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A Study on the Subjectivity of Nursing Students on Elder Abuse

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Abstract: The purpose of this study was to understand the subjectivity of nursing students regarding elder abuse, to describe the characteristics by type, and to identify the typification of elder abuse by applying Q methodology. Forty statements about elder abuse were classified by 15 nursing students who agreed to respond. The collected data were analyzed by principal component factor analysis using the QUANL PC Program. The results of this study showed that nursing students' perceptions of elder abuse were divided into three factors. The subjectivity types of elder abuse were 'cognitive type as an emotional concept', 'recognition type as a personal issue', and 'demand type for social support'. The analysis of subjectivity towards elder abuse using the PC QUANL program resulted in three factors, explaining 45.52% of the total variance. Factor 1 accounted for 28.16%, Factor 2 for 14.05%, and Factor 3 for 9.32%. Since Factor 1 had an explanatory power of 28.16%, it can be considered the factor that explains elder abuse the most. The people corresponding to each factor represent a group showing similar responses to elder abuse.This study provided basic data for understanding and education of clinical nurses on elder abuse, which has recently emerged. It also suggested the need for establishing strategies for improving the perception of elder abuse.
Keywords:Elderabuse, Nursing students, Subjectivity, Q-methodology, Nurses

1. Introduction

As the trend of population aging deepens, the problem of elder abuse is also emerging. Elder abuse includes psychological abuse, physical abuse, sexual abuse, financial abuse, and neglect, and is an important issue related to the morbidity and early mortality rates of the elderly[1]. However, in Korean society, which has traditionally valued filial piety as an

important ideology, elder abuse has been recognized as a domestic issue[2], and has received relatively low social attention compared to other family abuses (spousal abuse or child abuse), becoming an academic interest later[3].

In Korea, the Elderly Welfare Act was enacted in 1981, and regulations related to elder abuse were first established through an amendment in 2004, specifying mandatory reporters of elder abuse and reporting procedures, introducing a system for reporting and early detection of elder abuse[4]. However, unlike child abuse, social attention to elder abuse is still low, and the system itself is more focused on post-response rather than proactive measures such as abuse prevention[5].

In Korea, most elder abuse occurs within the family, making it difficult to discover because elderly victims are reluctant to expose family issues to the outside[4]. According to the 2020 Elder Abuse Status Report, domestic abuse accounted for the highest proportion of elder abuse cases at 88.0%[4]. Elderly people, due to aging, have high dependence on their children both physically and economically, and often conceal the abuse by their children, the abusers, with a parental heart, making the abuse likely to continue[4]. To detect elder abuse that can easily be concealed and protect the elderly from abuse, community attention is required, especially the role of reporters is important. In 2004, the mandatory reporters of the Elderly Welfare Act were medical personnel working in medical institutions, but in 2018, the amendment specified the mandatory reporting duty for heads and staff of community health medical institutions when they become aware of elder abuse.

Elder abuse is a concept influenced by social culture and values, including not only physical abuse but also emotional and sexual abuse[6]. Considering the difference between abuse experience and reported cases, the small number of reported cases shows that there is a difference in perception, subjective norms, and attitudes towards elder abuse and experiencing elder abuse.

The issue of elder abuse is not a personal or family problem, but a problem requiring social intervention and response, especially nurses, who are the first to encounter the elderly through medical institutions, home nursing, and visiting nursing, have high accessibility to the targets, and observe the physical and psychological states of the targets. Therefore, nurses need to have awareness and attitudes for intervention in elder abuse and perform prevention and mediation tasks. However, cases where nurses recognize and report elder abuse while working are not common, and the number of reports by medical personnel was very small, 1.2% in 2015 and 0.6% in 2016[7].

In Korea, there are studies on attitudes, subjective norms, and perceived behavioral control towards elder abuse among hospital nurses, but no research has been conducted on nursing students. It is thought that education to enhance perception, subjective norms, and perceived behavioral control towards elder abuse and to foster attitudes for intervention should be conducted from nursing students preparing to be nurses.

The subjectivity of perception when nursing students deal with subjects has a significant impact on the nursing they perform. Therefore, understanding the perceptions of nursing students and prospective nursing students is important. Thus, Q methodology, a research method that starts from the actor's perspective rather than the researcher's assumption and allows understanding of the characteristics of each type according to the structure of human subjectivity[8], is an appropriate research method to confirm the types of perceptions of nursing students about elder abuse through the subjectivity of the subjects.

Therefore, this study aims to grasp the subjectivity structure of elder abuse from the perspective of nursing students and provide basic data for developing differentiated education programs according to the characteristics of each type before going to the nursing field where treatment and care for elder abuse victims are carried out.

The purpose of this study is to clarify the subjective perception types and characteristics of

the types of elder abuse among nursing students by applying Q methodology, to provide information on the perceptions of nursing students on elder abuse, and to provide basic data for suggesting strategies during nursing student education. The specific research purposes are as follows.

   1) To typify the subjective perceptions of nursing students on elder abuse.

   2) To analyze and describe the characteristics of the types of perceptions of nursing students on elder abuse.

2. Research Methods

2.1 Research Design

This study applied Q methodology to confirm the subjectivity of perception types of elder abuse recognized by nursing students.

2.2 Q Population and Q Sample Selection

To extract comprehensive statements related to elder abuse, this study formed about 200 Q populations through previous studies related to elder abuse, newspaper articles, internet press releases, and in-depth interview processes. The researcher repeatedly read the collected Q population several times for Q sample selection, considering the redundancy and representativeness of the meaning, and deleted or integrated statements. When determining the size of the Q sample, it varied depending on the characteristics of each study, but it is generally assumed that $20 \sim 100$ or $40 \sim 60$ samples are common. Through repeated verification to find clear meanings of the extracted sentences, personal expressions were excluded, and content corresponding to the same topic was extracted with the most representative sentences. Subsequently, the categories derived along with the research theme and the validity were confirmed by consulting two nursing professors with a sufficient understanding of Q methodology for content review and appropriateness, and parts that did not match were readjusted through opinion coordination. Afterward, 40 items with the highest discriminative power and validity among the composed statements were adopted, and a preliminary survey was conducted with one nursing student. After modifying difficult words or vocabulary, a total of 40 Q samples were finally selected[**Table 1**].

<center>Table I. Q Statements</center>

No.	Statement
1	Severe stress in families can lead to elder abuse.
2	Elders who are abused lose their identity and feel emptiness.
3	They hide the fact of being abused due to the fear of being abused again.
4	Elder abuse occurs due to excessive caregiving burden.
5	Due to the phenomenon of nuclear families, elders are isolated from the outside and cannot report abuse even if they are victims.
6	Childhood abuse experiences can lead to abusing elderly parents when they become old.
7	Elders who have experienced abuse have an increased incidence of depression and dementia.
8	Elder abuse can lead to elder suicide.
9	Most perpetrators of elder abuse are family members caring for the elderly.
10	Elderly people are prone to being abused.
11	Those with poor living standards are more likely to be abused.
12	Elders with no education are more likely to be abused.
13	Basic income security that allows elders to escape from private caregiving can reduce the frequency of elder abuse.

14	Emotional abuse decreases the self-esteem of the elderly.
15	Legal establishment is needed to prevent elder abuse.
16	As society ages, elder abuse will increase.
17	Abused elders are mostly women rather than men.
18	Social isolation increases the risk of abuse.
19	Elders with difficult personalities are more likely to be abused.
20	Increased dependency due to old age and chronic diseases induces abuse.
21	The lack of close family bonds increases elder abuse.
22	Devaluation and stereotypical prejudice against elders increase elder abuse.
23	Staff in elderly medical welfare facilities who have not received elder abuse prevention education can commit elder abuse.
24	Elder abuse in elderly medical welfare facilities is increasing.
25	As the ability to perform daily living activities (ADL) decreases, elder abuse increases.
26	Elders admitted to care facilities are likely to experience emotional abuse.
27	Professional education and training for staff in elderly welfare facilities reduce elder abuse.
28	The higher the stress level of staff in elderly welfare facilities, the higher the likelihood of elder abuse.
29	Elders who often experience elder abuse do not think of solving the problem due to learned helplessness.
30	Elders who have experienced elder abuse tend to underestimate their abuse experiences.
31	Active social support networks reduce elder abuse.
32	Increasing awareness and utilization of elderly welfare systems will reduce elder abuse.
33	It is necessary to highlight elder abuse as a public issue.
34	To reduce elder abuse, the number of experts and service providers related to the elderly should be increased.
35	The government needs to expand spaces and cultural facilities for abused elders.
36	Punishment for perpetrators of elder abuse should be strengthened.
37	Mental support programs should be provided for victims of elder abuse.
38	Emergency protection services for abused elders should be developed.
39	Therapeutic services for families of abused elders should be established.
40	A supportive family atmosphere has a low possibility of elder abuse occurring.

2.3P Sample Selection Method

Q methodology emphasizes the difference in significance or importance within an individual rather than differences between individuals, based on the small sample doctrine that if the P sample becomes larger, many people will be concentrated on one factor, making its characteristics not clearly revealed[8]. A total of 15 nursing students who agreed to participate in this study were selected as the P sample after sufficiently explaining the purpose of the study to the nursing students. For the recruitment of subjects, an explanation of participation in the research was posted on an online nursing student community, and nursing students who voluntarily agreed to participate in the research were surveyed through convenience sampling.

2.4Q-Classification

The Q classification process is a process in which research subjects selected as P samples create their voluntary definitions of elder abuse by classifying the Q sample statements using the forced normal distribution method[9]. For Q classification, 40 Q samples were forcedly distributed on a Q sample distribution chart according to the principles of Q methodology. The time it took for one participant to complete the Q classification mostly ranged from 15-20 minutes. The distribution of the Q sample was classified by the research subjects from strong positive to strong negative according to their opinions on the statements related to elder abuse(Q1) on a 10-point scale. Subsequent interviews were conducted with the subjects regarding the statements classified at both extremes.

2.5Data Collection Period and Analysis Method

The data collection period was from July 2022 to September 2022, and the collected data were analyzed using the QUANL PC Program. Q factor analysis used the principle component factor analysis (varimax) method. The classification of types was chosen by considering the results obtained by entering various numbers of factors based on Eigenvalue 1.0 as the standard and total explained variance. The collected data were scored based on the cards forcedly distributed on the Q sample distribution chart, from 1 to 10 points for each. The assigned transformation scores were coded in order of Q sample number and processed by principal component factor analysis using the QUANL PC Program. Among them, three and four factors were compared, and three types were selected as conceptually meaningful and discriminative. This study analyzed items that showed strong positive and negative responses by type, comparing factor loadings and standard scores, and interpreted the characteristics by type, reflecting the demographic data of the P sample of the three types and the characteristics of the respondents for each factor.

2.6Ethical Considerations for Research Subjects

The research subjects selected were explained the purpose and significance of the research and were assured of anonymity and confidentiality. If the subject was reluctant to disclose personal information, it was explained in advance that they could choose not to respond. Contact information was provided so that they could contact if they did not wish to participate in the research after completing the questionnaire, and sincere answers were provided even for questions unrelated to the research, taking the ethical aspect of the research participants into consideration as much as possible.

Before the research, voluntary consent was obtained from the subjects, and it was explained that they could withdraw from the research at any time during the research. The rights of the subjects were respected, and the privacy, personal information, and confidentiality of the subjects were guaranteed by coding and performing Q sorting anonymously for all information collected through the research. It was also explained that all data collected for the research would be disposed of safely.v

3. Results

3.1.STRUCTURE OF Q TYPE

To analyze the characteristics by type of subjectivity of nursing students towards elder abuse, the characteristics of each type were described focusing on the statements belonging to each type. The Q responses of the P sample (research participants) were divided into upper and lower items, and three factors were extracted. In Q methodology, among the people belonging to each type, those with a high factor weight represent the typical or ideal person of that type.

To analyze the characteristics of each type regarding elder abuse, the statements classified with a standard score(z-score) of ±1.00 or higher were focused on to interpret their meanings.

In this study, among the 40 statements, 5 people belonged to Type 1, 6 to Type 2, and 4 to Type 3 with a factor weight of 1.0 or higher.

The participants of this study were conveniently extracted from 15 nursing students currently working in clinical settings. The general characteristics of the research subjects are as follows[Table 2]. The total number of research subjects was 15, with an average age of 21.33±2.32 years, 53.3% male, and 46.7% female. 60.0% had no religion, and 40.0% had a religion.

Table Ⅱ. General Characteristics

Type	No	Age	Gender	Religion	Grade	FWS*
Type 1	4	22	M	Christian	2	.4641
	5	22	M	No	2	.4843
	8	22	M	No	2	.4162
	14	19	F	No	1	.9514
	15	20	M	No	2	.9248
Type 2	1	19	F	No	2	.6995
	7	23	M	Catholic	2	.4184
	9	19	F	Christian	1	1.0623
	10	20	F	No	2	.8583
	11	21	M	Catholic	2	1.5861
	13	20	F	No	2	.7225
Type 3	2	19	F	No	1	1.3350
	3	26	M	Christian	2	2.7425
	6	22	M	No	2	3.0801
	12	26	F	Christian	2	.4679

*FWS: factor weight score

The correlation coefficients between the three factors are shown in [Table 3]. This shows the degree of similarity among the three types. The correlation coefficient between type 1 and type 2 is 0.122. type 1 and type 3 is 0.248, and 0.106 in type 2 and type 3. Type 1 and type 3 had a relatively high correlation with other types. However, the correlation between factors in the Q method is different from the factor analysis method in the quantitative research, and since it focuses on finding the factors without presupposing the complete independence between the factors, there is no controversy over the method of factor extraction based on the high and low correlation.

TableⅢ. Correlations Between Factor Scores

Hospitals	Type I	Type II	Type III
Type I	1.000	.122	.248
Type II	-	1.000	.106
Type III	-	-	1.000

The analysis of subjectivity towards elder abuse using the PC QUANL program resulted in three factors, explaining 45.52% of the total variance. Factor 1 accounted for 28.16%, Factor

2 for 14.05%, and Factor 3 for 9.32%. Since Factor 1 had an explanatory power of 28.16%, it can be considered the factor that explains elder abuse the most[Table 2]. The people corresponding to each factor represent a group showing similar responses to elder abuse.

Table Ⅳ. Eigen Value, Variance, and Cumulative Percentage

Hospitals	Type I	Type II	Type III
Eigen Value	3.3234	2.1069	1.3977
Variance(%)	.2216	.1405	.0932
Cumulative(%)	.2216	.3620	.4552

3.2.TYPE SPECIFIC CHARACTERISTICS IN ELDER ABUSE

The subjectivity types of elder abuse, as calculated by the method of type analysis, are as follows.

- Cognitive Type as an Emotional Concept: Type 1 consisted of a total of 5 subjects. The statements that Type 1 subjects strongly agreed with were 'Abused elders lose their identity and feel emptiness.(Z=2.02)', 'A supportive family atmosphere has a low possibility of elder abuse occurring.(Z=1.59)', and 'Elders who have experienced abuse have an increased incidence of depression and dementia.(Z=1.43)'[Table 5]. The subject with the highest factor weight in Type 1 was number 14(0.9514), and the most agreed statements were numbers 2 and 40. The statements that Type 1 subjects strongly disagreed with were 'As society ages, elder abuse will increase.(Z=-2.29)', 'Abused elders are mostly women rather than men.(Z=-1.85)', and 'Elder abuse in elderly medical welfare facilities is increasing.(Z=-1.44)'[Table 5]. The subject with the lowest factor weight in Type 1 was number 8(0.4162), and the most disagreed statements were numbers 16 and 17.

The characteristic of Type 1 is to think of the causes and results of elder abuse in emotional aspects. It was mentioned that the atmosphere of the family or caregiving stress could increase the rate of elder abuse. Also, abused elders decrease in self-esteem and increase in mental diseases such as depression and dementia, therefore, support through mental support programs would be necessary. Because humans have basic emotional characteristics, it was thought that elder abuse issues would not increase due to gender differences or as aging progresses. Therefore, Type 1 was named 'Cognitive Type as an Emotional Concept'.

- Recognition Type as a Personal Issue: Type 2 consisted of a total of 6 subjects. The statements that Type 2 subjects strongly agreed with were 'Punishment for perpetrators of elder abuse should be strengthened.(Z=2.27)', 'Childhood abuse experiences can lead to abusing elderly parents when they become old.(Z=1.88)', and 'The higher the stress level of staff in elderly welfare facilities, the higher the likelihood of elder abuse.(Z=1.69)'[Table 5]. The subject with the highest factor weight in Type 2 was number 11(1.5861), and the most agreed statements were numbers 36 and 6. The statements that Type 2 subjects strongly disagreed with were 'Elders with no education are more likely to be abused.(Z=-1.96)', 'A supportive family atmosphere has a low possibility of elder abuse occurring.(Z=-1.62)', and 'Increasing awareness and utilization of elderly welfare systems will reduce elder abuse.(Z=-1.44)'[Table 5]. The subject with the lowest factor weight in Type 2 was number 7(0.4184), and the most disagreed statements were numbers 12 and 40.

The characteristic of Type 2 is to see elder abuse as a personal issue of the abuser or victim. They thought that elder abuse could be caused by the personal experience or emotional state of the abuser. Also, the victims of elder abuse would suffer from various sequelae due to it. All these occur due to human personal causes, so they agreed that the punishment of the abuser should be strengthened. However, they did not agree that the occurrence of elder abuse

would be influenced by the surrounding environment or family and social atmosphere, nor did they support that social support programs or services should be provided. Therefore, Type 2 was named 'Recognition Type as a Personal Issue'.

- Demand Type for Social Support: Type 3 consisted of a total of 4 subjects. The statements that Type 3 subjects strongly agreed with were 'Severe stress in families can lead to elder abuse.(Z=1.97)', 'Abused elders lose their identity and feel emptiness.(Z=1.86)', and 'Legal establishment is needed to prevent elder abuse.(Z=1.62)'[Table 5]. The subject with the highest factor weight in Type 3 was number 3(3.0801), and the most agreed statements were numbers 1 and 2. The statements that Type 3 subjects strongly disagreed with were 'Due to the phenomenon of nuclear families, elders are isolated from the outside and cannot report abuse even if they are victims.(Z=-2.12)', 'Childhood abuse experiences can lead to abusing elderly parents when they become old.(Z=-1.92)', and 'Elder abuse occurs due to excessive caregiving burden.(Z=-1.53)'[Table 5]. The subject with the lowest factor weight in Type 3 was number 12(0.4679), and the most disagreed statements were numbers 5 and 6.

The characteristic of Type 3 focuses on social attention to elder abuse. They thought that elder abuse should be recognized as a public issue and related laws and policies should be established. It was stated that social recognition and support related to elder abuse should be identified and supported at the social level. However, they disagreed that elder abuse would not be reported after occurrence and that the frequency would increase depending on the characteristics of the elder and the cause of the abuser. Therefore, Type 3 was named 'Demand Type for Social Support'.

[TableV] Representative Items and Z-score of the Elder abuse(N=15)

Representative items of type					
Factor	Type	No	Representative items	Mean(SD)	Z-score
Type1 (N=5)	Factor 1	2	Elders who are abused lose their identity and feel emptiness.	8.60(1.140)	2.02
		40	A supportive family atmosphere has a low possibility of elder abuse occurring.	8.40(2.510)	1.59
		7	Elders who have experienced abuse have an increased incidence of depression and dementia.	7.60(1.673)	1.43
		14	Emotional abuse decreases the self-esteem of the elderly.	7.60(1.517)	1.38
		37	Mental support programs should be provided for victims of elder abuse.	7.00(1.414)	1.13
	Factor 2	16	As society ages, elder abuse will increase.	1.60(0.894)	-2.29
		17	Abused elders are mostly women rather than men.	2.80(1.483)	-1.85
		24	Elder abuse in elderly medical welfare facilities is increasing.	3.60(2.074)	-1.44
		23	Staff in elderly medical welfare facilities who have not received elder abuse prevention education can commit elder abuse.	4.20(2.280)	-1.22
		26	Elders admitted to care facilities are likely to experience emotional abuse.	3.80(1.924)	-1.21
Type 2 (N=6)	Factor 3	36	Punishment for perpetrators of elder abuse should be strengthened.	9.17(2.041)	2.27

		6	Childhood abuse experiences can lead to abusing elderly parents when they become old.	9.00(1.265)	1.88
		28	The higher the stress level of staff in elderly welfare facilities, the higher the likelihood of elder abuse.	8.00(2.366)	1.69
		7	Elders who have experienced abuse have an increased incidence of depression and dementia.	8.33(1.366)	1.58
		2	Elders who are abused lose their identity and feel emptiness.	8.33(1.211)	1.47
	Factor 4	12	Elders with no education are more likely to be abused.	2.33(1.506)	-1.96
		40	A supportive family atmosphere has a low possibility of elder abuse occurring.	2.50(1.517)	-1.62
		32	Increasing awareness and utilization of elderly welfare systems will reduce elder abuse.	3.83(2.927)	-1.44
		39	Therapeutic services for families of abused elders should be established.	3.50(1.643)	-1.43
		30	Elders who have experienced elder abuse tend to underestimate their abuse experiences.	3.83(1.941)	-1.32
Type 3 (N=9)	Factor 5	1	Severe stress in families can lead to elder abuse.	8.50(3.000)	1.97
		2	Elders who are abused lose their identity and feel emptiness.	8.50(1.915)	1.86
		15	Legal establishment is needed to prevent elder abuse.	9.00(0.816)	1.62
		33	It is necessary to highlight elder abuse as a public issue.	8.50(0.577)	1.31
		3	They hide the fact of being abused due to the fear of being abused again.	7.50(1.915)	1.28
	Factor 6	5	Due to the phenomenon of nuclear families, elders are isolated from the outside and cannot report abuse even if they are victims.	1.25(0.500)	-2.12
		6	Childhood abuse experiences can lead to abusing elderly parents when they become old.	2.50(2.380)	-1.92
		4	Elder abuse occurs due to excessive caregiving burden.	2.75(0.957)	-1.53
		12	Elders with no education are more likely to be abused.	2.75(1.708)	-1.28
		19	Elders with difficult personalities are more likely to be abused.	2.75(0.500)	-1.28

4. Discussions

In advanced countries such as the United States, the United Kingdom, and Canada, interest in the issue of elder abuse began in the 1970s and 1980s, conducting extensive research on the causes and status of elder abuse, and developing and implementing various measures and services to prevent and solve the problem of elder abuse in both the national and private sectors[10, 11]. In Korea, until the 1980s, the issue of elder abuse was a social problem that

was concealed due to the socio-cultural characteristic of being very reluctant to disclose problems occurring within the family to the outside. In 1997, elder abuse was recognized as a social problem through the enactment of the Domestic Violence Prevention and Victims Protection Act and the Special Act on the Punishment, etc. of Domestic Violence Crimes, recognizing it as part of family violence[12, 13].

The results of this study showed that the subjectivity types of nursing students towards elder abuse were identified as 'Cognitive Type as an Emotional Concept', 'Recognition Type as a Personal Issue', and 'Demand Type for Social Support', and the characteristics of each type were discussed.

The first type identified in this study was the 'Cognitive Type as an Emotional Concept'. Subjects belonging to this type recognized the causes and results of elder abuse in emotional aspects. The abuser also commits elder abuse due to their emotional reasons, which leads to emotional side effects on the elders.

Most cases of elder abuse occur within the family, especially abuse by family members during caregiving is frequent[14]. In addition, families do not recognize actions such as physical restraint or infringement of rights during the caregiving process as elder abuse due to the burden of caregiving and the physical or cognitive impairment of the elder[15], understanding how primary caregivers perceive elder abuse is essential as it influences their decision-making and actions related to elder abuse prevention and social intervention approaches[16].

The experience of abuse negatively affects the physical and mental health of the elder[17], and frequent exposure to abuse acts as a major risk factor for elder suicide[18]. Especially, the more severe the emotional abuse and neglect, the more thoughts of suicide occur[19]. Elders have a long process from the initial to middle and later stages of abuse, where thoughts of suicide deepen, and eventually lead to suicide, indicating that there is sufficient time to prevent and intervene in elder suicide compared to other age groups[19]. This suggests that even if suicidal thoughts are mild at the early stages of abuse, continuous abuse can lead to serious levels or suicide attempts, thus requiring careful attention to elders experiencing abuse.

The second type was the 'Recognition Type as a Personal Issue'. It recognizes all situations related to the causes of elder abuse and the results after abuse as personal issues that should be resolved within individuals or family members. The weakening of family caregiving functions and changes in family structure in industrialized modern society have reduced cohabitation with the elderly, but the role and responsibility of the family as the primary support system to help when the elder's physical or mental health does not improve are still increasing. The burden experienced by the family during elder caregiving not only forms negative relationships among family members but can also lead to elder abuse[22, 23]. In addition, most elder abuse occurs within the family, especially due to children and their spouses[14].

Park (2004) mentioned factors influencing elder abuse as the elder's past childhood abuse experience, social support, primary caregiver's gender, relationship between the primary caregiver and the elder, and emotional bond between the elder and children[24]. Yun et al. (2010) found that the elder's gender, age, final education level, financial status, participation in social activities, and attitudes towards elder caregiving were significant influencing factors for elder abuse recognition. Although it is difficult to directly compare research results due to different variable settings, factors such as the final education level of the primary caregiver, relationship between the primary caregiver and the elder, and the elder's health and economic status can influence the recognition of elder abuse, suggesting that continuous verification is needed for elder abuse prevention from a nursing perspective[25]. Moreover, Jung and Yun

(2012) stated that elder abuse recognition is related to knowledge and attitudes towards the elder, and understanding of the elder increases elder abuse recognition[26].

Emphasizing the importance of caregiver burnout, caregiving burden, and health status suggests that if these issues of primary caregivers are not resolved and intervened, the caregivers' lives can be devastated, leading to neglect or abuse of the elder, highlighting the importance of identifying the causes of abuse within the family and strengthening family functions.

The third type was the 'Demand Type for Social Support'. It considers elder abuse as a social problem that is difficult for individuals or family members to solve alone and requires social measures and support beyond the family. They thought that establishing related laws and policies and providing social support programs can ultimately reduce the incidence of elder abuse.

Elder abuse not only disregards the dignity of the elder as a human being but also threatens the quality of life as a representative behavior[27], and recently elder abuse is viewed in a broader category of human rights[28]. Nurses should be able to make ethical decisions when facing ethical issues and possess human rights sensitivity, a basic element of human rights consciousness, and moral sensitivity, a core element of ethical decision-making, to practice elder rights protection and resolve ethical conflicts[29]. Recognizing elder abuse plays a crucial role in reporting and responding. Previous studies reported that nurses and elders who perceive abuse situations seriously are more likely to report it[30]. Especially for elders, active response behaviors, such as requesting the abuser to stop the abuse or asking for help from facilities or surroundings, lead to reporting not only formal coping but also informal coping, highlighting the importance of elder abuse recognition[31].

Given that most local governments have placed visiting nurses for community-based vulnerable elderly and are conducting visiting health management[32], community nurses can ensure a safe environment free from easily concealed elder abuse in the community through visiting nursing and have the potential to detect elder abuse early. Therefore, it is necessary to induce interest and enhance recognition of elder abuse among community nurses.

This study typified and analyzed the subjectivity of nursing students' perceptions of elder abuse, expecting to help transform the perception of elder abuse in our society, considering the role of nursing students being trained as nurses. By presenting the subjective structure and characteristics by type of nursing students' perceptions of elder abuse, this study is expected to be utilized as basic data for developing differentiated education programs. However, since the study was conducted through convenience sampling and did not select subjects considering factors influencing the perception of elder abuse, generalizing the research results has limitations, suggesting the need for further research to form a diverse sample considering various factors and additional verification of types.

5. Conclusions

This study aimed to provide basic data for suggesting the direction of approach and changes in the recognition level of nursing students on elder abuse by applying Q methodology to explore and analyze the subjective perceptions of nursing students on elder abuse. The study results were divided into three factors. The types of elder abuse perception recognized by nursing students were 'Cognitive Type as an Emotional Concept', 'Recognition Type as a Personal Issue', and 'Demand Type for Social Support'.

This study provided basic data for preparing the attitude and perception improvement strategies for future nursing students facing elder abuse families by typifying the subjectivity of nursing students towards elder abuse. By analyzing and confirming the characteristics of each type of nursing students' perception of elder abuse, it is expected that education programs considering the characteristics of each type will be developed. In addition, it suggests further qualitative research to identify various factors influencing nursing care for

families of elder abuse and additional research to form samples considering various factors and further verify the types.

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