



The Relationship Between the Attitudes of Vocational School of Health Services' Students Towards Elderly People and Their Compassionate Communication Levels

Sağlık Hizmetleri Meslek Yüksekokulu Öğrencilerinin Yaşlılara Yönelik Tutumları ile Şefkatli İletişim Düzeyleri Arasındaki İlişki

Safak Aydın¹, Meltem Capar Ciftci²

¹Kafkas University Atatürk Health Services Vocational High School /Elderly Care Program, Kars; ²Ağın Community Health Center, Elazığ, Türkiye

ABSTRACT

Aim: This study was conducted to determine the relationship between the level of compassionate communication and related factors, and to measure the attitudes of students at the Vocational School of Health Services towards older people.

Material and Method: A total of 527 students of the Vocational School of Health Services were included in the study. This questionnaire consisted of three sections: a descriptive questionnaire, a Kogan scale of attitudes towards older people and a caring communication scale.

Results: Mean age of participants was 20.94±1.98, mean total score of compassionate communication was 90.90±20.70, Kogan's total score of elderly attitude was found 137.16±9.79. Statistically significant relationships were found between the total score of the students on the caring communication scale and gender, willingness to care for older patients, willingness to work in geriatrics, effect of care for older people, and status of supportive and caring contact with older people ($p < 0.05$). Statistically significant relationship was found between Kogan scale of students attitude towards older people and marital status and presence of older relatives ($p < 0.05$).

Conclusion: The results of the study show that the level of compassionate communication of the students participating in the study is above the medium level, and the total score of compassionate communication of the female students is higher than that of the male students.

Key words: attitude; compassion; communication; health student; old age

ÖZET

Amaç: Bu çalışma, Sağlık Hizmetleri Meslek Yüksekokulu öğrencilerinin şefkatli iletişim düzeyleri ile ilgili faktörler arasındaki ilişkiyi belirlemek ve yaşlılara yönelik tutumlarını ölçmek amacıyla yapılmıştır.

Materyal ve Metot: Çalışmaya Sağlık Hizmetleri Meslek Yüksekokulu'nda öğrenim gören toplam 527 öğrenci dâhil edilmiştir. Bu anket üç bölümden oluşmaktadır: tanımlayıcı bir anket, Kogan yaşlılara yönelik tutum ölçeği ve bakım iletişimi ölçeği.

Bulgular: Katılımcıların yaş ortalaması 20,94±1,98, şefkatli iletişim toplam puan ortalaması 90,90±20,70, Kogan'ın yaşlı tutum toplam puanı 137,16±9,79 olarak bulundu. Öğrencilerin şefkatli iletişim ölçeği toplam puanı ile cinsiyet, yaşlı hastalara bakım verme isteği, geriatri alanında çalışma isteği, yaşlılara bakım verme etkisi ve yaşlılarla destekleyici ve ilgili iletişim kurma durumu arasında istatistiksel olarak anlamlı ilişki bulunmuştur ($p < 0,05$). Kogan öğrencilerin yaşlılara yönelik tutum ölçeği ile medeni durum ve yaşlı akrabalarının varlığı arasında istatistiksel olarak anlamlı bir ilişki bulunmuştur ($p < 0,05$).

Sonuç: Çalışmanın sonuçları, çalışmaya katılan öğrencilerin şefkatli iletişim düzeyinin orta düzeyin üzerinde olduğunu ve kız öğrencilerin şefkatli iletişim toplam puanının erkek öğrencilerden daha yüksek olduğunu göstermektedir.

Anahtar kelimeler: tutum; merhamet; iletişim; sağlık öğrencisi; yaşlılık

İletişim/Contact: Safak Aydın, Kafkas University Atatürk Health Services Vocational High School / Elderly Care Program, Kars, Türkiye • Tel: 0537 062 44 56 • E-mail: safakaydin1103@hotmail.com • **Geliş/Received:** 19.01.2025 • **Kabul/Accepted:** 29.04.2025

ORCID: Aydın Şafak: 0000-0001-8871-7652 • Meltem Çapar Çiftçi: 0000-0003-3358-7533

Introduction

Old age is a period in which physical and mental differences are experienced in the advanced stage of life as a step after the adulthood period. According to the World Health Organization, this period in which vital functions regress, productivity and the ability to adapt to environmental factors decrease is a duration in which many activities that can be accomplished quickly in youth cannot be performed or are problematic in this period¹. Populations worldwide are aging faster than in the past, and this demographic shift can affect nearly all aspects of society. Currently, the number and proportion of the population aged 60 and over in the general population is rising. While the number of people aged 60 and over was 1 billion in 2019, it is predicted that this number will grow to 1.4 billion by 2030 and 2.1 billion by 2050. This increase is emerging at an unprecedented rate which is expected to accelerate in the next ten years, particularly in developing countries². There may be intergenerational dissimilarities in manners and attitudes between the elderly and the young. If young and older people are together, they can share each other's emotions and opinions. Emotions are the primary factors that affect thoughts, and thoughts are the main factors that determine attitudes, and this will allow positive emotions and attitudes³. With the increase in the life expectancy of individuals, chronic and mental diseases brought on by old age also increase. As a result, the rate of use of health services by elderly individuals and the requirement for health professionals will increase⁴. In this direction, the attitudes of health professionals, who frequently encounter elderly individuals, towards the elderly and aging gain importance⁵. In order to enhance the quality of care for the elderly, it is essential that the healthcare professionals who serve them develop a positive attitude. The most remarkable initiative to accomplish this is to increase awareness of society⁶. Educational institutions have significant responsibilities in issues such as producing policies related to aging and implementing these policies, and organizing training for individuals who will take part in the care of the elderly^{6,7}.

For this reason, students studying in the health field should receive an education that will best meet the health needs of the aging population and be more competent with training programs such as seminars, courses, and certificate programs⁸. It is crucial to investigate the students' attitudes toward the elderly in the plans to be made for the elderly³. Communication can be the transfer of information between the parties

and the sharing transfer between the patient and the healthcare professional⁹. While communicating with the patient, healthcare professionals motivate by building trust, which contributes to the patient's recovery¹⁰. Benevolent communication implies accepting another person's pain, endeavoring to comprehend, showing compassion, avoiding judgment against the other person's faults, and delivering sympathy and empathy^{11,12}. In addition, compassionate communication puts the patient's necessities first and provides emotional support by socially sustaining the other individual¹². It is considered that the use of compassionate communication is vital in the field of health since it is aimed to contribute to the understanding and healing of the patient without judging the patient by communicating with the patient. Those working in the nursing and health field must have the technical knowledge and humane and effective communication skills¹³.

This study constructed an analysis measuring health professionals' attitudes and compassionate communication levels toward the elderly before graduation. It was suggested to organize training or seminars in line with the results. In addition, this study is critical because it is the first study on compassionate communication in Health Services Vocational School students known in the literature.

Research questions:

- What is the attitude of the students towards older people?
- What are the compassionate communication levels of the students?
- Is there a relationship between students' sociodemographic characteristics and their attitudes towards older people or their compassionate communication?
- Is there a relationship between students' departments and their attitudes towards older people or their compassionate communication?

Material and Method

Purpose of the Study

To measure the attitudes of vocational health students towards the elderly and determine the relationship between levels of compassionate communication.

Type of Research

The research was designed as a descriptive relationship-seeking design.

The research was carried out at X University, Y Health Services Vocational School, between March and September 2022.

Population and Sample of the Study

1800 students at Y Health Services Vocational School were included. Five hundred and twenty seven students approved to participate in the study were included without using any sampling method.

Data Collection Tools

The research consists of three parts: Descriptive Characteristics Form, Kogan Attitudes Towards the Elderly Scale and Compassionate Communication Scale.

Descriptive Characteristics Form

The researcher developed this form by scanning the literature. The form includes sociodemographic questions such as the student's gender, age, department, marital status, income level, whether to work or not, family structure, living with an older adult, caring for an elderly patient, and wanting to work in the geriatrics service after graduation¹⁴⁻¹⁶.

Kogan's Attitudes Towards Old People Scale

Created by Nathan Kogan in 1961¹⁷, the Kogan Attitudes Towards Older Persons (KAOPS) is a two-dimensional scale, consisting of 34 items, designed to measure attitudes towards older people. The Likert scale was translated into Turkish in 2011. It has 34 items and six response levels: strongly disagree, disagree, agree, somewhat agree, strongly agree. The categories are scored from 1 to 7. The unanswered item is scored as 4. The scale contains 17 positive and 17 negative statements about older adults. Negative responses are reversed and added to positive responses to calculate the total scale score. Scores on this scale, developed by Kogan, range from 34 to 238. High scores on the scale indicate positive attitudes towards older people, while low scores indicate negative attitudes¹⁸. For the original study by Kogan (1961)¹⁷, the total item correlation of the scale ranged from 0.1 to 0.717, with a Cronbach alpha value of 0.89 for the Turkish version¹⁷.

Compassionate Communication Scale

The scale was developed by Ramos Salazar¹². The validity, reliability, and Turkish scale version was conducted in 2020 by Ibrahimoglu et al.¹⁹ The scale is 23-item and

5-point Likert type (1:Never 2:Rarely 3:Sometimes 4:Mostly 5:Always). There are three sub-dimensions to the scale: compassionate speech, touching, and texting. A minimum of 23 points is obtained from the scale and a maximum of 115. A high mean score indicates a high level of compassionate communication, while a low mean score indicates a low level of compassionate communication. The lowest and highest scores that can be obtained for the sub-dimensions of the scale are 9-45 for compassionate speech, 7-35 for compassionate touching, and 7-35 for compassionate messaging, respectively¹⁹. In Ramos Salazar's study, the Cronbach α value was found to be 0.80¹², and the Cronbach α value was 0.94 in the Turkish version.

Data Collection Process

After obtaining the ethics committee's approval from the required institution and receiving the necessary permissions from the vocational school of health services, the data were collected online (via Google forms) survey method.

Evaluation of Data

IBM Statistical Package for Social Sciences (SPSS) program version 26.0 was used to analyse the data, using descriptive statistics, parametric tests and correlation.

Ethical Principles

Ethical approval was obtained from the Non-Interventional Research Ethics Committee of a University on 28/02/2022 and decision number 02. Permission was obtained for the measurement tools used in the study. Only participants who agreed to experience the study were included.

Limitations and Strengths of the Study

Since the research was performed in a single center, the results cannot be generalized to all health services vocational school students but to the population. Since the parameters analyzed in this study have not been applied to health services vocational high school students, they construct the basis for descriptive or experimental studies that may be afterward.

Results

This study was carried out with 527 students at a vocational school for health services. The distribution

of descriptive characteristics of the participants is presented in Table 1.

The mean age of the participants was 20.94 ± 1.98 . It was determined that 66.6% of the participants were female, 79.3% were single, and 17.6% were Home Patient Care students. While 93.5% of the participants do not work in any job, 66.2% have a nuclear family, and 70.0% live with an elderly family member. While 78.7% of the

participants believe that older adults should live with their children, 62.8% do not demand to care for an elderly patient. It was concluded that 58.1% of the participants wanted to work in the geriatric service. It was determined that 50.1% of them would be challenged to care for the elderly, whereas they would be satisfied with the care, 38.2% of them contacted the older adult once or twice a week, and 97.3% of them were supportive and compassionate (Table 1).

Table 1. Distribution of students by descriptive characteristics (N=527)

Descriptive features	X \pm SS	Min-Max
Average age	20.94 \pm 1.98	18–34
	n	%
Sex		
Female	351	66.6
Male	176	33.4
Marital status		
Single	513	97.3
Married	14	2.7
Current education status		
Anesthesia	75	14.2
Home patient care	93	17.6
First and emergency aid	76	14.4
Medical documentation and secretarial	71	13.5
Medical imaging techniques	67	12.7
Medical laboratory techniques	39	7.4
Medical promotion and marketing	34	6.5
Elderly care	72	13.7
Working condition		
Employed	34	6.5
Unemployed	493	93.5
Family structure		
Nuclear family	349	66.2
Extended family	166	31.5
Broken family	12	2.3
Elderly family member presence at home		
Yes	158	30.0
No	369	70.0
Where should the elderly person live?		
Own home (alone or with spouse, if available)	94	17.8
With their children	415	78.7
Nursing home or elderly care home	18	3.4
Willingness to care for the elderly patient		
Yes	196	37.2
No	331	62.8
Willingness to work in the geriatrics service		
Yes	306	58.1
No	221	41.9
The effect of caring for elderly people		
It's compelling and it makes me unhappy	18	3.4
It's compelling but i'm happy	264	50.1
I don't have any difficulties and i do it happily	202	38.3
Does not have any effect	43	8.2
Frequency of communication with elderly individuals		
I do not contact	13	2.5
Contact once or twice a year	54	10.2
One or two communications per month	117	22.2
One or two communications a week	201	38.1
Communication every day	142	26.9
Supportive and compassionate communication with the elderly person		
Yes	513	97.3
No	14	2.7

Table 2. Sub-dimensions of compassionate communication scale, total scale, and KOGAN aged attitude scale scores and averages (N=527)

	Min-max	X (SS)
Compassionate conversation	9–45	38.57±8.08
Compassionate touch	7–35	28.45±6.87
Compassionate messaging	7–35	23.87±8.99
Compassionate communication total score	23–115	90.90±20.70
KOGAN elderly attitude total score	104–211	137.16±9.79

In Table 2, the median total score for compassionate communication was 90.90±20.70; the mean total score for Kogan Elderly Attitude was 137.16±9.79.

Statistically significant relationships were found between the students' subscale of compassionate Speech and their gender, willingness to work in geriatrics, the impact of care on the elder, and the status of establishing supportive and compassionate communication with the elder (Table 3; $p<0.05$). Compassionate speaking subscale mean scores were found to be higher among females than males, those who want to work in the geriatric service, those who do not demand to work, those who merrily care for elderly individuals without difficulty, those who have a problem in providing care, those who are unhappy, those who communicate with the older adult in a supportive and compassionate manner and those who cannot communicate with them in a supportive and compassionate way.

Statistically significant relationships were found between the touch subscale and gender, willingness to care for older people, willingness to work in geriatrics, impact of care on older people, and supportive and compassionate communication with older people (Table 3; $p<0.05$).

Statistically significant relationships were found between students' sub-dimension of Compassion Messaging and willingness to work in the geriatric service and the impact of caring for the older people (Table 3; $p<0.05$). Compassionate texting sub-dimension score averages were found to be higher among those who demand to work in the geriatric service, those who do not desire to work, those who care for the elderly happily without difficulty, those who have difficulty in providing care and those who are unhappy.

Statistically significant relationships were found between students' total compassion score and their gender, readiness to care for the elderly, readiness to work in geriatrics, effectiveness of care for older people, and status of developing supportive and compassionate interaction

with older people (Table 3; $p<0.05$). Compassionate Communication Scale total score averages are higher for females than males, those who like to care for the elderly patient, those who do not like to work in the geriatric service, those who happily care for the elderly without difficulty, those who have difficulty in providing care, those who are unhappy, those who communicate supportively and compassionately with the older adult, and those who cannot communicate supportively and compassionately.

Statistically significant relationships were found between student attitudes towards old age and marital status and having older relatives (Table 3; $p<0.05$). It was found that the average Kogan Elderly Attitudinal Score was higher for single students than for married students, and that the average Kogan Elderly Attitudinal Score was higher for older family members than for non-married students.

The results of the correlation analysis performed between the subscale and the total scores of the students on the Kogan Attitudinal and Compassionate Communication Scale, did not show a statistically significant relationship between these two factors (Table 4; $p>0.05$).

Discussion

This study estimated the attitudes, compassionate communication grades, and corresponding characteristics of students researching healthcare departments, including elderly care and home patient care programs. This study has assembled the basis for analyses to guide students' attitudes and empathetic communication levels toward patients, specifically elderly individuals, in their professional lives. In addition, no study has been encountered in the literature researching compassionate communication with healthcare services learners. In this context, our study acquires significance and will form the basis for forthcoming studies.

Examining the total score of compassionate communication in this study indicates that the level of compassionate communication of the students studied is above the medium level. In a study conducted by Öztürk et al. (2022)¹⁴ with nursing students, it is seen that their level of compassionate communication is moderate, with a score of 88.98±14.38¹⁴. The consequences of the study show equality with our research. In line with these outcomes, it is assumed that the communication skills of the individuals who prefer this specialization may be reasonable because the compassionate communication levels of the health students are moderate and above. Another

Table 3. Comparison of compassionate communication scale sub-dimensions and KOGAN aged attitude scale according to students' descriptive characteristics

	Compassionate conversation	Compassionate touch	Compassionate messaging	Compassionate communication total score	KOGAN elderly attitude total score
	X ± SS.	X ± SS.	X ± SS.	X ± SS.	X ± SS.
Sex (n)					
Female (351)	39.20±7.86	29.16±6.61	24.10±8.96	92.47±20.09	137.72±9.91
Male (176)	37.31±8.38	27.05±7.16	23.41±9.05	87.78±21.59	136.04±9.47
Significance	t=2.551 p=0.011	t=3.349 p=0.001	t=0.828 p=0.408	t=2.464 p=0.014	t=1.859 p=0.060
Marital Status (n)					
Married (513)	38.48±8.09	28.37±6.86	23.77±8.96	90.63±20.67	137.02±9.46
Single (14)	41.78±7.46	31.64±6.47	27.35±9.56	100.78±20.26	142.35±17.98
Significance	t=-1.508 p=0.132	t=-1.760 p=0.079	t=-1.471 p=0.142	t=-1.813 p=0.070	t=-2.017 p=0.044
Elderly family member presence at home (n)					
Yes (158)	38.74±8.02	28.63±6.68	24.27±9.01	91.65±20.31	138.74±10.80
No (369)	38.50±8.12	28.38±6.96	23.69±8.99	90.58±20.89	136.48±9.26
Significance	t=0.307 p=0.759	t=0.379 p=0.705	t=0.672 p=0.499	t=0.540 p=0.589	t=2.430 p=0.015
Willingness to care for the elderly patient (n)					
Yes (196)	39.38±7.89	29.22±6.80	24.75±8.96	93.36±20.70	137.41±10.16
No (331)	38.09±8.17	28.00±6.88	23.35±8.98	89.45±20.59	137.01±9.58
Significance	t=1.768 p=0.078	t=1.968 p=0.048	t=1.726 p=0.085	t=2.101 p=0.036	t=0.460 p=0.446
Willingness to work in the geriatrics service (n)					
Yes (306)	40.23±6.34	29.83±5.59	24.97±8.83	95.04±17.16	137.03±9.33
No (221)	36.27±9.55	26.55±7.95	22.34±9.00	85.17±23.65	137.33±10.42
Significance	t=5.723 p<0.001	t=5.556 p<0.001	t=3.339 p=0.001	t=5.555 p<0.001	t=-0.351 p=0.726
The effect of caring for elderly people (n)					
It's compelling and it makes me unhappy (18)	30.83±11.73	21.61±7.60	18.55±9.51	71.00±27.04	135.72±9.46
It's compelling but I'm happy (264)	37.81±8.23	27.83±6.79	22.76±8.49	88.41±19.93	136.76±9.26
I don't have any difficulties and I do it happily (202)	40.66±6.27	30.11±6.15	26.15±8.87	96.94±18.26	137.25±9.67
Does not have any effect (43)	36.62±9.79	27.37±7.80	22.20±9.94	86.20±24.11	139.76±13.09
Significance	F=12.369 p<0.001	F=11.637 p<0.001	F=8.621 p<0.001	F=14.284 p<0.001	F=1.293 p=0.276
Supportive and compassionate communication with the elderly person (n)					
Yes (513)	38.80±7.86	28.61±6.77	23.91±8.98	91.33±20.33	137.19±9.87
No (14)	30.00±11.36	22.78±8.34	22.35±9.33	75.14±28.06	136.07±6.23
Significance	t=4.081 p<0.001	t=3.157 p=0.002	t=0.639 p=0.523	t=2.908 p=0.004	t=0.422 p=0.673

hypothesis is that students' education in the field of health services influenced their grades in compassionate communication. More detailed research is required in this area.

This study shows that the total score of compassionate communication of female students is higher than male students. Correspondingly, in the study of Öztürk et al.,¹⁴ female students' compassionate communication scores were found to be higher than male students¹⁴. It is supposed that this situation may be due to the more emotional approach of female students than male students. Due to the limited number of studies on compassionate communication, more data could not be found and compared.

When we look at the factors that influence the overall level of the compassionate speech, touch, message and communication scores, we find that, it is seen that the status of students looking after an elderly patient, their willingness to choose a geriatric service in their working life, students' levels of compassionate communication are influenced by caring for or communicating with older people (Table 3).

It is noticed that the attitudes of healthcare professionals who will work in health institutions in the future toward patients are from a compassionate perspective. It is thought that this circumstance will persist with an empathetic approach and positive care process toward patients and the elderly in their professional lives. It is

Table 4. Correlation analysis between KOGAN aged attitude and compassionate communication scale sub-dimensions and scale total

		Compassionate conversation	Compassionate touch	Compassionate messaging	Compassionate communication total score
KOGAN elderly attitude	r	0.000	-0.030	-0.060	-0.036
	p	0.993	0.489	0.166	0.408

** Correlation is significant at the 0.01 level.

advised to support students with seminars and training in order to maintain and increase compassionate care in students.

In this study, the mean score of the elderly attitude scale was 137.16 ± 9.79 . The findings show that students who participated in this study were more than moderately positive towards older people. Considering the results of the studies conducted with students who will work in health services, studies are revealing that students have positive attitudes toward the elderly in parallel with our study^{20–28}. In a study conducted with elderly care students on their attitudes towards the elderly, the average score of the attitude scale towards the elderly was found to be 155.62 ± 40.16 , which indicates that the students have a positive attitude towards the elderly²⁹. In another study examining nursing students' attitudes toward the elderly in Hong Kong, students' attitudes were positive³⁰. In a study examining the attitudes of health department students towards the elderly, it was found that they had a positive perspective in contrast to our study³¹. In addition, contrary to our study, there are analyses with students that generate low positive or negative attitudes toward the elderly^{7,32–34}. In the results of this research and most studies conducted with health professionals, it is noticed that there is a positive attitude toward the elderly. Our study shows parallelism with the literature. In order to ensure that students have a more positive attitude towards the elderly, practical training and awareness-raising factors such as the guidance of academicians can be provided.

Attitudes towards older people were more positive among the students in this study who lived with an older family member at home. In parallel with our study, Ünsar et al. (2015)²⁸ and Usta et al. (2012)³⁵ found a positive attitude between living with the elderly and the attitude towards the elderly^{28,35}. López-Hernández et al. (2021)²⁴, in a study with health students, found that students' previous personal experience with their elderly relatives increased their positive attitudes towards the elderly²⁴. On the contrary, some studies state that living with the elderly does not affect their attitude towards

the elderly^{22,30,33}. In line with the results of this study, it can be discussed that living with an elderly family member positively affects students' attitudes and awareness toward the elderly. On the other hand, it is considered that the differing results may be due to the participants' diverse cultural characteristics or personality features.

This study found no significant difference between gender and attitudes toward the elderly. Parallel to our study, Zehirlioğlu et al. (2015)⁷ and Can et al. (2019)³⁶ studies measuring the attitudes of healthcare students towards the elderly, no significant difference was discovered between gender and attitudes towards the elderly^{7,36}. In a study conducted with 139 nursing students in Hong Kong, no significant difference was found between attitudes toward the elderly and gender³⁰. On the other hand, in the study of Kavuran and Caner (2021),²⁹ Pehlivan and Vatansever (2019),³⁷ and Ayoğlu et al. (2014)³⁸ with a health care professional students, a statistically significant difference was found between the attitudes and genders of the elderly^{29,37,38}. In the study results of López-Hernández (2021)²⁴, it was found that women are more positive towards the elderly²⁴. Also in the study results of Uzuntarla and Ceyhan (2020)³¹, it was found that women are more positive towards the elderly³¹. It is thought that this difference may be due to the awareness levels or sociocultural characteristics of the students participating in the research.

A statistically significant relationship was not found between students' attitudinal beliefs about older people and whether they communicated with them with empathy (Table 4). In a study conducted by Öztürk and Kaçan (2022)¹⁴ with health students, the effects of compassionate communication and empathic skills and nursing communication course were examined, and a significant relationship was found¹⁴. This displays that empathy or communication levels affect compassionate communication. In our study, it was found that the attitude toward the elderly did not affect compassionate communication. More studies are needed in this area.

Conclusion and Recommendations

In recent years, due to the increase in the elderly population in our country and the whole world, the rate of health professionals spending time and care with the elderly may increase. Therefore, the attitude of health professional candidates toward the elderly is paramount. In addition, caring for the elderly with an empathetic approach and compassionate communication will raise the quality of life of the elderly, and efficient elderly care will be provided.

In our study, the attitudes of healthcare professionals toward the elderly were positive and is higher than the average level. And at the same time the students' levels of compassionate communication are above average.

In line with these results, it is crucial to ensure that students can spend more time with the elderly to increase their positive attitude and compassionate communication levels towards the elderly. For this purpose, it can be suggested to organize social activities with the elderly in nursing homes, provide students with adequate practice opportunities in their fields, improve their relations with the elderly in the family, and organize conferences that will raise awareness about the elderly for the society with the participation of health students. Thus, it is thought that caring for the increasing elderly population can be provided with a more empathetic approach, compassionate care, and a positive attitude toward the elderly.

Additionally, there are very few studies on compassionate communication. It is recommended to increase studies with health students and workers in this field and to support this issue with experimental studies, especially in wider societies.

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Conflict of Interests

Conflicts of interest: none.

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