

An Anthropological Contribution about Ageism: Attitudes of Elder Care and Nursing Students in Turkey towards Ageism

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ABSTRACT The aim of this study was to define attitudes toward ageism among nursing and geriatric care students at two schools. Fifty students from the Sick and Elder Care School (SECS) and the Nursing Services Department (NSD) participated in this study. Participants were asked to fill a questionnaire that included questions on demographic data and questions related to the literature and the Ageism Attitude Scale (AAS). All students were between 16 and 18 years old, female, and single. The participants' average AAS score was 72.8. Higher AAS scores were correlated with age, class, and experience in residing with an older relative. The mean AAS score of the SECS students was statistically high and significant when it was compared with the mean AAS score of the NSD students. Students who understand the aging process, senility, and changes in senile individuals better and have good communication skills with elderly individuals have a more positive attitude and perspective.

INTRODUCTION

Aging, an anticipated and universal process seen in all living creatures, has psychological, social, and physical aspects and leads to a complete or partial decrease in all functions either acutely or gradually (Cilingiroglu and Demirel 2004). The concept of aging can define either individuals who have completed a certain time period chronologically or a point that is arrived at due to losses although a certain time period has not been completed (Nelson 2002). Approximately ten percent of the Turkish population is 65 years or older. Today, the average lifespan is 70 years or longer for humans regardless of gender. Therefore, a stationary social structure is developing in Turkey (Gul et al. 2012; Koc et al. 2013). In parallel to the prolonged average lifespan, aging has become an important issue and challenge in the field of public health by creating a specific group of individuals and higher incidence of diseases in this particular age group.

Prejudices (ageism) and attitudes such as, "older people are sick, sexless, ugly, weak, and

mentally insufficient" are commonly observed in many areas, such as work life, family life, social life, sexual life, and healthcare services (Akdemir et al. 2007). In addition, it has been suggested that older individuals are exposed to discrimination due to physical, mental, and psychological changes related to the aging process (Ozdemir and Bilgili 2014). Society considers aging as a negative process that should be avoided if possible. Currently, older individuals are exposed to discrimination in many countries worldwide. Generally, the sources of discrimination include society, family members, and negative attitudes of younger individuals regarding elders and old age (Yilmaz and Ozkan 2010). Scholars have suggested that the majority of individuals who express the discriminatory treatment toward older individuals are younger. Studies have reported that university students have negative attitudes regarding older individuals although other studies reported that students have positive attitudes toward older individuals (Yildirim et al. 2012). Thus, determining the attitudes of younger individuals, who comprise twenty percent of the Turkish population, towards old age is important. It may be possible to ensure the development of attitudes and behaviors that are more positive, respectful, and tolerant of older individuals and old age by determining the younger individuals' attitudes (Vefikulucay and Terzioglu 2011).

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Old age and/or the aging process are/is neither a problem nor a period of depression. All healthy individuals will implicitly experience aging. Negative prejudices regarding old age should be changed, and ageism should be eliminated so individuals live out old age, a part of the life cycle, in a satisfactory manner and at peace with themselves and their social environment (Kim and Choi 2014).

To achieve this, researches that investigate the attitudes and values regarding older individuals and old age should be performed. In recent years, it has been widely accepted that older individuals are discriminated against in all healthcare fields. Several clinical trials conducted in the United States showed discriminatory treatment against older individuals in healthcare services (Nelson 2002; Schroyen et al. 2014). These prejudices seem to be reflected in healthcare. Healthcare professionals are not trained sufficiently regarding geriatric care. Protective healthcare services are less commonly provided to older individuals compared to younger individuals. Screening and testing for health problems are less commonly performed among older individuals. Providing therapeutic interventions for older individuals is neglected, resulting in inappropriate or incomplete therapies. Although older individuals consume more medications than other age groups, polypharmacy is not taken into consideration during clinical practice. Although healthcare professionals think that older individuals have the right to be informed, they also think that older individuals are unable to understand or learn novel information. The prejudices, perceptions, values, and beliefs of healthcare professionals regarding older individuals can also be among the causes of ageism.

Thus, the aim of the present study was to investigate ageism attitudes among students at the Sick and Elder Care School, and the Nursing School.

METHODOLOGY

The study included 50 students from the Sick and Elder Care School (SECS) and 50 students from the Nursing Services Department (NSD) of the Health Vocational School. The participants were asked to complete a questionnaire regarding demographic characteristics. The questionnaire had been developed by reviewing relevant literature. The students also completed a Turk-

ish version of the Ageism Attitude Scale (AAS; maximum score = 115; minimum score = 23). The AAS consists of 23 items. The participants were asked to rate each item on a 5-point Likert scale (strongly disagree, disagree, neither disagree nor agree, agree, strongly agree). Each question on the ASS included statements regarding older individuals, old age, or aging. Each question was scored from 1 to 5 points, resulting in a total score of 23 to 115 points. Higher scores indicate less ageism.

This scale has three dimensions, including negative discrimination against older individuals, restricting the life of older individuals, and positive discrimination against older individual. The negative discrimination domain consisted of six statements (6-30 points) such as "promotion," and "chronic illness state" attributed to older people. The life restriction domain consisted of nine statements (9-45 points) such as "remarriage," "staying in nursing facilities," and "don't go out alone," while the positive discrimination domain consisted of 8 statements (8-40 points) such as "older people are more patient, permissive" or "they are wise." Similar to the total score, higher scores in each domain indicate less ageism (Vefikulucay and Terzioglu 2011).

Statistical Analysis

The SPSS for Windows 10.0 software package (Chicago, IL) was used for the statistical evaluation of the data. Conformity of continuous variables with normal distribution was investigated using the Kolmogorov-Smirnov test. All variables were distributed normally. Descriptive data was presented as mean \pm standard deviation. Demographic and clinical characteristics were compared using the chi-square test. Within-group and between-group differences were investigated. The independent samples t-test was used to compare the two groups. The paired samples t-test was used to analyze the differences between the baseline and after treatment values. A p-value of less than 0.05 was considered statistically significant.

RESULTS

Table 1 shows the students' demographic features. All the students were between 16 to 18 years of age, single, and female. Sixty-two per-

Table 1: Students' demographics and characteristics

	SECS (n:50)	NSD (n:50)	p
<i>Grade</i>			0.99
1 th grade	25	25	
2 nd grade	25	25	
<i>Age</i>			0.67
16	12	13	
17	25	24	
18	13	13	
<i>Gender</i>			0.99
Female	50	50	
<i>Marital Status</i>			0.99
Single	50	50	
<i>Born in</i>			0.52
City	30	32	
Town	16	15	
Village	4	3	

SECS: The Sick and Elder Care School, NSD: Nursing Services Department

cent were born in the urban center. Table 2 indicates the students' scores for ageism. 'Restricting life of older individuals' subscale scores showed that there was no significantly difference for the students from SECS and NSD (p=0.12, p>0.05). 'Positive discrimination towards older individuals' subscale indicated that there was significantly difference for all the students (p=0.02, p<0.05). 'Negative discrimination toward older individuals' subscale demonstrated that there was no significantly difference for all the students (p=0.24, p>0.05). Total AAS scores showed there was significantly difference for all

the students (p= 0.01, p<0.05). In addition, the mean AAS score was significantly higher among the SECS students compared to the NSD students. Table 3 pointed the correlation between ASS scores and age, grade, family status. The mean AAS score was 72.8 for the group. Higher AAS scores were correlated with age, class, and residence with an older individual in the family.

Table 2: Students' average Ageism Attitude Scale scores

	SECS (n = 50)	NSD (n = 50)	P
Restricting the life of older individuals	21.6±4.3	21.0±4.5	0.124
Positive discrimination toward older individuals	34.7±5.7	28.9±6.2	0.021
Negative discrimination toward older individuals	19.9±4.4	19.5±4.8	0.241
Total Ageism Attitude Scale	76.2±6.7	69.4±7.4	0.001

SECS: The Sick and Elder Care School, NSD: Nursing Services Department

DISCUSSION

In the present study, both student groups had positive attitudes toward older individuals. However, the geriatric care students exhibited more positive attitudes than the nursing students. This result suggests that students with better understanding of the aging process and

Table 3: Age, grade, and family status-related scores on the Ageism Attitude Scale (AAS) in the total sample

	N = 100	Restricting the life of older individuals	Positive discrimination toward older individuals	Negative discrimination toward older individuals	Total ageism Attitude Scale
<i>Age</i>					
16	25	19.9±4.2	30.1±5.9	19.0±4.3	69.0±6.7
17	49	21.2±4.3	32.3±6.2	20.2±4.4	73.7±7.1
18	26	22.0±4.4	33.2±6.3	20.1±4.4	75.3±7.4
p		0.054	0.021	0.081	0.016
<i>Grade*</i>					
1 st grade	50	20.1±4.1	30.6±5.2	19.6±4.1	70.3±6.5
2 nd grade	50	22.0±4.2	32.8±5.7	19.8±4.1	74.6±6.8
p		0.062	0.032	0.165	0.012
<i>Living with an Older Relative</i>					
Yes	34	22.1±4.4	32.6±5.9	19.7±4.2	74.4±7.0
No	66	19.9±4.8	30.8±5.7	19.7±4.3	70.4±6.7
p		0.059	0.041	0.212	0.021

• 16-18 year olds are usually in 1th or 2th grade of collage in Turkey

changes in old age and who have frequent communication with older individuals had a more positive attitude and perception.

Old age is an inevitable process with biological, chronological, and social problems. A physiological phenomenon, old age is defined as the irreversible loss of physical and emotional strengths with reduced potential to balance internal and external factors and regression of the individual in terms of physical and emotional (Gul et al. 2012; Capezuti and Hamers 2013). However, some researchers have suggested that it is more appropriate to use a definition that implies the change and continuity of life rather than old age that recalls a stable and stationary life process. Accordingly, the aging process is defined as a phenomenon of descent that begins with impregnation and results in stagnation, regression, and ultimately the death of the organism (Güven et al. 2012; Nelson 2002). Losses during this process are not only biological but also include interactions among social, cultural, and biological aspects.

The term "ageism" was first used by Robert Butler, chairman of the U.S. National Institute on Aging. Butler, a gerontologist, defined ageism as discrimination toward older individuals and a form of ideology such as racism or sexism that may take action (Akdemir et al. 2007; Soyuer et al. 2010). People who practice ageism express prejudices toward older individuals through attitude and behavior. However, ageism differs from other forms of discrimination. People who exhibit attitudes and actions regarding racism and sexism know that their race or sex will not change (Nelson 2002; Akdemir et al. 2007; Soyuer et al. 2010). In contrast, people who demonstrate negative attitudes toward older individuals and old age know that they will age as they advance through the life cycle unless they die at a younger age. Negative impacts of ageism manifest as discrimination in the workplace, bias in healthcare systems, social prejudices, and partiality. Judgments such as, "older individuals are ill, sexless, weak, and mentally insufficient" originating from erroneous characterization of older individuals cause considerations within negative influences (Akdemir et al. 2007; Soyuer et al. 2010; Karahan and Kaydok 2013). There is discrimination in the workplace. Older individuals are not as flexible as younger employees. Employers prefer either not to employ older individuals or replace experienced individ-

uals with higher salaries with young individuals with lower salaries (Birren et al. 2014). Healthcare providers may choose to focus on acute medical problems of younger patients rather than address chronic problems of older individuals. Social stigma provides the foundation for ageism (Akdemir et al. 2007; Karahan et al. 2015). Because of this discrimination, many societies generally have negative prejudices against and stereotypes of old age. This negative stereotypic approach is termed ageism. Ageism can be defined as various attitudes, prejudices, and action of organizational regulations directed at an individual based solely on age (Akdemir et al. 2007, Soyuer et al. 2010).

Ageism generally relies on the conceptualization of age in a chronological manner. Thus, ageism is also defined as an interpretation of insufficiency, restriction, and negative changes due to advancing age. The initial factor that causes the onset of ageism is fear of death because death is out of the life circle, but it is generally forgotten that death is an inherent part of life (Moyle 2003; McKenzie and Brown 2014). Moreover, death and old age are conceptualized synonymously. Ageism is an expression of fear regarding weakness, uselessness, illness, and death of younger or middle-aged individuals. Currently, many studies have investigated old age and ageism. Some studies reported that ageism exists while others reported that there is no such discrimination (Nelson 2002; Moyle 2003; Soyuer et al. 2010). The controversy seems to result from differences in methodology. For instance, opinions of children and young people were investigated to determine whether they express ageism. There are a limited number of studies in which older individuals comprised the study sample (Akdemir et al. 2007; Ogenler et al. 2012). In general, study samples consist of children and young individuals regarding older individuals and ageism. For instance, children with higher socioeconomic status had positive stereotypes compared to those with lower socioeconomic status (Akdemir et al. 2007; Ogenler et al. 2012; Unalan et al. 2012).

Another problematic issue in studies about old age and ageism is that the majority of the studies generally aimed to identify ideas that involve negative stereotypes of older individuals. In studies on ageism, another striking disadvantage is the lack of effort to identify positive stereotypes and the origin of the negative

stereotypes (Akdemir et al. 2007; Unalan et al. 2012; Karahan et al. 2015).

Many studies on ageism have focused on how older individuals appear in the media. Study results have shown that older individuals appeared less frequently in the media compared to their proportion of the general population. A U.S. study investigated the roles of older individuals in daytime television series regarding positive and negative stereotypes. The study showed that older male characters were depicted as good listeners and gurus while older female characters were depicted as women who cared for and fed young characters (Moyle 2003; Ogenler et al. 2012; McKenzie and Brown 2014). In contrast, in cartoons, older characters were depicted as bad characters or those who need the help of a hero in general (Soyuer et al. 2010; Ogenler et al. 2012; McKenzie and Brown 2014).

Again, in studies on ageism, differences between the thoughts of male and female subjects were not considered. However, in many studies on old age, older women were qualified as more unhealthy, inefficient, and ill compared to older men. In a study that investigated differences in the opinions of female and male subjects about ageism, younger and older individuals were recruited. In that study, male and female university students older than 25 years and male and female subjects older than 70 years were given a survey to determine their opinions about old age (Gul et al. 2012; Guven et al. 2012; Koc et al. 2013). The study showed that older and younger male subjects considered younger ages as more positive while older age was more negative. However, significant differences were detected in the opinions of younger and older female subjects. Younger female subjects considered old age to be more positive while older female subjects as more positive (Gul et al. 2012; Guven et al. 2012; Koc et al. 2013).

It is important to identify the attitudes of younger individuals toward old age in order to allow younger individuals to understand old age, to change negative prejudices about old age, and to eliminate ageism (Gul et al. 2012; Capezuti and Hamers 2013). Studies on nursing students and medical students reported that students have positive attitudes toward older individuals. However, other studies reported negative attitudes in students taking education in order to work in healthcare services (Liu et al. 2013).

In this study, the mean ASS score was significantly higher in the geriatric care students than in the nursing students. In conclusion, the geriatric care and nursing students had positive attitudes toward older individuals. These results are important not only for communication with older individuals but also for the younger individuals' relations with older individuals in terms of professional careers in healthcare services (Moyle 2003; Capezuti and Hamers 2013). Identifying attitudes of healthcare professionals at all levels of care, correcting negative approaches through training before and after graduation, and equipping healthcare providers regarding such discrimination may contribute to correcting erroneous attitudes toward older individuals and contribute to educating healthcare professionals.

CONCLUSION

Seniors may experience ageism as a form of discrimination and prejudice, any disrespect during the examination or treatment to make them feel unwelcome. In the healthcare system the presence of ageism is a glaring deficiency and systematic discriminations by doctors and other healthcare team members were reported before. Such evidence-based practice would ensure that patient needs are met to a greater degree, as the literature suggests that an increased awareness of ageism would result in greater patient satisfaction and improved outcomes. The key points are educating the healthcare team and the general population in early life of education steps about growing elderly population and trying to create a greater awareness of aging as an important component impact on reducing ageism.

RECOMMENDATIONS

To further improve the quality of healthcare provided for the elderly, future ageism research should focus on finding ways for nurses and other care providers on how to improve the quality of care provided to the elderly.

ABBREVIATIONS

SECS: Sick and Elder Care School
NSD: Nursing Services Department
AAS: Ageism Attitude Scale

REFERENCES

- Akdemir N, Cinar FI, Gorgulu U 2007. Perception of the elderly ageism. *Turkish Journal of Geriatrics*, 10: 215-222.
- Birren JE, Lubben JE, Rowe JC, Deutchman DE 2014. *The Concept and Measurement of Quality of Life in the Frail Elderly*. San Diego, CA, USA: Academic Press.
- Capezuti E, Hamers JP 2013. Perspectives on how to improve the nursing care of older adults. *International Journal of Nursing Studies*, 50: 1153-1155.
- Cilingiroglu N, Demirel S 2004. Aging and ageism. *Turkish Journal of Geriatrics*, 7: 225-230.
- Gul HL, Evcili G, Karadas O, Gul ES 2012. Geriatric depression and associated risk factors: The level of depression symptom at elderly living in nursing home. *J Clin Anal Med*, 3: 308-310.
- Guvan SD, Muz GU, Erturk NE 2012. The attitudes of university students towards elderly discrimination and the relation of these attitudes with some variables. *Journal of Anatolia Nursing and Health Sciences*, 15(2): 99-105.
- Karahan AY, Kaydok E 2013. Depression and anxiety levels in geriatric patients with hemiplegia. *The Medical Bulletin of Sisli Etfal Hospital*, 47(3): 130-137.
- Karahan AY, Basaran A, Ordahan B, Yildirim P, Kuçuksarac S et al. 2015. Polypharmacy in osteoporosis patients. *Turkish Journal of Osteoporosis*, 21: 5-9.
- Kim KB, Choi YJ 2014. Effects of family support, ageism experience, loneliness and powerlessness on death anxiety in elders. *Korean Journal of Adult Nursing*, 26: 584-591.
- Koc A, Yildirim R, Gurcu M, Vefikulucay D 2013. Assessing young university students' behavior regarding age discrimination. *J Ann Eu Med*, 1: 49-55.
- Liu YE, Norman IJ, While AE 2013. Nurses' attitudes towards older people: A systematic review. *International Journal of Nursing Studies*, 50: 1271-1282.
- McKenzie EL, Brown PM 2014. Nursing students' intentions to work in dementia care: Influence of age, ageism, and perceived barriers. *Educational Gerontology*, 40: 618-633.
- Moyle W 2003. Nursing students' perceptions of older people: Continuing society's myths. *Australian Journal of Advanced Nursing*, 20: 15-21.
- Nelson TD 2002. *Ageism: Stereotyping and Prejudice Against Older Persons*. Cambridge, MA: MIT Press.
- Ogenler O, Yapici, G, Tasdelen B, Akca T 2012. Opinions of a group of medical doctors on elder discrimination in Mersin. *Turkish Journal of Geriatrics*, 15: 409-415.
- Ozdemir O, Bilgili N 2014. Ageism in health care. *Gulhane Medical Journal*, 56(2): 128-131.
- Schroyen S, Adam S, Jerusalem G, Missotten P 2014. Ageism and its clinical impact in oncogeriatrics: State of knowledge and therapeutic leads. *Clin Interv Aging*, 31(10): 117-125.
- Soyuer F, Unalan D, Guleser N, Elmali F 2010. The attitudes of health vocational school students towards ageism and the relation of these attitudes with some demographical variables. *Mersin University Health Sciences Journal*, 3: 20-25.
- Unalan D, Soyuer F, Elmali F 2012. Evaluation of the attitudes of the geriatric care center workers towards elderly patients. *Kafkas J Med Sci*, 2: 115-120.
- Vefikulucay YD, Terzioğlu F 2011. Development and psychometric evaluation of ageism attitude scale among the university students. *Turkish Journal of Geriatrics*, 14: 259-268.
- Yildirim UY, Demir Y, Yonder M, Yildiz A 2012. Nursing students' attitudes toward ageism in Turkey. *Archives of Gerontology and Geriatrics*, 54: 90-93.
- Yilmaz E, Ozkan S 2010. Attitudes of nursing students towards ageism. *Maltepe University Journal of Nursing Science and Art*, 3: 1-19.

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