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Evaluation of Emergency Healthcare Providers' Attitudes Towards Elderly People Using the UCLA Geriatric Attitude Scale

Acil Sağlık Çalışanlarının Yaşlılara Yönelik Tutumlarının UCLA Geriatrik Tutum Ölçeği Kullanılarak Değerlendirilmesi

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ABSTRACT

Objective: The surge in the elderly population necessitates innovative plans for enhanced healthcare access and quality. This study focuses on evaluating emergency healthcare providers' attitudes toward elderly individuals, recognizing the potential impact of ageism on health services.

Materials and Methods: In this cross-sectional study, 351 emergency healthcare providers in a province were surveyed using the UCLA-GA scale via online surveys between July 4 and August 4, 2022. T-test and One-way Anova test were employed for data analysis.

Results: Of the emergency healthcare providers, 51.3% were female, with a mean age of 31.1±7.5 years. A substantial 75.8% lacked training on approaching elderly patients. The mean UCLA-GA scale score was 47.8±7.5, with higher scores observed in females, the 35-44 age group, those with good economic status, nursing home visitors, individuals aspiring to live with elderly acquaintances, and those with at least one living parent. Notably, 30.8% described the elderly as "dependency."

Conclusion: A significant portion of emergency healthcare providers lacks specific training in elderly patient approach. The study recommends targeted training programs for emergency healthcare providers, emphasizing considerations for factors influencing positive attitudes towards the elderly.

Keywords: Age Discrimination, Health Services, Old People, Emergency Medical Service Providers, UCLA-GA

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ÖZ

Amaç: Yaşlı nüfustaki artış, sağlık hizmetlerine erişimin ve kalitenin artırılmasına yönelik yenilikçi planları gerektirmektedir. Bu çalışma, yaşlı ayrımcılığının sağlık hizmetleri üzerindeki potansiyel etkisini kabul ederek, acil sağlık hizmeti sağlayıcılarının yaşlı bireylere yönelik tutumlarını değerlendirmeye odaklanmaktadır.

Gereç ve Yöntemler: Kesitsel tipte olan bu çalışmada, 4 Temmuz-4 Ağustos 2022 tarihleri arasında bir ildeki 351 acil sağlık hizmeti sağlayıcısına UCLA-GA ölçeği kullanılarak çevrimiçi anket yoluyla anket uygulanmıştır. Verilerin analizinde T-testi ve One-way Anova testi kullanılmıştır.

Bulgular: Acil sağlık hizmeti verenlerin %51,3'ü kadın olup yaş ortalaması 31,1±7,5 yıl idi. Önemli bir %75,8'lik kesim yaşlı hastalara yaklaşma konusunda eğitimden yoksundu. UCLA-GA ölçeği puanı ortalaması 47,8±7,5 olup kadınlarda, 35-44 yaş grubunda, ekonomik durumu iyi olanlarda, huzurevini ziyaret edenlerde, yaşlı tanıdıklarının yanında yaşamak isteyenlerde ve en az bir yaşayan ebeveyni olanlarda daha yüksek puanlar gözlendi. Dikkat çekici bir şekilde, %30,8'i yaşlıları "bağımlı" olarak tanımladı.

Sonuç: Acil sağlık hizmeti verenlerin önemli bir kısmı yaşlı hastaya yaklaşım konusunda özel eğitimden yoksundur. Çalışma, yaşlılara yönelik olumlu tutumları etkileyen faktörlere vurgu yaparak acil sağlık hizmeti sağlayıcılarına yönelik hedefe yönelik eğitim programları önermektedir.

Anahtar Kelimeler: Yaş Ayrımcılığı, Sağlık Hizmetleri, Yaşlı İnsanlar, Acil Sağlık Hizmeti Sağlayıcıları, UCLA-GA

INTRODUCTION

The World Health Organization (WHO) and the Organization for Economic Co-operation and Development (OECD) classify individuals aged 65 and above as older adults (1). The global and Turkish decline in fertility rates, coupled with increased accessibility and quality of healthcare services, extended life expectancy, and a growing elderly population, can be attributed to these factors. As of March 2022, data from the Turkish Statistical Institute (TUIK) indicates that individuals aged 65 and above constitute 9.7% of the total population. Experts project that in Türkiye, the older population will reach 11.3% in 2025, 12.9% in 2030, 16.3% in 2040, 22.6% in 2060, and 25.6% in 2080 (2). Aksaray, situated in the Central Anatolia region of Türkiye, exhibits demographic characteristics similar to the overall population of Türkiye. According to TUIK data for 2021, the proportion of the elderly population in Aksaray is 9.7%, showing an upward trend (2). The rise in the older population necessitates reevaluation and planning in areas such as access to healthcare services, financing health expenditures, home care services, job opportunities, retirement, and the functioning of social security institutions (3,4).

Ageism refers to the prejudice, stigmatization, differential behavior, attitudes, and institutional regulations that elderly individuals face due to their chronological age (5). Ageism is one of the most common types of discrimination, following racial and gender discrimination. The older patients are stigmatized as individuals requiring constant care and becoming a burden to their families (6).

Chronic diseases, complications, accidents, sensory losses, and the use of multiple medications make the older population more prone to health problems than other populations, leading them to seek healthcare facilities more frequently (7). In the healthcare sector, older individuals are defined as a group that occupies hospital beds for an extended period, reducing the efficiency and success of the hospital, and requiring complex treatment (6). Healthcare providers (HP) are expected to assist the older adults in coping with chronic diseases and complications, reducing functional losses, improving their quality of life, and helping them maintain self-sufficiency (1). Ageism negatively affects the access and quality of healthcare services for the elderly, leading to injustice, inequality, damage to social relationships, and even human rights violations in society (8,9). Different forms of ageism are also observed among health professionals. Ageism among health professionals may include neglecting or excluding older individuals, underestimating their importance,

avoiding providing explanatory information, addressing caregivers instead of patients, perceiving health problems as effects of the normal aging process, preferring to serve individuals from other age groups, wanting early discharge, approaching with prejudice by speaking loudly or using exaggerated tones, and neglecting or abusing the older adults (5).

Older individuals frequently seek emergency healthcare services due to sudden health problems that may require urgent intervention. In Türkiye, emergency healthcare services are provided by 112 emergency healthcare service ambulances and hospital emergency departments. Studies conducted in İzmir (8), Ankara (9), and Denizli (10) have found that emergency ambulance services are more frequently used by the older population. The use of ambulances by older adults is found to be 3.7 times higher than other age groups. At İzmir Bozyaka Training and Research Hospital, it was reported that 61.5% of elderly individuals who visited the emergency department arrived by ambulance, while 38.5% came using their own means (11). A study conducted in Japan also found that the elderly are more willing to request ambulance services compared to younger individuals (12). The increasing need for healthcare services among the eolder population, which is higher than other age groups, requires new planning to facilitate access to healthcare services and improve their quality. One aspect to consider during these planning processes is the approach of HP towards elderly individuals. This study aims to evaluate the attitudes of healthcare professionals working in emergency services towards older individuals and to examine whether these attitudes vary according to specific demographic characteristics.

MATERIALS AND METHODS

The population of this cross-sectional descriptive study comprises all HP working in emergency healthcare services for adults in the city center of Aksaray, totaling 402 HP. No sampling was performed for the study, aiming to reach the entire population. A total of 351 HP were reached within the scope of the study (response rate = 87.3%). The study data were collected online between July 4th and August 4th, 2022, through a questionnaire form. The questionnaire form consisted of 7 questions regarding HP' sociodemographic characteristics, 7 questions about their views on aging, and the UCLA Geriatric Attitude (UCLA-GA) scale. The "UCLA-GA Scale," developed by Reuben et al.(11), was validated in Turkish by Şahin et al. (12). The 5-point Likert-type UCLA-GA Scale comprises four subscales (social values, medical care, compassion, resource allocation) and consists of 14 items. The minimum and maximum scores that can be obtained from the scale are 14 to 70. Questions 1, 4, 7, 9, and 14 are positive, while the remaining nine questions are negative and scored using reverse coding. Positive attitude statements are scored from 5 (Strongly Agree) to 1 (Strongly Disagree), while negative attitude statements are scored from 1 (Strongly Agree) to 5 (Strongly Disagree). An increase in the total score from the scale indicates a positive attitude towards elderly people (12). Emergency service and 112 station managers were informed about the study and shared the online survey link, including information about the study, via institutional emails to HPs. After the initial invitation, participation announcements and reminders were sent three times at one-week intervals through the managers to encourage participation.

The collected data were analyzed using SPSS 25 software. Descriptive statistics such as number, percentage, median, mean, and standard deviation were utilized. The normal distribution suitability of the data was examined with the Kolmogorov-Smirnov test. Independent samples t-test was used for two-group comparisons, and the One-Way ANOVA test was used for comparisons involving three or more categories. The statistical significance level was set at 0.05.

Ethical approval was obtained from the Aksaray University Human Research Ethics Committee (dated: 24.06.2022, decision number: E-34183927-000-00000731591), and voluntary informed consent forms were obtained from the participants for the research.

RESULTS

The mean age of the emergency HP was 31.15±7.5, with 51.3% female and 61.8% married. The distribution of HP according to their descriptive characteristics is presented in Table I (Table I).

Table I. Emergency service healthcare providers' distribution according to their descriptive characteristics

Characteristics	**n (%)**
Gender	
Female	180 (51.3)
Male	171 (48.7)
Age groups (X: 31.5±7.5)	
≤24	58 (16.5)
25-34	186 (53.0)
35-44	78 (22.2)
45-54	26 (7.4)
≥55	3 (0.9)
Marital status	
Married	217 (61.8)
Single	124 (35.3)
Divorced	10 (2.8)
Having a child	
Have	172 (49.0)
Have not	179 (51.0)
Place of residence	
Rural	44 (12.5)
Urban	304 (87.5)
Education level	
Secondary education	55 (15.7)
Associate degree	109 (31.1)
Bachelor degree	171 (48.7)
Postgraduate degree	16 (4.6)
Number of siblings	
0	4 (1.1)
1-2	95 (27.1)
3-4	170 (48.4)
5 and more	82 (23.4)
Profession	
Chauffeur	24 (6.8)
Emergency medical technician	108 (30.8)
Paramedic	87 (24.8)
Nurse	66 (18.8)
Midwife	6 (1.7)
Medical officer	25 (7.1)
Physician	35 (10.0)
Professional year	
1-3	100 (28.5)
4-6	54 (15.4)
7-9	54 (15.4)
10 and more	143 (40.7)
Self-reported economic level	
Bad	41 (11.7)
Middle	264 (75.2)
Good	46 (13.1)
Total	**351 (100.0)**

Currently, 11.7% of the HP are living with an older person, while 47.6% have lived with an older person at some point in their lives. Moreover, 66.7% express a desire to live with an older person acquaintance in the future. A significant (75.8%) of HP have not received specialized training in approaching older patients. Concerning the most appopriate word to describe older patients, 30.8% of HP have described it as "dependent." The distribution of some experiences and thoughts of HP regarding the eolder adults is provided in Table II (Table II).

The statement " The majority of elderly people are happy to be with them" the first item on the UCLA-GA scale, garnered the highest totally agreement among HP at 71.5%. Concerning the second item, " The government and the Social Security Institution should allocate more resources to child health services than to services for the elderly " HP exhibited the highest level of undecide,

with the percentage of 39.9%. The assertion "The elderly people get, the more confused they become and the more difficult it is to organize their lives." the sixth item on the scale, marked the highest level of strongly disagreement among HP, reaching 52.4%. The responses of HP to the UCLA-GA scale items are detailed in Table III (Table III).

The average total score on the UCLA-GA scale for emergency HP is 47.8±7.5. The subscale averages are as follows: medical care 10.6±3.2, social values 5.9±2.0, resource allocation 13.8±3.1, and compassion 17.3±2.5 (Table IV).

Table II. Emergency service healthcare providers' distribution according to their own experiences and opinions about the older adults

	n (%)
Parents' living status	
Both are alive	276 (78.6)
Both are dead	17 (4.8)
Only mother is alive	41 (11.7)
Only father is alive	17 (4.8)
Currently living with an older person	
Living	41 (11.7)
Not living	310 (88.3)
Situation of living with an older person at any period of life	
Lived	167 (47.6)
Not lived	184 (52.4)
The situation of willing to live with an older person he/she knows in the future	
Willing	234 (66.7)
Not willing	117 (33.3)
The situation of receiving any special training on approach to older patients	
Received	85 (24.2)
Not Received	266 (75.8)

Table II. (*Continued*) Emergency service healthcare providers' distribution according to their own experiences and opinions about the older adults

	n (%)
Thinking that older people are suitable for child care	
Indecisive	55 (15.7)
Suitable	60 (17.1)
Suitable if there are no health problems	184 (52.4)
Not suitable	52 (14.8)
The best place to care for the older adults with special care needs	
Home	281 (80.1)
Nıursing home	12 (3.4)
Palliative care and rehabilitation center	58 (16.5)
The best place to care for the older adults without special care needs	
Older person's own home	297 (84.6)
Older person's childrens' home	44 (12.5)
Older person's relatives' home	9 (2.6)
Nursing home	1 (0.3)
Previous visit to a nursing home	
Visited	184 (52.4)
Not visited	167 (47.6)
The most appropriate word to describe the older adults	
Wisdom	43 (12.3)
Loneliness	78 (22.2)
Dependence	108 (30.8)
Illness	42 (12.0)
Kindliness	80 (22.8)
Total	**351 (100.0)**

A significant relationship has been identified between the gender, age, economic status, visiting a nursing homes, the desire to live with an elderly acquaintance in the future, and the living status of parents among emergency HP, with the total scores on the UCLA-GA scale ($p<0.05$) (Table V). Table V presents a comparison of certain characteristics of emergency HP with their UCLA-GA Scale scores.

Table III. Distribution of emergency service healthcare providers' responses to UCLA-GA scale items

	Strongly disagree		Disagree		Undecided		Agree		Totally agree		X	SD
	n	%	n	%	n	%	n	%	n	%		
The majority of elderly people are happy to be with them.	5	1.4	2	0.6	17	4.8	76	21.7	251	71.5	4.6	0.5
The government and the Social Security Institution should allocate more resources to child health services than to services for the elderly.	57	16.2	45	12.8	140	39.9	50	14.2	59	16.8	3.0	1.5
If I had a choice, I would rather take care of younger patients than elderly ones.	51	14.5	41	11.7	112	31.9	61	17.4	86	24.5	3.2	1.7
It is the responsibility of society to ensure the care of the elderly.	12	3.4	9	2.6	34	9.7	72	20.5	224	63.8	4.3	0.9
Too many personnel and financial resources are used for medical services for the elderly.	80	22.8	66	18.8	99	28.2	62	17.7	44	12.5	2.7	1.7
The elderly people get, the more confused they become and the more difficult it is to organize their lives.		52.4	80	22.8	49	14.0	17	4.8	21	6.0	1.8	1.3
Elderly patients tend to appreciate the medical services they receive more than younger patients.	12	3.4	7	2.0	37	10.5	90	25.6	205	58.4	4.3	0.9
Obtaining a medical history from elderly patients is often a major challenge.		29.3	90	25.6	111	31.6	27	7.7	20	5.7	2.3	1.3
I show more care and understanding to my elderly patients than to my younger patients.	9	2.6	14	4.0	51	14.5	79	22.5	198	56.4	4.2	1.0
In general, elderly people do not contribute much to society.	35	10.0	37	10.5	78	22.2	70	19.9	131	37.3	3.6	1.7
Treatment of elderly patients with chronic diseases is not promising.	35	10.0	63	17.9	124	35.3	62	17.7	67	19.1	3.1	1.4
Eldery people do not contribute fairly to the system when it comes to paying for their own health care.	40	11.4	40	11.4	92	26.2	67	19.1	112	31.9	3.4	1.8
In general, elderly people are slow to adapt to modern society.	87	24.8	99	28.2	104	29.6	43	12.3	18	5.1	2.4	1.2
It is interesting to listen to the experiences of elderly people from the past.	13	3.7	18	5.1	51	14.5	84	23.9	185	52.7	4.1	1.1

SD: Standart deviation

Table IV. Emergency service healthcare providers' mean scores of UCLA-GA scale and its subscales

	X	SD	M	Min-max
Medical care	10.6	3.2	11.0	4-20
Social value	5.9	2.0	6.0	2-10
Resource allocation	13.8	3.1	14.0	4-20
Compassion	17.3	2.5	18.0	4-20
Total score	47.8	7.5	48.0	18-70

SD: Standard deviation, Min: Minimum, Max: Maximum

Table V. Comparison of emergency service healthcare providers' some characteristics and UCLA-GA scale scores

Characteristics	Medical care (X±SD)	Social value (X±SD)	Resource allocation (X±SD)	Compassion (X±SD)	Total score (X±SD)
Gender					
Female	11.1±2.8	6.2±1.8	14.3±2.8	17.4±2.6	49.2±6.4
Male	10.1±3.4	5.5±2.2	13.2±3.3	17.3±2.4	46.3±8.2
p*	0.006	0.002	0.001	0.623	0.001
Age groups					
≤24	11.1±3.1	5.7±2.2	13.5±2.9[a,b]	16.1±3.3[a]	46.5±7.3[b]
25-34	10.3±2.9	5.8±1.9	13.7±3.0[a,b]	17.3±2.4[b]	47.3b±6.9[b]
35-44	11.3±3.5	6.4±1.9	14.7±3.2[a]	18.1±2.1[b]	50.6a±7.6[a]
≥45	10.6±3.2	5.5±2.7	12.5±3.3[b]	17.9±2.1[b]	46.0±9.1[b]
p**	0.074	0.102	0.005	0.000	0.002
Mariatal status					
Married	10.7±3.2	5.9±2.0	13.8±3.1	17.7±2.1	48.2±7.4
Not married	10.6±3.1	5.9±2.0	13.8±3.2	16.7±3.0	47.1±7.6
p**	0.851	0.762	0.882	0.000	0.175
Having children					
Have	10.±73.0	5.9±1.9	13.7±3.1	16.8±2.7	47.2±7.1
Have not	10.6±3.3	5.9±2.1	13.8±3.1	17.8±2.2	48.3±7.7
p*	0.872	0.828	0.732	0.000	0.181
Profession					
Non-physician	10.8±3.1	5.9±2.0	13.8±3.1	17.4±2.5	48.0±7.4
Physician	9.4±3.0	6.1±2.0	13.6±3.3	16.5±2.6	45.8±7.4
p*	0.017	0.468	0.778	0.065	0.114
Professional year					
0-5 years	10.6±3.0	6.0±2.0	14.1±3.0	17.0±2.7	47.8±7.1
5 and more years	10.7±3.8	5.8±2.1	13.4±3.1	17.8±2.3	47.8±7.8
p*	0.705	0.517	0.023	0.005	0.994
Education level					
Secondary education	10.6±3.5	5.3±2.3	13.3±3.4	17.0±2.8	46.4±9.0
Associate degree	10.8±3.1	5.7±2.0	13.9±3.1	17.5±2.6	48.0±6.7
License	10.5±3.1	6.1±1.9	13.8±3.0	17.4±2.3	48.1±7.4
Postgraduate	10.8±3.3	6.2±2.1	14.1±3.1	16.2±3.1	47.7±7.6
p**	0.954	0.124	0.570	0.219	0.531

Table V. (*Continued*) Comparison of emergency service healthcare providers' some characteristics and UCLA-GA scale scores

Characteristics	Medical care (X±SD)	Social value (X±SD)	Resource allocation (X±SD)	Compassion (X±SD)	Total score (X±SD)
Number of siblings					
0	11.0±2.5	5.7±2.6	14.5±1.9	17.2±3.0	48.5±5.8
1-2	10.4±3.2	5.8±2.0	13.5±3.2	17.1±2.7	46.9±7.2
3-4	10.5±3.0	5.9±1.9	13.8±3.0	17.3±2.5	47.6±7.3
5 and more	11.1±3.5	6.0±2.3	14.2±3.1	17.7±2.3	49.2±8.1
p**	0.532	0.923	0.422	0.434	0.241
Place of residence					
Rural	10.6±2.6	5.9±2.1	13.6±3.0	17.7±2.1	48.0±6.8
Urban	10.6±3.2	5.9±2.0	13.8±3.1	17.3±2.6	47.7±7.6
p*	0.892	0.946	0.725	0.249	0.836
Self reported economic status					
Bad	9.2±3.0[a]	4.6±2.2a	12.0±3.1a	17.1±2.8	43.1±8.1[a]
Middle	10.8±3.0[b]	6.0±1.9b	14.0±3.0b	17.3±2.5	48.2±6.9[b]
Good	11.2±3.7[b]	6.4±2.2b	14.0±3.1b	17.6±2.2	49.4±8.4[b]
p**	0.007	0.001	0.001	0.689	0.001
Previously visiting a nursing home					
Visited	11.1±3.3	6.1±2.0	14.0±2.9	17.4±2.7	48.8±7.0
Not visited	10.1±2.9	5.7±2.1	13.5±3.3	17.2±2.3	46.6±7.7
p*	0.003	0.046	0.129	0.446	0.007
Living with an elderly person at any time in life					
Lived	0.7±3.1	6.0±2.0	13.9±3.0	17.5±2.4	48.2±6.8
Not lived	10.6±3.2	5.8±2.1	13.7±3.2	17.2±2.6	47.4±8.1
p*	0.708	0.542	0.452	0.173	0.267
Currently living with an older person					
Living	9.8±2.9	5.3±2.0	13.1±3.3	18.1±2.0	46.4±7.2
Not living	10.7±3.2	6.0±2.0	13.9±3.1	17.2±2.6	48.0±7.5
p*	0.081	0.044	0.148	0.041	0.225
Willingness to live with an elderly acquaintance in the future					
Willing	11.0±3.1	6.2±2.0	14.3±2.9	17.6±2.3	49.2±6.9
Not willing	9.9±3.2	5.3±2.0	12.8±3.3	16.8±2.9	45.0±7.7
p*	0.001	0.001	0.001	0.020	0.001

Table V. (*Continued*) Comparison of emergency service healthcare providers' some characteristics and UCLA-GA scale scores

Characteristics	Medical care (X±SD)	Social value (X±SD)	Resource allocation (X±SD)	Compassion (X±SD)	Total score (X±SD)
The best place to care for the elderly with special care needs					
Home	10.7±3.1	6.0±2.0[a]	14.1±3.0[a]	17.5±2.3[a]	48.6±7.2[a]
Nıursing home	9.3±2.6	5.5±1.8	12.8±2.1[a,b]	17.3±2.7 [a,]b	45.0±5.8 [a,b]
Palliative care and rehabilitation center	10.3±3.4	5.2±2.1[b]	12.6±3.2[b]	16.3±3.1[b]	47.8±7.9[b]
p**	0.226	0.011	0.002	0.032	0.001
The best place to care for the elderly without special care needs					
Elderly person's own home	10.7±3.2	5.9±2.1	13.8±3.1	17.2±2.6	47.8±7.5
Elderly person's childrens' home	10.1±2.8	5.6±1.8	13.6±2.9	17.9±1.8	47.3±6.9
Elderly person's relatives' home	10.7±3.0	6.8±2.5	14.8±2.8	17.5±2.2	50.1±7.8
p**	0.494	0.263	0.550	0.286	0.611
The most appropriate word to describe the elderly					
Wisdom	11.4±3.1[a,b]	6.6±2.1[a]	14.7±3.0	17.7±1.9	50.5±7.0[a]
Loneliness	10.0±3.1[b]	5.7±1.9[b]	13.3±3.0	17.2±2.6	46.4±7.2[b]
Dependence	10.0±2.9[b]	5.6±1.9[b]	13.6±3.0	17.3±2.5	46.7±7.2 [a,b]
Illness	10.2±2.3[a,b]	5.5±2.0[b]	13.7±3.4	17.1±2.7	46.6±6.6[b]
Kindliness	11.8±3.5[a]	6.2±2.2 [a,b]	14.1±3.1	17.5±2.8	49.7±8.0 [a,b]
p**	0.001	0.034	0.158	0.815	0.002
Living status of parents					
At least one of them is alive	10.7±3.1	5.9±2.0	13.9±3.1	17.4±2.5	48.0±7.4
Neither of them are alive	9.6±3.9	4.8±2.2	11.8±2.1	16.4±2.1	42.8±8.0
p*	0.176	0.024	0.008	0.134	0.005
Receiving a special training on approach to elderly patients					
Received	10.6±3.0	6.1±1.8	13.9±3.1	17.5±2.4	48.2±7.3
Not received	10.6±3.2	5.8±2.1	13.8±3.1	17.3±2.5	47.6±7.5
p*	0.861	0.324	0.700	0.555	0.571

SD: Standard deviation

DISCUSSION

This study aimed to evaluate the attitudes of emergency HP towards the elderly using the UCLA-GA scale. The assessment of attitudes among 351 HP revealed a mean total score of 47.8±7.5 on the UCLA-GA scale, with subscale averages as follows: medical care 10.6±3.2, social values 5.9±2.0, resource allocation 13.8±3.1, and

compassion 17.3±2.5. A study conducted by Çalışkan et al. (13) with family physicians reported a similar mean total score of 46.8±5.6 using the same scale. Similarly, in a study by Can et al. (14) involving students from the elderly care department and utilizing the UCLA-GA scale, the mean total score was 47.7±5.56, aligning closely with our findings. In Can et al.'s (14) study, mean scores for the subscales were reported as social values 6.09±1.61, medical care 11.95±2.68, compassion 5.19±3.80, and resource allocation 14.54±2.35. Opsommer et al. (15) conducted a study with physiotherapy students, resulting in a mean total score of 48.5±4.3 on the UCLA-GA scale, and mean subscale scores of medical care 13.4±2.1, social values 7.1±1.4, resource allocation 14.2±1.7, and compassion 13.7±1.8. The overall trend indicates that total scores derived from the UCLA-GA scale among HP and students in the healthcare field tend to be closely aligned.

In the research findings among emergency HP employed in the emergency department, higher UCLA-GA scale total scores were observed for females, those who had previously visited nursing homes, those expressing a willingness to live with an elderly acquaintance in the future, those identifying home as the most suitable care place for an elderly person with special needs, those choosing wisdom as the most appropriate word to define aging, those with living parents and the lower UCLA-GA scale total scores were observed under the age 25, individuals with a lower economic level. No significant associations were identified between having received special training in approaching elderly patients, the number of children, marital status, education level, number of siblings, work unit, years of professional experience, professional title, and place of residence with UCLA-GA scale scores (Table V). In a study conducted among physiotherapists, no significant differences were found in attitudes towards the elderly based on age, gender, place of residence, education level, marital status, and years of professional experience (16). Another study by Turgay et al. (17) focusing on nursing students also suggested that female students exhibited a more positive attitude towards elderly individuals. In a study conducted by Tosunöz (18) involving nursing students, female students were found to have a lower level of negative attitude towards the elderly compared to male students. However, studies conducted by Grandjean et al. (19) with dentistry students, Suluker(1) with nurses, Caliskan et al. (13) with family physicians, and Opsommer et al. (15) with physiotherapy students did not reveal a significant relationship between age discrimination and gender. The variance in attitudes towards the elderly between women and men may be influenced by societal perceptions of aging, empathic tendencies (20), emotional intelligence (21), participation in social, cultural, and organizational activities, perceptions of care and compassion, and societal gender roles (22).

The study, supported by the findings of Altin and Buran's (23) research with physicians and nurses, reveals higher UCLA-GA scale scores in the age group of 35 and above, as well as among those living with elderly relatives. However, contrary to the study, being married and the increase in years of professional experience did not correlate with higher UCLA-GA scale scores in the nurse group. Lu et al. (24), in a study conducted in China on the general population, reported that living with elderly relatives did not significantly impact the development of a positive attitude towards aging. In contrast to the study, Seferoglu et al. (25), in their research with neurology specialists using the UCLA-GA scale, identified that living with elderly relatives had a reducing effect on scale scores.

In the study, the desire to live with an elderly acquaintance in the future was found to be 66.7%. Similarly, in a study with nursing students, 68.6% of participants expressed a desire to live with an elderly relative in the future (17). Strong family ties and the perception that older individuals may require assistance with daily tasks, regular medication, and household chores could contribute to an increased desire to live with the elderly (26). The socio-cultural structure is believed to exert an influence on the inclination to live with an elderly acquaintance.

In a study involving dental students from Switzerland, Canada, and Belgium, marital status and place of residence were found to be unrelated to UCLA-GA scale scores (19). Similarly, Atasoy's (27) study with nursing and engineering students, as in our study, found no significant relationship between participants' place of residence and attitudes towards the elderly. Polat et al.'s (28) study with physicians and nurses also indicated no correlation between marital status, educational level, and attitudes towards the elderly. In alignment with our study, Suluker's (1) research with

nurses revealed no association between participants' educational levels and attitudes towards the elderly. Kearney et al. (29), in a study with healthcare professionals working in an oncology unit, reported no relationship between professional titles and attitudes towards the elderly, mirroring our findings. However, Kang et al.'s (30) study in Korea revealed that nurses working in different units had varying attitudes towards older patients. In a study by Kishimoto et al. (31) with medical students, internal medicine, and geriatrics specialists, the conclusion was that medical students and geriatric medicine fellows exhibited notably more positive attitude scores. Asireta et al. (32), in a study with nurses using the UCLA-GA scale, stated, in line with our study, that there was no significant relationship between nurses' years of professional experience and UCLA-GA scale scores. However, Lee et al. (33) found a decrease in UCLA-GA scale and subscale scores as years passed for healthcare personnel working in a geriatrics clinic.

In the study conducted by Suluker (1), it was found that 58.9% of primary HP and 78.6% of secondary HP experienced difficulties in elderly patient care. Emergency HP participating in our study may encounter additional challenges when transferring bedridden, overweight, or ambulatory-challenged elderly individuals to an ambulance. Emergency medical requirements, forms, and procedures for elderly patients can be confusing. Therefore, HP may need additional time, assistance, and transport for explanations during the provision of emergency healthcare services to the elderly. This need is considered to be a contributing factor to 41.9% of our participants agreeing with the statement, "If I had the choice, I would prefer to care for younger patients than elderly patients". In the study conducted by Altın and Buran (23) regarding HP' attitudes towards age discrimination during the COVID-19 pandemic, 23.7% of HP stated that during intensive care and healthcare service delivery, preference was given to younger individuals over the elderly. The study emphasized that HP felt pressure (11%) during the pandemic to allocate limited resources to younger patients rather than the elderly. In a study conducted by Blebil et al. (34) with pharmacy students in Malaysia, 18.7% of participants expressed a preference for caring for younger patients. The study by Neal et al. (35) found that HP directed young patients to more treatment compared to elderly breast cancer patients. In a qualitative study conducted in Australia by Higgins et al. (36), nurses expressed that they perceived caring for the elderly as a waste of time and were concerned that involvement in acute elderly services would lower their nursing status. Regarding the statement "The treatments for elderly patients with chronic illnesses are not promising," 27.9% of the HP at the study disagreed. In the study by Blebil et al. (34), 24.9% of HP did not agree that the treatments for elderly patients with chronic illnesses were hopeless. In a study by Opsommer et al. (15) with physiotherapy students, 82.2% of participants did not agree with the statement "The treatments for elderly patients with chronic illnesses are not promising." The difference between our study and the study by Opsommer et al. is thought to be attributed to work burnout and the experience of providing services to elderly patients.

When HP were asked to chose the most appropriate word to describe the older adults, they chosed "dependency" (39.9%), followed by "compassion" (22.8%) and "loneliness" (22.2%). Chronic diseases, complications, accidents, sensory impairments, and the use of multiple medications can lead to more frequent health problems in the elderly population compared to other age groups, sometimes resulting in a dependent lifestyle (32). This situation may contribute to the perception of aging as dependency among healthcare professionals working in emergency units, as revealed in our study. The HP who defined aging as "wisdom" in the study were found to have the highest UCLA-GA scale scores. It was determined that there is a relationship between this group of participants, who perceive aging as wisdom, and a more positive attitude towards the elderly according to the UCLA-GA scale. The opinion that aging involves gaining more experience throughout the life process and accumulating knowledge from these experiences has been identified as a factor contributing to the development of a positive attitude towards the elderly among our participants.

For older individuals without special care needs, participants indicated the following preferences for residence: the elderly person's own home (84.6%), the home of their children (12.5%), a relative's home (2.6%), and only one HP said a care facility (0.3%). Among HP expressing that the older person's own home is the most

suitable place for the care of an elderly individual with special care needs, the UCLA-GA scale total score is the highest. In Turkish society, it is generally frowned upon for an elderly relative or acquaintance to reside in a nursing or care facility, and this may lead to societal disapproval of the children of the elderly individual. The changing nature of work conditions, increased participation of women in the workforce, the decline of extended families, the rise of nuclear family structures, and industrialization have made it necessary for parents or elderly acquaintances with special care needs to be cared for either in their own homes or in care facilities (30).

It was observed in the study that participants who had at least one living parent scored higher on the UCLA-GA scale compared to those whose parents were not alive. Participants who have a living parent may perceive elderly patients similarly to their own parents when approaching and providing medical services to them. They might recall cultural teachings from their parents, such as "helping the older adults."

Furthermore, the study found that HP who had previously visited nursing homes had higher UCLA-GA scores. Those who visit nursing homes aim to contribute to the elderly individuals' resilience, socialization, creating smiles and morale, alleviating feelings of longing, making them feel valued, ensuring they are not forgotten, and preventing them from being abandoned in loneliness (26,37). Therefore, when evaluated in this context, it is expected that HP who had previously visited nursing homes would exhibit a more positive attitude towards the elderly compared to other HP.

In the study, 57.2% of HP believe that the elderly do not contribute significantly to society. The anticipated burden of dependency and chronic diseases due to the increasing elderly population may lead to an increase in healthcare expenditures, demanding more healthcare services than the system is currently structured to provide. HP not only perceive the elderly as physically and emotionally dependent but also agree (51%) that the elderly have financial dependence and do not make fair payments to the healthcare system.

In the study, the majority of emergency HP (75.8%) stated that they did not receive specific training in approaching older patients. Moreover, it was determined that there is no relationship between having received specific training in approaching elderly patients and UCLA-GA scores. Contrary to our findings, a study by Biese et al. (38) revealed that geriatric education positively influences the attitudes, knowledge, and decision-making process of emergency medicine residents. Another study by Ahmed et al. (39) demonstrated that providing geriatric and palliative medicine education increased internal medicine residents' average UCLA-GA scale scores by 10 points. Numerous studies have indicated that healthcare personnel with geriatric education exhibit a more positive attitude toward the older adults (24,40,41). The absence of a difference between training and UCLA-CA scores in this study might be attributed to neglecting details such as the content and timing of the education, relying solely on individuals' statements, and a limited number of participants who received training.

The limitations of this study include the exclusive use of online data collection, facilitated by administrative personnel, which may have introduced participation or selection bias. Additionally, the potential impact of geriatric care training received by emergency service professionals was not fully examined, limiting conclusions regarding its influence on attitudes toward elderly patients.

CONCLUSION

Although a significant portion of emergency healthcare providers reported lacking specific training in older patient care, the study did not identify a statistically significant difference in attitudes between trained and untrained individuals. This finding suggests that factors beyond formal education such as professional experience, personal beliefs, or frequency of interaction with older adults may shape healthcare providers' attitudes, particularly in high-pressure environments like emergency services.

In light of these findings, the study recommends the development of targeted, evidence-based training programs that address the multifaceted nature of attitudes toward the elderly. Moreover, this study may serve as a foundation for future research aimed at enhancing geriatric care practices and promoting more compassionate approaches among both healthcare students and professionals.

Conflict of interest

The authors declare that they have no conflict of interests regarding content of this article.

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Ethical Approval

The authors declare to be in accordance with the principles of ethics in research. We declare that the article has not been published elsewhere before. Ethical approval was obtained from the Aksaray University Human Research Ethics Committee (dated: 24.06.2022, decision number: E-34183927-000-00000731591), and voluntary informed consent forms were obtained from the participants for the research.

Authors' Contribution

Concept: RAG, AB, Design: RAG, AB, Data Collection and/or Processing: RAG, AB, HD, Analysis and/or Interpretation: AB, HD, Literature Search: RAG, AB, HD , Writing Manuscript: RAG, AB

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