

## Social policies in health services in terms of age discrimination and for the elderly individuals

### Sağlık hizmetlerinde yaşlı ayrımcılığı ve yaşlılara yönelik sosyal politikalar

Harika ŞEN<sup>1</sup> (ID), Abide AKSUNGUR<sup>2</sup> (ID)

#### ABSTRACT

**Objective:** The purpose of this study is to measure the attitudes of nurses working at the Health Care Services Directorate of a public hospital in Ankara towards ageism, to determine which sociodemographic variables influence these attitudes, and to map the perceptions, values, and biases that nurses hold in care processes for elderly individuals. Based on the findings, the study aims to provide a basis for awareness, training, and policy development studies against ageism.

**Methods:** This descriptive and cross-sectional study was conducted with nurses providing patient care services in a public hospital in Ankara. According to a 95% confidence level and 5% margin of error, the minimum sample size was determined to be 322 participants. Data were collected online via Google Forms between January 30 and February 28, 2025. Data collection tools included a sociodemographic information form and the Ageism Attitude Scale developed by Vefikuluçay (2008). The scale consists of three sub-dimensions, and high scores indicate positive attitudes towards elderly

#### ÖZET

**Amaç:** Bu araştırmanın amacı, Ankara'da bir kamu hastanesinde Sağlık Bakım Hizmetleri Müdürlüğü'nde görev yapan hemşirelerin yaşlı ayrımcılığına ilişkin tutumlarını ölçmek, bu tutumların hangi sosyodemografik değişkenlerden etkilendiğini belirlemek ve hemşirelerin yaşlılara yönelik bakım süreçlerinde sahip oldukları algı, değer ve önyargıların haritasını çıkarmaktır. Çalışma, elde edilen bulgular doğrultusunda yaşlı ayrımcılığına yönelik farkındalık, eğitim ve politika geliştirme çalışmalarına zemin oluşturmayı hedeflemektedir.

**Yöntem:** Bu tanımlayıcı ve kesitsel çalışma, Ankara'da bir kamu hastanesinde hasta bakım hizmeti sunan hemşirelerle yürütülmüştür. %95 güven düzeyi ve %5 hata payına göre örneklem büyüklüğü en az 322 kişi olarak belirlenmiştir. Veriler, 30 Ocak-28 Şubat 2025 tarihleri arasında Google Forms aracılığıyla çevrim içi toplanmıştır. Veri toplama araçları; sosyodemografik bilgi formu ve Vefikuluçay (2008) tarafından geliştirilen Yaşlı Ayrımcılığı Tutum Ölçeği'dir. Ölçek üç alt boyuttan oluşmakta olup, yüksek puanlar yaşlılara yönelik olumlu tutumu göstermektedir. Veriler SPSS 26.0 programı ile

<sup>1</sup>University of Health Sciences, Gülhane Vocational School of Health Services, Department of Health Care Management, Ankara, Türkiye

<sup>2</sup>Altındağ District Health Directorate, Ankara, Türkiye



İletişim / Corresponding Author : Harika ŞEN

Sağlık Bilimleri Üniversitesi Gülhane Sağlık Meslek Yüksekokulu, Altındağ / Ankara - Türkiye

E-posta / E-mail : harika.sen@sbu.edu.tr

Geliş Tarihi / Received : 10.07.2025

Kabul Tarihi / Accepted : 01.09.2025

DOI ID : 10.5505/TurkHijyen.2025.21957

Şen H, Aksungur A. Social policies in health services in terms of age discrimination and for the elderly individuals. Turk Hij Den Biyol Derg, 2025; 82(3): 463 - 474

individuals. Data were analyzed using SPSS 26.0; normal distribution was evaluated with the Shapiro-Wilk test, and appropriate parametric and non-parametric tests were applied.

**Results:** The findings of the study show that nurses generally display a positive attitude towards elderly individuals. Perceptions regarding care processes for the elderly differed depending on demographic variables such as education level, years of experience, and age. These findings indicate that sensitivity to ageism in health services still has room for improvement.

**Conclusion:** The study revealed that nurses' attitudes towards elderly individuals play a critical role in providing health services in a manner that respects human dignity. It was concluded that ageism is not limited to individual attitudes but is also influenced by institutional culture and administrative structures. Therefore, it is important that ageing-related content should be strengthened in nursing education, in-service training should be restructured on the basis of ethical awareness, and social policies centred on elderly rights should be implemented.

**Key Words:** Age discrimination, health policy, social policy, nursing

analiz edilmiş; normal dağılım Shapiro-Wilk testi ile değerlendirilmiş, uygun parametrik ve non-parametrik testler uygulanmıştır.

**Bulgular:** Araştırma kapsamında hemşirelerin yaşlı bireylere yönelik genel olarak olumlu bir tutum sergiledikleri görülmektedir. Yaşlı bireylerin bakım süreçlerine yönelik algılar, hemşirelerin eğitim durumu, deneyim süresi ve yaş gibi demografik değişkenlerine bağlı olarak farklılık göstermiştir. Bu bulgular, sağlık hizmetlerinde yaş ayrımcılığına karşı duyarlılığın hâlâ gelişime açık olduğunu ortaya koymaktadır.

**Sonuç:** Bu çalışma hemşirelerin yaşlı bireylere yönelik tutumlarının sağlık hizmetlerinin insan onuruna yakışır biçimde sunulmasında kritik bir rol oynadığını ortaya koymuştur. Yaş ayrımcılığının sadece bireysel tutumlarla sınırlı kalmadığı, aynı zamanda kurum kültürü ve idari yapılardan da etkilendiği sonucuna varılmıştır. Bu nedenle hemşirelik eğitiminde yaşlılık temalı içeriklerin güçlendirilmesi, hizmet içi eğitimlerin etik farkındalık temelli yeniden yapılandırılması ve yaşlı haklarını merkeze alan sosyal politikaların uygulanması önemlidir.

**Anahtar Kelimeler:** Yaşlı ayrımcılığı, sağlık politikası, sosyal politika, hemşirelik

## INTRODUCTION

Throughout human history, old age has been both a key to experience and a criterion for exclusion. While elderly individuals are sanctified in some societies, this sanctity has been replaced by invisibility with modernisation. In the face of increasingly youthful cultural ideals, old age is often defined as a “burden” that has lost its productivity, which fuels ageism (1,2).

Elderly individuals care is a continuous support process provided to compensate for the decline in physical, cognitive, and social functions of individuals as they age (3). This care process is not limited to managing chronic diseases, but also encompasses comprehensive services that enable the Elderly individuals to continue their daily activities, protect them from social isolation, and enhance their quality of life (4). The primary goal in elderly individuals care is to ensure that individuals live a dignified life

in later life by preserving their independence for as long as possible (5).

In this context, nurses play a crucial role as healthcare professionals who are in the most direct contact with elderly individuals. Elderly individuals care is a process that challenges not only the technical knowledge and skills of nurses but also their emotional endurance (6). Studies have revealed that nurses who provide long-term care to elderly individuals experience high levels of psychological burden, which can lead to burnout, empathy fatigue, and decreased job satisfaction (7). Additionally, some studies suggest that nurses may be prone to ageism due to time pressure, communication difficulties, and social prejudices in caring for elderly individuals (8). Therefore, the ageism scale stands out as a crucial tool for objectively assessing nurses' attitudes towards elderly individuals.

#### **The Concept of Old Age and Age Discrimination**

The term ageism was first used in 1969 by Gerontologist Robert Butler, the head of the National Institute on Ageing in the United States. "While ageism is a situation encountered in every period of human life, ageism occurs starting from the age at which the status of elderly is given to the individual by society" (9). Butler defined ageism as a term that can be turned into action against elderly individuals, like racial discrimination and gender discrimination (9). The effects of this demographic change, known as population ageing, manifest in various ways in societies (9). According to academic sources, the areas where prejudices against elderly individuals are felt most intensely are: business life, family relations, social interactions, sexuality and health services. In addition, it is stated that the physical, cognitive and psychological changes that occur with ageing increase the risk of elderly individuals encountering discriminatory attitudes (10).

The steady rise in Turkey's elderly population has become a critical concern for social policy makers, given its implications for healthcare, welfare, and long-term care systems. According to the data of

the Turkish Statistical Institute (TURKSTAT), the rate of individuals over the age of 65 reached 10.2% in 2023 (11). However, this demographic transformation has not been accompanied by sufficient institutional support or social sensitivity. In the modern world, factors such as changing family structures, the increasing presence of women in business, and migration contribute to the loneliness and neglect of elderly individuals (12). Although research indicates that young individuals generally have favourable attitudes towards the elderly individuals, it has been noted that these attitudes are shaped by experience and knowledge, and that, in particular, care program or nursing students exhibit a more positive approach (13, 14). However, positive attitudes are not enough to eliminate structural inequalities. Due to the fact that elderly individuals are still not taken seriously enough in health services, they are marginalised in the workforce and left in a passive position in social assistance (15).

In this context, ageism should be discussed not only at the individual perception level but also at the systemic and cultural level. Studies that question the place of elderly individuals in society should be conducted through the joint efforts of multidisciplinary fields, such as ethics, law, sociology, and social services, rather than focusing solely on gerontology. In Turkey, most social services for the elderly individuals are still provided on a daily basis, and elderly individuals are directed either to financial support or institutional care (16). This situation disregards the preferences of individuals and reduces them to "passive objects that need to be protected".

## **MATERIAL and METHOD**

### **Population and Universe**

This descriptive study was conducted among nurses working in the Nursing Services Department of a tertiary-level hospital providing healthcare services in Ankara, Türkiye. The study population consisted

of nurses actively involved in direct patient care at the time of the ethical approval application, totalling 1,999 individuals.

The sample size was calculated based on a 95% confidence level and a 5% margin of error, resulting in a minimum required sample size of 322 nurses. Participants were selected using the convenience sampling method, taking into account accessibility and voluntary participation. As a result, data were collected from a total of 326 nurses, meeting the minimum sample requirement for representativeness.

### Data Collection Tools

In this study, data were collected using a structured questionnaire composed of two main sections. The first section included a set of questions developed to obtain participants' sociodemographic and family-related characteristics. These included variables such as age, gender, marital status, parental status, educational level, the number of individuals aged 65 and over residing in the household, and the number of living grandparents. These variables were used to explore their potential associations with participants' attitudes toward older adults. The second section of the questionnaire consisted of the Ageism Attitude Scale - Short Form (AAS-SF), developed by Vefikuluçay Yılmaz (2008) (17). The scale consists of 23 self-report items and is structured around three subscales:

- Restricting the Life of the Elderly individuals (Items: 1, 5, 12, 14, 17, 19, 21, 22, 23): reflects beliefs and perceptions about limiting older adults' participation in social life.
- Positive Discrimination Towards the Elderly individuals (Items: 2, 4, 6, 7, 8, 9, 13, 20): assesses positive, protective, or supportive attitudes toward elderly individuals.
- Negative Discrimination Towards the Elderly individuals (Items: 3, 10, 11, 15, 16, 18): captures endorsement of negative stereotypes and discriminatory beliefs against older adults.

The scale uses a 5-point Likert-type rating ranging from 1 (Strongly disagree) to 5 (Strongly agree).

Responses to positive attitude items (Items: 2, 4, 6, 7, 8, 9, 13, 20, 23) are scored directly. In contrast, negative attitude items (Items: 1, 3, 5, 10, 11, 12, 14, 15, 16, 17, 18, 19, 21, 22) are reverse-coded.

The total score ranges from 23 to 115, with higher scores indicating more positive and inclusive attitudes toward older adults. Lower scores reflect more negative and discriminatory perspectives.

### Data Collection

The data were collected through an online survey administered via Google Forms. Conducting the survey online was deemed the most appropriate method, as nurses in the study setting work within a rotating shift system, which poses significant challenges in terms of reaching participants consistently in person. The online format not only facilitated accessibility for participants regardless of their working hours but also enhanced the practicality of data collection by minimizing disruptions to clinical duties. The survey link was distributed electronically to nurses working at a tertiary-level public hospital in Ankara, Türkiye. Participation was voluntary and anonymous. Prior to accessing the questionnaire, participants were informed about the study's purpose and provided informed consent. The data collection process ensured confidentiality and allowed participants to complete the questionnaire at their convenience.

### Data Analysis

Data were screened for missing values and normality prior to the primary analyses. Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to summarize participants' sociodemographic characteristics and total and subscale scores on the Ageism Attitude Scale - Short Form (AAS-SF).

To assess the relationships among the independent variables, Spearman correlation analysis was performed. The internal consistency reliability of the AAS-SF was evaluated using Cronbach's alpha coefficient. The assumptions of multicollinearity were

tested through correlation coefficients, tolerance, and variance inflation factor (VIF) values.

Hierarchical multiple regression analysis was conducted in order to determine the predictors of attitudes toward ageism. In the first step (Model 1), demographic and family-related variables (age, gender, marital status, parental status, and educational level) were entered. In the second step (Model 2), household-related variables (the number of cohabiting older adults and the number of living grandparents) were added. The change in explained variance ( $\Delta R^2$ ) between the models was examined, and statistical significance was evaluated at the  $p < 0.05$ ,  $p < 0.01$ , and  $p < 0.001$  levels. All statistical analyses were conducted using IBM SPSS Statistics version 26.

This study has several limitations that should be considered when interpreting the results. The research was conducted in a single tertiary-level hospital in Ankara, and data were collected from nurses working in that setting. Therefore, the findings may not be generalizable to nurses working in other institutions or regions. Additionally, convenience sampling was employed, which means that participants were selected based on their accessibility and willingness to participate. While the sample size was sufficient, the non-random nature of the sample may have influenced the diversity of perspectives represented.

Another limitation is that the data were collected through self-report questionnaires. Participants may have responded in ways they believed to be more socially acceptable, especially given the sensitive nature of the topic. Additionally, since the study was cross-sectional, it reflects attitudes at a single point in time and does not permit conclusions about causality.

Despite these limitations, the study offers meaningful insight into nurses' attitudes toward older adults. By utilizing a valid and reliable scale and focusing on a subject that has received limited attention in the national context, this research provides a valuable foundation for future studies and

practical interventions aimed at addressing ageism in healthcare.

The study was approved by the Çankırı Karatekin University Ethics Committee for Science, Mathematics and Social Sciences (Date: 06.11.2024 and Number: 43).

## RESULTS

As shown in Table 1, 94.4% ( $n=306$ ) of the nurses participating in the study were female, while 5.6% ( $n=18$ ) were male. Participants' ages ranged from 20 to 76 years, with a mean of 38.76 ( $\pm 12.09$ ). Regarding age distribution, 36.7% ( $n=119$ ) were between 20 and 30 years old, 19.8% ( $n=64$ ) between 31 and 40 years old, 26.9% ( $n=87$ ) between 41 and 50 years old, and 16.7% ( $n=54$ ) were aged 51 years or older. In terms of marital status, 64.8% ( $n=210$ ) of the participants were married, and 35.2% ( $n=114$ ) were single. A total of 59.57% of the participants ( $n=193$ ) have children. With regard to educational attainment, 11.1% ( $n=36$ ) held a high school diploma, 16.1% ( $n=52$ ) had an associate degree, 56.8% ( $n=184$ ) a bachelor's degree, 12.7% ( $n=41$ ) a master's degree, and 3.4% ( $n=11$ ) had completed a doctoral degree. When categorized by unit of work, 43.5% ( $n=141$ ) of nurses worked in internal medicine units, 24.1% ( $n=78$ ) in surgical units, 17.6% ( $n=57$ ) in administrative units, and 7.4% ( $n=24$ ) in intensive care units. Regarding the number of individuals aged 65 and over living in the same household, 78.1% ( $n=253$ ) of participants reported none, 12.0% ( $n=39$ ) reported one, 9.0% ( $n=29$ ) reported two, 0.6% ( $n=2$ ) reported three, and 0.3% ( $n=1$ ) reported four. The mean number of elderly individuals residing in the household was calculated as 0.32 ( $\pm 0.66$ ). As for elderly family members who were still alive, 89.8% ( $n=291$ ) of participants reported having a living mother, 76.2% ( $n=247$ ) a living father, 34.9% ( $n=113$ ) a maternal grandmother, 21.9% ( $n=71$ ) a paternal grandmother, 15.7% ( $n=51$ ) a maternal grandfather, and 9.6% ( $n=31$ ) a paternal grandfather.

**Table 1.** Findings on the sociodemographic characteristics of nurses

Variables	n	%
Gender		
Female	306	94,4
Male	18	5,6
Age Group		
20-30 years	119	36,7
31-40 years	64	19,7
41-50 years	87	26,8
51 years and above	54	16,7
Marital Status		
Single	114	35,2
Married	210	64,8
Parenteral status		
No	131	40,4
Yes	193	59,6
Educational Status		
High school	36	11,1
Associate degree	52	16,1
Bachelor's degree	184	56,8
Master's degree	41	12,7
Doctorate	11	3,4
Unit of Work		
Surgical Unit	78	24,1
Internal Medicine Unit	141	43,5
Administrative Units	57	17,6
Intensive Care Unit	24	7,4
Number of Individuals Aged 65+ Living at Home		
0	253	78,1
1	39	12,0
2	29	8,9
3	2	0,6
4	1	0,3
Living Elderly Family Members		
Mother	291	89,8
Father	247	76,2
Maternal Grandmother	113	34,9
Paternal Grandmother	71	21,9
Maternal Grandfather	51	15,7
Paternal Grandfather	31	9,57
Total	326	100,0

Descriptive statistics regarding the Ageism Attitude Scale - Short Form are presented in Table 2. Participants' scores on the subscale Restricting the Life of the Elderly individuals ranged between 25.00 and 37.00, with a mean score of  $34.32 \pm 2.32$ . The subscale Positive Discrimination Towards the Elderly individuals yielded scores between 16.00 and 40.00, with a mean of  $30.29 \pm 4.09$ . For

the Negative Discrimination Towards the Elderly individuals subscale, scores ranged from 9.00 to 24.00, with a mean of  $18.46 \pm 3.34$ . The total score of the scale ranged from 56.00 to 96.00, with an overall mean of  $83.07 \pm 7.22$ . The Cronbach's alpha coefficient for this subscale was calculated as 0.771, indicating an acceptable level of internal consistency.

**Table 2.** Descriptive statistics for the ageism attitude scale - short form (n = 326)

Subscale	Min.	Max.	Mean	Sd.	Cronbach's
Restricting the Life of the Elderly individuals	25,0	37,0	34,3	2,3	0,77
Positive Discrimination Towards the Elderly individuals	16,0	40,0	30,3	4,1	
Negative Discrimination Towards the Elderly	9,0	24,0	18,5	3,3	
Total Ageism Score	56,0	96,0	83,1	7,2	

Spearman correlation coefficients among the independent variables are shown in Table 3. None of the correlations exceeded  $|0.80|$ , which indicates that multicollinearity is not a concern. The highest correlation was observed between age and number of living grandparents ( $p=-0.672$ ,  $p<0.001$ ), which remained below the critical threshold. These results suggest that the independent variables can be included in the regression models without multicollinearity issues.

In the first model, demographic and family-related variables were included as independent variables, while household aging context variables were added in the second model. The hierarchical regression analysis showed no evidence of multicollinearity among the independent variables (Tolerance > 0.20). Furthermore, no autocorrelation was observed (Durbin-Watson = 1.398). The overall regression models predicting attitudes toward ageism were statistically significant (Model 1:  $F=6.239$ ,  $p<0.001$ ; Model 2:  $F=5.081$ ,  $p<0.001$ ).

In Model 1, the following variables were entered as predictors: gender, age, marital status, presence

of children, and educational level. The model accounted for 8.9% of the variance in total scores on the Ageism Attitude Scale ( $R^2=0.089$ ,  $p<0.001$ ). Among the predictors, age was positively and significantly associated with ageism attitudes ( $B=0.138$ ,  $B=0.231$ ,  $p=0.001$ ), as was educational level ( $B=1.294$ ,  $B=0.164$ ,  $p=0.002$ ). Gender ( $B=2.905$ ,  $p=0.092$ ), marital status ( $B=-0.444$ ,  $p=0.717$ ), and parental status ( $B=0.808$ ,  $p=0.557$ ) did not show statistically significant effects.

In Model 2, the number of individuals aged 65 and over living in the household and the number of living grandparents were added. These variables increased the explained variance slightly, resulting in a total of 10.1% ( $R^2=0.101$ ,  $p<0.001$ ). Educational level remained a significant predictor ( $B=1.355$ ,  $B=0.172$ ,  $p=0.002$ ). Other variables such as gender ( $B=3.093$ ,  $p=0.072$ ), age ( $B=0.080$ ,  $p=0.113$ ), and the two added variables (number of elderly individuals at home:  $B=0.662$ ,  $p=0.267$ ; number of living grandparents:  $B=-0.576$ ,  $p=0.103$ ) were not found to be significant predictors of ageism attitudes.



**Table 3.** Hierarchical regression analysis predicting total scores on the ageism attitude scale (n = 324)

Model	Independent Variables	B	SE <sub>B</sub>	ΔR <sup>2</sup>
1	(Constant)	73.748	1.889	-
	Age	0.138	0.041	0.231**
	Gender (Male)	2.905	1.718	0.092
	Marital Status	-0.444	1.224	-0.029
	Parental Status	0.808	1.373	0.055
	Educational Level	1.294	0.424	0.164**
2	(Constant)	76.741	2.529	-
	Age	0.08	0.05	0.134
	Gender (Male)	3.093	1.714	0.098
	Marital Status	0.069	1.245	0.005
	Parental Status	0.715	1.387	0.049
	Educational Level	1.355	0.43	0.172**
	No. of Elderly individuals at Home	0.662	0.595	0.063
	No. of Living Grandparents	-0.576	0.353	-0.118

\*\*\*  $p < 0,001$ , \*\* $p < 0,01$ , \* $p < 0,05$ 

## DISCUSSION

Ageism is one of the most invisible and pervasive forms of inequality in modern societies. Ageing is not only a social policy issue but also a human rights issue. Our study yielded striking findings regarding ageism, education level, clinical experience, and field of study.

This study found that nurses' attitudes toward the elderly individuals were significantly correlated with variables such as age, education level, and clinical experience. The findings reveal a complex structure of attitudes toward older individuals, encompassing both positive and negative elements of discrimination. First, it appears that the level of education is a determining factor in nurses' high levels of positive attitudes toward the elderly individuals.

This finding is consistent with Turan's (18) study on the attitudes of healthcare professionals working with older individuals. Pekince et al.'s (19) study also revealed that as the level of education increases, healthcare professionals exhibit more favourable attitudes toward the elderly individuals. Similarly, Uluocak (20) argues that a higher level of education is practical in developing positive perceptions of the social status of older individuals. Furthermore, some studies have revealed that nursing students who have direct contact with older individuals and experience a practical geriatrics approach tend to approach the elderly individuals more empathetically and respectfully (20). This suggests that health education programs should not be limited to simply imparting information; they should be restructured to



include aspects such as effective communication with older adults, recognising prejudices, and developing attitudes toward ageism. Therefore, enriching nursing education curricula with content that fosters awareness of ageism is critical for attitudinal transformation.

Our study found that the gender variable did not have a statistically significant predictive effect on attitudes toward ageism. However, studies by Pekince et al (19) Özer and Terkeş (21) and Mohammad Ali Hosseini et al. (22) reported that women exhibit more favourable ageism attitudes toward older individuals. In particular, Mohammad Ali Hosseini et al.'s (23) study indicated that female nurses developed more positive and satisfactory attitudes toward older adults compared to male nurses. These findings suggest that the gender variable may have varying effects across different samples. Furthermore, this situation can be explained by the caregiving responsibilities women assume in line with their gender roles.

One of the study's notable findings is that positive discrimination scores are higher than those for other subscales. This suggests that nurses tend to exhibit protective, supportive, and understanding attitudes toward older adults. However, the literature suggests that this can sometimes result in the passive treatment of older adults and the diminishing of their autonomy (24).

It is also noteworthy that the study found a positive and significant relationship between age and positive attitudes toward the elderly individuals. This finding is consistent with the study by Söylemez (25), who argued that empathy with older individuals increases with age. Similarly, a study conducted by Mohammad Ali Hosseini et al. (23) in three selected hospitals in Ardabil Province, Iran, found that as nurses' age increased, levels of discrimination against the elderly individuals decreased. However, the lack of a significant effect of the number of older individuals in the household suggests that family interaction alone may be insufficient to determine an individual's attitudes. Therefore, not only living in the same house but also engaging in quality social

interaction with older individuals is decisive for attitudinal transformation. In this context, it becomes clear that social policy practices for older individuals should not be limited to care and support but should also be integrated with structures that support social relationships that strengthen intergenerational interactions (26). Therefore, the goal should be to position older individuals not merely as recipients of assistance but as active and valuable social actors (27).

The research results also indicate a lack of institutional response to ageism within the healthcare system. While some participants stated that older individuals require more care and attention, others expressed negative attitudes toward older patients due to communication difficulties and the slowing down of care processes. This finding aligns with Çakmak and Karataş's (28) findings, which argue that ageism in the healthcare system should be addressed not only individually but also structurally. Institutional guidance, educational policies, and oversight systems play a key role in eliminating age-based discrimination.

Ageism is more than just an individual problem; it is a structural social problem. Two important theories can be used to explain ageism in nursing. The first is social identity theory. This theory suggests that individuals tend to identify with younger individuals and exclude those who are different from them, thereby enhancing their self-esteem (29-32). Terror management theory, on the other hand, is based on the premise that older individuals tend to distance themselves from these individuals and identify with those who are similar to them, based on the reminders of death (32). Therefore, it is worth discussing how nurses' roles in caring for the elderly individuals should be redefined, how geriatric nursing should be supported, and how human resource planning should be integrated into social policy.

Finally, a high tendency toward positive discrimination poses a risk that could prevent older individuals from being viewed as active citizens. As Kardeş and Yılmaz (33) point out, ageing policies in Turkey are largely aid-oriented, and the vision of

active ageing is often overlooked. However, policies that encourage the participation of older individuals in social, cultural, and economic life will support the healthy functioning of the social ageing process. However, policies that encourage the participation of older individuals in social, cultural, and economic life will support the healthy functioning of the social ageing process, as also highlighted in recent evaluations of healthcare processes in Türkiye (34).

In conclusion; this study, conducted using the Age Discrimination Attitude Scale - Short Form (AAS-SF), aimed to assess nurses' attitudes toward older adults. It highlighted the importance of nurses' ethical and professional stances in the face of the growing elderly individuals population in healthcare systems. Age discrimination is a serious social dilemma that leads to consequences such as unequal access to healthcare, psychological burnout, and a decline in the quality of care (4). In this context, ethical sensitivity and empathy play a crucial role in nurses' roles in caring for older individuals. Therefore, any healthcare policies developed should demonstrate a structure that extends from the education system to the institutional culture.

In the context of health policy, holistic and age-friendly approaches should be adopted to prevent inequalities faced by older adults in their care processes. Increasing physical accessibility for older adults in healthcare systems, strengthening the field of geriatrics, and expanding legal frameworks that guarantee the rights of older adults are driving this process. From a social policy perspective, the fight against age discrimination should not be limited to healthcare services; cultural, economic, and social mechanisms that enable the integration of older adults into society should also be supported. Community-based ageing services, active ageing policies, and social projects that promote intergenerational solidarity are crucial in this context.

In conclusion, combating ageism requires not only individual change but also policies grounded in ethics, social justice, and human dignity. Healthcare systems must respond to an ageing population by enhancing care quality and reshaping society's view of ageing. This study offers a solid scientific basis for building fairer and more inclusive healthcare services, providing clear guidance for policymakers.

#### ETHICS COMMITTEE APPROVAL

\* The study was approved by the Çankırı Karatekin University Ethics Committee for Science, Mathematics and Social Sciences (Date: 06.11.2024 and Number: 43).

#### CONFLICT OF INTEREST

The authors declare no conflict of interest.

## REFERENCES

1. Gullette MM. Aged by culture. Chicago: University of Chicago Press; 2004.
2. Estes CL, Biggs S, Phillipson C. Social theory, social policy and ageing: A critical introduction. Maidenhead: Open University Press; 2003.
3. Kozak A, Karagöl ET. Ageism: A conceptual evaluation. Hacettepe J Health Adm, 2019;22(3):469-86.
4. World Health Organization. Global report on ageism [Internet]. Geneva: World Health Organization; 2021 [cited 2025 Jul 9]. Available from: <https://www.who.int/publications/i/item/9789240016866>
5. Karlsson M, Berglund Å, Lundgren SM. The meaning of dignity for older adults: A meta-synthesis. Scand J Caring Sci, 2021;35(2):403-12.
6. Wang Y, Xiao LD, Liu Y, Liu Y. The experience of nurse-patient communication in the care of older people: A qualitative systematic review. Int J Nurs Stud, 2021;115:103885.
7. Tanaka S, Yamamoto T, Kobayashi H. Ethical challenges in the implementation of artificial intelligence in elderly care: A cross-cultural perspective. BMC Med Ethics, 2023;24(1):18.
8. Liu YE, Norman IJ, While AE. Nurses' attitudes towards older people: A systematic review. Int J Nurs Stud, 2013;50(9):1271-82.
9. Butler RN. Ageism: A foreword. J Soc Issues, 1980;36(2):8-11.
10. Türkistanlı M, Demir Y. Perception of ageism among older adults. Gumushane Univ J Health Sci, 2020;9(3):187-94.
11. Turkish Statistical Institute (TURKSTAT). Elderly statistics, 2023. Ankara: TURKSTAT; 2024. [Internet]. Available from: <https://data.tuik.gov.tr>
12. Ergün S, Taylan HH. The effects of modernization on the elderly: Neglect and loneliness. J Acad Soc Sci, 2018;6(78):573-84.
13. Altay B, Aydın A. Üniversite öğrencilerinin yaşlı bireylere yönelik tutumlarının incelenmesi. Gümüşhane Univ Sağlık Bilim Derg, 2015;4(3):291-307.
14. İşcan Ayyıldız N, Evcimen N. Evaluation of university students' opinions on ageism studying in the field of health. Mersin Univ J Health Sci, 2018;11(3):230-9.
15. Topgöl C. Social participation of elderly individuals: From invisibility to inclusion. Toplum ve Sosyal Hizmet, 2016;27(1):39-56.
16. Kalaycı İ. Social work practices for the elderly in Turkey. Toplum ve Sosyal Hizmet, 2008;19(1):55-68.
17. Vefikuluçay D. (2008). Üniversitede Öğrenim Gören Öğrencilerin Yaşlı Ayrımcılığına İlişkin Tutumları. Hacettepe Üniversitesi Sağlık Bilimleri Enstitüsü, Doğum ve Kadın Hastalıkları Hemşireliği, Doktora Tezi, Ankara.
18. Turan E, Yanardag M, Metintas S. Attitudes of students of health sciences towards the older persons. Nurse education today, 2016;36:53-7.
19. Pekince H, Avcı İA, Arslan S, Cangöl E. Examination of healthcare workers' attitudes towards elderly individuals. Gumushane Univ J Health Sci, 2017;6(1):1-10.
20. Uluocak Ş. Perceptions of the social status of the elderly: The role of educational level. J Soc Policy Stud, 2021;21(50):233-52.
21. Adibelli D, Türkoğlu N, Kılıç D. Determining the attitudes of university students in different departments towards the elderly and examining the affecting factors. Gümüşhane Univ J Health Sci, 2013;2(3):231-43.
22. Özer ZC, Terkeş N. Evaluation of nursing student's attitudes towards ageism in Turkey. Procedia Soc Behav Sci, 2014;116:2512-5.
23. Hosseini MA, Zargham-Boroujeni A, Abbaszadeh A, Bahrani N. Comparison of nurses' attitudes toward the elderly based on their demographic characteristics. J Fam Med Prim Care, 2020;9(3):1502-7.

24. Aktaş YY, Kahriman İ. The relationship between nursing students' attitudes toward ageism and their anxiety about aging. *Perspect Psychiatr Care*, 2022;58(1):237-44.
25. Söylemez T. Evaluation of the attitudes of faculty of health sciences students towards elderly individuals. *Eurasian J Soc Econ Res*, 2022;9(6):293-305.
26. Walker A. Why involve older people in research? *Age Ageing*, 2008;37(6):581-3.
27. Çakmak S, Karataş H. Determination of nursing students' attitudes towards elderly individuals. *Anatol J Nurs Health Sci*, 2020;23(3):341-9.
28. North MS, Fiske ST. An inconvenienced youth? Ageism and its potential intergenerational roots. *Psychol Bull*, 2012;138(5):982-97.
29. Tajfel H. Human groups and social categories: Studies in social psychology. Cambridge: Cambridge University Press; 1981.
30. Bodner E. Ageism, the naturalization of a social problem. *J Soc Issues*, 2009;65(4):865-83.
31. Chonody JM, Teater B. Aging and social work: A global perspective. London: Routledge; 2016.
32. North MS, Fiske ST. An inconvenienced youth? Ageism and its potential intergenerational roots. *Psychol Bull*, 2012;138(5):982-97.
33. Kardeş S, Yılmaz M. Old age in the context of positive discrimination: An evaluation of active citizenship and a rights-based approach. *J Societ Social Work*, 2021;32(2):380-97.
34. Uğrak U, Çınar Ş, Seyhan F, Kavak D. Evaluation of the supply process in public hospitals: A qualitative study. *Verimlilik Derg*, 2025;59(1):101-14.