Research Article

ASSESSMENT OF LATE ADULTHOOD KNOWLEDGE ABOUT PSYCHOLOGICAL FRAILTY AT TECHNICAL INSTITUTE-SUWAIRA IN MIDDLE TECHNICAL UNIVERSITY-IRAQ

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Abstract

Aim(s): Assess late adulthood knowledge about psychological frailty, to measure the level of knowledge about psychological frailty, and to find out the correlation between knowledge with regard to their socio-demographic characteristics.

Methods: A descriptive study design carried out at technical institute-Suwaira in middle technical university. Included (100) of late adult's staff to assess their knowledge about psychological frailty. Non-probability sample (convenience sample). The data collection was through the direct interview technique by researcher with each participant of staff lasted from 28th April 2022 to 15th August 2022. Questionnaire format contents part (1) Socio-demographic characteristics, also the questionnaire contain part (2) Knowledge about psychological frailty. The data analysis approaches were used in order to analyse and assess the results of the study under application of the Statistical Package (SPSS) ver. (25): frequency distributions, percent and *chi-square*.

Results: The results of the study show that the majority of the study sample are (64%) of them were (49-56) years old, (61%) were male, the late adults are showing more than half assessment of knowledge is fair, showing fair level of knowledge about psychological frailty more than half (61%), and show high positive significant relationship between late adults' knowledge about psychological frailty and age, gender, job title, life style and do exercise regularly.

Conclusions and recommendations: The study concluded that late adults show more than half assessment of knowledge is fair, more than half is fair level of knowledge about psychological frailty, and high positive significant relationship between late adults knowledge about psychological frailty and socio-demographic characteristics. The study recommend that need to developing educational program, lecture, courses and seminar about overall frailty and domains of frailty to increase knowledge of late adults that lead to change their lifestyle and go away the wrong behaviours and habits. ***ASEAN Journal of Psychiatry, Vol. 24 (7) July, 2023; 1-7.***

Keywords: Assessment, Late adulthood, Knowledge, Psychological frailty, Institute, University

Introduction

The World Health Organization (WHO) considers that the age of the elderly was begins at sixty five above, and usually the activity of individuals at this stage; their bodies are weak and consider themselves unproductive. They think that they become dependent on society in general and on their families in particular, all these things reflected negatively on their health and mental state, begin the stage of anxiety and thinking about the future and what it contains [1,2].

Frailty has been broadly defined as a multisystem geriatric illness characterized by increased susceptibility to stresses and loss of resilience in the face of internal or external challenges in many but interconnected physiological systems. It is thought that this increased susceptibility to difficulty, beyond that

seen with normal aging, is associated with a higher risk for adverse health outcomes such falls, hospitalizations, institutionalization, and death. Because of the higher average age, the senior population has grown quickly. Older individuals are more focused on leading healthy lifestyles than merely living lengthy lives because their lifespans are longer. They also care about living autonomous, successful lives. Healthy aging is a sign of successful aging, which is the underlying assumption of aging [3-6].

The phrase "cognitive frailty" alludes to a loss of adaptation and resilience in the area of brain function and implies a connection to physical frailty. It would be beneficial to develop the relationship between the idea of cognitive reserve and the genesis of cognitive frailty. The inability to demonstrate a minimal degree of compensation for a cognitive activity that has previously been demonstrated to induce a compensating response in most healthy older adults might thus be conceivably seen as a more physiologically based diagnostic of cognitive frailty [7,8].

The presence of brain and systemic disease, whether preclinical or not, will make primary cognitive frailty worse because cognitive reserve and compensatory mechanisms will be further tested by disease specific neurodegenerative or vascular processes that have a preference for certain brain circuitry and areas beyond what is likely to be affected in healthy aging. It is important to think about the connection between sickness and the condition of inherent basic cognitive fragility. Since there is currently little real information available, many of the statements that follow will unavoidably be conjectural yet eventually testable. It is intriguing to think that 'normal aging' and brain disease are separated by primary cognitive weakness [9-10].

Cognitive frailty could point to a higher chance of unfavourable long-term health effects. The presence of frailty in the brain is sure to have functional repercussions as it grows, and they are likely to result in unfavourable health outcomes because frailty is driven by the same core age related processes in all organs and systems in the body. The word "mood" refers to an emotional state that lasts for a while, such as depression, fear, worry, or wrath. Although it might be essentially independent of mood, motivation, the drive toward a goal, or lack thereof (apathy), is linked to mood [11-12].

The aims

This study aimed to assess late adult's knowledge about psychological frailty, to measure the level of knowledge about psychological frailty, and to find out the correlation between knowledge with regard to their socio-demographic characteristics.

Materials and Methods

A descriptive study design carried out at Technical Institute-Suwaira in Middle Technical University. Included (100) of staff selected from technical institute Swaira, to assess their knowledge about psychological frailty domain. Sampling technique to selection staff were non-probability (convenience sample).

The data collection was through the direct interview technique by researcher with each participant of staff lasted from 28th April 2022 to 15th August 2022. Constructed the study instrument (questionnaire).
Questionnaire format contents part (1) Socio-demographic characteristics (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 psychological frailty.

Statistical analysis

The data analysis approaches were used in order to analyse and assess the results of the 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. Knowledge scores varied from (1 to 3), with the levels of poor knowledge (1–1.66), fair knowledge (1.67–2.33) and good knowledge (2.34–3).
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.

Results

Results of this Table 1 reveal of (100) participants from socio-demographic

characteristics; (64%) of them were (49-56) years old, (61%) were male, (36%) of them the educational level is bachelor, (90%) were married, (49%) of them were technician, (68%) the income is barely sufficient, (36%) of them the life style is not healthy and not unhealthy, (79%) do exercise regularly, and (67%) of theme suffer from chronic diseases.

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%
Not healthy and 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%
Note: F: Frequency; %: Percentage					

This Table 2 presents the assessment of late adults knowledge about psychological frailty; the findings indicate that late adults' are showing most level of knowledge is fair in which the mean scores refer to fair among mostly items, except items (1, 3, 4, 6, 10, and 15) show good level of knowledge.

Table 2. Assessment of knowledge about psychological frailty.

List	**Knowledge about psychological frailty**	**Correct answer F (%)**	**M.S**	**Assess**
1	Physical frailty (loss of capacity) is responsible influence by abilities of mental, cognitive and individual intelligence decline	92 (92%)	1.92	Good
2	Individual's mental health is defined as the individual's ability to conform to itself and the surrounding environment	65 (65%)	1.65	Fair
3	The most vulnerable to mental disorders are people elderly over 65 years old	73 (73%)	1.73	Good

4	Cognitive health is one of the most important elements of mental health	90 (90%)	1.9	Good
5	The process of resisting cognitive mental frailty contributed by the individual level cultural and scientific	54 (54%)	1.54	Fair r
6	Alzheimer's is a type of dementia and means deterioration in memory, behavior and daily activities	73 (73%)	1.73	Good
7	In the advanced stages of Alzheimer's the elderly loses the ability to talk	65 (65%)	1.65	Fair
8	One of the most common psychological symptoms in the elderly is Depression	55 (55%)	1.55	Fair
9	Depression in the elderly increases poor performance physical, mental and social	66 (66%)	1.66	Fair
10	Risk factors for mental frailty in the elderly loss of friends and solitude	73 (73%)	1.73	Good
11	The elderly are overly sensitive to other behaviors, especially with other generations, which is called psychological alienation	59 (59%)	1.59	Fair
12	Psychological alienation causes excessive interest in certain things, including religion, adherence to customs and traditions	64 (64%)	1.64	Fair
13	To treat mental disorders in the elderly, must provide activities entertainment	65 (65%)	1.65	Fair
14	One of the human needs of older persons at this stage is need to comfort and safety	65 (65%)	1.65	Fair
15	Increasing the incidence of chronic diseases increases the risk factors for psychological frailty	88 (88%)	1.88	Good
Note: MS: Mean of Score; Poor: 1-1.33; Fair: 1.34-1.67; Good: 1.68-2				

This Table 3 indicates that late adults participated in the study are showing fair level of knowledge about psychological frailty more than half (61%).

Table 3. Assessment of late adult's knowledge about psychological frailty

Poor (1-1.33)	**Fair (1.34-1.67)**	**Good (1.68-2)**	**M**	**S.D**
0 (0%)	61 (61%)	39 (39%)	14.726	4.468
Note: F: Frequency; %: Percentage; M: Mean of total score; SD: Standard Deviation of total score				

This Table 4 show high positive significant relationship between late adults knowledge about psychological frailty and age, gender, job title, life style and do exercise regularly, and show positive significant relationship between late adults knowledge about psychological frailty and educational level, and suffer from chronic diseases. While show no significant relationship between late adults knowledge about psychological frailty and marital status, and income.

Table 4. Correlation between late adults knowledge with regard to their socio-demographic characteristics

Socio-demographic characteristics	**Domain**	**P**	**Sig.**
Age	Knowledge about psychological frailty	0.008	H.S
Gender		0	H.S
Educational level		0.05	S
Marital status		0.501	N.S
Job title		0.002	H.S

Income		0.281	N.S
Life style		0	H.S
Exercise regularly		0.006	H.S
Chronic diseases		0.02	S
Note: P: P value; Sig.: Significant; N.S: No Significant; S: Significant; H.S: High Significant			

Discussion

Results of late adult's socio-demographic characteristics. (64%) of them were (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. (61%) were male, (36%) of them the educational level is bachelor, and the study show that number of elderly who are a campaigning higher diploma and bachelor? (90%) were married, the result of study [16] support that (61.3%) of the sample were married. (49%) of them were technician, (68%) the income is barely sufficient, (36%) of them the life style is not healthy and not unhealthy, (79%) do exercise regularly, and (67%) of theme suffer from chronic diseases.

Significant findings of our results were as follows: The study results revealed that assessment of knowledge about psychological frailty the study indicate that late adults' are showing more than half assessment of knowledge is fair in which the mean scores refer to fair among mostly items, the other items show good assessment of knowledge. This is owing to the fact that the majority of participants, when asked about psychological frailty, do not grasp the meaning and characteristics that differentiate weakness and frailty. As a result, the evaluation of participants' knowledge on psychological frailty is fair. The study from US report that A rising corpus of research shows that biological aging or frailty is a factor in health related outcomes; yet, the general public probably has little knowledge of and awareness of frailty. According to the conceptual model, stereotypes, aging knowledge, and culture all have an impact on adults views and beliefs. Adults choose priorities for aging and then decide which aspects are under their conscious or subconscious control. They may engage in healthy practices to slow down aging if they are thought to be significant and controlled. Adults may attempt to control their own mental health through acceptance if they believe it to be uncontrollable or less significant. Frailty may be a more subjective term, and individuals frequently may not perceive themselves as feeble, according to scant research.

Other study present there were statistically significant differences between the male incoming and the female incoming at the level of (0.01) in the psychological alienation in favour of the male

Interestingly, we found that late adults knowledge about psychological frailty the study indicates that late adults participated in the study are showing fair level of knowledge about psychological frailty more than half 61%. This is because they did not gain information or education courses or seminars regarding frailty in general and the domains that are related to it; as a result, their level of understanding is inadequate. The study from Nova Scotia health authority, Canada present the FACT tool was generally perceived by renal nurses as having improved efficacy and understanding of frailty, which was directly related to a standardized method of identifying frailty among their patient population and the sense of team confidence they felt in their ability to provide better care. Each nurse participant cited increased frailty knowledge and awareness as significant and related to better decision making. Other nurse led screening programs have found success in routinely detecting frailty. Realistic objectives, precise instructions, and a leader who could be easily identified helped the program be implemented successfully.

The findings consistent with study the correlation between knowledge and demographic characteristics that show high positive significant relationship between late adults knowledge about psychological frailty and age, gender, job title, life style and do exercise regularly. According to correlation between 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. The correlation between 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.

Also the study show that most prominent social problems faced by people with Alzheimer's disease are social isolation and its serious repercussions on the patient's mental health, which definitely and effectively contribute to the deterioration of the patient's condition to difficult stages in which treatment and rehabilitation are difficult, as (76%) of the sample confirmed this, in 15 respondents answered (no), by (54%) of the sample.

According to correlation between 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.

While show positive significant correlation 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 Netherlands the study show Our population based study of older persons outcomes revealed an association between education level and frailty, with greater frailty prevalence rates among those with less education. The overall prevalence of frailty rose during the course of the 13 years follow-up period. Nevertheless, the rate of growth was consistent across all levels of schooling. To understand the causes of educational variations in frailty, a wide range of explanatory factors were taken into account. In significant part, the correlation between educational attainment and frailty was explicated. The multidimensional nature of educational variations in frailty is demonstrated by the contribution of all distinct categories of components to the explanation, with the exception of social factors [13-20].

Conclusion

The study concluded that late adults more than half assessment of knowledge is fair in which the mean scores refer to fair among mostly items, fair level of knowledge about psychological frailty more than half (61%), high positive significant relationship between late adults knowledge about psychological frailty and age, gender, job title, life style and do exercise regularly, and show positive significant relationship between late adults' knowledge about psychological frailty and educational level, and suffer from chronic diseases, and no significant relationship between late adults knowledge about psychological frailty and marital status, and income.

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 behaviours and habits.

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Conflict of Interest

There is no conflict of interest

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