



Write down 10 things about
old age



Attitudes Toward Aging

Dr Charlotte Greenway

Components of Attitude

What is an attitude?

“a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour”
(Eagly & Chaiken, 1993)

Affective Component –
Reflective of a person's
general feelings or emotions
towards an object or subject
(like, dislike, love, hate)



Cognitive Component –
Reflective of a person's
awareness of and
knowledge about an object
or subject (know, believe)



Behavioural Component –
Reflective of a person's
intentions and behavioural
expectations, and
predisposition to action

Introduction

Attitudes toward aging are influenced by expected life span, economic conditions, social expectations, media, arts, and literature of the time.

Ageist attitudes may be excessively positive or negative, depending on one's tendency to stereotype individuals based on their age.

We internalize age stereotypes about the same time as they do race and gender stereotypes, around 4–6 years of age, and their prejudices strengthen with age (McGuire, Klein, & Couper, 2005).

Factors affecting the attitudes toward the elders

- Social and cultural background
- Sex
- Level of education
- Area of practice
- Interest in working with the elders
- Years of experience
- Type of care facility

- Exposure to positive role model of aging
- Characteristics of the residents such as functional and sensory deficits
- Myths (perpetuating false information, negative images about elders).
- Influence of mass media

Attitudes of the aged toward other elders are often more rejecting than those of younger persons.

Negative attitudes towards the elders

Ageism: Old age is viewed negatively, thus elders are considered a subject of jokes.

Ageism has negative consequences not only on elders, but on individuals, families, groups and community levels

Consequences of Ageism

Not valuing the opinions, contributions and ideas of the elders.

Treating the elders with disrespect.

Physical care, verbal and nonverbal behaviours exhibited toward them are coloured by the beliefs held about them.

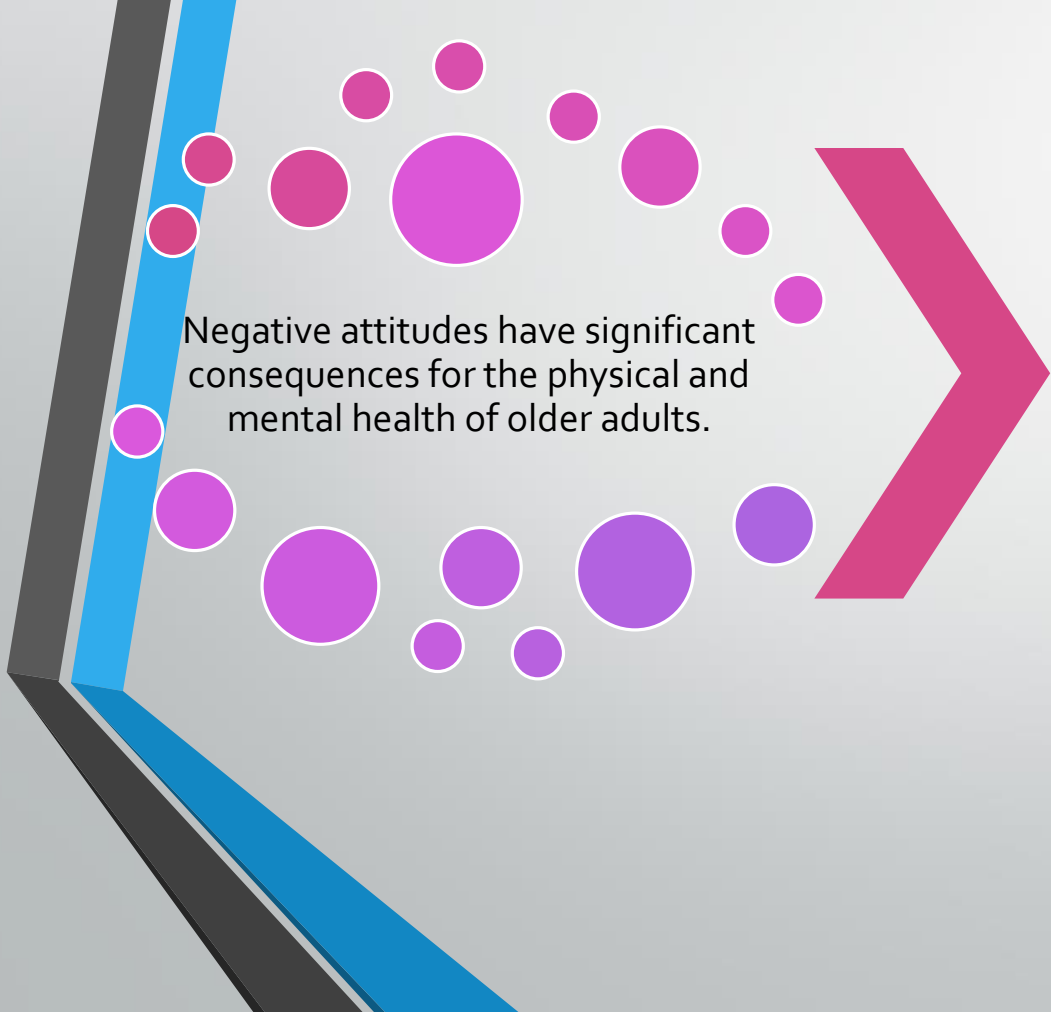
Ageism can lower or destroy the self-esteem of elders.

Limit the degree to which elder's problems are worked up and managed by health professionals.

Lead to a variety of abusive behaviours about elders.



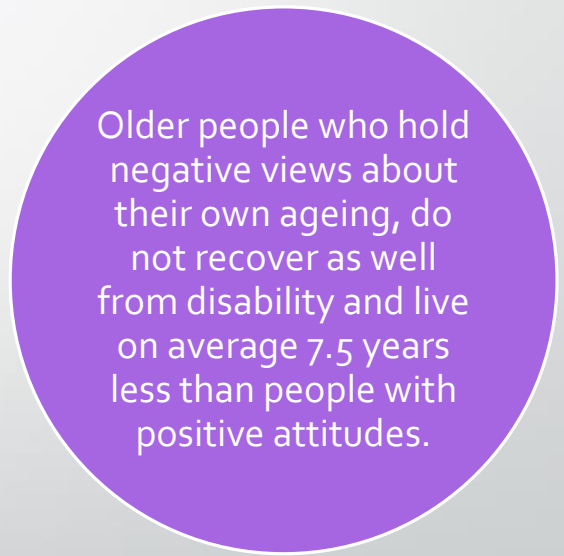
Ageism and health



Negative attitudes have significant consequences for the physical and mental health of older adults.

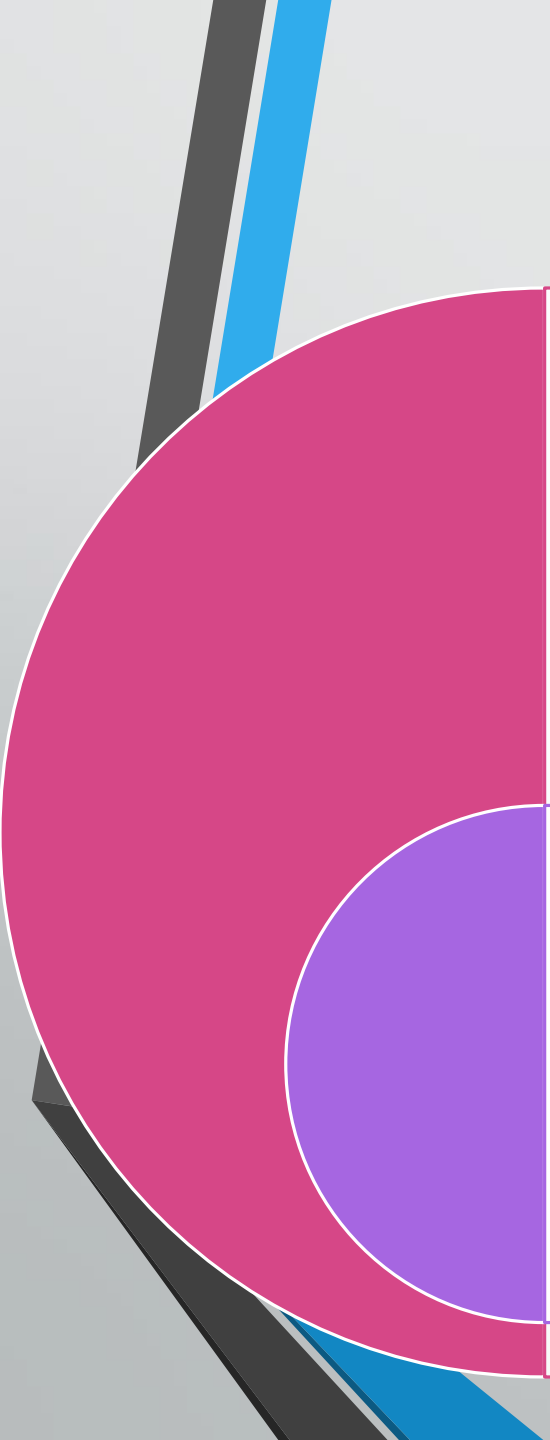


Older people who feel they are a burden perceive their lives to be less valuable, putting them at risk of depression and social isolation.



Older people who hold negative views about their own ageing, do not recover as well from disability and live on average 7.5 years less than people with positive attitudes.

Negative attitudes



Longitudinal research from the United States found that, after controlling for gender and socioeconomic status, older people who hold negative self-stereotypes make poorer recovery from disability (Levy, Slade, Murphy, Gill, 2012) and live on average 7.5 years less than people with positive attitudes to ageing (Levy, Slade, Kunkel, Kasl, 2002)

Negative attitudes are also prevalent in health and social care. Health care providers have been shown to hold more negative implicit attitudes towards older adults than the general population (Nash, Stuart-Hamilton, Mayer, 2014)

That Age Old Question: How attitudes to ageing affect our health and wellbeing (RSPH, 2018)

Ageism harms the public's health

Negative attitudes can be generated and reinforced in a number of ways, including:

– negatively framed headlines in the media;

– pressure from the beauty industry to use “anti-ageing” products;

– lack of regular contact between older and younger generations;

– age-based prejudice in the workplace.

- As a result, ageist attitudes solidify as we grow older, into a set of stereotypes about older people and the ageing process which can be hard to unseat.
- Ageist attitudes harm older people as they lead to direct age-based discrimination – which can promote social exclusion, impact on mental health, and affect wider determinants of health like employment.
- Ageist attitudes also harm individuals who, as they grow older, begin to apply negative age stereotypes to themselves.
- There is now a growing body of research evidencing the real-life consequences that negative attitudes to ageing have on individual health outcomes such as memory loss, physical function, and even the risk of developing dementia.

Consequences of Ageism

Pervasive misconceptions, negative attitudes and assumptions about older people are serious barriers to developing good public policy on ageing and health.

Negative attitudes and stereotypes about older adults as frail, out of touch, burdensome or dependent are ubiquitous.

World Health Organization (WHO) using world values survey data of 83 034 adults from 57 countries found low respect for older adults (World values survey, 2016)

- 60% - reported that older adults are not well respected, with respondents from higher income countries being more likely to report so.
- Unlike other forms of discrimination, including sexism and racism, ageism is socially acceptable, strongly institutionalised, largely undetected and unchallenged (Cuddy, Norton, Fiske, 2005)



<http://www.worldvaluessurvey.org/WVSDocumentationWV6.jsp>

Engström & Ingegerd (2011)

Aim - gain knowledge about attitudes towards older people among health care students and health care staff in Swedish elder care settings.

Method

928 respondents completed the Kogan's Old People (KOPS) Scale with 17 positive and 17 negative statements.

Three groups – health care students; professional caregivers [registered nurses (RNs) with university degrees; certified nursing assistants (CNAs), nurses].

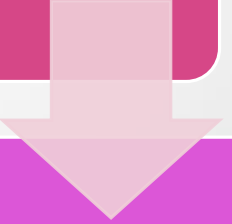
Findings

- A significant difference in both positive and negative scores was observed among the three professional caregiver groups.
- RNs had the highest positive score (as well as the lowest negative score).
- Health care students in semester one had the most unfavourable attitude toward older people while students in semester two had the most favourable attitude toward older people.
- RNs reported both a higher positive score as well as lower negative score compared to nurses without an academic degree and CNAs.
- They found that progression in one's health care education contributes to reduce unfavourable attitudes toward older people.

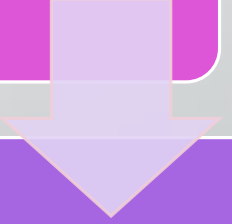
Conclusion - Health care professionals need to have the right skills to manage a more demanding role in the future in order to offer effective services for older people. A skilled workforce of health professionals is therefore very necessary.

Future

The extent to which individuals and societies can benefit from population ageing will largely depend on the health of older people. Combatting ageism presents a major opportunity for achieving healthy ageing but will require a new understanding of ageing.



In May 2016, the World Health Assembly adopted the first Global strategy and plan of action on ageing and health, which spans the 15-year period of the SDGs and calls for a global campaign to combat ageism. (Sixty-Ninth World Health Assembly. Geneva, Switzerland, 2016)



Experience with sexism and racism has shown that changing social norms is possible and can result in more prosperous, equitable and healthier societies.



We will explore the effect
of attitudes further in the
seminar

References

- Alemán, J., & Woods, D. (2016). Value orientations from the world values survey: How comparable are they cross-nationally?. *Comparative Political Studies*, 49(8), 1039-1067. <http://www.worldvaluessurvey.org/WVSDocumentationWV6.jsp>
- Cuddy, A. J., Norton, M. I., & Fiske, S. T. (2005). This old stereotype: The pervasiveness and persistence of the elderly stereotype. *Journal of social issues*, 61(2), 267-285.
- Eagly, A. H., & Chaiken, S. (1993). *The psychology of attitudes*. Harcourt Brace Jovanovich College Publishers.
- Engström, G., & Fagerberg, I. (2011). Attitudes towards older people among Swedish health care students and health care professionals working in elder care. *Nursing Reports*, 1(1), 2.
- Levy, B. R., Slade, M. D., Murphy, T. E., & Gill, T. M. (2012). Association between positive age stereotypes and recovery from disability in older persons. *JAMA*, 308(19), 1972-1973.
- Levy, B. R., Slade, M. D., Kunkel, S. R., & Kasl, S. V. (2002). Longevity increased by positive self-perceptions of aging. *Journal of personality and social psychology*, 83(2), 261.
- McGuire, S. L., Klein, D. A., & Couper, D. (2005). Aging education: A national imperative. *Educational Gerontology*, 31(6), 443-460.
- Nash, P., Stuart-Hamilton, I., & Mayer, P. (2014). The continuation of prejudice: addressing negative attitudes in nurse training and continuing professional education. *Educational Gerontology*, 40(1), 53-60.