



# The Relationship Between Health Professionals' Attitudes Towards the Older People and Personality Traits

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## Abstract

As in the whole world, the older population is increasing in Turkey as well. They get older, people need more healthcare. Therefore, it communicates more with health professionals. This study examines the relationship between attitudes of health professionals toward older people and personality traits of health professionals affecting these attitudes. Quantitative cross-sectional and correlational design was used in this study. Between February 2019–2020, a total of 235 health professionals working in 2 research hospitals completed a questionnaire of Kogan's Attitudes Toward Old People Scale and The Eysenck Personality Questionnaire-Revised/Abbreviated Form. The study group was consisted of health professionals with  $27.38 \pm 5.6$  years mean age. It was found that health professionals showed extraversion personality traits, and their attitudes towards the older people were positive ( $98.19 \pm 14.18$ ). It was determined that female health professionals displayed extraversion personality traits compared to men, and their attitudes towards the older people was within the edge of positive. It was found that those with 1–4 years of working duration and poor income had neuroticism personality trait, and those with poor income had negative attitudes towards older people. In general, health professionals' attitudes and behaviors towards older people are positive. Personality traits and some socio-demographic characteristics may be effective in attitudes and behaviors towards older people. During the training of health professionals, the issues of attitude to older patient should be emphasized. The education they receive can affect their attitude towards the patient.

**Keywords** Attitude · Health professionals · Older people · Personality traits

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## Introduction

The improvements in the health field have prolonged the life of society and have enabled the 65 years and older population to grow rapidly in the world. It is estimated that the 65 years and older population was 703 million people in the world in 2019, which will reach 1.5 billion in 2050 (United Nations, Department of Economic and Social Affairs [UN, DESA], 2019). In Turkey, the 65 years and older population, which was 7 million in 2018, is estimated to increase by 10.2% in 2023 and by 25.6% in 2080 (Turkish Statistical Institute [TUIK], 2019). Aging is a period in which individuals experience physiological, psychological, social and economic losses. This kind of loss causes an individual's functions to decrease, limit or even become dependent on others (Marques et al., 2020). In addition, having multiple chronic health problems such as hypertension, heart diseases, diabetes, cancer and stroke, increases the health care needs of older people (Chiaranai et al., 2018; Rush et al., 2017). Adding hearing/speaking disorders to chronic diseases also causes older people to experience isolation and avoid sharing their problems. With all that, the quality of life of older people is negatively affected (Chiaranai et al., 2018). However, the aging process may differ between individuals. Physiological losses (vision, hearing disorders, etc.) do not occur in every individual with aging, and aging is not always perceived as a negative process. Even if they have a chronic disease, they can make autonomous decisions in their treatment and care, and they state that they have a positive aging process (Chiaranai et al., 2018; Kars Fertelli & Deliktaş, 2020).

Moreover, some older people encounter discrimination against older people which is a social phenomenon (Marchetti et al., 2021). Discrimination against older people is a multidimensional concept that includes different behaviors, prejudices, and actions shown to a person only because she/he is old (Marques et al., 2020; Banister, 2018). Age discrimination can include positive or negative behaviors and attitudes. While respect for the older, seeing them as knowledgeable and experienced, affectionate and independent are positive attitudes; not respecting the older people and seeing them as sick and dependent are negative attitudes (Ayalon et al., 2019; Cary et al., 2017). However, discrimination generally occurs due to the negative attitudes of family members and society toward older people and aging. Socio-cultural characteristics of communities affect the behaviors and attitudes shown to older people (Lee, 2015). Discrimination against older people also reduces the quality of care by affecting the delivery of health (Marques et al., 2020; Naldan et al., 2018). It was stated that health professionals, especially the ones who provide health services, have some attitudes such as impatience toward older people, loud and exaggerated speech, baby talk, neglecting their views, excessive compassion and maternal approach (Marques et al., 2020; Banister, 2018).

Older people spend more time and communicate with health professionals since they have more health problems. Therefore, attitudes of physicians, nurses and other health professionals toward older people are a significant factor affecting the care for them, their life quality and mood of older people (Maximiano-Barreto et al., 2019). Negative attitudes, behaviors, and communication of health professionals toward older people negatively affect the quality of health (Omura et al., 2018). In different studies, health professionals were reported to have positive and negative attitudes toward

older people (Rush et al., 2017). Several reasons such as age, gender, cognitive and emotional state, cultural characteristics, education and working area affect attitudes and behaviors of health professionals toward older people (Lan et al., 2019; Lee, 2015). Especially, personality traits and personal values are crucial for health professionals to exhibit attitudes and behaviors toward older people (Ntantana et al., 2017; Parks-Leduc et al., 2015). Personality traits and personal values are psychological traits that are significant determinants of many findings (Parks-Leduc et al., 2015).

According to Eysenck's personality theory, personality traits are examined under three dimensions: neuroticism-stability, extraversion-introversion, and psychoticism (Lewis et al., 2002). It was reported that personality traits are associated with different emotions and behaviors. These emotions and behaviors are observed in health services. A study examining the effect of personality traits and sense of belonging on job satisfaction reported that sense of belonging was a sign of job satisfaction and low burn-out. In contrast, neurotic personality trait was a strong indicator of secondary traumatic stress (Somoray et al., 2017). In a different study, it was found that the personality traits of intensive care professionals affect the decision to withdraw or continue life support treatment (Ntantana et al., 2017).

In the literature review, although there are studies to determine the attitudes and behaviors of health professionals towards the older people, it is understood that these are generally studies conducted with students or studies conducted with health professionals in certain units. According to the literature, studies are reporting that the attitudes of health professionals toward older people are both positive (Liu et al., 2015) and negative (Maximiano-Barreto et al., 2019). In a study conducted with students studying in health departments in Turkey, it was stated that the students had negative attitudes towards older people and those who had negative attitudes did not want to work in geriatric services (Köse et al., 2015). In the study evaluating the discriminatory attitudes of health professionals working in intensive care units towards the older people, it was stated that they defined elderliness with negative expressions such as weakness, illness and decrease in mental functions. Yet, their age discrimination scores were low (Naldan et al., 2018).

Nonetheless, there is a need for a study examining the effect of personality traits of health professionals on attitudes toward older people. This study aims to examine the effects of personality traits of health professionals on attitudes and behaviors toward older people and the factors affecting this. In line with the information obtained as a result of this study, it is considered that it will provide perspective to health professionals in geriatrics and gerontology.

## Materials and Methods

### Study Sample and Design

The study was carried out as a quantitative, cross-sectional and correlational study. Between February 2019–2020, 235 health professionals (physicians, nurses, health officers) working in their department for at least 1 year and volunteering to participate in the study were included in the study. It was learned that the number of health

professionals working in the hospital was 387. In this study, 60.7% of the population was reached with 235 healthcare professionals. In addition, the sample size was determined as 220 participants according to the analysis performed in the G-power statistical software with a significance level of 0.05, 95% power (G\*Power Version 3.1.9.2 statistical software). The study was completed with 235 participants.

The researchers went to the hospitals where the study was conducted and the departments providing health care to the older people. Volunteers in the emergency, internal diseases, surgical services and intensive care units, where health care is provided to the older people in 2 large research hospitals in Istanbul, are included. The data were collected by interviewing face to face. After explaining the purpose of the study to the participants, their verbal and written consents were obtained. Since it was a hospital environment and the participants were health professionals, they sometimes stated that they were not available at that moment. The meeting was rescheduled for when they were available.

The questions of this study;

- What are the attitudes of healthcare professionals toward the older people?
- What are the personality traits of healthcare professionals?
- Is there a relationship between the attitudes of health professionals toward older people and their personality traits?

## Measures

In the study, “socio-demographic questionnaire” was used to gather socio-demographic information of the participants; “Kogan’s Attitudes Toward Old People Scale” was used to measure attitudes of health professionals toward older people; and “The Eysenck Personality Questionnaire Revised/Abbreviated Form (EPQR-A)” was used to determine personality traits of the health professionals who accepted to participate in the study.

Socio-demographic characteristics questionnaire form were age, gender, marital status etc. included six questions.

Kogan’s Attitudes Toward Old People Scale; Kiliç and Adibelli did the validity and reliability of the Turkish version of the scale, and Cronbach’s alpha score was found to 0.81. While the original scale consists of 34 items, it was reduced to 26 items in the Turkish version. The total score is reached with the scores obtained from all items. The score that can be obtained from the scale varies from 34 to 204. The scale is one-dimensional and is evaluated over the total score obtained. A high score on the scale indicates a positive attitude toward the older people (Kiliç & Adibelli, 2011). This study Cronbach’s alpha score was found 0.517.

The Eysenck Personality Questionnaire Revised/Abbreviated Form (EPQR-A); The validity and reliability of the Turkish version carried out by Karancı et al. The Form has four subscales. These subscales are psychoticism, extraversion, neuroticism and lie. The lie subscale is a control scale in which the validity of the entire scale is checked. The Cronbach’s alpha scores of the scale were 0.42, 0.78, 0.65 and

0.64, respectively (Karancı et al., 2007). This study also Cronbach's alpha score was found 0.370, 0.80, 0.535 and 0.482, respectively.

## Data Analysis

The data were evaluated using SPSS for Windows 25.0 statistical package software. In the study's statistical analysis, descriptive statistics such as the number and percentage distribution; comparative statistics such as two paired t-test, the post hoc test ANOVA, and Pearson and linear regression analysis were used.

## Results

### Demographic Characteristics

The study group was consisted of health professionals with  $27.38 \pm 5.6$  years mean age, 74.9% of them were women, 68.9% of them were single, 70.2% of them were university graduates, 74.5% of them were working for 1–4 years and 75.3% of them have moderate economic status ( $N=235$ ) (Table 1).

According to EPQR-A scale, the mean of the extraversion subscale of the participants was  $3.74 \pm 1.97$ , neuroticism subscale was  $1.57 \pm 1.16$  and the psychoticism subscale was  $2.91 \pm 1.79$ , and according to Kogan's Attitudes toward Old People Scale mean score of attitudes toward older people was  $98.19 \pm 14.18$ . It was determined that the health professionals had a high level of extraversion and low level of neuroticism, and their attitudes toward older people were positive (Table 2).

The significant difference was found between the extraversion ( $p=0.008$ ) and attitude towards the older people ( $p=0.06$ ) scores of women and men's scores on these items. In the LSD post hoc analysis was a significant difference in the neuroticism scale between the participants who were working for 1–4 years and working for more than 4 years ( $p=0.04$ ). A significant difference was found between neuroticism ( $p=0.03$ ) and attitudes toward older people ( $p=0.014$ ) of those with low income. No significant difference was found between education and marital status and scales of EPQR-A and Kogan's attitudes toward older people ( $p>0.05$ ) (Table 3).

In the Pearson correlation analysis, it was found that there was a negative correlation between extraversion and neuroticism ( $r= -0.156$ ,  $p=0.017$ ) and a positive correlation between attitudes toward older people ( $r=0.150$ ,  $p=0.022$ ). A negative correlation was found between neuroticism and attitudes toward older people ( $r= -0.150$ ,  $p=0.022$ ) (Table 4).

In the Post Hoc analysis performed to see between which groups the marital status, working duration, income and the scales were found to be significantly different;

There is a statistically significant difference between the psychoticism sub-dimension of personality traits and single health professionals compared to married ones ( $p<0.05$ ).

**Table 1** Socio-demographic characteristics of health professionals (N=235)

<i>Characteristics</i>	<b>n</b>	<b>%</b>
<b>Age (Min-Max) (M ± SD)</b>	20–56	27.38 ± 5.6
<b>Gender</b>		
Female	176	74.9
Male	59	25.1
<b>Marital status</b>		
Single	162	68.9
Married	73	31.1
<b>Education</b>		
High school	26	11.1
University (two-year degree)	19	8.1
University (four-year degree)	165	70.2
PhD	25	10.6
<b>Working duration</b>		
1–4 years	175	74.5
5–9 years	32	13.6
10 years and ↑	28	11.9
<b>Income</b>		
Good	44	18.7
Moderate	177	75.3
Low	14	6

There is a statistically significant difference between the lie sub-dimension of personality traits and the healthcare professionals whose working period is between 1 and 5 years and 5–10 years compared to those who work for 10 years or more ( $p=0.014$ ).

In the lie and neuroticism sub-dimension of personality traits, the average of those who express their income level as good is significantly lower than those who express their income level as moderate or low ( $p<0.05$ ).

In term of total attitudes towards older people, the average attitudes of health professionals who express their income level as good are statistically significantly higher than those who express their income level as moderate or low ( $p<0.05$ ) (These data are not shown in the table).

In the regression analysis, there was a positive relationship between their attitudes toward older people and extraversion, and a negative relationship with neuroticism, respectively ( $p<0.05$ ) (Table 5).

**Table 2** The Mean of EPQR-A and Kogan's Attitudes toward Old People Scale

	<b>Subgroups</b>	<b>Min</b>	<b>Max</b>	<b>M±SD</b>	<b>Cronbach's <math>\alpha</math></b>
<b>Personality trait</b>	<b>Extraversion</b>	0.00	6.00	3.74±1.97	0.80
	<b>Neuroticism</b>	0.00	6.00	1.57±1.16	0.535
	<b>Psychoticism</b>	0.00	6.00	2.91±1.79	0.370
	<b>Lie</b>	0.00	6.00	2.91±1.79	0.482
<b>Kogan's scale</b>	<b>Total</b>	36.00	136.00	98.19±14.18	0.527

**Table 3** Comparison of EPQR-A and Kogan's scale with socio-demographic characteristics

Variables	EPQR-A						Kogan's Scale					
	Extraversion			Neuroticism			Psychoticism					
	M ± SD	t/F	p	M ± SD	t/F	p	M ± SD	t/F	p			
<b>Gender</b>												
Male	3.15 ± 2.16	-2.67	<b>0.008</b>	2.77 ± 1.92	-0.645	0.519	1.91 ± 1.10	2.67	<b>0.008</b>	95.25 ± 16.25	-1.847	<b>0.06</b>
Female	3.93 ± 1.87			2.95 ± 1.75			1.45 ± 1.16			99.17 ± 13.31		
<b>Education</b>												
High school	3.76 ± 2.00	0.728*	0.536	2.88 ± 1.96	0.646*	0.586	1.26 ± 1.00	2.02*	0.111	96.23 ± 15.68	1.178*	0.319
University (two-year degree)	3.21 ± 2.01			3.42 ± 1.53			1.21 ± 0.78			93.73 ± 18.22		
University (four-year degree)	3.83 ± 1.98			2.83 ± 1.80			1.60 ± 1.20			98.57 ± 13.85		
PhD	3.48 ± 1.89			3.04 ± 1.79			1.92 ± 1.15			101.08 ± 10.74		
<b>Marital status</b>												
Single	3.70 ± 2.04	-0.423	0.672	3.04 ± 1.75	1.69	0.09	1.68 ± 1.20	2.28	<b>0.023</b>	98.17 ± 15.05	-0.020	0.984
Married	3.82 ± 1.82			2.61 ± 1.86			1.31 ± 1.01			98.21 ± 12.12		
<b>Working duration</b>												
1–4 years	3.71 ± 1.99	0.938*	0.393	3.03 ± 1.74	3.065*	<b>0.04</b>	1.60 ± 1.14	1.643*	0.196	97.48 ± 15.37	0.978*	0.378
5–10 years	3.50 ± 2.04			2.18 ± 1.85			1.71 ± 1.39			99.37 ± 9.16		
10 years and ↑	4.17 ± 1.78			2.96 ± 1.91			1.21 ± 0.91			101.25 ± 10.52		
<b>Income</b>												
Good	3.97 ± 2.02	1.502*	0.225	2.34 ± 1.80	3.44*	<b>0.03</b>	1.31 ± 1.05	1.27*	0.280	99.97 ± 15.41	4.352*	<b>0.014</b>
Moderate	3.74 ± 1.97			3.00 ± 1.78			1.62 ± 1.17			98.57 ± 12.87		
Low	2.92 ± 1.81			3.57 ± 1.60			1.64 ± 1.33			87.71 ± 21.48		

\*F: Anova

Bold emphasis is  $p < 0.05$

**Table 4** Correlation of EPQR-A and Kogan's Attitudes toward Old People Scale

		Extraversion	Psychoticism	Neuroticism	Total Kogan's Scale
<b>Extraversion</b>	r	1	-0.056	-0.156	0.150
	p		0.391	<b>0.017</b>	<b>0.022</b>
<b>Psychoticism</b>	r		1	0.029	-0.057
	p			0.663	0.382
<b>Neuroticism</b>	r			1	-0.150
	p				<b>0.022</b>

\*Pearson correlation

Bold emphasis is  $p < 0.05$ 

## Discussion

This study aims to examine the relationship between attitudes of health professionals toward older people and personality traits of health professionals affecting these attitudes. In the study, it was found that health professionals had extraversion, and their attitudes toward older people were positive. It was determined that female health professionals showed more extraversion when compared to the males, and their attitudes toward older people were within the boundaries of positive. It was found that those with a working period of 1–4 years ( $p = 0.04$ ) and with a low-income level ( $p = 0.03$ ) showed neuroticism, and those with a low-income level had a negative attitude toward older people ( $p = 0.014$ ).

In the study, it was understood that health professionals displayed extraversion, and their attitudes toward older people were positive. Women health professionals are more extroverted than men, and their attitudes toward older people are also within the boundaries of positive. Those with 1–4 years of working duration in the profession and with poor income had more neuroticism, and those with poor income had a negative attitude toward older people. Most of the health professionals participating in the study were women, single and young. Socio-demographic characteristics of the participants were similar to other study conducted with health professionals (Sanga et al., 2018).

**Table 5** Linear regression analyses predicting the effect of personality traits on attitude towards the old people

	Dependent variable	Independent variable	$\beta$	t	p	F	Model (p)	R <sup>2</sup>
Model 1	Total Kogan's Scale	Constant	97.690	37.086	0.000	4.69	<b>0.01</b>	0.197
		Neuroticism	-1.023	-1.991	0.048			
		Extraversion	0.930	1.990	0.048			
Durbin-Watson: 1.785								

Durbin-Watson: 1.785

Bold emphasis is  $p < 0.05$



It was found that health professionals in this study displayed extraversion, they were not neurotic, and their attitudes toward older people were positive. The extraversion in health professionals was reported to positively increase their social competencies and performances (Wihler et al., 2017). Apart from improving performance, extraversion is also associated with burnout. It was reported that especially those who showed neuroticism had experienced emotional burnout. Neurotic people feel more workload than normal, less peer support and find it difficult to balance personal and professional life (Prins et al., 2019). At the same time, incidences in the personal-professional life affect neurotic people more. Thus, those people can react more emotionally than other people in their situations (Spinhoven et al., 2011). The fact that one is satisfied with her/his personal and professional life and not giving emotional reactions alters their attitudes toward older people. Hence, it was reported that having a positive and agreeableness attitude toward older people and volunteering to work with older people are related to effective communication with older people (Yazdanian et al., 2016). In parallel with the literature, it is thought that the extroversion of the health professionals participating in the research and the fact that they are not neurotic help them to be satisfied with their work, social and private lives and this satisfaction is reflected as a positive attitude toward older people.

Personality affects people's way of thinking, feeling, and behavioral characteristics. For instance, women were reported to show less physical and verbal aggression than men (Popova et al., 2019). Moreover, in the study conducted in 55 nations, it was stated that in most nations men show less extraversion and conscientiousness than women (Schmitt et al., 2008). The fact that women in this study displayed more extraversion than men is similar to the literature. However, personality traits are affected by biological traits and are affected by people's socio-cultural roles (Ostiguy, 2017). In developing societies like Turkey, there are tasks associated with the "femininity" concept. In Turkey, women are expected to care for children or older people at home (Bingol, 2014). Therefore, it is natural for women living in this society to take positive attitudes toward older people. In the studies evaluating attitude toward older people in the literature, it was stated that the female participants showed more positive attitudes when compared to the males (Zverev, 2013). The positive attitudes of the female health professionals who participated in the study can be attributed to the socio-cultural characteristics of the society.

It was determined that the health professionals participating in the study with poor income showed neuroticism, and their attitudes toward older people were negative. Although personality traits are classified differently by experts, they have common points. It was stated that people with a social-entrepreneurial personality trait, which is the opposite of the neuroticism personality trait, like to support their environment, have high social skills, and make more efforts on monetary issues. People with this personality trait also tend to treat and helping behavior (Brazil et al., 2018). Health professionals need to communicate with many people throughout the day. It is thought that the possibility of poor social relations of health professionals with neurotic personalities affects their attitudes toward older people. Neurotic personality trait does not only affect people's social relationships, but it also causes people to experience financial difficulties. It was reported that people with this personality

trait can make more risky investments (Aren & Nayman Hamamci, 2020). The poor income level of the health professionals took part in this study with neuroticism personality trait may be attributed to their risky investments or unbalanced spending.

It was determined that the health professionals with short working life duration had a negative attitude toward older people. In the conducted study, it was reported that the short time spent with old people causes a negative attitude toward older people (Banister, 2018; Marques et al., 2020). In addition, in the literature, it is stated that those who receive gerontology training and the working year contribute to the increase of gerontology knowledge, and accordingly, positively affect attitudes and behaviors toward older people (Lan et al., 2019). It was considered that as the experience of health professionals participating in the study increased, their knowledge about aged care also extended. Hence, their attitudes and behaviors toward older people become more positive than those who started working recently.

With this study, in general, it was observed that health professionals have a positive attitude toward older people. However, studies on society's perception reported that the attitude toward older people is generally negative (Bergman & Bodner, 2015). However, in recent years, the concept of benevolent ageism has emerged and the fine distinction between benevolent and hostile ageism has been emphasized with the scale developed by Carry et al. The perception that older people are cognitively weak leads to the idea that they should be helped even though they do not ask for any help; thus, this situation can lead to hostile ageism (Cary et al., 2017). Similarly, WHO draws attention to the ageist attitude for passing through healthy aging. The study in which the data of the Wave 6 of the World Values Survey, which included 57 countries, were shared, they divided the countries into high, moderate, and low ageist attitudes. Accordingly, Turkey is among the countries that exhibit a high ageist attitude. In addition, it has been stated that personal characteristics can affect people's ageist attitudes and it has been reported that especially young age, low education level and being male are the characteristics for negative attitudes (Officer et al., 2020). Although Turkey is among the countries with high ageist attitudes, it is pleasing that the attitudes of health professionals toward older people are positive. It is thought that the underlying reason for their positive attitudes develops through the education they receive and the experience they have gained in the profession. Cultural and traditional structures between countries may also play a role in the differences in attitudes between the countries. For instance, it was reported that Eastern cultures have more cultural values than Western, and their attitudes toward older people are more positive (Ibrahim & Bayen, 2019). In societies like America, people are fond of individual satisfaction and freedom a bit more (Wang & Mallinckrodt, 2006). Therefore, attitudes toward older people may be more negative in individualistic societies (Marques et al., 2020).

Similarly, in the study comparing the attitudes of Eastern and Western countries toward older people, it was stated that Eastern countries have more positive attitudes. Researchers attributed this result to the density of the older population in the general population and increasing rates of old ages (North & Fiske, 2015). While the proportion of the older population in the total population in Turkey was 8% in 2014, it increased to 9.1% in 2019. According to population projections, it is predicted that the older population will increase to 10.2% in 2023 in Turkey (TUIK 2019). It is

considered that another reason that underlying the positive attitudes of health professionals, who represent a segment of society, toward older people maybe that Turkey has a high proportion of the older population.

## Limitations and Strengths

The fact that the sample group of the study was selected by the improbable method and the number of female participants was high limits the generalization of the study results to both genders.

## Conclusion

The need for health services is increasing due to the diseases that ascending with aging. In this process, the attitudes, and behaviors of health professionals toward older people affect the aged care quality and the life quality of older people. Our study examined the relationship between attitudes and behaviors of health professionals toward older people and their personality traits. Consequently, the fact that physicians and nurses working in providing health services have extroverted personalities can contribute to the positive attitude toward older people. Being experienced and female are positive factors in showing a positive attitude toward older people. It can also be stated that Turkish culture is also effective in positive attitudes and behaviors toward older people.

Due to the increasing health problems with aging, the need for healthcare services increases for older people. Providing quality healthcare services positively affects the quality of life of older people. For this reason, the attitudes, and behaviors of health professionals towards older people are important factors affecting this service. It has been understood that especially cultural and social factors are effective in the results of the research. However, studies comparing different cultures are needed to reveal the effect of cultural factors on attitudes and behaviors toward older people. While our study offers a perspective to the health professionals working in geriatrics, comprehensive research with a sample group to represent health professionals thought Turkey might be recommended. In our study results, it was addressed that the attitudes of health professionals, whose working years are less, to older people are negative. To improve this, health professionals who have just started the profession can be trained in geriatric care.

## Declarations

**Conflict of Interests** All authors report no actual or potential conflicts of interest.

**Informed Consent** For the research, the necessary ethical institution permissions were obtained from the Provincial Health Directorate of Istanbul to which hospitals are affiliated where the study was carried out (01.07.2019 No: 30279032-799). Written informed consents were obtained from the participants who agreed to participate in the study by explaining the purpose of the study. The Declaration of Helsinki was adhered to throughout the study.

**Ethical Treatment of Experimental Subjects (Animals and Humans)** No experimental treatment was conducted on either human or animal subjects in this study.

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