

Ageism and altruism among students in the department of health technician training, Turkey

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Abstract

Aim: The proportion of the elderly in society is continuously increasing. This brings with it various socioeconomic, physical, and mental problems, one of which is ageism. This study aims to determine the attitudes of students in the department of health technician training toward the elderly and reveal the relationship between these attitudes and students' socio-demographic characteristics, as well as their levels of altruism.

Material and methods: This descriptive study was conducted with 796 students in the department of health technician training in Bingöl Province, Turkey, between April 2019 and June 2019. The data collection tools were a personal information form, the ageism attitude scale (the sub-dimensions were limiting the lives of the elderly, positive attitudes toward the elderly, and negative attitudes toward the elderly), and the Altruism Scale. The analysis of the data was carried out on SPSS 23.0.

Results: Students' approaches to altruism and attitudes toward the elderly were positive. There was a significant positive relationship between altruism and limiting the lives of the elderly, positive attitudes toward the elderly, and the ageism scale and a significant negative relationship between altruism and negative attitudes toward the elderly ($p < 0.05$). When the scales were analyzed in terms of socio-demographic characteristics, variables such as gender, age, family structure, and the willingness to live with family showed significant differences ($p < 0.05$).

Conclusion: It is believed that the positive attitude of the healthcare staff toward the elderly will affect the quality of the health service provided.

Key words: ageism, altruism, health, students

МЕДИЦИНАЛЫҚ КӘСІПТІК БІЛІМ БЕРУ СТУДЕНТТЕРІ АРАСЫНДАҒЫ ӘЙДЖИЗМ ЖӘНЕ АЛЬТРУИЗМ, ТҮРКИЯ Я. Узунтарла¹, С. Джейхан²

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ТҰЖЫРЫМДАМА

Мақсаты: Қоғамдағы қарт адамдардың үлесі үнемі артып келеді. Бұл әртүрлі әлеуметтік-экономикалық, физикалық және психикалық проблемаларды тудырады, олардың бірі - әйджизм (жас ерекшелік). Бұл зерттеу медициналық қызметкерлерді қарттармен қамтамасыз ету бөліміндегі студенттердің қатынасын анықтауға және осы көзқарас пен студенттердің әлеуметтік-демографиялық сипаттамалары, сонымен қатар олардың альтруизм деңгейімен байланысын анықтауға бағытталған.

Материалдары және әдістері: Осы сипаттамалық зерттеу Түркияның Бингӧл провинциясындағы денсаулық сақтауды оқыту бөлімінде 2019 жылдың сәуірінен 2019 жылдың маусымына дейін 796 студентпен өткізілді. Деректерді жинау құралдары жеке ақпарат нысаны, әйджизмге деген қарым-қатынас шкаласы болды (кіші өлшемдер үлкендердің өмірін шектеді, қарттарға оң көзқарас және қарт адамдарға теріс көзқарас) және альтруизм шкаласы болды. SPSS 23.0-де деректерге талдау жасалды.

Нәтижелері: Оқушылардың альтруизмге деген көзқарасы мен үлкендерге деген көзқарасы оң болды. Егде жастағы адамдарда альтруизм мен өмірді шектеу, қарттар мен позитивті қарым-қатынас пен әйджизм шкаласы арасындағы маңызды оң байланыс және альтруизм мен егде жастағы адамдарға деген теріс қарым-қатынас арасындағы айтарлықтай жағымсыз қатынас болды ($p < 0.05$). Әлеуметтік-демографиялық сипаттамалары, жынысы, жасы, отбасы құрылымы және отбасымен тұруға дайындығы сияқты шкалаларды талдау айтарлықтай айырмашылықтарды көрсетті ($p < 0.05$).

Қорытынды: Медициналық қызметкерлердің қарт адамдарға деген оң көзқарасы көрсетілетін медициналық қызметтердің сапасына әсер етеді деп саналады.

Негізгі сөздер: әйджизм, альтруизм, денсаулық, студенттер

ЭЙДЖИЗМ И АЛЬТРУИЗМ СРЕДИ СТУДЕНТОВ ФАКУЛЬТЕТА ПРОФЕССИОНАЛЬНОЙ ПОДГОТОВКИ МЕДИЦИНСКИХ РАБОТНИКОВ, ТУРЦИЯ

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РЕЗЮМЕ

Цель: Доля пожилых людей в обществе постоянно увеличивается. Это влечет за собой различные социально-экономические, физические и психические проблемы, одной из которых является эйджизм. Настоящее исследование направлено на определение отношения студентов в отделе подготовки медицинских работников к пожилым людям и выявление связи между этим отношением и социально-демографическими характеристиками учащихся, а также их уровнем альтруизма.

Материалы и методы: Настоящее дескриптивное исследование было проведено с 796 студентами в отделе подготовки медицинских работников в провинции Бингёль, Турция, в период с апреля 2019 года по июнь 2019 года. Инструментами сбора данных были личная информационная форма, шкала отношения к эйджизму (подразмеры ограничивали жизнь пожилых людей, позитивное отношение к пожилым и негативное отношение к пожилым) и шкала альтруизма. Анализ данных проводился на SPSS 23.0.

Результаты: Подходы студентов к альтруизму и отношение к пожилым людям были положительными. Существовала значительная положительная связь между альтруизмом и ограничением жизни пожилых людей, положительным отношением к пожилым людям и шкалой эйджизма, а также существенная отрицательная связь между альтруизмом и отрицательным отношением к пожилым людям ($p < 0,05$). Анализ шкал с точки зрения социально-демографических характеристик, такие переменные, как пол, возраст, структура семьи и готовность жить с семьей, показали значительные различия ($p < 0,05$).

Заключение: Считается, что положительное отношение медицинского персонала к пожилым людям повлияет на качество предоставляемых медицинских услуг.

Ключевые слова: эйджизм, альтруизм, здоровье, студенты

Introduction

The concept of old age, which refers to the later periods of life, is used by the World Health Organization to identify people aged 65 and above, whose behaviors and needs change [1]. Developments in healthcare, technology, and the biological domains extend the average life expectancy, and the number and proportion of the elderly in society increases every day as the birthrate decreases [2]. While the population of people aged 65 and above in the entire world was 223 million in 1980, it went up to 608 million in 2015, and it is estimated to reach 1 billion 559 million in 2050 [3]. While the proportion of the elderly in the entire population of Turkey was 8% in 2014, it increased to 8.8% in 2018. This proportion is estimated to rise up to 10.2% in 2023, 16.3% in 2040, and 25.6% in 2080 [4].

Individuals may display physical, social, financial, and mental regressions in old age, and society may develop negative attitudes and behaviors toward the elderly [5]. The concept of ageism, which was constructed by Butler in 1969, entails the attitudes, prejudgments, and behaviors toward individuals simply as a result of their age [6]. A study by Palmore in Canada and the United States of America revealed that the elderly were affected by discrimination in many domains of life such as using health services, finding a job, finding a house, and taking out a loan [7].

One of the domains in which ageism is experienced is the healthcare sector [8]. The needs of the elderly for healthcare and nursing services increase because of physical deficiencies and chronic diseases that occur more frequently with age [9]. The healthcare personnel who provide nursing and treatment to the elderly have a significant role in determining the quality of care [10]. The beliefs and negative attitudes of healthcare personnel toward aging and the elderly might lead to a decline in the efficiency and quality of the services provided to the elderly [11].

Altruism was defined for the first time by French sociologist and philosopher Auguste Comte in the late 19th century as the tendency and desire to live for others. Durkheim, on the contrary, argued that altruism was not limited to kindness or helping others and defined it as acting voluntarily without seeking self-interest [12-13]. It should be noted that altruist behaviors refer to those performed voluntarily without seeking a reward rather than helping behaviors that are forced on an individual [14].

It is expected that people with altruist behaviors will have more positive attitudes toward the elderly, and the relevant attitudes of students in the department of health technician training, which is an indispensable component of the healthcare sector, constitute the subject of this study. This study aims to determine the attitudes of students in the department of health technician training toward the elderly as well as their altruism levels. It also aims to investigate the differences between altruism and ageism based on correlation and socio-demographic characteristics.

Material and methods

Sample

This descriptive study was conducted with students in the Vocational School of Health Services at Bingöl University. The students graduate as health technicians at the end of 2 years of university education. Its branches are medical imaging, laboratory, anesthesia, paramedic, dental, pharmacy, dialysis technicians. The university has 1600 students in the department of health technician training, and the study attempted to reach all the students without sample size calculation. The study was conducted with 796 individuals who agreed to participate. The participation rate in the study was 49.7%. The study was conducted with voluntary participants between April 2019 and June 2019.

Instruments

The data collection tool was a survey form that consisted of three sections.

Socio-demographic Characteristics Form

The first component included nine questions that were constructed after a review of literature involving characteristics such as gender, age, grade, family structure, the income level in the family, place of residence, the willingness to live with the family after graduation, the employment status of the mother, and having an individual at home over the age of 65.

Ageism Scale (AGS)

This scale was developed by Yılmaz and Terzioğlu to evaluate the discrimination toward the elderly. The five-point Likert-type scale consisted of 23 items and three sub-dimensions.

Its sub-dimensions were Limiting the Lives of the Elderly (LLE) which included the beliefs and perceptions of the society about limiting the social lives of the elderly (9–45 points), Positive Discrimination toward the Elderly (PDE) which included the positive beliefs and perceptions of the society toward the elderly (8–40 points), and Negative Discrimination toward the Elderly (NDE) which included the negative perceptions (6–30 points).

In the scale, the items about ageism that showed a positive attitude are rated in a way that 5 indicates “completely agree” and 1 indicates “completely disagree.” The items about ageism that showed a negative attitude, on the contrary, are rated in a way entirely opposite to the one mentioned above. While the highest possible score on the scale is 115, the lowest is 23. A higher score indicates that the individual has a positive attitude toward ageism. The reliability coefficient of the scale was found to be 0.80 [15].

Altruism Scale (ALS)

This scale was developed by Doğan and Sapmaz to evaluate altruistic attitudes, behaviors, and opinions. The five-point Likert-type scale consists of 15 items and one dimension. The items in the scale are rated in a way that 5 indicates “completely agree” and 1 indicates “completely disagree.” While the highest possible score on the scale is 75, the lowest is 15. A higher score indicates an increase in altruism. The reliability coefficient of the scale was found to be 0.84 [16-17].

Statistical Analysis

The analysis of the data was carried out on SPSS 23.0. The normal distribution of the data was assessed through Kolmogorov–Smirnov and Shapiro–Wilk tests. Because the data were not normally distributed, the Mann–Whitney U test was used to compare two independent groups, the Kruskal–Wallis test was used to compare three or more groups, and the Spearman's Rank Correlation Coefficient was used in determining the relationships between variables. The effects of the independent variables on the dependent variables were assessed through multiple regression analysis. The $p < 0.05$ value was accepted as statistically significant.

Ethics

An approval from the research ethics committee at Bingöl University was acquired for the study (Date: 28 September 2018, Number: 34). The participants signed the informed consent form before the study.

Results

The age range of the participants was 18–45, and the mean age was 21.17 ± 2.23 . Table 1 presents the socio-demographic characteristics of the participants.

The reliability coefficient of the ALS was 0.79, while it was 0.76 for the whole AGS. The mean scores on the scales were 56.14 ± 9.95 and 79.49 ± 9.51 , respectively (Table 2).

Table 1 Socio-demographic characteristics of the participants (n=796).

Socio-demographic variables		n	%
Gender	Female	556	69.8
	Male	240	30.2
Age (years)	≤20	357	44.8
	≥21	439	55.2
Grade level	1	434	54.5
	2	362	45.5
Family structure	Nuclear family	565	71.0
	Joint family	207	26.0
	Broken family	24	3.0
Income level in the family	≤3500 TL	658	82.7
	3501-6000 TL	104	13.1
	≥6001	34	4.3
Place of residence	Province	451	56.7
	District	153	19.2
	Village	192	24.1
The willingness to live with the family after graduation	Yes	499	62.7
	No	166	20.9
	Undecided	131	16.5
The employment status of the mother	Not working	710	89.2
	Working	86	10.8
Having an individual at home over the age of 65	Yes	158	19.8
	No	638	80.2

When the scales were analyzed in terms of socio-demographic characteristics, there were significant differences in variables such as gender, age, family structure, and the willingness to live with family ($p < 0.05$) (Table 3). There were no statistically significant differences between the scales based on characteristics such as grade, the income level in the family, place of residence, the employment status of the mother, and having an elderly individual at home ($p > 0.05$).

There was a significant moderate positive correlation between ALS and AGS, as well as the scores from the sub-dimensions of LLE and PDE. There was a small but significant negative correlation between ALS and NDE (Table 4).

The regression analysis showed that only the variable of gender showed a statistically significant difference and that being male had a reverse effect on ALS ($\beta = -0.097$, $p = 0.006$). The other variables did not have a statistically significant effect on ALS and AGS (Table 5). Moreover, according to the results of the regression analysis, it was found that ALS had a significant positive effect on AGS ($\beta = 0.423$, $p < 0.001$) and explained 15.3% of the variance ($R^2 = 0.153$).

Table 2 Reliability and descriptive statistics of scales (n=796).

Scales and sub-scales	Item numbers	Cronbach Alfa	Mean	Standard deviation	Minimum	Maximum
LLE	9	0.68	33.36	5.74	16.00	45.00
PDE	8	0.70	29.42	5.86	11.00	40.00
NDE	6	0.74	16.69	3.78	6.00	29.00
AGS	23	0.76	79.49	9.51	51.00	108.00
ALS	15	0.79	56.14	9.95	28.00	75.00

LLE: Limiting the Lives of the Elderly, PDE: Positive Discrimination toward the Elderly, NDE: Negative Discrimination toward the Elderly, AGS: Ageism Scale, ALS: Altruism Scale

Table 3 Comparison of AGS and ALS scales according to socio-demographic characteristics (n=796).

	n	LLE	PDE	NDE	AGS	ALS
Gender						
Female	556	414.15	397.90	410.59	413.46	418.56
Male	240	362.24	400.36	370.49	363.85	352.03
		p:0.003	p:0.88	p:0.023	p:0.005	p<0.001
Age (years)						
≤20	357	414.44	417.69	401.30	415.81	418.48
≥21	439	385.54	382.89	396.22	384.42	382.25
		p:0.07	p:0.03	p:0.75	p:0.055	p:0.027
Family structure						
Nuclear family	565	395.48	395.29	398.36	396.23	410.67
Joint family	207	421.04	414.25	395.21	415.67	378.32
Broken family	24	275.13	338.27	430.29	303.88	286.02
		p:0.01	p:0.25	p:0.77	p:0.71	p:0.01
The willingness to live with the family after graduation						
Yes	499	400.04	420.24	406.61	414.61	403.59
No	166	397.61	364.52	391.75	374.83	387.96
Undecided	131	393.75	358.75	376.15	367.14	392.47
		p:0.96	p:0.002	p:0.36	p:0.03	p:0.71

LLE: Limiting the Lives of the Elderly, PDE: Positive Discrimination toward the Elderly, NDE: Negative Discrimination toward the Elderly, AGS: Ageism Scale, ALS: Altruism Scale

Table 4 Correlations among AGS and ALS results (n=796).

	1	2	3	4	5
1. LLE	1.000				
2. PDE	.358**	1.000			
3. NDE	-.019	-.237**	1.000		
4. AGS	.802**	.709**	.196**	1.000	
5. ALS	.486**	.426**	-.177**	.465**	1.000

*p<0.05; **p<0.01

LLE: Limiting the Lives of the Elderly, PDE: Positive Discrimination toward the Elderly, NDE: Negative Discrimination toward the Elderly, AGS: Ageism Scale, ALS: Altruism Scale

Table 5 Multiple regression analysis on ALS and AGS according to socio-demographic characteristics (n=796).

Variables	ALS β	ALS t	ALS p	AGS β	AGS t	AGS p
Gender (male)	-.097	-2.757	.006	-.055	-1.544	.123
Age (≤20)	.003	.085	.932	-.029	-.822	.411
Grade level (2)	.051	1.431	.153	-.055	-1.526	.127
Family structure (Joint)	-.029	-.813	.416	.059	1.620	.106
Family structure (Broken)	-.068	-1.962	.050	-.051	-1.458	.145
Income level in the family	-.018	-.518	.605	-.032	-.897	.370
Place of residence (District)	.007	.199	.842	.002	.044	.965
Place of residence (Village)	-.046	-1.260	.208	.013	.358	.720
The willingness to live with the family after graduation (No)	-.015	-.434	.665	-.054	-1.484	.138
The willingness to live with the family after graduation (Undecided)	-.015	-.433	.665	-.080	-2.236	.056
The employment status of the mother (Working)	-.031	-.894	.371	-.007	-.194	.846
Having an individual at home over the age of 65 (No)	.034	.954	.340	.038	1.033	.302
R	0.359	0.304				
R ²	0.129	0.092				
F	6.027	4.161				
p	<0.001	<0.001				

Discussion

The increase in the population of the elderly is one of the main problems faced in healthcare systems around the world. As chronic diseases and dependency increase in old age, the elderly are expected to use healthcare resources to a greater extent. Furthermore, the group which the healthcare staff will encounter and provide services to the most will be the elderly [11]. However, it was observed that because caring for the elderly is challenging, healthcare personnel prefer providing services to the young rather than to the elderly [18]. Therefore, it is crucial to determine the attitudes of healthcare personnel and students toward the elderly.

Our study found that students in the department of health technician training had positive attitudes toward the elderly. When studies with healthcare personnel and students were reviewed, it was seen that the studies which found positive attitudes were prevalent [19-21]; however, some studies found negative attitudes [8, 22].

Studies on ageism found that attitudes toward the elderly varied depending on the personal and environmental characteristics of individuals and that the variables which were believed to have the strongest effect on attitudes were age, gender, and educational background [23]. Our study found that female participants had a more positive attitude than males. A review of the literature shows that whereas females had more positive attitudes in some studies [19-25], other studies indicated that males had more positive attitudes [8]. The positive attitudes among females were associated with the traditional women's roles and care that come from the Turkish culture, and the negative attitudes were associated with the change in women's roles and the fact that elderly care is perceived as challenging and physically tiring [26].

Our study also revealed that the participants who were willing to live with their parents after graduation had more positive attitudes toward the elderly compared with those who were not willing to and who were uncertain. Our study had similarities with earlier studies [9,27]. The literature points out that societal and social interaction, personal shares with the elderly, and the attitudes of the people around the elderly might affect one's attitudes toward the elderly [27].

Our study found that altruism levels were high among the participants. Our study bears similarities to the studies that found high altruism levels among participants [17, 28]. The study found that female students had higher levels of altruism than males, which also shows similarity to the literature [29]. The fact that the altruism level was higher among female students might be a result of the gender roles attributed to females by society. It is believed that because the maternal roles attributed to females by society, voluntary helping behaviors are more common among female students [14].

Our study indicated that those aged 20 and below had higher altruism levels compared with students aged 21 and above. This can be evaluated by arguing that higher altruism in the younger group was related to the individualization of university students through modern education and the resulting atrophy in their feelings of helping others without seeking self-interest [28,30].

The results demonstrated that there was a significant positive relationship between altruism and ageism and that altruism is a significant predictor of ageism. Our hypothesis, which indicated that individuals with high altruism levels, i.e., those with strong motives to help without seeking any self-interest, would have more positive attitudes toward the elderly, was verified. We believe that this study is significant because it is the first study to reveal the relationship between altruism and ageism.

The limitation of this study was that the participants were students in the department of health technician training at only one university. Therefore, the results in the study cannot be generalized to the entire population.

Conclusion

Students' approaches to altruism and attitudes toward the elderly were positive. There was a significant positive relationship between altruism and limiting the lives of the elderly, positive attitudes toward the elderly, and the ageism scale and a significant negative relationship between altruism and negative attitudes toward the elderly. The scales showed significant differences according to gender, age, family structure, and the willingness to live with family.

The curricula for students might cover more content on aging and old age to prevent ageism and promote awareness. We suggest that future studies include other variables that are considered to have an effect on ageism, such as personal characteristics, emotional labor, and subjective well-being, and be conducted with other occupational groups and students in the healthcare sector.

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