



Original Article

Factors affecting the attitudes of nursing students toward ageism

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ABSTRACT

Background & Aim: The world's older adult population is increasing and is expected to increase in the future. Ageism is one of the difficulties older adults experienced. Nursing students as a candidate for the nursing profession will frequent contact with older adults. Ageism attitudes among nursing students are essential for this reason. This study aims to determine the attitudes of nursing students toward ageism and the factors affecting it.

Method & Materials: The study was cross-sectional, and the data were collected from January to February 2019. The study included 509 students. A demographic data form and the Ageism Attitude Scale were used to collect data.

Results: The mean age of the participants was 20.94 ± 1.30 years and 439 (86.2%) participants were female. Female nurse students show lower ageist attitudes than males ($p < 0.001$) and between the year of study and attitudes to ageism ($p = 0.001$). A statistically significant difference was found between nurse students caring for older people and those not caring for older people and attitudes to ageism ($p < 0.001$).

Conclusion: In nursing students, giving care to older people during their education, and having lived with an older relative should be considered to reduce ageism. We offer that nurse curriculums revised to reduce ageism according to factors affecting attitudes to ageism.

Introduction

Along with developments in health services and social changes, the older population is growing worldwide (1,2). The proportion of older adults in developed and developing countries is increasing (1). According to the World Health Organization (WHO), the proportion of older adults in the world was 12% in 2015, and it will reach 22% with more than two billion people over the age of 60 in 2050 (2).

Their roles in society have changed due to industrialization. The effect of industrialization has been that a workforce that can contribute to production has gained importance in society, and the older population is considered as not contributing to production. Also, many health problems are occurring with aging.

As a result, older people experience problems with social support and housing and economic problems, and because of this, older people are considered a dependent group and a burden on society (3). This, in turn, leads to ageism in society.

The WHO defines ageism as stereotyping and discriminating against people according to their age and approaching and categorizing them with prejudice (4). Palmore defines ageism in such favorable terms as kindness, wisdom, dependability, affluence, freedom, political power, eternal youth, and happiness, as well as in negative terms such as illness, uselessness, asexuality, declining mental functions, isolation, poverty, and depression. There are two types of ageism, positive and negative. Negative ageism is more common in society than positive ageism. However, both type of ageism is harmful to older adults. Palmore stated that after racism and sexism, ageism is the third most widespread form of discrimination in the world (5,6).

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Ageism has harmful effects on the biopsychosocial wellbeing of older adults. It decreases the will to live, impairs the memory, leads the individual to be less interested in engaging in healthy preventive behaviors, and creates fear of dependency among older adults (20). This fear and resistance to the help of others can be a morbid degree for older adults (21). A study that examined the life experience of older adults in their last 12 months showed they resist to neighborly surveillance and avoid the nursing home entry. This resistance fastens the death process of older adults, and this death called “social death” in literature (22). Like other forms of discrimination, ageism can be a risk factor for chronic diseases due to long-term stress exposure (23).

Nursing is one of the main professions to care for older people; therefore, the members of this profession are often in contact with older people (7,8). This increases the importance of ageism among nurses and the nursing students who are the potential member of this profession in the future. Providing education to nursing students to reduce ageism and reduce the degree of ageism among nursing students is important for the biopsychosocial wellbeing of older adults. To reduce ageism attitudes among nursing students, the factors affecting ageism attitudes of them should be known. However, there are limited studies on this subject in the literature. This study was conducted to evaluate the attitudes of nursing students toward ageism and the affecting factors.

Methods

The current study was designed as a cross-sectional study. It consisted of 509 students who were from their 1st to 4th year (without preparatory class) at the Nursing Faculty in Izmir and who were 18 years and older and accepted to participate in the study. Data were collected from the students from January to February 2019 as self-reported. A demographic data form and the

Ageism Attitude Scale Turkish version were used to collect data.

Demographic data Form: This form consisted of 12 items, collecting information on individuals' age, gender, year of study, marital status, family characteristics, and views on older adults.

Ageism Attitudes Scale (AAS): This scale is of Likert type with 23 items in three subscales, including limitation of life of older adults, positive ageism, and negative ageism. The scale was developed in 2008 by Vefikuluçay for Turkish society, and the Cronbach alpha reliability coefficient was found to be 0.80. The lowest score which can be obtained on the score is 23, and the highest is 115. The higher scores on this scale indicate lower ageism attitudes. In this study permission to use the scale was obtained from the original author.

Data analysis was performed using SPSS version 25.0. The descriptive data in the study are presented as numbers (n) and percentages (%). Kolmogorov-Smirnov (KS) analysis used to determine normal distribution ($p=0.339$). A Chi-square test used to evaluate the association of dependent and independent categorical variables including gender, marital status, years in nursing education, willing to care to older adults, and willing to live with older relatives. One-way ANOVA and independent t-tests were used to compare mean attitudes score between groups based on data normality.

Written approval to conduct the research was obtained from Ege University Scientific Research and Publication Ethics Committee (protocol number 88, dated 2.1.2019), from Ege University Nursing Faculty (No. 27344949-605.01) and the participants. All participants signed the consent form.

Results

Of the 509 students who participated in the study, 439 (86.2%) were female, and the mean age of students was 20.94 ± 1.30 years; 507 (99.6%) students were unmarried, and 432 (84.9%) had a nuclear family structure.

The distribution of demographic characteristics presented in Table 1.

Table 1. Distribution of students by demographic characteristics

| | N | % |
|---|-----|------|
| Gender | | |
| Male | 70 | 13.8 |
| Female | 439 | 86.2 |
| Marital status | | |
| Married | 2 | 0.4 |
| Single | 507 | 99.6 |
| Years in nursing education | | |
| 1 st year | 125 | 24.6 |
| 2 nd year | 121 | 23.8 |
| 3 rd year | 129 | 25.3 |
| 4 th year | 134 | 26.3 |
| Family Structure | | |
| Nuclear family | 432 | 84.9 |
| Extended family | 63 | 12.4 |
| Living alone | 8 | 1.6 |
| Others | 6 | 1.2 |
| Living in | | |
| Metropolitan | 150 | 29.5 |
| City | 89 | 17.5 |
| Town | 210 | 41.3 |
| Village | 60 | 11.8 |
| Cared to the older adults in clinical practice | | |
| Yes | 281 | 55.2 |
| No | 228 | 44.8 |
| Lived with old people | | |
| Yes | 198 | 38.9 |
| No | 311 | 61.1 |

Statistically significant differences were found between groups based on gender ($p < 0.001$), year of study ($p < 0.001$), and living with an older person about AAS total mean scores. Statistically significant differences were found about mean scores on the positive ageism subscale between groups under the headings of giving care to older people ($p = 0.003$) and living with an older person ($p = 0.003$). A statistically significant difference was found regarding the mean score of the subscale of negative ageism between groups for gender ($p < 0.001$), year of nursing education ($p < 0.001$), and caring for older people during clinical practices ($p < 0.001$). A statistically significant difference was found about the mean scores of the subscale of limitation of older people's lives between groups for giving care to older people during

clinical practice ($p = 0.001$) and living with an older person (Table 2).

125 (28.54%) female students and 10 (14.29%) male students are willing to work in centers, only caring for older people. Overall, 135 (26.52%) of the students reported that in the future, they would be willing to work in centers only caring for older people. A significant difference was found between gender and the willingness to work in the centers only caring for older people ($p = 0.004$). It was found that 103 (36.7%) of the students caring for older people in their clinical practice and 38 (16.66%) of those not caring for older people are willing to work in centers only caring for older people. A statistically significant difference was found between having cared for older people in clinical practice and the willingness to work in institutions caring for older people ($p < 0.001$).

Based on findings, 304 (59.7%) students that they wished to live with older relatives, and by 205 (40.3%) that they did not wish to do so. Also, it was reported by 320 (62.91%) of participants—280 (63.78%) females and 40 (57.4%) males—that when they grew old, they wanted to live with younger family members. Of those who did not wish to live with an older relative, 69 (33.7%) students reported that when they get old, they wanted to live with younger family members. It was reported by 36 (51.42%) males and 268 (61.05%) females that they wanted to live with older family members. Also, 51 (85%) of those living in villages, 113 (53.8%) of those living in towns, 44 (49.4%) of those living in cities and 96 (64.0%) of those living in metropolitan areas reported that they wished to live with older family members. A statistically significant difference ($p < 0.001$) was found between where the individuals lived and their willingness to live with older adults (Table 3).

Table 2. Distribution by groups of students' total scores on the AAS and their mean scores on the subscales

| | Positive ageism | Negative ageism | Limitation of life of old people | AAS total |
|---|--------------------|--------------------|----------------------------------|--------------------|
| Total (n=509) | 30.55±4.20 | 18.47±3.28 | 34.95±3.44 | 83.97±7.72 |
| Gender | | | | |
| Male | 29.80±6.64 | 16.97±3.17 | 34.12±5.20 | 80.90±9.29 |
| Famale | 30.67±4.12 | 18.70±3.24 | 35.08±3.06 | 84.46±7.33 |
| P value* | p=0.106 t=0.885 | p<0.001 t=2.960 | p=0.139 t=0.751 | p<0.001 t=3.105 |
| Years in nursing education | | | | |
| 1 st year | 29.85±4.21 | 17.75±4.13 | 34.22±4.25 | 81.83±8.76 |
| 2 nd year | 31.13±3.76 | 18.44±2.95 | 35.28±3.42 | 84.85±6.68 |
| 3 rd year | 30.60±4.18 | 17.83±2.66 | 35.24±2.96 | 83.68±6.71 |
| 4 th year | 30.63±4.53 | 19.76±2.81 | 35.05±2.95 | 85.45±8.07 |
| P value** | p=0.051 F=2.138 | p<0.001 F=3.661 | p=0.121 F=1.893 | p=0.001 F=3.097 |
| Cared to the older adults in clinical practice | | | | |
| Yes | 31.05±3.93 | 18.93±2.93 | 35.42±3.05 | 85.41±7.01 |
| No | 29.94±4.44 | 17.88±3.58 | 34.36±3.79 | 82.19±8.18 |
| P value* | p=0.003 t=2.920 | p<0.001 t=3.619 | p=0.001 t=4.139 | p<0.001 t=4.403 |
| Lived with old people | | | | |
| Yes | 31.25±3.94 | 18.53±3.28 | 35.71±3.49 | 85.49±7.36 |
| No | 30.11±4.31 | 18.42±3.28 | 34.47±3.33 | 83.00±7.80 |
| P value* | p=0.003 t=2.633 | p=0.723 t=0.346 | p<0.001 t=2.117 | p<0.001 t=1.966 |
| Living in | | | | |
| Metropolitan | 30.81±3.16 | 18.61±3.39 | 34.51±2.85 | 83.93±6.74 |
| City | 29.97±4.94 | 17.85±3.22 | 34.38±4.18 | 82.20±8.89 |
| Town | 30.31±4.45 | 18.50±3.33 | 35.60±3.32 | 84.41±7.52 |
| Village | 31.63±4.26 | 18.90±2.83 | 34.65±3.74 | 85.18±8.57 |
| P value** | p=0.072 F=1.442 | p=0.217 F=0.698 | p=0.005 F=3.255 | p=0.077 F=1.731 |
| Total (n=509) | 30.55±4.20 | 18.47±3.28 | 34.95±3.44 | 83.97±7.72 |

* T-test ** One way ANOVA

Table 3. The willingness of students to live with elderly family members and affecting factors

| | Willing N (%) | Not Willing N (%) | P value | Test value |
|------------------|------------------|----------------------|---------|-------------------------|
| Gender | | | | |
| Female | 268 (61) | 171 (39) | p=0.128 | X ² : 4.103 |
| Male | 36 (51.4) | 34 (48.6) | | |
| Living in | | | | |
| Metropolitan | 96 (64) | 54 (36) | p<0.001 | X ² : 36.871 |
| City | 44 (49.4) | 45 (50.6) | | |
| Town | 113 (53.8) | 97 (46.2) | | |
| Village | 51 (85) | 9 (15) | | |

Discussion

To protect older adults from the harmful effect of ageism, ageism among health professionals should be reduced. Nursing is the primary professionals who are most often in contact with older adults. Nursing students are possible future members of this profession. To know the factor affecting ageism attitudes among nursing students, the attitudes of nursing students toward ageism, and the factors affecting it were researched in this study. In the current study, we found

that gender, year in the school, having cared for older people, and living with an older relative is affecting the ageism attitudes of nursing students.

The scale total mean score of the nursing students was found to be 83.97±7.72. That is, ageism attitudes among the nursing students in our study was determined to be at a low level. This score is higher than - that means lower ageism attitudes - or similar to studies in the literature. Güven et al. (2012)

reported this score as 71.60 ± 8.12 , Usta et al. (2012) reported that as 84.01 ± 7.61 and Ünsat et al. (2015) reported 84.8 ± 9.32 (10-12). Factors such as age, gender, years in nursing education are affecting ageism attitudes. So the distribution of the subgroups in the studies is affecting this score.

In our study, the ageism attitudes of male students were found to be higher than that of female students. In other studies conducted in Turkey and other countries – Sweden, Greece, Israel, Germany, and Taiwan – it has similarly been reported that ageism attitudes were lower in females than in males (10, 13-16). However, there are also studies which have reported that they did not find any significant difference between male and female about ageism attitudes (3,12). The reason why ageism attitudes are lower in females than in males is thought to be that in Turkey and most of the world, it is usually women who take on the care of older relatives. So they are in contact with older adults more than males (24). Take on the care of older adults is reduced the ageist attitudes. That is why ageism attitudes are lower in women in Turkey and the World.

It was observed that students in higher years in nursing education showed lower ageism. It has been reported in other studies that ageism attitudes decrease with nursing education and age (3, 11, 13). During their education, nursing students spend more time with older adults, take part in their care, and learn the lessons on the characteristics and problems of old age.

It was found that ageism was lower in students who had cared for older people during their clinical practice and in those who lived with older people. In a study by Ünsar et al. (2015), it was reported that caring for older people reduced the attitudes toward ageism (12). Zehirlioğlu et al. (2015) reported that ageism attitudes were low in those who were responsible for the care of older people and those who lived with older people, but that the difference was not statistically significant (17). As is reported in the literature, ageism is at a lower level in

those who have contact with older adults, in caregiving, and living together.

No significant difference was found in our study between the place of residence and ageism. However, the difference has been reported in the literature (2,9). When ageism was evaluated from this viewpoint in our study, possibly the unequal distribution between groups resulted in inadequacy in the subgroups.

The proportion of females willing to live with an older family member was higher than that of males. This is thought to be because of women's traditional caregiving role. It is reported in the literature that unpaid care of older people is primarily giving by family members and then by neighbors. Among family members, it is reported that women generally take on this role (18).

When the place of residence was examined, it was seen that individuals living in villages had a greater willingness to live with older people. The study team thought that this was affected by the preservation of the traditional extended family structure by people living in rural areas.

The study was conducted only in one university and one society. The results of the study are representing only for this population. The result of the studies are self-reported; there was not any observation in the current study.

According to the results of the current study, we offer that nursing education programs should revise their syllabus and provide to all students to give care to older adults in their clinical practice.

Conclusion

In conclusion, it was found that ageism was affected by gender, year in the school, having cared for older people, and living with an older relative. To further reduce ageism in nursing students, we recommend that all students should provide care to at least one older adult during their nursing education. It was found that years in the school taken throughout their studies and care are given to older people reduced

ageism in students. For this reason, we recommend lessons on the elderly in the first year of the nursing education given to students and work with older people during practice as a priority.

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Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this paper.

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