

The Relationship Between Internalized Stigma and Aging in Place in Older People: A Descriptive Study

Yaşlı Bireylerde İçselleştirilmiş Damgalanmayla Yerde Yaşlanma Arasındaki İlişki: Tanımlayıcı Çalışma

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ABSTRACT Objective: In the study, it was aimed to investigate the relationship between internalized stigma and aging in place in older people. **Material and Methods:** The relational screening study was conducted with individuals (65 years old and above) (n=600) registered to a community health center located in the east of Türkiye between December 2021-July 2022. In the analysis of the data, descriptive statistics, independent samples t-test were used. The study data were collected through “Descriptive Characteristics Form”, “Aging in Place Scale”, and “Eldery Internalized Stigma Scale”. **Results:** It was determined that the participants’ total scale mean score obtained from the Aging in Place Scale was 44.55±16.69, and their mean score obtained from the Elderly Internalized Stigma Scale was 68.56±30.12. In the study, a statistically significant and negative correlation was found between the older people’ levels of aging in place and their levels of internalized stigma (p<0.05). **Conclusion:** It was determined in the study that the older people level of aging in place was at a moderate level, that their level of internalized stigma was high, and that as the level of internalized stigma increased, their level of aging in place decreased.

Keywords: Internalized stigma; older people; aging in place

ÖZET Amaç: Bu araştırmanın amacı, yaşlı bireylerde içselleştirilmiş damgalanmayla yerinde yaşlanma arasındaki ilişkiyi incelemektir. **Gereç ve Yöntemler:** Türkiye’nin doğusundaki bir toplum sağlığı merkezine kayıtlı 65 yaş ve üzeri bireyler (n=600) ile ilişkisel tanımlayıcı bir çalışma yapılmıştır. Çalışma, Aralık 2021-Temmuz 2022 tarihleri arasında gerçekleştirilmiştir. Verilerin analizinde tanımlayıcı istatistikler, bağımsız örneklem t testi kullanıldı. Verileri toplamak için “Tanıtıcı Özellikler Formu”, “Yerde Yaşlanma Ölçeği” ve “Yaşlı İçselleştirilmiş Damgalanma Ölçeği” kullanılmıştır. **Bulgular:** Çalışmaya katılan bireylerin, yerinde yaşlanma ölçeğinden aldıkları toplam puan ortalamasının 44,55±16,69, yaşlı içselleştirilmiş damgalanma ölçeğinden aldığı toplam puan ortalamasının 68,56±30,12 olduğu belirlenmiştir. Çalışmada yaşlı bireylerin yerinde yaşlanma düzeyi ile içselleştirilmiş damgalanma düzeyi arasında istatistiksel olarak negatif yönde anlamlı bir ilişki olduğu saptanmıştır (p<0,05). **Sonuç:** Çalışmada, yaşlı bireylerin yerinde yaşlanmasının orta düzeyde olduğu, içselleştirilmiş damgalanma düzeyinin yüksek olduğu ve içselleştirilmiş damgalanma düzeyi arttıkça, yerinde yaşlanma düzeyinin azaldığı belirlenmiştir.

Anahtar Kelimeler: İçselleştirilmiş damgalanma; yaşlı bireyler; yerinde yaşlanma

The number of older people today is increasing at a much faster rate compared to the individuals in other age groups. In this context, aging in place positively contributes to the older people’ socialization, self-care, and being active.^{1,2} Aging in place is defined as older people’ desire to continue their lives in the residence and environment in which they are accustomed to living with their family and friends in a

way that they are familiar with.³ Thus, it focuses on keeping these individuals in the physical and social environment by examining the aging processes of older people in terms of health, economic, and social dynamics.⁴ Older people preferring aging in place over institutional care contributes to autonomy and feeling of freedom by maintaining their emotional bonds in their social lives.⁵ The main aim of aging in

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place is to help older people age in a healthy way by sustaining their lives in an order that belongs to them.^{3,4} In a study conducted in Australia on the opinions of older people on aging in place, a great majority of the older people reported that they wanted to live in their own home even if they had physical and mental deficiencies.⁶ In a study conducted in Türkiye, it was determined that older people who lived in their own homes were much more autonomous and social in their daily life activities compared to those who lived in nursing homes.⁷ In another study conducted in a nursing home, 64.4% of the older people expressed that they wanted to experience aging process in their own homes.⁸

Internalized stigma in the old age period is the older people' adoption of negative thoughts and behaviors attributed to the older people by the society. In the society, older people are usually represented with negative stereotypes such as helpless, sick, unhealthy, needing help from environment, and poor.⁹ Individuals develop numerous concepts for aging in the culture they live in. When associated with age, stigma emerges as age discrimination. In the old age period, the individual's weakening in physical, mental, and economic terms, experiencing loss of income, and low participation in activities that will help him/her socialize increase the risk of social exclusion.¹⁰ Society generally adopts stereotype beliefs regarding older people claiming that they are unproductive, sick, dependent and a burden for the society.¹¹ The consequent social stigma and internalized stigma experienced by older people force these individuals to be isolated from the society. In a study conducted on older people between the ages of 65-74 years, 3.8% described old age as "sickness and dependence", 7.3% as "unhappiness and depression", while 14.1% of those between the ages of 76-98 years defined it as "sickness and dependence" and 16.3% as "unhappiness and depression", thus associating it with negative concepts.¹² In a study conducted in China on older people, it was determined that as age increased in these individuals, their ratio of being excluded from social relations increased as well.¹³ In another study conducted in Hong Kong with the participation of 2,281 older people who were 65 years old and above, it was

found that 30% of these individuals were socially excluded.¹⁴

In the literature review made, no study was encountered in which the relationship between internalized stigma and aging in place in older people was examined. It is highly important to determine the relationship between internalized stigma and aging in place in older people and to identify the effective factors. Age-related self-stigma is not addressed in the national literature, and there are only a few studies in the international literature in this regard. Thus, studies are needed in order to determine whether it is experienced in older people and causes problems, to reveal the variables, to prevent and reduce its effects, and to identify the required interventions. Determination of this relationship will enable to evaluate the current situation related to aging in place in older people and to identify the needs in this domain. In addition, it is important that clinicians should be informed about factors related to internalized stigma in older people and aging in place. Thus, it will be possible to regulate the process regarding aging in place as well as internalized stigma in older people. In this regard, it is believed that the study which was conducted in order to determine the relationship between internalized stigma and aging in place in older people will make a valuable contribution to the literature.

PURPOSE AND RESEARCH QUESTIONS

In the study, it was aimed to determine the relationship between internalized stigma and aging in place in older people. In line with this purpose, answers to the following questions were sought:

- What are the levels of internalized stigma and aging in place in older people?
- Are internalized stigma and aging in place interrelated in older people?

MATERIALS AND METHODS

STUDY DESIGN

The study was conducted as a relational screening research with the participation of individuals at the age of 65 years and above (n=600) who were registered to Ağın Community Health Center in Elazığ province between December 2021-July 2022. The participants

completed the study by making sure that their contribution to the study was entirely voluntary and anonymous and that they could be excluded at any time.

STUDY SAMPLE AND PARTICIPANTS

The sample size was determined through a power analysis performed with 0.05 margin of error, 0.08 impact size and 0.95 power of representing the universe. With the efforts of the researcher, the study was completed with 600 older people in total.

Inclusion criteria were only agreeing to participate in the study and being 65 years old and above. On the other hand, individuals who had a severe psychiatric problem (psychosis, delirium, neurocognitive disorder, etc.) according to the records of the center and in a relapse period, a cognitive assessment was not performed, those who had a communication problem were excluded from the study. While determining the center where the study was conducted, the ratio of the older people in Ağın district of Elazığ being above the average ratio of the older people population of nationwide, accessibility of the researcher, and the cooperation of the team with the researcher were considered.

DATA COLLECTION TOOLS

In the collection of the study data, “Descriptive Characteristics Form”, “Aging in Place Scale (APS)”, and Elderly Internalized Stigma Scale (EISS)” were used.

Descriptive Characteristics Form: The form developed by the researcher by reviewing the literature consists of 13 questions in total on age, gender, marital status, education level, employment status, existence of a child living in close vicinity, health problem, evaluation of health, being cared by others, the effect of old age on mood, and support service.

APS: The scale was developed by Kalınkara and Kapıkıran in 2017 in order to measure elderly individuals’ levels of satisfaction with the residence and environment they live in.¹⁵ The scale has 15 items under three subdimensions: First subdimension (perceived social support) Items 1-6, second subdimension (physical competence) Items 7-11, third subdimension (available social support) Items 12-15. The scale is scored as “Strongly disagree” 1, “Disagree” 2, “Undecided” 3, “Agree” 4, and “Strongly

agree” 5. The minimum and maximum scores to be obtained from the 5-point Likert type scale are 15 and 75, respectively. As the score obtained from the scale increases, satisfaction with aging also increases. The Cronbach’s alpha internal consistency coefficient of the scale was determined as 0.90. In the present study, this value was calculated to be 0.82.

EISS: The scale developed by Bıyıklı aims to assess internalized stigma levels of older people by identifying their levels of noticing, approving, and self-applying the stereotypes related with old age.¹⁶ The scale has 17 questions under three subdimensions, which are noticing, approving, and self-application. The total score obtained from the scale is considered to be an indicator of the level of elderly internalized stigma. Responses to the scale are given on a 3-point Likert type scoring system, which are “Agree” (2 points), “Not Sure/Undecided (1 point), and “Disagree” (0 point). In calculating the score, the mean of the items in the related subdimension is firstly taken. The score obtained is between 0 and 2 points. Then, this score is multiplied by a standard value of 50 and a scaled subdimension score between 0 and 100 is obtained. By taking the average of the scores obtained from the three subdimensions, the total scale score is obtained. The score obtained this way is defined as EISS total scale mean score. A high score obtained is an indicator of negative stigmatization situation. In other words, it demonstrates noticing stereotypes more, approving, and self-application in the subdimensions, while it indicates increased stigma level in terms of the total scale score. The Cronbach’s alpha internal consistency coefficient of the scale was calculated as 0.89. This value was found to be 0.85 in the present study.

DATA COLLECTION

The study data were collected by the researcher through face-to-face interview method in a room where private conversations could be made in compliance with the pandemic rules and regulations in the Agin Community Health Center in a province. The data collection tools were read to the older people by the researchers, and their responses were recorded on the interview form. Data collection tools were administered in 20-25 minutes on average.

DATA ANALYSIS

The study data were evaluated and reported by using SPSS 25.0 (IBM, Armonk, NY, USA) software. The participants’ descriptive characteristics were presented as mean, standard deviation, and percentage. The assumption of normal distribution was checked by ensuring that the skewness and kurtosis values were within the range of -1.5 and +1.5. In order to assess the relationship between aging in place and elderly internalized stigmatization levels, Pearson correlation and Linear regression analyses were utilized. $p < 0.05$ was accepted as statistically significant.

ETHICAL ASPECT OF THE STUDY

In order to conduct the study, approval (dated: December 14, 2021; number: 2021/2783) was taken from a İnönü University Scientific Research and Publication Health Sciences Non-Invasive Clinical Research Ethics Committee. Written and verbal informed consent forms were obtained from all individuals included in this study. The participants signed written consent. The study was conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS

The distribution of the participants’ descriptive characteristics is presented in Table 1. It was determined that the mean age of the participants was 76.12 ± 8.13 years (minimum 65, maximum 98), 64.2% were male, 69.2% were married, 40.2% were literate, 55.8% had an income equal to expenses, 86.2% were not employed, 54.2% received service support, and 44.2% received the most service from an institution or an organization. It was also found that 31.3% of the participants evaluated their health level as medium, 47.8% were cared about by others at a moderate level, and the mood of 70.5% was negatively affected by old age (Table 1).

In Table 2, the scores obtained from APS subdimensions and total scale and mean scores are presented.

According to Table 2, the lowest score obtained from APS total scale was found to be 15 and the highest score as 75, and the mean score was 44.26 ± 16.30 .

TABLE 1: Distribution of the older people according to their descriptive characteristics (n=600).		
Descriptive characteristics	n	%
Mean age	76.12±8.13 years (Minimum-maximum=65-98)	
Age		
65-68		
69-75		
76 and above		
Gender		
Male	388	64.2
Female	212	35.8
Marital status		
Married	415	69.2
Single	185	30.8
Education level		
Literate	241	40.2
Primary school	192	32.0
Secondary school	120	20.0
University	47	7.9
Perceived income level		
Income lower than expenses	225	37.5
Income equal to expenses	67	55.8
Income higher than expenses	427	6.7
Employment status		
Yes	83	13.8
No	517	86.2
Existence of a child in close vicinity		
Yes	363	60.5
No	237	39.5
Health problem		
Yes	483	80.5
No	117	19.5
Support service		
Yes	325	54.2
No	275	45.8
Received the most service from		
Spouse	85	27.5
Child	95	29.2
Institution or organization	145	44.2
Evaluation of health		
Very good	29	4.8
Good	77	12.80
Moderate	188	31.8
Poor	169	28.2
Very poor	137	22.8
Status of being cared about		
Little	203	33.8
Moderate	287	47.8
A lot	110	18.3
Status of the mood being affected		
Positive	56	9.3
Negative	423	70.5
Undecided	89	14.8
Not affected	32	5.3

TABLE 2: Scores obtained from aging in place scale' subdimensions and total scale and mean scores (n=600).

Subdimension	Minimum-maximum	Mean
Perceived social support	6-30	19.35±6.29
Physical competence	5-25	13.81±6.56
Available social support	4-20	11.10±4.98
Total score	15-75	44.26±16.30

TABLE 3: The scores obtained from elderly internalized stigma scale subdimensions and total scale and mean scores (n=600).

Subdimension	Minimum-maximum	Mean (SD)
Noticing	0-100	72.64±35.56
Approving	0-100	89.71±33.56
Self-application	0-100	73.35±33.25
Total score	0-100	77.95±25.51

SD: Standard deviation.

TABLE 4: Correlation analysis between APS and EISS.

		EISS
APS	r	-0.684
	p value	0.001

p<0.05 significance value; EISS: Elderly Internalized Stigma Scale; APS: Aging in Place Scale; r: Pearson correlation.

In [Table 3](#), the scores obtained from EISS subdimensions and total scale and mean scores are presented.

As seen in [Table 3](#), the lowest and highest scores obtained from EISS were found to be 0 and 100, respectively, with a mean score of 77.95±25.51.

The correlation analysis performed between APS and EISS is presented in [Table 4](#).

The linear regression model for EISS scale scores are presented in [Table 5](#).

In the study, as a result of the correlation analysis performed between APS and EISS, a statistically

significant, negative and medium correlation was found between the scales (p<0.05). Accordingly, as internalized stigma levels increased in the elderly individuals, their level of aging in place decreased.

Linear regression analysis was applied to investigate the effects of participants' APS scores on the EISS score, and it was found to have a statistically significant effect (p<0.05). An Analysis of Variance test was conducted to test the significance of the model, and it was determined that the established regression model was significant (F=524,766 and p=0.000). The independent variable found in the model, APS, accounts for 46.6% of the variance in the dependent variable.

The regression coefficient for the APS score was calculated as -1.070, and its effect was found to be statistically significant (p<0.05). A one-point increase in the APS score results in a decrease of 1.070 points in the mean EISS score.

DISCUSSION

Aging in place is a care approach that has come to the agenda in recent years and preferred by older people. The present study is the first of its kind in the literature that evaluated the relationship between internalized stigma and aging in place in older people. Although no study was found that addressed this topic in older people, inferences based on the results of previous studies were made. In the present study, the older people' APS mean score was determined as 44.55±16.69. Considering the APS mean score, it can be claimed that the older people' level of aging in place was moderate. Hence, it can be stated that the older people participating in the study were satisfied with the place and environment they lived in. Studies on aging in place in our country are still in their infancy, and studies in this regard are limited. In this respect, it can be expressed that there is limited sup-

TABLE 5: Linear regression model for EISS Scale scores.

	β	SE	Standard β	t value	p value*
Constant	125,291	2,202		56,894	0,001*
APS	-1.070	0.047	-0.684	-22.908	0,001*

*p<0.05; EISS: Elderly Internalized Stigma; SE: Standard error; APS: Aging in Place Scale.

porting evidence. In a study conducted in Türkiye that examined aging in place levels in older people, it was determined that the older people were happy about the environment in which they continued their lives.¹⁷ It has been stated that the level of aging in place is affected by various subjective factors such as home, neighborhood, neighbors and relations with them, and lifestyle.¹⁸ In a national survey held in the USA with individuals over the age of 18 years, it was determined that 80% of older adults preferred aging in place rather than institutional care.¹⁹ In a study in which the feelings and opinions of older people residing in nursing homes were examined, older people expressed that that they wanted to experience their aging process in their own homes.²⁰ In this context, it can be stated that the findings obtained in studies conducted on older people' levels of aging in place support the findings of the present study. In addition, it can be claimed that differences resulting from various variables such as residential, social, etc. aspects that were not examined in the study may have played a role in obtaining this finding.

In the present study, the older people' level of internalized stigma was determined to be above the average (68.56 ± 30.12). When the EISS total scale mean score was considered, it was found that the older people' level of internalized stigma was high. Studies conducted in the literature on internalized stigma are generally related with age-related self-stigmatization, and limited in number. In studies conducted on old age discrimination from the perspectives of older people, it was determined that the participants were exposed to discrimination on account of their age, and that the groups that displayed the most discrimination against them were their children, relatives, friends, spouses, and strangers.^{21,22} As in social stigmas, older people have a tendency to adopt the negative descriptions of old age and thus sustain, internalize, and assume the stereotypes attributed to them by the society.²³ In a study conducted in this regard, it was concluded that negative attitudes negatively affected older people' memory, cognitive processes, and automatic functions such as motor performance.²⁴ Individuals believe that when they get old, they will lose their freedom, experience many problems, and become de-

pendent on others due to their diseases.²⁵ In addition, as in other mental disorders, older adults with depression may face 'double stigma'; in other words, they may feel themselves stigmatized at a higher level due to their mental disorders and old age.¹¹ Literature review reveals that many groups from children to older adults display a negative attitude towards older adults.^{26,27} In another study that included young and old populations, a higher level of stigma was found in older people compared to the young ones.²⁸ The results of the present study are in parallel with the findings in the literature.

In the study, a statistically significant and negative relationship was determined between aging in place and internalized stigma in the older people ($p < 0.05$). Accordingly, as the levels of internalized stigma increased in the older people, their level of aging in place increased as well. No study was found in the literature that examined the relationship between internalized stigma and aging in place in older people. However, in many studies conducted on stigma, it was determined that stigma negatively affected individuals in many respects.²⁹⁻³² Ensuring that older individuals participate in activities that support aging in place may increase their ability to cope with internalized stigma. Along with increased internalized stigma, older people' isolating themselves from the society, becoming withdrawn, adopting the negative stereotypes in the society, experiencing difficulties in maintaining their individual and social roles, feeling themselves valueless and useless, coping more with problems in their socialization and functionality and existing problems in the old age process can lead to a decrease in their level of aging in place. When the older people' desire to age in the living space of their own choice is considered, it can be stated that the levels of these individuals regarding aging in place are negatively affected as a result of individual, social, and psychologically negative effects of being stigmatized. In addition; It is believed that increasing the knowledge and skills of psychiatry nurses, who have a significant role in terms of training, care, and treatment of older people in clinical and social environments, regarding internalized stigma can contribute positively to older people' levels of aging in place.

STUDY LIMITATIONS

Factors such as the cultural structure of the city and region where the research was conducted, the general view of aging, and the dominance of traditional care understanding may cause the research results to only represent that region.

CONCLUSION

The following results were obtained from the study conducted in order to determine the relationship between internalized stigma and aging in place in older people. It was determined that:

- The older individuals' level of aging in place and internalized stigma were high.

- It has been found that there is a negative and significant relationship between aging in place and internalized stigma in older individuals. In line with these results, it can be recommended that:

- Since internalized stigma in older individuals will negatively affect aging in place, interventions that will increase the social functionality and stigma coping skills of these individuals may positively affect aging in place.

- By ensuring that older individuals participate in social and psychological interventions that support aging in place, it can contribute to the process of managing their coping mechanisms with internalized stigma.

- Health officials who provide services to elderly individuals should be aware of the importance of these individuals' approach to aging in place. It is important to provide care by focusing on their emotions.

- In addition, interventions to cope with stigma can be recommended so that nurses can regulate their perceptions of stigma towards older individuals, combat stigma, and provide service by paying attention to the experiences of individuals in this process.

IMPLICATIONS FOR NURSING PRACTICE

The aging of an older person in place affects the person, their family, and society. Aging in place is de-

finer as a multi-aspect concept that involves social, cultural, psychological, physical, and environmental factors around the individual.³³ Internalized stigma affects the aging process of the individual negatively and leads to the deterioration of their ability to live independently and weakening of their social support networks.³⁴ Therefore, the physical, social, and communal matters in the individual's life will influence their aging in place. In our study, a negative significant relationship was found between aging in place and internalized stigma. It is highly important for nurses, who have an important place in providing care and support to older people, to develop the necessary nursing practices and policies and support these individuals with appropriate interventions for them to maintain their physical, mental, and even financial independence. The most effective solution to stigma is to raise awareness in society about stigma toward older people and educate older people regarding methods of coping with stigma.^{26,31} In the process of making positive contributions to older people, who have a significant place in society, it will be beneficial to increase the knowledge and skills of nurses on aging in place and internalized stigma in the clinic or the education, care, and treatment of the older people in other social settings.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

This study is entirely author's own work and no other author contribution.

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