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Elderly Discrimination, Willingness to Provide Care to the Elderly and View on Aging of Students in Some Departments in the Field of Health

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Background: Increase in the older people population brings the need for care services to develop into the forefront.

Purpose: In this study, it was aimed to determine the attitudes of young people studying final year in fields related to health sciences about ageism and their willingness to care for older people individuals and to define the relationship between them and the effective factors.

Methods: The study was conducted in a mix style in May 2022. The study was completed with 342 students. Data were collected using the Qualitative Questionnaire, the Willingness to Care for Older People Scale, and the Ageism Attitude Scale.

Results: Of the students 73.7% did not want to give older people care. The total Willingness to Give Older people Care Scale score was 35.08±6.39 and the total Ageism Attitude Scale score was 82.53±10.07. The willingness to care for the elderly is significantly higher among students living in villages/towns. According to the total score of elderly discrimination, women, those who have never met with the elderly, and those who want to work with the elderly have more positive attitudes. A weak significant correlation was determined between the Willingness to Give Older people Care Scale and Ageism Attitude Scale in a negative direction. In the qualitative dimension, the themes of "fear of being dependent", "inadequacy", "with family" and "showing no respect" were respectively obtained.

Conclusion: The students had a moderate level of ageism and willingness to give care. Students are afraid of aging, perceive old age negatively and think that they are not respected by society.

Keywords: student, attitude, older people, ageism

Introduction

In 2022, the older people population rate in Turkey is 9.9%, just above the world older people population rate (9.8%).[1] The world population is estimated to reach 2.1 billion in 2050 and it is expected that about 8 out of every 10 older people in the world will live in developing regions.[2,3] While the older people population in Turkey was 8,451,669 in 2022, it is estimated that it will be 24,242,787 in 2060.[1] The World Health Organization promotes healthy aging in advanced ages for every country.[4]

Ageism is defined as showing different attitudes and behaviors toward older people individuals due to their age and being prejudiced.[5,6] In the literature, it is stated that discrimination is made to the older people in social relations and attitudes, employment, and distribution of goods and services.[7] The older people are discussed in society as a social and economic burden, a problem of care, and the cost of social security.[8] In the literature ageism was evaluated positively in the students,[6,9–24] and the willingness to give care was found at a moderate or high level.[25–27] There are different results in terms of sociodemographic characteristics such as age, gender, and family structure in ageism.[28] Ageism is mostly done by young people on the grounds that old people have characteristics such as boredom, depressiveness, and

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stubbornness.[6] The perceptions, perspectives, and prejudices of society and professionals about old age are effective in the quality of services provided to the older people.[28]

With the increase in the elderly population, the necessity of developing care services comes to the forefront.[3] With aging, the demand for primary health care and long-term care is increasing, requiring larger and better education, labor, and the need to make physical and social environments more age-friendly.[4] Aging can be expressed as the physical, biological, biochemical, and psychological regression of the individual.[29] At the biological level, aging is caused by the effect of the accumulation of a wide range of molecular and cellular damages over time. This leads to a gradual decrease in physical and mental capacity, and an increased risk of disease.[4] To prevent decline in functional ability, participation in physical activities can have a positive impact on quality of life and functional ability in older people and help maintain independence in basic activities of daily living.[30] One of the most significant problems seen in the process of old age is loneliness. Both old age and poverty alone are causes of social exclusion.[31] Living alone can affect basic activities and functional ability, as lack of constant companionship can influence motivation to maintain an active lifestyle.[30] In the context of older people's health, it is essential to understand the determinants that influence a high degree of satisfaction with their health status: These key factors include the maintenance of a good level of functional ability, the absence of physical illness and psychological problems, and the maintenance of adequate levels of physical activity.[32] In the health services to be provided, the willingness to care for the elderly is also significant in addition to the ageism attitudes of the health personnel who have become needed.

In the care of elderly individuals, there is a multidisciplinary team approach involving different professional members because it is necessary to deal with situations such as complex social problems and health-related problems,[33] management of multiple chronic diseases, maintaining functional independence, continuity and coordination of care and treatment.[29,34,35] As an active member of the team, nurses have important duties. Geriatric syndromes such as falls, osteoporosis, malnutrition, incontinence, pressure sores can be seen in the elderly. These syndromes affect the individual's quality of life, dependency level, mortality, as well as the duration of hospitalization and treatment.[36] In order to protect and improve the health of the elderly individual, multidimensional evaluation, continuation of planned treatments, individualized care practices, communication with team members,[34] protection from accidents, immunization activities, meeting hygiene needs, facilitating adaptation to diseases and treatment, creating a safe environment, contributing to the increase of autonomy and freedom, and creating a positive perception of old age in society are among these roles.[37] Physical medicine and rehabilitation makes essential contributions to the health of the elderly by preventing problems such as chronic musculoskeletal diseases, disability and disability that increase with aging.[35] Physiotherapists apply rehabilitation by dealing with the regular and controlled maintenance of exercises to solve the problems caused by physiological changes and diseases in old age and increase functionality.[34] As a result of the disruption in the work of family members due to changing living conditions, social services are provided to protect and raise the individual's standard of living.[29] Increasing and developing social service practices is also necessary for healthy and active ageing. Social workers working towards the needs of elderly individuals, the evaluation of elderly individuals in terms of social work and the implementation of interventions make it easier for them to cope with the social problems they face.[33] The social worker evaluates older people's social support and needs and ensures cooperation by directing team members.[34]

The eleventh development plan in Turkey includes enabling the provision of health services for the older people, expanding geriatric services by increasing the number of specialized personnel in the field of geriatrics, strengthening preventive and therapeutic health services for the older people, increasing the number of centers providing geriatric and palliative care services, increasing the quality and quantity of the workforce to work in the home and institutional older people care services.[3] As it is known, students studying in the health field in Turkey generally carry out their professional practices in institutions and hospitals that are not specific to the elderly. Only a limited number of students have the opportunity to practice in units where older people receive more services, such as nursing homes and palliative services. In addition, it is possible to say that the courses related to older people are primarily theoretical, and their applications are limited. Therefore, it is important to determine the ageism attitudes of the students studying in health sciences and their willingness to care for the older people.

There are studies on the attitude of older people discrimination in the literature and there are limited studies on the willingness to care for the older people and evaluating their relationship with each other. In the literature, there are

studies on elderly discrimination attitudes, but there are limited studies on the willingness to care for the elderly and their relationship with each other. At the same time, the fact that it includes qualitative and quantitative findings increases its scientific contribution.

Aim

This study aimed to determine the attitudes of young people studying final year in fields related to health sciences about ageism and their willingness to care for older people individuals and to define the relationship between them and the effective factors.

Research Questions

1. What is the level of elder discrimination and willingness to care for older people among students studying in some departments of the health field?
2. Do some sociodemographic characteristics affect elder discrimination and willingness to care for older people?
3. Is there a relationship between willingness to care for the elderly and elderly discrimination?
4. What are the students' thoughts about ageing, and where should older people continue their lives and care?

Materials and Methods

Study Design and Sampling

This mixed-type study was carried out in May 2022. It is recommended to conduct qualitative research alongside quantitative studies to understand the problems of older people individuals and health workers and to produce solutions.[7] The population of the study consisted of senior students studying at Recep Tayyip Erdogan University Faculty of Health Sciences, School of Physical Therapy and Rehabilitation and Vocational School of Health Services. It was aimed to reach all of the students by not selecting the sample, and the study was completed with 342 students who were in the class during the survey application and agreed to participate. In total, 64% of the students were reached. The data were collected simultaneously under observation in the classroom environment.

The purposive sampling method was used for the qualitative dimension of the study in phenomenological type. By performing maximum diversity sampling and satisfying all of the researchers, the sample size was fixed. The study was completed with a total of 40 students. These students were randomly selected as 5 students from each department The purposeful random sampling method eliminates the bias of the researcher in qualitative studies and the negative effect that may arise in sampling determination. Another important point in qualitative research is that the obtained data enters a cycle of repetition and reaches saturation.[38]

Data Collection Tools

Data were collected using the Qualitative Questionnaire, the Willingness to Care for Older People Scale, and the Ageism Attitude Scale developed by the researcher.

Sociodemographic Information Form

It consisted of 12 questions including department, age, gender, class, type of high school graduate, place of residence, income, family structure, taking a geriatrics course, the status of living with an older people individual, interviewing an older people individual, and wanting to work with an older people individual.

Qualitative Questionnaire

The semi-structured questionnaire was created by the researchers to examine the students' feelings and thoughts about old age and the older people in depth. The form consists of 4 open-ended questions aimed at revealing the positive or negative emotions of senior students studying in the field of health toward ageism.

1. Does getting older scare you? Why?
2. What does the concept of old age mean to you?

3. Where do you think the elderly should live and with whom? Explain with reason.
4. How does our society look at the elderly right now?

Willingness to Care for Older People Scale(WCOPS)

WCOPS was created by Aday et al in 1995 and adapted into Turkish by Hançerlioğlu and Karadakovan in 2016 and its validity and reliability study was carried out. The internal consistency coefficient of the Turkish version was found to be 0.682. The WCOPS is a 5-point Likert-type scale consisting of 12 items and a single dimension. The lowest score that can be obtained from the scale is 12, and the highest score is 60, and a higher score indicates a higher level of willingness to give care.[39,40] In this study, Cronbach's alpha was found to be 0.623.

Ageism Attitude Scale (AAS)

AAS was developed by Yılmaz and Terzioğlu in 2011. The 5-point Likert-type scale consists of 23 items and consists of three sub-dimensions: "restricting the life of the older people", "positive ageism", and "negative ageism". The maximum score that can be taken from the AAS is "115" and the minimum score is "23". As the score obtained from the scale increases, the positive attitude towards ageism also increases. Since the items in the sub-dimensions of restricting the life of the older people and negative ageism are reverse coded, a low score indicates more discrimination.[41] Cronbach alpha was found to be 0.763 in total.

Data Analysis

SPSS 22 package software was used in the statistical analysis of the data. The degree of normality was determined using the Shapiro–Wilk test, $p< 0.05$ indicated abnormal distribution. Percentage, mean, and standard deviation were used in descriptive data, and Mann Whitney-U, Kruskal Wallis analysis, Pairwise Comparisons post hoc test, and Spearman correlation analysis were used according to the normal distribution in quantitative data.

In the evaluation of qualitative questionnaires, the data were evaluated objectively by the researchers with consistent behavior. The data were organized according to the themes revealed by the research questions, and in the first stage of the analysis process, codes suitable for the purpose of the study were determined, and in the second stage, the codes expressing the same meaning were grouped to form categories and main themes. In the third stage, reporting was made and quotes from the students were written under each main theme as sample data.

Ethical Aspect

Before the study data were collected, with the approval of the social and humanities ethics committee permission of the Recep Tayyip Erdogan University, dated 24.05.2022 and numbered 2022/121, and institutional permissions from the relevant units were obtained. The ethics committee approved that the study be conducted qualitatively and quantitatively and that written and verbal consent be obtained from the participants. Participants were informed about the purpose of the research and the anonymity of the information through a cover letter. They were asked to approve the approval marking section on the questionnaire if they agreed to participate. Their consent to participate in the study was obtained as written approval. All participants provided informed consent in the form of an approval to participate in a cover letter that explained the objectives of the study and ensured the anonymity of the information. In addition, before the data collection tools were distributed, students were informed about the purpose of the study, that participation was voluntary, and that it consisted of quantitative and qualitative parts. The participants were informed that anonymized quotes could be published. Data collection tools were distributed to those who agreed to participate. All collected date was de-identified. This study was conducted in accordance with the declaration of Helsinki.

Results

The mean age of the students participating in the study was 21.79±1.80, and 71.9% of them were female. In terms of place of residence, 56.7% live in the city center, 80.7% of them live in a nuclear family, while 48% of them find partially sufficient income, 26.3% find insufficient income, and 25.7% find sufficient income. The rate of students taking geriatrics courses is 79.5%, and the rate of living together with the older people is 62%, with an average of 1.99±0.82 years. While

80.4% of the participants meet with the older people, 17.6% meet on special occasions, and 2.1% do not meet at all. The rate of students who want to work with the older people in their professional life is 73.7%. Table 1 shows the students' WCOPS and AAS scores.

The mean score of the WCOPS was found to be 35.08±6.39 and the student's willingness to give care was at a moderate level. The overall AAS mean score was found to be 82.53±10.07, which is above the middle point, indicating that the participants have a positive attitude towards ageism (Table 1).

The willingness to care for the older people differed significantly according to the place of residence. The willingness to care for the older people in village/town residents is significantly higher than those living in the city center (X^2=8.806, p=0.012). There was no significant difference in willingness to care for the older people according to gender (p=0.288), department (p=0.233), the status of taking geriatrics courses (p=0.151), family structure (p=0.324), living with the older people(p=0.361), income level perception (p=0.790), meeting with the older people (p=0.621), and willingness to work with the older people patient (p=0.320).

It was determined that males had a more negative attitude than females in restricting life (p=0.013). (Table 2). There was no significant difference in restricting the life of the older people according to department (p=0.323), the status of taking geriatrics courses (p=0.400), family structure (p=0.290), living with the older people(p=0.499), place of residence (p=0.482), income level perception (p=0.487), meeting with the older people(p=0.071), and willingness to work with the older people patient (p=0.151).

The positive attitude was seen more in those who found their income partially sufficient than those who found their income sufficient, and those who wanted to work with an older people patient compared to those who did not want to work (p=0.034, p=0.000)(Table 2). There was no significant difference in positive discrimination according to gender (p=0.148), department (p=0.357), the status of taking geriatrics course (p=0.488), family structure (p=0.505), living with the older people(p=0.598), place of residence (p =0.563), meeting with the older people (p=0.062).

Gender and family structure made a significant difference in the negative ageism sub-dimension (p=0.015, p=0.048). Negative attitudes were found more in male than those female, participants living in extended families than those living in nuclear families (Table 2). There was no significant difference in negative ageism according to the department (p=0.242), the status of taking geriatrics courses (p=0.697), living with the older people (p=0.852), place of residence (p=0.263), income level perception (p=0.866), meeting with the older people(p=0.410), and willingness to work with the older people patient (p=0.304).

Gender (p=0.003), meeting with the older people(p=0.011), and wanting to work with the older people patient created a significant difference in the ageism total score (p=0.000). Female than those male participants, those who never met with the older people had a more positive attitude than those who met on special days, and those who wanted to work with the older people patient than those who wanted not (Table 2). Department (p=0.403), the status of taking geriatrics courses (p=0.328), living with the older people(p=0.461), place of residence (p=0.568), family structure (p=0.446), and income level perception did not make a significant difference in ageism (p=0.610).

In the correlation analysis a negative weak significant relationship was found between WCOPS and AAS (p=0.000). (Table 3)

When the qualitative part of the study was evaluated, four main themes were created from four questions. Four expressions were added as raw data to the themes under each question.

Table 1 Willingness to Care for Older People Scale and Ageism Attitude Scale Scores

	n	Min.	Max.	Mean	Std.Deviation
Willingness to care for the older people	342	12	83	35.08	6.39
Ageism Total	342	35	112	82.53	10.07
Restricting the life of the older people	342	13	45	34.12	4.47
Positive Ageism	342	12	66	30.35	5.85
Negative Ageism	342	7	50	18.06	3.99

Table 2 Ageism Attitude Scale Analysis According to Sociodemographic Variables

Sociodemographic Variables	n	Restricting the Life of the Older People		Positive Ageism		Negative Ageism		Ageism Total	
		Mean rank		Mean rank	MWU z p	Mean rank	MWU Z P	Mean rank	MWU Z p
Female	246	179.8	MW:	176.3	MWU:10623.5	179.7	MWU:9813.5	181.6	MWU:9396.5
Male	96	150.2	U9767.5 Z:- 2.489 P= 0.013	159.2	z: −1.445 p= 0.148	150.4	Z:-2438 P= 0.015	146.0	Z:-2981 P= 0.003
Nuclear family	276	172.9	KW:2.474	168.5	KW:1.365	177.2	KW:6.068	172.3	KW:1.614
Extended family	56	157.9	P= 0.290	183.5	P= 0.505	141.9	P=0.048	161.9	P= 0.446
Fragmented family	10	207.7		187.8		180.8		203.9	
Income is sufficient	88	176.7	KW:1.441	156.3	KW:6.748	168.5	KW:0.219	162.7	KW:0.988
Income is partially sufficient	164	164.9	P= 0.487	185.8	P=0.034	170.7	P=0.866	175.5	P=0.610
Insufficient income	90	178.5		160.3		176.0		172.8	
I never see the older people	7	156.6	KW:5.302	189.4	KW:5.565	197.6	KW:1.781	184.7	KW:9.095
I meet with the older people	274	177.0	P=0.071	176.4	P=0.062	173.3	P=0.410	178.3	P=0.011
I meet with the older people on special occasions	60	145.2		144.1		157.6		136.2	
Wants to work with older people patient	252	176.6	KW:3.781 P= 0.151	189.2	KW:32.664 P= 0.000	176.4	KW:2.378 P= 0.304	185.5	KW:20.677 P= 0.000
Does not want to work with the older people patient	72	151.5		114.8		159.5		125.9	
Hesitant about working with the older people patient	18	179.8		151.1		152.0		155.8	

Table 3 Correlation Analysis of Age, Duration of Living with the Older People, Willingness to Care for Older People Scale, and Ageism Attitude Scale

		Age	Duration of Living with the Older people	Willingness to Care for Older People Scale	Ageism Attitude Scale
Age	r	1	0.098	−0.100	0.031
Duration of Living with the Older people	r		1	0.078	−0.047
Willingness to Care for Older People Scale	r			1	−0.384**

Note: ** p<0.001.

Question 1:Does getting older scare you? Why?

In line with the answers received it was understood that the students were afraid of getting old and generally expressed this because of becoming dependent when they got older.

Theme 1: Fear of Being Dependent

It is due to requiring care and not being able to meet my own needs. (P-2, F)
Because I am afraid of being too dependent on people to do my own thing. (P-11, F)

Question 2:What does the concept of old age mean to you?

In line with the answers received it was determined that the students evaluated old age as needing care.

Theme 1: Inadequacy

It expresses neediness because I see older people in need of care quite often. (P-20, F)
It refers to difficulty even in one's own care. (P-33, F)

Question 3:Where do you think the older people should live and with whom? Explain with reasons.

To this question, the participants stated that older people individuals should live with their children and grandchildren.

Theme 1: With Their Family

At their children's house with their children. (P-26, F)
They should live with their children and grandchildren, not be condemned to loneliness. (P-39, M)

Question 4:How does our society look at the older people right now?

Regarding society's view of the older people, the participants stated that respect for the older people decreased, patience was not shown, and the older people were seen as a burden.

Theme 1: Disrespect

Making fun of, disrespecting too much. (P-19, F)
I think they have lost respect. (P-32, F)

Discussion

This study investigated the willingness to care for older people, attitudes towards elderly discrimination, and views of old age among health students. It found that students' desire to care for older people was moderate, their attitudes towards elderly discrimination were positive, and they perceived old age negatively.

The rate of students who want to work with the older people in their professional life is 73.7% and their WCOPS scores are at medium. In the studies conducted, the willingness to give care was found at the rates of 68.5%, and 78.7%,[9,25] and the willingness to give care was found at a moderate level.[25–27] It was found that students living in villages and towns were more willing to care for the older people. Contrarily, the place of residence made no difference in a previous study.[26] The reason why there is a high willingness to give care in the village/town residents may be due to the fact that there is more opportunity to be together with older people individuals and get to know them. In the study, it was determined that the department studied and the status of taking geriatrics courses did not make a difference in the willingness to give care. Studies have shown that greater exposure and contact with the older people reduce prejudices and are effective in developing positive attitudes, while the clinical practice environment and caregiving experience increase the desire to work with the older people with the satisfaction of intergenerational contact.[42–44] In other words, the quality of contact is a significant factor in reducing negative attitudes towards the older people. The reason why the department studied and the status of taking geriatrics courses did not make a difference may be that the students received education in different health fields and somehow contacted older people individuals in their practice. The fact that no correlation was found between the duration of living with the older people and the willingness to care for the older people as a result of the correlation analysis supports the fact that living with the older people does not make a difference. While living with older people does not make a difference in the willingness to care, the higher willingness to care among those with experience in caring for older adults in the sample study suggests a professional approach. Those who come into contact with older people due to care may have a professional approach.

Similar to the literature, ageism was evaluated positively in the students.[6,9–24,45,46] In this study, restricting the life of the older people sub-dimension score, is similar to the studies in the literature, and their attitudes are positive.[6,10,12,15–17,22,24,31] However, in the literature, there are also studies where the score range is below the midpoint.[9,11,13,19,23,47] The positive ageism sub-dimension score above the midpoint in this study is similar to other studies.[6,9,11–17,19,22–24,47] These findings reveal that students have a positive attitude towards positive ageism. Since the students included in the study are students who are trained in different disciplines in the field of health and go into clinical practice, it is likely that they

have information about the older people and have provided health services. This may lead them to have a positive attitude. This is a desirable outcome. In this study, students' negative ageism sub-dimension score which is similar to the studies in the literature.[6,11,13,16,22] It can be said that students' attitudes towards negative ageism are neutral and they have an indecisive attitude.

The fact that males have a more negative attitude toward restricting the life of the older people in this study is similar to some studies.[17,19,23,46,48] The fact that gender does not make a difference in positive discrimination is similar to the literature.[11,14,16,17,19,20,22,23,46,47] In the negative ageism sub-dimension, negative attitudes were found more in males[46,48] than in females. According to the ageism total score, the positive attitude is higher in females. There are different results in terms of gender in the literature. There are studies in which positive attitudes are higher in females[19,21,46] or males,[11,23,47] or in which gender does not make a difference.[9,13–18,20,22,24] The reason for the higher positive attitude in females in the study may be that females are more protective and caring due to their gender role.

In this study, it was found that family structure did not make a difference in the sub-dimensions of restricting the life of the older people[9,11,16,17,22,23,47–49] and positive ageism[9,11,20,22,23,47–49] while negative ageism[16] was higher in those living in extended families. On the contrary, there are studies in which the family structure did not make a difference in negative ageism.[9,11,17,20,22,23,47–49] Similar to previous studies, family structure made no difference to ageism total.[9,11,15,18,20,22,23,47,48] There are also studies in which positive ageism is more common in extended families.[16,17,24] Although there are different results in the literature, it is generally determined that the family structure does not make a difference. It can be considered that in the extended family, there is more time spent with the older people. It is expected that this will reflect more positively on the older people. However, the high rate of negative ageism in the extended family in this study may be due to the low frequency and time spent with the older people in the family, and the lack of effective sharing. This situation also supports that the situation of living with the older people does not make a difference in restricting the life of the older people,[11,14,16,22,45,47,49] positive ageism,[9,11,14,16,22,47] negative ageism[9,11,14,16,22,45,47] sub-dimensions, and ageism total[9,11,14–16,18,22,45,47] in this study, similar to the literature.

The rate of students who want to work with the older people in their professional life is 73.7%. In previous studies, these rates are in the range of 52.7%-68.5%[9,13,15,47] and it is seen that they are higher in this study. In the study, in the positive ageism sub-dimension[9,16,47] and ageism total,[9,16,24] the positive attitude was higher in those who wanted to work with older people patients. It is expected that there will be more positive ageism in those who want to work with the older people.

A weak negative significant relationship was found between the WCOPS and AAS. The reason why the willingness to give care decreases as positive ageism increases may be due to the fact that young people prefer to work with a more dynamic population in their working life.

In the qualitative dimension of the study, the students stated that they were afraid of getting old due to being dependent. To the question of what old age means to you, they answered the need for care and inadequacy. In previous studies, it was determined that old age was defined as illness, weakness, loneliness, dependence,[9,18] and physical and mental decline.[50] It can be stated that students perceive old age negatively in general. These perceptions support their fear of getting older. The students' perception of old age as a need for care and incapacity may have affected the 73.7% of students' willingness to care for older people.

In the study, the students stated that the older people should live with their children/families. Similarly, in the literature, they stated that the older people should be cared for in their homes or the homes of their children.[23,46] It is obvious that the students believe that the older people should be cared for in the home environment.

In addition to the students' belief that older people should be cared for at home, they think society does not respect older people, sees them as a burden and does not show patience. Although respect for older people is essential in Turkish society, modern life may lead to a decrease in communication with the elderly and a decrease in patience towards the elderly. This may explain the neutral result in the negative discrimination subdimension.

Conclusion

In this study, the willingness to care for older people and attitudes towards elderly discrimination were investigated, and both were found to be moderate in students. Regarding sociodemographic characteristics, the desire to care for older

people was higher in students living in villages/towns. In terms of attitudes towards elderly discrimination, limiting the life of the elderly and negative discrimination were found to be higher in male students. Positive attitudes were higher among female students, those who found their income partially sufficient, and those who wanted to work with elderly patients. Students were afraid of ageing due to being dependent. They perceive old age negatively and evaluate it as inadequacy and need for care. In addition to thinking that older people should live with their families, they stated that society did not respect them.

One of the strengths of this study is the participation of senior students who are preparing to serve as different health professionals and the fact that the participants' quantitative measurements and qualitative thoughts are considered together. The limited number of studies evaluating the willingness to care for older people strengthens this study. In future studies, the thoughts and suggestions of the students who practice by having the opportunity to be more together with older people can be taken, and studies on the deficiencies and disruptions that may be experienced in practice can be planned. The weakness of the study is that it covers students from a single university and does not include students from all health disciplines.

Recommendations

Organizing activities and training in which they can communicate more with the older people during the education process, and gain experience by being together more with older people individuals in their practices is recommended to increase the willingness of the students receiving education in the field of health to care for the older people. Students can gain these experiences by practising in institutions such as nursing homes and daycare centres where elderly individuals receive services. In addition, with a multidisciplinary approach, it is thought that the presence of students studying in different fields of health together will increase the professional contribution and practical effect they can make for older people. This may increase their desire to work in the field of geriatrics in the future. It is also expected to reduce negative ageism. To increase awareness of the older people and develop a positive attitude, especially male students should be focused.

Daycare homes should be built to improve the quality of life of older people. The existence of daycare centres where working people can drop off the older adults they live with during the day and pick them up in the evening can increase the care of the elderly at home. In addition, older people will not be alone at home and will have the opportunity to spend time with their peers. Thus, the quality of life of older people will also increase.

Data Sharing Statement

Data will be available on the genuine request to the corresponding author.

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