

Hatice DEMİRAG<sup>1</sup>

Orcid: 0000-0002-2393-563X

Nurşen KULAKAÇ<sup>2</sup>

Orcid: 0000-0002-5427-1063

Sevilay HİNTİSTAN<sup>3</sup>

Orcid: 0000-0002-5907-5723

## Turkish Nurses' Attitudes towards Elder Abuse and Neglect and Related Factors

### Türkiye'deki Hemşirelerin Yaşlı İstismarı ve İhmaline Yönelik Tutumları ve İlişkili Faktörler

Gönderilme Tarihi: 22 Haziran 2022

Kabul Tarihi: 13 Şubat 2024

<sup>1</sup> Gümüşhane University, Kelkit Sema Doğan Vocational School of Health Services, Department of Medical Services and Techniques, First and Emergency Aid Program, Gümüşhane/Türkiye

<sup>2</sup> Gümüşhane University, Faculty of Health Sciences Nursing Department, Gümüşhane/Türkiye

<sup>3</sup> Karadeniz Technical University, Faculty of Health Sciences Nursing Department, Internal Medicine Nursing, Trabzon/Türkiye

**Sorumlu Yazar (Corresponding Author):**  
Nurşen KULAKAÇ

[nrsnklkc@gmail.com](mailto:nrsnklkc@gmail.com)

#### ABSTRACT

**Objective:** Elder abuse appears as a global phenomenon that varies with time and societal structure. Nurses need to be able to recognize abused and neglected older people and take initiative for them. This study aimed to examine Turkish nurses' attitudes towards elder abuse and neglect and related factors.

**Methods:** In this cross-sectional and correlational study, the data were collected from 104 nurses who agreed to participate in the study between 15 and 25 June 2021 with an online questionnaire using a random sampling method.

**Results:** Sixty nine point two percent of the nurses did not take a course on elder abuse, 99.2% received training on elder nursing in undergraduate education, 99.2% knew the concept of elder abuse, 92.3% encountered elder abuse cases, and 61.5% encountered an elder abuse case but did not report it. The rate of reporting elder abuse was 2.69 times higher in nurses with more work experience, 6.71 times in those who believed that nurses can be adequately protected against potential problems, and 4.21 times higher in those with a high level of knowledge about the elder abuse law.

**Conclusion:** According to the results, Turkish nurses had sufficient knowledge about elder abuse and neglect, but reporting rate was inadequate.

#### ÖZ

**Amaç:** Yaşlı istismarı, zamana ve toplumsal yapıya göre değişmekle birlikte evrensel bir olgu olarak karşımıza çıkmaktadır. Hemşirelerin istismara ve ihmale uğrayan yaşlıları fark etmesi ve onlara yönelik girişimler yapabilmesi önemlidir. Bu çalışma, Türkiye'deki hemşirelerin yaşlı istismarı ve ihmaline yönelik tutumlarını ve ilişkili faktörleri incelemek için yapıldı.

**Yöntem:** Kesitsel ve ilişki arayıcı tipteki bu çalışmada, veriler kartopu örnekleme yöntemi kullanılarak 15-25 Haziran 2021 tarihleri arasında çalışmaya katılmayı kabul eden 104 hemşireden online anket formu ile toplandı.

**Bulgular:** Hemşirelerin %69.2'sinin yaşlı istismarı ile ilgili kurs almadığı, %99.2'sinin lisans eğitiminde yaşlı hemşireliği ile ilgili eğitim aldığı, %99.2'sinin yaşlı istismarı kavramını bildiği, %92.3'ünün yaşlı istismarı ile karşılaştığı ve %61.5'inin tanık olduğu yaşlı istismarını rapor etmediği belirlendi. Yaşlı istismarını rapor etme durumu; ileri yaştaki hemşirelerde 2.69 kat, ortaya çıkabilecek sorunlarda hemşirelerin yeterince korunabileceğine inananlarda 6.71 kat ve yaşlı istismarı yasası ile ilgili bilgi düzeyi yüksek olanlarda 4.21 kat fazla bulunmuştur.

**Sonuç:** Bulgular doğrultusunda; Türk hemşirelerin yaşlı istismarı ve ihmali konusunda bilgilerinin yeterli olmasına karşın, olay bildirimleri yetersiz bulunmuştur. Hemşireler, hemşirelerin yaşlı istismarı ve ihmali olgularında uygulayabilecekleri algoritmalar oluşturmalıdırlar. Ayrıca, istismar ve ihmali önlemeye odaklı hemşirelik bakım planı geliştirilmeli, uygulanmalı ve değerlendirilmelidir.

#### Keywords:

Nurse; elder, abuse; neglect.

#### Anahtar Sözcükler:

Hemşire; yaşlı; istismar; ihmal.

**Kaynak Gösterimi:** Demirağ, H., Kulakaç, N., Hintistan S. (2024). Türkiye'deki hemşirelerin yaşlı istismarı ve ihmaline yönelik tutumları ve ilişkili faktörler. *EGEHFD*, 40(2), 241-250. Doi: 10.53490/egehemsire.1230432

**How to cite:** Demirağ, H., Kulakaç, N., Hintistan S. (2024). Turkish Nurses' attitudes towards elder abuse and neglect and related factors. *EGEHFD*, 40(2), 241-250. Doi: 10.53490/egehemsire.1230432

## INTRODUCTION

Today, developments in health sciences and technology have led to an increase in life expectancy worldwide, and thus the ratio of the population over the age of 65 to the total population (Özdemir, Akdemir and Akyar, 2005; WHO, 2021). The World Health Organization has reported that the population aged 60 and over will gradually increase and reach 22% worldwide in 2050 (WHO, 2021). The Turkish Statistical Institute (TUIK) (2020) reports that the proportion of the elderly population in the total population was 9.5% in 2020, estimating that it will be 11.0% in 2025, 12.9% in 2030, 16.3% in 2040, 22.6% in 2060 and 25.6% in 2080. Monaco (33.5%) ranks first among 167 countries with the highest proportion of the elderly population, Japan (28.5%) ranks second, Germany (22.9%) ranks third, and Turkey (9.5%) ranks 66th (TUIK, 2021).

The economic, social, and health areas are all negatively impacted by the rising senior population (Çilingiroğlu and Demirel, 2004). As a natural and inevitable process, aging is a period characterized by regression in cognitive and physical activities, loss of role and status, increase in emotional intensity, and increase in material-spiritual dependence (Gönüllü Taşkesen, 2017; Polat, and Kahraman, 2013). Due to their financial and moral dependencies besides the need for care, older individuals may become vulnerable to abuse and/or negative attitudes as they are unable to control their own lives (Dong, 2015). In addition, reasons such as inadequate social support systems in developing countries, a transition from extended family to a nuclear family, economic difficulties, migration, and women's participation in working life pave the way for elder abuse and neglect (Akduman, Korkusuz and Akduman, 2006; Kalaycı et al, 2017). One of the problems that arise with the increase in the elderly population is abuse and neglect behavior towards the elderly. Abuse and neglect of the elderly, whether intentional or not, is a broad term for acts that harm or have the potential to harm the elderly (Dong, 2015).

First devised in 1975, *Elder abuse* is defined as “granny battering” by Baker and Burston (Artan, 2016). The International Elder Abuse Prevention and the World Health Organization (WHO) Toronto Declaration (2002) explained elder abuse as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person” (WHO, 2002). Older people are mostly exposed to abuse and neglect by their spouses and children in their own houses (Kıssal and Beser, 2009). However, elder abuse is not limited to the home environment, older people can also be abused and neglected in the institutions where they receive service, or they can neglect themselves (Uysal, 2002).

Relevant studies describe elder abuse and neglect as a significant problem in Turkey as in the rest of the world. Tan and Soysal suggest that healthcare professionals who play a significant role in the recognition, management, and intervention of cases should be given comprehensive training on recognizing, responding, and reporting elder abuse and neglect (Tan and Soysal, 2020).

Identifying elder abuse and neglect is a professional responsibility for nurses. Nurses are in a critical position to spot real and suspicious cases and intervene in them because they constantly interact with older people (Kıssal and Beşer, 2009). For nurses to recognize the abused and neglected elderly, they must have detailed information about them and their caregivers, be able to observe them very well, and know the signs and symptoms that may help the diagnosis (Koştu, 2005).

Identifying abuse and negative attitudes towards the elderly is crucial in raising awareness about the issue and increasing the level of knowledge of nurses who care for the elderly (Kalaycı et al., 2017). Therefore, this study aimed to determine the attitudes of Turkish nurses towards elder abuse and neglect and related factors.

### Research questions

1. What is the level of knowledge and experience of Turkish nurses regarding the neglect and abuse of the elderly?
2. What are the reasons why Turkish nurses do not report elder abuse cases they encounter?
3. What are the factors affecting Turkish nurses' reporting of elder abuse?

## METHODS

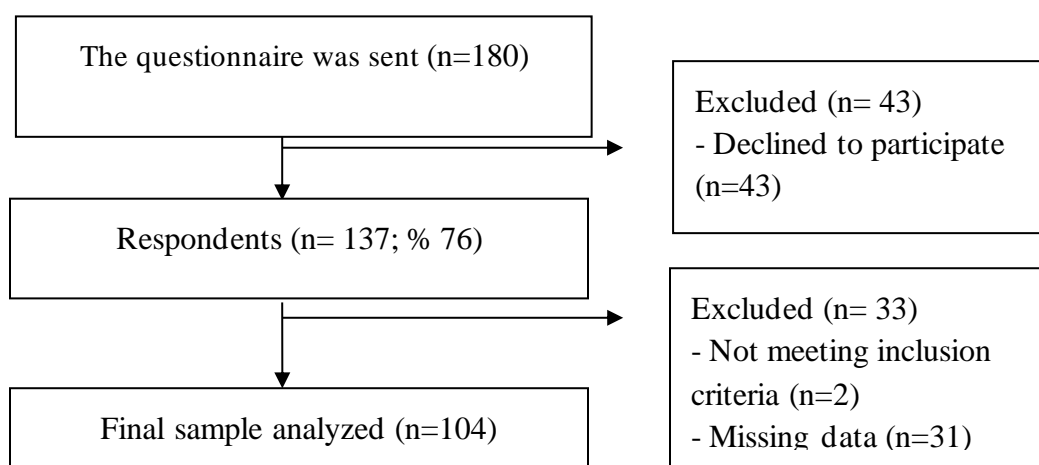
### Design

This is a cross-sectional and correlational study. The STROBE checklist was used to report the study.

### Population and Sample

The population of the study consisted of nurses working in hospitals in Turkey. It was a bit challenging to reach nurses working for long periods due to the pandemic. We collected the data from the nurses who agreed to take part in the study between 15 and 25 June 2021 using the snowball sampling method. The nurses working in three state hospitals in the Eastern Black Sea Region formed the first chain of the snowball. The first 5 nurses included in the study were asked to forward the questionnaire to other nurses who met the research criteria and agreed to fill in the

questionnaire. According to calculations, the sample should consist of 104 nurses, which was determined by the Open Epi program with a 95% confidence interval and 0.05 margin of error. At the end of the study, 104 nurses were recruited for the study (Figure 1).



**Figure 1:** Flow diagram of nurse recruitment and tracking process and analysis set

After obtaining the necessary ethics committee permission for the study, an online questionnaire was prepared with Google Forms and forwarded to the smartphones of the healthcare professionals via WhatsApp. Participants are anonymous on the form, and they are only permitted to respond once.

#### *Inclusion criteria*

- Agreeing to participate in the study,
- Living in Turkey,
- Being a nurse,
- Having no impairment in mental and cognitive functions.

#### **Data Collection**

The researchers developed a questionnaire form, including three parts to collect the data in the study (Artan, 2013; Gürsoy et al., 2022). In the first part, there are six questions about the socio-demographic characteristics of nurses (sex, age, professional experience, etc.).

*In the second part*, there are twelve Likert-type questions about nurses' knowledge and experiences of elder abuse and neglect. After the form was prepared, an academician who is an expert in measurement and evaluation and three faculty members who are experts in the field of nursing were consulted for content validity. For the pilot study, the form was first applied to some nurses (n=22) who were excluded from the study. As a result of this application, the Cronbach alpha coefficient of the 12-item success test was calculated as 0.82.

In the third part, there are five questions regarding the underlying reasons why nurses do not report elder abuse and neglect.

#### **Data Analysis**

A Microsoft Excel table of the data was created using Google forms and transferred to the Statistical Package for the Social Sciences (SPSS) 23 program for statistical analysis (SPSS Inc., Chicago, USA). Frequency, percentage, average, and standard deviation were used to evaluate the data. Logistical regression analyses were used to determine the factors associated with the reporting of elder abuse.  $p < 0.05$  was considered statistically significant.

#### **Ethical Considerations**

We obtained ethical approval from the Human Research Ethics Committee of Gümüşhane University (Decision number: 2021/01 on 04 February 2021). Before starting the study, an electronic consent form was obtained from each participant. Participants could draw from the study at any moment without providing any justification.

## RESULTS

According to the results, the mean age of the nurses in the study was  $27.69 \pm 3.33$  (min:23-max:35), the average work experience was  $4.76 \pm 2.92$  (min:1-max:11 years), 92.3% were female, 76.9% were married, 61% were postgraduates, and 53.8% worked in a training and research hospital (Table 1).

Sixty nine point two percent of nurses did not take any course on elder abuse, 61.5% had sufficient knowledge of the elderly abuse law, 46.2% never lived in the same house with an elderly, and 46.2% had previously lived in the same house with an older person. The average duration of those staying at home with an older person was  $7.84 \pm 5.90$  years (min:1-max:18). 99.2% of the participants received training on elderly nursing in undergraduate education, 99.2% knew the concept of elder abuse, 92.3% thought that the abuser had psychological problems, and all the nurses stated that older people in need of care were exposed to a abuse. 92.3% of the nurses encountered elder abuse cases, 45.2% encountered cases of physiological abuse towards the elderly, the abuser was mainly relatives of the victim, and 61.5% did not report the elder abuse cases they encountered (Table 2).

The reasons why the nurses participating in the study did not report elder abuse were determined as follows: uncertainties in the reporting process (92.3%), not believing that nurses can be adequately protected against potential problems (69.2%), the uncertainty that the denouncer's identity can be kept confidential (61.5%), and fear of being hurt by the abuser or negligent (61.5%) (Table 3).

Considering the logistic regression model devised to determine the nurses' reporting of elder abuse, we found that having more work experience, not believing that nurses can be adequately protected against potential problems, and the level of knowledge about the law on elder abuse were the determining factors in reporting elder abuse ( $p < 0.05$ ). The rate of reporting elder abuse was 0.74 times higher in nurses with more work experience, 3.25 times in those not believing that nurses can be adequately protected against potential problems, and 3.09 times in those with a high level of knowledge about the elder abuse law (Table 4).

**Table 1.** Sociodemographic characteristics of nurses (n=104)

	n	%
<b>Gender</b>		
Female	96	92.3
Male	8	7.7
<b>Marital Status</b>		
Single	24	23.1
Married	80	76.9
<b>Education Status</b>		
Associate degree	8	7.7
Bachelor's degree	32	30.8
Post-graduate degree	64	61.5
<b>Organization</b>		
Public Hospital	48	46.2
Training and Research Hospital	56	53.8
<b>Age</b> (mean. $\pm$ standard deviation)	$27.69 \pm 3.33$	(min.23-max.35)
<b>Duration of professional experience (year)</b> (mean. $\pm$ standard deviation)	$4.76 \pm 2.92$	(min.1-max.11)

**Table 2.** The perception, knowledge, and experience of nurses on elder abuse and neglect (n=104)

	n	%
<b>Living in the same house with an older person</b>		
Never	48	46.2
Previously	48	46.2
Now	8	7.6
<b>Receiving education about elderly nursing in undergraduate education</b>		
Yes		
No	96	99.2
	8	0.8
<b>The state of knowing the concept of elder abuse</b>		
Yes	96	99.2
Partially	8	0.8
No		
<b>The reasons for elder abuse (related to the characteristics of the elderly)*</b>		
Needing care		
Having financial problems	104	100.0
Abusing other individuals before	32	30.8
Have psychological problems	24	23.1
	40	38.5
<b>The reasons for elder abuse (related to the characteristics of abusers)*</b>		
Having financial problems		
Having a low level of education	55	53.8
Having psychological problems	48	46.2
Using substances	96	92.3
	79	76.9
<b>Receiving a course on elder abuse</b>		
Yes	32	30.8
No	72	69.2
<b>The level of knowledge about the elder abuse law</b>		
Sufficient	64	61.5
Insufficient	40	38.5
<b>The state of encountering the case of elder abuse</b>		
Yes	96	92.3
No	8	7.7
<b>Type of abuse case encountered*</b>		
Psychological	43	41.3
Physiological	47	45.2
Neglect	25	24
Economic	17	16.3
Sexual	-	-
<b>The perpetrator of the abuse case*</b>		
Children	88	84.6
Relatives	96	92.3
Caregivers	48	46.2
Neighbors	8	7.7
<b>Reporting status of nurses encountering elder abuse</b>		
Yes	36	38.5
No	60	61.5
<b>The time spent living in the same house with the elderly</b>		$X \pm Ss = 7.84 \pm 5.90$ (min:1- max:18)

\*Multiple answers given.

**Table 3.** The reasons for nurses not reporting elder abuse they encountered (n=104)

	n	%
<b>The reasons for nurses not reporting elder abuse*</b>		
Uncertainties in the reporting process	96	92.3
Not believing that nurses can be adequately protected against potential problems	72	69.2
Risk of worsening of the patient's current conditions (e.g. family relationships)		
Uncertainty that the denouncer's identity can be kept confidential	16	15.4
Fear of being hurt by the abuser or negligent	64	61.5
	64	61.5

\* Multiple answers given.

**Table 4.** The findings on the logistic regression analysis between nurses' reporting of elder abuse and independent variables (n=104)

Variables	$\beta$	p	OR (%95 GA)*
Age	0.297	0.002	0.74 (0.61-0.89)
Believing that nurses can be adequately protected	1.180	0.017	3.25 (1.23-8.60)
The level of knowledge about the elder abuse law	1.130	0.023	3.09 (1.16-8.21)
Nagelkerke R= 0.350			

The state of believing that nurses can be protected adequately (No:0, Yes:1), The level of knowledge about the elder abuse law (No:0, Yes:1), Age is dummy variable.

## DISCUSSION

The aging of the population worldwide increases the risk of older people suffering all kinds of abuse and neglect in all settings. It is, therefore, vital to recognize and address abuse cases at the institutional and societal levels (Phelan, 2018). The proportion of elder abuse victims living in care institutions ranges from 10% to 80% (Özkul, and Kalaycı, 2018). The ratio of elder neglect is between 5.3% and 80.0% in Turkey (Ergin et al, 2012; Tufan, 2011) and between 35% and 60% abroad (Burnett et al., 2016). Nurses need to be aware of the obstacles to preventing a abuse and neglect, early intervention, and reporting the event to protect the elderly (Phelan, 2018). This study examined Turkish nurses' attitudes towards elder abuse and neglect and related factors.

In this study, the mean age of the nurses was found to be 27.69±3.33. Consistent with our study, in a study on elder abuse and neglect, the mean age of the participants was 28.1±4.90 years (Cho, Cha and Yoo, 2015). In another study conducted with health students, the mean age was 20.10±1.64 (Bayrak Kahraman, Polat and Gürhan, 2021). The sample population could be the cause of the lower mean age in our study. In a similar study conducted with Korean nurses, the mean age (31.45±7.78 years) was higher than in our study (Ko and Koh, 2012). Almost all the nurses in our study (92.3%) were women. In similar studies, the rate of female participants was between 46.8-88.6%, which was lower than in our study (Bayrak Kahraman, et al., 2021; Cho, Cha and Yoo, 2015; Özdemir et al., 2018; Özkul and Kalaycı, 2018). We think that this difference results from the occupational group. In our study, the mean professional experience of nurses was 4.76±2.92 years. Cho, Cha and Yoo (2015) found in their study that 40.4% of nurses had 5 years or more of professional experience. In another study, the work experience in nursing was higher (8.57±7.79) than in our study (Ko and Koh, 2012), which could be due to the higher mean age of the participants.

In our study, 46.2% of the participants lived in the same house with an elderly before with a mean duration of 2.0±0.96 (min:1-max:3) years. Özkul and Kalaycı (2018) reported that the rate of people living in the same house with an elderly (75.3%) was higher than in our study (Özkul and Kalaycı, 2018), which may be due to the different cultural values of the sample groups.

Healthcare workers are in the occupational group that encounters elder abuse and/or negative attitudes the most due to the nature of their profession (Krug et al, 2002; Thomson et al. 2010). The lack of knowledge of healthcare professionals causes problems, especially in identifying and helping the elderly exposed to abuse and/or negative attitudes (Nusbaum et al, 2006). The adopted and traditional behaviors and negative attitudes of some health workers towards abuse make it difficult to identify the victims and negatively affect the number and quality of the reports on the subject (Meeks-Sjostrom, 2004). The first step in eliminating elder abuse, neglect, and unfavorable attitudes is

undoubtedly to understand the source of the problem, raise a awareness and provide a solution (Nusbaum et al, 2006). In this study, nearly all nurses (99.2%) received education about elderly nursing in university education, 99.2% knew the concept of elder abuse, 92.3% had previously received courses on elder abuse, but only 61.5% had sufficient knowledge of the elder abuse law. Various studies determined the rate of those who received training on elder abuse was between 6 and 78.4% (Bayrak Kahraman et al., 2021; Cho, Cha and Yoo, 2015; Ko and Koh, 2012; Özdemir et al., 2018), and the rate of those who took courses was between 21.2% and 21.8% (Ko, and Koh, 2012; Özdemir et al., 2018).

Studies conducted in Turkey show that the rate of exposure of the elderly to domestic abuse or neglect varies between 14.2% and 70.9% (Artan, 2013; Ergin et al., 2012; Kalaycı et al., 2015). In our study, almost all the nurses (92.3%) stated that they encountered elder abuse and neglect cases. It was reported in a study that 42% of the participants encountered elder abuse cases (Özkul and Kalaycı, 2018). The fact that the rate of encountering elder neglect and abuse was lower than in our study may be because most of the participants (88.9%) were unemployed. In a study evaluating the physicians' awareness about the neglect and abuse of elderly patients admitted to the emergency department, the rate of encountering elderly neglect and abuse (69.4%) was determined to be lower than that of this study (Özdemir et al., 2018), which may have been the result of including only emergency nurses in the sample group.

We determined that 61.5% of the nurses did not report the elder abuse and neglect they encountered. Alon et al. (2017) found that all participants (100%) reported the abuse to the relevant institutions (Alon et al, 2017). In another study, 30% of the participants did not report abuse and neglect (Özdemir et al., 2018). In our study, we found the reason for the high number of unreported cases was the 'uncertainties in the reporting process' (92.3%) and 'not believing that nurses can be adequately protected against potential problems' (69.2%) (Table 3). Again, in a study conducted in Ireland, 80% of the subjects (Naughton et al, 2014) and 60% in China (Lee, Kaplan and Perez-Stable, 2014).

In our study, the person who abused the elderly was found to be most relatives (92.3%) and children (84.6%) of the victim. Various studies showed that family members, especially the sons or daughter-in-law of the elderly, family members like spouses, siblings, other relatives, and other individuals living close to them like neighbors are responsible for the abuse of the elderly (Clarysse, Kivlahan, Beyer and Gutermuth, 2017; Cooper and Livingston, 2014; Frazão, Correia, Norton and Magalhães, 2014; Hall, 2017; Kalaycı et al., 2016; Kalnkara, 2011; Loh et al., 2015; Yon, Mikton, Gassoumis and Wilber, 2017). Similar to our study, Özkul and Kalaycı (2018) reported in their study that older people are mostly abused and neglected by their children (47%) and their relatives (20.6%) (Özkul and Kalaycı, 2018).

In this study, we observed that 92.3% of the nurses thought that the abuser had psychological problems, and all (100%) stated that the elderly in need of care were abused. Among the most important causes of elder abuse are "the elderly being in need of care" (40.8%), the abuser having "economic" (38.3%) and "psychological" (21.0%) problems, and "low education level" (% 24.7) (Özkul and Kalaycı, 2018).

In this study, we determined that nurses encountered physiological (45.2%) and psychological (41.3%) cases of elder abuse. Özkul and Kalaycı (2018) reported that the elderly were the most frequent victims of psychological (37.0%) and physical (27.2%) abuse. The first scientific study on elder abuse in Turkey was conducted by Artan in 1996 in Istanbul and it was reported that 26% of the elderly were subject to physical abuse (Artan, 1996).

In this study, the reasons why nurses did not report the cases were as follows; uncertainties in the reporting process (92.3%) and not believing that nurses can be adequately protected against potential problems (%69.2), the risk of worsening the patient's current condition (such as family relationships) (%15.4), and uncertainty that the denouncer's identity can be kept confidential (%61.5). Although reporting is of great importance in elder abuse, it has been observed that many people who encounter abuse cases do not report the incident to the relevant authorities (Schmeidel, Daly, Rosenbaum, Schmuch and Jogerst, 2012). Özdemir et al., (2018) in their study on physicians, stated that among the reasons why physicians do not report cases of abuse and neglect of the elderly are 'not finding enough time to evaluate patients' (27.2%), 'believing that physicians are not protected adequately against problems that may arise' (10.6%), 'believing that they do not have sufficient knowledge and/or experience' (23.4%) and 'the risk of worsening of the patient's current condition' (10%) (Özdemir et al., 2018). In another study, the reasons for nurses not reporting abuse are as follows; 'nurses believe that it is a domestic private issue' (50%), 'the reporting process is unclear' (92.3%), and 'it is uncertain that the denouncer's identity can be kept confidential' (16.2%) (Ko and Koh, 2012). We believe that the reason for the high percentages we obtained in this study is that the participants could choose more than one option.

In the logistic regression analysis to determine the nurses' reporting of elder abuse; 'more work experience', 'not believing that nurses can be adequately protected against potential problems', and 'the level of knowledge about the elder abuse law' were significant predictors. On the other hand, Ko and Koh (2012) reported that nurses' clinical work experience, knowledge of elder abuse law, and perceived seriousness were considerable predictors of willingness to report elder abuse (Ko and Koh, 2012).

### Limitations

The main identified limitation of this cross-sectional study is that the sample size was small, and only nurses working in the hospital were recruited for the study.

### CONCLUSION

Based on the findings of the study, it is concluded that the knowledge of Turkish nurses on elder abuse and neglect was sufficient, but the reporting rate of the cases was insufficient.

Elder abuse and neglect can seriously harm, hurt, or even kill the elderly, yet it is an issue that can be avoided. For the prevention of this problem, it is recommended to raise awareness of all health personnel, especially nurses, and society, create algorithms, and develop protective social policies for the elderly.

Nurse managers should ensure that nurses receive certified training on elder abuse and neglect, and they should create algorithms that nurses can apply in cases they encounter.

Implications for nursing management: Executive nurses should create algorithms that nurses can apply in cases of elder abuse and neglect.

### Author Contributions

Concept and design: H.D., N.K. Data collection: H.D., N.K. Data analysis and interpretation: N.K. Writing manuscript : H.D., N.K., S.H. Critical review: H.D., N.K., S.H.

**Conflict of Interest:** The authors have no conflicts of interest to declare.

**Funding:** The authors declared that this study has received no financial support.

### REFERENCES

- Akduman, G.G., Korkusuz, İ., Akduman, B. (2006). Yaşlı istismarı ve ihmali. *Adli Psikiyatri Dergisi*, 3, 3-8.
- Alon, S., Tuma, N., Band-Winterstein, T., Goldblatt, H. (2017). Professionals' awareness of sexual abuse in late life: An exploratory survey. *Journal of the American Psychiatric Nurses Association*, 00(0), 1–9.
- Artan, T. (1996). *Aile içi fiziksel yaşlı istismarı*. İstanbul Üniversitesi, Adli Tıp Enstitüsü, Sosyal Bilimler Ana Bilim Dalı. (Yüksek lisans tezi). Access address: <https://tez.yok.gov.tr/UlusalTezMerkezi/>.
- Artan, T. (2013). Family abuse against the elders living in nursing homes. *Toplum ve Sosyal Hizmet*, 24(2), 109-122.
- Artan, T. (2016). Financial abuse as a type of elderly abuse among elderly people residing in senior centers. *HSP*, 3(1), 48-56.
- Bayrak Kahraman, B., Polat, Ü., Gürhan, N. (2021). Health science students' perception and awareness of elder abuse and neglect. *Turkish Journal of Geriatrics*, 24(1), 104-112. DOI: 10.31086/tjgeri.2021.205.
- Burnett, J., Jackson, S.L., Sinha, A.K., Aschenbrenner, A.R., Murphy, K.P., Xia, R., Diamond, P.M. (2016). Five-year all-cause mortality rates across five categories of substantiated elder abuse occurring in the community. *Journal of Elder Abuse & Neglect*, 28(2), 59-75.
- Cho, O.H., Cha, K.S., Yoo, Y.S. (2015). Awareness and attitudes towards violence and abuse among emergency nurses. *Asian Nursing Research*, 9, 213e218.
- Çilingiroğlu, N., Demirel, S. (2004). Aging and ageism. *Türk Geriatri Dergisi*, 7(4), 225-230.
- Clarysse, K., Kivlahan, C., Beyer, I., Gutermuth, J. (2017). Signs of physical abuse and neglect in the mature patient. *Clinics in Dermatology*, 36(2), 264-270.
- Cooper, C., Livingston, G. (2014). Mental health/psychiatric issues in elder abuse and neglect. *Clinics in Geriatric Medicine*, 30(4), 839-850.
- Dong, X.Q. (2015). Elder abuse: Systematic review and implications for practice. *Journal of the American Geriatrics Society*, 63(6), 1214-1238.
- Ergin, F., Evcil Kiraz, E.D., Saruhan, G., Benli, C., Okyay, P., Beser, E. (2012). Prevalence and risk factors of elder abuse and neglect in a western city of Turkey: A community based study. *Bulletin Of The Transylvania University of Braşov Series VI: Medical Sciences*, 5(54), 33-50.
- Frazão, S.L., Correia, A.M., Norton, P., Magalhães, T. (2015). Physical abuse against elderly persons in institutional settings. *Journal of Forensic and Legal Medicine*, 36, 54-60.
- Gönüllü Taşkese, C. (2017). Aging, old age and elders in rural and urban regions: The case of Denizli province. *Mehmet Akif Ersoy Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi*, 4 (1), 92-124.



- Gürsoy, M.Y., Tanrıverdi, G., Yılmaz, H. (2022). Aile sağlığı merkezlerinde çalışan sağlık profesyonellerinin yaşlı istismari ile karşılaşma durumları ve ilişkili faktörler: Kesitsel bir çalışma. *Türkiye Klinikleri J Health Sci*, 7(4),1120-6
- Hall, M. (2017). *Older people, victims and crime*. P. Davies, P. Francis, C. Greer (Eds.), Crime and Society: An Introduction, (pp.167-184).
- Kalaycı, I., Özbek Yazıcı, S., Özkul, M., Küpeli, A. (2016). Perceptions of the elderly on elderly abuse. *Turkish Journal of Geriatrics*, 19(4), 232-237.
- Kalaycı, I., Özbek Yazıcı, S., Şenkaynağı, A. (2015). Violence perception of the old people's attendants: Sample of Suleyman Demirel university hospital. *Yaşlı Sorunları Araştırma Dergisi*, 8(1), 22-33.
- Kalaycı, I., Özkul M, Özbek Yazıcı, S., Küpeli A. (2017). The unseen side of neglect and abuse: The importance of assistant personnel education in health services as a precaution against elder abuse and neglect. *The Journal of Social Science*, 4, 576- 593.
- Kalınkara, V. (2011). *Temel gerontoloji yaşlılık bilimi*. Ankara: Nobel Akademik Yayıncılık. [In Turkish].
- Kıssal, A., Beşer, A. (2009). Identifying and evaluating elder abuse and neglect. *TAF Preventive Medicine Bulletin*, 8, 357-364. [https://www.researchgate.net/publication/283724999\\_Yasli\\_Istismar\\_ve\\_Ihmalinin\\_Degerlendirilmesi/@@C:/Users/Pc/Downloads/YalstismarvehmalininDeerlendirilmesi.pdf](https://www.researchgate.net/publication/283724999_Yasli_Istismar_ve_Ihmalinin_Degerlendirilmesi/@@C:/Users/Pc/Downloads/YalstismarvehmalininDeerlendirilmesi.pdf).
- Ko, C., Koh, C.K. (2012). Factors related to korean nurses' willingness to report suspected elder abuse. *Asian Nursing Research*, 6, 115e119.
- Koştü, N. (2005). Yaşlı istismarı ve ihmalinin önlenmesinde halk sağlığı hemşiresinin rolü. *Özveri Dergisi*, 2(2),527-34.
- Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., Lozano, R. (Eds.). (2002). *World report on violence and health*, World Health Organization, Geneva. Access address: [http://whqlibdoc.who.int/publications/2002/9241545615\\_eng.pdf](http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf).
- Lee, Y.S., Kaplan, C.P., Perez-Stable, E.J. (2014). Elder mistreatment among chinese and korean immigrants: the roles of sociocultural contexts on perceptions and help-seeking behaviors. *Journal of Elder Abuse & Neglect*, 26(3), 244-269.
- Loh, D. A., Choo, W.Y., Hairi, N.N., Othman, S., Mohd Hairi, F., Mydin, M., ... Bulgiba, A. (2015). A cluster randomized trial on improving nurses' detection and management of elder abuse and neglect (I-need): Study protocol. *Journal of Advanced Nursing*, 71(11), 2661-2672.
- Meeks-Sjostrom, D. (2004). A comparison of three measures of elder abuse. *Journal of Nursing Scholarship*, 36(3), 247-250.
- Naughton, C., Drennan, J., Lafferty, A. (2014). Older people's perceptions of the term elder abuse and characteristics associated with a lower level of awareness. *Journal of Elder Abuse & Neglect*, 26(3), 300-318.
- Nusbaum, N.J., Cheung, V.M., Cohen, J., Keca, M., Mailey, B. (2006). Role of first responders in detecting and evaluating elders at risk. *Archives of Gerontology and Geriatrics*, 43(3), 361-367.
- Özdemir, L., Akdemir, N., Akyar, İ. (2005). Elderly evaluation form developed for nurses and geriatric problems. *Turkish Journal of Geriatrics*, 8(2), 94-100.
- Özdemir, S., Katpoglu, B., Evrin, T., Akkus Özdemir, F., Kудay Kaykısız, E., Ertürk, Z.K, Sinan Cem Uzunet, Z. K., Korkmaz, A. (2018). Evaluation of the awareness of the physicians on negligence and abuse of the elderly patients admitted to emergency department. *Disaster and Emergency Medicine Journal*, 3(3), 82-90.
- Özkul, M., Kalaycı, I. (2018). Perception of elderly abuse in employment of carers for elderly: An implementation on elderly sitter trainees. *Turkish Studies Social Sciences*, 13(10), 567-586.
- Phelan, A. (2018). The role of the nurse in detecting elder abuse and neglect: Current perspectives. *Nursing: Research and Reviews*, 8, 15-22.
- Polat, Ü., Kahraman, B.B. (2013). The relationship between the healthy lifestyle behaviors of elderly individuals and the perceived social support. *Firat Med J*, 18(4), 213- 218.
- Schmeidel, A.N., Daly, J.M., Rosenbaum, M.E., Schmuck, G.A., Jogerst, G.J. (2012). Health care professionals' perspectives on barriers to elder abuse detection and reporting in primary care settings. *Journal of Elder Abuse & Neglect*, 24(1), 17-36.
- Tan, G., Soysal, P. (2020). Investigation of health workers' perception and awareness towards elderly abuse. *Journal of Geriatric Science*, 3(3),132-137.
- Thomson, A.M., Beavan, J.R., Lisk, R., Mccracken, L.C., Myint, P.K. (2010). Training in elder abuse: The experience of higher specialist trainees in geriatric medicine in the UK. *Archives of Gerontology and Geriatrics*, 51(3), 257-259.
- Tufan, İ. (2011). *Türkiye'de yaşlılara şiddet I*. Türkiye Gerontoloji Atlası'ndan (Geroatlas) Bir Kesit. Antalya: Gerontolojik Yayınlar.
- Türkiye İstatistik Kurumu (TÜİK). (2021). *İstatistiklerle yaşlılar*. Updated 18 March 2021. Access address: <https://data.tuik.gov.tr/Bulten/Index?p=Istatistiklerle-Yasli-lar-2020-37227#:~:text=T%C3%9C%C4%B0K%20Kurumsal&text=Ya%C5%9F%C4%B1%20n%C3%BCfus%20olarak%20kabil%20edilen,9%2C5'e%20y%C3%BCkseldi>.

- Uysal, A. (2002). D nyada yaygın bir sorun: Yařlı istismarı ve ihmali. *Aile ve Toplum*, 5(2), 1-7. <https://dergipark.org.tr/en/download/article-file/198042>.
- World Health Organization (WHO). (2002). *The Toronto declaration on the global prevention of elder abuse*. Access address: [http://www.who.int/ageing/projects/elder\\_abuse/alc\\_toronto\\_declaration\\_en.pdf](http://www.who.int/ageing/projects/elder_abuse/alc_toronto_declaration_en.pdf).
- World Health Organization (WHO). (2021). *Ageing and health*. Updated 5 February 2018. Access address: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>.
- Yon, Y., Mikton, C.R., Gassoumis, Z.D., Wilber, K.H. (2017). Elder abuse prevalence in community settings: A systematic review and meta-analysis. *The Lancet Global Health*, 5(2), e147-e156.