



INVESTIGATION OF NURSES' ATTITUDES TOWARDS OLDER ADULTS AND AGEISM DURING THE COVID-19 PANDEMIC PERIOD

HEMŞİRELERİN COVID-19 SALGINI DÖNEMİNDE YAŞLI AYRIMCILIĞINA VE YAŞLILARA YÖNELİK TUTUMLARININ DEĞERLENDİRİLMESİ

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ABSTRACT

Objective: The present study was carried out to determine nurses' attitudes towards older adults and ageism during the COVID-19 pandemic period.

Method: This cross-sectional, descriptive and correlational study conducted between July 15, 2020 and August 15, 2020. Data were collected with the Personal Information Form, Age Discrimination Attitude Scale (ADAS), and Kogan Attitudes towards Old People (KAOP) Scale. To collect the study data, online (e-mail, whatsapp) questionnaires sent to the nurses. Of the nurses, 211 who responded to the questionnaires and met the inclusion criteria included in the study.

Results: In the study, the mean score the participating nurses obtained from the Age Discrimination Attitude Scale (ADAS) was moderate (71.96±3.88) and its sub-dimensions limiting the life of older adults was high (30.19±2.24). The mean score the participating nurses obtained from the Kogan Attitudes towards Old People (KAOP) Scale was also moderate (104.90±13.23) and its sub-dimensions negative attitudes was high (53.84±9.21). In the study, it was determined that the participating nurses' displaying positive attitudes towards older adults increased the positive discrimination (p<0.05), and decreased the attitude of limiting the life of older adults and negative discrimination (p<0.05).

Conclusion: During the COVID-19 pandemic period, as in every period, nurses' displaying positive attitude and positive discrimination attitude towards older adults whose dependence on others has increased will ensure that older adults will be supported and protected physically, psychologically and socially.

Key Words: Ageism, Attitude Towards Older Adults, COVID-19 Pandemic, Nurse, Older Adults

ÖZ

Amaç: Araştırma, hemşirelerin COVID-19 salgını döneminde yaşlı ayrımcılığına ve yaşlılara yönelik tutumlarının incelenmesi amacıyla yapıldı.

Yöntem: Kesitsel, tanımlayıcı ve ilişki arayıcı tipteki bu çalışma 15 Temmuz-15 Ağustos 2020 tarihleri arasında gerçekleştirildi. Çalışmanın verileri, Kişisel Bilgi Formu, Yaşlı Ayrımcılığı Tutum Ölçeği (YATÖ) ve Kogan Yaşlılara Karşı Tutum Ölçeği ile toplandı. Formlar online olarak (e-mail, whatsapp) katılımcılara gönderildi. Anketlere geri dönüş sağlayan ve dahil edilme kriterlerini karşılayan 211 hemşire araştırmaya dahil edildi.

Bulgular: Çalışmada, hemşirelerin Yaşlı Ayrımcılığı Tutum Ölçeği (YATÖ) puan ortalaması orta (71.96±3.88) ve alt boyutlardan yaşlıların yaşamını sınırlama puan ortalaması yüksekti (30.19±2.24). Araştırmaya katılan hemşirelerin Kogan Yaşlılara Karşı Tutum Ölçeği toplam puan ortalaması da orta (104.90±13.23) ve alt boyutlardan negatif tutum puan ortalaması yüksekti (53.84±9.21). Çalışmada, hemşirelerin yaşlılara yönelik olumlu tutum sergilemelerinin pozitif ayrımcılığı arttırdığı (p<0.05), yaşlıların yaşamını sınırlama tutumunu ve negatif ayrımcılık tutumlarını azalttığı belirlendi (p<0.05).

Sonuç: Her dönemde olduğu gibi COVID-19 salgını sürecinde de hemşirelerin başkalarına bağımlılığı artan yaşlılara yönelik olumlu tutum ve pozitif ayrımcılık tutumunu sergilemesi, yaşlıların fiziksel, ruhsal ve sosyal yönden desteklenmesini ve korunmasını sağlayacaktır.

Anahtar Kelimeler: Yaşlılık, Yaşlılara Yönelik Tutum, COVID-19 Salgını, Hemşire, Yaşlı Yetişkinler

INTRODUCTION

The pneumonia pandemic, which occurred for an unknown reason in the city of Wuhan, China in December 2019, affected the whole world in a short time. The pathogen of the disease was determined to be a novel coronavirus and the disease was named COVID-19 [1,2]. COVID-19 was accepted as a pandemic by the World Health Organization (WHO) on March 11, 2020, when the first COVID-19

case was seen in our country, Turkey [3]. According to the data released by the Turkish Statistical Institute in 2020, the population aged 65 and over in our country increased by 22.5% in 5 years and reached 7.953.555 people in 2020. While the proportion of the elderly population in the total population increased to 9.5% by 2020, it is predicted that it will be 12.9% in 2030 and 25.6% in 2080 [4].

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Although COVID-19 has created a global threat and crisis and affected all segments of society, the segment it affected most is the elderly population and it caused a delay in the provision of care [5]. The COVID-19 outbreak has posed challenges in the provision of healthcare to patients in the community, nursing homes and hospitals [5,6].

Older adults in this group not only suffer from cognitive impairment and significant comorbidities, but also are most vulnerable to serious complications of COVID-19 infection [6,7]. Older adults are more vulnerable in case of emergencies and pandemic. Physical and psychosocial conditions of individuals in this group, and their having chronic illnesses make them more vulnerable [8]. It is reported that older adults' risk of catching the disease has increased during the COVID-19 pandemic due to the following factors: They are afraid of catching the virus, they have advanced age and a weakened immune system, and they are likely to have conditions such as hypertension, diabetes mellitus, and cardiovascular system and respiratory system diseases [7,9]. Approximately one-fifth of COVID-19-related deaths in the United States have been determined to occur in older adults living in nursing homes [10]. The high morbidity and mortality rates of COVID-19 among older adults have been widely addressed both in the mainstream media and in the social media. Many governments around the world have emphasized age in their statements, thus creating an environment that paves the way for ageism. The emphasis on "old age" in the statements of both states and the media has led to the perception that people over 65 are more "dangerous" than being "cautious" [11,12]. In addition, in this period, although older adults were described to be at high risk, they faced age discrimination in health services more [13,14].

Age discrimination, the level of which was 15% in the society just before the COVID-19 pandemic, increased due to the above-mentioned reasons in parallel with the pandemic [15]. Discrimination is socially constructed unfair or unjustified (irrational) actions against (unfair or prejudicial treatment of) a particular group or population [16]. Although the concept of discrimination evokes negative discrimination, it also includes the concept of positive discrimination [17].

Positive discrimination refers to positive or special measures (actions performed in favor of someone or group of people). Special measures are aimed at enabling certain groups of people to attain greater equality by supporting them so that discriminated groups can access similar opportunities as do other individuals in society [17,18]. From this point of view, negative discrimination can be expressed as the deprivation of rights that a disadvantaged group should have access to, or the restriction of their access to these rights. Age discrimination is the attitudes and behaviors that express prejudice towards older adults [18,19]. Today, in most of the societies in the world, older adults are discriminated against. Such discrimination stems from the negative attitudes displayed by family members or society towards older adults and aging in general [20,21]. Due to advanced age and the presence of more than one disease, elderly individuals become more dependent on health professionals and people in their environment [22]. Nurses play a critical role in enabling an individual to live in harmony with himself/herself and his / her environment, in changing negative prejudices about old age in the society, and in eliminating ageism [21,22]. The care provided to patients by nurses caring for their patients 24 hours a day and meeting their all kinds of physical, psychological and social needs consistently and efficiently becomes even more important during the pandemic [23]. On the other hand, unexpected situations such as the COVID-19 pandemic catch nurses unprepared, and age discrimination, which is a social problem, affects the nursing care process adversely [24]. Older adults are faced with barriers preventing them from accessing health services due to COVID-19 and age-related discrimination. This situation is thought to affect older adults physically and mentally by causing them to suffer problems such as depression, anxiety and loneliness. Therefore, nurses' protecting and

supporting older adults during the COVID-19 pandemic gains great importance [25].

It should be kept in mind that in this pandemic, as in every period [any other pandemic], the only threat older adults are faced with is not only COVID-19 but also discrimination against them and they should be supported by nurses in this regard [23]. Therefore, it is thought that determining the attitudes of nurses, who are in constant interaction with patients, towards older adults and ageism is of great importance. Determining such attitudes of nurses can ensure the provision of timely and better quality care to older adults during the COVID-19 pandemic, and help the society to develop more positive, respectful and tolerant attitudes and behaviors towards older adults, old age and aging in this process. The present study was carried out to determine nurses' attitudes towards older adults and ageism during the COVID-19 pandemic period.

Within this context, answers to the following questions were sought in the study:

1. What are nurses' perspectives of ageism during the COVID-19 pandemic period like?
2. What are the attitudes of nurses towards older adults during the COVID-19 pandemic period like?
3. Does the attitude of nurses towards older adults during the COVID-19 pandemic period affect their perspectives of ageism?

METHOD

Study Design and Setting

The population of this cross-sectional, descriptive and relation-seeking study consisted of nurses working at university and state Hospital in two provinces located in the Central and Western Black Sea Region of Turkey between July 15, 2020 and August 15, 2020. Population of the study consisted of nurses who had been working at least for 1 year and who agreed to participate in the study.

To determine the sample in the study, the data obtained from the study of Suluker and Turkoglu [26] that conducted attitudes of nurse towards ageism were considered. In Suluker and Turkoglu [26]'s study yielded the following: $d=0.35$, $power=0.80$, $\alpha=0.05$. The sample in the study was calculated using the G*Power 3.1 program. According to the calculations, the minimum number of nurses to be included in the study was determined as 204. The study was completed with 211 nurses who provided complete responses to the survey questions.

Data Collection Tools

Data were collected with the Personal Information Form, Age Discrimination Attitude Scale (ADAS), and Kogan Attitudes towards Old People (KAOP) Scale.

Personal Information Form: The form developed by the researcher has 15 items about the participants' characteristics, such as sex, marital status, place of residence, family type.

The Age Discrimination Attitude Scale (ADAS): The scale has 23 items and the following 3 sub-dimensions: limiting the life of older adults, positive discrimination towards older adults and negative discrimination against older adults. Vefikuluçay [27] who developed the ADAS also performed its validity and reliability study for the Turkish population. The Cronbach's alpha reliability coefficient of the ADAS was 0.80 in Vefikuluçay's study [27]. The Sub-dimensions of the ADAS: "Limiting the Life of older adults" sub-dimension is the society's beliefs and perceptions about limiting the social life of older adults. The highest and lowest possible scores to be obtained from this dimension are "45" and "9" respectively. Another sub-dimension is the "Positive Discrimination towards older adults" which reflects the society's positive beliefs and perceptions of older adults. The highest and lowest possible scores to be obtained from this dimension are "40" and "8" respectively. The other dimension is the "Negative

Discrimination against older adults” which reflects the negative beliefs and perceptions of the society towards older adults. The highest and lowest possible scores to be obtained from this dimension are “30” and “6” respectively (The positive attitude statements were scored as follows: 5= Strongly agree. 4=Agree. 3=Undecided. 2=Disagree. 1=Strongly Disagree) [21]. In the present study, the Cronbach’s alpha (α) coefficient for the overall ADAS was 0.82.

Kogan’s Attitudes Towards Older People (KAOP) Scale: The KAOP Scale whose Turkish version was developed by Nathan Kogan in 1961 is used to measure individuals’ attitudes towards older adults [28]. The KAOP Scale can be administered to determine not only health workers’ but also the society’s attitudes towards older adults. The version of the scale used in the present study was adapted to Turkish society by the researchers and the scale was evaluated as a whole. After the correlation analysis performed to examine the validity and reliability study of the KAOP, items 7, 8, 13, 14, 19, 20, 21, and 22 were removed from the scale as their correlation values were low. Therefore, the KAOP used in the present study has 26 items. While 13 of the items are positively keyed, the remaining 13 items are negatively keyed. The Cronbach’s alpha value of the scale was determined as 0.82. Responses given to the items are rated on a 6-point Likert type scale ranging from 1 to 6. The lowest and highest possible scores to be obtained from the overall KAOP are 26 and 156 respectively. [29]. The higher the score obtained from the overall KAOP is, the more positive the attitude displayed towards older adults by the participant is [28]. In the present study, the Cronbach's alpha (α) coefficient for the overall KAOP was 0.80.

The “patient privacy draft scale” (HPS) was used as a data collection tool. The HPS, which was created by the researchers in line with the literature, consists of 33 statements and evaluates patients’ thoughts about privacy and whether patients’ privacy is protected [14-20]. This item pool was presented to nine experts for their opinions and consists of positive expressions classified in four subdimensions: perception of privacy, protection of privacy, environmental privacy, and privacy awareness within the framework of Karataş and Yıldırım [21] power resources classification theoretical framework defined in the relevant scientific literature. It is a Likert-type scale that is rated between 5, “I strongly agree,” and 1 “I strongly disagree.” The scale’s scope and language validity have been determined.

Data Collection

A survey questionnaire was created via Google Form. The questionnaire included information about the aim of the study, the average time it took to answer the survey questions (5-10 minutes) and nurses were asked whether they wanted to participate in the study. Nurses who were to participate in the present study to participate in the study were sent the survey questions by the researcher via e-mail through docs.google.com/forms. The participants who volunteered were asked to share the forms with their nurse colleagues via the WhatsApp application. The participating nurses were asked to answer the questions on the form completely and then to send them back to the researcher. The study was completed with 211 nurses who provided complete responses to the survey questions.

Statistical Analysis

The Statistical Package for the Social Sciences (SPSS) 23.0 package program was used to analyze the data. The result of the Shapiro-Wilk normality test, one of the normality tests, used to determine whether the data were normally distributed demonstrated that the data had normal distribution ($p>0.05$). In the statistical analysis of the study data, descriptive statistical methods (number, percentage, arithmetic mean, standard deviation, minimum, maximum value) and Pearson correlation analysis, one of the parametric correlation-seeking tests, were used. P-values less than 0.05 were considered statistically significant.

Ethical Consideration

The study was carried out in accordance with the ethical standards established in the Declaration of Helsinki. The principles regarding informed consent, respect for human dignity, autonomy and confidentiality, non-maleficence and beneficence were taken into consideration in the study. Approval to conduct the study was obtained from the Clinical Research Ethics Committee of Ondokuz Mayıs University (decision number: 2020/388, decision date: June 16, 2020). The informed consent form explaining the aim of the study was given to participating nurses with the online questionnaire form. Written (online) consent was obtained from the participants.

RESULTS

Sociodemographic characteristics of the nurses participating in the study

Of the participating nurses who worked in secondary and tertiary care health institutions, 81% were women, 52.6% were married, 75.8% resided in a province, 87.7% had a nuclear family, 70.1% had a bachelor's degree, and 14.7% attended seminars about old age (Table 1).

Table 1. Sociodemographic characteristics of the nurses participating in the study (n=211)

Characteristics	n	%	
Sex	Woman	171	81.0
	Man	40	19.0
Marital status	Single	100	47.4
	Married	111	52.6
Place of Residence	Province	160	75.8
	District	39	18.5
Family Type	Village	12	5.7
	Nuclear	185	87.7
Educational Status	Extended	26	12.3
	High school	10	4.7
Attending seminars about old age	Associate degree	8	3.8
	Bachelor's degree	148	70.1
	Master degree or higher	45	21.3
Attending seminars about old age	Yes	31	14.7
	No	180	85.3

Characteristics of the participating nurses regarding the COVID-19 pandemic

Of the nurses participating in the study, 57.8% gave care to older patients during the COVID-19 pandemic, 35.2% were diagnosed with COVID-19, 65.8% did not change their working hours due to the COVID-19 pandemic, 66.4% did not change (continued to work in the same service during) the service they worked in due to the COVID-19 pandemic, and 16.1% lived with an older person during the COVID-19 pandemic.

In addition, of them, 11.8% thought that older adults were exposed to physical violence, 42.7% thought that older adults were exposed to emotional violence, 33.6% thought that older adults were exposed to verbal violence, and 10% thought that older adults were exposed to economic violence during the COVID-19 pandemic (Table 2).

Mean scores the participants obtained from the Age Discrimination Attitude Scale (ADAS) and Kogan Attitudes towards Old People (KAOP) Scale and their subscales

The mean scores the nurses participating in the study obtained from the overall ADAS and it limits the life of older adults, positive

discrimination towards older adults and negative discrimination against older adults sub-dimensions were 71.96±3.88, 30.19±2.24, 25.39±2.18, and 16.38±2.32 respectively. The mean scores the nurses participating in the study obtained from the overall KAOP scale and its negative attitudes and positive attitudes subscales were 104.90±13.23, 53.84±9.21 and 51.06±11.60 respectively. The mean score the nurses from the overall ADAS moderate and its sub-dimensions limiting the life of older adults was high. These results indicate that the mean score the nurses obtained from the overall KAOP scale was moderate and its sub-dimensions negative attitudes was high (Table 3).

Table 2. Characteristics of the nurses participating in the study related to COVID-19 pandemic (n=211)

Characteristics	n	%
Changes in working hours due to the COVID-19 pandemic	Yes, decreased	68 32.2
	No	138 65.8
Changing the service worked in due to the COVID-19 pandemic	Yes, increased	5 2.4
	No	140 66.4
Providing care for elderly patients during the COVID-19 pandemic	Yes	122 57.8
	No	89 42.2
Are the elderly patients they gave care diagnosed with COVID-19 during the COVID-19 pandemic (n=122)	Yes	43 35.2
	No	79 64.8
Living with an older person during the COVID-19 pandemic	Yes	34 16.1
	No	177 83.9
Were elderly patients exposed to physical violence during the COVID-19 pandemic?	Yes	25 11.8
	No	186 88.2
Were elderly patients exposed to emotional violence during the COVID-19 pandemic?	Yes	90 42.7
	No	121 57.3
Were elderly patients exposed to verbal violence during the COVID-19 pandemic?	Yes	71 33.6
	No	140 66.4
Were elderly patients exposed to economic violence during the COVID-19 pandemic?	Yes	21 10.0
	No	190 90.0

Table 3. Descriptive features of the Age Discrimination Attitude Scale (ADAS) and Kogan Attitudes towards Old People (KAOP) Scale, and their sub-dimensions (n=211)

Features	$\bar{X}\pm SD$	Min-Max
Negative Attitude	53.84±9.21	24.00-78.00
Positive Attitude	51.06±11.60	14.00-74.00
KAOP Scale Total	104.90±13.23	81.00-145.00
Limiting the Life of Older Adults	30.19±2.24	24.00-36.00
Positive Discrimination Towards Older Adults	25.39±2.18	20.00-32.00
Negative Discrimination Against Older Adults	16.38±2.32	11.00-22.00
ADAS Total	71.96±3.88	61.00-83.00

$\bar{X}\pm SD$: Mean±Standard Deviation, Min: Minimum, Max: Maximum

The relationship between the Age Discrimination Attitude Scale (ADAS) and Kogan Attitudes towards Old People (KAOP) Scale and Their Subscales

In the study, a significant correlation was determined between the ADAS and KAOP scale and their subscales. A significant correlation was found between KAOP scale negative sub-dimension and ADAS (r=-0.974; p<0.05). A significant correlation was found between

KAOP scale positive sub-dimension and ADAS (r=-0.958; p<0.05). The correlation demonstrated that the nurses' positive attitudes towards older adults increased the positive discrimination and decreased the attitude of limiting the life of older adults and negative discrimination (Table 4).

Table 4. Correlation between the Age Discrimination Attitude Scale (ADAS) and Kogan Attitudes towards Old People (KAOP) Scale, and their sub-dimensions

Correlation		PDTOA	NDAOA	LLOA	ADAS Total
Negative Attitudes	r	-0.972*	0.972*	0.972*	-0.974*
	p	0.000	0.000	0.000	0.000
Positive Attitudes	r	0.957*	-0.950*	-0.950*	0.958*
	p	0.000	0.000	0.000	0.000
KAOP Scale Total	r	0.763*	-0.778*	-0.778*	0.754*
	p	0.000	0.000	0.000	0.000

*p<0.05; r: Pearson Correlation Analysis, PDTOA: Positive Discrimination Towards Older Adults, NDAOA: Negative Discrimination Against Older Adults, LLOA: Limiting the Life of Older Adults

DISCUSSION

In addition to physical and mental disorders, and chronic diseases developing in older adults with advancing age, COVID-19-related symptoms worsen the process and increase their care needs [30,31]. However, due to the shortage of medical equipment and ventilators during pandemics, age factor becomes a criterion taken into consideration in triage policies. Thus, treatment priority was given to younger patient groups. Despite criticism against such policies, nurses in countries severely affected by the pandemic had to prioritize younger patients over older patients due to the increasing number of COVID-19 patients, and witnessed ageism in healthcare [8,32].

In the present study, the mean score the participating nurses obtained from the overall KAOP scale was moderate and its sub-dimensions negative attitudes was high (Table 3). In the literature, in studies conducted with nurses, it was reported that the mean score they obtained from the overall KAOP scale was moderate [22,33,34]. On the other hand, a in study, it was also reported that nurses' exhibited both positive and negative attitudes towards older [35]. In another study, it was determined that negative attitudes displayed by nurses towards older adults have increased in the last ten years [36]. In the same study, it was reported that this was because nurses spent more time to give care to older adults and they were together with them 24/7, and because in the society, age discrimination increased [36]. Findings of this study are compatible with the results of studies in the literature.

In the present study, it was determined that the mean scores the participating nurses obtained from the overall ADAS was moderate and its negative discrimination sub-dimension were high. Studies by Higgins et al. and Attafuaha et al. found that nurses displayed a negative attitude towards the caregiving process for older adults in the hospital [31,34]. The results of our study are consistent with those in the literature.

As health professionals, nurses assume responsibilities to maintain the independence of older adults, to provide care for them, and to increase their quality of life. Therefore, nurses' values and beliefs regarding older adults, and their attitudes towards them are reflected in the quality of care they give to them [22,37]. It should be kept in mind that nurses play a key role in ensuring that the COVID-19 pandemic does not pose a threat to older adults and reducing the negative consequences that older adults may experience [23]. Therefore, nurses' evaluating older adults comprehensively, establishing and maintaining appropriate communication with them, providing clear information for them with simple statements (easy-to-understand statements), meeting their needs throughout their hospitalization, discharge process and rehabilitation program, and planning appropriate nursing interventions

throughout the whole process help reduce physical and psychosocial effects of the pandemic on older adults [38].

Due to the current COVID-19 pandemic, nurses have been affected by psychosocial situations such as prolonged working hours, difficulty in working in the protective equipment, being away from family and social support sources, concern for the risk of transmitting the disease, and witnessing the loss of patients to whom they give care or teammates. All these led to an increase in nurses' caregiving burden [39,40]. Considering all these problems, it is thought that nurses who provide health care during the pandemic may prefer to focus on the acute health problems of young patients instead of dealing with the chronic problems of older adults, and as a result, they may display negative attitudes towards and negative discrimination against older adults instead of positive attitudes and discrimination.

In the study, the participating nurses' displaying positive attitudes towards older adults increased the positive discrimination and decreased the attitude of limiting the life of older adults and negative discrimination (Table 4).

In the literature, health professionals' statements about older adults and ageism appear to be one of the factors that cause negative attitudes and stereotypes towards older adults in the social field to become permanent and spread all over [24]. Such negative attitudes of health professionals affect other individuals' perceptions and prejudices and thus pave the way for ageism.

Perceiving old age as a problem or thinking that old age will be a burden on the health system causes the formation and reinforcement of negative stereotypes, and justifies discrimination against older adults [21,23]. The negativity of these attitudes developed by nurses towards the elderly ensures that the work done is superficial and task-oriented [22]. Accordingly, it is an expected result that increasing nurses' positive attitudes towards older adults will contribute to the reduction of thoughts related to negative discrimination.

Limitations of the Study

The limitation of the study is that it was conducted only on nurses working at university and state Hospital in two provinces located in the Central and Western Black Sea Region.

CONCLUSION

The nurses participating in the present study had limiting the life of older adults' attitude and had a negative attitude towards them. In addition, as their positive attitude towards older adults increased, their positive discrimination attitude increased while their negative discrimination attitude decreased. Negative attitudes of societies towards older adults cause them to be discriminated against (make them vulnerable to discrimination), which also adversely affect health services and the quality of care given to them.

Nurses play a critical role in the elimination of prejudices and attitudes towards older adults, first on an individual basis, then in the working environment and society, in the reintegration of them into society, in the development of positive attitudes towards them, and thus in the prevention of ageism. It is assumed that positive attitudes and positive discrimination displayed by nurses towards older adults whose dependence on others has increased during the pandemic will provide physical, mental and social support, and protection for them. Therefore, given the difficult process of this period, it is recommended that nurses' perspectives of and attitudes towards elderly patients should be evaluated, should be brought into the forefront and should be supported regularly. In order for nurses to improve and maintain a positive perspective and attitude towards older adults, it is recommended that the issue of elderly patient care should be included in in-service training programs during the pandemic, as in every period in detail. It is recommended that in the future, similar studies should be conducted by using in-depth interview techniques with larger

sample groups. It is also recommended that studies aimed at raising nurses' awareness of older adults and ageism should be planned.

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