Original Article

Determination of the Discrimination Attitudes of Individuals Over 18 Years Old towards Elderly Population

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Abstract

Objective: This descriptive study was planned to assess the positive and negative ageist attitudes of individuals over the age of 18 years through social media, to determine the associated factors, and to develop suggestions.
Materials and Methods: The study was conducted in June 2020 through social media with the participation of 328 individuals over the age of 18 years. Data were collected using the Positive and Negative Ageism Scale (PNAS) and an information form. Data were evaluated using means, percentages, standard deviation, and ANOVA and Tukey tests.
Results: The mean total Positive and Negative Ageism Scale (PNAS) score was 90.29 ± 8.36.
Conclusion: Educational status was found to have affected the mean PNAS total and subscores.

Keywords: discrimination, elderly, attitude

Introduction

Aging is the irreversible loss of an individual's physical, mental, and social capabilities (Hablemitoglu & Ozmete, 2010: 17). Aging is a natural and inevitable process for all humans. The extent, characteristics, and effects of age appear quite dissimilar to other variables (Sahin 2015). For example, gender is determined at birth and remains constant unless the individual chooses to change it, whereas age constantly changes. Therefore, it is quite difficult to comprehend the extent of age discrimination (Khotkina 2014). Especially the developing technology and social welfare policies have increased life expectancy of individuals, the birth rates have reduced, the elderly population has become a sizeable portion of society. The changing family structure and the growing trend of individualization resulting from globalization, industrialization, and various other factors have eroded the significance assigned to the authority, wisdom, and social value of the elderly (Bayraktar, 2002). Words that are synonymous with aging generally have negative connotations. These terms commonly indicate negative conditions such as dementia, labefaction, unhealthiness, derogation, tiredness, and being worn out and unable to function (Kucuk, 2016). All these changes have caused or exacerbated the deterioration of the status and role of the elderly in society. Therefore, there is increasing number of studies in the field of gerontology and geriatrics to integrate the elderly into the society, reinforce family and relative relationships, and reintegrate the elderly into society (Bayraktar, 2002).

According to a statement by the Turkish Statistical Institute (TurkStat), if the number of the elderly exceeds 10% of the total population, this indicates that the population is aging. Data from TurkStat indicate that the percentage of the elderly population (aged ≥ 65 years) was 8.2% in 2015, and this rate is estimated to increase to 10.2% by 2023, 20.8% by 2050, and 27.7% by 2075 (TurkStat, 2016). The fact that the proportion of the elderly population increases

faster than that other age groups indicates that the population is aging in Turkey. Therefore, it can be said that Turkey is going through a demographic transition. The reasons for this transition include decreased birth and death rates, improved healthcare, life standards, and welfare, and the subsequently prolonged life expectancy (U.S Census Bureau, 2001:65). Social isolation, poverty, disability, and chronic diseases of the growing elderly population lead to increased care and support needs, increased dependency, further deterioration of health, and issues with home care (Baran, 2007; Yildiz, Omeroglu & Terim, 2017). Factors effective in dealing with the difficulties experienced by the elderly population include medical condition, family structure and size, cultural motifs concerning kinship and independent living, marital status, economic welfare, social support mechanisms, and the availability of social services.

Ageism is one of the difficulties experienced. Ageism is a multidimensional term that expresses the prejudice and distinction of attitudes, behaviour, and actions against individuals on the basis of age (Vefikulucay, 2008; Akdemir, Cinar & Gorgulu, 2007). The term 'ageism' was used in 1969 by Robert N. Butler, the president of the American National Institute on Aging (Cilingiroglu, 2004). The perception of elderliness has a direct or indirect effect on the determination of priorities in the provision of health services, the effective implementation of preventive healthcare services, the access of the elderly to healthcare, the specialization of healthcare workers in geriatric medicine, and the effective implementation of policies concerning the elderly (Ozdemir & Bilgili, 2014; Buz, 2015). Having a positive or negative attitude towards the elderly is important in terms of the self-perception and quality of life of the elderly (Kacan & Dibekli & Akkan, 2018). Turkish society is among the cultures that still depend on customs and traditions. In this context, providing services to the elderly is based on voluntariness. With the modernization of Turkey, nuclear families have become increasingly common, whereas the extended family structure started to diminish; however, the fact that the elderly and their children still prefer to live in the same neighbourhood indicates that family bonds between the elderly and their children are still strong (Aykan and Wolf, 2000: 418). Yet, as this has begun to change, there is a dire need for a rational restructuring of social policies in Turkey. It is necessary to interpret the concept of reinforcing family in a way that it does not lay more responsibility on the family, but develops various support services for families whose conditions become difficult. Otherwise, families and younger generations will soon plausibly give up these voluntary services to be able to keep up with emerging conditions.

Turkish studies on ageism from various institutions majorly focus on certain occupations or students who are training for a certain occupation. One study investigated ageist attitudes in the entire population and obtained data, conclusions, and classifications; however, these results were inadequate for a universal analysis or to reach conclusions regarding old age.

Materials and Methods: This descriptive study was conducted in June 2020 to determine the positive and negative ageist attitudes of individuals over the age of 18 years. Data were collected through social media for the study. Informed consent was obtained from all participants with participation on a voluntary basis. The study was completed with 328 participants.

Data Collection Tools: Data were collected using an information form that investigated the participants' age, profession, and educational status and the 23-item Positive and Negative Age Discrimination Scale (PNAS) consisting of 2 subscales (positive ageism and negative ageism). The Positive and Negative Ageism Scale (PNAS) was developed in Turkish language by Yurttas and Sarikoca. The scale was developed among university students. The scale consists of two subscales that aim to measure ageist attitudes among individuals. The Positive Ageism Subscale measures positive discriminatory attitudes of the individual towards the elderly. This subscale consists of 13 items. In practice, the highest score that can be obtained from the Positive Ageism Subscale is 65 and the lowest score is 13 points. A higher score indicates a higher level of positive attitude towards the elderly. The second subscale, the Negative Ageism Subscale, measures negative discriminatory attitudes towards the elderly. This subscale consists of 10 items. For the Negative Ageism Subscale, the highest score that can be obtained is 50 points and the lowest score is 10 points. This subscale is scored in reverse, and

hence, a higher score indicates a lower level of negative attitude towards the elderly. The 10 items included in the Negative Ageism Subscale (items 3, 4, 5, 6, 8, 11, 15, 16, 19, and 22) are scored in reverse because they contain negative statements about the elderly. The Cronbach's alpha of the scale is .801 (Yurttas & Sarikoca, 2018). In our study, we calculated the Cronbach's alpha to be .788 for the entire scale, .687 for the Positive Ageism subscale, and .728 for the Negative Ageism subscale.

Data Analysis: Data were analyzed using the SPSS software package. Data were evaluated using numbers, percentages, means, correlation analysis, ANOVA, and Cronbach's alpha.

Results

Of the participants, 55.2% had completed undergraduate education. The majority of the participants were between the ages of 36-45 (52.7%) and the mean age of the participants was 39.12 ± 7.96 years (range, 18-68 years) The majority of the participants are healthcare professional (49.7%).

The mean total PNAS score was 90.29 ± 8.36. The mean Positive Ageism and Negative Ageism subscores were 49.04 ± 5.56 and 41.25 ± 4.49, respectively.

ANOVA test was performed to determine the correlation between PNAS scores and age groups, educational status, and profession.

The mean total PNAS scores and PNAS subscores by age groups are presented in Table 3. Accordingly, the age group of 18-25 years had the highest mean total PNAS score and the highest positive ageism subscore, whereas the age group of 36-45 years had the highest mean negative ageism subscore. The one-way ANOVA analysis revealed that the difference between the groups was statistically insignificant.

The distribution of the total PNAS scores and PNAS subscores by professions of the participants are given in Table 4. It was determined that the mean total PNAS scores and positive ageism subscores of the students were higher compared to other professions. Whereas healthcare professionals scored the highest in the negative ageism subscale compared to other groups. However, the difference between the mean PNAS scores of different groups was statistically insignificant.

In Table 5, where the distribution of mean PNAS total and subscale scores by educational status, the difference between the mean total PNAS and negative ageism subscale scores was found to be statistically significant. The advanced Tukey analysis revealed that having completed high school or university was significantly associated with PNAS scores. However, educational status was not significantly correlated with positive ageism subscale scores

Table 1. The Age, Education and Profession Distributions of Participants

	N	Percent
Age Groups		
18-25	18	5.5
26-35	74	22.6
36-45	173	52.7
45-55	57	17.4
56 age and above	6	1.8
Education Status		
Elementary	13	4.0
Middle school	8	2.4

High School	45	13.7
University	181	55.2
Master and Above	81	24.7
Profession		
Healthcare professionals	163	49,7
Officer	71	21,6
Independent	40	12,2
Worker	7	2,1
Student	10	3,0
Housewife-unemployed	37	11,3

Table 2. Mean PNAS Scores

	Mean	SD	Minimum	Maximum
PNAS Total	90.29	8.36	45.00	112.00
Positive Ageism	49.04	5.56	22.00	63.00
Negative Ageism	41.25	4.49	22.00	50.00

Table 3. Distribution of mean PNAS scores by Age Groups

		Mean	Std. Deviation	Minimum	Maximum
PNAS Total	18-25	91.05	9.18	62.00	101.00
	26-35	89.22	8.50	69.00	107.00
	36-45	90.93	7.90	69.00	112.00
	45-55	89.70	9.57	45.00	108.00
	56 age and above	88.33	3.14	84.00	92.00
Test	Df: 4, F:.744, p:.563				
Positive Ageism	18-25	51.27	4.65	40.00	58.00
	26-35	48.24	5.11	37.00	60.00

	36-45	49.30	5.59	34.00	63.00
	45-55	48.56	6.20	22.00	59.00
	56 age and above	49.33	5.20	43.00	58.00
Test	Df: 4, F: 1.322, p:.262				
Negative Ageism	18-25	39.77	5.93	22.00	46.00
	26-35	40.98	5.00	26.00	39.8268
	36-45	41.63	3.84	33.00	41.0524
	45-55	41.14	5.12	23.00	39.7805
	56 age and above	39.00	3.28	34.00	35.5512
Test	Df: 4, F: 1.245, p: .292				

Table 4. Distribution of Mean Total PNAS Scores and PNAS Subscores by Profession

		N	Mean	SD	Minimum	Maximum
PNAS Total	Healthcare professionals	163	90.53	7.74	69.00	111.00
	Officer	71	90.47	9.14	45.00	108.00
	Independent	40	88.82	11.07	62.00	112.00
	Worker	7	84.42	7.32	74.00	93.00
	Student	10	92.50	5.44	82.00	100.00
	Housewife-unemployed	37	90.97	6.45	76.00	106.00
	Test	Df: 5, F: 1.162, p: .328				
Positive Ageism	Healthcare professionals	163	48.9141	5.31	36.00	61.00
	Officer	71	49.0141	5.95	22.00	60.00
	Independent	40	49.2500	6.71	34.00	63.00
	Worker	7	45.8571	4.37	40.00	51.00
	Student	10	51.1000	4.35	46.00	58.00
	Housewife-unemployed	37	49.5135	4.95	41.00	58.00
	Test	Df: 5, F: .812, p: .541				

Negative Ageism	Healthcare professionals	163	41.6	4.27	29.00	50.00
	Officer	71	41.46	4.50	23.00	50.00
	Independent	40	39.57	5.62	22.00	50.00
	Worker	7	38.574	2.99	34.00	42.00
	Students	10	41.40	4.22	35.00	48.00
	Housewife - unemployed	37	41.45	4.03	33.00	49.00
	Test	Df: 5, F: 1.915, p: 0.91				

Table 5. Distribution of Mean Total PNAS Scores and PNAS Subscores by Educational Status

	Education Status	Mean	SD	Min.	Max.
PNAS Total	Elementary	87.92	5.04	78.00	97.00
	Middle school	91.87	6.81	86.00	106.00
	High School	87.37	8.73	62.00	108.00
	University	91.34	8.65	45.00	112.00
	Master and Above	89.79	7.66	69.00	110.00
	Test	**Df: 4, F: 2.541, p: .040**			
Positive Ageism	Elementary	47.76	6.33	39.00	58.00
	Middle school	50.37	3.99	45.00	57.00
	High School	48.11	5.28	40.00	62.00
	University	49.60	5.83	22.00	63.00
	Master and Above	48.38	5.00	36.00	61.00
	Test	Df: 4, F: 1.359, p: .248			
Negative Ageism	Elementary	40.15	4.63	34.00	49.00
	Middle school	41.50	4.03	38.00	49.00
	High School	39.26	4.55	22.00	46.00
	University	41.74	4.32	23.00	50.00
	Master and Above	41.40	4.63	26.00	50.00
	Test	**Df: 4, F: 3.029, p: 018**			

Discussion

Undoubtedly, there are many factors associated with positive or negative discrimination against the elderly. We chose to investigate the relationship between ageism and age, profession, and educational status. This study was conducted to determine the ageist attitudes of individuals over the age of 18 years and analysed the distribution of ageism scores by age, education and profession. Considering the maximum possible score, the mean total PNAS scores and PNAS subscores in our study can be said to be at moderate level.

We determined that the mean total PNAS scores and PNAS subscores were not statistically different by age groups. (Table 3) Kacan et al. also found that age was a statistically significant factor in ageist attitudes. Soyuer et al. conducted a study among students and found that younger students had more prominent ageist attitudes (Soyuer, Ünalan, Güleser, & ELMALI, 2010). The study by Kose et al. found that age was not associated with ageist attitudes among medical students of different departments. This result is consistent with our results (Köse et al., 2015). While age is a parameter investigated often in discrimination studies, a few available studies suggest that age is not associated with ageist attitudes because unlike other types of discriminatory behaviors (such as sexism), every person can experience old age since it concerns every person. Therefore, it is easier for individuals to empathize with the object of discrimination.

We determined that occupation was not associated with mean PNAS total or subscores. The majority of our participants worked in the field of healthcare. The reason why healthcare professionals did not have significantly different results may be ascribed to the fact that they are less likely to have ageist behaviors compared to the overall population due to receiving vocational training, healthcare policies, and working with people from every area of the society, etc.

The total PNAS score and the negative ageism subscale were significantly associated with educational status (Table 5). Having completed high school or university education was significantly associated with PNAS scores. Unalan et al. determined that the education level affected ageist behaviours among the employees of a geriatric center (Ünalan, Soyuer, & Elmalı, 2012).

Conclusion: In the light of these results, we conclude that individuals have moderate positive and negative ageist attitudes. We found that profession was not significantly associated with ageist attitudes. Furthermore, we determined that educational status was associated with PNAS scores. Further studies should investigate other factors affecting ageist attitudes.

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