

Evaluation of Late Adulthood Knowledge about Social Frailty

تقويم معارف البالغين الكبار حول الوهن الاجتماعي

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المستخلص

الأهداف: تقويم معارف البالغين الكبار حول الوهن الاجتماعي، قياس مستوى المعارف حول الوهن الاجتماعي، ومعرفة العلاقة بين المعارف والخصائص الاجتماعية والديموغرافية.

منهجية البحث: دراسة وصفية لقياس مستوى معارف البالغين الكبار في المعهد التقني الصويرة في الجامعة التقنية الوسطى ومعرفة العلاقة بين معارف البالغين الكبار وخصائصهم الاجتماعية والديموغرافية. أجريت للمدة من 28 نيسان 2022 لغاية 15 اب 2022، وكانت العينة غير احتمالية (عينة ملائمة) مكونة من (100) من البالغين الكبار تم اختيارهم وفقا للدراسة الذين يعملون في المعهد التقني الصويرة. تم جمع البيانات عن طريق المقابلة المباشرة باستخدام الاستبيان الذي يتكون من جزئين (24) فقرة: جزء المعلومات الاجتماعية والديموغرافية ويشمل (9) فقرات، والجزء الثاني المعارف حول الوهن الاجتماعي ويشمل (15) فقرة وتحليل البيانات باستخدام برنامج SPSS النسخة (25) عن طريق الإجراءات الإحصائية الوصفية من خلال تحديد: التكرارات والنسب المئوية والوسط الحسابي والانحراف المعياري وتحليل البيانات الإحصائية من خلال تطبيق اختبار مربع كاي لتحديد العلاقة بين الخصائص الاجتماعية والديموغرافية ومعارف البالغين الكبار.

النتائج: أظهرت نتائج الدراسة ان 64% من البالغين الكبار تتراوح أعمارهم بين (49-56) سنة، 61% كانوا من الذكور، أكثر من نصف البالغين الكبار تقويم المعارف متوسط، وأكثر من النصف (61%) من المعارف حول الوهن الاجتماعي مستوى متوسط، وتظهر علاقة عالية بين معارف البالغين الكبار بالوهن الاجتماعي والعمر.

الاستنتاجات: بينت الدراسة ان البالغين الكبار المشاركين بحاجة إلى مزيد من الوعي والمعلومات لدعم معارفهم بالوهن الاجتماعي. العمر والجنس والعنوان الوظيفي ونمط الحياة للخصائص الاجتماعية والديموغرافية للبالغين الكبار لها علاقة بالوهن الاجتماعي.

التوصيات: أوصت الدراسة بضرورة تطوير برامج تعليمية ومحاضرات ودورات وندوات حول الوهن ومجالات الوهن لزيادة معارف البالغين الكبار التي تؤدي إلى تغيير نمط حياتهم والتخلص من السلوكيات والعادات الخاطئة.

الكلمات المفتاحية: تقويم ، البالغين الكبار ، معارف ، الوهن الاجتماعي

Abstract

Objective(s): Evaluation of late adulthood knowledge about social frailty, measure the level of knowledge about social frailty, and to find out the relationship between knowledge and socio-demographic characteristics.

Methodology: A descriptive study design was carried out to measure the late adults' level of knowledge at Technical Institute-Suwaira in Middle Technical University and to find out the association between late adults' knowledge and their socio-demographic characteristic. The study was started from 28th April 2022 to 15th August 2022. The sample was Non-probability (convenience) sample of (100) late adults were selected according to the study that are working in Technical Institute-Suwaira. The data were collected by direct interview using specific questionnaire that's composed of two parts (24) items which are: Part (1) Socio-demographic characteristics which included 9 items. Part (2) which deals with knowledge about social frailty and includes 15 items. Data were analyzed by using (SPSS) package version 25. Descriptive data through determination of: Frequency, percentage, mean of score and standard deviation. Inferential statistical data analysis approach: used by enforcement of the Chi –square test used for determining the association between Socio-demographic characteristics and late adults' knowledge.

Results: (64%) of them were (49-56) years old, (61%) were male, the late adults' more than half evaluation of knowledge is moderate, more than half level of knowledge is moderate about social frailty (61%), and present high significant relationship between late adults' knowledge and age.

Conclusions: The findings concluded that late adults need more awareness and information to support their knowledge about social frailty. Age, gender, job title, life style of late adults' socio-demographic characteristics that has a significant relationship with social frailty.

Recommendations: The study recommend that need to developing educational programs, lectures, courses and seminars about frailty and domains of frailty to increase knowledge of late adults that lead to change their lifestyle and go away the wrong behaviors and habits.

Key words: Evaluation, Late Adulthood, Knowledge, Social Frailty

Introduction

The World Health Organization (WHO) states that old age starts at 65 years old and people frequently stop working at this point because their bodies are weak and they feel useless. They believe that becoming dependent on society in general and their families in particular has a bad impact on their health and mental well-being. As a result, they start to experience anxiety and worry about what the future holds ^{(1), (2)}.

Frailty is a relatively new concept that is frequently vague, contentious and poorly understood ⁽³⁾. It is used as an all-encompassing phrase to describe aging decline, disability, multi-morbidity, cognitive and social issues, as well as people who are nearing the end of life because of a chronic illness ^{(4), (5)}.

Because the factors that determine frailty are frequently complex ^{(6), (7)} recommended treating frailty in accordance with the body of research supporting each issue, but some approaches, such as those centered on the frailty phenotype, fail to take cognitive, social and environmental aspects into account. There is little research on the social component of frailty and the factors that should be evaluated to indicated presence, such as participation in social activities, social support, feeling lonely, social networks, or whether a person is living alone ^{(8), (9)}.

Increased social support is linked to lower frailty and social isolation and loneliness may contribute to the development of frailty ^{(10), (11)} discovered that social frailty may come before physical frailty, but other research suggests that social isolation results in more frailty ⁽¹²⁾. Both social and physical frailty-related characteristics can be used to predict mortality risk ⁽¹³⁾, and a lower quality of life is linked to both loneliness and isolation ⁽¹²⁾. Reduced social engagement or contact is referred to as social isolation ⁽¹²⁾, which may be required owing to a disability or illness ⁽¹⁴⁾. 17% of senior citizens have less than weekly interaction

with their relatives, friends, or neighbors ⁽¹⁵⁾.

Social isolation has a negative impact on wellness and can increase the cost and demand for health and social services. Additionally, loneliness raises the risk of cardiovascular disease and lowers mood ⁽¹⁴⁾. Sarcopenia, which causes nutrient deficiencies and decreased mobility in older adults who are alone and isolated, can also result in functional reliance and physical weakness ⁽¹⁶⁾.

Similar to frailty, loneliness and isolation can be reduced to increase quality of life ⁽¹⁶⁾. Interventions may improve social skills, address maladaptive social cognition and increase the quantity and quality of interactions ⁽¹⁵⁾. Low levels of social involvement and living alone have been found to be associated with the prevalence of personal disorders and hoarding behavior, which may suggest frailty ⁽¹⁷⁾.

A person who suffers from frailty has a higher risk of living in an untidy environment and the likelihood of the individual engaging in self-neglect increases when the person is unable to execute daily tasks due to poor health, cognitive deficiencies, or a lack of care support. Self-neglect has been connected to a lack of social support, decreased nutritional intake and decreased physical function, all of which contribute to a lower quality of life as well as an increased risk of falling, being hospitalized and dying. ⁽¹⁸⁾. This study aimed to assess late adult's knowledge about social frailty, to measure the level of knowledge about social frailty, and to find out the correlation between knowledge with regard to their socio-demographic characteristics.

Methodology

A descriptive study design carried out at Technical Institute-Suwaira in Middle Technical University. Ethical approval has been from the research ethics committee in the College of Nursing\University of Baghdad, also approval obtained from Technical Institute Al-Suwaira /Middle Technical University. Participants in the study who are late adults have completed consent forms acknowledging their understanding that their participation is voluntary and that the information would be treated in confidence and used exclusively for research purposes. Study included (100) of late adults staff to assess their knowledge about social frailty. Sampling Technique to selection staff were non-probability (convenience sample).

Questionnaire format contents part (1) socio-demographic characteristics which includes (age, gender, educational level, marital status, job title, income, life style, do exercise regularly and suffer from chronic diseases), also the questionnaire contain part (2) knowledge about social frailty which includes (15) items. The data collection was through direct interview technique by researcher with

Results

Table (1): Distribution of the Sample According to their Socio-demographic Characteristics

Age	F	%	Gender	F	%
49 – 56	64	64%	Male	61	61%
57 – 64	36	36%	Female	39	39%
Total	100	100%	Total	100	100%
Educational level	F	%	Marital status	F	%
Preparatory	9	9%	Single	7	7%
Diploma	34	34%	Married	90	90%
Bachelor	36	36%	Divorce	1	1%
Master	8	8%	Widow	2	2%
PhD	13	13%	Total	100	100%
Total	100	100%			
Job title	F	%	Income	F	%
Academic teachers	21	21%	Insufficient	3	3%
Technician	49	49%	Barely sufficient	68	68%
Administrative	30	30%	Sufficient	29	29%
Total	100	100%	Total	100	100%
Life style	F	%	Do exercise regularly	F	%
Healthy	33	33%	Yes	21	21%

participant of staff from 28th April 2022 to 15th August 2022. Constructed the study instrument (questionnaire).

Content validity for early develops instrument is determine through a panel (20) experts have more than 5 years' experience in specialties to review the questionnaire clarity, relevance and adequacy. The determination of reliability of questionnaire is base on Cronbach alpha reliability; a correlation coefficient is (0.769).

Statistical Analysis: data analysis approaches were used in order to analyze and assess results of study under application of the statistical package (SPSS) ver. (25): Frequency distributions, percent and Chi-square. A P-value of less than or equal to 0.05 was considered statistically significant.

Ethical approval has been from the research ethics committee in the College of Nursing\University of Baghdad, also approval obtained from Technical Institute Al-Suwaira /Middle Technical University. Participants in the study who are late adults have completed consent forms acknowledging their understanding that their participation is voluntary and that the information would be treated in confidence and used exclusively for research purposes.

Not healthy and not unhealthy	36	36%	No	79	79%
Not unhealthy	31	31%	Total	100	100%
Total	100	100%			
Do suffer from chronic diseases	F	%			
Yes	33	33%			
No	67	67%			
Total	100	100%			

F: Frequency, %: Percentage

Results out of this table reveal the socio-demographic characteristics of (100) late adults; (64%) were (49-56) years old, (61%) were male, (36%) educational level is bachelor, (90%) were married, (49%) were technician, (68%) the income is barely sufficient, (36%) life style is not healthy and not unhealthy, (79%) do exercise regularly, and (67%) suffer from chronic diseases.

Table (2): Evaluation of Late Adults' Knowledge about Social Frailty

List	Knowledge about social frailty	Correct answer F (%)	M.S	Evaluation
1	The social life of elderly at this stage is characterized by general inspire as a result of weakness and physical decline	92 (92%)	1.92	High
2	The social life of elderly is characterized by emptiness as an inevitable result due to separate their children in the affairs of life	65 (65%)	1.65	Moderate
3	The social unity of elderly increases with life partner death	73 (73%)	1.73	High
4	elderly oppose every social change due to habits and patterns of behavior individual and social	90 (90%)	1.90	High
5	Using the old style and accepting at this age is easier than the new. This leads to social stagnation	54 (54%)	1.54	Moderate
6	Strong adherence to customs and values among elderly hinders the process of acceptance or social adaptation	73 (73%)	1.73	High
7	As a result of adherence to ideas, customs and trends among elderly, it results in generational struggle	65 (65%)	1.65	Moderate
8	Friendship at this stage has several functions during crises such as emotional acceptance and support	55 (55%)	1.55	Moderate
9	Intimate personal relationships of elderly are husband or wife, brothers and sisters, childhood and youth friendships, and friends and groups organized like clubs	66 (66%)	1.66	Moderate
10	What limits the social participation of elderly is weakness health and finances	73 (73%)	1.73	High
11	The tendencies of social relationships for elderly are limited to his immediate family	59 (59%)	1.59	Moderate
12	elderly are going through the latest developmental crises at this stage, such as self-integration	64 (64%)	1.64	Moderate
13	elderly accept their old age with a great deal of integration and feel hopeless when thinking about death	65 (65%)	1.65	Moderate
14	The most important changes in the social behavior of elderly low level of ambition and motivation	65 (65%)	1.65	Moderate
15	The family is the perfect space to maintain the dynamics of aging and provide appropriate social role	88 (88%)	1.88	High

M.S: Mean of score, Low (1-1.33), Moderate (1.34-1.67), High (1.68-2)

This table presents the assessment of late adults' knowledge about social frailty; the findings indicate that more than half knowledge is moderate in which the mean scores refer to moderate among mostly items, except items (1, 3, 4, 6, 10, and 15) show high knowledge.

Table (3): Overall evaluation of late adults' knowledge about social frailty (N=100)

Range	Low (1-1.33)	Moderate (1.34-1.67)	High (1.68-2)	M	S.D
Total score	0 (0%)	61 (61%)	39 (39%)	14.726	4.468

%; Percentage, M: Mean of total score, SD: Standard deviation of total score

This table indicates that late adults participated in the study are showing moderate level of knowledge about social frailty more than half (61%).

Table (4): The Relationship between late adults' knowledge and their socio-demographic characteristics

Socio-demographic characteristics	Domain	P	Sig.
Age	Knowledge about social frailty	0.000	H.S
Gender		0.000	H.S
Educational level		0.02	S
Marital status		0.612	N.S
Job title		0.001	H.S
Income		0.342	N.S
Life style		0.002	H.S
Exercise regularly		0.000	H.S
Chronic diseases		0.04	S

P: P. Value, Sig.: Significant, N.S: No significant, S: significant, H.S: high significant

This table show high significant relationship between late adults' knowledge and their age, gender, job title, life style and do exercise regularly, and show significant relationship between late adults' knowledge and educational level, and suffer from chronic diseases. While show no significant relationship between late adults' knowledge and marital status, income.

Discussion

The findings revealed that most late adults are at the age (49-56) years old; this result is agreed in the study is carried-out among older Koreans founded the mean age of the participants was 73.01 ± 4.95 years^{(19), (20)}. (61%) were male, (36%) of them the educational level is bachelor; this is due to the less than half of participants are technician; this result is agreed in the study is carried-out among elderly in Baghdad City present that number of elderly who are a campaigning higher diploma and bachelor⁽²¹⁾. (90%) were married; this result is agreed in the study is

carried-out among elderly patients /Mosul City show that (61.3%) of the sample were married⁽²²⁾. (49%) of them were technician (68%) the income is barely sufficient, (36%) of them the life style is not healthy and not unhealthy; this is due to the participants not have education about healthy behaviours and the effects on life style, this result is agreed in the study is carried-out in Spain that present the Over 3.3 years, lower frailty incidence was associated with higher baseline adherence to a Mediterranean diet⁽²³⁾. (79%) do exercise regularly; this is due to the most of participants considered the walk and

some daily activity is exercise but in truly is not, this come from wrong understanding about sport exercise, this result is agreed in the study carried-out in Barcelona\ Spain and it's founded boosting anabolism, reducing muscular inflammation, and enhancing muscle protein synthesis, exercise lowers frailty⁽²⁴⁾, and (67%) of theme suffer from chronic diseases; this is due to the unhealthy habits in their life.

The study results revealed that assessment of knowledge about social frailty the study indicate that late adults' are showing more than half assessment of knowledge is moderate in which the mean scores refer to moderate among mostly items, the other items show high assessment of knowledge; this is due to the most participants when ask them about social frailty not recognize the meaning and characteristics between weakness and frailty that's leading to the assessment of knowledge about social frailty is moderate among participants; this result is agreed in the study is carried-out among student teachers the awareness of social communication disorder was medium⁽²⁵⁾).

According to analysis the late adults' knowledge about social frailty the study indicates that late adults participated in the study are showing moderate level of knowledge about social frailty more than half (61%); this is due to the not acquire information or education courses or seminar about frailty as general and the domains about it, that's leading to the level of knowledge is insufficient.

The findings consistent with study the relationship between knowledge and demographic characteristics that show high significant relationship between late adults' knowledge about social frailty and age, gender, job title, life style and do exercise regularly; this result is agreed in the study

is carried-out among high-school students results showed that there are statistically significant differences in stuttering and social anxiety between the experimental and control groups⁽²⁶⁾.

According to relationship between late adults' knowledge and age; the study is carried-out in United Kingdom that present there is strong relationship between age and frailty because growing older raises the risk of morbidity, which results in diminished independence and higher health and social care expenses⁽²⁷⁾. The relationship between late adults' knowledge and gender; the study carried-out in USA that present women have a higher incidence than men, presumably as a result of the fact that women are more likely to age into frailty than men do⁽²⁸⁾.

According to relationship between late adults' knowledge and life style; this is due to the life style have directly effects on presents frailty; the study carried-out in Dutch show after adjusting for the impact of other lifestyle factors and participant socio-demographics, researchers found a relationship between lower levels of overall, physical, psychological, and social frailty and higher levels of alcohol consumption, physical activity, healthy eating, and less smoking (age, gender, marital status, education, income). Physical exercise had a significant impact on overall and physical frailty, but other lifestyle factors had just a little impact⁽²⁹⁾, other result is agreed in the study is carried-out among social researchers working in the courts in Baghdad show the study discovered a link between psychological security and the drive for success of social scientists working in courts.⁽³⁰⁾

While show significant relationship between late adults' knowledge about social frailty and educational level, and suffer from chronic diseases; this is due to

the when increase level of educational that cause to reduce the risk of incidence chronic illness, overall frailty in general and social frailty, this is agree with study carried-out in five European countries the study added fresh understandings of the three areas of frailty and associated risk factors (physically, psychologically and socially). The following factors were linked to overall frailty: age, sex, nation, education level, household composition, alcohol risk, physical activity, multi-morbidity, medication risk, and malnutrition. Some of these factors were linked to physical, psychological, or social frailty. Our study shows no significant relationship between late adults' knowledge about social frailty and marital status, and income⁽³¹⁾.

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Conclusion

The study concluded that late adults participated in study need more awareness and information to support their knowledge about social frailty. Age, gender, job title, life style and do exercise regularly, educational level, and suffer from chronic diseases of late adult's socio-demographic characteristics that has a significant relationship with social frailty.

Recommendations

The study recommend that need to developing educational program, lecture, courses and seminar about overall frailty and domain of frailty to increase knowledge of late adults that lead to change their lifestyle and go away the wrong behaviors and habits.

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