

Culturally Adapted Ageing Perceptions Assessment To Inform Psychosocial Interventions In Dementia Care

Frank Ho-yin Lai¹, Andrew Man-hong Siu², Ben Chi-bun Yip³, Eddie Yip-kuen Hai⁴, Julie-anne Lowe¹, Stella Kai-wui Chan⁵, Vivian Wai-yin Chui⁶



¹Northumbria University, UK ²Brunel University of London, UK ³Tung Wah College, HK ⁴University of Sunderland, UK ⁵Wong Tai Sin Hospital, HK ⁶Hong Kong SKH Welfare Council, HK

BACKGROUND	PHASE 1 — CONTENT VALIDITY			FIVE-FACTOR STRUCTURE			CONCLUSIONS																																				
Self-perception of ageing is linked to health behaviour ¹ , mental health ² , activity participation ³ and longevity ⁴ . Positive perceptions are associated with better cognitive function ^{5,6} , reduced chronic disease risk and greater independence. In dementia caregiving contexts, positive ageing perceptions enhance resilience and coping ⁷ , while negative perceptions increase caregiver burden ⁸ , burnout ⁹ and social withdrawal ¹⁰ .	0.81 Mean I-CVI Good content validity	0.47 Expert κ range Moderate agreement	0.57 to κ=0.57 Both panels	EFA explains 72.59% of total variance (principal-axis, promax rotation)			The C-BAPQ demonstrates good content validity, strong test-retest reliability (ICC=0.84) and acceptable internal consistency (α=0.84) , with a five-factor structure consistent with the original B-APQ.																																				
	All 17 items rated >3.5/5 by both panels — good cultural relevance confirmed																																										
	Notable I-CVI findings (Expert panel) I-CVI = 1.00 Items 1–4, 14 (e.g. 'I always classify myself as old') I-CVI = 0.60 Items 6, 8, 10 — flagged for further refinement																																										
Cultural gap: While Brief Ageing Perceptions Questionnaire (B-APQ) has been validated in Malaysia and Taiwan, no validated Chinese tool existed for Hong Kong community-dwelling older adults — limiting psychosocial intervention research.	PSYCHOMETRIC PROPERTIES						CONCLUSIONS Convergent validity is partially supported: positive correlations with health (r=.45) and participation (r=.54); negative correlation with distress (r=−.52) . The C-BAPQ offers a culturally relevant, reliable tool for assessing ageing perceptions in Chinese populations, supporting psychosocial intervention in dementia care .																																				
	0.84 ICC Test-Retest 95% CI: 0.79–0.86	0.84 Cronbach's α Overall 95% CI: .82–.88																																									
	SUBSCALE RELIABILITY																																										
Original Instrument <i>Brief Ageing Perceptions Questionnaire (B-APQ)</i> ¹¹ — <i>Sexton et al. (2014)</i> — 17 items, 5 subscales, Cronbach's α .75–.84	Subscale		α	ICC	Identify at-risk caregivers C-BAPQ screens for negative ageing perceptions linked to increased caregiver burden, stress and social withdrawal. Target psychosocial interventions Clinicians can use scores to direct interventions promoting positive ageing perceptions, improving mental wellbeing and care quality. Gender-sensitive programming Males show more positive ageing perceptions and higher activity participation — programmes should address gender-specific needs. Culturally responsive dementia care Enables assessment and intervention tailored to Chinese cultural norms around ageing, family and caregiving roles.																																						
	Timeline-Chronic		.71	.88																																							
	Consequences-Positive		.81	.89																																							
	Control-Positive		.70	.86																																							
	Consequence & Control-Negative		.52	.79																																							
TWO-PHASE STUDY DESIGN	Emotional Representation		.65	.86	Refine subscales Items 6, 8 & 10 (lower I-CVI); Emotional Representation & Control-Positive subscales had lower α — require further review. Confirmatory factor analysis CFA needed to formally test and confirm the five-factor structure identified through EFA. Longitudinal research Examine how ageing perceptions evolve over time and their sustained impact on health and wellbeing. Cross-cultural studies Explore applicability across Chinese diaspora communities (UK, Australia, Canada) and compare cultural influences. Intervention evaluation Use C-BAPQ as an outcome measure for psychosocial programmes targeting positive ageing perceptions and caregiver wellbeing.																																						
	Chinese Brief Ageing Perceptions Questionnaire (C-BAPQ)																																										
	1 I always classify myself as old 我總是把自己歸類為老人。 2 I am always aware of the fact that I am getting older 我總是意識到自己正在漸漸地變老。 3 I feel my age in everything I do 我所做的一切，都感覺到我現在的年齡。 4 As I get older I get wiser 隨著年齡的增長，我變得更為明智的。 5 As I get older I continue to grow as a person 隨著年齡的增長，我不斷成長成為一個人。 6 As I get older I appreciate things more 隨著年齡的增長，我更懂得欣賞事物。 7 Getting older makes me less independent 年紀越大，讓我越來越不獨立生活。 8 As I get older I can take part on fewer activities 隨著年齡的增長，我可以參加的活動越來越少。 9 As I get older I do not cope as well with problems that arise 隨著年齡的增長，我無法很好地應對生活出現的問題。 10 Slowing down with age is not something I can control 隨著年齡的增長，而放慢生活速度是我不能控制的。 11 I have no control over the effects which getting older has on my social life 我無法控制變老漸漸變老，對我社交生活的影響。 12 The quality of my social life in later years depends on me 我晚年的社交生活質素，取決於我自己。 13 The quality of my relationships with others in later life depends on me 我晚年與他人的關係質素，取決於我自己。 14 Whether I continue living life to the full depends on me 我能否繼續充實地生活，取決於我自己。 15 I get depressed when I think about how ageing might affect the things that I can do 當我想到漸漸地變老會如何影響我能做的事情時，我感會到沮喪。 16 I worry about the effects that getting older might have on my relationships with others 我擔心漸漸地變老，會對我和他人的關係產生影響。 17 I feel angry when I think about getting older 當我想到我漸漸地變老時，我感到憤怒。																																										
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RESEARCH ARTICLE Open Access Development of the Brief Ageing Perceptions Questionnaire (B-APQ): a confirmatory factor analysis approach to item reduction Eithne Sexton^{1*}, Belinda L. King-Kallimanis², Karen Morgan³ and Hannah McGee⁴ Abstract Background: This paper aimed to develop a short version of the 32-item Ageing Perceptions Questionnaire (APQ), a multi-dimensional measure based on Leventhal's self-regulation model. Ageing perceptions are a key area of interest for large-scale surveys of ageing populations. As these studies capture a broad range of health and social variables, included instruments need to be as concise as possible. Methods: Data from the Irish Longitudinal Study of Ageing (TILDA), a representative sample of community-dwelling individuals aged 50+ (n = 6,718), was used to revise the scale. Items for exclusion were identified by examining conceptual content, descriptive statistics, and by detecting sources of poor model fit using confirmatory factor analysis (CFA). Potential contributions of dimensions were also tested using CFA. Finally, we identified any dimensions that could be excluded without limiting the conceptual coverage and coherence of the scale. Model modifications were done sequentially and with regard to theoretical considerations. Internal consistency and construct validity of the concise scale were compared with the longer version. Results: Initially, 11 items were excluded on the basis of conceptual and empirical overlap with other items. CFA indicated that the negative-control and negative-consequences dimensions could be combined, allowing us to exclude a further item from this dimension. The 5-item timeline-cyclical dimension was also excluded, as it was less well-established conceptually and empirically than the other dimensions. The final 17-item, 5-dimension model was consistent with the original conceptual model and fit the data well (chi-sq = 143.54, df(109), p < 0.01, RMSEA = 0.04, CFI = 0.97, TLI = 0.96). Conclusions: The Brief-APQ (B-APQ) is a concise, multi-dimensional measure of ageing perceptions, which is psychometrically valid for use with the Irish population aged 50+. The concise version preserved the internal consistency and construct validity of the original. Its brevity makes it particularly suitable for use with large-scale adult population surveys. The psychometric analysis supports the application of the self-regulation model to ageing perceptions, but also the existence of distinct "physical decline" and "ongoing development" dimensions of perceptions. Keywords: Ageing perceptions, Self-perceptions, Self-regulation, Confirmatory factor analysis, Item reduction				CONVERGENT VALIDITY																																							
General Health (SF-36) Moderate positive correlation r = +.45***				Occupational Participation (MOHOST) Strongest association r = +.54**				Mental Distress (DASS-21) Significant negative correlation r = −.52***				GENDER DIFFERENCES <table><tr><th>Variable</th><th>Male (n=66)</th><th>Female (n=54)</th><th></th></tr><tr><td>C-BAPQ Total</td><td>65.50 (4.77)</td><td>62.46 (5.54)</td><td>t=3.03*</td></tr><tr><td>Conq & Ctrl-Neg</td><td>9.35 (2.39)</td><td>21.54 (2.48)</td><td>t=−4.31***</td></tr><tr><td>Control-Positive</td><td>11.88 (1.78)</td><td>10.20 (1.84)</td><td>t=4.06***</td></tr><tr><td>Emotional Repres.</td><td>9.88 (1.80)</td><td>7.00 (2.14)</td><td>t=3.87***</td></tr><tr><td>MOHOST</td><td>14.47 (5.84)</td><td>13.61 (5.74)</td><td>t=3.68**</td></tr><tr><td>DASS-21</td><td>31.36 (14.58)</td><td>34.59 (10.87)</td><td>t=−3.22*</td></tr></table>				Variable	Male (n=66)	Female (n=54)		C-BAPQ Total	65.50 (4.77)	62.46 (5.54)	t=3.03*	Conq & Ctrl-Neg	9.35 (2.39)	21.54 (2.48)	t=−4.31***	Control-Positive	11.88 (1.78)	10.20 (1.84)	t=4.06***	Emotional Repres.	9.88 (1.80)	7.00 (2.14)	t=3.87***	MOHOST	14.47 (5.84)	13.61 (5.74)	t=3.68**	DASS-21	31.36 (14.58)	34.59 (10.87)	t=−3.22*
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INSTRUMENTS & ANALYSIS Chinese Brief Ageing Perceptions Questionnaire (C-BAPQ) : 17-item Chinese Brief Ageing Perceptions Questionnaire — 5 subscales, 1–5 Likert scale SF-36: 36-item general health & quality of life (8 dimensions; 0–100 scale) DASS-21: Depression, Anxiety & Stress Scales — 3 × 7 items, 4-point scale MOHOST: Model of Human Occupation Screening Tool — 6 subscales of occupational participation Statistical Analyses I-CVI · Kappa · ICC (test-retest) · Cronbach's α · Exploratory Factor Analysis (principal-axis, promax rotation) · Pearson r · Paired t-tests · ANOVA				LIMITATIONS Healthy community sample Inclusion restricted to healthy older adults — findings may not generalise to those with chronic illness (cf. Taiwan B-APQ validation). Partial convergent validity Three subscales did not correlate significantly with external measures; further psychometric refinement warranted. Cross-sectional design Single time-point field testing; longitudinal stability of C-BAPQ scores not yet established. Sample scope Hong Kong Chinese community; generalisability to mainland Chinese, UK Chinese diaspora or other Asian populations requires further study.																																							
Corresponding Author: Frank Ho-yin Lai · frank.lai@northumbria.ac.uk · Northumbria University, Newcastle upon Tyne, UK																																											