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Impact of Ageism and Empathy on Attitudes Towards Older Adults Among University Students

Shandana Zeb[1], Nimra Gul[2], Dr Ulfat Nisa[3]

[1,2,3] National university of modern languages, Islamabad
For correspondence: Shandana Zeb. Email: shandanazeb@029gmail.com

Abstract

Background. Understanding how young people view and engage with elders has become more crucial due to the world's aging population. Based on Social Identity Theory, the study proposed that ageism, reflecting age-based social categorization, would negatively predict attitudes toward older adults, whereas empathy, which weakens ingroup-outgroup boundaries, would positively predict such attitudes.

Aim. The present study looked at the relationships and prediction of ageism and empathy for attitudes of the university students to older people.

Method. The research design that was used was cross sectional with correlational approach. The subject of the research was 200 university students as convenience sampling, consisted of 56% male and 44% female with age range between 18 and 25. Three instruments Fraboni Scale of Ageism (FSA), Toronto Empathy Questionnaire (TEQ) and Relating to Old People Evaluation (ROPE) scale were used to collect data.

Results. Pearson correlation analysis revealed that all the variables had strong relationships to each other. Ageism has positive relationship with negative attitudes towards older persons ($r = .494$, $p < .01$), negative relationship with empathy ($r = -.228$, $p < .01$) and negative relationship with negative attitudes ($r = -.491$, $p < .01$). The multiple regression analysis showed that ageism and empathy accounted for 39.5% ($R2 = .395$, $F(2, 197) = 64.188$, $p < .001$) of the variance in attitudes towards older people. Ageism ($\beta = .403$, $p < .001$) and empathy ($\beta = -.399$, $p < .001$) emerged as comparable and significant predictors.

Conclusion. Notably, ageist sentiments persisted among students despite Pakistan's strong cultural and religious norms of respecting seniors, implying that cultural values alone may not be enough to eliminate age-based prejudice.

Keywords: Ageism, Empathy, Attitude towards older adults, university students

Introduction

One of the major issues in today's society is its fast-paced old age problem. Neglect, abuse, and social isolation can compound the health problems mentioned above, which are common for older individuals, and because ageing is an inevitable biological process, it is often accompanied by challenging factors (Mitrečić et al., 2020), as well as psychosocial, economic and sociocultural challenges that are common for older individuals too (Kanasi et al., 2016). The percentages of the aging people in the population continue to increase; it is important to understand the attitudes of

younger people, especially people who are attending university, towards ageing, as these attitudes will shape how older people are treated in health services, in the workplace and in the community. Ageism, empathy, and attitudes towards older people are three related constructs all contributing to how younger people relate and interact with older person. (Boudjemad & Gana, 2009; Laditka et al., 2004; Levy & Myers, 2004; Levy et al., 2002).

According to World Health Organization (2015), ageism can be defined as "stereotyping of and discrimination against individuals or groups based on their age". Levy and associates (2020) determine that there are three factors that predict ageism – age discrimination, negative age stereotypes and negative self-perceptions about aging, that beliefs about aging are transmitted culturally as well observably when looking at how they are treated. Stereotypical attitudes and ageist behaviours of young adults, and especially those of the young adults who have been influenced by this ageism have a negative impact on their interactions and treatment of older adults, especially university students. Ageism is prevalent in almost every aspect of everyday life such as the media, health care, education and the workplace (King & Bryant, 2017; Malinen & Johnston, 2013; Powell, 2010). Ageism can also manifest in health and care providers and/or in long-term care homes and is known to be associated with neglect of older people (Band-Winterstein, 2015; Eymard & Douglas, 2012).

Cognitive and affective component, empathy as a way of relating to others through understanding the mental contents, namely both cognitive and emotional of other person has been defined in this way by Davis (2009) and also by Dal Santo et al (2014). The cognitive component is the ability to understand experiences, feelings and point of view of another person (Duarte et al., 2016: Davis, 2009: Dal Santo et al., 2014: Finn et al., 2018), the affective component is the ability to relate, to emotionally understand persons (Davis, 2009). This has been proven in studies which have demonstrated that empathy towards older adults can be the key to tackling ageism (Boudjemad & Gana, 2009). Empathetic reactions to a group may be more challenging to learn and express when no specific experiences are found in common with the group (Ward et al., 2012).

Both beliefs and behaviors related to attitudes towards older adults are different conceptually from empathy, as attitudes are the mental or emotional evaluations, which may affect their behavior (Bryant et. Al,2012). These attitudes differ among age groups and studies have focused on attitudes to see how people view older adults and yielded mixed results (Mansfield-Green et al., 2015). Hence, the current study explores the interaction between ageism and empathy on attitude towards elderly among the University students and its intent is to address these influences with a view of enriching education and intergenerational contact programs that will decrease ageism and increase the development of empathy.

In one of the systematic reviews, of 422 studies, 95% reported that there is significant association between ageism and worse health outcomes among older people; (Chang et al., 2020) and in another study, the experience of ageism had a strong negative impact on mental health and this effect does not appear to diminish as older adults grow even more elderly, maybe due to different forms of ageism or generational differences (Lyons et al., 2017). There have been several longitudinal studies that showed those with negative age stereotypes have greater risk for adverse health outcomes later in life such as cardiovascular events, and biomarkers of Alzheimer's disease (Levy, Ferrucci et al., 2016; Levy, Moffat et al., 2016; Levy & Myers, 2004; Levy et al., 2009).

Ageist attitudes can be experienced at all ages, such as adolescence and adulthood. Bodner and associates (2012) conducted a study in which the age group that demonstrated the highest level of ageism were middle age adults (ages 18 to 98) in comparison with younger and older individuals

in other age groups. Likewise, asking undergraduate students at the same university in Turkey, Yilmaz and co-workers (2012) found that in general the students noticed the statements that set the old people apart, such as avoiding them because they seemed boring, mocking their clothing. Many of these discriminatory behaviours can be found within the lives of many students. The authors highlighted that this awareness–behavior gap is an important aspect for designing educational interventions.

It is not only that the abilities and competencies of older adults influence younger adults' perceptions and ageist attitudes, it is also the perception and ageist attitude of the younger adults that influences the abilities and competencies of the older adults. The following findings emerged from this research: There was a higher level of social distance from older adults and a lower level of concern and Social Change outcomes that included less satisfaction with their ability to help older adults for those participants with stronger ageist attitudes (Bergman & Bodner, 2015). There are a variety of reasons that might have led the emergence of ageist attitudes towards others among young adults. Regarding students' demographic, there was the knowledge of aging, the higher was the knowledge the lower was the level of ageism in undergraduate students (Boswell, 2012) and there is Empathy, the higher the score the lower the ageism, among undergraduates students also gender was identified as a demographic variable, where men had higher ageism scores than women (Bodner et al., 2012).

Empathy has an important role in the ageing research, especially with regard to ageism, higher empathy is correlated with less ageisme. (Boudjemad & Gana, 2009). Waldrop & associates (2016) highlighted the higher level of empathy that students with higher empathy levels have for showing acceptance when dealing with older adults and the more exposure to older adults, the higher level of empathy. A need has been established for empathy to be a beneficial skill for all individuals interacting with older adults (Davis 2009, Lamberton et al. 2015, Schell & Kayser-Jones 2007, Sorrell 2010 and Waldrop et al. 2016). Overall, these results imply that empathy acts as a psychological buffer which helps to minimise ageist views and increased positive perceptions of older people.

Laditka and associates (2004) reported less positive attitudes for younger and middle aged participants towards older adults compared to older participants. Other studies have not however suggested the age difference in positive attitudes towards older adults, both the younger and older groups were found to have similar positive attitudes towards older adults (Chasteen et al., 2002). Undergraduate nursing student studies have found evidence that allowing students with prior work experience in older adulthood positions to develop more positive attitudes towards older adults (Holroyd et al., 2009) and that interacting with experts and students with knowledge of normative age changes, as well as having contact with healthy older adults and those with impaired health, are factors that contribute to positive attitudes towards older adults (Goncalves et al., 2011). The result indicates that attitudes towards the elderly depend on the experiences, first-hand contact to them and can be different from group to group.

While there have been many studies on both ageism and empathy, as well as exploring the attitudes towards older people, most of these have focused on one of these aspects at a time. Furthermore, most of the current literature is related to Western contexts or health care contexts and fewer studies have been performed with general populations of university students in various cultural contexts. Hence, the impact of combing ageism with empathy needs to be explored in the development of young people's attitudes to people living with old age in the context of University education.

The current study is based on the theory of Social Identity, which Thymos Tajfel and John Turner (1979) believe we develop a self-concept as a result of participating in groups and strive to maintain a positive self-identity by categorising, identifying and comparing ourselves with others. This is the underpinning for the current study. Such ageist beliefs may result from the social categorisation of older adults, and once students internalise these thoughts these attitudes and beliefs form part of their cognitive foundation for the time when they become older adults themselves. Social categorisation also reduces the empathetic involvement with older people because, in the eyes of the students at the university, the older people represent the outgroup and not individuals (Tajfel & Turner 1979). There is a direct relation between these two processes–ageism and empathy as social identity processes–and the attitudes of the university students toward older persons (Bergman & Bodner, 2015; Chasteen et al., 2002).

This study is about younger (ingroup – University students) and older (out-group) people. Categorising elderly individuals by their age capitalised on their distinctiveness and typically evaluated as not as good as the other group is called as age-based social categorisation is the cognitive basis of ageism which is done by higher education students. This new and positive orientation results in younger adults bringing their own group up while disparaging older adults through negative stereotypes, such as thinking that they are incapable, stuck in their ways and a burden (Kite et al., 2002; Tajfel & Turner, 1979). Empirical evidence for this is found in a number of studies that have consistently found negative attitude of young adults towards older adults (Bergman & Bodner, 2015; Rupp et al., 2005), and also that young adults also attribute a mixed stereotype to older adults – one of negative attributes like incompetence and positive attributes like warmth (Cuddy et al., 2015; Chasteen et al., 2002).

Social Identity Theory (1979) Tajfel and Turner, also, adds to the understanding of the role of empathy in intergroup interactions. Intergroup behavior is based on group membership and not a direct relationship between individuals, so that individuals who do not belong to the ingroup are inhibited in empathizing with each other. When older adults are perceived as symbolizing a social group (outgroup), rather than people, college students are unlikely to engage in perspective taking or feeling attached to an older adult. The theoretical premise is corroborated by empirical studies, which show that a moderate increase of empathy leads to a decrease of ageism and an improvement of attitudes towards elderly people (Boudjemad & Gana, 2009; Boswell, 2012), thus suggesting that empathy blurs the ingroup-outgroup boundaries established by social categorization.

Ageism, empathy and attitudes towards older adults have been largely studied separately in previous research, but the current study aims to fill this methodological gap as the perspectives of university students will have a profound impact on older adults' experiences as future healthcare, education and policy professionals. Moreover, it tries to address the contextual lacuna as the research mainly conducted in western societies may not sufficiently represent the dynamics of modernization and generational changes in non-western societies like Pakistan where cultural and religious aspects related to the respect of ageing adults coexists with the study of modernization and generational differences. Thus, an investigation of the interactive influence of ageism and empathy on developing these aged attitudes by Pakistani university students is timely and socially significant, given the current worldwide emphasis on the attitudes of younger cohorts of the population towards the older population.

Hypothesis

The hypotheses tested were that ageism will have a negative relationship with university students' attitudes towards older adults (H1), empathy will have a positive relationship to attitude towards

older adults among university students (H2), ageism will have a negative relationship with empathy of university students (H3), and that the combination of ageism and empathy will be a significant predictor of attitude towards older adults among university students (H4).

Methodology

Research Design

The study adopted a cross sectional approach to investigate the relationship between ageism, empathy, and attitude of the university students towards elderly people.

Study setting

Standardized self-report questionnaires (online and offline) were used to collect data from the participants.

Population

The sample was made up of students at the University concerning various issues aged 18-25 years. A total of 112 male and 88 female participants were included (56% males and 44% females). Concerning Education, 110 out of 200 participants (55%) were undergraduates while 62 (31%) were graduates and 28 participants (14%) were doing MPhil/MS. When considering the age, 68 participants was in between 18-21 years while 132 was in between 22-25 years.

Sampling

Convenience sampling technique was used in the recruitment of the respondents. To be eligible for this study, the Participants had to be within the age range and have given consent to participate in this study of their own volition. Persons who missed answers in any of the questions and others who did not meet criteria were not considered.

Procedure

The questionnaires were posted out and sent to the participants who were asked to complete them, after informing them that the survey would only take about 5-10 minutes of their time. Once it was completed, participants were thanked for their aid in the project and for giving their time to the project. They collected and screened the responses, the responses were coded then inputted into SPSS for statistical analysis.

Statistical plan

The relationships between ageism, empathy, and attitudes towards older people were analyzed by a correlation analysis. To explore the unique and combined contribution of each variable in predicting attitudes towards older adults, (ageism and empathy), multiple regression was conducted.

Ethical consideration

All of the participants were informed prior to data collection. They were told that participation was voluntary and that they could at any time withdraw their participation in the study, without incurring any consequences as a result of this withdrawal. All the respondents were promised that confidentiality and anonymity of the responses and that data collected would be used only for research purposes.

Assessment measures

The Ageism Scale (Fraboni). The Ageism Content Scale (ACS) was designed by Fraboni, Saltstone, and Hughes (1990) to measure ageism accurately in a multi-faceted way. Ageist attitudes and behaviors have been identified by the FSA as falling into three factors: attitudinal beliefs (Antilocution), indirect discrimination and behavioral avoidance and has been proven to have

strong criterion and construct validity. The Cronbach's alpha obtained from the Fraboni Scale of Ageism was equal to 0.856.

Toronto Empathy Questionnaire. It is a 16-item self-report, developed by Nathan Spreng, Margaret McKinnon, Raymond Mar, and Brian Levin (2009), in which respondents report on how agreeable they are to 16 statements on a Likert-type scale; it has proven to be reliable and valid, based on its correlation with other measures in previous studies with related measures of social and emotional function. The reliability of the Toronto Empathy Questionnaire, Cronbach's alpha (α) was 0.85.

Relating to Older People Evaluation (ROPE). The 20 item questionnaire, created by Katie Cherry & Erdman Palmore (2008) assesses positive and negative ageist behaviors individuals might experience in everyday life. With acceptable internal consistency (Cronbach's alpha ranging from 0.87 between the cohorts in the current study), it has strong face, content and construct validities for measuring everyday ageist behaviors.

Results

Table 1

Demographic characteristics of the sample

Variables	f	%
Gender		
Male	112	56
Female	88	44
Education		
Undergraduates	110	55
Graduates	62	31
MPhil/MS	28	14
Age		
18-21	68	34
22-25	132	66

Note. f = frequency, % = percentage

Table 2

Psychometric Properties of Fraboni Scale of Ageism, Toronto Empathy Questionnaire, and Relating to Older People Evaluation

Scale	k	α	M	S.D
FSA	29	.768	10.24	79.06
ROPE	20	.688	5.05	13.99
TEQ	16	.648	7.53	40.22

Note.k = No. of items, α = Cronbach's alpha, FSA = Fraboni Scale of Ageism , ROPE = Relating to Older People Evaluation, and TEQ = Toronto Empathy Questionnaire

This table presents some of the psychometric characteristics of scales. These include Mean (M), Standard deviation (SD), the no. of items loading under each scale and Cronbach's Alpha coefficient that is used in determining the internal consistency or the reliability of the each scale.

Table 3
Descriptive Statistics and Inter-scale Correlation between FSA, ROPE, and TEQ

Variables	1	2	3
Ageism	_		
Attitude towards older adults	.494**	_	
Empathy	-.228**	-.491**	_

Note. p<0.05, FSA = Fraboni Scale of Ageism , ROPE = Relating to Older People Evaluation, and TEQ = Toronto Empathy Questionnaire

Pearson correlation analysis suggests that ageism and ageist attitude towards the elderly had a positive correlation ($r = .494$, $p < .01$). This is because the higher an individual's level of ageism, the more negative their attitudes were. Ageism was negatively correlated with empathy ($r = -.228$ $p < .01$), indicating that those who were more ageist, were also less empathetic. Moreover, there was a negative correlation between the empathy towards the older adults and attitude towards older adults ($r = -.491$, $p < .01$), that is higher empathy was positively associated with less ageist behaviours towards the older adults.

Table 4
Regression Analysis Predicting Attitude towards older adults from Ageism and Empathy

	β	t	p	
Constant	9.021	2.992	_	3.015 .003
Ageism	.199	.028	.403	7.074 .000
Empathy	-.268	.038	-.399	-7.000 .000

Note: $p < .001$,$R^2 = .395$, $F (2, 197) = 64.188$,

Multiple regression analysis was carried out to see if there was a relationship between ageism, empathy and attitude towards older adults in young adults. The results indicated that ageism was significant positive predictor ($\beta = .403$, $t = 7.074$, $p < .001$), which indicated the increase in the level of ageism were related to more negative attitudes towards the older adults. Higher levels of empathy had a significant negative impact as a predictor ($\beta = -.399$, $t = -7.000$, $p < .001$) suggesting less negative attitudes towards older adults were associated with higher levels of empathy. $x^2 = 64.188$, DF= 2, 197 with a $p < .001$ and our model accounted for 39.5% of the variance in attitudes towards older adults ($R^2 = .395$).

Discussion

The present study analyzed the relationship between ageism, empathy and attitude towards elderly people among the students of the university and to test the possibility that the combination of ageism and empathy can predict attitude towards elderly people. All four of the hypotheses were completely accepted.

There was a strong positive relationship between ageism and ageist type of behaviors towards elders ($r = .494$, $p < .01$), indicating that the higher the ageism, the more negative attitude of ageist behaviours towards the older adults. This is confirmed by the previous work that the beliefs about age are strongly related to negative behavioural attitudes towards the elderly (Burnes et al., 2019). Limited contact between the generations, and society-specific stereotypes of old age, are potential reasons why respondents may have ageist views.

A highly significant negative correlation coefficient emerged between empathy and ageist behaviours ($r = -.491$, $p < .01$) representing that the higher the score of empathy, the less negative attitude towards the older adults. This is in line with the literature, which revealed the important role of empathy in development of positive attitude towards the elderly people (Hall & Schwartz, 2019). Empathy facilitates an understanding of the different problems of the older adults, alleviates prejudice and create more compassionate interactions by enhancing higher empathy (Wu 2011).

The third hypothesis also was supported, with empathy having a significant negative correlation with ageism ($r = -.228$, $p < .01$) meaning that higher Ageism levels were correlated with lower empathy levels. This is consistent with the other literature of decreased empathic responding being related to prejudiced attitudes (Allan et al., 2014). Programs that encourage meaningful intergenerational contact could not only insert a wedge under the ageism issue, but increase empathy as well since this contact is known to increase empathy, which in turn weakens prejudice (Allan et al., 2014).

The results of multiple regression showed that ageism and empathy collectively could explain 39.5% of the variance of the attitudes towards the elderly ($R^2 = .395$, $F(2, 197) = 64.188$, $p < .001$). Ageism was positive and significant ($\beta = .403$, $p < .001$) and empathy was negative and significant ($\beta = -.399$, $p < .001$) with both having the same contribution to the model. Based on these developments, the importance of both ageist thoughts and empathic abilities is brought into view for improvement in intergenerational programs, and through experiences.

Although culture and religion have rigid rules concerning respecting people in the old age in the Pakistani society, results of the present study showed that ageist attitudes are still prevailing among the university students which suggests that only cultural values are not enough to prevent the formation of age based prejudice.

Limitations

First, this current study was in a cross sectional study; this approach of study simply gathers data at one particular point of time. An in-depth, longitudinal study (using a follow-up design) would be needed to gain a deeper understanding of how ageism and empathy may affect students' attitudes towards older adults over time. Second, this study relied solely on self-report measures, and it is possible that participants answered in ways they believed in their culture(s) and/or social setting(s) they would “have to,” or by “socially acceptable” means, thus possibly failing to report their accurate attitudes. In this context, some ageist attitudes might have been unduly underreported due to possible strong religious and cultural norms of respecting elderly and elders in the Pakistani context, respectively.

Implications

This study is based on the Social Identity Theory, which values two significant factors that determine attitudes toward older adults- ageism and empathy. As cultural norms did not prove to be sufficient to eliminate ageism, it seems that combining empathy-building and intergenerational contact interventions could be more effective to develop positive attitudes towards older adults, particularly at universities, where empathy-building can be further

enhanced through taught components and intergenerational contact through student-staff interactions.

Recommendations

These findings would be interesting and worthy of further research, which would involve various applications. Future research needs to have a longitudinal design to draw causal inferences between ageism, empathy, and attitudes towards older persons. While the cross-sectional approach used in the current study does not allow determining if ageism results in negative sentiments or vice versa. Future studies should take people from a range of universities in both rural and urban areas in Pakistan to enhance the generalizability. In addition, sampling of all healthcare students, namely Medical students, Nursing students would be greatly appreciated, as their attitude relates to the quality of healthcare that they can provide to the older persons. Lastly, based on the cultural and religious norms of respecting elders among Pakistanis, intergenerational contact programs, empathy training workshops and aging education courses at university could be developed and between university students, future research should focus on such intervention programmes to alleviate the ageist attitudes among the university students in non-Western cultures.

Conclusion

In this study, the ageism ($p < .001$) and empathy ($p = .002$) variables showed that attitudes towards older adults in context to the model of Social Identity Theory were significantly predicted among the Pakistani university students with R^2 value equal to .395. Though there are traditional values that respect elders, ageism was still present, it implies that traditional values on itself cannot prevent prejudice based on age. This shows that interventions that encompass both an empathic and stereotype reducing component are needed to increase contact between generations.

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