Pertanika J. Soc. Sci. & Hum. 27 (S1): 89 - 107 (2019)

PERTANIKA JOURNALS

SOCIAL SCIENCES & HUMANITIES

Journal homepage: http://www.pertanika.upm.edu.my/

Knowledge, Attitude and Practice on Elder Maltreatment among Staff in the Aged Care Institution

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ABSTRACT

Elder maltreatment or abuse is an important issue to be addressed, especially in institutional care settings where most of the elders are vulnerable and dependent on others for their daily activities. With a rapidly growing older population and increasing rate of chronic and degenerative diseases, long term care system will be on high demand. Research suggests that staff's knowledge and attitude condoning elder abuse are the possible risk factor for executing abusive behaviors against residents in the institutions but have been studied infrequently. Hence, this paper focuses on the prevalence of elder maltreatment in aged care institutions in Selangor. Staff's knowledge, attitude and practice towards elder maltreatment in the aged care institution are discussed. This descriptive study utilized simple random sampling method to identify 110 care workers from 31 public and private aged care institutions in Selangor. Findings showed that majority of the respondents had a low level of knowledge concerning the management of elder maltreatment in a residential setting (M=16.3; SD=8.1), while more than two third (71.8%) were reported to have low level of positive attitude against elder maltreatment. Results also highlighted that majority of the respondents (90.9%) reflected an 'abusive' behavior towards elderly resident at least once during the past 6 months where the physical and

ARTICLE INFO

Article history:
Received: 10 September 2018
Accepted: 18 June 2019
Published: 23 July 2019

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ISSN: 0128-7702
e-ISSN 2231-8534

psychological maltreatment related to caring activities were most common among them. Taking into account that demographic ageing is taking shape in Malaysia, more attention should be given on education and support towards institutional aged care setting as the primary preventive strategy.

Keywords: Attitude, care worker, elder abuse, elder maltreatment, institutions, knowledge, practice

INTRODUCTION

The number and proportion of older people in Malaysia is increasing, as a result of increased longevity and declining mortality. In 2017, 6.2% of the total population comprised people aged 65 and over, compared to only 3.3% of the total population in 1970 (Suhairi et al., 2017). It is expected that Malaysia will have nearly equal share of the young (18.6%) and older population (14.5%) by year 2040. As the ageing population increases, there will be an increase in the demand of long term-care rather than acute care (Beard, 2010).

In Malaysia, current facilities and services for older person are provided by the Government, Non-Government Organization (NGO) and private sectors. As the largest provider of domiciliary care for the destitute older person, there are nine Federal-funded shelter homes known as *Rumah Seri Kenangan*, located throughout Malaysia under the management of the Department of Social Welfare, Ministry of Women, Family and Community Development. The objective is to provide proper care and protection for the needy elderly, treatment and better quality of life. On the other hand, there are services provided by NGO's and private sectors such as assisted living, residential care, nursing homes, and retirement home. According to Department of Social Welfare (2015), there is 1,473 approved registered care centers in Malaysia operated by NGO and private sectors.

The definitions of elder abuse according to Action on Elder Abuse (2012) is "a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person". There are several types of elder abuse such as physical abuse, financial abuse, sexual abuse, neglect, and emotional or psychological abuse. The use of terms abuse is used interchangeably with maltreatment, mistreatment, and neglect. In this paper, the terms elder maltreatment and elder abuse will be interchangeably used to discuss the different types of abusive behavior.

In the institutional settings, due to the multiple impairment including physical, mental or behavioral abnormalities as well as disabling conditions, the residents are vulnerable and are at risk of abuse. According to World Health Organization's (2011) study, institutional elder maltreatment may occur when (i) standards for health care, welfare services and care facilities for the older persons are low, (ii) staffs are poorly trained, remunerated, and overworked, (iii) the physical environment is deficient; and (iv) the policies operates in the interests of the institution rather than the residents.

There is evidence that suggests the elder maltreatment in the institutional settings occurs globally and demonstrates its wide prevalence. A survey of nursing home staff in the USA indicated 40% of staff admitted committing psychological abuse while 10% committed physical abuse in the past year (Pillemer & Hudson, 1993). On the other hand, a study in residential settings in Sweden revealed that 17% of the staff knew the situations of elder abuse and 2% admitted that they themselves had been abusive towards an elderly resident (Saveman et al., 1999). According to European Commission (2007) in special report on health and long-term care in the European Union (EU), 47% of European citizens think that poor treatment, neglect and abuse of the residents in the institutional settings are common in their country. These reflect the significant awareness of the population in EU countries of the issues of elder maltreatment in the institutional settings.

There are a few factors that contributes to the incidence of elder maltreatment in the institutions. According to Caregiver Stress Theory by Pearlin et al. (1990), the stressors face by the caregivers and the characteristics of care-recipient can determine the outcome of elderly maltreatment. The level of dependency is one of the predictors for elder maltreatment in non-family care situation (Georgen, 2001). A study done by Buzgova & Ivanova (2011), found that the employees most at risk to become a perpetrator were those who had been employed longer, had inadequate knowledge about social service and suffered from burnout. In the institutional settings, many of the residents have physical and mental conditions that require medical care, and they are frequently dependent on institutional processes and staff. On the other hand, staffs' attitudes condoning elder abuse in the institutional settings may influence their actual behaviors (Shinan-Altman & Cohen, 2009).

In Malaysia, there is lack of official data on elder maltreatment especially in the institutional settings. This could be due to poor public awareness, lack of knowledge among service providers, and the absence of mandatory reporting (Esther et al., 2006; Yusoff, 2009). Many were unaware on what is considered maltreatment or non-maltreatment, thus there is a crucial need to investigate on this subject at the aged care institutions. Despite increasing attention, research on elder maltreatment in the institutional settings is still lacking. Hence, this study aimed to explore the knowledge and attitude of care workers towards elder maltreatment.

This study employed a model of "Knowledge, Attitudes, and Practices (KAP)" in conducting survey because the approach has been widely used in human behavior studies on a problem or disease (Karen et al., 2016). The changes in human behavior occurs when there is knowledge and it acts as the foundation for behavior change, and belief, and attitudes are the driving force of behavior change (Ross & Smith, 1969). While determining the attitude towards elder abuse is highly important as these can portend the abusive behavior (Glasman & Albarracin, 2006; Green, 1997).

MATERIALS AND METHODS

Sample and Sampling Technique

The respondents in this study consisted of staffs from selected aged care institutions from four districts in Selangor namely Petaling, Hulu Langat, Klang and Gombak. According to the distribution of older person in 2015, Selangor has the highest number of older persons in Malaysia with 422,200 in term of absolute number followed by Johor and Perak (Tengku Aizan et al., 2012). A simple random sampling technique was utilized to employ the respondents in this study. From 104 registered and non-registered aged care institutions in Selangor, a total of 31 aged care institutions were selected in this study. The centres including one government residential care settings and 30 centres including nursing home, assisted living and retirement home from private and NGO sectors. Simple random selections on the aged care institutions were carried out, and a total of 110 staffs in the selected aged care institution was recruited as respondent for this study. Required sample size according to the study done by Almogue et al. (2010) is 30.

Data Collection Procedure

Data was collected using questionnaires through face-to-face interviews by trained enumerators on all the respondents from the institutions. Permission was sought from the Department of Social Welfare and aged care institutions prior to the data collection phase. The questionnaires were administered in Malay and English Language. Approximately 30-35 minutes were required to complete the survey for each respondent. Tokens were given to all respondents as appreciation for their time. The study was approved by the Ethics Committee for Research Involving Human Subjects University Putra Malaysia (JKEUPM).

Measures

Three sets of instruments were utilized to access respondents' knowledge, attitude and practices on elder maltreatment in this study.

Knowledge on Elder Maltreatment. The Knowledge on elder maltreatment was measured using The Knowledge and Management of Maltreatment (KAMA) instrument (Richardson et al., 2003). The instrument measures staff's knowledge in managing elderly in specific scenario. Respondents were asked to describe how they would manage each of the seven scenarios involving potentially abusive situations and their responses were scored using a structured marking scheme with a total score of 56. The total score of 30 and above indicates high level of knowledge, while the score of 29 and below indicates low level of knowledge. The knowledge on elder maltreatment can be measured using total score of overall items. The higher the total scores obtained indicates that respondents gave more correct answers, demonstrating greater knowledge. This instrument has been widely used in studies measuring knowledge and management of elder maltreatment since its development

over a decade ago (Richardson et al., 2002; Cooper et al., 2012). The original authors of the KAMA instrument demonstrated good reliability assessments for the parallel version, as follows: internal consistency was Cronbach's Alpha >0.8 (Richardson et al., 2003). The current reliability for this study shows the sufficient value of Cronbach's alpha (0.87).

Attitude and Practice on Elder Maltreatment. The instruments to measure respondents' attitude and practices towards elder abused were developed based on a Focus Group Discussion (FGD) carried out prior to the survey. A total of four FGD groups among public and private/NGO operated aged care institutions comprising those at the managerial level, professionals' workers and the carers were involved during this phase.

A self-developed *Attitude toward Elder Maltreatment scale* was used to measure the attitude of aged care institution workers on elder maltreatment. Based on FGD's findings, 14 items were developed representing four subscale which included health (item 1, 2, 3, 4), financial (item 5, 6, 7), psychosocial (item 8, 9, 10, 11) and environment (item 12, 13, 14). Negative items in this scale include item number 2, 3, 4, 7, 9, 10, 11 & 14. The scale was developed in English and Malay language. The scale used a 4-point scale ranging from 1= strongly disagree to 4= strongly agree. The attitude towards elder maltreatment was measured based on the mean score of overall items. A higher mean score represents a positive attitude where staffs are aware that elder persons should not be treated badly, while the lower mean scores indicate staff negative attitude towards elder maltreatment.

Current reliability for this study shows the value of Cronbach's Alpha 0.56. Even though the reliability value of the actual study showed 0.56, but the justification for using this instrument was based on the early Cronbach Alpha value of 0.69 obtained during the pilot study on 30 aged care workers from three aged care institutions in Melaka and Negeri Sembilan.

Meanwhile, a self-developed *Practice on Elder Maltreatment scale* was used to measure elder abuse towards an elderly resident during the last six months among aged care institution workers. It is multidimensional with 20 items scale. There are five sub-scales which include physical maltreatment (item 1,2,3,4,5), emotional/ psychological maltreatment (item 6,7,8,9,10,11), financial maltreatment (12,13,14,15), neglect (item 16,17,18) and sexual maltreatment (item 19,20). The scale was developed in English and Malay language. The scale used 3-point scale ranging from 0= Never, 1= Once and 2= 2 times or more. The 'Once' and '2 times or more' points were then collapsed to reflect whether the particular abusive behavior was done or not. Elder maltreatment can be measured using mean score of overall items. Current reliability for this study showed the sufficient value of Cronbach's Alpha (0.65).

Data Analysis

Data were analyzed using the Statistical Package for Social Science (SPSS) version 21. Descriptive statistics were used to describe the respondents' background and the study variables namely, knowledge, attitude and practices towards elder maltreatment among respondents. A cross tabulation analysis using Chi-square test was also carried out to examine respondent's background with each variable.

RESULTS

Aged Care Institutions Staffs Background Information

Table 1 shows that a total of 110 respondent from 31 aged care institution were involved in this study. The respondents consisted of staff working in the selected aged care institutions. The respondents were categorized into different category according to their job task, such as administrative, health and medical professionals and carers. The administrative group refered to those in the front line. Their task involved providing administrative support and management queries, such as the service desk or general office workers and managers. Meanwhile, the health and medical professional group consisted of professional employee such as doctors, nurses, therapist, counsellors and pharmacist, who were involved in the caring and providing treatment and medical support to the elders in the aged care institutions.

Meanwhile, the carers consisted of the care attendants, personal care assistants or a caregiver. Their task in the aged care institutions was to provide care and support with the daily living task of handling the elderly, such as bathing, personal hygiene, dressing, eating, drinking and other specific job related to the caring of the elderly in the institutions. Besides being directly involved in caring for the elderly, they were also involved in housekeeping duties such as cooking, cleaning and running errands. As can be seen from Table 1, more than two third of the respondent were from the carer category (69.1% - 76 staff), followed by the health and medical professionals (16.4% -18 staff) and lastly the administrative staffs (14.5% - 16). This is rightly so because carers were responsible in taking care of the older persons in the centre, while the administrative and professionals' tasks were more involved in the administration and therapeutic/medical subsequently.

From a total 110 respondent, 36.4% (40) of them were male and 63.6% (70) were female aged between 20 to 75 years old, with average age of 39 years old (SD 13.762). Slightly more than half of the staffs were 39 years old and below (54.5% - 60 staff) while only 14.5% were 60 years old and above. More than half of the staffs were Malaysian (55.5% - 61), while the rest were non-Malaysian (44.5% -49). In terms of ethnic distribution, among the Malaysian staff, Malay and Chinese were reported to have equal numbers (20.9% or 23 staff), while only 13.6% were Indian. While for non-Malaysian, most of them were from Philippine (20.0% or 22 staff) and Indonesia (18.2% or 20 staff). Overall, more than half of the respondents are married (53.6%) and majority (91.8%) earned less than RM2000.00 per month.

Table 1
Care worker's background (N= 110)

Variable	n	%
Staffing category:		
Administrative	16	14.5
Health and Medical Professional	18	16.4
Carers	76	69.1
Age:		
39 years old and below	60	54.5
40 – 59 years old	34	30.9
60 years old and above	16	14.5
Gender:		
Male	40	36.4
Female	70	63.6
Nationality:		
Malaysian	61	55.5
Non-Malaysian	49	44.5
Nationality (Non-Malaysian):		
Filipino	22	20.0
India	1	.9
Indonesia	20	18.2
Myanmar	3	2.7
Sri Lanka	1	.9
Vietnam	2	1.8
Ethnicity of Malaysian:		
Malay	23	20.9
Chinese	23	20.9
Indian	15	13.6
Marital status:		
Single	42	38.2
Married	59	53.6
Divorced /separated	7	6.4
Widowed	2	1.8
Monthly income:		
RM2000.00 and below	101	91.8
RM2001.00 – RM4000.00	7	6.4
RM4001.00 and above	2	1.8

Further analyses were carried out to explore the working status of the respondents involved in this study. Table 2 illustrates the staffing category and training attended by the respondents. In general, the study found that majority (93.6% -103) of the working staffs were on a full-time basis and only 5.5% (6) were a part time staff, while only 0.9% (1) voluntary worker. When further analysis into each staffing category, study showed that majority from the administrative staffs were a full-time workers (87.5% - 14). Similarly, for those from the health and medical professionals (94.4% - 17) and carer (94.7% -72) were full time staffs at the aged care institutions.

A person's duration of working or years or working can have a huge effect on one's experience. As shown in Table 2, more than one third of the respondents (37.3% or 41) had a working experience of between one to three years followed by less than one years of experience (33.6% or 37) and more than three years of working experience (29.1% or 32). Analysis showed that among the administrative staff, 62.5% (10) had more than 3 years' experience, followed by 31.3% with 1-3 years' experience. As for the health and medical professional staffs, study showed that most of them had 1-3 years' experience (50%-9), followed by 38.9% (7) with less than a year of working experience. And for the carer, most of them had less than a year of working experience (38.2%), followed by 35.5% (27) with 1-3 years' experience.

Meanwhile, this study also examined whether those working at the aged care institutions had received any training on elderly care, particularly in an institutional setting. Analysis showed an astounding finding, where almost two third of the staffs

had not attended any training (58.2% or 64) on elderly care. Further scrutinizing into each working category found that majority (63.2% - 48) of the carers had never attended any training on the elderly care. This is very risky because without proper training, they can become a potential perpetrator to elderly abuse because they are not aware of what is right or wrong behavior. However, for the health and medical professional group, most of them had attended training on elderly care (55.6% -10), as compared to 44.4% (8) who had not attended any training. And for the administrative staffs, the percentages of staff who had attended were the same for those who had never attended any training (50% -8).

Table 2
Staff working status and training attended

	Staffing category			Total n(%)
	Administrative worker n(%)	Professional worker n(%)	Carer n(%)	
Current work status				
Full time	14(87.5)	17(94.4)	72(94.7)	103(93.6)
Part time	2(12.5)	1(5.5)	3(4.0)	6(5.5)
Volunteers	0(0)	0(0)	1(1.3)	1(0.9)
Years of working				
Less than one year	1(6.2)	7(38.9)	29(38.2)	37(33.6)
1 – 3 years	5(31.3)	9(50.0)	27(35.5)	41(37.3)
More than 3 years	10(62.5)	2(11.1)	20(26.3)	32(29.1)
Training on elderly care				
Have not attended	8(50.0)	8(44.4)	48(63.2)	64(58.2)
Attended	8(50.0)	10(55.6)	28(36.8)	46(41.8)

Description of Knowledge, Attitude and Practice towards Elder Maltreatment

This section discusses the findings related to respondent's knowledge, attitude and practices towards elder maltreatment. Table 3 below shows respondent's knowledge towards elderly abuse. The knowledge on elder maltreatment among 110 staff in the 31 aged care institutions visited was measured using the Knowledge and Management Abuse (KAMA) questionnaire (Richardson et al., 2003). The questionnaire had seven vignettes with open questions about what the members of the staff should do in the scenario described with a total score of 56. The scenarios were related to either physical or psychological abuse and neglected. The total mean KAMA score was 16.28± SD8.05, with range between 0 and 34. Findings showed that majority of the respondents (92.7%) had low knowledge level while only 7.3% reported to have high knowledge level.

Table 3
Knowledge toward Elder Maltreatment among staff (N= 110)

Variable	n	%	Mean	SD	Min.	Max.
Knowledge			16.28	8.050	0	34
Low (<29)	102	92.7				
High (≥ 30)	8	7.3				

Meanwhile, Table 4 below illustrates a cross tabulation analysis between respondent's knowledge on elder abuse and their background profile such as gender, years of working and training on elderly care attended. Findings showed that majority (92.7% -102) of the respondents had low level of knowledge compared to 7.8% (8) with high knowledge level. This study showed that more female respondents (65.7% -67) had lower knowledge compared to their male counterpart (34.3% -35).

Table 4
Cross tabulation of respondent's knowledge on elder abuse and background

Variables		Level of Knowledge		Total Row (%)
		Low	High	
Gender				
Male		35 (87.5) (34.3)	5 (12.5) (62.5)	40 (100.0) (36.4)
Female		67 (95.7) (65.7)	3 (4.3) (37.5)	70 (100.0) (63.6)
	Total Column (%) (%)	102 (92.7) (100.0)	8 (7.8) (100.0)	110 (100.0) (100.0
	Pearson Chi Square	X^2=2.55; df=1; p>0.05		
Years of working				
Less than one year		35(94.6) *(34.3)*	2 (5.4) *(25.0)*	37 (100.0) *(33.6)*
1-3 years		38 (92.7) *(37.3)*	3 (7.3) *(37.5)*	41 (100.0) *(37.3)*
More than 3 years		29 (90.6) *(28.4)*	3(9.4) *(37.5)*	32 (100) *(29.1)*
	Total Column (%) (%)	102 (92.7) *(100.0)*	8 (7.8) *(100.0)*	110 (100.0) *(100.0)*
	Pearson Chi Square	X^2=0.401; df=2; p>0.05		
Training on elderly care				
Have not attended		60 (93.8) *(58.8)*	4 (6.2) *(50.0)*	64 (100.0) *(58.2)*
Have attended		42 (91.3) *(41.2)*	4 (8.7) *(50.0)*	46(100.0) *(41.8)*
	Total Column (%) (%)	102 (92.7) *(100.0)*	8 (7.8) *(100.0)*	110 (100.0) *(100.0)*
	Pearson Chi Square	X^2=0.237; df=1; p>0.05		

When compared to their years of working experience, findings showed not much difference between those with less than a year and more than 3 years working experience, even though staffs within 1-3 years of experience were slightly higher (37.3% -38) compared to the other two groups. However, if compared to respondent's knowledge with those more than 3 years of working experience, notably the percentages reduce, with 28.4% or 29 respondents. This finding indicates that duration of years working may have influence their knowledge on elderly abuse, but that does not help much because if compared within the same category (more than 3 years of experience), only a small percentage of respondents scored high knowledge level (9.4% -3) compared to 90.6% with low scores.

Cross tabulation was also carried out to examine the relationship between training received and knowledge score. Analysis also displayed quite a disturbing result, where a majority of them with low knowledge has not attended any training on elderly care (58.2% - 64), compared to 41.8% (46) of staff that had attended the training. Further analysis showed that respondents who had not attended any training scored low knowledge were more (58.8%-60), compared to those who had attended the training (41.2%-42).

However, for all the cross tabulation analysis carried out above using the Pearson Chi-Square analysis, results showed that there were no significant relationship between knowledge and the background variables ([Gender : X^2 =2.55; df=1; p>0.05] ; [Years of Working : X^2 =0.401; df=2; p>0.05] and [Training Attended: X^2 =0.237; df=1; p>0.05])

Analysis was also carried out to examine respondents' attitude towards elder abuse. As shown in Table 5, more than two third of the respondents (71.8%) reported to have low or negative attitude on elder abuse, while only 28.2% were reported to have high or positive attitude. The total mean attitude on elder maltreatment scale score was 28.36±3.39, with range score between 22 and 39. Majority of the respondents were found to have a low or negative attitude towards elder abuse. This mean that they are not aware that their behavior towards the older people in the institution can be considered as abusive or negative. Meanwhile, having a high or positive attitude indicates that respondents are aware that elder persons in the institutional setting should not be treated negatively, in example. Any behavior that may harm them, making them distress or violating their rights as a human being.

Table 5
Attitude toward Elder Maltreatment among staff (N= 110)

Variable	n	%	Mean	SD	Min	Max
			28.4	3.38	22	39
Low	79	71.8				
High	31	28.2				

Subsequently, a cross tabulation analysis was also carried out to examine respondents' background and attitude, as shown in Table 6 below. Findings showed that among the male group, majority (72.5% -29) of the respondents had low or negative attitude compared to 27.5% (11) with high or positive attitude. Similar findings were also observed in the female group, where 71.4% (50 staffs) showed a lower negative attitude compared to only 28.6% (20) with positive attitude. However, this difference is not significant (X^2 =.014; df = 1; p>0.05).

Further analysis was carried out to examine the relationship between attitude and years of working. Even though Pearson chi-square analysis did not show a significant relationship between the variables (X^2 =0.087; df = 2 p>0.05), nevertheless the cross-tabulation analysis reflected quite a meaningful finding. As shown in Table 6, majority of respondents with low or negative attitude were among those with lower years of working experience (at least 3 years and below), where findings showed that 39.2% (31) and 31.7% (25) respectively for 1 -3 years and below one year of working experience have low attitude. Meanwhile, only 29.1% (23) respondents with more than 3 years working experience had low attitude. Thus, there could be a possibility that with more working experience, a person may become more aware and sympathetic towards the issues of elderly abuse. However, statistically the relationship is not significant (X^2 =0.087; df = 2; p>0.05

A cross-tabulation analysis between attitude and training attended were also carried out between aged care institutions staffs. Findings showed that more than half of the respondents who had not attended any training on elderly care tended to have low or negative attitude (68.8% - 44) compared to those in the same group with positive or high attitude (31.2% -20). However, when compared among respondents with positive or high attitude group, analysis showed that training did not influence a person's attitude because data showed that those without training showed higher positive attitude (64.5% -20), compared to those that had attended a training on elderly care (35.5% - 11). Though, if compared among those with low attitude, definitely respondents without training tended to be more (55.5% -44) , as compared to those with training (44.3% - 35).

This research also looked into the practices of aged care institutions staff when handling the residents. This was to explore whether any kind of abusive behavior were present during on job task. Findings showed that majority of the respondents (92.7% -102) had carried out certain practices or behavior that indicated abusive behavior once or more times during the last 6 months. Among the reason given by the staffs was that they were not aware that what they did was wrong and could be considered as an abusive behavior. Only 7.3% respondents admitted that they had never done any kind of abuses towards the elder persons

Table 6
Cross tabulation of respondent's attitude on elder abuse and background

Variables	Level of Attitude		Total Row (%)
	Low (negative)	High (positive)	
Gender			
Male	29 (72.5)	11 (27.5)	40 (100.0)
	(36.7)	(35.5)	(36.4)
Female	50 (71.4)	20 (28.6)	70 (100.0)
	(63.3)	(64.5)	(63.6)
Total Column (%)	79 (71.8)	31 (28.2)	110 (100.0)
(%)	(100.0)	(100.0)	(100.0
Pearson Chi Square		X^2=.014; df=1; p>0.05	
Years of working			
Less than one year	25(67.6)	12 (32.4)	37 (100.0)
	(31.7)	*(38.7)*	*(33.6)*
1-3 years	31 (75.6)	10 (24.4)	41 (100.0)
	(39.2)	*(32.3)*	*(37.3)*
More than 3 years	23 (71.9)	9(28.1)	32 (100)
	(29.1)	*(29.0)*	*(29.1)*
Total Column (%)	79 (71.8)	31 (28.2)	110 (100.0)
(%)	(100.0)	(100.0)	(100.0
Pearson Chi Square		X^2=0.087; df=2; p>0.05	
Training on elderly care			
Have not attended	44 (68.8)	20 (31.2)	64 (100.0)
	(55.7)	*(64.5)*	*(58.2)*
Have attended	35 (76.1)	11 (23.9)	46(100.0)
	(44.3)	*(35.5)*	*(41.8)*
Total Column (%)	79 (71.8)	31 (28.2)	110 (100.0)
(%)	(100.0)	(100.0)	(100.0
Pearson Chi Square		X^2=0.712; df=1; p>0.05	

Table 7
Staff's practices on Elder Maltreatment in the institution (N= 110)

Variable	**n**	**%**
Maltreatment practices		
Never	8	7.3
Once or more	102	92.7
Total	110	100.0

Further analysis was also carried out to observe whether the respondents had done different types of abusive behavior according to the lists provided. Only those who answered 'never' on every item were considered that she or he did not do the abusive behavior over the past 6 months. However, if he or she answered at least once or more than once on any or the items, then they would be considered as having practice maltreatment.

With regards to the above, analysis by items on different types of abuse and neglect (behavior) were responded individually by the respondents. Before discussing the finding further, it needs to be reminded that

reader may get confuse with the results reflected in Table 8. The inconsistency on the results observed between Table 7 and Table 8 is due to individual responses on each item, where only 8 respondents answered 'never' on all the items, and the remainder answered at least one out of the 20 items listed. Table 8 showed most common types of maltreatment, such as physical abuse, psychological or emotional abuse, financial exploitation (abuse) and also general and sexual neglect.

Findings showed that up to 50.0% of the respondents had conducted some form of physical maltreatment. The items listed are based on the WHO (2011) definitions and is in line with the expert's opinion on what behavior are expected to be under elderly physical abuse. A 40.9% (45) respondents had admitted to tying down a resident at least 2 times or more and 9.1% (10) to avoid them from falling down, without them realizing that it was an abusive behavior. This often involved cases on dementia residents (elderly) or those who were aggressive. By right, under any circumstance's residence should not be tied to the bed. Tying dementia residents with the intention to stop them from falling down is considered as inhumane.

Meanwhile, the respondents had also admitted of conducting some form of psychological/emotional maltreatment by isolating residents with behavioral problems (37.2%), yelling at residents (elderly) for not following instructions (25.5%), and threatened to punish the residents (17.3%). Financial exploitation, neglect and sexual neglect were also reflected in the respondents answer, as portrayed in Table 8.

Table 8
Types of abusive practices in aged care facilities (N=110)

Statement	Frequency (%)		
	Never	Once	≥2 times
Physical			
Did not assist in providing aids such as dentures, glasses to residents in need.	91(82.7)	3(2.7)	16(14.5)
Tying down the residents who have problems (such as dementia, emotional problems, aggressive) in order to avoid falling.	55(50.0)	10(9.1)	45(40.9)
Forcing senior citizens (residents) to do activities such as exercises for health.	82(74.5)	6(5.5)	22(20.0)
Giving sedative/sleeping pills to distressed residents (such as aggressive, lwandering residents) for security purposes without the doctor's instructions.	93(84.5)	9(8.2)	8(7.3)
Told to tidy up your their beds.	83(75.5)	5(4.5)	22(20.0)
Psychosocial/ emotional			
Yelled/ screamed at for not listening to instructions	82(74.5)	9(8.2)	19(17.3)
Isolated because of behavioural problems (such as disturbing other occupants, being aggressive).	69(62.7)	16(14.5)	25(22.7)

Table 8 *(continue)*

Statement	Frequency (%)		
	Never	Once	≥2 times
Psychosocial/ emotional			
Threatened with a punishment (such as not allowed for outing)	91(82.7)	6(5.5)	13(11.8)
Not allowed to gather and chat with other residents at the prohibited time (such as pass the time sleeping).	96(87.3)	7(6.3)	7(6.3)
Did not get a fair treatment compared to other residents.	89(80.9)	2(1.8)	19(17.3)
Distance yourself from the residents (avoiding them)	88(80.0)	8(7.3)	14(12.7)
Financial abuse/exploitation			
Controlling expenses of residents to avoid spending on a whim.	94(85.5)	6(5.5)	10(9.1)
Urging residents to donate their property to ensure residents continue to live in the care center.	105(95.5)	2(1.8)	3(2.7)
Using the resident's money without permission for certain activities (such as excursions etc).	110(100.0)	-	-
Keeping the residents' money without their consent for safety reasons.	101(91.8)	2(1.8)	7(6.4)
Neglect			
Delay in giving the residents food/ medicine due to lack of staff.	96(87.3)	6(5.5)	8(7.3)
Ignored the residents who have health problems without proper treatment.	109(99.1)	1(.9)	-
Food preparation is not in accordance with the needs of the residents.	104(94.5)	2(1.8)	4(3.6)
Sexual Neglect			
Did not encourage residents to marry among themselves in the institutions.	106(96.4)	1(.9)	3(2.7)
Not providing residents who are married with a suitable couple room	104(94.5)	2(1.8)	4(3.6)

The following table (Table 9) describes a cross tabulation analysis between staffs abusive practices and their background. As mentioned earlier, only 7.3% staffs (out of 110) admitted to have never practice abusive behavior on the elderly in the aged care institutions, while majority (92.7% -102) admitted to have done it at least once when conducting their job task. However, they were unaware that their behavior was abusive. Further analysis showed that female staffs were more prone to abuse the residents (63.7% -65) compared to their male counterparts (36.3% -37).

Similar to the analysis carried out on attitude and years of working experience, finding showed that among the respondents that had practiced abusive behavior, many

were among those with less working experience, for example, findings showed that 38.2% (39) and 32.4% (3) respectively for 1 -3 years and below one year of working experience had practice abusive behavior. Meanwhile, only 29.4% (30) respondents with more than 3 years working experience had abused at least once while working their daily chores. This possibility could also be contributed by years of working experience.

A cross tabulation analysis carried out between abusive practices and training received showed that most of those who did not have any training on elderly care tended to use abusive practices (55.9% - 57) when handling the residents, compared to those with training (44.1% -45). And surprisingly, data showed that majority of respondents who had received elderly care training were involved in abusive practices (97.8% - 45), compared to 'never' practice (12.1%). Pearson chi-square analysis showed a significant relationship between the variables (X^2 =3.048; df = 2; p<0.05).

Table 9
Cross tabulation of staffs abusive practices and background

Variables	Abusive Practice		Total Row (%)
	Never	Once or more	
Gender			
Male	3 (7.5) *(37.5)*	37 (92.5) *(36.3)*	40 (100.0) *(36.4)*
Female	5 (7.1) *(62.5)*	65 (92.9) *(63.7)*	70 (100.0) *(63.6)*
Total Column (%) (%)	8 (7.3) *(100.0)*	102(92.7) (*100.0)*	110 (100.0) *(100.0*
Pearson Chi Square		X^2 =.005; df=1; p>0.05	
Years of working			
Less than one year	4(10.8) *(50.0)*	33 (98.2) *(32.4)*	37 (100.0) *(33.6)*
1-3 years	2 (4.9) *(25.0)*	39 (95.1) *(38.2)*	41 (100.0) *(37.3)*
More than 3 years	2 (6.3) *(25.0)*	30(93.7) *(29.4)*	32 (100) *(29.1)*
Total Column (%) (%)	8 (7.3) *(100.0)*	102(92.7) (*100.0)*	110 (100.0) *(100.0*
Pearson Chi Square		X^2 =1.085; df=2; p>0.05	
Training on elderly care			
Have not attended	7 (10.9) *(87.5)*	57 (89.1) *(55.9)*	64 (100.0) *(58.2)*
Have attended	1 (2.2) *(12.5)*	45(97.8) *(44.1)*	46(100.0) *(41.8)*
Total Column (%) (%)	8 (7.3) *(100.0)*	102(92.7) (*100.0)*	110 (100.0) *(100.0*
Pearson Chi Square		X^2 =3.048; df=1; p<0.05	

DISCUSSIONS

This paper focuses on the knowledge, attitude and practices on elder maltreatment among the staffs in the institutional setting, especially long-term care facilities. The occurrence of elder maltreatment in the institutional settings is due to the lack of awareness and knowledge that what they were doing is actually an abusive behavior. There is no specific guideline by the authority regarding the standard of delivering the care and management of elder person. The present study found that the mean KAMA score was lower as compared to previous study in United Kingdom, where the mean KAMA scores ranged between 22.3±SD9.6 and 28.5±SD13.3 among staff of community health and social services who worked with elder people (Richardson, Kitchen & Livingston, 2002). The maximum total marks obtained by the respondents in this study was 34, which is reflected by the lower mean scores of KAMA. A potential explanation regarding the low level of knowledge among the respondents is perhaps on the limited exposure and participation with the training related to the care of the elderly.

The present study found that only one third of the respondents reported to have high or positive attitude on elder abuse while the total mean score indicated that majority of them had low or negative attitude on elder maltreatment. An individual's attitude towards elder maltreatment would influence their behavior and practice when handling or caring for the elder people. It is imperative that health care providers working in an institutional setting caring for the elder people to have a positive attitude when dealing and managing older people. Everyone working for the elder people should have a positive attitude and perceptions towards them. A persons' appraisal either positive or negative towards the elderly, place or event are normally based on their beliefs and values. If they have negative values, thus the outcome would not be favorable.

Often, elder abuse that involves a resident in aged care institutions can be difficult to detect and many have gone unreported. Even though many people might think and expect that elder people in the residential homes are well cared of, however abuse still continues to be more prevalent that what many people would like to belief. Cases of neglect, physical abuse, psychological abuse and financial exploitation were sometimes thought as insignificant and often brushed aside. Nevertheless, with ageing populations rapidly increasing, this has become a pronounced social issue that will affect societies throughout the world in the coming decades.

The present study found some disturbing findings, that is many staff working in the aged care facilities have conducted some form of elder maltreatment, as shown in Table 6 with or without knowing it is an abusing behavior. According to the constructs developed in the West, majority of the respondents were found to have

conducted some form of abusive acts during their work at the aged care institutions. The findings are in line with previous studies that reported homes nursing staff had committed some act of elder maltreatment (Georgen, 2001; Malmedal et al., 2009). A study in Norway reported that 87% of their nursing staff (licensed nurses and nursing aides) had committed at least one act of elder mistreatment, but most of them reported that it occurred once a month or less (Malmedal et al., 2009). Similarly, this study also found cases or incidences of elder maltreatment did occur in the aged care facilities in Malaysia.

This study also highlighted the most common types of maltreatment occurred were physical maltreatment followed by psychological or emotional maltreatment. However, the current study showed inconsistency with past studies, where psychological or emotional maltreatment was committed more frequently (69%) than physical maltreatment (28%) (Malmedal et al., 2009). Similarly, in the U.S.A., 40% of nurses and nursing aides in nursing homes reported of committing at least one form of psychological maltreatment (Pillemer & Moore, 1989). The most frequent behavior was yelling at a patient in anger (33%), and of these 18% had done it more than 2-10 times in the preceding year. Only 10% of the staff had committed one or more physical abusive acts and the acts included excessive use of restraints (6%), pushing, shoving, grabbing or pinching (3%) and slapping or hitting (3%).

Study Limitation

The results of this study should be interpreted cautiously due to several limitations. Firstly, the study was done among staff in aged care institutions only selected district in Selangor. There are also different types of aged care institutions was involved in this study such as assisted living centers, nursing home, and retirement home. On the other hand, this study explored the knowledge, attitude and practice of elder maltreatment among all types of workers in the aged care institutions to get general information on the issues.

CONCLUSION AND IMPLICATION

As conclusions, residents in institutional settings are vulnerable to elder maltreatment as most are dependent on others for their care. As this study employed a model of "Knowledge, Attitude, and Practices (KAP)", the findings implied that knowledge and attitude towards elder maltreatment contributes to the abusive behavior among the respondents. Knowledge on what constitutes elder maltreatment among staff of aged care facilities in Malaysia is poor as reflected by the varied approaches in the management of potential abusive acts. Almost more than two third of the staff had lower positive attitude against elder maltreatment. Unfortunately, most of the staff of the aged care facilities in Malaysia have committed some form of abusive acts. The most common abusive acts committed were physical maltreatment followed by psychological maltreatment.

This is in contrast with the National Policy for the Older Persons (2011) which aims at enhancing the well-being of older Malaysians. The policy stresses the need to fulfil the five dimensions of well-being, i.e. health, social, economics, spiritual and environment. Any form of maltreatment will definitely affect the well-being of the elder persons. Recognizing the knowledge, attitude and practice of staff working in aged care facilities have provided insight on the degree of elder maltreatment in institution settings in Malaysia. These findings would facilitate in planning strategies and measures to identify and prevent elder maltreatment in institutional settings.

To ensure that the incidences of abuse in the aged care centers is minimized, all those working with the elderly should have positive attitude towards the older persons, and this can be achieved through the use of education program training (in house and core training) for the staffs. This indirectly will make them aware on the issues of elder abuse and at the same time can create interest in the care of older people. Similarly, training about elderly abuse also will increase the workers (staff) knowledge and level of confident in handling abuse cases when it happens. Besides training, by providing support for staffs via various programs such as anger and stress management courses which can help them reduce their distress.

ACKNOWLEDGEMENT

We would like to thank the respondents of this study for their cooperation. This work was supported by Fundamental Research Grant Scheme (FRGS) from the Ministry of Education, Malaysia (05-02-14-1587FR).

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