

# The perception of ageism from the perspective of different professions

Postrzeżenie ageizmu z perspektywy różnych zawodów

Anna Hudáková<sup>A,D-E,J</sup> , Ľudmila Majerníková<sup>B,H-I,L</sup>, Andrea Obročníková<sup>C,F-G,K</sup>

Faculty of Health Care, Universtiy of Presov, Slovak Republic

CORRESPONDING AUTHOR:

**Anna Hudáková**  
Faculty of Health Care, Universtiy of Presov  
Partizanska 1, Slovak Republic  
e-mail: [anna.hudakova@unipo.sk](mailto:anna.hudakova@unipo.sk)

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## STRESZCZENIE

### POSTRZEŻANIE AGEIZMU Z PERSPEKTYWY RÓŻNYCH ZAWODÓW

**Cel pracy.** Celem badania było porównanie różnic między postrzeżeniem ageizmu przez młodych ludzi w odniesieniu do zawodów pomocowych i zawodów niebędących zawodami pomocowymi.

**Materiał i metody.** Autorzy zebrali dane przy użyciu Skali Ageizmu Fraboniego. Współczynnik  $\alpha$ -Cronbacha osiągnął wartość 0,87. Przetwarzanie statystyczne danych przeprowadzono z wykorzystaniem programu SPSS 25. Zastosowano test t i współczynnik korelacji Pearsona. Okres zbierania danych: zbieranie danych z całej próby badawczej trwało od grudnia 2020 roku do marca 2021 roku. Ostateczna grupa badawcza składała się z 262 respondentów (przedstawiciele zawodów pomocowych i przedstawiciele innych zawodów). Kryteriami doboru były: zgoda każdego respondenta na udział w badaniu, przynależność do wydziału oraz limit wieku: 18 lat i więcej.

**Wyniki.** Przedstawiciele zawodów pomocowych są bardziej skłonni do pomagania innym, w tym osobom starszym. Wykazują większy stopień tolerancji w stosunku do seniorów niż przedstawiciele innych profesji, co potwierdzają wyniki uzyskane przez autorów (D2: Postawy behawioralne;  $p=0,000$  i w D3: Postawy afektywne;  $p=0,000$ ).

**Wnioski.** Jeśli chodzi o studentów przygotowujących się do wykonywania przyszłego zawodu, można zasadniczo wpływać na ich poznawcze, afektywne i behawioralne komponenty postrzeżenia seniorów. Dlatego też ważna była ocena postrzeżenia stereotypów (D1), separacji (D2) i postaw afektywnych (D3) wśród studentów różnych kierunków.

**Słowa kluczowe:** ageizm, zawody pomocowe, postawy, zawody niezwiązane z pomaganiem

## ABSTRACT

### THE PERCEPTION OF AGEISM FROM THE PERSPECTIVE OF DIFFERENT PROFESSIONS

**Aim.** The aim of the study was to compare the differences between young people's perceptions of ageism in terms of professions: helping professions and non-helping professions.

**Material and methods.** We collected data by the Fraboni Ageism Scale. Cronbach  $\alpha$  represented a value of 0.87. We performed statistical processing in SPSS 25.0 and used the t-test and Pearson correlation coefficient. The data collection of the entire research sample lasted from December 2020 to March 2021. Our final research group consisted of 262 respondents (HP and NHP). The selection criteria were the consent of each respondent, affiliation to the faculty and the age limit of 18 years and over.

**Results.** HP are more inclined to help others and elderly. They have a greater degree of tolerance for older adults than NHP, which is confirmed by our results (the D2: Behavior attitudes;  $p=0.000$  and in the D3: Affective attitudes;  $p=0.000$ ).

**Conclusions.** For university students in preparation for their future profession, we can fundamentally influence their cognitive, affective and behavioral components of the perception of seniors. For these reasons, the evaluation of the perception of stereotypes (D1), separation (D2) and affective attitudes (D3) among students of different fields was important.

**Key words:** ageism, helping professions, attitudes, non-helping professions

## INTRODUCTION

The processes of demographic changes and population ageing are considered to be the greatest challenges of the 21st century, to which the European Union will have to respond through targeted measures. The Slovak Republic is one of the younger countries in terms of age assessment, but the nature of its age structure predisposes it to an acceleration of ageing in the 10 – 15-year horizon. Bóriková defines that in 2060, every third inhabitant of Slovakia should be at least 65 years old, i.e. the number of pensioners would increase 2.5 times compared to the present [1]. Šprocha reports that Slovakia has a lower life expectancy value compared to other European Union countries. Today's world is oriented towards hectic and constant progress with great demands on human flexibility and mobility. It requires features of rapid adaptation to changing environmental conditions [2]. The cult of the young, beautiful, and healthy individual is offered by the media and marketing. Denial of aging has changed over the years from covert manifestations to an open fight against the elderly. Ageism offers young people not to identify with them as with human beings. Ageistic attitudes are reflected in the lack of care provided. Another risk factor is the social isolation of caregivers and older people. At present, the occurrence of violence in medical facilities has been recorded and there is a risk of the so-called passive aggression [3]. Therefore, it is necessary to investigate this phenomenon in helping professions. Healthcare professionals who provide health services to the older people consider their problems to be typical of longevity. Ageistic attitudes are reflected in the lack of care provided. The need to analyse ageism was also triggered by the current situation of the Covid 19 pandemic. Hwang et al. report that the older generation is at high risk regarding social isolation [4].

## AIM

The aim of the study was to compare the differences between young people's perceptions of ageism in terms of preparation for different professions: helping professions and non-helping professions. We wanted to analyse how young people perceive their attitude towards the older generation in relation to age, gender and future profession.

## Study design

We distributed the questionnaire due to the current epidemiological situation (Covid 19) in the online space. The study was approved by the deans of the faculties in Prešov and Banská Bystrica: 13/11/2020. Selected fields of study are compatible at both faculties (Prešov and Banská Bystrica). In addition, both faculties have cooperated for a long time in the field of teaching and scientific research. On the social network, we approached students of universities in Slovakia: Faculty of Philosophy, Faculty of Pedagogy, Faculty of Health Care (University of Prešov), Faculty of Health located in Banská Bystrica. Despite the virtual environment, we followed the Declaration of Helsinki; informed consent was included in every questionnaire. The data collection of the entire research sample lasted from December 2020 to March 2021.

## Research tools

We chose a quantitative design using a questionnaire. We collected data through standardized instrument: the Fraboni Scale of Ageism (FSA). FSA was developed in 1990 by Fraboni et al. in Canada, as a means of measuring ageist attitudes [5]. Cronbach's alpha scales reached good level in the countries studied, e.g., Canada (0.86) or Turkey (0.84). At the same time, it is considered a homogeneous scale due to its high reliability and validity [6]. The Fraboni scale methodology provided us with a division of the items of the instrument according to three domains: Domain 1: cognitive attitudes include stereotypes (D1), Domain 2: behavior attitudes include separation (D2), Domain 3: affective attitudes (D3) [5].

## Statistical Analysis

Statistical processing was carried out in the statistical program SPSS Statistics 25.0. Within the statistical procedures we used independent t-test and Pearson's correlation coefficient to determine the correlations of variables. The reliability of the questionnaire was tested. Cronbach  $\alpha$  represented a value of 0.87 as a result of the internal consistency of the questionnaire.

## Participants

Our group consisted of 262 respondents. The age limit was divided into two categories: a) 18-24 years; b) 25-35 years. Helping professions included workers whose mission is to provide direct and continuous assistance to seniors (nurses, physiotherapists, paramedics). Non-helping professions included students of the Faculty of Philosophy and the Faculty of Pedagogy. They provide many interesting activities for other people, but they may not provide personal assistance to seniors in daily contact. As a priority, we wanted to find out the possibilities of the influence of education and upbringing on the formation of young people's attitudes towards seniors. It is crucial to identify differences between helping and non-helping professions in their views on ageism in terms of their future occupation. The selection criteria were the consent of each respondent, affiliation to the faculty and the age limit of 18 years and over. We wanted to ensure the homogeneity of both samples (helping professions = 129, non-helping professions = 133). The number of students in both groups was limited by their number in the online space.

## RESULTS

Studies with the aim of analysing ageism in relation to age and future occupation have not been carried out in the conditions of Slovakia until now. The data obtained from the analysis of the Fraboni scale confirmed that the phenomenon of ageism and discrimination is present in our society. Its occurrence is influenced by many factors, such as age and the type of future profession for which young people are preparing. In the work, we investigated the mentioned demographic items: gender, age, type of future occupation (Tab. 1). We observed more numerous representations of female gender (78.2%) compared to the male gender (21.8%). The helping professions are

■ Tab. 1. Demographic data of respondents

Demographic data	Category	n	%
Gender	men	57	21.8%
	women	205	78.2%
Age	18-24 years	174	66.4%
	25-35 years	88	33.6%
Profession	HP	129	49.2%
	NHP	133	50.8%
Together	HP/NHP	<b>262</b>	<b>100%</b>

HP – Helping Professions, NHP – Non-Helping Professions.

■ Tab. 2. Category of professions

Profession	n	M	SD	t	p
HP	129	35.23	3.64	6.94	<b>0.000</b>
NHP	133	31.69	4.54		

■ Tab. 3. Domains of Fraboni scale and Profession

Domains and Profession	D1	D2	D3	Profession	
D1 – cognitive attitudes	Pearson Correl.	1	.191**	.113	.030
	Sig.		.002	.068	.631
D2 – behavior attitudes	Pearson Correl.	.191**	1	.722**	-.377**
	Sig.	.002		.000	.000
D3 – affective attitudes	Pearson Correl.	.113	.722**	1	-.378**
	Sig.	.068	.000		.000
Profession	Pearson Correl.	.030	-.377**	-.378**	1
	Sig.	.631	.000	.000	
	n	262	262	262	262

\*\* . Correlation is significant at the 0.01 level. \* . Correlation is significant at the 0.05 level.

mainly performed by women. We were exclusively interested in the attitude of the young generation to the issue of ageism. The dominant representation (66.4%) was in the 18-24 age group. Homogeneous representation of the groups was observed in the preparation for the profession, where helping professions (HP) accounted for 49.2% and non-helping professions (NHP) to the extent of 50.8%. The results show that HP (M = 35.23; SD = 3.64) scored higher than NHP (M = 31.69; SD = 4.54). Using a t-test for independent samples, we compared access for both groups. The findings of the t-test showed that persons in the NHP have a stronger predisposition to discriminatory acts (p = 0.000) (Tab. 2). Similarly, results were confirmed by Kane in his study where he examined differential attitudes toward the elderly among undergraduate students in social work (N = 112) and criminal justice (N = 116). The cross-sectional study revealed that students of criminal justice had less positive attitudes toward the elderly (F = 5.565, df = 12, p < 0.001) [7]. We wanted to analyse how young people in preparation for their future profession perceive their attitudes towards the older generation in the domains of the FSA: D1: Cognitive attitudes (stereotypes); D2: Behavior attitudes (separation); and D3: Affective attitudes. We used correlations between the selected variables. Significance was confirmed in the D2: Behavior attitudes (p=0.000) and in the subscale D3: Affective atti-

■ Tab. 4. Domains of Fraboni scale and Gender

Domains and Gender	D1	D2	D3	Gender	
D1 – cognitive attitudes	Pearson Correl.	1	.191**	.113	-.052
	Sig.		.002	.068	.402
D2 – behavior attitudes	Pearson Correl.	.191**	1	.722**	.142*
	Sig.	.002		.000	.021
D3 – affective attitudes	Pearson Correl.	.113	.722**	1	.208**
	Sig.	.068	.000		.001
Gender	Pearson Correl.	-.052	.142*	.208**	1
	Sig.	.402	.021	.001	
	n	262	262	262	262

\*\* . Correlation is significant at the 0.01 level. \* . Correlation is significant at the 0.05 level.

■ Tab. 5. Domains of Fraboni scale and Age

Domains and Age	D1	D2	D3	Age	
D1 – cognitive attitudes	Pearson Correl.	1	.191**	.113	.171**
	Sig.		.002	.068	.005
D2 – behavior attitudes	Pearson Correl.	.191**	1	.722**	.138*
	Sig.	.002		.000	.025
D3 – affective attitudes	Pearson Correl.	.113	.722**	1	.186**
	Sig.	.068	.000		.003
Age	Pearson Correl.	.171**	.138*	.186**	1
	Sig.	.005	.025	.003	
	n	262	262	262	262

\*\* . Correlation is significant at the 0.01 level. \* . Correlation is significant at the 0.05 level.

tudes (p=0.000) (Tab. 3). Significance was confirmed in the subscale Separation where a clear attitude of the younger generation towards the elderly was found in terms of the separation of the young and the elderly generation. Affective attitudes express a displaced attitude towards the elderly and a certain way of segregating the elderly outside the society of young people. Using Pearson's correlation coefficient for each domain of the Fraboni scale in relation to gender, statistical significance was confirmed especially in the domains of Behavior attitudes (p= .021) and Affective attitudes (p= .001) (tab. 4). We found more pronounced results in the affective area in women. The results point to the fact that women have a lower predisposition to ageistic tendencies than men (Tab. 4). We investigated the relationship of the domains Fraboni scale to age. Statistical significance was confirmed in all three domains: D1: Cognitive attitudes (p= .005) (stereotypes), D2: Behavior attitudes (p= .025) (separation) and D3: Affective attitudes (p= .003) (Tab. 5). The relationship between age and affective attitudes shows a strong correlation and confirms the attitude of the young generation towards the elderly with the aim of segregating them to the periphery of society.

## DISCUSSION

Chang et al. conducted a systematic review of fourteen databases regardless of region, language, and publication type, with a total of 14,781 papers. This analysis included seven million participants, making it the most comprehensive review

of the health consequences of ageism. The results show that in 95.5% of the 1,159 studies that examined the association: ageism - health, the results are significantly worse. The authors add that ageism was observed in individuals regardless of age, gender, race, or ethnicity. The present analysis reveals a dangerous and globally generalisable impact of ageism on the health of the elderly at a structural or individual level [8]. When making a comparison of Europe's population with those of other continents, Europeans are ageing at the fastest rate. In Slovakia, the change in the age pyramid is assessed from progressive to regressive, with the absolute size of the population aged 65+ rising from 45 million to 119 million. Current demographic indicators, the occurrence and prevalence of ageism and the riskiness of the senior community are factors that stimulate us to look for possible solutions [9]. Shpakou et al. conducted the study on a group of 478 people in age 60+ from Belarus (139), Poland (110), Russia (123), Lithuania (106). The criteria for inclusion in the study: permanent residence in their country, age 60+. Respondents described their experiences in health care institutions. The proportion of elderly people who experienced manifestations of ageism in Poland was 20.9%. The data for Belarus and Lithuania was very similar: 26.6% and 26.3%, respectively. The highest indicator of age discrimination in healthcare institutions was established by the respondents in Russia (30.9%). In most cases, the manifestation of discrimination was observed on the part of a doctor ( $p < 0.05$ ), a nurse ( $p < 0.05$ ) and receptionists ( $p < 0.05$ ). The profession of a doctor was mentioned by Polish respondents in 50% of cases. Manifestations of discrimination on the part of nurses were noted in 50% of cases by respondents from Russia, 35% from Poland and 15% from Lithuania and Belarus [10]. Our study confirmed the influence of the nature of the occupation on the attitude towards ageism, as HP showed a lower rate of discrimination against the elderly compared to NHP ( $p=.000$ ). In our study, we confirmed the cognitive component of the FSA scale ( $p=.005$ ) in relation to age. When preparing for the profession itself, it is important to build an empathic relationship with the older generation, which in a few years will „complete” the population of productive age. EURAGE research included 55,000 people from 28 EU countries to analyze the problems of discrimination against older adults. The results confirmed that age discrimination is a serious problem for 44% of participants. Up to 35% of participants reported being treated unfairly based on age [11]. Research to determine the relationship between ageism and the cultural sensitivity of university students has been carried out in Turkey. The research sample contained of 1195 students studying at Ankara University Health Sciences Faculty, from Nursing Department, Social Services Department, Physiotherapy and Rehabilitation Department. The mean age of participants was  $20.36 \pm 1.85$  years, and 432 (86.1%) participants were female. There was a significant difference between the groups in terms of interest in receiving training in elderly care ( $p = 0.000$ ), experience with an elderly individual ( $p = 0.000$ ), interest in working with geriatric patients after graduation ( $p = 0.001$ ) [12]. HP have a greater degree of tolerance for older adults than

NHP, which is confirmed by our results (D1: Cognitive  $p= .030$ ; D2: Behavior,  $p= .000$ ; D3: Affective,  $p= .000$ ). It is in the cognitive area that students need interventions during practical exercises, training. A meta-analysis by Burnes et al. entitled: Interventions to Reduce Ageism Against Older Adults looked at the search for the most effective strategies to combat ageism. The authors define those interventions associated with education and inter-generational contact were shown to have a greater impact on attitudes towards seniors ( $p < 0.001$ ) and on knowledge about seniors ( $p < 0.001$ ) [13]. Education of seniors in Universities of the Third Age is an appropriate form of cognitive stimulation, enhancing communication, self-reflection, and social interaction in the senior population. Flores-Sandoval, Kinsella reported that ageing education and training for ageing reduce ageism [14]. For students of faculties in preparation for future careers, we can influence fundamentally their cognitive, affective, and behavior components of the perception of older adults. For these reasons, it was important to evaluate the perception of cognitive attitudes ( $p = .005$ ), behavior attitudes ( $p = .025$ ) and affective attitudes ( $p = .003$ ) with respect to the age of students. At the faculties of non-medical study disciplines (HP), attention is paid to the psychological and social aspects of old age and aging. Students visit facilities for the elderly, senior centers and geriatric clinics where they carry out practical exercises with a specific approach to older adults. We found that predisposition to discriminatory acts was confirmed to a greater extent in NHP ( $p=.000$ ) We view our findings in the context of the implementation of a Chinese study for 1,022 medical students, in which the authors found that medical students without practical experience in geriatrics displayed more negative attitudes toward seniors. The authors concluded by defining the most significant predictors of ageism: male gender, length of training in clinical practice, and no experience in caring for elderly patients ( $R^2 = 0.038$ ,  $F = 13.520$ ,  $p < 0.001$ ) [15]. In Slovakia HP (nurse, physiotherapist) comes into contact with seniors already during their practical training compared with NHP. Fan et al. argued that Chinese youths showed more negative attitudes toward the elderly compared to American and British youths [6].

Stereotypes were observed in our study. We confirmed positive relationships between age and cognitive abilities ( $p = .005$ ). Teachers can influence this component in students helping profession during preparation for a future profession. The basic new dimension of the perception of old age is the connection of the untapped resources of older adults with the unmet needs of youth people. Seniors can support emotional survival in young people by means of mentoring. Chesser et al. argue that there are arguments for the elderly to be the sources of social support for children (especially disadvantaged) [16].

The social dimension of seniors from the perspective of students was investigated by Gutiérrez and Mayordomo in a comparative study involving 262 students from the following fields: psychology, education, combined with professions with possible contact with seniors (social pedagogy and sports-related fields) and health fields such as nursing,

physiotherapy, podiatry, dentistry, and occupational therapy. The authors found that students from the health sciences ( $M = 11.27$ ;  $SD = 3.25$ ) were characterized by the lowest level of ageism at the significance level ( $p = 0.004$ ) compared to students from psychology ( $M = 12.95$ ;  $SD = 2.98$ ) or education ( $M = 13.42$ ;  $SD = 2.77$ ) [17]. Despite the differences in the focus of scientific investigation, we observe lower expression of ageism with our results for the sample of respondents from the helping professions ( $M = 35.23$ ;  $SD = 3.64$ ). The findings in our study confirmed a strong correlation between age and the affective attitudes ( $p = .003$ ), confirming the decline of multigenerational cohabitation in families. In India a cross-sectional descriptive study has been carried among the students of three colleges in Kasaragod. In the study, they used the same methodology (FSA) as in our work. The sample consisted of 194 students in the age group 17–22 years, of which only 21.1% were living with their grandparents and the rest 78.9% had never lived with their grandparents in the same home. Those who were making casual visits to the grandparents were excluded from the category. The participants who had exposure to live with their grandparents had significantly lower ageism score ( $51.29 \pm 5.14$ ) than those who had no such exposure ( $63.23 \pm 6.43$ ) ( $p = 0.000$ ) [18]. The global pandemic Covid-19 significantly affected the growth of negative stereotypical expressions of ageism. Living with older adults and promoting multi-generational relationships suppresses the manifestations of ageism.

## CONCLUSIONS


HP are more inclined to help others and elderly. They have a greater degree of tolerance for older adults than NHP, which is confirmed by our results (the D2: Behavior attitudes;  $p=0.000$  and in the D3: Affective attitudes;  $p=0.000$ ). The findings of the study confirmed that NHP have a stronger predisposition to discriminatory acts ( $p = 0.000$ ).

In the future, not only helping professions will take care of seniors. Many seniors will need long-term care, a home care service, where non-helping professions can also be applied. It is a symbiosis of social and health approach to seniors, aimed at improving their functional potential and quality of life. For university students in preparation for their future profession, we can fundamentally influence their cognitive, affective and behavioral components of the perception of seniors. For these reasons, the evaluation of the perception of stereotypes (D1), separation (D2) and affective attitudes (D3) among students of different fields was important.

When analyzing ageism in society, we see possibilities for modification of young people's attitudes already during their study. Correctly influencing people's attitudes in undergraduate vocational training creates a picture of the future quality of services for seniors. The growing trend of aging will inevitably require services of higher quality and availability. In the future, we must evaluate the attitudes of those people who are not in close contact with seniors. An effective strategy is to support students in non-helping professions with the aim of education in the field of aging, e.g. experiential learning, model situations, creating positive associations and others. Future research could attempt

to test the effect of long-term face-to-face contact between young and seniors and its impact on ageism. It would be interesting to compare students' opinions on ageism at the beginning and at the end of their studies at university.

## ORCID

Anna Hudáková  <https://orcid.org/0000-0003-3542-1043>

## REFERENCES

- Bóriková I. Demografické a zdravotné aspekty starnutia populácie. 2016. Multimediálna podpora výučby klinických a zdravotníckych disciplín: Portál JFUK Available from: <https://portal.jfmed.uniba.sk/clanky.php?aid=349>
- Šprocha B. Demografická budúcnosť EÚ v prognózach Eurostatu. Slovenská štatistika a demografia. 2019; 29(2): 48–65. Available from: <https://ssad.statistics.sk/SSad/index.php/demograficka-buducnost-eu-v-prognozach-eurostatu/>
- Vavříková H, Hudecová A. Ageismus jako projev stereotypizace a diskriminace seniorů a možnosti jeho prevence prostřednictvím edukace dospělých. Banská Bystrica: Univerzita Mateja Bela v Banskej Bystrici: Belianum; 2018, p. 404.
- Hwang TJ, Rabheru K, Peisah C, et al. Loneliness and social isolation during the COVID-19 pandemic. *Int. Psychogeriatr.* 2020; 32(10): 1217–1220. doi:10.1017/S1041610220000988.
- Fraboni M, Saltstone R, Hughes S. The Fraboni Scale of Ageism (FSA): An Attempt at a More Precise Measure of Ageism. *Canadian Journal on Aging/La Revue Canadienne Du Vieillessement.* 1990; 9(1): 56–66. doi:10.1017/S0714980800016093
- Fan JY, Zhao HM, Liu YT, et al. Psychometric properties of a Chinese version of the Fraboni scale of ageism: evidence from medical students sample. *BMC Med Educ* 2020; 20(1): 182–197. Available from: <https://doi.org/10.1186/s12909-020-02111-7>
- Kane MN, Jacobs RJ. Assumptions about Frailty and the Tenacity of Ageism among Care Professionals. *Journal of Pastoral Care & Counseling.* 2018; 72(3): 190–194. doi:10.1177/1542305018788527.
- Chang ES, Kanno S, Levy S, et al. Global reach of ageism on older persons' health: A systematic review. *PLoS One.* 2020; 15(1). Available from: <https://doi.org/10.1371/journal.pone.0220857>.
- Officer A, de la Fuente-Núñez V. A global campaign to combat ageism. *Bull World Health Organ.* 2018; 96(4): 295–296. doi: 10.2471/BLT.17.202424.
- Shpakou A, Klimatkaia L, Kuzniatsou A, et al. Medical care and manifestations of ageism in healthcare institutions: opinion of elderly people. The example of four countries. *Fam Med Prim Care Rev* 2021; 23(1): 69–74, doi: <https://doi.org/10.5114/fmpcr.2021.103159>
- Hoozová J. Starnutie a starobné zmeny organizmu. *Interná med.* 2014; 14(5): 203–209.
- Koc A, Inkaya BV, Bilgehan T. Evaluation of the relation between age discrimination and intercultural sensitivities of university students in healthcare fields. *Ageing Int* 2021; 46: 129–141. Available from: <https://doi.org/10.1007/s12126-020-09374-x>
- Burnes D, Sheppard C, Henderson CR Jr, et al. Interventions to Reduce Ageism Against Older Adults: A Systematic Review and Meta-Analysis. *Am. J. Public Health.* 2019; 109(8): 1–9. doi: 10.2105/AJPH.2019.305123.
- Flores-Sandoval C, Kinsella EA. Overcoming ageism: critical reflexivity for gerontology practice. *Educational Gerontology.* 2020; 46(4): 223–234. doi: 10.1080/03601277.2020.1726643.
- Zhao H, Wu B, Shi J, et al. Chinese Medical Students' Attitudes toward Older Adults and Willingness To Consider a Career in Geriatric Medicine: A Cross-Sectional Survey. *Teach Learn Med.* 2020; 32(5): 486–493. doi: 10.1080/10401334.2020.1784739.
- Chesser AK, Keene Woods N, Smothers K, et al. Health Literacy and Older Adults: A Systematic Review. *Gerontol. Geriatr. Med.* 2016; 15(2): doi:10.1177/2333721416630492.
- Gutiérrez M, Mayordomo T. Age discrimination: a comparative study among university students. *Acta Colombiana de Psicología.* 2019; 22(2): 62–69. Available from: doi: <http://www.doi.org/10.14718/ACP.2019.22.2.4>
- Choolayil AC, Putran L. Ageism among Undergraduate Students: Do Grandparents make a Difference? *Indian Journal of Gerontology.* 2020; 34(3): 333–342.

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