

**Second scientific report on the implementation of the project  
AGEISM AND SOCIO-COGNITIVE FACTORS IN THE ETHICAL DECISION-MAKING  
OF PRACTICING NURSES AND NURSES IN TRAINING, acronym  
AASCFITEDMOPNANIT**

**Project type: PN-III-P1-1.1-PD-2019-0982, within PNCDI III  
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The general aim of our project is to investigate the influence of ageism and other socio-cognitive factors on the processes of ethical decision-making in practicing nurses and nurses in training from Romania.

During the second stage of our research, from January 1, 2021, to December 31, 2021, we set out to carry out a study which aimed to explore the antecedents of ageism in our populations of interest: nurses in training and practicing nurses in contact with elderly patients from Romania. We also set out to prepare a manuscript for publication based on the results of the pilot studies conducted in the previous stage. After updating our bibliographical references, we validated the instruments for our second study on the Romanian population: the Moral Sensitivity Questionnaire, the Anxiety about Ageing Scale, the Revised Death Anxiety Scale, the Facts on Ageing Quiz, Nolan's intention to work with older patients questionnaire, and the Attitude Toward Own Ageing Scale. Then, based on our pilot study findings, we constructed and validated six questionnaires measuring Romanian nurses' and nursing students' social representations of old age, ageism toward older people and, respectively, ageism toward older patients. These questionnaires can be used to measure these constructs in the Romanian context, as they were constructed based on the Social Representations Theory, which considers socio-cultural influences when assessing a psychological aspect.

We then contacted relevant stakeholders in healthcare to gain access to our targeted populations (i.e., nurses and nurses in training) and proceeded to contact participants both at school and at their places of work and on social media. We also significantly increased the number of participants from a total of 150 to 820, of which 408 nursing students 412 nurses from Romania. We operated this methodological modification to increase the significance of our results and, consequently, the quality of our dissemination outlets. Given the higher number of participants, we reported our findings in three articles rather than two, as was originally planned. The greatest challenges we faced were related to the COVID-19 pandemic, which delayed our data collection process in the first half of this year, since our participants worked in healthcare settings. This also affected the response rate of the journals at which we submitted our manuscripts.

### **Dissemination activities**

1. The first article, currently under review at *Social Science & Medicine* (impact factor = 4.634), was entitled **"Ageism against older patients in nursing: conceptual differentiations and the role of moral sensitivity"**. We presented the results from our verbal associations pilot study conducted during the previous research stage, along with the findings on the antecedents of ageism in nurses caring for elderly patients carried out this year. The data collection was finalized by the end of August, 2021.

*Background:* Ageism in nursing is difficult to identify, prevent and combat, partly due to poor construct operationalizations which equate ageism toward older adults with ageism targeting older patients. Highly sensitive to socio-cultural influences, ageism should be studied in context. Moreover, its ethical incompatibility with nurses' moral roles should be capitalized on when devising interventions to prevent and combat it.

*Research aims:* Employing Social Representations Theory, we bring support for the conceptual distinction between ageism toward older adults and ageism toward older patients by comparing the representational content and attitude valence associated to these social objects by 100 Romanian nurses in a mixed-method pilot study. Based on those findings, we assessed the relationship between the two

constructs, evaluating ageism toward older adults as an antecedent of ageism toward older patients and as a partial mediator for the influence of mortality awareness, knowledge of ageing and intergenerational contact on the latter in a cross-sectional study (N = 412). Also, we assessed if moral sensitivity predicted ageism toward older patients and moderated the relationship between it and ageism toward older adults and, respectively, knowledge of ageing.

*Results:* Our findings confirmed content differences between nurses' representations of older adults and older patients, showing negative attitudes toward both groups. The mediational role of ageism toward older adults was confirmed, as well as its direct effect on ageism toward older adults. Moral sensitivity significantly predicted ageism toward older patients and moderated the effects of ageism toward older adults and knowledge of ageing on it. In conclusion, nurses' professional identity should be strengthened to decrease the effects of ageist social influences on their representations of older patients. This could be accomplished by training their moral sensitivity, along with comprehensive gerontological training meant to decrease stereotyping and help them embrace their roles of moral advocates against older patient discrimination.

2. The second article, currently under review at Nurse Education Today (impact factor = 3.442), was entitled “**Ageism, moral sensitivity and nursing students' intentions to work with older patients – a cross-sectional study**”. We presented the results from our findings on the antecedents and consequences of ageism in nursing students carried out this year. The data collection was finalized by the end of August, 2021.

*Background:* Nursing students' intentions to work with older patients are low, despite a worldwide need for gerontological nursing, with ageism being the main culprit. In Romania, elder abuse is unlegislated, yet alleged to be rampant among nursing staff. There is also a lack of research on nursing students' ageism toward older patients and intentions to work with them.

*Objectives:* Since ageism conflicts with nursing ethics, we expect moral sensitivity to lower ageism and increase intention to work with older patients, while also moderating other socio-psychological influences. Moreover, since ageism and intention to work with older patients are largely predicted by the same variables, we hypothesize that ageism may function as a mediator. Finally, we explore ageism among Romanian nursing students and its predictors in a culturally sensitive manner.

*Method:* This is a cross-sectional, descriptive survey study conducted in Romania. 408 nursing students completed online-administered questionnaires measuring intention to work with older patients, ageism, moral sensitivity, death and ageing anxiety, knowledge of ageing, attitudes toward own ageing and intergenerational contact. Data were analyzed with Pearson's correlations, regressions with simple slope analyses and bootstrapped mediation analyses.

*Results:* Ageism mediated the relationships between students' intentions to work with older patients and knowledge of ageing, ageing anxiety, intergenerational contact quality, attitudes toward own ageing and moral sensitivity. Moral sensitivity decreased ageism and increased intention, while moderating the influence of contact quality, death and ageing anxiety, attitudes toward own ageing and knowledge of ageing on ageism. Additionally, it moderated the influence of perceived behavioral control on intention. Integrating moral sensitivity training in the nursing curricula could both decrease ageism in nursing students and increase their intention to work with older patients, providing an efficient and low-cost strategy to aid students consider gerontological nursing for career advancement.

3. The third article, currently under review at Ethics & Behavior (impact factor = 2.086), was entitled “**Ageism and moral distress in nurses caring for older patients**”. We presented the results from our episodic interview pilot study conducted during the previous research stage.

This study explored the influence of healthcare ageism on nurses' moral distress. Episodic interviews were conducted on 25 Romanian nurses in 2020. Thematic and co-occurrence analyses revealed that all moral distress sources reported reflected macro-, meso- and micro-level ageism, benevolent and hostile, self- or other-directed, including stereotyping, prejudice, and discrimination of

older patients. The COVID-19 pandemic-related ageist measures increased healthcare ageism and transformed nurses' representations of older patients accordingly. Nurses felt moral conflict both when passively witnessing ageist acts and when perpetrating them to adhere to group norms, highlighting the need to combat ageism for both patients' and nurses' well-being.

**Project director,**  
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A handwritten signature in blue ink, appearing to read 'M. Gherman', is centered below the printed name.