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# Evaluation of Ageism Attitudes of Healthcare Practitioners Working in a University Hospital

## Üniversite Hastanesinde Çalışan Sağlık Bakım Uygulayıcılarının Yaşlı Ayrımcılığı Tutumlarının Değerlendirilmesi

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**Amaç:** Araştırma, üniversite hastanesinde çalışan sağlık bakım uygulayıcılarının yaşlı ayrımcılığına ilişkin tutumlarını belirlemek amacıyla tanımlayıcı olarak yapıldı.

**Gereç ve Yöntemler:** Araştırma, Yozgat ilinde, yaşlı hastaların bakım ve izleminin yapıldığı Yozgat Eğitim ve Araştırma Hastanesinde Mayıs–Haziran 2019 tarihleri arasında gerçekleştirildi. Araştırmaya araştırmanın yapıldığı tarihler arasında izinli veya raporlu olmayan ve gönüllü olan 200 sağlık bakım uygulayıcısı katıldı. Verilerin toplanmasında "Sağlık Bakım Uygulayıcılarının Tanıtım Formu" ve "Yaşlı Ayrımcılığı Tutum Ölçeği" kullanıldı.

**Bulgular:** Sağlık personellerinin 127'sinin (%65,8) kadın, 66'sının (%34,2) erkek; 153'ünün (%79,3) hemşire olduğu belirlendi. Sağlık çalışanlarının yaşlı ayrımcılığı tutum ölçeğinden toplam 82,16 ± 9,33 puan aldıkları, yaşlının yaşamını sınırlama alt boyutundan 35,51±5,22; yaşlıya yönelik olumlu ayrımcılık alt boyutundan 28,70±5,35; yaşlıya yönelik olumsuz ayrımcılık alt boyutundan 17,93±3,52 puan aldıkları belirlendi.

**Sonuç:** Hastanede çalışmakta olan sağlık bakım uygulayıcılarının yaşlılara karşı olumlu ayrımcılık tutumuna sahip oldukları, sağlık çalışanlarının %67,9'unun yaşlı hasta bakımı konusunda eğitim almak istedikleri ve yaşlı hasta bakmayı tercih etmeyenlerin olumlu ayrımcılık alt boyutu ve toplam ayrımcılık puanlarının yüksek olduğu belirlendi. Sağlık bakım uygulayıcılarına hizmet içi eğitim programlarıyla geriatriye ilişkin konularda periyodik eğitimler verilmesi ve geriatri servislerinin sayısının arttırılması önerilebilir.

**Anahtar kelimeler:** Yaşlı ayrımcılığı, yaşlı, tutum.

**Aim:** This descriptive study was conducted to determine the attitudes of healthcare practitioners working in a university hospital towards ageism.

**Material and Methods:** The study was performed between May and June 2019 in Yozgat Training and Research Hospital, where older adults in Yozgat Province were cared and monitored. A total of 200 healthcare practitioners who were not on leave during the study period were included. The participation rate was 93%. The 'Health Care Practitioners Introductory Form' and 'Ageism Attitude Scale'(AAS) were used to collect data.

**Results:** Among the healthcare personnel, 127 (65.8%), 66 (34.2%) and 153 (79.3%)were female, male and nurses, respectively. Healthcare workers obtained a total score of 82.16 ± 9.33 from the Ageism Attitude Scale and 35.51 ± 5.22 from the restricting life of elderly as well as 28.70 ± 5.35 and 17.93 ± 3.52from the positive and negative ageism subscales towards the older population, respectively.

**Conclusions:** Healthcare practitioners working in the hospital had positive discrimination attitudes towards the older adults population, and 67.9% healthcare professionals wanted to receive training on older adults patient-care; the positive ageism subscale and total ageism attitudes scores of those who did not prefer to care for older patients were high. Thus, providing periodic training on geriatric issues through in-service training programmes for healthcare practitioners and opening more geriatric patient services can be recommended.

**Keywords:** Ageism, elderly, attitude

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## INTRODUCTION

The development of medical technology has facilitated the diagnosis and treatment of most diseases and extended the average life expectancy, thus improving the quality of life of patients. According to the World Health Organization (WHO, 2014), between 2000 and 2050, 11%–22% of the global population will consist of individuals aged>60years, and the number of older adults will increase to 2 billion. The ratio of the older adults to the total population in Turkey was 7.7% in 2013, and it increased to 8.5% in 2017, which will increase to 10.2% in 2023 (1,2,3,4).

Ageing is the period during which an individual is usually defined by negative judgement and perceived as a burden for society rather than providing economic or social contribution (2,3,5). In 1969, Robert Butler, a gerontologist, first used the term ‘ageism’(2,6) to describe ageing as an ideology and process that could cause discrimination against the older adults population, similar to prejudiced stereotypes specific to racism and sexism. Ageism is defined as all negative actions such as different attitude, prejudices and behaviours towards a person only because of his/her age (3). Ageism occurs in all sectors of the society (3,7,8,9).

Healthcare workers may discriminate older adults by not taking sufficient care of them, preferring to serve other age groups, not using explanatory expressions when providing information, thinking that the diseases are inevitable or irreversible for the older population, and neglecting the care process (10,11). However, ethically, it is an individual’s right to continue treatment in a peaceful atmosphere that is free of negative prejudice and discrimination, wherein the patient is at peace with himself/herself and the environment. Furthermore, negative discrimination perceived by the older individual may lead to negative results such as exposure to more cardiovascular stress and high blood pressure problems (9,12,13,14).

Healthcare practitioners are health professionals who frequently interact with patients. Factors such as their knowledge, skills and experiences as well as their culture and beliefs regarding care of older patients contribute to the development of positive/negative attitudes towards the older population (15,16). Some studies indicate that healthcare workers have negative attitudes towards the older population (13,17,18,19,20), whereas others emphasize that they have positive attitudes (5,7,12,21). Positive/negative attitudes of healthcare practitioners affect older patients’ satisfaction and quality of life. Therefore, it is highly important for healthcare practitioners to have a positive ageism attitude towards the older adults to receive the most humane and qualified healthcare under optimal conditions (3,7). In Turkey, studies on this subject have generally focused on the attitudes of university students towards the older population (8,15,18,19,22,23,24,25). Considering that, 56% of older individuals have chronic health problems and need healthcare services, studies should be conducted among healthcare workers (12). The present study was conducted to determine the attitudes of healthcare practitioners towards ageism for making the required arrangements and plans regarding this subject so as to provide better quality of healthcare to older patients.

## MATERIAL AND METHODS

### Form of Research

This descriptive study was conducted to evaluate ageism attitudes of healthcare professionals in Yozgat Bozok University Training and Research Hospital clinics.

### Population and Sampling

A total of 208healthcare workers who practised in the clinics of Yozgat Bozok University

Training, Research and Application Hospital between 01 May and 01 June 2019, were included. The sample comprised 200 healthcare workers who volunteered to participate in the study, except eight who were on leave during the study period. The questionnaires filled by seven individuals were not considered because they were incomplete or incorrect. The participation rate of healthcare practitioners was 93.23%.

**Data Collection Tools**

As data collection tools, a questionnaire form to determine the demographic characteristics of healthcare practitioners and Ageism Attitude Scale (AAS) were used. The questionnaire was applied to healthcare workers during their working hours by conducting face-to-face interviews for 10–15 min.

**Survey Form:** It comprised questions regarding the sociodemographic characteristics of healthcare practitioners and their general thoughts about older adults. This form was developed by the researchers in accordance with those used in previous studies (5,8,15,18,19,22,23,24,25).

**Ageism Attitude Scale:** The scale developed by Vefikulucay in 2008 comprises 23 items, and Cronbach's alpha reliability coefficient was 0.80 (8). AAS is a five-point Likert-type scale and is scored as follows: 5, 4, 3, 2 and 1 corresponding to strongly agree, agree, neutral, disagree and strongly disagree, respectively. The expressions of negative attitudes were scored in the exact opposite way (8). The highest and lowest scores that can be obtained from the scale are 115 and 23, respectively. Scores below and above the average are considered to be negative and positive, respectively (8). The scale consists of the following three sub-dimensions: restricting life of the elderly, positive ageism and negative ageism.

**Data Analysis**

Data analysis was performed using the SPSS 22.0 software package. In descriptive statistics, number, percentage and mean ± standard deviation were calculated. For the comparison of groups, t-test and one-way analysis of variance were used for normally distributed variables in independent samples, and Kruskal–Wallis test was used for nonparametric variables to obtain statistical data.

**Ethical Aspects**

The study was initiated after obtaining approval from the Yozgat Bozok University, Faculty of Medicine Ethics Committee (2017-KEAK-189_2019.05.15_07) and conducted in accordance with the Declaration of Helsinki. To use the scale, correspondence was made with the owner of the scale, 'Duygu Yılmaz Vefikulucay', who tested the validity and reliability of the scale in Turkish language.

## RESULTS

Overall 24.4% healthcare practitioners were high school graduates; 65.8% were women and 79.3% were nurses. In addition, 48.2% stated that they were married, 36.3% had children and 18.1% lived with older individuals. The median age of the volunteers was 26 (20–41) years, and the median working year was 4 (1–18). Moreover, 79.8% were working in shifts, 27.9% were working in clinics where surgical care was performed, 36.7% were working in units providing intensive care and operating room services and 35.2% were working in the internal medicine and other healthcare areas.

The mean total and subscale scores of healthcare practitioners using the AAS are shown in Table I. Accordingly, the mean total score of participants in the AAS was 82.16±9.33. The mean scores of the restricting life of elderly, positive ageism and negative ageism sub-dimensions were 35.51±5.22, 28.70±5.35 and 18.93±3.52, respectively (Table I).

**Table I.** AAS and subscale scores of healthcare practitioners (n = 193)

| AAS* subscales | n | X ± SD | Min–Max |
|---|---|---|---|
| Restricting life of elderly | 193 | 35.51 ± 5.22 | 20.00–45.00 |
| Positive ageism | 193 | 28.70 ± 5.35 | 12.00–40.00 |
| Negative ageism | 193 | 18.93 ± 3.52 | 6.00–28.00 |
| AAS total score | 193 | 82.16 ± 9.33 | 56.00–105.00 |

The descriptive characteristics of healthcare practitioners and the distribution of total and sub-dimension scores of AAS are presented in Table II. The restricting life of elderly subscale score of university graduates (35.05±5.27) was lower than that of high school graduates (36.95±4.85), and the difference between them was significant ($p<0.05$). The comparison results of the other descriptive characteristics of healthcare practitioners and the total and sub-dimension scores of AAS were not significant ($p>0.05$; Table II).

**Table II.** AAS and subscale scores of healthcare practitioners according to their sociodemographic characteristics (n = 193)

| Sociodemographic characteristics | n (%) | Restricting life of elderly(X ± SD) | Positive ageism(X ± SD) | Negative ageism(X ± SD) | AAS* total score (X ± SD) |
|---|---|---|---|---|---|
| **Sex** | | | | | |
| Female | 127 (65.8) | 35.97 ± 4.78 | 28.57 ± 5.11 | 17.93 ± 3.36 | 82.48 ± 8.81 |
| Male | 66 (34.2) | 34.63 ± 5.91 | 28.95 ± 5.82 | 17.93 ± 3.82 | 81.53 ± 10.31 |
| | | p = 0.09 | p = 0.64 | p = 0.99 | p = 0.50 |
| **Age (years)** | | | | | |
| 20–25 | 84 (43.5) | 35.71 ± 5.47 | 28.76 ± 5.25 | 18.05 ± 3.84 | 82.53 ± 10.01 |
| 26–30 | 61 (31.6) | 35.32 ± 5.51 | 28.70 ± 4.82 | 17.63 ± 3.44 | 81.67 ± 9.07 |
| 31–35 | 33 (17.1) | 35.03 ± 4.72 | 27.60 ± 6.02 | 18.12 ± 2.70 | 80.75 ± 7.55 |
| 36–41 | 15 (7.8) | 36.26 ± 3.71 | 30.80 ± 6.30 | 18.06 ± 3.76 | 85.13 ± 10.05 |
| | | p = 0.85 | p = 0.29 | p = 0.88 | p = 0.46 |
| **Marital status** | | | | | |
| Married | 93 (48.2) | 35.35 ± 5.26 | 28.77 ± 5.58 | 17.89 ± 3.43 | 82.02 ± 9.72 |
| Single | 100 (51.8) | 35.67 ± 5.20 | 28.64 ± 5.16 | 17.98 ± 3.61 | 82.29 ± 9.01 |
| | | p = 0.67 | p = 0.86 | p = 0.86 | p = 0.84 |
| **Working duration (years)** | | | | | |
| 3 month–5 years | 119 (61.7) | 35.26 ± 5.78 | 28.46 ± 5.27 | 18.00 ± 3.71 | 81.72 ± 10.16 |
| 6–10 | 45 (23.3) | 36.15 ± 4.26 | 28.93 ± 5.95 | 18.00 ± 3.45 | 83.08 ± 8.74 |
| ≥11 | 29 (15) | 35.58 ± 4.08 | 29.34 ± 4.76 | 17.58 ± 2.78 | 82.51 ± 6.33 |
| | | p = 0.70 | p = 0.69 | p = 0.84 | p = 0.51 |
| **Have children** | | | | | |
| Yes | 70 (36.3) | 35.34 ± 4.93 | 28.62 ± 5.87 | 17.84 ± 3.22 | 81.81 ± 9.32 |
| No | 123 (63.7) | 35.61 ± 5.39 | 28.74 ± 5.06 | 17.99 ± 3.68 | 82.35 ± 9.38 |
| | | p = 0.72 | p = 0.88 | p = 0.77 | p = 0.69 |
| **Living with an older adults patient** | | | | | |
| Yes | 35 (18.1) | 34.02 ± 5.34 | 28.60 ± 5.25 | 17.00 ± 3.81 | 79.62 ± 8.53 |
| No | 158 (81.9) | 35.80 ± 5.14 | 28.68 ± 5.38 | 18.13 ± 3.43 | 82.63 ± 9.40 |
| | | p = 0.06 | p = 0.93 | p = 0.08 | p = 0.08 |
| **Educational level** | | | | | |
| High school | 47 (24.4) | 36.95 ± 4.85 | 28.74 ± 5.44 | 17.63 ± 3.06 | 83.34 ± 9.02 |
| Undergraduate and Postgraduate degrees | 146 (75.6) | 35.05 ± 5.27 | 28.69 ± 5.34 | 18.03 ± 3.66 | 81.78 ± 9.43 |
| | | p = 0.03* | p = 0.95 | p = 0.50 | p = 0.32 |
| **Job** | | | | | |
| Nurse | 153 (79.3) | 35.66 ± 5.12 | 28.66 ± 5.16 | 18.03 ± 3.52 | 82.36 ± 9.28 |
| Health technician | 40 (20.7) | 34.95 ± 5.62 | 28.85 ± 6.10 | 17.57 ± 3.52 | 81.37 ± 9.63 |
| | | p = 0.44 | p = 0.84 | p = 0.46 | p = 0.55 |
| **Operation type** | | | | | |
| Only day or night | 39 (20.2) | 35.66 ± 4.36 | 28.84 ± 5.84 | 17.79 ± 2.88 | 82.30 ± 8.42 |
| Shift | 154 (79.8) | 35.48 ± 5.43 | 28.66 ± 5.24 | 17.97 ± 3.67 | 82.12 ± 9.58 |
| | | p = 0.84 | p = 0.85 | p = 0.77 | p = 0.91 |
| **Clinics** | | | | | |
| Surgical units | 54 (27.97) | 36.70 ± 4.80 | 27.88 ± 4.67 | 18.51 ± 3.24 | 83.11 ± 8.44 |
| Intensive care and operating room | 71 (36.78) | 34.88 ± 5.80 | 28.61 ± 5.70 | 17.78 ± 4.03 | 81.29 ± 10.56 |
| Internal medicine and others | 68 (35.23) | 35.23 ± 4.80 | 29.44 ± 5.46 | 17.63 ± 3.12 | 82.30 ± 8.67 |
| | | p = 0.13 | p = 0.28 | p = 0.35 | p = 0.55 |

**Table III.** Distribution of the total and sub-dimension scores obtained from the AAS according to the general views of healthcare practitioners regarding older patients

| Questions and answers | n (%) | Limitation of older adults life (X± SD) | Positive discrimination (X± SD) | Negative discrimination (X ± SD) | AAS* total score (X± SD) |
|---|---|---|---|---|---|
| Have you received training on olderpatient care? | | | | | |
| Yes | 110 (57) | 35.62±5.19 | 28.96±5.44 | 17.71±3.70 | 82.30±944 |
| No | 83 (43) | 35.37±5.29<br>t=0.33<br>p=0.73 | 28.36±5.25<br>t=0.77<br>p=0.44 | 18.22±3.25<br>t=−0.99<br>p=0.32 | 81.96±9.24<br>t=0.25<br>p=0.80 |
| Would you like to receive training on older patient care? | | | | | |
| Yes | 131 (67.9) | 35.98±5.02 | 28.97±5.37 | 17.77±3.48 | 82.74±9.16 |
| No | 62 (32.1) | 34.53±5.53<br>t=1.81<br>p=0.07 | 28.12±5.31<br>t=1.02<br>p=0.30 | 18.27±3.59<br>t=−0.91<br>p=0.36 | 80.93±9.66<br>t=1.25<br>p=0.21 |
| Would you prefer to care for adult/pediatric patients instead of older adults ? | | | | | |
| Yes | 108 (56) | 34.93±5.34 | 27.74±5.42 | 17.70±3.50 | 80.37±8.94 |
| No | 85 (44) | 36.25±5.00<br>t=−1.75<br>p=0.08 | 29.92±5.03<br>t=0.37<br>p=0.00* | 18.23±3.54<br>t=−1.04<br>p=0.29 | 84.42±9.29<br>t=−3.05<br>p=0.00* |
| Do you think that the care that should be provided to the older adults could be of higher quality? | | | | | |
| Yes | 146(75.6) | 36.13±5.14 | 29.07±5.34 | 18.00±3.57 | 83.21±9.12 |
| No | 47 (24.4) | 33.61±5.06<br>t=2.92<br>p=0.00* | 27.55±5.27<br>t=1.70<br>p=0.09 | 17.72±3.37<br>t=0.47<br>p=0.63 | 78.89±9.35<br>t=2.80<br>p=0.00* |
| Would you volunteer to work if there was ageriatric inpatient service within the hospital? | | | | | |
| Yes | 51 (26.4) | 37.07±5.14 | 29.66±6.32 | 19.39±3.95 | 86.13±10.07 |
| No | 142(73.6) | 34.95±5.15<br>t=2.52<br>p=0.01* | 28.35±4.94<br>t=1.50<br>p=0.13 | 17.41±3.20<br>t=3.54<br>p=0.00* | 80.73±8.66<br>t=3.65<br>p=0.00* |
| Do you like to care for older patients? | | | | | |
| Yes | 94 (48.7) | 36.30±4.97 | 30.08±5.44 | 18.61±3.77 | 85.01±9.20 |
| No | 99 (51.3) | 34.76±5.36<br>t=2.06<br>p=0.04* | 27.39±4.94<br>t=3.59<br>p=0.00* | 17.29±3.14<br>t=2.65<br>p=0.00* | 79.45±8.67<br>t=4.31<br>p=0.00* |

The distribution of the total and sub-dimension scores obtained from the AAS according to the general views of healthcare practitioners regarding older adults are presented in Table III. A total of 57% received training in older patient care, and 67.9% wanted to receive training on this subject. Significant differences ($p<0.05$) were observed between the following scores: 1) low positive ageism sub-dimension scores and low total AAS scores of participants who answered yes to the question 'Would you prefer to care for adult/pediatric patients instead of the older adults?' 2) low scores for the restricting life of elderly sub-dimension scores and low total AAS scores of those who answered no to the question 'Do you think that the care that should be applied to the older adults could be of higher quality?' 3) high scores for the restricting life of elderly and negative ageism sub-dimension scores and high AAS total scores of those who answered yes to the question 'Would you volunteer to work if there was a geriatric inpatient service within the hospital?' and 4) high total and sub-dimension scores in the AAS of those who answered yes to the question 'Do you like to care for older patients?' (Table III).

## DISCUSSION

In the present study, the general beliefs of healthcare practitioners working in a university hospital regarding older patients were determined, and their attitudes towards ageism were evaluated using the AAS. Thus, it was found that healthcare practitioners had a positive attitude towards ageism. The results of other studies conducted in Turkey on the attitudes of healthcare workers towards older adults-discrimination support the findings of the present study (2,5,7,12,21,24). We believe that the traditional cultural structure of Turkish

society had an impact on this result. In contrast, in similar studies conducted on nursing students, ageism attitudes were negative (13,17,18,20).

There are conflicting results regarding the effects of sociodemographic factors on ageism attitude. Some studies accepted that sex was an important determinant of ageism (7,15,18,23), whereas in most studies, similar to the present one, it was emphasized that sex had no effect on ageism attitude (8,12,16,22,26,27,28). In the present study, age, marital status, working year and having children had no effect on ageism attitude. Age, marital status and working years of surgical nurses as reported by Bulut and Cilingir; marital status and working time of the personnel working in geriatric centers as reported by Unalan et al. and professional experience of those working in primary care clinics as reported by Kissal and Okan had no effect on ageism attitude (2,7,16). Furthermore, similar studies conducted in undergraduate students indicated that age had no effect on ageism attitude (8,18,19,22,27).

Living with an older individual is another factor reported to may have an impact on ageism. However, in the present study, this factor did not show any significant difference; similar results have been previously reported (25,27). Some studies have reported that individuals living with older adults or those who lived with an older individual in a period of their life have a more positive attitude towards the older population(7,12,19,29). We believe that our society's customs and traditions, moral values and social sanctions that do not allow disrespect and rejection towards an older individual may have an impact on this issue.

There are studies indicating that healthcare workers develop a more positive perspective towards the older adults as their education level increases (2,16). In the present study, although high school graduates had higher total AAS scores than university graduates, the difference was not significant. In a study evaluating the ageism attitude of geriatric centre workers, Unalan et al. reported that personnel tend to have a more negative age discrimination tendency in comparison with high school and primary school graduates (7). Contrary to the findings by Bulut and Cilingir, in the present study, the scores obtained from the sub-dimension of the restricting life of elderly were significantly low as the education level increased (2). Thus, the tendency to be more respectful towards the freedom of older individuals' lives and their choice of life increases as the level of education increases.

In the present study, similar to previous studies, healthcare practitioners' professional differences and working styles did not affect their attitude towards ageism (7,12,16). In a study, using the Kogan's Attitude Towards Old People Scale, ageism attitude did not have a significant difference among the units in which nurses work; this is similar to the results of the present study (28). We believe that this is the result of a compassionate approach towards the older adults.

In our study, there was no significant difference between those who received training related to older adults care in comparison with those who did not receive training and those who wanted to receive training on older adults care. However, the positive ageism sub-dimension scores and low total ageism attitudes scores of those who wanted to take care of other patient groups, instead of providing care to the older adults, were statistically significant. Although the need for training to improve the quality of older patient care is not considered important among healthcare practitioners, taking care of the older adults is based on voluntariness.

The sub-dimension scores of the restricting life of elderly and the total scores of those who believe that the service provided to the older adults can be of higher quality were found to be high and significantly different. It is

understood that healthcare workers with positive age discrimination attitude tend to limit the lives of the older patients with the motivation to protect them from dangerous situations that might occur. This result suggests that the positive implications of our society regarding the older adults such as respect, love and wisdom are still popular among health professionals.

It was determined that those who volunteered to work in the geriatric inpatient service to be opened in the hospital had significantly higher scores in the sub-dimensions of restricting life of elderly and positive ageism and higher total scores in the AAS than the other groups. In some studies, nursing students stated that they did not wish to work with the older patients after graduation due to their negative attitude towards ageism (26,29). A study conducted in Turkey reported that students did not wish to work with older patients even if they had positive ageism attitudes (18). We think that this situation stems from the vision of young individuals who do not have sufficient knowledge and experience about the older patients and taking care of an older patient is more troublesome, difficult and self-sacrificing. Contrary to this, Yilmaz and Ozkan reported that more than half of the nursing students wanted to work with older patients after graduation (19).

When we compared those who like and those who do not like to take care of older adults, it was determined that higher sub-dimension and total scores in the AAS were found to be contradictory and have significant differences. It is certain that healthcare practitioners choosing clinics according to their tendencies and education will increase the quality of their work with increasing motivation. However, it is surprising that the negative attitudes of healthcare workers towards older adults are high although they like to take care of older patients. We believe that this trend may change positively with periodic in-service training on geriatric diseases and the issues that facilitate communication with older patients.

## CONCLUSIONS

Healthcare practitioners working in the hospital had positive discrimination attitudes towards the older adults. All health education programmes should include the special needs of older population and pathologies related to old age in their curriculum. Healthcare service providers should be provided with in-service training programmes and periodic training on geriatrics. Policies should be developed to encourage healthcare providers to specialize in the field of geriatric medicine. Those who provide healthcare services should have the privilege of choosing the services they want to work. Geriatric patient services should be opened within the hospital.

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