



Original Article

Ability of Nurse's Recognition toward Elderly Abuse from Caregiver in Mosul City

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Abstract:

Background & objective: Elder abuse is the term used to describe any act, either one-time or repeated, or a failure to take appropriate action, that harms or distresses an older person in a relationship where trust is expected. The study aims to assess nurses' ability to recognize elderly abuse from their caregiver in emergency department in Mosul city.

Method & material: A descriptive study was conducted in emergency department In Mosul hospitals from period 1/11/2024-1/4/2025. Purposive sampling was used to select 60 nurses who working in emergency department. The data were collected by developed tool based on previous study, it consists of two parts: part one for demographic data for nurses, and the second parts consist of 7 subscales to assess nurses recognize elderly abuse. The data were collected though interview technique and analyzed by using SPSS program version (26).

Results: The study's findings demonstrated that nurses' capacity to identify towards the elderly abuse in general was fair with mean (3.248), Signs pertaining to the elderly received the highest awareness rating (3.630).

Conclusions & Recommendations: that nurses had a fair understanding of recognizing elder abuse across all subscales, while with awareness of signs related to older adults being relatively better, rated as good. Overall, the results indicate an average understanding, highlighting the need for educational efforts to enhance awareness.

Keywords: Nurse's Recognition, Elderly, Abuse, caregiver.

Introduction:

Elder abuse is the term used to describe any act, either one-time or repeated, or a failure to take appropriate action, that harms or distresses an older person in a relationship where trust is expected. Abandonment, neglect, financial and material abuse, physical, sexual, psychological,

and emotional abuse, and severe loss of dignity and respect are all examples of this form of violence, which is a violation of human rights (Chang & Levy, 2021).

The growing number of elderly people in emerging nations is one of the problems of the

twenty-first century. (Naja et al., 2017). The World Health Organization (WHO) projects that by 2050, the number of persons over 60 will have doubled, necessitating substantial social changes. It is also anticipated that as the number of older people worldwide rises, so too will the number of older individuals who experience abuse (Sathya et al., 2022).

Globally, there is a significant shift in the population, and the Middle East is no exception. Approximately two-thirds of the world's elderly population now reside in developing nations, mostly in Asia, especially China and India. The number of elderly people in Arab nations is rising as a result of better health care services and the elimination of the majority of infectious diseases that were leading to premature deaths (Hussain, 2016).

Elder abuse is a global human rights and public health issue. Thus, "any behavior that intentionally or unintentionally reduces the functioning of older adults and increases their physical and psychological harm" is how the WHO defines elder abuse. Physical, sexual, psychological, financial, and neglectful abuse are all included in this (Nemati-Vakilabad et al., 2023).

Furthermore, some elderly individuals believed that verbal and financial abuse were common in various societies, and others were worried that their attacker would not face consequences. Healthcare workers have the chance to detect, evaluate, and handle elder abuse early because of their strong patient relationships (Alipour et al., 2019). Additionally, they have an ethical duty to report any suspected elder abuse (Pickering et al., 2018). However, identifying and handling elder abuse cases presents a variety of difficulties for healthcare professionals.

Another obstacle to addressing elder abuse may be inadequate and improper understanding about the subject of elder abuse and the typical physiological changes that occur in the elderly. In support, a research of European healthcare professionals conducted by Corbi et al. (2019) revealed that the expertise of healthcare

professionals in Europe was very low (Corbi et al., 2019). The study aims to assess nurses' ability to recognize elderly abuse from their caregiver in emergency department in Mosul city.

Method and Materials:

A descriptive study was used to determine the ability of nurse's recognition toward elderly abuse from caregiver from period 1/11/2024-1/4/2025. The study conducted in emergency department in four hospitals in Mosul city (Al Salam Teaching Hospital and Ibn Sena Teaching Hospital) are situated on the left side of the city, and Mosul General Hospital and Al-Jumhury Teaching Hospital are located on the right side of Mosul city. Researcher selected 60 nurses who working in emergency department through purposive sampling methods, and data were collected using developed tool based on the previous study (Alipour et al., 2019) through interview technique. The study tool consists of two parts. Parts one to assess socio-demographic characteristics for the of nurses consist of (7 items) includes (age, gender, educational level, years of service, marital status, place of work and type of family), and the second part to assess nurses' recognition of elder abuse, it consists of (5 Likert) of seven subscales includes: (9 items) physical abuse, (9 items) negligence, (7 items) financial abuse, (6 items) sexual abuse, (7 items), emotional abuse, (18 items) signs related to the elderly that increase the likelihood of exposure to violence, and (7 items) about signs related to the caregiver can increase the likelihood of abusing the elderly. The scoring for this tool consists of a statement or question followed by a range of responses, (strongly disagree (1), disagree (2), agree (4), neutral (3), and strongly agree (5).), the responses are divided into three levels, Poor (score range 1 – 2.33), Fair, score range (2.33 – 3.66), and Good (score range 3.66 - 5). The SPSS version (26) was used to analyze the data.

Results:**Table (1): Distribution of the study sample according to their demographic data.**

Variables	Items	No.	%
Gender	Male	26	43.3%
	Female	34	56.7%
Age	20-29 years	21	35.0%
	30-39 years	29	48.3%
	40-49 years	8	13.3%
	50 years above	2	3.3%
Certificate	Secondary	12	20.0%
	Diploma	21	35.0%
	Bachelors	27	45.0%
Year of service	1-5 Years	25	41.7%
	6-10 Years	21	35.0%
	10 Above years	14	23.3%
Work place	Al-Jumhuri Hospital	16	26.7%
	Al Salam Hospital	14	23.3%
	Ibn Sina Hospital	13	21.7%
	Mosul General Hospital	17	28.3%

Table 2: Distribution of nurse's ability to recognition of elderly abuse.

Subscale	No. of Items	Mean	Assessment
Physical abuse	9	3.34	Fair
Negligence	9	3.11	Fair
Sexual abuse	6	3.268	Fair
Emotional abuse	7	3.152	Fair
Financial abuse	7	3.189	Fair
Signs related to the elderly	18	3.630	Good
Signs related to the caregiver	7	3.259	Fair
Total	63 items	3.248	Fair

Discussion:

The majority of the nurses who took part were between the ages of 30 and 39 (48.3%), and 56.7% of them were female. The majority had

between one and five years of service (41.7%) and a bachelor's degree (45%). Four hospitals had a fairly equal number of respondents, with Mosul

General Hospital having the largest percentage (28.3%).

Negative outcomes may arise from nurses' ignorance of domestic elder abuse and their inadequate capacity to identify it. Nurses' capacity to identify elder abuse may be enhanced by education (Ghaffari et al., 2020).

The study's findings demonstrated that nurses' capacity to identify abuse towards the elderly in general was fair with mean (3.248), The study's findings aligned with a prior study that showed nurses could recognize elder abuse committed by family members. Nurses' comments about their recognition of elder abuse symptoms were not as predicted, according to the study's findings, suggesting that they recognize elder abuse symptoms to a modest degree. (Ghaffari et al., 2020)

According to the study's findings, nurses recognized a considerable amount of elder abuse on the majority of subscales, including financial, emotional, sexual, physical, and neglect abuse. Signs pertaining to the elderly received the highest awareness rating, which was satisfactory. Signs pertaining to the caregiver were still fairly recognized. A moderate comprehension of elder abuse is indicated by the overall mean score of 3.248. These results point to the necessity of focused educational initiatives to raise awareness within this demographic.

A previous study showed that nurses had an average level of ability to identify elderly people who were abused by their families, with a score of 3.74. They stated that they were not willing to report cases of violence against the elderly. (Ranabhat et al., 2022) The majority of medical personnel may not be aware of the age care law, the mandatory reporting requirement, or the signs and symptoms of abuse, according to the results of various research. Even while nurses were aware that reporting elder abuse was required, they frequently hesitated to do so, according to a previous study. (Corbi et al., 2019) Addressing elder abuse may also be hampered by inadequate and improper understanding about the subject of elder abuse and the physiological changes that

occur naturally in the aged. As evidence, Corbi et al.'s (Ranabhat et al., 2022)

Conclusion & recommendations:

The study concluded that nurses had a fair understanding of recognizing elder abuse across all subscales, while with awareness of signs related to older adults being relatively better, rated as good. Overall, the results indicate an average understanding, highlighting the need for educational efforts to enhance awareness.

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