

Effective Communication Education for Families Against Neglect and Psychological Abuse of the Elderly

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ABSTRACT

Background: Older adults experience a progressive aging process that can impact their physical, psychological, social, and spiritual well-being. When these changes become severe, they may contribute to the development of illnesses or disorders. Although family plays a crucial role in supporting the elderly, inadequate communication and understanding often lead, intentionally or unintentionally, to mistreatment.

Purpose: This study aimed to identify the differences between pre dan post health education on effective communication to the family so that neglect and psychological abuse can be prevented.

Methods: This was a quasi-experimental study with pre-post-test one group design. A total of 39 family members and 39 elderly people in Sentolo Kulon Progo Yogyakarta were selected using simple random sampling. The research was conducted in 2023. The instrument was adopted from the previous study which was Elder Assessment Instrument (EAI) and data were analysed using Wilcoxon test. In addition, the health education program was conducted over approximately five weeks, consisting of four sessions with a one-week interval between each session. The educational content was delivered using a module-based approach.

Results: The result showed that the p-value of Wilcoxon test was 0.000. It meant that there were differences between pre and post intervention on the level of elder neglect and psychological abuse.

Conclusion: It can be concluded that health education on effective communication among families is able to reduce the rate of neglect.

Keywords: effective communication, elderly, family, neglect, psychological abuse

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BACKGROUND

The elderly undergo numerous changes not only in physical condition but also in mental health and socio-economic status. These changes include retirement, the loss of a spouse or close friends, and declining social interactions. Mental health challenges such as shifts in personality, low self-esteem, fear, depression, confusion, and insecurity can also emerge, making it increasingly difficult for older adults to engage in effective communication with their surroundings (Al Ashri et al., 2021).

Communication becomes even more crucial as physical deterioration affects essential bodily functions, including hearing, speech, and vision. In addition, psychological, social, and spiritual changes influence the emotional state, mood, and perception of the elderly, which further complicates their ability to communicate, particularly with family members (Ayuningtyas & Prihatiningsih, 2017).

As the individuals closest to the elderly, families play a pivotal role in providing continuous support and care. The elderly often struggle to manage daily activities independently due to declining physical function, making them highly dependent on family members or caregivers. Consequently, effective family communication becomes not only necessary but central to the quality of care and emotional well-being of the elderly. Given the constant proximity of family members, communication challenges are likely to arise, potentially leading to conflict (Boly et al., 2017).

Such communication conflicts have been shown to impact depression levels in the elderly. For example, a study in Leyangan, Ungaran, Semarang found that better family communication was associated with lower levels of depression among the elderly (Darsini et al., 2019). Building effective communication requires attention to five core components: cognitive, motoric, social, emotional, and the elderly's level of independence (Devisari, 2016). Moreover, any communication strategy should address four critical domains: physical, psychological, social, and spiritual (Friska et al., 2020).

Research in Merjosari, Lowokwaru, Malang revealed that 67% of families demonstrated a moderate level of communication knowledge, 18% had poor communication awareness, and only 15% displayed a strong understanding of how to communicate effectively with the elderly (Harefa, 2019). Similarly, Hariko's research on family communication patterns identified that 129 respondents used functional communication, while 44 used dysfunctional approaches (Hariko, 2017). Often, families impose their expectations on the elderly and may respond with neglect if those expectations are unmet. This results in feelings of abandonment or alienation among older adults, especially when they are excluded from family activities, they are still capable of participating in. A study by Skirbeek and James reported that 11% of elderly individuals experienced mistreatment including physical, verbal, economic, and neglect-based abuse, with the primary perpetrators being family members, particularly their own children (Tatontos et al., 2019).

Given these findings, this study aims to educate families about the principles and strategies of effective communication with the elderly. By deepening family understanding of the changes that accompany aging, and by equipping them with tools for healthier interaction, it is hoped that conflicts can be reduced and the overall well-being of elderly family members improved.

OBJECTIVE

The purpose of the study was to determine the effect of effective communication education for families on psychological abuse in older people.

METHODS

This research was a quantitative study with a quasy experimental method using a pre-posttest one group design. The research was conducted in the Sentolo Kulon Progo Yogyakarta with 39 elderly people and their families. The study was gathered in 2023. The sampling technique was simple random sampling and the instruments used were psychological violence and neglect, Elder Assessment Instrument (EAI). Elder Assessment Instrument (EAI) was used to measure the probability of neglect. The content validity of this tool is 0.83 and reliability 0.84 (Fulmer & College, 2012).

The intervention was delivered in modules over 1 month, with a total of 4 sessions consisted of initial data collection, education, communication training and a final test. The duration of each session was approximately 60-90 minutes. The interval between sessions was 1 week. The data analysis that was used is the Wilcoxon test to measure the difference between before and after the intervention.

Furthermore, this study has been approved by ethical clearance from the Ethics Committee of the Faculty of Health, Universitas Jenderal Achmad Yani Yogyakarta with the number Skep/233/KEPK/VII/2022.

RESULTS

The results of the study regarding how the characteristics of respondents are shown in the following table. The characteristics include gender, age, marital status, and education level.

Table 1. Respondent's Characteristic

Characteristics	Frequency (f)	Percentage (%)
Gender		
Female	12	30.8
Male	27	69.2
Age		
Elderly (60 – 74 years old)	30	76.9
Old (75 – 90 years old)	9	23.1
Marital status		
Marriage	23	59.0
Widow/Widower	16	41.0
Education		
Elementary school	38	97.4
Senior high school	1	2.6

As can be shown from the table, the majority of those resp are women (69.2 per cent), 76.9 per cent are in their late sixties, 59.0 per cent are married and the average level of education of those participants is primary school (97.4 per cent).

Table 2. The Results of Pre – Post Test Score and Comparison

Variables	Categories	Frequency (f)	Percentage (%)	Z value	Asymp. Sig. (2-tailed)
Psychological Abuse					
Pre test					
Post test	Low				
	No				
	Indication	5	12.8	-5.393	.000
	No	34	87.5		
	Indication	39	100		

Elder Neglect					
Pre test	High	35	89.7	-5.015	.000
	Moderate	4	10.3		
Post test	High	12	30.8		
	Moderate	13	33.3		
	Low	14	35.9		

Based on the data in the table, there are differences between the results of the pre-test and the post-test on the variable levels of psychological abuse and neglect. In terms of psychological abuse, the post-intervention data showed that all families did not commit psychological abuse against their elders. Although, in fact, only 12.8% of the families in the pre-test data reported having verbalized psychological abuse and classified in the low category.

Whilst, in the case of neglect, the level of neglect at the pre-test was high (89.7%) and after the education the high neglect category decreased to 30.8%. The distribution of neglect between the high, middle and low categories was nearly equal at the final test.

The results of the Wilcoxon Significance Test show that the p-value in each variable is 0.000. This indicates that there is a difference in the level of psychological abuse and elder neglect between before and after effective communication education regarding the elderly. The Z-value for the level of psychological abuse is -5.393, which means that the post-test value is 5.393 lower than the pre-test value. For the neglect variable, the Z value is -5.015, which implies that the pretest value is 5.015 higher than the posttest value.

DISCUSSION

The majority of respondents were female, accounting for 69.2%. Violence against women can be likened to the "iceberg phenomenon," where the visible cases represent only a small fraction of the actual occurrences. In this context, violence experienced by elderly women is often an invisible issue. According to the World Health Organization (WHO), only 4% of elder abuse cases worldwide are reported to the authorities. This underreporting is largely due to the heightened vulnerability of elderly women, who often experience anxiety and fear for various reasons, such as not wanting the perpetrator to face consequences, lacking the psychological strength to report, feeling ashamed of their situation, or fearing retaliation from the perpetrator for making a report (Ahmadiyanto et al., 2016). In contrast, male elderly respondents, who comprised 30.8% of the sample, were more likely to defend themselves or resist when faced with unwanted behavior. Furthermore, elderly men tend to receive greater respect and recognition from their families.

In terms of age, the majority of respondents were early elderly individuals aged 60–74 years, comprising 76.9% of the sample. Age significantly influences the occurrence of elder neglect, as advancing age is often accompanied by a decline in physical function, which hinders the elderly from independently performing daily activities. As a result, they become increasingly dependent on their families. According to Tiyaningsih & Sulandari (2021) this dependence tends to rise with age, and such increased reliance on family members may impact the quality of care received. Consequently, elderly individuals face a higher risk of having their basic needs unmet.

Regarding marital status, 23 elderly respondents (59.0%) were still married, while 16 (41.0%) were widowed. Ideally, elderly individuals with spouses should not experience psychological abuse or neglect. However, many still report such experiences. This is often attributed to the fact that the spouse, typically serving as the primary breadwinner, must work to support the household. Fatigue from work can also contribute to emotional instability,

potentially resulting in psychological abuse through harsh or hurtful language. In contrast, widowed elderly individuals often face emotional challenges following the loss of a lifelong partner, experiencing deep sadness and loneliness (Tiyaningsih & Sulandari, 2021). The absence of a spouse may increase the risk of neglect, as the elderly may feel there is no one left to protect or care for them.

The majority of respondents had only completed elementary school (SD), with 38 individuals (97.4%), while only one respondent (2.6%) had attained a senior high school (SMA) education. Education is a key factor in improving one's quality of life (Dwianti et al., 2021). It also plays a significant role in the occurrence of elder neglect. Individuals with higher educational attainment are generally more knowledgeable about health and well-being. This aligns with (Tiyaningsih & Sulandari, 2021) view that education represents a form of social status closely linked to health status, as it shapes both knowledge and behavioral patterns. Therefore, with better education, the likelihood of psychological abuse and neglect among the elderly is considerably lower.

The pre-test results showed that 13% of the respondents experienced psychological abuse in the low category. This number tends to be small compared to the results of other studies, such as the study in the nursery area of Padang Bulan Medan health center, where the percentage of psychological abuse is as high as 90.7%, or the study in Surau Gadang in the working area of Nanggalo Padang health center, which is 57.3% (Fadhilah, 2015)

The forms of psychological abuse in this study include being shouted at by the family, being given harsh words, being blamed for no reason, being humiliated by the family, being humiliated in public, the family damaging things in the house when angry, the family calling the elderly with rude words, and being considered chatty by the family. Fadhilah also mentioned in his research that 79.3% of the elderly were always considered as talkative by the family (Fadhilah, 2015).

The results of another study by Pratiwi & Aryati conveyed that one of the acts of psychological abuse experienced by the elderly is being insulted by the family such as being called unpleasant words (ugly, old, senile or forgetful, ugly and stupid). The elderly also heard that they were called with impolite words or that they were only called by their name by the family members who were younger (Pekalongan et al., 2021).

The results of the post-test showed that 100% of the older people did not fall into the category of psychological abuse. Although, based on the questionnaire, there are still elderly people who answer that they are still getting harsh words and being yelled at by their families. The effects of psychological abuse experienced by the elderly can lead to irritability, loss of appetite, headaches, difficulty sleeping, fear and even depression (Huang et al., 2021). Therefore, the family must be able to provide the need for affection as a basic human need to be loved and cared for, the need to be recognized by the family, and the need for psychological and physical security (Ayuningtyas & Prihatiningsih, 2017).

Furthermore, one of the Javanese proverbs says that a child is actually required to be able to do this hail, called *mikul dhuwur mendhem jero* or lift as high as possible, bury as deep as possible. This means that a child must have words, thoughts and actions that protect the honors of the parents, be filial to repay the things that the parents have done, respect the master, and cover the disgrace or defects of the parents. However, not all children can fulfill this role, in fact, children often feel burdened by the behavior of the elderly, children are often impatient in dealing with elderly parents, which causes changes in the internal relationship between children and parents, thus some children often despise the elderly (Windy, 2017).

The level of elderly neglect in this study at the beginning of the pretest was 89% in the high category. This is in contrast to other research by Sukma et al. on the description of elder neglect in the working area of Aceh Besar Health Centre, which found that 52.9% of respondents experienced low neglect (Sukma Dewi et al., 2018). Neglect is the act of failing to meet the basic needs of older people, such as proper clothing, nutritious and healthy food, in terms of personal hygiene, adequate shelter, security, emotional support, love and affection (Mardiyah, 2018).

Forms of neglect perpetrated by families in this study include family apathy towards the condition or personal hygiene of the elderly, not helping the elderly to solve problems, not reminding the elderly to take medication, not involving the elderly in decision making, and not giving the elderly proper clothing. Furthermore, another manifestation of elderly neglect was that the elderly were not given basic rights such as regular health checks by health services, not invited for recreation, and not given healthy food (Ezalina et al., 2019; Fadhillah, 2015; Pekalongan et al., 2021). One of the reasons why families commit these different forms of neglect is the busyness of the family or children and the lack of attention of the family to the condition of the elderly when the elderly are still able to perform activities independently (Alias et al., 2023).

Based on the results of the post-test study, the level of neglect decreased to 30.8% in the high category, 33.3% in the medium category and 35.9% in the low category. Some of the changes were more technical, including re-engagement in decisions, reminders to take medication and accompaniment to medical appointments. However, more basic things such as the provision of adequate housing and food with a good nutritional value are still difficult to achieve or require a longer period of time to be able to assess the changes that result from them. According to Riskika et al. the duty of the family to meet the basic needs of the elderly includes the provision of nutrition, social care, rest and mobilization medication (Riskika et al., 2020). However, not all families are able to meet their needs and provide them with a decent life due to their social status, the family's economic situation and other reasons. As a result, many elderly people are neglected and abandoned (Alias et al., 2023).

The results of this study are similar to those of Lestari et al. with a p-value of 0.000. Therefore, it can be concluded that there is an effect of health education using modules on psychological abuse and neglect (Lestari, 2019). This is evidenced by the increasing changes in family attitudes towards psychological violence and neglect before and following health education. The percentage of psychological abuse before the health education was 87.2 % in the category of no indication and 12.8 % in the category of low indication. The percentage after health education, which was 100% in the no psychological abuse category, shows changes in psychological abuse behavior. There were also changes in neglect behavior, with 89.7% in the high category and 10.3% in the medium category before health education. The difference after health education in neglect is as follows: 30.8% in the high category, 33.3% in the medium category and 35.9% in the low category.

The effect of health education using modules has an impact on family knowledge. The advantage of the module is that the elderly family can re-read and understand the health education material and independently practice how to communicate properly and correctly with the elderly if the elderly family forgets and does not remember the material taught during the health education. Komjakraphan and Karuncharnpanit stated that a great deal of communication skills is required to communicate with older adults. Using good manners and respectful address and offering choices, which appeared to be similar to showing respect. These two strategies rated highest in terms of both use and helpfulness in carers' communication (Karuncharnpanit & Komjakraphan, 2021). As Jack, Ridley and Turner

outline in their research, the strategies for communicating with older people are to stop talking, listen actively, reflect on what's said, act with empathy and deal with objections (Jack et al., 2019).

The result of this study is consistent with Risnah and Irwan's study using module, which found that there was a difference in mean collaboration knowledge before and after the intervention. Health education has a good impact on increasing the knowledge of health center workers in the city of Binamu (Risnah & Irwan, 2019).

Health education using modules is a condition where it can be aligned with the bullet theory, which states that the effectiveness of a message with its delivery through media can directly hit the intended target, combined with the theory that using modules as media can provide convenience in receiving health messages in the community (Risnah & Irwan, 2019).

CONCLUSION

Health education has an effect on psychological abuse and elder neglect in Sentolo, Kulon Progo Regency. The findings of this study are expected to contribute to improving communication patterns within families, fostering better understanding of the elderly. It is essential for families to enhance their expression of love and care toward elderly members, allowing them to feel valued and emotionally supported. Ensuring that older adults are included in various aspects of family life and applying the recommended interventions, particularly effective communication, can significantly reduce feelings of neglect and psychological distress among the elderly.

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CONFLICTS OF INTEREST

We have no conflicts of interest requiring disclosure.

REFERENCES

- Ahmadiyanto, T. F. B. P., Sasmito, L., & Hadidi, K. (2016). Hubungan dukungan keluarga dengan tingkat depresi pada lansia di PSLU Bondowoso. *Jurnal Kesehatan Dr. SOEBANDI*, 4(1), 238–244.
- Al Ashri, A., Sumiati, D., & Al Ashri dan, A. (2021). The Effect of Online Health Education on Knowledge Level of Young Women Facing Menarche at SDN Cisauk Tangerang. *CARING*, 5(2).
- Alias, A. N., Mokti, K., Ibrahim, M. Y., Saupin, S., & Madrim, M. F. (2023). Elderly Abuse and Neglect on Population Health: Literature Review and Interventions from Selected Countries. In *Korean Journal of Family Medicine* (Vol. 44, Issue 6, pp. 311–318). Korean Journal of Family Medicine. <https://doi.org/10.4082/kjfm.23.0046>.
- Ayuningtyas, F., & Prihatiningsih, W. (2017). Komunikasi Terapeutik pada Lansia di Graha Werdha AUSSI Kusuma Lestari, Depok. *Media Tor*, 10(2), 201–215.
- Boly, B., Wiyono, J., & Dewi, N. (2017). Hubungan Tingkat Pengetahuan Keluarga Tentang Komunikasi Dengan Penerapan Komunikasi Pada Lansia. *Jurnal Nursing News*, 2, 571–582.
- Case Study of Elderly People of Javanese Ethnicity at Hargo Dedali Nursing Home in Surabaya (2017).
- Darsini, Fahrurrozi, & Agus Cahyono, E. (2019). Pengetahuan; Artikel Review. *Jurnal Keperawatan*, 12(1).

- Devisari, R. A. (2016). *Hubungan antara komunikasi lansia terhadap keluarga dengan konsep diri lansia di posyandu Happy lansia kelurahan Air Hitam Samarinda*.
- Dwianti, I. N., Julianti, R. R., & Rahayu, E. T. (2021). *Pengaruh Media PowerPoint dalam pembelajaran Jarak Jauh Terhadap Aktivitas Kebugaran Jasmani Siswa*. 7(4).
- Ezalina, E., Machmud, R., Effendi, N., & Maputra, Y. (2019). Effectiveness of the Elderly Caring Model as an Intervention to Prevent the Neglect of the Elderly in the Family. *J Med Sci*, 7(14), 2365–2370.
- Fadhilah, R. (2015). *Gambaran Perilaku Kekerasan Pada Lansia Di RW XIV Kelurahan Surau Gadang Wilayah Kerja Puskesmas Nanggalo Padang Tahun 2015*. https://pustaka.poltekkes-pdg.ac.id/index.php?p=show_detail&id=2863.
- Friska, B., Usraleli, Idayanti, Magdalena, & Sakhnan. (2020). The Relationship Of Family Support With The Quality Of Elderly Living In Sidomulyo Health Center Work Area In Pekanbaru Road. *Jurnal Proteksi Kesehatan*, 9(1), 1–8.
- Fulmer, B. T., & College, B. (2012). *Elder Mistreatment Assessment Elder Assessment Instrument (EAI)*. The Hartford Institute for Geriatric Nursing, New York University College of Nursing.
- Harefa, E. I. J. (2019). Penerapan konsep dasar proses keperawatan. *Portal Garuda*.
- Hariko, R. (2017). Landasan Filosofis Keterampilan Komunikasi Konseling. *Jurnal Kajian Bimbingan Dan Konseling*, 2(2), 41–49. <https://doi.org/10.17977/um001v2i22017p041>.
- Huang, S. C. C., Morgan, A., Peck, V., & Khoury, L. (2021). Improving Communications With Patients and Families in Geriatric Care. The How, When, and What. *Journal of Patient Experience*, 8. <https://doi.org/10.1177/23743735211034047>.
- Jack, K., Ridley, C., & Turner, S. (2019). Effective communication with older people. In *Nursing Older People* (Vol. 31, Issue 4, pp. 40–48). RCN Publishing Company Ltd. <https://doi.org/10.7748/nop.2019.e1126>.
- Karuncharernpanit, S., & Komjakraphan, P. (2021). Patcharee Komjakraphan and Sirikul Karuncharernpanit Experiences of Communicating with Older Adults with Alzheimer's Disease: A Phenomenological Study of Family Caregivers. In *Pacific Rim Int J Nurs Res* (Vol. 25, Issue 1).
- Lestari, N. (2019). *Eksplorasi pengabaian lansia oleh keluarga dalam perspektif Islam di Pedukuhan Kalirandu*. Universitas Muhammadiyah Yogyakarta.
- Mardiyah, L. (2018). Kekerasan pada Lansia dalam Keluarga di Wilayah Binaan Puskesmas Padang Bulan Kecamatan Medan Baru. *Universitas Sumatera Utara*.
- Pekalongan, P., Pratiwi, D., & Aryati, D. P. (2021). Gambaran kejadian tindakan kekerasan pada lansia: Literature review. *Seminar Nasional Kesehatan*, 1425–1436.
- Riskika, S., Restu Pertiwi, M., Anggun Primasari, N., & Salamung, N. (2020). The Effectiveness of Family Communication Strategies for Family Members with Health Problems: A Systematic Review. In *Nursing and Health Journal (DNHJ)* (Vol. 1, Issue 2).
- Risnah, & Irwan, M. (2019). Dampak penggunaan modul pendidikan kesehatan terhadap peningkatan pengetahuan petugas puskesmas. *Lentera Pendidikan*, 22(2), 284–291.
- Sukma Dewi, I., Ridwan, A., Program Studi Ilmu Keperawatan Fakultas Keperawatan Universitas Syiah Kuala Banda Aceh, M., Keilmuan Keperawatan Gerontik Fakultas Keperawatan Universitas Syiah Kuala Banda Aceh, B., & Keilmuan Keperawatan Komunitas Fakultas Keperawatan, B. (2018). The Overview of Neglect Among Elderly at Community Health Center in Aceh Besar. *Idea Nursing Journal*, IX(2).

- Tatontos, F., Kandowangko, N., & Tumiwa, J. (2019). Pengaruh Modernisasi Terhadap penelantaran Lansia Pada Keluarga Di Kelurahan Paniki Bawah Kecamatan Mapanget (Unit Pelaksana Teknis Dinas Balai Penyantunan Sosial Lanjut Usia Terlantar “Senja cerah”). *Sosiologi*, 12(4), 1–21.
- Tiyaningsih, F. N., & Sulandari, S. (2021). Optimisme pada Wanita Lanjut Usia yang Mengalami Kematian Pasangan Hidup. *Psymphatic : Jurnal Ilmiah Psikologi*, 8(1), 117–130. <https://doi.org/10.15575/psy.v8i1.6061>.