

EXTENDED SUMMARY

Interpersonal Ageism in a University Sample: A Descriptive Study

INTRODUCTION

The term "ageism" was coined by Robert Butler in 1969 to refer to the discrimination people experience based on their age, which has significant repercussions on individuals' overall health and considerable economic implications. Spain's population pyramid reflects an increasing proportion of older people, leading to a process of over-aging. According to the National Institute of Statistics' projection (2023-2040), by 2040, older people will represent 27.4% of the population. OMS ranks ageism as the 3rd leading cause of discrimination worldwide. As the global population ages, understanding and addressing ageism becomes increasingly crucial for promoting equity and respect for all individuals, regardless of their age. Ageism, defined as discrimination based on age, is a widely recognized social phenomenon but often underestimated in its magnitude and repercussions. In contemporary society, ageism has emerged as a significant social concern, affecting individuals of all ages in various life domains. One relevant aspect of aging is ageism, defined by the OMS (2018) as stereotypes, prejudice, and discrimination against others or oneself based on age. Ageism comprises three dimensions: stereotypes (thoughts), prejudice (feelings), and discrimination (actions or behaviors); it manifests in self-directed, interpersonal, or institutional forms; and can be expressed explicitly (consciously) or implicitly (unconsciously) (OPS, 2021). Interpersonal ageism occurs during interactions between two or more people, and it distinguishes between the perpetrator of ageism and the person who experiences it (OPS, 2021). Despite progress in combating discrimination based on other characteristics such as gender or race, ageism remains an underestimated and underdiscussed reality in many contexts, gradually gaining the importance it deserves.

The relevance of this research lies in the need to better understand the underlying mechanisms of ageism and its implications for society at large. Despite advancements in promoting equality and diversity, ageism persists as an insidious form of discrimination that can affect individuals of all ages in various areas, including employment, healthcare, and social interactions, directly impacting the health and well-being of those who internalize these stereotypes.

In this context, the present Final Degree Project focuses on exploring attitudes and perceptions towards ageism by administering questionnaires to a sample of students from the University Jaume I. This research aims to thoroughly examine how people perceive and respond to age-related stereotypes and prejudices, as well as to identify possible factors associated with ageist attitudes. By addressing this issue, we will not only contribute to the body of knowledge on ageism but also identify potential strategies to mitigate its negative effects and promote a more inclusive and respectful culture.

METHODS

The target population of this study consists of a heterogeneous sample of adult students from the city of Castellón, all of whom are pursuing degrees at the University Jaume I (N=71). Within the sample, there are individuals aged between 18 and 60 years. The sample is divided into two

main groups: students enrolled in health-related degrees (n=41), and students enrolled in non-health-related degrees (n=21). The first group includes students from the Psychology (n=29), Nursing (n=5), and Medicine (n=7) programs. The second group is mostly composed of Computer Science students (n=15), although there are also students from other programs such as Law, Early Childhood Education, Video Game Development, among others.

A questionnaire was used as the main data collection instrument, which included a validated instrument (CENVE-R) to obtain reliable information on ageist attitudes and perceptions. The CENVE-R (Questionnaire for the Evaluation of Ageism – Revised) is designed to assess attitudes, beliefs, and behaviors related to age discrimination. This instrument uses a Likert scale for respondents to indicate their level of agreement or disagreement with various statements. Responses range from "strongly disagree" to "strongly agree." The 15 items of the instrument are divided into three dimensions: Health, Motivational-Social, and Character-Personality.

The study was conducted using a quantitative approach to investigate attitudes and perceptions towards ageism. The CENVE-R was chosen for its ability to assess attitudes and beliefs related to aging and older adults, and a questionnaire was adapted for subsequent online administration. Participants completed the questionnaire between March 25, 2024, and May 15, 2024. Clear instructions were provided on how to complete the questionnaires to ensure uniformity in responses. Informed consent was obtained from all participants before their participation in the study, ensuring the confidentiality and privacy of the collected data, in compliance with established ethical and legal standards. The collected data were subjected to statistical analysis using the specialized software SPSS (Statistical Package for the Social Sciences). Responses to each item of the questionnaire were examined to identify patterns and trends in attitudes towards aging and older adults. The results of the data analysis were interpreted to draw meaningful conclusions about attitudes and perceptions towards ageism in the sample. The findings were compared with existing literature and the implications for future research and practice were discussed.

RESULTS

Table 1

Descriptive Statics of CENVE-R

Statistic	Value
N	71
Mean	33,014
Sx	49,500
Median	33
Mode	33

Table 2

Percentage Agreement on 3 CENVE-R Items

Items	% of Agreement
Cognitive decline (memory loss, disorientation...) is an inevitable part of aging.	67,6
As people get older, they become more rigid and inflexible.	70,4
Older people have less interest in sex.	66,2

Table 3*Differences in Mean Scores Between Health Students and Other Faculties in CENVE-R*

	Mean	Sx	t	p	d Cohen	α
Health	31,21	6,24				
Other Faculties	35,71	6,11	2,70	,004	6,20	,833

Note. $p < 0.05$ **Table 4***Differences in Means Between Health Students and Other Faculties in CENVE-R*

		Mean	Sx	t	p	d Cohen	α
Health	Health	10,12	2,50				
	Other	12,23	2,82	3,01	,002	2,61	0,68
Character personality	Health	10,70	2,83				
	Other	11,66	2,67	1,28	,102		0,57
Social motivation	Health	10,39	2,21				
	Other	11,80	2,60	2,25	,014	2,34	0,699

Note. $p < 0.05$

DISCUSSION

After analyzing the data, we can observe that university students exhibit neutral ageist behaviors. Additionally, the sample of students from the Faculty of Health shows fewer ageist behaviors compared to the rest of the faculties. Despite obtaining these results, we consider it necessary to focus future work and research on generating strategies that completely eliminate ageist behaviors among professionals, thereby achieving a goal of zero ageism. Although the attitudes of students are generally neutral, we observe persistent stereotypes. For instance, 67.65% believe that cognitive decline is inevitable in old age, 70.4% think that with age people become more rigid and inflexible, and 62.2% believe that older people have less interest in sex. These are some examples of internalized attitudes detected in the sample, but not the only ones. These ideas about older adults among future health professionals are concerning, as they can lead to ageist behaviors that significantly affect the health and well-being of those who experience them.

Regarding the study's limitations, it is worth mentioning that the sample size is somewhat small. However, as a strength, we observe consistency with previous research, such as that of Cotobal Rodeles et al. (2024).



INTRODUCCIÓN

EDADISMO (Bulter, 1969): **Estereotipos** (pensamientos), **prejuicios** (sentimientos) y **discriminación** (comportamientos) contra otras personas o hacia uno mismo por **razones de edad** (OMS, 2018).

TIPOS:

- Autoinflingido
- Institucional
- **Interpersonal**

OBJETIVO

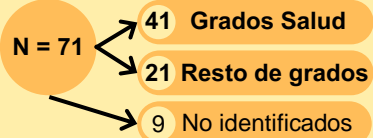
Explorar los **estereotipos** hacia la **vejez** en una muestra de **universitarios**

⚠ La percepción de los posibles **futuros profesionales** de la salud hacia los mayores es fundamental...

La adopción de estereotipos negativos sobre la vejez por parte de otras personas, puede tener **efectos negativos** sobre la salud de las personas mayores, tanto a nivel **físico** como **psicológico**. (OPS, 2021)

METODOLOGÍA

MUESTRA



Rango edad: **18-60**
Media = **25,86**
Sx = **10,97**

INSTRUMENTO

● **CENVE-R** Cuestionario de Estereotipos Negativos hacia la Vejez
15 ítems tipo Likert → 3 dimensiones ● Salud ● Motivacional-Social ● Carácter-Personalidad

⊕ 15 ⊖ 15.5 - 37 ⊗ 37.5 - 60

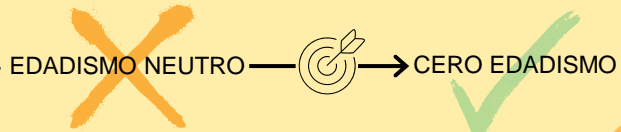
PROCEDIMIENTO

Se administró en **línea** mediante un cuestionario desde el 25 de marzo de 2024 hasta el 15 de mayo de 2024.

CONCLUSIONES

- La muestra de alumnado de la Facultad de Salud muestra **menos** conductas edadistas que el resto de Facultades.
- Los universitarios manifiestan conductas edadistas **neutras**

Orientar el trabajo a generar estrategias para:



Siguen existiendo estereotipos

- 67,6 %** Cree que el deterioro cognitivo es algo inevitable de la vejez
- 70,4 %** Cree que con la vejez, las personas se vuelven mas rígidas e inflexibles
- 62,2 %** Cree que las personas mayores tienen menos interés por el sexo

Tener estas ideas sobre las personas mayores en futuros profesionales de la salud es preocupante ya que pueden convertirse en **conductas edadistas**

LIMITACIONES

Tamaño de la muestra

FORTALEZAS

Consistencia con Investigaciones Previas
Cotobal Rodeles et al. (2024)

RESULTADOS

Tabla 1

Descriptivos del CENVE-R

Estadístico	Valor
N	71
Media	33,014
Sx	49,500
Mediana	33
Moda	33

Tabla 2

Porcentaje acuerdo de 3 ítems CENVE-R

Ítems	% de acuerdo
El deterioro cognitivo (pérdida de memoria, desorientación...) es parte inevitable de la vejez	67,6
A medida que las personas se hacen mayores se vuelven más rígidas e inflexibles	70,4
Las personas mayores tienen menos interés por el sexo	66,2

Tabla 3

Diferencias de media entre estudiantes de salud y el resto de las facultades en el CENVE-R

	Media	Sx	t	p	d Cohen	α
Salud	31,21	6,24				
Resto	35,71	6,11	2,70	,004	6,20	,833

Nota. p < 0.05

Tabla 4

Diferencias de medias entre estudiantes de salud y el resto de las facultades en las dimensiones del CENVE-R

		Media	Sx	t	p	d Cohen	α
Salud	Salud	10,12	2,50				
	Resto	12,23	2,82	3,01	,002	2,61	0,68
Carácter-Personalidad	Salud	10,70	2,83				
	Resto	11,66	2,67	1,28	,102		0,57
Motivacional-Social	Salud	10,39	2,21				
	Resto	11,80	2,60	2,25	,014	2,34	0,699

Nota. p < 0.05

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