

THE RELATIONSHIP BETWEEN THE LEVEL OF ETHICAL SENSITIVITY OF ELDERLY CARE STUDENTS AND THEIR ATTITUDES TO THE ELDERLY ⁽¹⁾

YAŞLI BAKIMI ÖĞRENCİLERİNİN ETİK DUYARLILIK DÜZEYLERİ İLE YAŞLILARA YÖNELİK TUTUMLARI ARASINDAKİ İLİŞKİ

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Öz: Amaç: Araştırma, yaşlı bakımı öğrencilerinin etik duyarlılıkları ile yaşlılara yönelik tutumları arasındaki ilişkiyi belirlemek amacıyla yapıldı. Yöntem: Araştırma, bir devlet üniversitesinde öğrenim gören 74 öğrenci ile tanımlayıcı ilişki arayıcı türde gerçekleştirildi. Araştırma verileri, öğrenci tanıtım formu, ahlaki duyarlılık anketi (MSQ) ve Kogan'ın yaşlılara karşı tutum ölçeği (KAOP) ile toplandı. **Bulgular:** Araştırmaya katılan öğrencilerin yaş ortalaması 21.24±1.4'tür. KAOP toplam puanı 102.81±60.04 ve MSQ toplam puanı 60.04±26.51 olarak saptandı. **Sonuç:** Araştırma sonucunda öğrencilerin etik duyarlılık düzeylerinin yüksek, yaşlılara yönelik tutumlarının olumlu olduğu belirlendi. Öğrencilerin etik duyarlılıkları ile yaşlılara yönelik tutumları arasında pozitif yönde orta düzeyde bir ilişki olduğu görüldü. Yaşlılığa yönelik olumlu tutum geliştirmek, yaşlıya yönelik olumsuz çağrışımların önüne geçmek ve yaşlıya hizmet verecek profesyonellerin eğitiminde, sağlık hizmeti sunacak yaşlı bakımı öğrencilerinin eğitiminde etik duyarlılığın artırılması için oldukça önemlidir.

Anahtar Kelimeler: Ahlaki Duyarlılık, Tutum, Gerontoloji, Sağlık Hizmetleri Öğrencileri

Abstract: Aim: The study was conducted to determine the relationship between the ethical sensitivities of aged care students and their attitudes towards the aged. Method: The research was conducted in a descriptive relationship-seeking type with 74 students studying at a state university. Research data were collected with student introduction form, moral sensitivity questionnaire (MSQ), and Kogan's attitude towards old people scale (KAOP). **Results:** The mean age of the students participating in the research is 21.24±1.4. KAOP total score was 102.81±60.04 and MSQ total score was 60.04±26.51. **Conclusion:** As a result of the study, it was determined that the students' ethical sensitivity levels were high, and their attitudes towards the elderly were positive. It was observed that there was a moderate positive correlation between students' ethical sensitivities and their attitudes towards the elderly. It is very important to develop a positive attitude towards old age, to prevent negative connotations against the elderly, and to increase ethical sensitivity in the training of professionals who will serve the elderly, in the training of elderly care students who will provide health care services in the future.

Keywords: Moral Sensitivity, Attitude, Gerontology, Health Occupations Students

Doi: 10.17363/SSTB.2023/ABCD89/47.5

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International Refereed Academic Journal of Sports, Health and Medical Sciences

January - February - March Number: 47 Winter Semester Year: 2023

Uluslararası Hakemli Akademik Spor Sağlık ve Tıp Bilimleri Dergisi

Ocak - Şubat - Mart Sayı: 47 Kış Dönemi Yılı: 2023

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

INTRODUCTION

Ethics is a concept that provides an orientation to what is right and good within the framework of certain values and judgments. The concept of ethics is an indispensable element of healthcare services (Kahriman and Yeşilçiçek, 2017:111-121; Ohnishi et al., 2019:1473-1483). Since people are at the center of health services, holistic treatment, and care services should be provided. Ethical principles should be taken into account in all transactions and communications to be applied while performing these services and should act by these principles. To act in line with ethical principles, an individual's ethical sensitivity level must be high. Ethical sensitivity is the ability to perceive what is morally right and to distinguish what is right, even in the presence of more than one confusing situation (Kahriman and Yeşilçiçek, 2017:111-121). In this sense, it is expected that the ethical sensitivity of health professionals, especially those who provide health services, is high. It is thought that healthcare professionals with high ethical sensitivity can provide better quality and professional care and service (Kahriman and Yeşilçiçek, 2017:111-121; Ohnishi et al., 2019:1473-1483; Paslı Gürdoğan vd., 2018:147-154). In the provision of health services, it should be ensured that everyone receives services equally and fairly, regardless of situations that may cause

privileges such as language, religion, race, educational status, financial situation, age. By providing the benefit of the individual, actions that harm him should be avoided. The privacy of the individual must be protected, respected, and acted in a manner worthy of human dignity in any undertaking (Paslı Gürdoğan vd., 2018:147-154). Ethical sensitivity and ethical principles gain more importance when providing services to elderly individuals. Because older adults need more care than other individuals. As the elderly struggle with many aging and chronic diseases, their care needs increase, which increases hospitalization and lengthens hospital stays. At this point, health workers have important duties (Ümmügülüm, 2017:173-194).

As in the world, the proportion of the elderly population is increasing rapidly in Turkey. The main reason for the increase in the elderly population is the prolongation of life expectancy and the decrease in birth rates. According to 2019 data, the elderly population around the world constitutes 9.3% of the general population (TUIK, 2020). Considering the rate of elderly population in our country, it was seen that it is 9.5% in 2020. According to population projections, the elderly population is expected to be 16.3% in 2040 and 22.6 in 2060 (TUIK, 2020). The increase in the elderly population means that the need for professions that will serve the elderly will



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ISSN Print: 2146-8508 Online 2147-1711

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(TRADEMARK)

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increase (Zisberg et al., 2015:193-201). The increase in the elderly population also increases the need for health services. Old age is a period of life that creates negative connotations for many people. In this period of life, it is very important to provide appropriate care and service to individuals (Ayaz Alkaya and Birimoğlu Okuyan, 2017:43-52). But unfortunately, there are many studies showing that there are negative attitudes and thoughts towards the elderly (Köse vd., 2015:145-151; Rathnayake et al., 2016:439-444; Bleijenbergh, 2012:1-8; Adibelli vd., 2013:2-8). While the elderly population is in such a rapid increase and there are various physiological, psychological, and social problems in old age, these negative attitudes and thoughts will prevent the elderly individuals from receiving good care and service (Köse vd., 2015:145-151). Negative attitudes towards aging can also lead to ethically inappropriate choices, wrong behaviors, and thoughts (Tosun, 2018:316-321). It is thought that there is a possibility of negative attitudes towards the elderly, especially in people with low ethical sensitivity. In the literature review, no study was found that examined the relationship between ethical sensitivity and attitudes towards the elderly in domestic and international studies. It is thought that the attitude towards aging and the elderly can change positively by increasing ethical sensitivity. Our study will bring

this into view and contribute to the literature in this sense.

AIM

This research was conducted in a descriptive and relationship-seeking type to examine the relationship between the ethical sensitivity levels of aged care students and their attitudes towards the elderly.

Research questions:

- What is the level of ethical sensitivity and attitude towards the elderly in aged care students?
- What are the factors affecting the ethical sensitivity and attitude levels of elderly care students?
- Is there a significant relationship between the ethical sensitivities of aged care students and their attitudes towards the aged?

MATERIAL and METHOD

Design and Setting

This descriptive study was conducted with students studying at the aged care services department of a state university between 30 June and 15 July 2021.

Sampling

The universe of the study consisted of 95 students enrolled in the department in 2020-



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ISSN Print: 2146-8508 Online 2147-1711

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(TRADEMARK)

(2015/04315- 2015-GE-18972)

2021. The sample size of the study was calculated was 77 with 5% error and 95% confidence interval with the Sample Size Calculator program 74 students who voluntarily accepted to participate in the research formed the sample of the research. The rate of participation in the research is 77.89%.

Measurement

Study data were collected with student introduction form, moral sensitivity questionnaire (MSQ), and Kogan's attitude towards old people scale (KAOP). Data were collected by online survey method. Questionnaires were created by the researcher via Google Forms and sent to the participants via Whatsapp groups. Participants who voluntarily agreed to participate in the study could access the questionnaire after clicking the link sent from the Whatsapp group and giving their consent.

Data Collection Form

The student introduction form: It was consists of 12 questions created by scanning the literature to determine the socio-demographic characteristics of the students. There are questions in the form that question age, gender, class, graduated high school, education level of mother and father, family type and income level, social security of the family, being an elderly person in the family and requesting a department.

MSQ: It was developed by Lutzen in 1994 to measure the moral sensitivity of nurses. The Turkish adaptation of the scale was made by Hale Tosun in 2005 (Tosun, 2018:316-321). Tosun adapted the validity and reliability of the scale with 180 healthcare professionals in 2018 (Tosun, 2018:316-321). The scale is scored in a 7-point Likert type, with 1 = I totally agree, 7 = I totally disagree. A minimum of 30 and a maximum of 210 points can be obtained from the scale. High scores on the scale indicate low ethical sensitivity, and low scores indicate high ethical sensitivity. The scale consists of thirty items and six sub-dimensions. The sub-dimensions of the scale are autonomy (10, 12, 15, 16, 21, 24, 27), benevolence (2, 5, 8, 25), holistic approach (1, 6, 18, 29, 30), conflict (9, 11, 14), practice (4, 17, 20, 28), and orientation (7, 13, 19, 22)¹³. In the validity and reliability study of the scale in 2005, the Cronbach alpha value was found to be 0.84 (Tosun, 2018:316-321). In this study, the Cronbach's alpha value was found to be 0.92.

KAOP: It was developed by Nathan Kogan in 1961 to assess people's attitudes towards the elderly. The Turkish validity and reliability of the scale was done by Kılıç and Adıbelli in 2011. This scale, which normally includes 17 positive and 17 negative statements, was reduced to 13 positive and 13 negative statements after its Turkish validity and reliability.



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ISSN Print: 2146-8508 Online 2147-1711

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(TRADEMARK)

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An increase in the total score indicates a positive attitude towards the elderly. The Cronbach's alpha value of the scale was found to be 0.82 (Kiliç and Adibelli, 2011:602-608). In this study, Cronbach's alpha was found to be 0.76.

Ethical Considerations

Ethics committee permission and institutional permission were obtained from the school where the study was conducted before the study. Students who wanted to participate in the study gave their consent for participation by clicking on the questionnaires and choosing yes.

Data Analysis

The data obtained from the study were evaluated using the IBM SPSS 26 (Statistical Package for the Social Sciences) program.

Numbers and percentages were given for categorical variables, and mean and standard deviation were given for continuous variables. Skewness and Kurtosis ± 2 values were used for the normality of the data (George and Mallery, 2010).

RESULTS

The mean age of the students was 21.24 ± 1.4 . 68.9% of the students were female, 51.4% were second year students, 33.8% were vocational and technical high school graduates, 70.3% of mother education level were literate or illiterate, 41.9% of them had their father's education level in high school. It was determined that 82.4% of them lived in a nuclear family, 51.4% had a bad family income, 51.4% had no social security, and 63.5% chose the elderly care department willingly (Table 1).

Table 1. Socio-Demographic Characteristics of the Students (N=74)

Variables	Categories	n	%
Gender	Woman	51	68.9
	Man	23	31.1
Class	1st Class	36	48.6
	2. Class	38	51.4
Graduated high school	Normal high school	10	13.5
	Anatolian High School	23	31.1
	Vocational and technical high school	25	33.8
	Imam Hatip High School	12	16.2
	Private high school/college	4	5.4

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Mother education level	Literate/non-literate	52	70.3
	Middle school	17	23.0
	High school	5	6.8
Father's education level	Literate/non-literate	28	37.8
	Middle school	31	41.9
	High school	13	17.6
	University	2	2.7
Family type	Nuclear family	61	82.4
	Extended family	13	17.6
Family income level	Income<expense	38	51.4
	Income=expense	31	41.9
	Income>expense	5	6.8
Social security of the family	Available	36	48.6
	None	38	51.4
The state of choosing the department willingly	Yes	47	63.5
	No	27	36.5
Age	21.24±1.4		

The mean KAOP score was 102.81 ± 60.04 and the MSQ total score average was 60.04 ± 26.51 . The MSQ sub-dimension mean score was detected 12.89 ± 7.05 in the autonomy sub-dimension, 8.98 ± 4.89 in the bene-

volence sub-dimension, 8.28 ± 3.71 in the holistic approach sub-dimension, 7.83 ± 4.64 in the conflict sub-dimension, 8.63 ± 5.19 in the practice sub-dimension, and 6.47 ± 3.13 in the orientation sub-dimension (Table 2).

Table 2. Mean Scores of KAOP, MSQ and Sub-Dimensions of Students

Scale and sub-dimensions	Mean	SD	Min	Max
KAOP Total Score	102.81	60.04	81	151
MSQ Total Score	60.04	26.51	30	150
Autonomy	12.89	7.05	7	36
Benevolence	8.98	4.89	4	20
Holistic approach	8.28	3.71	5	25

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Conflict	7.83	4.64	3	17
Practice	8.63	5.19	4	28
Orientation	6.47	3.13	4	20

When comparing the KAOP, MSQ, and sub-dimension scores of the students according to their socio-demographic characteristics, the difference between the conflict and practice sub-dimension scores according to gender was statistically significant ($p < 0.05$). There

was no statistically significant difference between age, class, family type, family income, and the state of choosing the department willingly, and the mean of KAOP, MSQ and sub-dimensions ($p > 0.05$)(Table 3).

Table 3. Comparison of KAOP, MSQ and Sub-Dimension Scores by Socio-Demographical Characteristics

Characteristic	KAOP X±SD	MSQ X±SD	Autonomy X±SD	Benevolence X±SD	Holistic Approach X±SD	Conflict X±SD	Practice X±SD	Orientation X±SD	
Gender	Female	105.08±13.23	65.33±26.78	13.82±7.11	9.78±4.91	8.96±3.99	8.68±4.87	9.70±5.46	6.94±3.31
	Male	97.78±11.11	48.30±22.31	10.82±6.58	7.21±4.28	6.78±2.46	5.95±3.50	6.26±3.62	5.43±2.44
	Test	t=2.30	t=2.66	t=1.71	t=2.16	t=2.41	t=2.41	t=2.72	t=1.94
	p	p=0.70	p=0.16	p=0.68	p=0.24	p=0.11	p<0.001	p=0.02	p=0.24
Class	1. Class	100.94±11.84	62.92±24.28	13.47±7.13	9.22±4.73	8.61±3.26	8.25±4.51	9.38±5.03	6.52±2.73
	2. Class	104.58±13.92	57.26±28.51	12.34±7.02	8.76±5.01	7.97±4.11	7.44±4.79	7.92±5.31	6.42±3.51
	Test	U=-1.21	U=-1.41	U=-0.99 p=0.31	U=-0.74	U=-1.46	U=-0.82 p=0.40	U=-1.63	U=-0.81
	p	p=0.22	p=0.15		p=0.45	p=0.14		p=0.10	p=0.41
Family type	Nuclear family	102.67±13.09	59.95±26.55	12.91±7.29	9.19±4.93	8.18±3.72	7.75±4.55	8.34±4.94	6.54±3.23
	Extended family	103.46±13.46	60.46±27.41	12.76±6.00	8.00±4.47	8.76±3.76	8.23±5.24	10.00±6.27	6.15±2.73
	Test	U=-0.29	U=-0.14	U=-0.13	U=-1.00	U=-0.47	U=-0.11 p=0.90	U=-0.47	U=-0.34
	p	p=0.76	p=0.88	p=0.89	p=0.31	p=0.63		p=0.63	p=0.72
Family income status	Bad	104.03±14.42	61.63±25.39	13.31±7.26	9.05±5.15	8.68±3.58	8.05±4.85	9.13±5.10	6.21±2.65
	Middle	101.71±11.29	59.39±29.43	12.93±7.25	9.03±4.79	7.80±3.99	7.67±4.51	8.29±5.55	6.87±3.79
	Good	100.40±13.01	52.00±16.17	9.40±2.60	8.20±3.19	8.20±3.11	7.20±4.71	7.00±3.74	6.00±2.12
	Test	K=0.31	K=0.58	K=1.14 p=0.56	K=0.16	K=1.82	K=0.09 p=0.95	K=1.14	K=0.11
	p	p=0.85	p=0.74		p=0.92	p=0.40		p=0.56	p=0.94



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ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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The state of choosing the department willingly

Yes	103.21±13.27	61.51±27.08	12.89±6.94	9.12±4.80	8.38±3.70	8.27±4.79	8.68±5.29	6.82±3.45
No	102.11±12.71	57.48±25.80	12.88±7.36	8.74±5.00	8.11±3.78	7.07±4.35	8.55±5.12	5.85±2.41
Test	U=-0.16	U=-0.65	U=-0.24 p=0.80	U=-0.60	U=-0.62	U=-1.03 p=0.30	U=-0.03	U=-1.03
p	p=0.86	p=0.51		p=0.54	P=0.53		p=0.97	p=0.30

Age	102.81±12.99	60.04±26.51	12.89±7.05	8.98±4.84	8.28±3.71	7.83±4.64	8.63±5.19	6.47±3.13
Test	r=0.049	r=0.090	r=0.045	r=0.047	r=0.003	r=0.090	r=-0.002	r=0.209
p	p=0.677	p=0.445	p=0.704	p=0.689	p=0.098	p=0.448	p=0.988	p=0.074

t= Independent Samples t Test, U= Man Whitney U Test, K= Kruskal Wallis Test, r= Spearman Correlation Analysis It was determined that there was a positive correlation at p<0.01 level between KAOP and MSQ total

score and autonomy, benevolence, holistic approach, conflict and practice sub-dimension, and a positive correlation at p<0.05 level in the orientation sub-dimension (Table 4).

Table 4. Students' KAOP, MSQ and Sub-Dimension Correlation Analysis

	1	2	3	4	5	6	7	8
1.KAOP general	1							
2.MSQ general	.458**	1						
3.Autonomy	.426**	.864**	1					
4.Benevolence	.467**	.853**	.683**	1				
5.Holistic Approach	.413**	.848**	.732**	.655**	1			
6.Conflict	.360**	.826**	.615**	.700**	.764**	1		
7.Practice	.402**	.877**	.778**	.670**	.704**	.642**	1	
8.Orientation	.282*	.743**	.781**	.584**	.683**	.528**	.623**	1



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*The Correlation is Significant at the 0.05 Level. ** The Correlation is Significant at the 0.01 Level.

DISCUSSION

Old age is a period of life in which the individual needs attention and care in terms of physiological, psychological, social and economic aspects. Changes in cells in the whole body during old age, decrease in cellular production events and increase in destruction events can cause various health problems and diseases. These problems and diseases can also cause the individual to have a negative experience in terms of psychological, social and economic aspects. Old age is the period when the individual needs care and attention the most. In this period of life, health workers also have important duties (Biçer, 2016:577). The quality of care and services will increase with a positive attitude and ethical sensitivity towards the elderly.

In this study, it was seen that the ethical sensitivity score of the elderly care students was 60.04 ± 26.51 high. Similarly, studies show that ethical sensitivity is high. Ethical sensitivity must be high to establish professional values and ensure professionalism. Contrary to our study, ethical sensitivity was found to be moderate in a few studies (Şahiner vd., 2019:27-31; Borhani et al., 2015:1-9; Nora et al., 2017:308-316). Many situations, such as

insufficient cooperation of employees in the business environment, poor quality of care, high workload, insufficient number of personnel, weak social status, directly or indirectly affect the moral sensitivity level of the individual (Borhani et al., 2015:1-9).

It has been reported that age, gender, spiritual values, religion, culture and education level affect the level of ethical sensitivity (Paslı Gürdoğan vd., 2018:147-154; Borhani et al., 2015:1-9). In this study, no statistical difference was found between age, family type, income status, willingness to choose the department, being an older adult in the family, and MSQ and its sub-dimensions ($p > 0.05$). While there are studies (Kahrman and Yeşilçiçek Çalık, 2017:111-121; Şahiner vd., 2019:27-31) reporting that there is no relationship between age and ethical sensitivity, there are studies reporting that ethical sensitivity increases with increasing age (Borhani et al., 2015:1-9) or that ethical sensitivity is high in symptom age groups (Doğan vd., 2019:119-124). In this study, it was observed that there was a statistically significant difference between gender and the MSQ sub-dimensions conflict and practice sub-dimension mean score. Women's conflict and enforcement sub-dimension scores are higher than men's. Since women's humanistic thoughts are more dominant, it can be thought that their ethical sensitivity is higher (Paslı Gürdoğan vd.,



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ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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2018:147-154; You et al., 2011:263-282). In another study, a statistically significant difference was found between gender and orientation, which is the MSQ sub-dimension. The orientation sub-dimension score of women was significantly lower than that of men (Paslı Gürdoğan vd., 2018:147-154). In this study, no difference was found between the grades of the students and their MSQ and sub-dimension scores. Contrary to our study, a difference between the education levels of the students and their ethical sensitivity scores. According to these studies, as their education levels increased, their MSQ scores decreased, that is; their ethical sensitivity increased (Paslı Gürdoğan vd., 2018:147-154; Doğan vd., 2019:119-124; Park et al., 2012:568-580).

In our study, the average score of the students' attitude towards the elderly scale was 102.81 ± 60.04 , and it was determined that their attitudes towards the elderly were positive. Similar to our study, there are studies in which students' attitudes towards the elderly are positive (Ayaz Alkaya and Birimoğlu Okuyan, 2017:43-52; Adıbelli vd., 2013:2-8; Pehlivan and Vatansever, 2019:47-53; Başer and Cingil, 2019:79-85; Turan et al., 2015:1-5), and there are studies in which negative attitudes towards the elderly are found (Köse vd., 2015:145-151; Pamuk and Arun, 2014:19-29). In this study, no difference was

found between students' socio-demographic characteristics, their class and department requests, and their scores on the attitude scale towards the elderly. In a study conducted with nurses in 2019, it was reported that the attitude towards the elderly was positive similar to our study, and unlike our study, it was affected by socio-demographic data. As the age and duration of experience increase, the scores of attitude towards the elderly increase. In addition, in the same study, it was found that nurses who are married, have children, have elderly relatives, and whose parents have passed away, approach the elderly more positively (Pehlivan and Vatansever, 2019:47-53). In a study similar to our study, gender, family type, place of residence and living with an elderly did not affect the attitude towards the elderly (Başer and Cingil, 2019:79-85).

The score of attitude towards the elderly was found to be higher in students who are elderly individuals at home, take care of elderly family members, and communicate with the elderly on a daily basis (Ayaz Alkaya and Birimoğlu Okuyan, 2017:43-52). Old age was seen by the majority of students as dependency, passivity and poverty. It was determined that their attitudes towards aging were positive, but their views on aging were negative (Adıbelli vd., 2013:2-8).

In this study, family type was not found to be effective on the attitude towards the elderly.



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In the literature, it has been emphasized that family type (Turan et al., 2015:1-5) and cultural structure (Zisberg et al., 2015:193-201; Che et al., 2018:1-26) are very important in the attitude towards the elderly. It has been reported that the transition to the nuclear family negatively affects the attitude towards the elderly in this sense. It has been determined that individuals who grew up with the eastern culture have a higher elderly attitude score than those in the west, but there is no statistical difference (Turan vd., 2015:1-5). In another study, it was reported that Arab students were more willing to work with the elderly, but Jewish students had higher attitudes towards the elderly in terms of attitude towards the elderly (Zisberg et al., 2015:193-201).

The increase in the elderly population, problems in old age, and chronic diseases increase the need for health services. In this sense, healthcare professionals play a key role. Providing quality care to the elderly depends on positive attitude, and communication and willingness to care. It has been observed that empathic disposition interventions have a positive effect on the attitude towards the elderly (Gholamzadeh et al., 2018:1-7).

CONCLUSION

As a result of this study, it was seen that the moral sensitivity level of the students was high and their attitudes towards the elderly

were positive. Students' MSQ and its sub-dimensions were not affected by age, class, high school graduated, family type, family income, and department request. A statistically significant difference was found between the MSQ sub-dimensions of conflict and practice sub-dimension scores of female students and the scores of male students ($p < 0.05$). It was observed that the attitude towards the elderly was not affected by age, gender, class, family type, family income and, wanting a department ($p > 0.05$). It was determined that there was a moderate positive correlation at $p < 0.01$ level between KAOP and MSQ total score and autonomy, benevolence, holistic approach, conflict and practice sub-dimension, and a weak positive correlation at $p < 0.05$ level in the orientation sub-dimension.

While the old age period should be seen as the person whose knowledge and experience increases and the elderly should be seen as a person whose knowledge and experience should be benefited from, it is seen as a period when beauty and attractiveness ends, the end of life is approached, and they are left alone, especially by young individuals. These negative judgments have the possibility of displaying a negative attitude towards the elderly individual and leading to ethically inappropriate behavior. To turn these thoughts into positive, to gain positive attitudes and behaviors towards the elderly, to increase the



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level of ethical sensitivity and, to increase the quality of health services, training should be given in associate and undergraduate education to increase ethical sensitivity and attitude towards the elderly. At the same time, it is thought that these training should be continued with in-service trainings when the business life starts.

Funding: The study was not supported by any institution or organization.

Acknowledgement: The author would like to thank the aged care students who voluntarily participated in the study.

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International Refereed Academic Journal of Sports, Health and Medical Sciences

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AUTHOR NOTE: The summary of this article was presented as an oral presentation at the congress 'INTERNATIONAL BAŞKENT CONGRESS ON PHYSICAL, SOCIAL AND HEALTH SCIENCES JULY 16-17, 2021' on 17.07.2021.