderate knowledge levels, while encouraging, reveal important areas for educational enhancement. The fact that only 42.9% of students achieved high knowledge levels indicates significant room for improvement in nursing curricula. This finding is particularly significant given that these students will soon enter clinical practice and will be expected to recognize and respond to older adult abuse cases competently.

Several factors may contribute to the moderate knowledge levels observed. First, the current nursing curriculum at UNIMAS may provide limited focused content on older adult abuse, consistent with Şentürk et al. (2020) finding that many students had not received specific education about older adult abuse during their nursing programs. Second, the complex and multifaceted nature of older adult abuse may require more comprehensive educational approaches that go beyond traditional didactic learning to include experiential and simulation-based training.

The knowledge distribution across different year levels was not examined in this study but could provide valuable insights for curriculum development. Understanding whether knowledge increases progressively through the nursing program or remains static could inform targeted educational interventions at specific academic levels.

5.1.2 Attitude Regarding Older Adult Abuse

The attitude assessment revealed moderately positive attitudes among UNIMAS nursing students, with a median score of 38 out of 60 points. This finding indicates that while students generally hold appropriate attitudes toward older adult abuse, there is substantial room for improvement in developing stronger commitments to intervention and advocacy.

The moderately positive attitudes observed in this study reflect a complex interplay of factors influencing nursing students' perspectives on older adult abuse. Consistent with Balasubramanian et al. (2020), most students recognized the importance of reporting suspected abuse cases and acknowledged their professional responsibilities. However, the moderate nature of these attitudes suggests underlying uncertainties or barriers that may impede decisive action in real-world situations.

Several theoretical frameworks can help explain these attitude patterns. The Theory of Planned Behaviour suggests that attitudes, combined with subjective norms and perceived behavioural control, influence behavioural intentions and actual behaviour (Ajzen, 1985). The moderate attitude scores observed may reflect uncertainties about subjective norms such as what is expected professionally and culturally and perceived behavioural control in which confidence in one's ability to intervene effectively.

Cultural factors may also significantly influence attitude formation in the Malaysian context. Traditional concepts of family hierarchy, respect for older adult, and reluctance to interfere in family matters may create internal conflicts for nursing students when considering intervention in suspected abuse cases. These cultural considerations require careful navigation in educational settings to help students develop culturally sensitive yet professionally appropriate responses.

The attitude findings also highlight the importance of moving beyond awareness to developing emotional engagement and moral commitment. While students may intellectually understand the importance of addressing older adult abuse, developing the emotional resilience, empathy, and moral courage required for effective intervention requires more intensive educational approaches.

Professional identity development theory suggests that attitudes toward professional responsibilities evolve throughout nursing education and early career experiences. The moderate attitudes observed among undergraduate students may reflect their developing professional identity and uncertainty about their future roles and capabilities as practicing nurses.

5.1.3 Relationship between Knowledge and Attitude Regarding Older Adult Abuse

Perhaps the most significant finding of this study is the absence of a statistically significant relationship between knowledge and attitudes regarding older adult abuse ($r_s = 0.052$, $p = 0.511$). These finding challenges common assumptions about the linear relationship between knowledge acquisition and attitude development and has important implications for nursing education.

The lack of correlation between knowledge and attitudes aligns with findings from Fang et al. (2022), who similarly found that knowledge levels did not significantly influence nurses' willingness to manage older adult abuse cases. This consistency across different populations and contexts suggests that the knowledge attitude disconnect may be a broader phenomenon requiring systematic attention in healthcare education.

Several theoretical explanations can account for this unexpected finding. First, the Theory of Cognitive Dissonance suggests that individuals may maintain contradictory

beliefs and attitudes despite having accurate knowledge (Festinger, 1957). Students may intellectually understand older adult abuse while simultaneously holding unconscious biases or fears that prevent the development of positive attitudes toward intervention.

Second, Social Learning Theory by Albert Bandura (1977) emphasizes the importance of observational learning and social modelling in attitude formation. Nursing students may acquire knowledge through didactic instruction but lack exposure to positive role models or successful intervention experiences that would reinforce positive attitudes toward addressing older adult abuse.

Third, the Knowledge-Attitude-Practice (KAP) model recognizes that knowledge alone is insufficient for behaviour change and that attitudes are influenced by multiple factors beyond cognitive understanding. According to Zhang and Cao (2025), these factors include emotional preparedness, self-efficacy beliefs, social support, and institutional contexts that may not be addressed through traditional knowledge-focused educational approaches.

The absence of a knowledge-attitude correlation also suggests that different educational strategies may be required to address these two domains effectively. While knowledge can be transmitted through lectures, readings, and presentations, attitude development may require more intensive approaches including experiential learning, simulation based training and reflective practice (Bates, 2015).

The knowledge-attitude disconnect may also reflect the complexity of older adult abuse as a phenomenon that involves legal, ethical, cultural, and emotional dimensions. Students may understand the factual content about abuse indicators and risk factors while

feeling unprepared to navigate the complex interpersonal and systemic challenges involved in actual intervention.

Furthermore, the moderate attitude scores combined with the lack of knowledge-attitude correlation suggest that some students with high knowledge levels may hold fewer positive attitudes, possibly due to increased awareness of the complexities and challenges involved in addressing older adult abuse. This phenomenon, known as the "knowledge burden," occurs when increased understanding of a problem's complexity leads to decreased confidence or optimism about one's ability to address it effectively.

5.2 Summary of the Findings of the Study

Most UNIMAS undergraduate nursing students demonstrated moderate to high levels of knowledge and moderately positive attitudes toward older adult abuse. However, the absence of a statistically significant relationship between knowledge and attitudes suggests that acquiring knowledge alone may not necessarily influence students' perceptions or responsiveness to older adult abuse. This disconnect reflects findings from similar studies, indicating that professional attitudes are shaped by more than just factual understanding as they are also influenced by personal beliefs, cultural norms, emotional intelligence, and clinical exposure. The complexity of these influencing factors underscores the importance of educational strategies that go beyond theoretical instruction. Therefore, to effectively prepare future nurses, training programs should adopt a holistic approach that integrates knowledge acquisition with attitude development through experiential learning, reflective practice, and ethical reasoning. This combined approach is essential to cultivate competent, empathetic, and proactive professionals capable of identifying and addressing older adult abuse in diverse healthcare settings.

5.3 Implications, Recommendations, Future Research

The findings of this study have significant implications for nursing education curriculum development. The moderate knowledge levels and moderately positive attitudes, combined with the absence of a knowledge-attitude correlation, suggest that current educational approaches may be inadequate for preparing nursing students to address older adult abuse effectively. Rather than addressing older adult abuse as a discrete topic, content should be integrated throughout the nursing curriculum, appearing in courses on pathophysiology, psychology, ethics, community health, and clinical practice. Educational content should be sequenced to build progressively more complex understanding and skills, beginning with basic awareness in early courses and advancing to intervention strategies and case management in senior-level courses.

The findings of this study extend beyond educational implications to broader considerations for nursing practice and healthcare policy in Malaysia. In practice and policy implications perspective, the moderate knowledge levels observed among nursing students suggest that practicing nurses may also benefit from ongoing education about older adult abuse recognition and intervention. Therefore, it is essential to implement education program such as continuous professional development (CPD) and in-service training that focus specifically on older adult abuse identification, legal responsibilities, and intervention strategies. On top of that, institutional policies could also be developed by healthcare institutions by producing clear policies and procedures for reporting and responding to suspected older adult abuse, as it provide the structural support that may be lacking for individual nurses.

Future research should consider expanding the sample population to include nursing students from various institutions and regions across Malaysia to improve the generalizability of the findings. Expanding research to include multiple nursing programs would enhance generalizability and allow for comparison of different educational approaches thus offer a broader perspective on the knowledge and attitudes toward older adult abuse. Additionally, adopting a mixed-methods approach that incorporates qualitative data such as interviews or focus groups could provide deeper insight into students' reasoning and experiences related to the issue.

Other than that, longitudinal studies are also recommended to examine changes in knowledge and attitudes over time, especially before and after exposure to relevant academic or clinical training. This is because, following nursing students throughout their educational program and into early professional practice could provide insights into how knowledge and attitudes evolve over time and in response to educational and clinical experiences. Furthermore, future research should investigate the effectiveness of targeted educational interventions designed to enhance nursing students' understanding and management of older adult abuse. Lastly, to reduce the possibility of self-reporting bias, alternative assessment methods such as case-based evaluations or objective structured clinical examinations (OSCEs) should be considered in future research.

5.4 Limitations of the Study

While this study provides valuable insight into nursing students' knowledge and attitudes regarding older adult abuse, there are several limitations in this study. Firstly, is the single institution focus. The study's limitation to UNIMAS nursing students may restrict generalizability to other nursing programs with different curricula, student populations, or

institutional contexts. Secondly, is the research design that employed cross-sectional approach that provides a snapshot of knowledge and attitudes at a single point in time but cannot capture changes over time or the influence of educational experiences among the students. Furthermore, the reliance on self-administered questionnaires introduces potential social desirability bias, where students may respond in ways they perceive as professionally appropriate rather than reflecting their true beliefs.

5.5 Conclusion

This study provides important baseline data on the knowledge and attitudes of UNIMAS undergraduate nursing students regarding older adult abuse. While students demonstrate moderate to high knowledge levels and moderately positive attitudes, the absence of a significant relationship between these domains suggests that knowledge acquisition alone is insufficient for developing appropriate professional responses to older adult abuse. The findings underscore the need for comprehensive educational approaches that address both cognitive and affective learning domains through integrated curriculum content, experiential learning opportunities, and reflective practice. As Malaysia continues its demographic transition toward an aged society, preparing nursing students to protect and advocate for vulnerable older adults becomes increasingly critical. Future nursing education must move beyond traditional knowledge transmission to embrace pedagogical approaches that develop empathy, moral reasoning, cultural competency, and practical intervention skills. Only through such comprehensive preparation can we ensure that future nurses are equipped to serve as effective guardians of older adults' safety, dignity, and well-being. The goal of this research is to contribute to the development of a nursing workforce that not only understands older adult abuse intellectually but is also emotionally and professionally

prepared to take appropriate action when vulnerable older adults need protection. Achieving this goal requires sustained commitment from nursing educators, healthcare institutions, and policymakers to prioritize older adult abuse prevention as a fundamental component of quality healthcare delivery.

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APPENDICES

Appendix A: Cover Letter for Ethical Approval

Syarifah Nur Aini Binti Wan Sekeran,
Faculty Medicine and Health Sciences,
Universiti Malaysia Sarawak,
94300 Kota Samarahan,
Sarawak.

The Chairman,
Medical Research Ethics Committee,
Faculty Medicine and Health Sciences,
Universiti Malaysia Sarawak,
94300 Kota Samarahan,
Sarawak.

16th December 2024

Professor/Associate Professor/Dr/Sir/Madam,

REQUEST FOR APPROVAL TO CONDUCT RESEARCH PROJECT

I am a final-year student pursuing a Bachelor of Nursing with Honours at the Faculty of Medicine and Health Sciences, UNIMAS. I enrolled in MDJ 4653 Final Year Project I, in which the course is coordinated by Madam Shalin Lee Wan Fei. Please find my details as follows:

Full name: Syarifah Nur Aini Binti Wan Sekeran

Matrix number: 78555

IC No.: 020217-13-0526

I would like to request the kind approval from the Faculty of Medicine and Health Sciences Medical Research Ethics Committee to conduct the following study:

Research title: Knowledge and Attitude Towards Older Adult Abuse among UNIMAS Undergraduate Nursing Students

Supervisor's name: Madam Bong Yi Lin

Email address: ylbong@unimas.my

Supervisor's HP number: 011-36606380

Please find the required documents as appended for your kind consideration and approval.

Thank you.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Syarifah Nur Aini Binti Wan Sekeran'.

(Syarifah Nur Aini Binti Wan Sekeran)

Appendix B: Research Approval

Pejabat Akademik
Fakulti Perubatan dan Sains Kesihatan
Academic Office
Faculty of Medicine & Health Sciences
☎: 581000 samb 7768
📠: 665152

UNIVERSITI MALAYSIA
SARAWAK
94300 Kota Samarahan

MEMORANDUM

Reference : UNIMAS/NC-21.05/03-03 Jld. 8(158)

To : Syarifah Nur Aini Binti Wan Sekeran (78555)
Bachelor of Nursing with Honours
Faculty of Medicine and Health Sciences

From : Dean
Faculty of Medicine and Health Sciences

Date : 05 March 2025

Subject : **Final Year Project - Research Approval: Knowledge and attitude towards older adult abuse among UNIMAS undergraduate nursing students**

The above matter is referred.

The Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS) has granted the **RESEARCH APPROVAL** for this Final Year Project research based on the appraisal by the Department of Nursing, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS) on 24 February 2025. The Final Year Project research details stated below:

Student Name : Syarifah Nur Aini Binti Wan Sekeran

Student ID : 78555

Programme : Bachelor of Nursing with Honours

Research Title : *Knowledge and attitude towards older adult abuse among UNIMAS undergraduate nursing students*

Supervisor Name : Madam Bong Yi Lin

Supervisor H/P : +60 11-3660 6380

All records and data are to be kept strictly **CONFIDENTIAL** and can only be used for the purpose of this study. All precautions are to be taken to maintain data confidentiality. Permission from the all relevant heads of departments/units where the study will be carried out must be obtained prior to the study.

Please note that the approval is valid from **February 2025** to **November 2025** only. The reference number for this letter must be stated in all correspondence related to this study to facilitate the process.

Thank you with regards and well wishes.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Asri bin Said', written in a cursive style.

Professor Dr. Asri bin Said
Dean

c.c : Deputy Dean of Undergraduate
: Head of Nursing Department
: Bachelor of Nursing with Honours
: MDJ4653 Final Year Project 1 Course Coordinator

Appendix C: Participant Information Sheet

PROTOCOL TITLE : Knowledge and Attitude Regarding Older Adult Abuse among UNIMAS Undergraduate Nursing Students

PROTOCOL IDENTIFIER : Syarifah Nur Aini Binti Wan Sekeran

SPONSOR : None

INSTITUTION ADDRESS : Faculty of Medicine and Health Science, University Malaysia Sarawak, 94300 Kota Samarahan, Sarawak, Malaysia

THE NATURE AND PURPOSE OF THE STUDY

The nature of this study is quantitative research. The purpose of this study is to assess the level of knowledge and attitude regarding older adult abuse among UNIMAS undergraduate nursing students. Other than that, this study also to investigate the relationship between knowledge and attitude regarding older adult abuse among UNIMAS undergraduate nursing students.

STUDY DESCRIPTION

This study is a quantitative research method study by using cross sectional design, in which the participants are selected via simple random sampling. Physical self-administered questionnaire will be utilized in the data collection, where the questionnaire is separated into

3 sections, 4 question items for socio-demographic characteristics, 10 question items to assess the level of knowledge and 12 question items to examine the attitude regarding older adult abuse. This study will be done among UNIMAS undergraduate nursing students who fulfil the inclusion criteria. 16 participants that are included in the pilot study will be excluded from the actual study. The pilot study is conducted to ensure the study is feasible and reliable.

RISK OF STUDY PARTICIPATION

There is no risk of study participation identified.

POSSIBLE BENEFITS OF STUDY PARTICIPATION

While there may be no direct personal benefit from participating in this study, your responses may help improve understanding of nursing students' knowledge and attitudes toward older adult abuse. The findings can contribute to curriculum development, training enhancements, and better preparation of future nurses in identifying and managing cases of abuse. Your participation may also help raise awareness on the importance of protecting and advocating for the well-being of older adults.

VOLUNTARY PARTICIPATION

This study is voluntary basis participation. No penalty will be charged if any of the study participants decide to refuse or withdraw from the study. Your cooperation and willingness to participate in the study are greatly appreciated.

CONFIDENTIALITY

The anonymity and confidentiality of the participant's information will be assured. Collected data will remain safe between the supervisor and the researcher.

WITHDRAWAL FROM STUDY

Participants have the right to withdraw from the study at any point and any time of the study.

No penalty will be charged to the participants if they decide to withdraw.

TO OBTAIN FURTHER INFORMATION

For further inquiries, please contact Syarifah Nur Aini Binti Wan Sekeran through email or WhatsApp. Email: 78555@siswa.unimas.my

Contact number: 011-14076410

Thank you,



Syarifah Nur Aini Binti Wan Sekeran (78555)

Appendix D: Informed Consent Form



Title of Study: Knowledge and Attitude Regarding Older Adult Abuse among UNIMAS Undergraduate Nursing Students

By signing below, I confirm the following:

- I have been given oral and written information for the above study and have read and understood the information given.
- I have had sufficient time to consider participation in the study and have had the opportunity to ask questions, and all my questions have been answered satisfactorily.
- I understand that my participation is voluntary, and I can freely withdraw from the study without giving a reason at any time and this will in no way affect my future treatment. I am not taking part in any other research study currently. I understand the risks and benefits, and I freely give my informed consent to participate under the conditions stated. I understand that I must follow the study doctor's (investigator's) instructions related to my participation in the study.
- I understand that study staff, qualified monitors and auditors, the sponsor or its affiliates, and governmental or regulatory authorities, have direct access to my medical record to make sure that the study is conducted correctly, and the data are recorded correctly. All personal details will be treated as STRICTLY CONFIDENTIAL.

- I will receive a copy of this subject information/informed consent form signed and dated to bring home.

Subject

Signature : I/C number :

Name : Date :

Investigator conducting informed consent

Signature : I/C Number :

Name : Date :

Impartial witness

Signature : I/C Number :

Name : Date :

Appendix E: Permission to Use Questionnaire



Syarifah Nur Aini <syarifah1730@gmail.com>
to ganeshhhh1 ▾

Nov 19, 2024, 11:00 PM ☆ 😊 ↩ ⋮

Dear Mr. Ganesh,

I hope this email finds you well. I am Syarifah Nur Aini Binti Wan Sekeran currently a Year 4 nursing student from Universiti Malaysia Sarawak (UNIMAS). Currently, I am conducting a nursing research on Knowledge and Attitude Towards Older Adult Abuse among UNIMAS nursing students for my Final Year Project 1. I have come across your study titled "Knowledge, Attitude, And Perception On Elder Abuse Among Healthcare Professionals And Healthcare Students In Malaysia".

I found your questionnaire particularly relevant to my research objectives. Therefore, I would like to humbly request your permission to use your questionnaire as a tool for data collection for my study. I believe that your work would significantly enhance the validity and reliability of my research findings.

I assure you that proper credit will be given to you and your study in my research and I will adhere to any conditions you may have regarding the use of your questionnaire.

Thank you very much for considering my request. I look forward to your positive response.

Warm regards,
Syarifah



Ganesh Pandian <ganeshhhh1@gmail.com>
to me ▾

Wed, Nov 20, 2024, 12:16 AM ☆ 😊 ↩ ⋮

Dear Ms. Syarifah,

My apologies for missing your previous email.

You may use my questionnaire for your study purpose.

All the best

Thanks



Syarifah Nur Aini <syarifah1730@gmail.com>
to Dr.almakki.zahra ▾

Thu, Nov 21, 2024, 7:18 AM ☆ 😊 ↩ ⋮

Dear Dr. Zahra E. Almakki,

I hope this email finds you well. I am Syarifah Nur Aini Binti Wan Sekeran currently a Year 4 nursing student from Universiti Malaysia Sarawak (UNIMAS). Currently, I am conducting a nursing research on Knowledge and Attitude Towards Older Adult Abuse among UNIMAS nursing students for my Final Year Project 1. I have come across your study titled "Knowledge and attitudes regarding elder abuse in the community, Eastern Province Saudi Arabia".

I found your questionnaire particularly relevant to my research objectives. Therefore, I would like to humbly request your permission to use your questionnaire as a tool for data collection for my study. I believe that your work would significantly enhance the validity and reliability of my research findings.

I assure you that proper credit will be given to you and your study in my research and I will adhere to any conditions you may have regarding the use of your questionnaire.

Thank you very much for considering my request. I look forward to your positive response.

Warm regards,
Syarifah



Dr.Zahra Al makki <dr.almakki.zahra@hotmail.com>
to me ▾

Sat, Nov 30, 2024, 3:10 PM ☆ 😊 ↩ ⋮

Hi, Dear

. It would be my pleasure to help you, see this is the questionnaire that I use it during my research. You should do a pilot before you starting my questionnaire to see its reliability, next step you will score the questionnaire. In my research, The questionnaire has 5 sections. The first section included questions about sociodemographic. The second section: Attitude of blaming elderly for their abuse (7 items), the third section: Awareness about different types of abuse of elderly (14 items), the fourth section: Attitude of social responsibility related to elderly abuse (4 items), and the fifth section: Knowledge regarding possible causes of elderly abuse (10 items). Questions were answered using 5 points Likert scale with 5 indicating strongly agree and 1 strongly disagree, Codes of questions indicating negative attitude were reversed. The attitude scores were calculated as average percent from 5.

The categories were further reduced into 3 categories, agree (strongly agree and agree), neutral and disagree (strongly disagree and disagree).

Appendix F: Research Instrument

Section A: Socio-demographic Data

Instruction: There are 4 questions for socio-demographic data. Please fill in your answer in the provided space or tick (✓) at the relevant column.

1. Age:

2. Gender:

☐ Male

☐ Female

3. Ethnicity

☐ Malay

☐ Chinese

☐ Indian

☐ Bumiputera Sabah

☐ Bumiputera Sarawak

☐ Others: Please specify:

4. Year of study:

☐ Year 1

☐ Year 2

☐ Year 3

☐ Year 4

Section B: Knowledge Regarding Possible Causes of Older Adult Abuse

Instruction: There are 10 items in this section. Please answer all the questions and tick (✓) to the appropriate space that best indicates your response to each statement.

No.	Items	1	2	3	4	5
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1.	Older adult who lives alone is exposed to abuse and neglect more.					
2.	Woman older adult is exposed to abuse and neglect more compared to man older adult.					
3.	Older adult who has mental disability is exposed to abuse and neglect more often.					
4.	Older adult who has physical disability, stroke, handicapped or bedridden are exposed to abuse and neglect more often.					
5.	Older adult who lives in a large family are exposed to abuse and neglect more often.					
6.	Older adult abuse is seen more often in families whose socioeconomic and cultural status is low.					
7.	Bad habits in the family cause abuse and neglect of the older adult.					
8.	Violence in the family cause abuse and neglect of older adult.					
9.	Individuals who have negative feelings, thoughts and bad experiences with older adult are more likely to neglect and abuse of older					

	adult.					
10.	Individuals who think looking after the older adult as a burden are more likely to neglect and abuse of older adult.					

Section C (i): Attitude Blaming the Older Adult for Their Abuse

Instruction: There are 7 questions in this section. Please answer all the questions and tick (✓) to the appropriate space that best indicates your response to each statement.

No.	Items	1	2	3	4	5
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1.	The older adult often complains and nags, which leads to abusive behavior.					
2.	The older adult is demanding, which leads to violent behavior of the people in their household.					
3.	The behavior of older adult provokes aggressive behavior in young people which leads to abuse.					
4.	The older adult would be less exposed to violence if they had more understanding of the problems of their adult children.					

5.	If older adult and the young lived separately, there would be no violence.					
6.	The older adult would experience less violence if they didn't live with their children.					
7.	If the older adult lived in a nursing home with their peers, less family violence would occur.					

Section C (ii): Attitude of Social Responsibility towards Older Adult Abuse

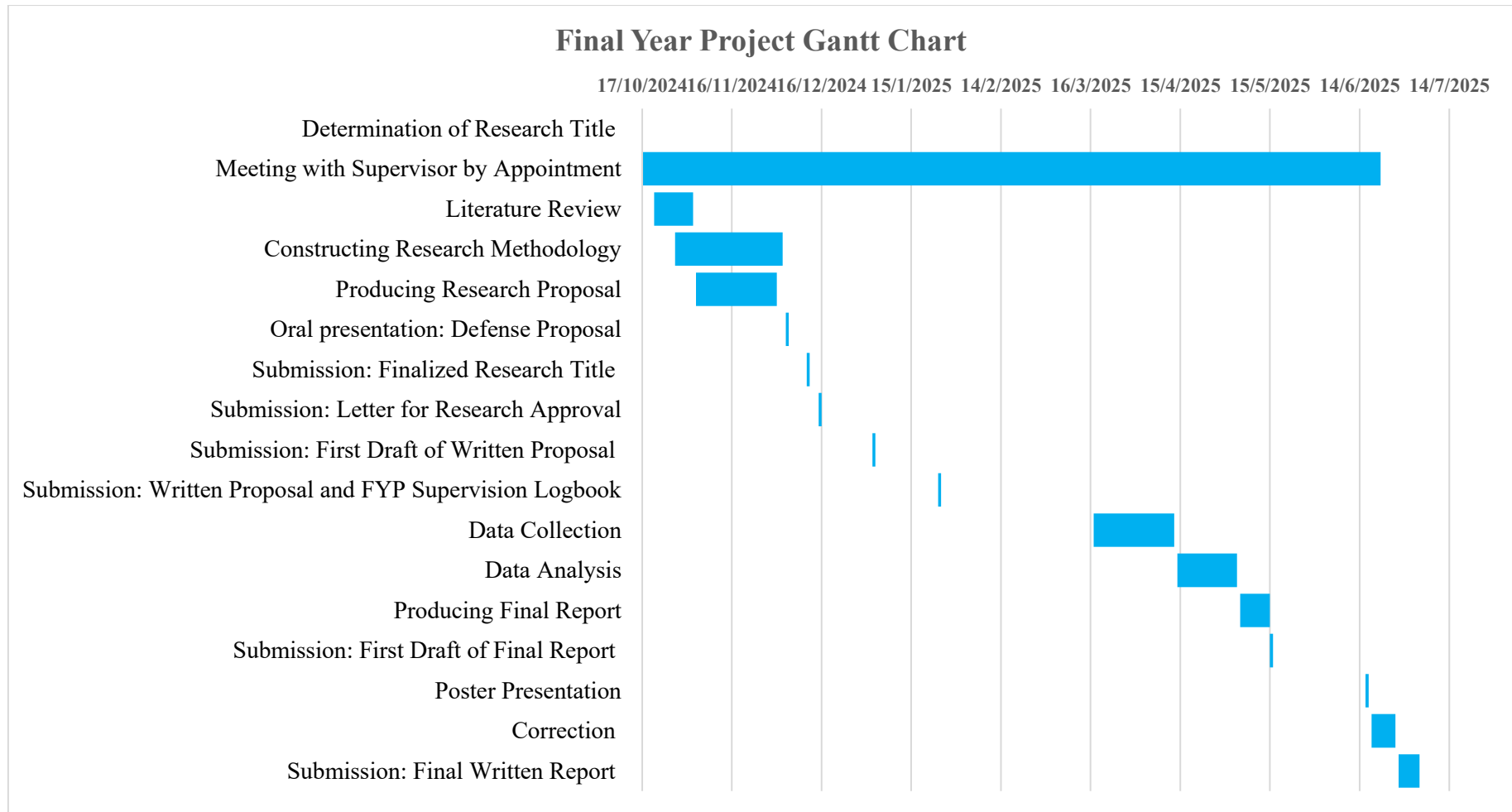
Instruction: There are 5 questions in this section. Please answer all the questions and tick (✓) to the appropriate space that best indicates your response to each statement.

No.	Items	1	2	3	4	5
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1.	Older adult abuse and neglect are a social problem.					
2.	I think I have responsibilities in preventing older adult abuse and neglect.					
3.	I think I have professional liabilities in preventing					

	older adult abuse and neglect.					
4.	Older adult abuse and neglect is a criminal act.					
5.	When I witness older adult abuse and neglect, reporting is my individual responsibility.					

This is the end of questionnaire.

Appendix G: Gantt Chart



Appendix H: Budget Planning

Project Title	Knowledge and Attitude Regarding Older Adult Abuse Among UNIMAS Undergraduate Nursing Students			
Duration of Project	October 2024 – July 2025			
No.	Items	Unit Price (RM)	Quantity	Amount (RM)
1.	Printing slide presentation for proposal defense	4	2	8
2.	Printing rubric research proposal defense	0.10	2	0.20
3.	SPSS version 27 Software	5	1	5
4.	Internet data	30	10 months	300
5.	Poster printing	40	1	40
6.	Final research report binding	5	1	5
Total				358.20

Appendix I: Turnitin Similarity Index Report

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