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RESEARCH

DETERMINATION OF AGEISM ATTITUDES OF ADULTS IN TWO DIFFERENT PROVINCES

ABSTRACT

Introduction: This study aimed to investigate the attitudes of individuals that live in the eastern and western parts of Turkey towards ageism and aging.

Materials and Method: Participants of this descriptive study were convenience sampling method selected and the sample comprises 575 participants between the ages 18 and 50 (Erzurum 432, İzmir 143). The data were collected through Ageism Attitude Scale and demographic form. The data were evaluated in a statistics programme using t-test, mean and percentage calculations.

Results: Results showed that the mean total scale score of individuals for İzmir was 68.76±8.74, whereas that for Erzurum was 68.66±6.72. Moreover, the results suggested that both these cities have a positive attitude towards ageism. No significant difference was found between scale subscales and the total score averages ($p > 0.05$) between these two cities. Individuals living in İzmir stated that they have associated elderliness with compassion, illness and weakness; whereas, individuals living in Erzurum associated elderliness with illness, wisdom and commitment.

Conclusion: As a result of the research, it has been determined that there is no difference between the aged attitudes in the sample groups of eastern and western regions of Turkey. It has been determined that it is a positive attitude towards older persons.

Key words: Attitude; Aging; Ageism

ARAŞTIRMA

İKİ FARKLI İLDE ERİŞKİMLERİN YAŞLI AYRIMCILIĞINA İLİŞKİN TUTUMLARININ BELİRLENMESİ

Öz

Giriş: Bu araştırmada Türkiye'nin doğu ve batı bölgesinde bulunan şehirlerde yaşayan bireylerin, yaşlılık ve yaşlı ayrımcılığına ilişkin tutumlarının belirlenmesi amaçlanmıştır.

Gereç ve Yöntem: Tanımlayıcı tipteki bu çalışmanın örneklemini gelişigüzel örnekleme yöntemi ile seçilmiş 18-50 yaş arası 575 kişi (Erzurum 432, İzmir 143) oluşturmuştur. Araştırmanın verileri, tanıtıcı form ve Yaşlı Ayrımcılığı Tutum Ölçeği kullanılarak toplanmıştır. Elde edilen veriler istatistik programında; t-testi, ortalama ve yüzdeler hesapları kullanılarak değerlendirilmiştir.

Bulgular: Bu araştırmada bireylerin ölçek toplam puan ortalamasının İzmir için 68.76±8.74, Erzurum için 68.66±6.72 olduğu ve her iki ilde de bireylerin yaşlı ayrımcılığına ilişkin olumlu tutuma sahip oldukları saptanmıştır. İki il arasında ölçek alt boyutları ve toplam puan ortalamaları arasındaki fark istatistiksel olarak anlamlı değildir ($p>0.05$). İzmir'de yaşayan bireyler yaşlılıkla ilişkilendirdikleri kavramları şevkat, hastalık ve güçsüzlük olarak belirtirken, Erzurum'da yaşayan bireyler ise şevkat, hastalık, bilgelik ve bağlılık olarak belirtmişlerdir.

Sonuç: Araştırmanın sonucunda, Türkiye'nin doğu ve batı bölgelerindeki örneklem grubunda yaşlı tutumları arasında herhangi bir fark bulunmadığı saptanmıştır. Yaşlılara karşı olumlu tutum olduğu belirlenmiştir.

Anahtar Sözcükler: Tutum; Yaşlanma; Yaşlı ayrımcılığı



INTRODUCTION

Elderliness is a process that should be assessed through physical, psychological and social dimensions. Physiological elderliness indicates changes observed with age: an individual's adaptation capacity in terms of psychological ageing, perception, problem solving and personality traits. From the sociological perspective, elderliness is related to behaviours that are expected from a certain age group in a society and values that are attributed to this group by the society. (1-3).

Decreasing birth rates, increased life expectancies at all ages and improved living standards, as well as a decrease in infectious diseases, have resulted in an increase of the older persons' population throughout Turkey and the world. According to World Health Organization (WHO), 1.2 million people will be 65 years old and over in 2025, and this number will reach 2 million in 2050. When the proportion of the older persons' population of a country is 8%–10% of the total population, the population is considered to be 'old', and when this proportion is higher than 10%, the country's population is defined as 'very old'. It is estimated that the proportion of the older persons' population in Turkey will rise to 10.2% in 2023 and, hence, the population will be considered 'very old' (4,5).

This demographic change brings with it economic, social and health problems. In many developed countries, the period of elderliness is considered as a period of dependency. Older persons are defined as individuals who are dependent, deprived of social autonomy, rejected and a burden for the productive world (1).

The perception of old age differs from one society to another. In Western societies, life is divided into periods of 'childhood', 'youth', 'adulthood' and 'old age'. In this perspective,

the meaning of old age is close to incapability, loneliness and indulgence. In the majority of non-Western societies, life is regarded as a whole from birth to death; therefore, the older persons are not seen in a separate group from society and are not perceived as individuals needing care (6).

Discrimination against the older persons is defined as prejudice towards the older persons through attitudes and behaviours. A person who has racial and gender prejudices knows that their race or gender is immutable. However, a person who has negative judgements and behaviours against old age knows that they will age as they go through their life cycle and that they will pass through all age groups, unless they die at a young age. Therefore, ageism differs from other types of discrimination (1,7).

Discrimination against the older persons is shaped by the expression of fear by the young and the middle-aged people, which is related to weakness, uselessness, illness and death (1). The older persons at work is not as flexible and as adequate as the younger workers. Hence, the employer chooses to not employ an older person or prefer a younger individual, who can be paid a lower wage, rather than an experienced and older person who is paid a higher wage. Moreover, health care providers may prefer to focus on the acute health problems of young patients rather dealing with older persons' chronic problems. Thus, the social stigma in this context also forms the basis of such discrimination (1,3,7).

The perception of elderliness, the perspective towards elderliness and the prejudices against it in a society must be known. The perception of elderliness affects the quality of the services offered to the older persons. Hence, it is important to know our societies' viewpoints on ageing. It has been reported that the older persons who experienced discrimination felt

that they are worthless, socially isolated and prone to depression. It has also been pointed out that discrimination has emerged when older persons are described as dependent and weak (8-9). In a previous survey, it was shown that older persons who are not exposed to discrimination live 7.5 years longer than those who have been discriminated. At the same time, it has been determined that older persons who are exposed to discrimination have difficulties in fighting with their diseases (8).

Beliefs and attitudes towards the older persons vary from culture to culture. Urbanisation, increased immigration and industrialisation, economic difficulties, the entry of women into working life, changes in social life and the transition from a patriarchal family structure to a core family structure cause significant changes in family structures, particularly in metropolitan cities. In Turkish culture, respect and obedience to the older persons is a traditional unchanging expectation of immutable quality. However, when the fact that 'the only thing that does not change is change itself' is considered, it is seen that the place of the older persons in a society, and their appreciation will be in a state of constant change (10).

There were other studies conducted on this topic in Turkey. Researchers sampled university students or health personnel. According to these studies, both students and health personnel have affirmative attitudes (3, 7, 11-14). Nevertheless, studies aimed at discovering the age discriminatory attitudes of individuals in society against the older people are limited in Turkey. Göçer found that individuals have affirmative attitudes related to ageism (15).

Consequently, it is important to determine the attitudes of individuals living in the eastern and western regions of Turkey, which have different levels of development, towards elderliness and older persons discrimination.

This study was carried out to determine the attitudes of the older persons living in the eastern and western parts of Turkey towards 'age discrimination'.

MATERIALS AND METHOD

Design and setting

Erzurum and İzmir were chosen as the population of the descriptive research. The reason for that was the following: both cities, one of which was located in the west and the other in the east of Turkey, have quite dense populations, and they both contain individuals from different socio-economic backgrounds and both make reaching to many people easier. The Erzurum part of the research was conducted in Dadaşkent and Kavakkapı Family Health Centres (FHC). The İzmir part was conducted in Çiğli Yenimahalle 10th FHC and Çiğli Dereiçi 4th FHC. In this research, convenience sampling method was used to generate the sample. It consisted of people who went to the above-mentioned FHCs between February 2015 and June 2015, who were aged between 18 and 50 and who volunteered to participate in this research. The total sample size was 575 people (432 from Erzurum and 143 from İzmir). The reason why the sample size in Erzurum was higher was that there were more people who were registered in FHCs and were consulting to the services of FHCs there. The limitation of this study is fewer individuals participated in the study from İzmir.

Data collection and analysis

Demographic Form and Ageism Attitude Scale (AAS) was used to collect the data. The data were collected by researchers through face-to-face interviews with participants. The overall procedure of data collection took 10–15 minutes. SPSS 23.00 package programme was used to analyse the data. The data were evaluated in a statistics programme using t-test, mean and percentage calculations.



Demographic form: It consists of questions which are created by the researchers and examined by the related literature. The form comprises questions that investigate the socio-demographic characteristics and the thoughts and experiences of the participants (11-14,16).

Ageism Attitude Scale (AAS): Studies of validity and reliability of the scale were conducted by Vefikuluçay. The scale consists of 23 Likert-type items. The scale comprises three subscales: restricting the life of the older persons, positive discrimination against the older persons and negative discrimination against the older person. Positive attitudes on the scale were rated as follows: I agree totally, 5; I agree, 4; I do not know, 3; I do not agree, 2; I absolutely disagree, 1. Negative attitudes regarding ageism are rated as the opposite of the positive attitudes part. The highest score of the scale is '115', whereas the lowest score is '23'. Higher scores on the scale indicate greater positive attitude towards discrimination against the older persons (17-18). Cronbach's alpha value for the validity and reliability of the study scale is found to be 0.80 for the whole scale and 0.70 for the limited bottom dimension; 0.70 for the discrimination positive bottom dimension and 0.67 for the discrimination negative bottom dimension (17). In this research, Cronbach's alpha value was 0.69 for the whole scale, 0.49 for the limited bottom dimension, 0.80 for the discrimination positive bottom dimension and 0.52 for the discrimination negative bottom dimension.

Ethical consideration

The permissions to conduct this research were given by Atatürk University Health Sciences Faculty Ethical Commission and Public Health Departments. Participants were informed about the purpose and method of the research and their verbal and written consents were taken.

RESULTS

The socio-demographic characteristics of the participants are presented in Table 1. Of the participants living in Izmir, 65.7% are women, 51.7% are single and 37.1% are high school graduates; the mean age is 32.17 ± 10.35 . Of the participants, 55.2% defined their income as equal to their expenditures, 82.5% indicated that they have their core family, 53.1% of them spend time mostly in metropolitan cities, 57.3% are living with the older person (23.8% of which are grandparents), 47.6% of older persons in participants' families are living in their own homes and 60.3% of the participants want to live with the older persons in the future.

Of the participants living in Erzurum, 56.7% are female, 62.3% are single and 38.7% are university graduates; the mean age is 32.06 ± 9.09 . Of this group, 55.6% defined their income as equal to their expenditures, 72.5% indicated that they have their core family, 43.3% spend time mostly in metropole, 63.4% live with the older person, 25.2% of these older persons lived with are grandparents-in-law, 44.7% of the older persons in their families live with their first-degree relatives and 66.0% want to live with the older persons in the future.

When we analyzed distribution of the socio-demographic characteristics of the individuals in these two cities, we found that there were no statistically significant differences in terms of age, gender, educational background, income, type of family, whether they live with older people, their kinship relation to the older people they lived with, the place where the older people lived and willingness to live with older people. The groups were homogeneous in these respects. However, we also found that there were significant differences between the longest place of residence and marital status and that these two groups were not homogenous in these respects (Table 1).

Table 1. Distribution of socio-demographic characteristics of individuals.

Socio-demographic characteristics	Individuals living in Izmir		Individuals living in Erzurum		Significance test
	n	%	n	%	
Gender					
Female	94	65.7	245	56.7	X ² = 3.613
Male	49	34.3	187	43.3	p= 0.06
Marital status					
Married	69	48.3	163	37.7	X ² = 4.940
Single	74	51.7	269	62.3	p = 0.03
Educational status					
Literate	5	3.5	12	2.8	
Primary school	24	16.8	87	20.1	
Middle school	22	15.4	50	11.6	X ² = 9.758
High school	53	37.1	116	26.9	p = 0.05
University	39	27.3	167	38.7	
Levels of income					
More income than expenditure	15	10.5	53	12.3	X ² = 0.433
Equal income and expenditure	79	55.2	240	55.6	p = 0.81
Less income than expenditure	49	34.3	139	32.2	
Family type					
Core family	118	82.5	313	72.5	X ² = 5.837
Extended family	23	16.1	111	25.7	p = 0.05
Alone	2	1.4	8	1.9	
The longest living place					
Village	21	14.7	55	12.7	
Town	23	16.1	60	13.9	X ² = 40.518
City	23	16.1	187	43.3	p = 0.00
Metropolitan	76	53.1	130	30.1	
Status of living with older persons					
Living together	82	57.3	274	63.4	X ² = 1.686
Not living together	61	42.7	158	36.6	p = 0.19
Older persons who living together					
Grandparents	34	23,8	104	24,1	
Grandmother	18	12.6	51	11.8	X ² = 3.613
Grandfather	5	3.5	10	2.3	p = 0.06
Other	21	14.7	109	25.2	
Place where older people live in participants' families					
First degree relatives	56	39.2	193	44.7	X ² = 4.912
Their owns home	68	47.6	162	37.5	p = 0.19
They don't live	19	13.3	77	17.8	
Want to live with the older persons in the future					
Willing	38	60.3	105	66.0	X ² = 0.644
Unwilling	25	39.7	54	34.0	p = 0.42
Age	32.17±10.35		32.0 6± 9.09		t=0.126 p =0.90



The distribution of the concepts that participants relate to elderliness is presented in Table 2. While the individuals living in Izmir expressed the first

three concepts as fondness, illness and weakness, the individuals living in Erzurum related elderliness to compassion, illness, wisdom and loyalty.

Table-2. Distribution of individuals' scores for associated concepts with the older persons*

Concepts	Individuals living in Izmir		Individuals living in Erzurum	
	n	%	n	%
Fondness	99	69.2	339	78.4
Illness	59	41.3	163	37.7
Weakness	51	35.7	148	34.2
Wisdom	45	31.5	160	37.0
Loneliness	43	30.1	134	31.9
Dependence	37	25.9	85	19.7
Happiness	29	20.3	138	31.9
Loyalty	19	13.3	160	37.0
Mental reduction	17	11.9	49	11.3
Abundance	12	8.4	67	15.5
Depression	4	2.8	27	6.3
Uselessness	4	2.8	11	2.5

* More than one answer

A comparison of the mean scores of the AAS of participants is presented in Table 3. The mean score of participants living in Izmir for the AAS subscale of 'Restricting Life of the older persons' was 20.80 ± 4.66 , for 'Positive Ageism' was 31.44 ± 7.60 and for 'Negative Ageism' was 16.52 ± 3.90 .

The mean score of participants living in Erzurum for the ASS subscale of 'Restricting Life of the older persons' 21.01 ± 4.74 , for 'Positive Ageism' was 31.25 ± 5.90 and for 'Negative Ageism' was 16.38 ± 4.01 .

The total score of the AAS was 68.76 ± 8.74 for the individuals living in Izmir and 68.66 ± 6.72 for the individuals living in Erzurum. Results showed that there was no significant difference between the two groups ($p > 0.05$).

DISCUSSION

In this study, the attitudes towards ageism of individuals living in the eastern and western regions of Turkey, which have different levels of development, were examined.

While the individuals living in Izmir mostly related favorability, illness and weakness with old age, those living in Erzurum had related oldness to affection, illness, wisdom and commitment (Table 2). These findings are consistent with previous studies.

In the study conducted by Ozdemir and Bilgili with nursing students, it was found that the older persons were mostly associated with diseases (74.9%), compassion (73.1%) and weakness (64.4%).

Moreover, 62.6% of the students associated the older persons with concepts of 'loneliness', 60% of students associated the older persons with 'commitment', 57% of them associated the older persons with 'dependency' and 44.6% of students related older persons with 'wisdom' (13). In a study by Gocer and Ceyhan, among the individuals, the concept of elderliness was related with 50.2% 'loneliness', 38.5% to 'disease', 38.1% to 'kindliness', 31.3% to 'weakness' and 16.2% to wisdom (15). In this study, it was considered that these older persons perceptions of individuals, such

as kindness, disease, weakness, dependency and wisdom, originate from both the older persons' high frequencies of catching a disease and by traditional and immutable qualities of Turkish culture that include respecting the older persons, protecting them, listening to their opinions and using their knowledge and experience in life.

The result determined that individuals living in both regions had a positive attitude towards the older persons (Izmir, 68.76±8.74, Erzurum 68.66±6.72) (Table 3).

Table-3. Comparison of individuals' Ageism Attitude Scale (AAS) scores.

AAS and subdimensions	Individuals living in Izmir	Individuals living in Erzurum	Statistic	
	X ±sd	X ±sd		
Restricting life of older persons	20.80±4.66	21.01±4.74	p =0.64	t=-0.457
Positive ageism	31.44±7.60	31.25±5.90	p =0.79	t= 0.261
Negative ageism	16.52±3.90	16.38 ±4.01	p=0.70	t=0.379
ASS Total Score	68.76±8.74	68.66±6.72	p=0.87	t=0.366

The type of discrimination can vary between societies. A survey was conducted in Burundi and Belgium, comparing the discrimination against the older persons in both places. The results showed that there is less discrimination against the older persons in Belgium (19).

In the study by McConatha et al., conducted with students in Turkey and the US, it was determined that students have a positive attitude towards growing old. In addition, it was determined in the same study that Turkish students expressed more pleasure in spending time, visiting and helping the older persons than the US students (20). In a survey conducted in Europe, 44% of participants evaluated ageism as a serious problem. In the same survey, 17% of Turkish participants stated that ageism is a serious problem (21).

It was also seen that studies on ageism in our country have generally been conducted with health personnel and university students (2,7,11,17). In the results of these studies, it is seen that health personnel and nursing students have a positive attitude towards ageing. Gocer and Ceyhan determined that the Turkish society has a positive attitude towards the older persons (15).

The AAS consists of three sub-dimensions: Restricting Life of the older persons, Positive Ageism and Negative Ageism. Restricting Life of the older persons means that the older persons' life is limited within the home, that buying a house, cars and other goods, as well as remarriage of those who lost their spouses, is unnecessary and that they should be placed in resting homes



or be paid less than the younger population. Positive Ageism means that the older persons are individuals who are more patient, compassionate, tolerant and experienced and that they should be given priority in places where they need to wait in line. Negative discrimination means that the older people are constantly ill, not preferred at work and unable to adapt to changes. In our study, the mean score for the Restricting Life of the older persons was 20.80 ± 4.66 , for Positive Ageism was 31.44 ± 7.60 and for Negative Ageism was 16.52 ± 3.90 . The mean score of individuals living in Erzurum was 21.01 ± 4.74 for Restricting Life of the older persons, 31.25 ± 5.90 for Positive Ageism and 16.38 ± 4.01 for Negative Ageism (See Table 3).

Güven et al., in their study conducted with university students, found that the mean score of Restricting Life of the older persons was 21.09 ± 4.01 , that of Positive Ageism was 30.94 ± 5.63 and that of Negative Ageism was 19.51 ± 3.5 . These results are consistent with the present findings (3). Similarly, in the study by Soyuer et al., the total AAS score was 70.6 ± 9.5 . They found the mean score for Restricting Life of the older persons as 21.10 ± 4.40 , for Positive Ageism as 30.50 ± 6.20 and for Negative Ageism as 18.90 ± 3.80 . Moreover, Unalan et al. found that the AAS total mean was 68.4 ± 9.1 . They found the mean score for Restricting Life of the older persons as 21.2 ± 4.1 , for Positive Ageism as 29.2 ± 5.8 and for Negative Ageism as 17.9 ± 4.1 . Moreover, Yılmaz et al. found that the total mean score for AAS was 80.2 ± 8.0 . The mean score in their study for Restricting Life of the older persons was 32.2 ± 4.3 , for Positive Ageism it was $31. \pm 74.9$ and for Negative Ageism it was 16.4 ± 3.8 (16).

When similar studies conducted in Turkey are examined, it is seen that positive attitudes towards the older persons are exhibited and the mean scores are similar to these findings. This study

showed that individuals living in both regions had positive attitudes towards the older persons and that there was no significant difference between their attitudes (Table 3).

Consistent with many studies on different groups (12,14,15), the fact that individuals have a positive attitude towards the older persons' aligns with the traditional expectation of respect towards the older persons in Turkey. Moreover, even though the development levels of the two regions are different, it is important that individuals in Turkey have positive attitudes towards the older persons, and both regions have defined the concept which is most often associated with the older persons as 'kindness', and this fact is of a quality which supports the notion that these individuals do have a positive attitude towards the older persons.

In conclusion the study revealed that the attitudes are not different in the eastern and western regions, which have different levels of development. It is important to evaluate the perspective of the society on the older persons as the population is increasingly ageing throughout the world, just as it is in Turkey. Therefore, more extensive research should be conducted to determine the opinions of societies. It is important to change the negative prejudices and fight the discrimination against the older persons to provide a satisfactory life for the older persons, in peace with the self and the environment. We consider that the most important attempt in resolving discrimination against the older persons is to raise awareness throughout the society.

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