



HEALTH EDUCATION FOR NURSES ABOUT THE RISK OF SOCIAL STIGMA AND INJURY ON OLDER ADULTS

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Abstract. Background : The increase of older adult population in recent years can lead to an increased risk of negative stigma of aging in society. The negative stigma of aging that appears in society has the risk of providing material and non-material losses to the community in addition to causing frailty in older adults. Several implementations can be done to prevent this, among others, by providing proper health education for health workers.

Methods : The implementation of community empowerment activities carried out online through the zoom application was given to 313 nurses and nursing students on Saturday, October 16, 2021. Participants who took part in the activities were spread over 8 provinces including Banten, West Java, Bali, East Java, Gorontalo, DKI Jakarta, Jambi and South Sulawesi. The topics discussed in the activity include (a) the concept of the negative stigma of aging, (b) 7 factors of healthy aging, (c) the causes of the negative stigma of aging, (d) the prevalence of the negative stigma of aging, (e) Prevention of the negative stigma of aging, (f) Risk factors for injury in older adults, (g) activities that are positive for the body balance of older adults, (h) drugs that increase the risk of injury in older adults, (i) Prevention of risk of injury, (j) Modification of the environment to prevent injury to older adults.

Results : Analysis of activity results showed a significant change (Sig. = 0.000) from community empowerment activities which indicated positive benefits from providing health education about the dangers of negative stigma of aging and the risk of injury to older adults to nurses.

Key words: Community empowerment, Fall risk, Negative stigma of aging, Older adults.

Introduction

Aging stigma (Ageism) can be interpreted as a prejudice and stereotype against older adults group which often has a negative meaning due to their age (1). The stigma of aging arises when a person's biological age is used to categorize and separate groups of people which in the end can cause injustice, material and non-material losses, and the increasingly tenuous sense of solidarity

between age groups. The negative stigma of aging can reduce the level of health and well-being and is one of the biggest inhibiting factors in creating effective regulations regarding healthy aging (2). The main factors causing the negative stigma of aging are, among others, that there are still many people who have different understandings of the concept of aging, this is exacerbated by the existence of cultural stereotypes and mass media which massively contribute greatly in creating the

image of older adults as we see today in society (3).

Research conducted showed that low levels of knowledge and high anxiety about death when growing old, and low quality of interaction with older adults are one of the main factors causing the emergence of aging stigma in addition to economic, demographic and environmental factors (4). Common manifestations of the emergence of this stigma in older adults include the tendency of older adults to experience social isolation, emotional rigidity, asexual behavior, lack of creativity in older adults, decreased physical and mental conditions, as well as increased economic and family burdens on older adults people (1). The stigma of aging that is allowed to emerge in society can eventually lead to the tendency of older adults to become unproductive and dependent on others around them, which in a worse condition can lead to a condition of vulnerability (frailty) in this group.

The risk of falling is one of the consequences of frailty experienced by older adults and can be a big problem if not resolved. Falls can cause many health problems in older adults such as skin injuries, fractures, impaired physical mobility and death (5). Older adults has a tendency to experience the effects of aging including a progressive decrease in muscle mass, which can result in a decrease in body strength and functionality. Theoretically, increasing age will cause a decrease in muscle mass which can result in an increased risk of falls and sarcopenia. As many as one third of older adults will experience a fall at least once a year, where one of the most effective ways to reduce the incidence of falls is to practice a healthy lifestyle, avoid stress, do physical exercise activities (6).

The results of research conducted found that the variables associated with the risk of falling in older adults are the limb system, the visual system and the environment (5). While in the treatment room, the factors that influence the risk of falling in older adults include the knowledge of nurses, the condition of the inpatient room infrastructure, training, and close supervision of older adults patients (7). The importance of nurses to increase the socialization of fall risk prevention in older adults, updating the content of policies and implementing more specific Standard Operating Procedures (SOPs) can have a major impact on reducing the risk of falling in older adults which in turn can increase the independence of older adults in carrying out daily activities.

The increase in the number of older adults that has occurred in the last few decades has led to an increase in the utilization of health services by them (8). Because nurses are an integral part of health care providers, nurses have an important role in preventing the unproductiveness and dependence of older adults on the people around them with several efforts that can be done including providing education, information, and counseling for the community and older adults groups about the dangers of stigma in the community. Therefore, it is important for nurses to always upgrade their knowledge of aging process to be one of the efforts that must be made. Accurate information is known to be the most effective antidote to negative attitudes due to misunderstandings or myths (1).

Based on some of the points mentioned above, the community empowerment team carried out socialization on the dangers of the negative stigma of aging and the risk of falls that can occur in older adults.

Methods

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The topics discussed in the activity include (a) the concept of the negative stigma of aging, (b) 7 factors of healthy aging, (c) the causes of the negative stigma of aging, (d) the prevalence of the negative stigma of aging, (e) Prevention of the negative stigma of aging, (f) Risk factors for injury in older adults, (g) activities that are positive for the balance of older adults body, (h) drugs that increase the risk of injury in older adults, (i) Prevention of risk of injury, (j) Modification of the environment to prevent injury to older adults.

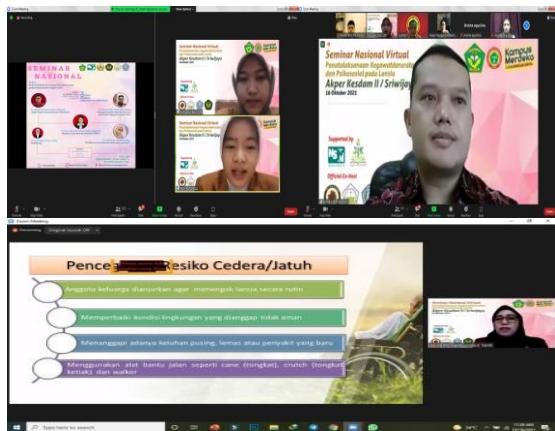


Figure 1. Implementation of Education for Nurses

Results & Discussion

Community empowerment activities were carried out to socialize the 10 main points that the community empowerment team wanted to give about the negative stigma of aging and the risk of falling in older adults. The results obtained during the implementation of community empowerment were as follows: (a) A total of 216 participants (69%) were able to understand the concept of negative stigma of aging correctly, (b) 251 participants (80.2%) were able to mention 7 healthy aging factors,

(c) There was a significant change in participants' knowledge regarding the causes of negative stigma of aging with a deficit between posttest and pretest of +90 participants (28.75%), (d) 60.1% (188 participants) were able to answer correctly for the prevalence of negative stigma of aging, (e) Regarding the topic of prevention stigma, 183 participants (58.5%) were able to know exactly, (f) 199 participants (63.6%) were able to understand the risk factors for injury in older adults, (g) There was a fairly low change in posttest results for topics related to activities that were positive for the body balance of older adults, which is + 2.2% (7 participants) from the pretest results, (h) For the topic of drugs that can increase the risk of injury to older adults, negative results are obtained where the pretest results show n As many as 203 participants (64.9%) were able to answer correctly while when the posttest was carried out only 202 participants (64.5%) were able to answer correctly, (i) A total of 133 (42.5%) participants were able to understand the topic of preventing the risk of injury, and (j) The topic of environmental modification to prevent injury to older adults got a result of - 6.1% (Decrease in the number of participants who answered correctly during the posttest as many as 19 people compared to the results of the pretest).

Table 1. Results of changes in participants' understanding (n: 313)

No.	Topic	Pre-Test		Post-Test	
		Correct answer	%	Correct answer	%
1	The concept of negative stigma of aging	45	14.4	216	69
2	7 factors for healthy aging	249	79.6	251	80.2
3	Causes of the negative stigma of aging	73	23.3	163	52.1
4	Prevalence of negative stigma of aging	84	26.8	188	60.1
5	Prevention of the negative stigma of aging	129	41.2	183	58.5
6	Risk factors for injury in older adults	126	40.3	199	63.6
7	Positive activities for the body balance of older adults	103	32.9	110	35.1
8	Drugs that increase the risk of injury in older adults	203	64.9	202	64.5
9	Prevention of injury risk	113	36.1	133	42.5
10	Modify the environment to prevent injury to older adults	184	58.8	165	52.7

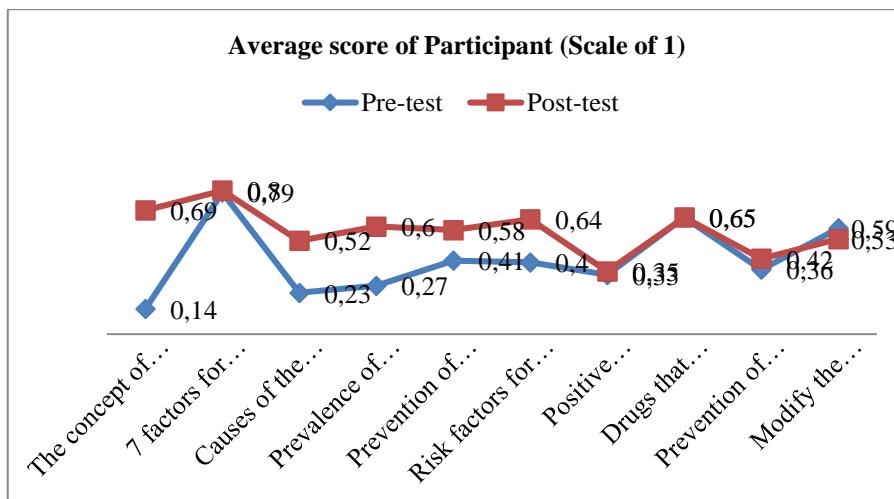


Figure 2. Comparison of the average value of participants' knowledge (n=313)

Based on Figure 2, the community empowerment team can conclude that of the 10 topics discussed in community empowerment activities, as many as 8 topics showed positive changes between the pretest and posttest and 2 topics showed a negative change from the results of the pretest and posttest where this can be caused by several things, including activities that have only been carried out in 1 day so that it is possible for additional activities

in the future as well as topics that relatively require concentration and focus of attention of participants so that participants who do not pay attention seriously can experience being left behind on the topic of discussion. Another result obtained is that for the first topic about the concept of aging stigma, the participants' knowledge level increased significantly by 0.55 points (from a scale of 1).

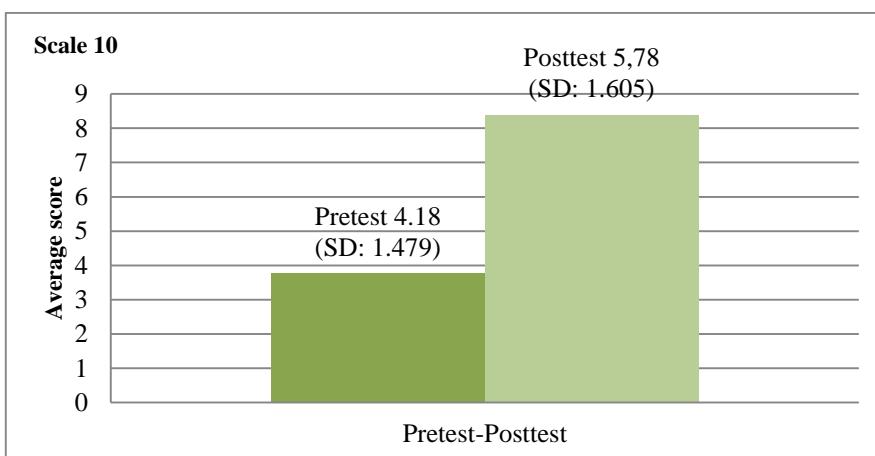


Figure 3. Comparison of the mean and standard deviation of the participants' pretest and posttest results (n=313)

Based on Figure 3, it was found that there was a positive change in the results of the pretest and posttest of +1.6 points from a scale of 10 points, while the standard deviation value of the posttest results of community empowerment participants decreased from the standard deviation of the pretest results. The

smaller standard deviation value indicates the distribution of the results is getting closer to the average value. This can be the basis for the implementation of educational activities on the same topic on an ongoing basis to increase the understanding of the participants.

Table 2. Data Normality Test Results (n=313)

Kolmogorov-Smirnov ^a			
	Statistic	df	Sig.
TotalPre	.157	313	.000
TotalPo	.131	313	.000

The results of the analysis of the data normality test (table 2) indicate that there is an abnormality in the distribution of the data (sig. = 0.000) so that to determine whether the

community empowerment activities carried out have a positive impact on participants' knowledge or not, it is necessary to carry out the Wilcoxon test.

Table 3. Wilcoxon Test Results (n=313)

		N	%	Asymp. Sig. (2-tailed)
Total Po – Total Pre	Negative Ranks	3 ^a	0.96	.000
	Positive Ranks	257 ^b	82.11	
	Ties	53 ^c	16.53	
	Total	313	100	

Based on the data from table 3, the results are quite interesting this can be seen from the negative ranks which indicates that only 3 people (0.96%) out of 313 participants had the pretest results greater than the posttest results. Meanwhile, 257 people (82.11%) showed more positive posttest results than the pretest. Another 53 people (16.53%) showed no change in the results of the pretest and posttest. The magnitude of the positive results obtained is also supported by the p value (0.000 < 0.005) from the Wilcoxon analysis test which indicates a positive benefit from providing health education about the dangers of negative stigma of aging and the risk of injury to older adults to nurses.

Conclusion

Nurses as front-line implementers in providing health services for the community have an important role to prevent the negative stigma of aging which can ultimately lead to frailty in older adults. One way that nurses can implement in achieving this goal is by routinely increasing knowledge related to aging issues, one of which can be achieved through health education activities. Community empowerment activities carried out have proven to be effective in providing positive results for increasing nurses' knowledge of the negative stigma of aging and the risk of falling in older adults. Because this activity has a positive effect, it is necessary to think about the implementation of health education activities not only for nurses and other health workers but also for the general public in a sustainable manner.

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References

1. Miller CA. Nursing for Wellness in Older Adults: Sixth Edition. 6th ed. Philadelphia: Wolters Kluwer| Lippincott Williams & Wilkins; 2012. 636 p.
2. World Health Organization (WHO). Global report on Ageism. 1st ed. WHO, editor. Geneva: World Health Organization; 2021. 202 p.
3. Berger R. Aging in America : Ageism and General Attitudes toward Growing Old and the Elderly. Open J Soc Sci. 2017;5:183–98.
4. Cooney C, Minahan J, Siedlecki KL. Do Feelings and Knowledge About Aging Predict Ageism ? J Appl Gerontol. 2020;0(0):1–10.
5. Rudy A, Setyanto RB. Analisis faktor yang mempengaruhi risiko jatuh pada lansia. J Ilm Ilmu Kesehat Wawasan Kesehat. 2019;5(2):162–6.
6. Setiorini A. Sarcopenia dan Risiko Jatuh pada Pasien Geriatri. Muhammadiyah J Geriatr. 2021;2(1):10–6.
7. Nugraheni M, Widjasena B, Kurniawan B, Ekawati. Faktor-Faktor Yang Berhubungan Dengan Pencegahan Jatuh Pada Pasien Risiko Jatuh Oleh Perawat Di Ruang Nusa Indah Rsud Tugurejo Semarang. J Kesehat

Masy [Internet]. 2017;5(2):121–30.
Available from:
<https://ejournal3.undip.ac.id/index.php/jkm/article/view/16442>

8. Hwang EH, Kim KH. Quality of Gerontological Nursing and Ageism: What Factors Influence on Nurses' Ageism in South Korea? *Int J Environ Res Public Health*. 2021;18(4091).