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The Relationship between Elderly Abuse and Quality of Nursing Care in Outpatient Clinics

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ABSTRACT

Background: Elder abuse is a growing trend worldwide, posing a serious threat to public health and older adults' health. ***Aim:*** This study aimed to assess the relationship between elderly abuse and quality of nursing care in Outpatient Clinics. ***Design:*** A descriptive design was conducted to achieve aim of this study. ***Setting:*** This study was conducted in outpatient clinics at Beni-Suef university hospital, at Cairo governorate. ***Subjects:*** A convenient sample of elderly patients 80 elderly patients from the previously mentioned setting was included in the study aged from (60:75) years of both sexes, who attended the previously mentioned setting. ***Tools:*** it was divided into 4 parts; the first part is the Sociodemographic characteristics of the elder people and the medical history of elderly people. The second part is Quality of nursing care checklist includes actual performance regarding to care elder in outpatient unit, the last tool is Elderly abuse assessment sheet. ***Results:*** shows that, less than half of studied elderly people were reported moderate and poor quality of nursing care in outpatient clinics and more than one third of them reported high and moderate abuse toward elderly. additionally, there was positive correlation between all dimensions of quality of nursing care in outpatient clinics as reported by elderly people. ***Conclusion:*** there was positive correlation between total quality of nursing care in outpatient clinics and total elderly abuse during receiving outpatient services as reported by elderly people. ***Recommendations:*** Continuous service educational program should be designed for early detection of elderly Abuse and implementation to motivate nursing staff to achieve high quality level of nursing care.

Keywords: Abuse, Elderly, Nursing, Quality, Services.

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INTRODUCTION

Currently, population aging has become a globally prominent problem. The World Population Prospects released by the United Nations (UN) in 2020 reports that the growth of the elderly population aged 65 years and older is the fastest. At present, this population accounts for approximately 9% of the global population, and it is expected to increase to 20% by 2050 [(1)].

In the aging process, disabilities, and chronic diseases are closely related to the physical and psychological health of the elderly. The elderly population is significantly increasing, and the population aged 80 years and above will increase from 143 million to 426 million over the next 30 years. Epidemiological evidence suggests that stroke and post stroke cognitive impairment Frontiers in Psychology Elderly's Willingness to Nursing Care (PSCI) may significantly impact the needs for nursing care [(2)].

The World Health Organization defines elder abuse as 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 [(3)].

The main forms of elder abuse generally recognized and which can occur in the community and institutional settings are physical, psychological, sexual, financial/ material and systemic/organizational abuse and neglect, as well as poly-victimization. Around one in six people 60 years and older experience some form of abuse in community settings annually [(4)].

Recent studies reported elder abuse seems to affect 1 in 6 older adults worldwide, which is roughly 141 million people." Psychological abuse was reported most often, at a 11.6% pooled prevalence estimate (pooled prevalence is a statistical technique for pooling results of many epidemiological studies), followed by Some 12% suffer psychological abuse; 7%, financial abuse; 4%, neglect; 3%, physical abuse; and 1% experience sexual abuse [(5)].

The authors note that reported rates vary widely. "For example, national estimates of past-year abuse prevalence rate ranged between 2.6% in the UK and 4% in Canada to 18.4% in Israel and 29.3% in Spain and 27 % in Egypt " they write. That's due in part to a lack of consensus on how to define and measure different types of elder abuse, they note, making elder abuse a "neglected global health priority. "The authors report that if the proportion of

elder abuse cases remains constant through the aging global population, they expect elder abuse victims to number 330 million by 2050 [6].

Conventionally in Egypt, extended family was the commonest in rural areas and elders were the honors of wealth who control the finances and donation to all family members. So they have been treated with love, care, and respect. Recently, increased civilization, overpopulation problem, and the need for more finances gave rise to migration of young adults to urban areas for better work chances. This led to their separation to form nuclear families in the cities leaving the elders lonely without care [7].

Elder abuse affects not only the victims themselves but also their family and larger society. These negative health, economic and social outcomes can further exacerbate existing illness leading to the increased risk for institutionalization, hospitalization, morbidity and mortality [8].

Some of the risk and protective factors supported by the strongest evidence are at the level of the individual .In relation to the characteristics of victims, they include: • Risk factors: functional dependence/disability, poor physical health, cognitive impairment, poor mental health and low income/ socioeconomic status; • Protective factor: social support/social embeddedness. In relation to the characteristics of perpetrators, they include: risk factors: mental illness, substance abuse and abuser dependency on victim (e.g., financial dependency, dependency for housing) [9].

The evidence supporting risk and protective factors at the level of relationships, the community and society is generally weaker. These may include type of relationship (e.g., spouse partner, children and children-in-law), but these vary by type of abuse and by culture; marital status (though findings are mixed); and levels of ageism in society. The evidence for many other risk factors is either weaker or mixed—for example, gender of victims, age, race/ethnicity [8&9].

Many different types of interventions to prevent, detect and respond to elder abuse have been implemented. These include, for instance, public and professional awareness campaigns, school-based intergenerational programmes, caregiver support interventions, residential care policies to define and improve standards of care, caregiver training on dementia, mandatory reporting of abuse to authorities, and psychological programmes for abusers. Few of these interventions, however, have been shown to be effective in high- quality studies [8].

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Based on lower quality studies, a 2020 review singled out five types of interventions as being promising: (1) helplines, the most widely used interventions in most countries; (2) caregiver interventions, which provide services to relieve the burden of caregiving; (3) multidisciplinary teams which coordinate care and reduce fragmentation in response to elder abuse; (4) money management programmes which aim to reduce risk of financial exploitation, especially of people with cognitive impairment; and (5) emergency shelters [(8)].

Developing an understanding of quality of care as a quantifiable phenomenon is complex as it is necessarily contingent upon a range of in quality of care is defined and analyzed using a combination of the Donabedian model (1980) and the Institute of Medicine‘s six dimensions of care [(10)].

Campbell et al.(2000)defines quality of care as whether individuals can access the health structures and processes of care which they need and whether the care received is effective‘, whilst for Lohr (1990) it is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge‘ [(11)].

Quality of care can be divided into different dimensions according to the aspects of care being assessed. Donabedian‘s (1980) seminal framework for defining quality of care in healthcare settings has three components: structure, process, and outcomes. Structural components include the context in which care is delivered (including facilities, equipment, and organizational characteristics). Process components include all the actions that make up healthcare (such as diagnosis and treatment), and outcome components include all the effects of healthcare on patients or populations. The Donabedian care-assessment model has been widely used in international healthcare settings to assess patient satisfaction with quality of care [(11)].

AIM OF THE STUDY

The current study aimed to assess the relationship between elderly abuse and quality of nursing care in outpatient clinics.

Research question:

1. Does elder patient suffer from abuse in outpatients' clinics?
2. Is the elder patient satisfied with quality of nursing care in outpatients' clinics?
3. Is there correlation between elderly abuse and quality of nursing care?

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SUBJECT AND METHODS

The subject and methods for the current study were portrayed under the four main designs as the following:

I. Technical design.
II. Operational design.
III. Administrative design.
IV. Statistical design.

I) Technical design:

The technical design included research design, setting, subjects and tools of data collection used in this study.

Research design:

A descriptive design was conducted to achieve aim of this study.

Setting:

This study was conducted in outpatient clinics at Beni-Suef university hospital, Egypt**.**

Subjects:

Convenient sample of elderly patients from the previously mentioned setting was included in the study aged from (60 – 75) years of both sex, who attended the outpatient clinics at Beni-Suef university hospital to follow up.

Inclusion Criteria:

- Accept to participate,
- Age >60 years
- Able to communicate.

Exclusion criteria: unconscious patient

Tools of data collection:

Tool was used to collect necessary data to fulfill the study aim.

Tool I: Interview questionnaire.

This tool was developed by the researcher aimed to assess Sociodemographic characteristics and medical history it was divided into two parts developed by the researcher.

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Part I: this part used to assess elder people Sociodemographic characteristics that include age, gender, educational level, residence, diagnosis, income, jobs …etc.

Part II: this part used to assess medical history; present and past medical history; diagnosis, complains, drugs, previous hospital stay, duration, and previous surgery.

Tool II: Quality of nursing care in outpatient unit

This tool used to assess quality of care services provided in the outpatient unit developed by [12] and modified by the researcher.

Quality of nursing care in outpatient clinics as reported by elderly people

Disagree=0
Somewhat =1
Agree=2

Scoring system

- ≥ 80% was good quality of nursing care.
- 60% to 80% was moderate quality of nursing care.
- < 60% was poor quality of nursing care.

Tool III: Elderly abuse assessment sheet: used to assess elderly abuse during receiving outpatient services developed by and modified by the researcher.

Elderly abuse during receiving outpatient services as reported by elderly people

Yes=0
No=1

Scoring system

- ≥ 80% was low abuse.
- 60% to 80% was moderate abuse.
- < 60% was high abuse.

Preparatory phase :-

The researcher was reviewing current and past, local and international related literature and theoretical knowledge of various aspects of the study using books, articles, and journals to prepare the tools of data collection.

Pilot Study:-

It was conducted on 5% of total study subjects (7) to examine clarity, feasibility and applicability and relevance of the tools used and determine the time needed for application of the study tools. The patient who included in the pilot study excluded from the total sample.

Tool Validity:-

Content validity and reliability

Content validity (refers to how well a scientific test actually measures what it is intended to measure) of the proposed tools was done using face and content validity. Validity tested by a panel of experts, From community health nursing department, and nursing administration department, at faculty of nursing, Beni-Suef University To measure the content validity of the tools and necessary modification. The expertise reviewed the tools for clarity, relevance, comprehensiveness, simplicity, and applicability, minor modification was done.

Testing reliability (refers to the extent to which the same answers can be obtained using the same instruments more than one time). Reliability of the data collected tools was tested

Tool Reliability:-

Quality of nursing care in outpatient clinics as reported by elderly people	0.749
Elderly abuse during receiving outpatient services as reported by elderly people	0.682

Field work:-

After securing official permission all patients attended came to the clinic for follow up obtaining explanatory information about the study. Patients who agreed to participate in the study were received the Self-administered Questionnaire to collect the data. The actual work of this study started and completed within five months from June (2022) to the end of December (2022).data were Collected by the researcher investigator 4 hours per day, 3days per week, at day shifts in the Previous mentioned settings.

Firstly, subject's demographic characteristics such as age, gender, and Medical data were recorded in a data collection form. Then, the investigator

assessed patient satisfaction that include, Communication, privacy, feeling of mutual confidence, security, safety and Confidentiality. Later in, the investigator assessed the patients quality of nursing services Presented in the outpatient unit . The investigator was taken 15 to 20 mint to Complete the questionnaire sheet from the patients.

III. Administrative design:-

The official letters was issued from the dean of faculty of nursing, Beni-Suef University to get permission from the director of Beni-Suef University hospital director to carry out this study. The purpose of the study and its procedure was explained to them to obtain their approval and cooperation.

Ethical Consideration:-

The researcher was obtained approval from Ethical Committee in the Faculty of Nursing at Beni-Suef University under administration of the faculty of medicine at Beni-Suef University before starting the study. The researcher clarified the objectives and aim of the study to the participants before starting the study. The researcher assured maintaining anonymity and confidentiality of the Subject data and patient safety assured during the study .Patients were informed that they are allowed to choosing to participate or not in the study and they have the right to withdraw from the study at any time.

IV. Statistical design:

The collected data were analyzed using Statistical Package for the Social Sciences (SPSS 22.0) program. For descriptive statistics in the form of frequencies and percentages for categorical variables Means and stander deviation were used for continuous variables. Pearson correlation coefficient was used for measuring the correlation between study variables. ANOVA and Regression analysis was used for predicting the relationships between study variables. Chi Square tests were used for correlation categorical variables.

RESULTS

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Part I: Socio-demographic characteristics of studied elderly people

Table (1): Frequency and percentage distribution of studied elderly people socio-demographic characteristics (n=80).

Items	N	%
Age		
60 - 64yrs	40	**50.0**
65 > 74yrs	28	35.0
≥ 75yrs	12	15.0
Mean±SD	66.46±5.68	
Gender		
Male	44	**55.0**
Female	36	45.0
Marital status		
Single	4	5.0
Married	40	**50.0**
Divorced	24	30.0
Widowed	12	15.0
Residence		
Urban areas	20	25.0
Rural areas	44	**55.0**
Slums	16	20.0
Educational level		
Not read & not write	36	**45.0**
Read & write	32	40.0
Intermediate education	12	15.0
Job		
Private sector	4	5.0
Agricultural	16	20.0
on a pension	36	**45.0**
Other	24	30.0
Housing		
Close to the hospital	28	35.0
Far from the hospital	52	**65.0**
Do you have health insurance?		
Yes	24	30.0
No	56	**70.0**
Who bears the costs of treatment		
Personal	60	**75.0**
My insurance	20	25.0
Monthly family income		
Less than 1000	16	20.0
From 1000-3000	60	**75.0**
More than 3000	4	5.0
Activities of daily living		
Self-reliance	48	60.0
Dependent on others	32	**40.0**

Part IV: Elderly patient satisfaction regarding caregivers of palliative care services

Table (2) Frequency and percentage distribution of quality of nursing care in outpatient clinics as reported by elderly people regarding all dimensions (n=80).

Items	Good		Moderate		Poor		Mean
	N	%	N	%	N	%	±SD
Communication with nurses	14	17.5	34	42.5	32	40.0	15.61±5.87
Privacy	28	**35.0**	32	40.0	20	25.0	6.40±2.49
Security and confidentiality	14	17.5	18	22.5	48	**60.0**	6.86±2.57
Risks and injury to the patient and simple design and reduce exposure to any risks	19	23.8	18	22.5	43	53.8	7.75±1.93
Hospital environment	17	21.3	61	**76.3**	2	2. 5	9.57±3.14
Dealing with pain	28	**35.0**	10	12.5	42	52.5	3.48±1.69
Pharmaceutical	12	15.0	29	36.3	39	48.8	5.16±2.32
Total	7	8.8	36	45.0	37	46.3	54.85±16.36

Table (3): Relation between socio-demographic characteristics of studied elderly people and quality of care services provided in the outpatient unit as reported by elderly people (n=80).

	N	Good quality of care		Moderate quality of care		Poor quality of care		X^2	P value
		N	%	N	%	N	%		
Age									
60 - 64yrs	40	3	3.7	21	26.1	16	20.0		
65 > 74yrs	28	4	5.0	11	13.8	13	16.2	4.588	0.332
≥ 75yrs	12	0	0.0	4	5.0	8	10.0		
Gender									
Male	44	4	5.0	20	25.0	20	25.0	.031	0.185
Female	36	3	3.7	16	20.0	17	21.3		
Marital status									
Single	4	0	0.0	0	0.0	4	5.0		
Married	40	0	0.0	24	30.0	16	20.0	25.538	0.000**
Divorced	24	7	8.7	8	10.0	9	11.3		
Widowed	12	0	0.0	4	5.0	8	10.0		
Residence									
Urban area	20	3	3.7	8	10.0	9	11.3		
Rural area	44	4	5.0	24	30.0	16	20.0	8.519	0.074
Slums	16	0	0.0	4	5.0	12	15.0		
Educational level									
Not read & not write	36	3	3.7	13	16.2	20	25.0		
Read & write	32	4	5.0	11	13.8	17	21.3	17.624	0.001**
Intermediate education	12	0	0.0	12	15.0	0	0.0		
Job									
Private sector	4	0	0.0	0	0.0	4	5.0		
Agricultural	16	0	0.0	12	15.0	4	5.0	33.440	0.000**
on a pension	36	7	8.7	20	25.0	9	11.3		
Other	24	0	0.0	4	5.0	20	25.0		
Housing									
Close to the hospital	28	3	3.7	12	15.0	13	16.3	.889	0.234
Far from the hospital	52	4	5.0	24	30.0	24	30.0		
Activities of daily living									
Self-reliance	48	7	8.7	25	31.3	16	20.0	10.333	0.001**
Dependent on others	32	0	0.0	11	13.8	21	26.2		

* Statistically significant at p≤0.05 ** Highly statistical significant at p≤0.01

Figure (1): subjects perceptions of the quality level of nursing services (n=80).

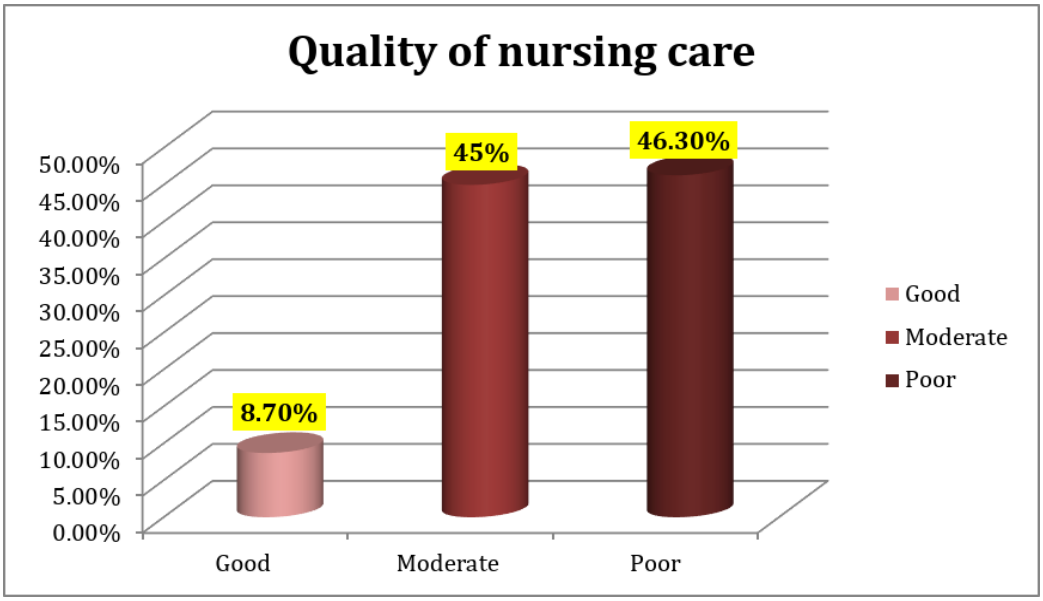

Figure (2) Percentage of total Elderly abuse during receiving outpatient services as reported by elderly people (n=80).

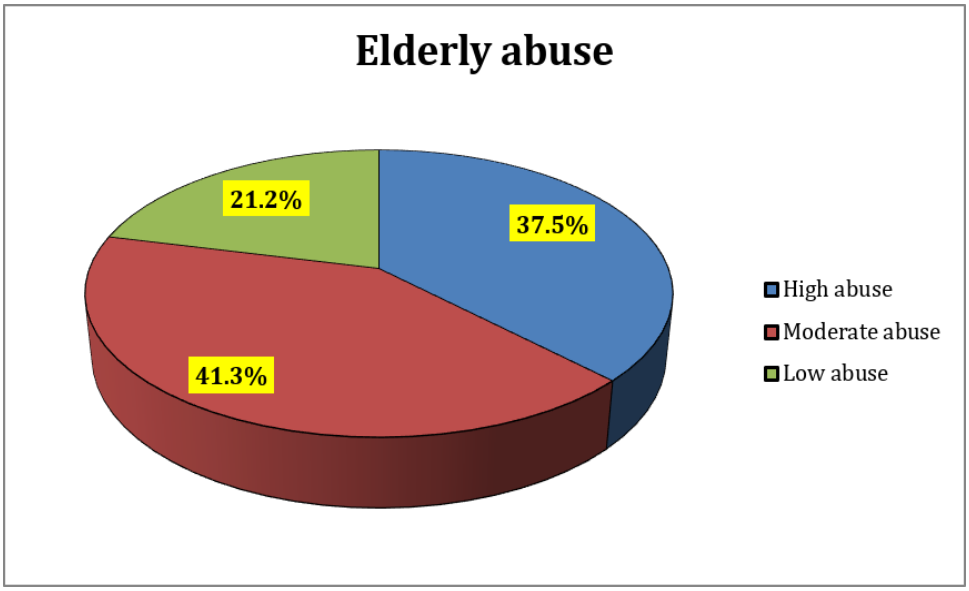

Table (4): Relation between socio-demographic characteristics of studied elderly people and elderly abuse during receiving outpatient services as reported by elderly people (n=80).

	N	Low abuse		Moderate abuse		High abuse		X^2	P value
		N	%	N	%	N	%		
Age									
60 - 64yrs	40	10	12.5	22	27.5	8	10.0		
65 > 74yrs	28	3	3.8	7	8.7	18	22.5	15.039	0.001**
≥ 75yrs	12	4	5.0	4	5.0	4	5.0		
Gender									
Male	44	14	17.5	8	10.0	22	27.5	21.827	0.000**
Female	36	3	3.7	25	31.3	8	10.0		
Marital status									
Single	4	0	0.0	4	5.0	0	0.0		
Married	40	6	7.5	16	20.0	18	22.5	9.011	0.173
Divorced	24	7	8.7	9	11.3	8	10.0		
Widowed	12	4	5.0	4	5.0	4	5.0		
Residence									
Urban area	20	0	0.0	12	15.0	8	10.0		
Rural area	44	17	21.2	13	16.3	14	17.5	18.451	0.001**
Slums	16	0	0.0	8	10.0	8	10.0		
Educational level									
Not read & not write	36	7	8.8	17	21.2	12	15.0		
Read & write	32	10	12.5	6	7.5	16	20.0	16.391	0.001**
Intermediate education	12	0	0.0	10	12.5	2	2.5		
Job									
Private sector	4	0	0.0	0	0.0	4	5.0		
Agricultural	16	11	13.8	1	1.2	4	5.0		
on a pension	36	6	7.5	16	20.0	14	17.5	38.506	0.000**
Other	24	0	0.0	16	20.0	8	10.0		
Housing									
Close to the hospital	28	0	0.0	16	20.0	12	15.0	12.121	0.000**
Far from the hospital	52	17	21.2	17	21.2	18	22.6		
Activities of daily living									
Self-reliance	48	14	17.5	26	32.5	8	10.0	22.282	0.000**
Dependent on others	32	3	3.8	7	8.7	22	27.5		

* Statistically significant at p≤0.05 ** Highly statistical significant at p≤0.01

Table (5): Correlation between total quality of nursing care in outpatient clinics and total elderly abuse during receiving outpatient services as reported by elderly people.

		Total quality of nursing care in outpatient clinics as reported by elderly people
Total elderly abuse during receiving outpatient services as reported by elderly people	r	.750
	p	0.000**

* Statistically significant at p≤0.05 ** Highly statistical significant at p≤0.01

RESULTS

Table (1) reveals that, half (50%) of studied elderly people their age group from 60 to 64 years with mean±SD 66.46±5.68, more than half 55% of them were male, half 50% of them were married, more than half 55% of them were from rural areas and were not read and not write and on a pension, about two thirds 65% of them their houses were far from the hospital, less than three quarters 70% of them didn't had health insurance, three quarters 75% of them their bears the costs of treatment were personal and their monthly income from 1000-3000 and more than half 60% of them self-reliance.

Table (2) Shows that, more than one third (35%) of them were reported good quality of nursing care regarding communication with nurses and dealing with pain, more than three quarters (76.3%) of them were reported moderate quality of nursing care regarding hospital environment and less than two thirds (60%) of them were reported poor quality of nursing care regarding security and confidentiality.

Table (3) shows that, there was highly statistically significant difference between quality of nursing care and studied elderly people's marital status, educational level, job and activities of daily living. While, there was no statistically significant difference between quality of care and studied elderly people's age, gender, residence and housing.

Table (4) illustrates that, there was highly statistically significant difference between elderly abuse during receiving outpatient services and studied elderly people's age, gender, residence, educational level, job, housing and activities of daily living. While, there was no statistically significant difference between elderly abuse during receiving outpatient services and studied elderly people's marital status.

Table (5) shows that, there was positive correlation between all dimensions of quality of nursing care in outpatient clinics as reported by elderly people.

Table (6) reveals that, there was positive correlation between total quality of nursing care in outpatient clinics and total elderly abuse during receiving outpatient services as reported by elderly people.

DISCUSSION

Elderly is a natural process, which starts with intrauterine life, continues until death and is caused by irreversible degeneration of cells and systems. Elderly is not a pathological process and it consists of physiological, psychological, sociological and chronological changes [(13)].

As clarified before, elder abuse is a problem that needs additional focus and better education for the people taking care of geriatrics. Elder abuse is a problem occurring in both rich and poor countries and at all levels of society ,This problem could aggravate as the speed of population aging worldwide is likely to lead to an increase in its incidence and its prevalence [(14)].

Elder abuse is a growing trend worldwide, posing a serious threat to public health and increasing risk factors for older adults' health [(15)]. According to a 2021 World Health Organization (WHO) report, one in six older adults experiences abuse. The increasing older population and social changes in many countries have produced various types of elder abuse [(16)].

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This global phenomenon differs from one nation to another [5]. Nurses are on the front-line in delivering safe, effective, and efficient care to patients. Nurses need to have an understanding of and willingness to participate in measures that promote and ensure the health and safety of patients this includes identification of unsafe practices with appropriate response to ensure safe outcomes for patients, and co-workers, as well as oneself [17].

The knowledge, skills, and attitudes identified by the QSEN initiative related to quality improvement (2019) are appropriate goals for nurses to understand and accomplish in assuring health care quality: This chapter provides analysis and comparison of the findings of the current study with other research findings investigating the related area of study. The current study aims to assess the relationship between elderly abuse and Quality of Nursing Care in Outpatient Clinics.

Socio-demographic characteristics of study subjects regarding elderly abuse

Regarding socio-demographic characteristics of the studied patients, the current study revealed that, In this study, the rate of abuse among elder males was significantly higher compared with elder female. This study was agreed with [18] in their recent titled **"Analysis of gender differences in time use among Iranian older adults"** and represented that more than half of the studied patients were males. Also, this study on the same line with [19] in their recent titled **"Elder abuse in Europe's "most elderly" city: an update of the phenomenon based on the cases reported to the Penal Court of Genoa from 2015 to 2019 and literature review"** and represented that a majority of cases of abuse more than half are perpetrated by men.

Contrariwise, this study was in disagreement with [20] in their recent study entitled "**Abuse of Rural Elders in Mansoura Districts, Dakahlia, Egypt: Prevalence, Types, Risk Factors, and Lifestyle" "** and mentioned that more than half of the studied patients were females.

also this study was in disagreement with [21] a study conducted in New Zealand which reported that females represented more than three quarters of the recorded abuse **(Age Concern Elder Abuse and Neglect prevention**

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Services). This study reclassified and analyzed the age groups of the elderly and found a significant difference. By categorizing age groups into young-older adults (below 75 years) and old-older adults (over 75 years) , this study discovered that the younger group experienced more abuse than did the older group. The present study reported that, half of studied elderly people their age group from 60 to 64 years and represented that a majority of cases of abuse more than half are perpetrated by age from 65years to75years . This study was agreed with [22] in their recent titled **"Abuse and risk factors among community-dwelling elderly in South Korea during COVID-19**" and represented that the younger group experienced more abuse than did the older group. . By categorizing age groups into young-older adults (below 75 years) and old-older adults (over 75 years).

The constant study represented that, half of them were married and they had a majority of cases of abuse This result was supported by [23] in their recent titled "**Fatal neglect of the elderly by a spouse"** who mentioned that when the elder become dependent, the family relations may become strained and worsen as a result of stress and frustration . Contrariwise, this study was in disagreement with [7] in their recent titled "**Health status, family support and depression among residents of elderly homes and those living with families in Bennha City and associated factors"** who reported a relatively very low abuse rate among elders living with their families in Benha City, Egypt. The family usually gives social, emotional, and may be financial support to the elder and also this study was in disagreement with [20] in their recent study entitled "**Abuse of Rural Elders in Mansoura Districts, Dakahlia, Egypt:Prevalence, Types, Risk Factors, and Lifestyle"** and represented that low abuse rate among elders living with their families.

The constant study represented that more than half of them were from rural areas this study on the same line with [24]. And they shows a greater proportion of people over the age of 65 living in rural, regional suffering from abuse. Contrariwise, this study was in disagreement with [25]**.** In their recent study entitled "**Unheard and unseen: Rural women and domestic violence". "Violence Against Women: Vulnerable Populations",** and they

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represented that the prevalence of abuse in rural and remote communities does not differ significantly from that in urban communities**.**

The constant study represented that about more than half of them were not write and read and they had the less cases of abuse Contrariwise, this study was in disagreement with [20] in their recent titled **Abuse of Rural Elders in Mansoura Districts, Dakahlia, Egypt: Prevalence, Types, Risk Factors, and Lifestyle"** who mentioned that higher levels of mistreatment were reported by elders of low educational level about two thirds of them their houses were far from the hospital, less than three quarters 70% of them didn't had health insurance, three quarters 75% of them their bears the costs of treatment were personal and their monthly income from 1000-3000 and more than half 60% of them self-reliance.

Also current study mentioned that the people on a pension had majority of abuse than that on agriculture or private sector. This study disagreement with [26] in the study of " **Abuse and neglect of older people in Ireland: Report on the National Study of Elder Abuse and Neglect",** this study showed that the dependent elders were exposed to significantly higher rates of abuse than independent elders. Presence of chronic diseases and its complications in most of elders near to three quarters affected greatly their ability to practice daily activities and turned them into dependent elders with great burden and stress on their families and caregivers. These findings were matched with [27] in China**; and** [28] in the United KinMosq .also the present study in the same line with [29] in their recent titled "**Elder abuse in the COVID-19 era** "who mentioned that older adults who are dependent on others for their IADL experience more abuse.

The present study show that no statistically significant difference between elderly abuse during receiving outpatient services and studied elderly people's marital status.This findings in the same line with [30] In their recent titled **"Screening for Abuse of Older Adults: A Study Done at Primary Health Care Level in Punjab, India"** who mentioned that, no significant association was found between the type of family or marital status and reported abuse in our study. No significant association was observed with occupation status.

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Part II: Quality of care services provided in the outpatient unit

The findings of our study indicated that a greater percentage more than three quarters of the participants were high levels of satisfaction with the quality of nursing care. more than half of the participants was moderate quality of nursing care .and more than half of participant was poor quality of nursing care In tandem with our finding with [31] in their recent study entitled **Elderly Patients' satisfaction with provided services in yazd shahid sadoughi hospital"** who mentioned that moderate to high level of satisfaction with care , Contrariwise, this study was in disagreement with [32] in their recent study entitled "**Elderly cancer patients satisfaction with quality of nursing care in day care unit at oncology center Mansoura University"** who mentioned that three quarters of the participants were unsatisfied with the quality of nursing care .

Regarding factors influencing satisfaction with the quality of nursing care, we found that studied elderly people's age, gender, residence and housing did not appear to influence participants' level of satisfaction with nursing care. In conformity with our findings, several previous studies , have reported no statistically significant difference in the levels of satisfaction with the quality of nursing care between older male and female patients, These findings were matched with [33] in their recent study **'Expectations and satisfaction of elderly people with health services provided at a public nursing home in Iran"** and also in the same line with [34]**.** In their recent study **"Evaluation of satisfaction with nursing care of patients hospitalized in surgical clinics of different hospitals"**

Other studies, on the contrary, have observed a statistically significant difference in the levels of satisfaction with nursing care between male and female older adults , with females more likely to be satisfied with the quality of nursing care than their male counterparts [35]**.** In their recent study "**Hospitalized older adults' patient satisfaction: Inpatient care experiences"** Adult patients' satisfaction with inpatient nursing care and associated factors in an ethiopian referral hospital

The recent study show that highly statistically significant difference between quality of nursing care and studied elderly people's marital status, educational level, job and activities of daily living

The present study show that an inverse relationship between higher educational attainment and satisfaction with the quality of nursing care, several studies in the past have identified differences in hospitalized older adults' levels of satisfaction with nursing care based on educational attainments and this present study in the same line with [36] in their titled "**Elderly patients' satisfaction with provided services in yazd shahid sadoughi hospital"**[35] in their recent titled "**Hospitalized older adults' patient satisfaction: Inpatient care experiences" and** [33] in their recent titled "**Expectations and satisfaction of elderly people with health services provided at a public nursing home in Iran**". They reported that Adults with higher education pay more attention to different factors in satisfaction and hence may be less satisfied as compared to older adults without formal education, on the contrary this study was in disagreement with [37] in their recent titled "**Patient satisfaction with the quality of nursing care"** who mentioned that college or university graduates were more satisfied relative to those who were literate patients.

Elderly people regarding communication with nurses, Effective and continuous interaction and communication are critical determinants in patients' satisfaction and quality of nursing care, the present study show that less than two thirds of studied elderly people were agreed regarding the nurses answer their question in a polite manner & more than one third of them were reported good quality of nursing care regarding communication with nurses and dealing with pain, this study in the same line with [38] in their recent titled **"Patient satisfaction with the nursing care in hospital"** who mentioned that The allocation of sufficient time for talking and listening to patients and pro-viding information is a prerequisite for patient satisfaction, as it ensures that patients are less stressed and more engaged and well adjusted [39] in their titled "**Differences between patients' expectations and satisfaction with nursing care in a private hospital in Jordan"** indicated that patients were more satisfied with having respectful communication .

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The present study show that Elderly people regarding job there elderly whom working other job not related to private or Agricultural or on pension lead to low income and this lead to poor quality of care because Patients with high incomes tend to anticipate an improvement in their symptoms and expect to receive care from highly qualified staff and this contrary with low income with low incomes had low health, get lower health care, had less continuous relation with doctors and have difficulties in getting appointments this in the same line with [37] in their recent titled "**Patient satisfaction with the quality of nursing care"** who mentioned that patients with high incomes were more satisfied relative to those with moderate and low incomes. Contrary this study in disagreement with [40] in there recent titled **"Evaluating nursing care for patients hospitalized with cancer in Tehran Teaching Hospitals"** who mentioned that reported that satisfaction with nursing care did not differ significantly according to job and the income.

Part III :Correlation between total quality of nursing care in outpatient clinics and total elderly abuse during receiving outpatient services as reported by elderly people.

The present study in our finding there was positive correlation between total quality of nursing care in outpatient clinics and total elderly abuse during receiving outpatient services as reported by elderly people .this study in the same line with [41] in their recent titled**. "Recognizing and responding to the "toxic" work environment: Worker Safety, Patient Safety, and abuse/neglect in nursing homes"**. Workplace culture is affected by training requirements as well as the general quality of those hired to work within the facility. Also, [42] in their recent titled **"Prevention of elder abuse in long-term care facilities"** highlighted this same need, stressing the importance of preventing elder abuse by improving the organizational climate and overall working conditions, stimulating cooperative teamwork, acknowledging the work of professionals, and developing person centered care practices

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CONCLUSION

The present study showed that, half of the studied elderly people their age group from 60 to 64 years with mean±SD 66.46±5.68 and more than one third of studied elderly people had hypertension. Additionally, less than half of studied elderly people were reported moderate and poor quality of nursing care in outpatient clinics. Also, more than one third of studied elderly people reported high and moderate abuse toward elderly. There was positive correlation between total quality of nursing care in outpatient clinics and total elderly abuse during receiving outpatient services as reported by elderly people. Finally, concluded that, the studied elderly patients were reported high and moderate abuse so, they rated nursing care as moderate to poor quality.

RECOMMENDATIONS

In the light of these findings the following recommended was:

• Increase the awareness about elder abuse problems among nurses and develop a plan for nurses to reduce abuse incidence toward elderly patients.

• Enhancing the trust relationship between elderly patients and nurses.

• Training programs for nurses to improve their quality of care and communication with elderly patients.

• Development of practice guidelines and standards of nursing care for elderly to achieve, maintain and advance good quality nursing care and preventing abuse toward elderly patients.

• Develop a team to be responsible about improving quality of nursing care provided for elderly patients and prevent abuse toward elderly patients.

• Replication of the same study on larger probability sample at different geographical locations for data generalizability.

• Future studies should target diverse populations in order to test whether similar factors are similarly important for improving of elderly patients regarding quality of nursing care and reducing abuse by nurses toward elderly patients.

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