

# THE IDENTIFICATION OF HIGH SCHOOL STUDENTS' ATTITUDES TOWARDS AGEISM AND RELATED FACTORS

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## ABSTRACT

**Purpose:** The aim of this study was to determine the attitudes of students towards the elderly and the associated factors.

**Material and Methods:** The population of this cross-sectional study consisted of 660 students attending a high school during the 2021-2022 academic year. No sample was selected; it was aimed to reach the entire population. The dependent variable in the study is the attitude towards the elderly, determined using the Positive and Negative Ageism Scale. The independent variables consist of socio-demographic characteristics and experiences related to the elderly. Data was collected through a self-administered questionnaire and analyzed using the Mann Whitney U test and Kruskal Wallis Analysis of Variance.

**Results:** A total of 509 students participated in the study. The mean Positive and Negative Ageism Scale scores of the students were found to be  $44.3 \pm 6.7$  and  $36.6 \pm 5.9$ , respectively. The Positive and Negative Ageism Scale scores were found to be significantly higher among students involved in projects related to elderly health ( $p=0.034$ ,  $p=0.049$ ), those who intend to live with their parents ( $p=0.010$ ,  $p<0.001$ ), and those who wish to work with elderly individuals in the future ( $p<0.001$ ,  $p<0.001$ ).

**Conclusion:** To mitigate students' ageism attitudes, it is recommended to organize projects and educational activities.

**Keywords:** Ageism, aged, attitude, discrimination

## INTRODUCTION

Aging is a complex process encompassing biological, psychological, and social changes. As a consequence of alterations occurring during the aging process, both physical and mental capacities tend to decline (1). The ability to adapt to environmental factors diminishes with aging, increasing the susceptibility to various illnesses (2). The global population is rapidly aging due to the substantial increase in the number of elderly individuals (3,4). This demographic shift on a global scale is attributed to factors such as the extended life expectancy, reduced fertility rates, and lowered mortality rates (5).

Presently, the proportion of the population aged 65 and above is 9.8% worldwide and 9.7% in Turkey. It is projected that by 2050, this proportion will reach approximately 22% globally (6). Societies undergoing changes due to aging find it difficult to adapt to this demographic structure (4). As the proportion of elderly individuals in the population rises, issues like ageism are expected to escalate (7). The presence of marginalized attitudes towards elderly individuals within society, the perception that elderly individuals should live separate from the broader community, and the lack of respect for their values and attitudes are labeled as ageism (8). Ageism leads individuals

to have stereotypical and prejudiced thoughts and attitudes solely based on age. (9,10). Ageism adversely impacts the health, well-being, access to healthcare services, and the quality of care received by elderly individuals (11).

Considering the impending increase in the elderly population in Turkey, identifying ageism attitudes among particularly young individuals and discerning the factors behind these attitudes are of paramount importance. In this way, positive attitudes towards the elderly can be fostered among young individuals, thus enhancing interactions and cohesion between the young and the elderly (8-12). The majority of ageism studies in the literature have centered around undergraduate students in health sciences, such as medical and nursing students, who are expected to play a role in healthcare service delivery, as well as students in programs related to elderly care at the associate degree level (13-20). There is a lack of research assessing the attitudes of secondary school students towards the elderly. The evaluation of attitudes towards the elderly among high school students having education in healthcare services is particularly crucial since a considerable portion of them are expected to pursue degrees in health sciences at the undergraduate and associate degree levels in the future. Thus, this study has been designed to reveal the attitudes of high school students having education in healthcare services towards the elderly and the factors influencing these attitudes.

## MATERIAL AND METHODS

### Research Type, Setting, and Time

This cross-sectional study was conducted during the academic year 2021-2022 at a high school in the Meram District of Konya Province, where healthcare education is given.

### Research Population and Sample

The population of the study comprised 660 students attending a high school in the Meram District of Konya Province during the academic year 2021-2022. No sampling was conducted for the research since the aim was to reach the entire population. The school offers programs in the field of healthcare services, specifically in the areas of nursing assistantship, midwifery assistantship, and health care technician training.

### Data Collection Process

The data was collected using a pre-prepared questionnaire administered through the self-administration method. The independent variables of the study were the socio-demographic characteristics of both students and their parents, the status of living with elderly individuals, students' future preferences regarding living or working with elderly individuals, and their prior involvement in projects related to elderly health. The dependent variable of the research was students' attitudes towards the elderly, assessed using the Positive and Negative Ageism Scale (PNAS), developed by Yurttaş and Sarıkoca (21). The PNAS comprises two subscales consisting of a total of 23 items, rated on a 5-point Likert type scale. The Positive Ageism (PA) subscale comprises 13 items, with higher scores indicating higher levels of positive attitudes. Conversely, the Negative Ageism (NA) subscale consists of 10 items, where higher scores signify lower levels of negative attitudes. The Cronbach's alpha of the PNAS was found to be 0.80 in the original study. It was found to be 0.79 in this study.

### Data Analysis

The SPSS version 25.00 was employed for data analysis. Descriptive statistics were presented in the form of means, standard deviations, and percentage distributions. The Kolmogorov-Smirnov test was employed to assess the normality of the data distribution. For data that did not conform to a normal distribution ( $p=0.006$ ), non-parametric tests including the Mann Whitney U test and the Kruskal Wallis Analysis of Variance were utilized. The Bonferroni correction Mann Whitney U test was performed as a post-hoc test. Spearman's correlation analysis was employed to assess the linear relationship between parental age and the mean PNAS scores.

### Ethical Considerations

Permission for the use of the PNAS scale was obtained from the author. Ethical approval was obtained from Dokuz Eylül University Non-Invasive Research Ethics Board (Decision Date: 06.04.2022, No: 2022/13-11), and institutional permission was obtained from the Konya Provincial Directorate of National Education (Date: 29/04/2022, Number: E-83688308-605.99-48873873). Furthermore, the students and their parents were informed about the purpose of the study, and written informed consent was obtained from them.

**Table 1.** Socio-demographic characteristics of the students

Characteristics	n	%		
Gender (n=509)	Female	380	74.7	
	Male	129	25.3	
Grade (n=509)	9th	121	23.8	
	10th	158	31.0	
	11th	141	27.7	
	12th	89	17.5	
Place of residence (n=509)	With family	503	98.8	
	Dormitory	6	1.2	
Longest place of residence (n=509)	City	470	92.3	
	Rural area	39	7.7	
Family type (n=509)	Nuclear family	427	83.9	
	Extended family	57	11.2	
	Split/single-parent family	25	4.9	
Family's Perception of Income-Expenditure (n=509)	Income more than expenses	80	15.7	
	Income equal to expenses	304	59.7	
	Income less than expenses	125	24.6	
Mother's level of education (n=509)	Illiterate	7	1.4	
	Literate	6	1.2	
	Primary school	281	55.2	
	Middle school	123	24.2	
	High school	71	13.9	
University	University	21	4.1	
	Father's level of education (n=509)	Illiterate	1	0.2
		Literate	4	0.8
		Primary school	179	35.2
		Middle school	127	25.0
High school		139	27.3	
University	University	59	11.6	
	Mother's occupation (n=509)	Not Working and Not Seeking Employment (Housewife)	402	79.0
Wage-earning worker		62	12.2	
Daily laborer		14	2.8	
Civil servant		8	1.6	
Not Working and Seeking Employment		7	1.4	
Self-Employed (Does not employ workers)		6	1.2	
Employer		5	1.0	
Other (Passed away)		3	0.6	
Retired		2	0.4	
Father's occupation (n=509)		Wage-earning worker	274	53.8
	Employer	61	12.0	
	Self-Employed (Does not employ workers)	56	11.0	
	Retired	35	6.9	
	Civil servant	29	5.7	
	Daily laborer	25	4.9	
	Other (Passed away)	12	2.4	
	Not Working and Not Seeking Employment	8	1.6	
	Not Working and Seeking Employment	5	1.0	
	Other (Farmer)	4	0.8	
Participation in the eTwinning Project titled "Geriatric Aspects of Patient Care" (n=509)	Yes	16	3.1	
	No	493	96.9	
Having Lived with an Elderly Family Member (n=509)	Yes	236	46.4	
	No	273	53.6	
Desire to Live with Parents in the Future (n=508)	Yes	248	48.7	
	No	260	51.1	
Desire to Work in a Nursing Home or Elderly Care Facility in the Future (n=509)	Yes	297	58.3	
	No	212	41.7	
Desire to Work with Elderly Individuals as a Colleague (n=509)	Yes	319	62.7	
	No	190	37.3	

**RESULTS**

In this study, the data of 509 students were presented, which accounted for 77.1% of the total population. About 31% of the sample consisted of 11th graders, and approximately 75% were female students. The vast majority of the participants (92.3%) resided in urban areas. The average age of the students' mothers was 42.1±5.3 (32.0-60.0), and the average age of their fathers was 45.5±5.9 (34.0-70.0). The socio-demographic characteristics are presented in Table 1.

The ways the participants define old age, reasons for not wanting to work in nursing homes or elderly care facilities in the future, and reasons for not wanting to work as colleagues with elderly individuals in the future are presented in Table 2. Among the students in the sample, 53.6% expressed negative connotations in their definitions of old age, and 13.4% characterized it as illness. The mean score of the students on the Positive Ageism (PA) subscale was 44.3±6.7, while their mean score on the Negative Ageism (NA) subscale was 36.6±5.9 (Table 3).

**Table 2.** Students' views on aging

Characteristics	n	%	
Definition of old age (n=453)	Illness*	68	13.4
	People over 65	64	12.6
	People in need of care*	59	11.6
	End of life/ death*	53	10.4
	Grandparents	39	7.7
	Experience	30	5.9
	Being weak and exhausted*	24	4.7
	Retirement	18	3.5
	Having a difficult life*	16	3.1
	Graying hair / wrinkled skin *	16	3.1
	Moodiness*	15	2.9
	Loneliness*	11	2.2
	Nursing home	10	2.0
	Sweet/lovable people	8	1.6
	Peace	7	1.4
	Narrow-minded people*	4	0.8
	Advisors	4	0.8
	Weakening of the body*	3	0.6
	People behaving like children*	2	0.4
	Regret*	1	0.2
Stingy people*	1	0.2	
Reasons for Not Wanting to Work in Nursing Homes or Elderly Care Facilities in the Future (n=177)	Thinking that they will not be able to get along with the elderly	79	15.5
	Having different goals	59	11.6
	Thinking it would be exhausting	39	7.6
Reasons for Not Wanting to Work with Elderly Individuals as Colleagues in the Future (n=160)	Thinking that they will not be able to get along with the elderly	107	21.0
	Preferring to work with younger individuals	43	8.4
	Thinking they would be more exhausted	10	2.0

\* Negative Expressions Used in Defining Old Age

**Table 3.** Students' scores on the positive and negative ageism

	X±SD	Median	Min-Max
Positive ageism	44.3±6.7	44.0	20-62
Negative ageism	36.6±5.9	37.0	18-50

**Table 4.** Positive and negative ageism scores according to students' sociodemographic characteristics -1

Characteristics		Positive Ageism			Negative Ageism		
		X±SS	Median (Min-Max)	P	X±SS	Median (Min-Max)	p
Gender	Female	43.9±6.8	44.0 (20-62)	0.051	36.9±5.9	38.0 (18-50)	0.016
	Male	45.4±6.5	45.0 (29-60)		35.4±6.0	36.0 (18-48)	
Place of residence	With family	44.4±6.7	45.0 (20-62)	0.160	36.6±5.9	37.0 (18-50)	0.889
	Dormitory	41.5±5.5	40.0 (36-52)		36.5±4.8	35.5 (30-43)	
Longest place of residence	City	44.1±6.6	44.0 (20-62)	0.037	36.5±5.9	37.0 (18-50)	0.726
	Rural area	46.8±7.9	47.0 (24-60)		37.0±5.7	37.0 (22-48)	
Participation in the eTwinning Project titled "Geriatric Aspects of Patient Care"	Yes	47.1±8.9	49.0 (24-59)	0.034	39.4±3.7	39.0 (32-45)	0.049
	No	44.2±6.6	44.0 (20-62)		36.5±6.0	37.0 (18-50)	
Having Lived with an Elderly Family Member	Yes	44.8±6.9	45.0 (24-62)	0.839	36.5±6.2	37.0 (18-50)	0.194
	No	44.0±6.6	44.0 (20-59)		36.6±5.7	37.0 (18-49)	
Having Lived with an Elderly Family Member for 5 years or more	Yes	46.2±6.6	47.0 (32-59)	0.041	36.0±6.2	36.0 (18-48)	0.356
	No	44.1±7.0	44.0 (24-62)		36.7±6.2	38.0 (21-50)	
Desire to Live with Parents in the Future	Yes	45.9±6.1	46.0 (24-62)	0.010	37.2±5.9	38.0 (18-50)	<0.001
	No	42.8±7.0	43.0 (20-60)		35.9±5.8	36.0 (20-50)	
Desire to Work in a Nursing Home or Elderly Care Facility in the Future	Yes	45.7±6.7	46.0 (20-62)	<0.001	37.8±5.8	38.0 (18-50)	<0.001
	No	42.4±6.3	42.0 (25-60)		34.8±5.6	35.0 (18-48)	
Desire to Work with Elderly Individuals as a Colleague	Yes	45.3±6.8	45.0 (20-62)	<0.001	37.3±6.1	38.0 (18-50)	<0.001
	No	42.7±6.4	42.5 (25-59)		35.2±5.4	35.0 (18-50)	
Defining Old Age with Negative Expressions	Yes	44.5±6.3	44.5 (27-60)	0.864	36.4±5.8	37.0 (21-50)	0.545
	No	44.3±7.0	44.0 (20-62)		36.6±6.0	37.0 (18-50)	

The median PA scores of those residing in rural areas ( $p=0.037$ ), who participated in the eTwinning project ( $p=0.034$ ), those who have lived with an elderly individual for 5 years or more ( $p=0.041$ ), those who want to live with their parents in the future ( $p=0.010$ ), those interested in working in nursing homes/elderly care facilities, and those aspiring to work as colleagues with elderly individuals ( $p<0.001$ ) were

found to be significantly higher. Furthermore, female students ( $p=0.016$ ), those who participated in the eTwinning project ( $p=0.049$ ), those interested in living with their parents in the future, those who want to work in nursing homes/elderly care facilities, and those who want to work as colleagues with elderly individuals ( $p<0.001$ ) exhibited significantly higher NA median scores (Table 4).

**Table 5.** Positive and negative ageism scores according to students' sociodemographic characteristics -2

Characteristics		Positive ageism			Negative ageism		
		X±SD	Median (Min-Max)	P	X±SD	Median (Min-Max)	p
Grade	9 <sup>th</sup>	44.8±6.9	45.0 (27-59)	0.010	35.7±6.1	36.0 (18-48)	0.016
	10 <sup>th</sup>	44.2±5.8	44.0 (26-57)		36.4±5.6	37.0 (21-49)	
	11 <sup>th*</sup>	45.2±6.9	45.0 (25-62)		37.7±6.2	39.0 (18-50)	
	12 <sup>th</sup>	42.4±7.4	42.0 (20-60)		36.2±5.6	38.0 (21-50)	
Mother's level of education	Illiterate	46.1±4.0	45.0 (40-52)	0.139	37.6±3.7	37.0 (32-43)	0.029
	Literate-Primary school	44.5±6.6	45.0 (20-60)		36.9±5.8	38.0 (18-50)	
	High school and above	43.2±7.3	43.0 (25-62)		34.9±6.4	36.0 (18-48)	
Father's level of education	Illiterate	44.0±0.0	44.0 (44-44)	0.751	39.0±0.0	39.0 (39-39)	0.444
	Literate-Primary school	44.5±6.7	44.0 (20-60)		36.8±5.9	37.0 (18-50)	
	High school and above	44.0±6.8	45.0 (25-62)		36.1±5.9	37.0 (20-50)	
Mother's occupation	Working	44.3±7.6	45.0 (24-62)	0.856	36.7±6.4	36.0 (20-50)	0.913
	Not working	44.4±6.5	44.0 (20-60)		36.5±5.8	37.0 (18-50)	
	Retired/ Passed away	41.2±11.1	42.0 (29-53)		34.6±7.6	38.0 (23-41)	
Father's occupation	Working	44.2±6.8	44.0 (20-62)	0.548	36.5±5.9	37.0 (18-50)	0.718
	Not working	46.5±6.1	44.0 (40-56)		37.5±6.0	38.0 (26-48)	
	Retired/ Passed away	44.9±5.8	45.0 (29-57)		37.0±5.8	38.0 (26-46)	
Family type	Nuclear family	44.3±6.4	44.0 (20-60)	0.940	36.7±5.7	37.0 (18-50)	0.101
	Extended family	44.2±8.0	45.0 (24-62)		35.0±6.6	35.0 (23-50)	
	Split/single-parent family	44.5±8.9	44.0 (25-59)		36.7±7.1	37.0 (21-48)	
Family's Perception of Income-Expenditure	Income more than expenses	45.4±6.7	46.0 (26-59)	0.144	37.2±6.1	38.0 (18-50)	0.489
	Income equal to expenses	44.4±6.7	44.0 (20-62)		36.6±5.7	37.0 (18-49)	
	Income less than expenses	43.5±6.7	44.0 (24-59)		36.1±6.3	37.0 (20-50)	

The median PA and NA scores were compared based on the characteristics of the sample and are presented in Table 5. The PA median scores of the 9th and 11th graders are significantly higher compared to the 12th graders (p=0.010). Additionally, the NA median score of the 11th graders is significantly higher than that of the 9th graders (p=0.016). The NA median score of students whose

mothers have an education level of high school or above is significantly lower compared to those whose mothers are illiterate (p=0.029). However, no significant differences were observed in PA and NA scores based on variables such as fathers' educational levels, parents' occupations, family type, and family's perception of income-expenditure (Table 5).

A weak, non-significant negative relationship was found between the ages of students' mothers and the PA and NA scores ( $r$  values:  $-0.057$ ,  $-0.033$ ;  $p$  values:  $0.204$ ,  $0.462$ , respectively). Similarly, a weak, non-significant negative relationship was found between the ages of students' fathers and the PA and NA scores ( $r$  values:  $-0.029$ ,  $-0.016$ ;  $p$  values:  $0.521$ ,  $0.726$ , respectively).

## DISCUSSION

In this study, the participants' mean PA and NA scores were found to be lower than in the literature. In two studies conducted on students of health services vocational school using the same scale, the mean PA and NA scores were found to be approximately 3-5 points higher than our study (14,15). In other two studies conducted with nursing undergraduate students using the same scale, the mean PA and NA scores were also found to be approximately 1-3 points higher than the scores found in our study (19,20). When compared to the literature, the mean PA and NA scores in this study are generally slightly lower, indicating that the students in this study have a slightly more negative attitude. This might be attributed to the fact that the students in our study are at the high school level and there might be differences in their educational curricula. The lower scores could also be due to the fact that the study group consists of high school students who are still in their adolescence and living with their families.

When PA scores were compared based on gender, no significant difference was found. However, when NA scores were compared based on gender, a significant difference was observed as female students were found to have significantly lower levels of negative ageism compared to male students. Similar to this study, research conducted with nursing students, medical faculty students, and young individuals have shown that, in the NA subscale, females exhibit more positive ageism attitudes compared to males (13,19,20,22). This outcome might be influenced by the caregiving role that women often hold within the traditional family structure in Turkish society. Some studies in the literature conducted with university students indicate that, contrary to this study, gender does not influence attitudes towards the elderly (14,15,23). However, other studies suggest that males have more positive ageism attitudes compared to females (24, 25). Among the studies in the literature, differences in ageism attitudes based on gender are believed to be

influenced by factors such as the location and time of the study, characteristics of the research sample, cultural aspects, and differences in the scale used.

When the place of longest residence was compared with the PA scores of the students, it was found that those living in rural areas exhibit more positive attitudes. Similarly, some studies in the literature demonstrated that individuals living in rural areas display more positive attitudes (26,27,28). While traditional family structures can be preserved in rural areas, urban areas tend to have more nuclear family structures. Factors such as the emergence of the option to place the elderly in nursing homes due to urbanization and changes in family structure might lead to a decrease in positive attitudes towards the elderly. No significant relationship was found between the place of longest residence and NA attitude in this study. Similar to our study, some studies report no relationship between the place of residence and attitudes towards the elderly (15,17,24,29). However, a study conducted with medical faculty students indicates that individuals living in urban areas have more positive ageism attitudes (13). It is stated in the literature, that differences in ageism attitudes based on the place of residence may be influenced by factors such as socio-cultural characteristics, research population attributes, and features of the variable categories.

Our study revealed that the attitudes of students who participated in the "Geriatric Aspects of Elderly Care" eTwinning project are more positive compared to other students. The students who participated in the project received education on elderly health and care from academics. Additionally, nursing home visits were conducted with these students. Similar findings were reported in the literature, where factors such as nursing home visits and participation in education related to elderly health and care have been shown to enhance positive ageism attitudes (16,24,30). Education is considered an effective mechanism in fostering new approaches and positive attitudes among young individuals towards the elderly.

In this study, no significant relationship was found between having lived with an elderly family member and PA and NA attitudes. Similar results have been observed in studies conducted with university and high school students (14,17,20,24,31,32). Studies conducted with medical and nursing students suggest that individuals who have lived with an elderly family member exhibit more positive PA attitudes (13,26). Our study revealed that individuals who have lived

with an elderly family member for 5 years or more show more positive PA attitudes compared to others. A study conducted with healthcare vocational school students similarly indicates that individuals who have lived with elderly individuals for 5 years or more exhibit more positive attitudes (15). In addition to having lived with an elderly family member, factors such as the identity of the family member, duration of cohabitation, and the nature of the relationship are also believed to influence PA attitudes.

In our study, the students who expressed a desire to live with their parents in the future, work in nursing homes or retirement homes, and work as colleagues with elderly individuals were found to exhibit more positive PA and NA attitudes. This finding is consistent with those in the literature (13-16,19,20,22,33). Accordingly, it is thought that students who have a willingness to live or work with the elderly demonstrate more positive attitudes towards aging and the elderly. Additionally, reverse causality may also be at play; that is, a positive view towards the elderly could encourage students to aspire to work with or care for the elderly in their professional lives, or to live with their parents in the future. These results underscore how positive intergenerational relationships can contribute to fostering positive attitudes.

In this study, 53.6% of the students defined aging using negative expressions. However, no significant relationship was found between making positive or negative references to aging and ageism attitudes. Studies involving nursing students, doctors, and nurses working in intensive care units also show that a majority of participants tend to define aging using negative expressions. Nevertheless, no significant relationship was found between the way aging is defined and ageism attitudes (34,35). The formation of ageism attitudes is influenced not only by knowledge about aging but also by emotions, thoughts, and behaviors (17). It is believed that students' incomplete or inaccurate knowledge about aging and the elderly might impact their attitudes towards age discrimination.

In this study, when ageism attitudes were analyzed according to grade level, it was observed that 11th graders exhibited more positive attitudes compared to others. It is believed that topics related to aging and elderly neglect and abuse covered in the courses of the 11th-grade in healthcare services education might contribute to this difference. Some studies in the literature indicate that as grade level increases,

ageism attitudes become more positive (16,19,36). However, in some studies, no significant relationship was found between grade level and ageism attitudes (15,17,24). Differences in the curricula of schools are thought to contribute to this variation. Studies in the literature suggest that students who are enrolled in programs or courses related to aging tend to have more positive ageism attitudes compared to their peers (14,17).

In this study, no significant relationship was found between ageism attitudes and the occupations of students' parents and fathers' education levels. Many studies in the literature similarly suggest that parents' education levels and occupations do not significantly influence ageism attitudes (17,23,31,35). However, in this study, it was found that students whose mothers had a high school diploma or higher education level exhibited more negative ageism attitudes. This finding is consistent with another study that examined ageism attitudes among high school students. It is suggested that an increase in maternal education level might weaken family bonds, enhance tendency towards nuclear families, and lead to discriminatory attitudes towards the elderly (32).

The present study found that family type and perception of income and expenditure did not significantly influence ageism attitudes. Similar findings have been reported in the literature (13,16,17,20,22,24,31,32,35). In contrast to this study, research conducted with nursing students revealed that students from extended families exhibited less ageism compared to those from nuclear families. It was suggested that the presence of elderly individuals within extended families might contribute to more positive attitudes towards the elderly among students (19,37).

No significant relationship was found between parents' age and ageism attitudes in this study. Similarly, a study conducted with medical faculty students also reported no significant relationship between parents' age and ageism attitudes (13).

One strength of this study is that it is one of the first conducted at the high school level on this topic. However, one limitation is that it was conducted only in one high school, limiting the generalizability of its results to all the population. Another limitation is its cross-sectional nature, which makes it difficult to determine the direction of causality. Additionally, the possibility of social desirability bias in responses to some questions should not be overlooked.



## CONCLUSION

In conclusion, this research has identified that a significant portion of students exhibit a negative attitude towards the elderly. Those who participated in projects related to the elderly, received education on elderly health, and expressed a desire to live and work with the elderly demonstrated more positive and less negative ageism attitudes. In terms of positive ageism, it was found that students living in rural areas and those who have lived with an elderly individual for 5 years or more displayed more positive attitudes compared to others. Female students and those whose mothers are illiterate exhibited less negative ageism. Curriculum for all students, particularly those expected to be involved in healthcare services, should be designed to address all forms of discrimination, including ageism. The education provided to students should not only be theoretical but also supported by activities that actively engage students in the learning process, allowing them to spend quality time with the elderly, develop empathy, and participate in activities such as nursing home visits, drama, theater, and role-playing. To improve students' attitudes towards the elderly, projects focusing on the elderly and aging should be developed, and students should be actively engaged in these projects. In order to identify groups with negative attitudes towards the elderly, studies should be conducted with different groups, and interventions to minimize negative ageism attitudes should be implemented for these groups.

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