Older Persons' Experiences of Ageism: A Qualitative Descriptive Study

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Abstract

Objective: The aim of this study was to understand how ageism impacts the self-perceptions of older persons. **Methods:** A qualitative descriptive study was conducted interviewing nine older persons to understand their experiences of ageism, using a semi-structured interview. Data were analyzed using content and thematic analysis. **Findings:** Three themes were developed from the data analysis: 'Experiences of Ageism,' 'Resilience,' and 'Looking Forward.' Participants discussed their personal experiences with ageism and those they witnessed other people experiencing. Despite negative experiences with ageism, participants had developed strategies to move forward in life that displayed resilience. They also had advice for how our society could strategize in diminishing ageism. **Discussion:** Ageism is insidious and subtly prevalent. In trying to explain why participants initially had trouble recalling instances of ageism we looked at two theories. Stereotype embodiment theory asserts that ageism is internalized. Social Emotional Selectivity theory suggests that as we age, we focus more on positive rather than negative experiences. Regardless of the cause of the subtlety of ageism, more awareness and education about ageism and ageing is needed. **Conclusions**: Understanding how ageism impacts older persons will provide insights into how we can create better interventions and resources to support this vulnerable population. Additional research is needed to more fully understand older people's experiences of ageism. **Implications for practice**: Nurses could foster awareness of ageism in their work with older persons and advocate for policies that diminish ageism in healthcare institutions.

Key Words: ageism, older persons, self-perceptions

Every year, the population of older persons increases globally (United Nations [UN], 2020). The number of older persons is only expected to grow in the coming years, with the expected number of 1.5 billion older persons in the year 2050 (UN, 2020). This means that in

2050, 1 in 6 persons will be over the age of 65 years old (UN, 2020). Based on these statistics, challenges associated with older age are more prevalent: with ageism being one of the primary preventable limitations.

The World Health Organisation (WHO, 2021) reports that ageism is endemic around the world, and it is not well understood or researched. Moreover, ageism is insidious in cultures around the world (Palmore, 2015; WHO, 2021). Ageism is defined as "a prejudice by one age group toward other age groups" (Butler, 1969, p. 243). Ageism can be experienced through being patronized, ignored, or treated as incompetent (Cary et al., 2017). These negative experiences and negative stereotypes about ageing can affect older persons' self-perceptions of ageing (Marquet et al., 2019). Levy (2009) asserts that exposure to ageism as we age can lead to older persons embodying the negative perceptions about ageing. We were interested in understanding how older persons' experiences of ageism affected their self-perceptions.

Background

Ageism affects older persons, regardless of their ethnicity, race, or gender (Palmore, 2015). Ageism is a social justice issue that leads to negative perceptions towards older people. Ageism can occur in two different forms: benevolent or hostile (Cary et al., 2017). A benevolent form of ageism is portrayed through patronizing attitudes and manifests as over-accommodation, patronizing speech, or behaviour (Cary et al., 2017). On the other hand, hostile ageism is open discrimination due to age (Cary et al., 2017). Ageism is spread through misconceptions and generalizations that are insidiously ingrained into conversations (Cary et al., 2017). For example, 'to be old is to be ill' is a common misconception (Stewart et al., 2012). Yet, the WHO (2015) reports that poor health does not need to be a primary limitation of older people. Despite an increased risk of developing health disorders when ageing, most older persons are still able to maintain functional abilities and experience a high level of wellbeing as they age (WHO, 2015, p.70). Other scholars suggest that ageism is related to perceptions of threat (e.g.- threat of death) (Stanciu, 2022). Marques et al. (2020) suggests that anxiety over ageing and fear of death can enhance perceptions of ageism, while personality traits (e.g., conscientiousness and agreeableness) and certain psychological factors, such as an individual's degree of collectivism, can be protective against ageism

Negative generalizations about aging and older people can affect their health and well-being. Han and Richardson (2015**)** highlighted the combined effects of ageism, depression, and negative self-perceptions on ageing. Negative perceptions about ageing that become internalized are associated with negative health outcomes and an increased prevalence of chronic illness in older adults (Stewart et al., 2012). Fernandez-Ballesteros et al. (2017) reported that perceptions of discrimination negatively influence older persons' experiences of good health, well-being, and control as they age. Lyons et al. (2018) reported that "experiences of ageism significantly predicted poorer mental health and well-being" (p.1461) in older persons. Researchers have suggested that there is a psychological pathway that allows negative self-perceptions of aging to become a self-fulling prophecy and that negative self-perceptions can be linked to physical losses (Kotter- Gruhn et al., 2009; Wurm et al., 2013). Levy and Myers (2004) reported that that older persons with more positive self-perceptions of aging tend to practice more preventative

health behaviours throughout their life. The aim of this study was to understand how experiences of ageism impacts older persons' self-perceptions.

Methods

Design and Sample

A qualitative descriptive study design was used to understand how ageism affects older persons (Sandelowski, 2000). Purposeful sampling was used to recruit older persons over the age of 60 years old who were participating in an advisory group related to a study examining how to diminish perceptions of ageism. This advisory group's goal was to understand ageism and develop strategies to diminish it. After ethics approval from the University of Alberta (Pro00119743), we recruited participants from this advisory group because the members were aware of and talked about ageism. The potential participants knew the researchers through their engagement in the advisory group, where they freely discussed their observed and personal experiences of ageism. They were invited to participate through the explanatory poster and information letter emailed to them. Those who were interested in participating self-selected by contacting the researchers via email.

Data Collection

Data collection was conducted through six interviews and one focus group and was guided by a semi-structured interview guide. Participants had the option of choosing a focus group or a one-on-one interview. The first author, an honours student, conducted the interviews. The student's supervisor (a PhD prepared researcher) supervised most of the interviews. The PhD supervisor is an experienced qualitative researcher. The student completed a test interview with a peer prior to beginning data collection. Participants were asked if they had any questions about the consent form and were assured of the anonymity of their participation prior to their verbally consenting to participate in the study. Interviews were audio recorded via Zoom. Data were encrypted and stored on a password-protected research drive.

The interviews and focus group were 40-60 minutes in length. Once the interviews were transcribed, data were cleaned to ensure that all distinguishing information was removed from the text. Participants were given a pseudonym. Data collection occurred until data saturation transpired (i.e., no new ideas were generated by the interviews).

Data Analysis

Data were analyzed using a combination of content and thematic analysis (Vaismoradi et al., 2016). Analysis included coding the data, examining the meaning behind the data, and creating themes and categories through participants' descriptions of their experiences (Berg & Latin, 2008; Zhang & Wildemuth, 2009).

Coding is a critical component of qualitative analysis (Vaismoradi et al., 2016). The authors used line-by-line coding that identified key words and concepts in each interview that were relevant to our study aim. The authors then met and agreed on codes, which were then

defined in a codebook. Next, the first author coded the remainder of the transcripts, adding to the codes as necessary. The authors met and agreed that some codes were similar and could be grouped together. The authors also identified possible themes and categories. Repeating codes were grouped together to develop categories, and like categories were integrated to form themes (Vaismoradi et al., 2016).

Rigor

Trustworthiness or rigour was measured using the Trustworthiness, Auditability, Credibility, and Transferability (TACT) framework (Daniel, 2019). Trustworthiness was accomplished by both team members conducting the data analysis and comparing participants accounts of their experiences. Reflexivity involved the researchers writing theoretical memos about hunches about the data and comparing perceptions of the interviews. Auditability was maintained by clearly describing the study design and providing transparent explanations of the decision-making process used throughout the study. Credibility (i.e., the validity and reliability of the study) was maintained through careful use of thick descriptions of the data, peer debriefing, and ensuring inter-rater reliability by having team members analyze data independently. Finally, transferability was assured through a detailed description of the study design and characteristics (Daniel, 2019).

Findings

Nine older persons between the ages of 64 and 92 years were interviewed (Table 1). Our data analysis revealed three themes: Experiences of Ageism, Resiliency, and Looking Forward (Table 2).

Table 1: Demographic Information of Participants

Participant	Gender	Year of Birth	Age
1	Female	1930	92
2	Female	1947	75
3	Male	1944	78
4	Female	1946	76
5	Female	1955	67
6	Female	1948	74
7	Male	1958	64
8	Female	1949	73
9	Female	1951	71

Table 2: Themes and Categories

Themes	Categories
Experiences of Ageism	Personal Experiences
	Interpersonal Experiences
	Healthcare experiences
Resiliency	Adapting to Aging
	Witnessing Aging
Looking Forward	Looking forward
	Prevention

Experiences of Ageism

During interviews, participants described their own personal ageist experiences, experiences of peers or loved ones being targeted (interpersonal experiences), and ageism experienced or witnessed in healthcare settings.

Personal Experiences

A recurring topic was participants' descriptions of their personal experiences and the concept of invisibility. Participants believed that, because of their age, they were treated differently by others in a manner that ignored their ideas, perceptions, and abilities. For example, Francine described: "*I've heard a lot of older people say that they feel that they've become invisible in public*." Susie had also experienced this: "*You're treated like you're dead….I don't think anybody asked me a question about anything, they weren't at all interested in who I was. It was a shock to me, I was standing in front of them and suddenly I was just another old person I guess… Nobody sort of wanted to know what I wanted to do, or even cared to find out what I had ever done*." These vivid descriptions highlight a de-valuing of people as they age.

Participants also expressed less overt experiences of ageism. Diana explained: "*I go out to a restaurant with a girlfriend for dinner and drinks at a pub, and all of a sudden, we get brought two shooters, and we go: 'Where did these come from?' 'Well, the manager thought it was really cute that you were out having a drink and dinner.' And this happened more than once, in more than one place.*" It would seem that the two older women were viewed as cute old ladies because they were doing something that was not normally attributed to older women. Susanna also discussed this: "*When people hear my age they say, 'Oh, I would never have guessed your age!*'" In both of these situations, the comments that were offered to these women suggested that

the older women were behaving differently or looking different from the cultural norm for older people.

Interpersonal

Many participants discussed experiences of witnessing ageism directed towards other people - whether they be older parents, grandparents, significant others, or peers. Participants discussed feeling upset and uncomfortable when they encountered these situations, and many confessed that they still felt emotional when articulating these experiences. Diana explains: "*We had gone out shopping for a pair of shoes for her and the salesperson came up to us and started asking me how she could help us. And I said, 'Actually my mother is looking for a pair of shoes.' And this woman actually looked at me and said, with my mother standing beside her, 'What is she looking for?' And I said, 'Well she's right here, um, maybe you should ask her.*'" After discussing similar circumstances, Diana reflected on how she felt about her own personal experiences of ageism: "*When I'm talking about my mom and dad's care, I'm dwelling upon that even yet… I'm not dwelling upon other [personal experiences], at least not yet*." In this statement, Diana infers how witnessing her parents' experiences of ageism had affected her self-perceptions of ageing and how she might experience these types of experiences as she ages.

Many participants were quicker to point out experiences of other people encountering ageism than sharing their own personal ageist experiences. For example, Diana first shared her parent's experiences before sharing her own personal stories. One can speculate that it is possible that the process of internalizing ageist experiences makes it easier to see ageism outside of oneself.

Another common concept brought up by participants was the correlation of ageism and sexism. Many participants claimed that it is more socially acceptable for men to 'look' old that it is for women. Susanna explained: "*My husband, Bob, has got the white hair, the white beard and my friends, and my daughter, and my daughter's friends, they all make comments such as, 'oh the older he gets the handsomer he gets'…. And there doesn't seem to be one for women: 'the older she gets the more wrinkled she gets.*'" This was further discussed by Bill: "*I think for myself, being a male, that I get maybe less [ageism] than my wife, who's a year and a half younger than I am… when we're for a medical appointment [for his wife] it's basically: 'why are you coming again?', [as opposed to] my doctor, I just phone him and he says 'absolutely, Bill, come on in!*'" Many participants echoed similar experiences during the focus group, and all agreed that there is appears to be more ageism directed at women than men.

Healthcare Experiences

Participants described experiences of ageism in hospitals, primary care settings, and age-care facilities. A unique perspective of ageism within healthcare was presented by a retired nurse, Francine, who described feeling like she was pushed out of nursing - forced to retire - because of her age. Francine stated: "*I worked in primary care for the last 12 years of my nursing career, as a healthy aging nurse and, in the beginning, it was really exciting …. I felt like once I was a spokesperson for healthy ageing in our PCN [Primary Care Network], I actually left because I felt I didn't have a voice anymore… I wasn't intending to retire… it was*

very obvious to me that there was no longer a place for what I wanted to do anymore." Ironically a powerful advocate for healthy ageing, Francine felt pushed out of her job because she was ageing.

Other experiences were related to the primary care setting. Susanna stated: "*I went to the doctor and said 'I'm carrying more weight than I want here. You know, I'm quite a pear shape. And what do you suggest I do about my diet?' And she (the doctor) just says, 'Well, I see a lot of women your age, your shape. There's no reason to fuss about it*.'" The healthcare professional's response to Susanna implied that her desire to be a healthy size, were not important concerns for an older person. We wonder if the healthcare professional's response is an example of embedded ageism.

Many participants reported experiencing ageism in healthcare institutions. Susie spoke about her experience of moving into an aged-care facility, "*I was looked at like a person in a gown when I walked into the residence. They don't see you as a person anymore, but you're another dependent 92 years old like all the others*." Susie then discussed her perceptions of the homogenization of older persons in congregate living facilities: *"I look around and I watch them, I notice when they move in, they're quite sort of expressive and animated. Within two weeks they become quite flat …, it's so sad seeing it happen so quickly*." Susie provided an exclusive insight into the socialization of an institutionalized older person in a congregate living facility. She described the unique part of individuals being submerged into the role of the resident upon moving into a facility. Simon discussed the challenges of running an aged-care facility: *"[The] biggest complaint is that the people [healthcare professionals] take away their [older persons] right to be…*" Simon feels that healthcare professionals may see older persons who move into an aged care facility as "residents," rather than individuals. According to Simon, many residents feel as though they have few rights left. One wonders how these experiences impact an older persons' self-perceptions of themselves in terms of agency.

Resilience

Resiliency describes how many of the participants dealt with their experiences of ageism. This theme is described by how participants were *Adapting to Ageing* and *Witnessing Ageing*.

Adapting to Ageing

Resiliency can be defined as being able to overcome or adapt to certain challenges. Adapting to ageing and ageism were ways that allowed participants to preserve their sense of self and demonstrated resilience. Even though Francine felt like she was pushed out of nursing because of her age, she took the opportunity to pursue a different career path by spending more time as an artist in what was a hobby while she was working. "*... I use the term 'I left nursing' because I have a studio life that is thriving…*" Instead of dwelling on the negative way her nursing career ended, Francine pushed forward as an artist, applied for and was awarded a grant to create artwork depicting older persons. Francine still advocates for older persons by developing art to display the beauty of ageing. Upon inquiring how she was able to overcome this hardship she said, "*The secret to growing older well is adapting*." It would seem that part of

developing resiliency to ageing was learning how to adapt and work with the challenges of these new life circumstances.

One participant, Julie, broached the subject of reinventing ageing: "*I believe that our age group - the 65 to 95 - we're totally redefining what ageing looks like.*" Julie supported the idea that older persons were pushing the boundaries of what ageing should look like confronting the stigmas of ageing. Julie explains: "*Adults are different, teenagers are different, so here we are as ageing adults and we're all different… I'm not who you are, I am who I am. You know. Just acknowledging that is significant.*" In other words, Julie was encouraging us to look at the individual and their uniqueness.

Similarly, Susanna explained: *"... You've got a stereotype I'm going to use it…. People comment over and over and over again about my business card because on it I call myself Spunky Seniorpreneur. And in those two words, spunky means I've got good energy. Senior means I'm older. And preneur means I'm still operating a business. And so, I have found those two words have helped me stay steady with what I want to do*." Susanna displayed resiliency by using the stereotypes that she has received in the past and revamping those stigmatizing terms related to ageing into an image she wanted to portray. When questioned about how she was able to remain resilient to the challenges associated with ageing Susanna said: "*a spiritual practice which helps sustain our identity as individualized expressions of spiritual energy that can choose our thoughts, our beliefs and our lifestyles*." It would seem that spirituality helped Susanna to stay open to choosing her identity as she aged.

Witnessing Ageing

Some participants discussed how they learned to develop resilience to ageing and ageism by witnessing ageing in their peers, grandparents, and parents. Gaining an understanding of what was coming next provided the opportunity for many participants to develop resiliency against stigmas of ageing, as well as how to adapt to age-related changes. For example, Christine talked about witnessing her mother age and pass away respectfully and in a dignified manner. Based on this experience, she argued that it prepared her for her own ageing process: "*My mother was ancient and she died last year – she was 99 and a half. So, you know you've been through the system… That's sort of what gave me some insight as to maybe what's coming down. I think I was fairly prepared for it [ageing] because you have gone through it with your grandparents, seeing them age and lose some of their mobility and power. So going through this with my mother, I tell my husband, we have seen too much so we know what's coming. We are fully prepared. We know what's coming.*" It would seem that for Christine witnessing how others adapted to ageing has given her the confidence that she is prepared for what is yet to come as she continues to age.

Similarly, Diana discussed caring for her parents as they aged, and how she was their primary advocate and caregiver when their health began failing. Based on this life experience, Diana decided that she felt more prepared to advocate for herself as she ages as compared to if she did not have those experiences. She explains: "*I championed my elderly parents - they both lived until their 92nd year, 5 years apart… a person really needs an advocat*e." Diana discussed advocating for her mother: "*Disgusting really ….when you got the name gerontologist, you'd*

think there would be something there. He didn't even try to connect with her, he was so busy flipping through her binder…So it just opened our eyes, and I spoke for her too that we have to be our own advocate. We need an advocate, but we have to be our own advocate too." It would seem that witnessing what happened to her parents and advocating for them created strength in Diana to advocate for herself, as well as others.

Looking Forward

Participants were eager to see the world with less discrimination based on age and had ideas about how that might come about. They talked about *looking forward and prevention.*

Looking Forward

Participants employed a future orientation, rather than focusing on the negative experiences and stigmas associated with ageing. Susie explained: "*I am still more interested in my future than my past in a way. And I thought I shouldn't be, I should be interested in life review… I want to learn from the past, but I really am interested in what I can make in whatever little bit of future I have left*." Susie explained that although she believed that part of growing older was to review your life, she preferred looking towards the future and what she could contribute to her world around her, such as involvement on boards in her local community.

Simon focused on future orientation to support the future generations: "*Harvest that life experience before these people pass away*." In this statement Simon acknowledged that the knowledge from the current generation of older persons needs to be utilized to develop the new generations. Furthermore, Simon talked about advocating and changing the current stigmatization around ageing: "*I try to inspire others to be advocates. I want to inspire others to think that this doesn't need to stay this way. We need to shift the parad*igm." Simon believed that teaching others to become advocates could shift the paradigm of stigmatizing ageing so that the world could be a better place for all ages.

Prevention

Participants discussed how ageism is a societal issue that is facilitated by advertisements about older people in social media as well as a lack of realistic role models for older persons. Francine explains: "*Media is slow to pick up, but it's been responsible for a lot of the – misconceptions about aging*." Images portrayed on social media could facilitate negative or unrealistic expectations about ageing, such as a dependent older person. We believe expectations about older people being passive, disengaged from life, or looking years younger than their actual age were what our participants were drawing attention to as something that needed to be revised.

Additionally, participants discussed the importance of preventing ageism so that they and future generations would experience less discrimination as they aged. Some of the preventative measures discussed included spreading awareness of the presence of ageism, shifting the paradigm to embrace ageing, promoting mentoring and intergenerational collaboration, and coaching older persons to become their own self-advocates. Most participants discussed needing to educate the younger generations in order to make the most difference towards ageism.

Christine stated: "*I think how we need to respond to ageism is that I think we have to engage young people to change attitudes*." Simon also discussed this when he said: "*The change has to come from the young people.*" Two of the most important ways to provide change according to the participants were: education and awareness. "*Education, [to] deepen the understanding*" (Simon) about ageing. "*Awareness… my dad always used to say 'unless something directly affects you, you really don't care…. it's because it doesn't impact you. It simply isn't one of the issues that you are ready to deal with*" (Barb). Through providing education and spreading awareness in society, these participants believed that ageism could be reduced.

Discussion

We have three key findings. First, our older participants were more likely to describe ageism they witnessed in others before describing their own personal experiences. Second, older persons were adapting to ageing and ageism experiences with resilience. Third, participants believed that education and awareness of ageism in educational and healthcare settings could diminish age discrimination in society, something that would benefit young and old alike.

Impact of Ageism

Ageism is subtly and insidiously ingrained in society (Palmore, 2015). Only after careful consideration did participants identify personal ageist experiences. This could mean that they had had been exposed to negative perceptions about ageing throughout their lives and thus did not recognize ageism until they were invited to reflect on it. This is similar to Levy's (2009) Stereotype Embodiment Theory (SET), which helps to explain how people internalize negative messages about ageing. Tully-Wilson et al. (2021) analyzed the effect of negative self-perceptions on ageing and found there are long-term physiological and psychological consequences from the internalizing of negative attitudes towards ageing. Other scholars have noted that ageism can cause depression and physical ailments (Han & Richardson, 2015; Stewart et al., 2012). Exposure to negative stigmas of ageing can cause people to believe that a decline associated with older age is unavoidable (Tully-Wilson et al., 2021).

Resilience to Ageing and Ageism

Participants in our study were able to navigate age related changes and ageism by recognizing that they needed to adapt as their lives changed. Many drew strength from witnessing how parents and grandparents navigated ageing. Similarly, Tully-Wilson et al. (2021) reported that individuals who have had experiences of interacting with positive older adult role models were more likely to become resilient to negative stigmas associated with ageing.

Several participants demonstrated resilience to common misconceptions and older age stereotypes by acknowledging their own self-limitations and yet remaining firm in asserting they were neither dependent nor decrepit. The Resilient Ageing Model suggests that the utilization of protective factors can help guard persons from ageism and increase resilience (Hicks & Conner, 2014). These protective factors (life experiences, activity, and social support) can develop attributes of coping, hardiness, and self-concept that increase resiliency (Hicks & Conner, 2014).

Certainly, our participants had benefited from the life experiences of watching their grandparents and parents age and cope with age related changes.

Another theory that helps to explain why our participants were not quick to recount their own experiences of ageism is Socioemotional Selectivity Theory (SST) (Carstensen & Turk-Charles, 1994). The research surrounding this theory demonstrated that, as we age, we tend to shift our focus away from knowledge and attainment goals and more towards social goals, which may increase our happiness. This helps to explain why our participants had trouble recalling negative experiences and yet had lots of examples of adapting to something negative. The Selective Optimization with Compensation Theory (SOC) also describes the ability for older persons to adapt to cognitive and physiological challenges associated with ageing to maintain function despite age related changes (Baltes & Baltes, 1990). When older persons experience losses such as impaired memory, vision, or mobility, psychological or technological aids may be used to adapt (Baltes & Baltes, 1990). Ageism may be experienced as one of the 'losses' of ageing, but older persons can employ psychological adaptations to overcome the negative impact by joining us in becoming advocates for themselves and others and employing a future orientated vision.

Implications

The WHO (2021) stresses the importance of combating ageism globally using three strategies: policy, education and intergenerational contact. Nurses could advocate for policies that reduce age discrimination in healthcare settings for patients and workers alike. A few examples of a successful policy change that have occurred to reduce the impact of ageism include an employment quality framework implemented in the European Union and a new protocol created in Africa to protect the rights of older persons (WHO, 2021; Council Directive 2000/78/EC, 2000; African Union, 2016).

The second strategy aims to educate all levels of the educational system (primary school to university) about age discrimination and prejudice from young to older persons (WHO, 2021). Nurses could advocate and participate in ageism awareness campaigns. Nurse educators could focus on teaching about ageism and providing accurate knowledge about ageing and older people. This is important because Dobrowolska et al. (2019) reported that 47% of student nurses had witnessed negative practices with older people in their clinical courses. Moreover, Sum et al. (2016) looked at the prevalence of ageism in university students. Ironically, nursing and medical students have the highest percentage of ageist perspectives as compared to all other types of faculties (Sum et al., 2016). Furthermore, Kydd et al (2014) reports that practicing nurses, as well as student nurses, have negative perceptions about ageing. This research and the findings of this study highlight the need for educating nursing and other healthcare professionals about age discrimination and providing accurate information about ageing to diminish stereotypes.

Finally, intergenerational contact between the younger generations with the older generations has been employed successfully, including an intervention created for healthcare professional students in China and Hong Kong Special Administrative Region (Leung, 2012). Moreover, some countries are implementing new and successful programs that utilize intergenerational housing for older persons and university students (Coesao Social, 2022).

University students live at older persons' homes for a small rent fee in exchange for increased contact with the older generation (Coesao Social, 2022). Although no rigorous evaluation has been conducted to assess the impact it has on ageism, this model has spread to 16 different countries and increased intergenerational contact between younger and older generations within different cultures around the world (Homeshare International, 2019; Coesao Social, 2022; WHO, 2021). More research about this strategy is warranted.

Limitations

One of the primary limitations of this study was using a small sample size. Moreover, the participants had been participating in an advisory group and thus were sensitized to ageism. The sample group selected was also unique and demonstrated great resilience towards adversity, which may or may not be present in the greater older adult population.

Conclusions

Despite negative experiences, our participants had developed resilience, due in part to adapting to changes in their life and the positive role models of ageing they had witnessed over their lifespan. Strategies that our older participants believed could diminish ageism were education and more intergenerational contact. Interestingly, these are two of the three strategies developed by the WHO. Nurses have an important role to play in ensuring that older persons in their care do not experience discrimination and that policies are developed to reduce ageism in healthcare environments. Nurse educators could focus on bringing awareness to the presence of ageism and providing accurate education about the heterogeneity of older persons. More research about older persons' experiences with ageism is needed.

References

African Union (2016). *Protocol to the African Charter on Human and People's Rights on the Rights of Older Persons in Africa*. The African Union Commission. https://au.int/sites/default/files/treaties/36438-treaty-0051_-_protocol_on_the_rights_of_older_persons_e.pdf

African Union (2020). *Protocol to the African Charter on Human and People's Rights on the Rights of Older Persons in Africa*. The African Union Commission. https://au.int/sites/default/files/treaties/36438-treaty-0051_-_protocol_on_the_rights_of_older_persons_e.pdf

Baltes, P. B., & Baltes M. M. (1990). Psychological perspectives on successful aging: The model of selective optimization with compensation. In P.B. Baltes & M. M. Baltes (Eds.), *Successful aging: Perspectives from the behavioral sciences* (pp. 1-34). University Press. https://psycnet.apa.org/doi/10.1017/CBO9780511665684

Berg K.E., & Latin R.W. (2008). *Research methods in health, physical education, exercise science, and recreation* (3rd ed.). Lippincott Williams & Wilkins.

Butler, R. N. (1969). Ageism: Another form of bigotry. *Gerontologist, 9* (4, Pt.1), 243–246. http://www.romolocapuano.com/wp-content/uploads/2017/03/Butler_Age-ism.pdf

Cary, L.A., Chasteen, A.L., & Remedios, J. (2017). The ambivalent ageism scale: Developing and validating a scale to measure benevolent and hostile ageism. *The Gerontologist*, 57(2), 27–36. https://doi.org/10.1093/geront/gnw118

Council Directive 2000/78/EC of 27 November 2000 *establishing a general framework for equal treatment in employment and occupation.* Luxembourg: Publications Office of the European Union. https://eur-lex.europa.eu/eli/dir/2000/78/oj

Daniel, B. K. (2019). Using the TACT Framework to Learn the Principles of Rigour in Qualitative Research. Electronic *Journal of Business Research Methods, 17*(3), 118–129. https://academic-publishing.org/index.php/ejbrm/article/view/1396/1359

Dobrowolska, B., Jędrzejkiewicz, B., Pilewska-Kozak, A., Zarzycka, D., Ślusarska, B., Deluga, A., Kościołek, A., & Palese, A. (2019). Age discrimination in healthcare institutions perceived by seniors and students. *Nursing Ethics, 26*(2), 443–459. https://journals.sagepub.com/doi/pdf/10.1177/0969733017718392?casa_token=eQIR3eVxgBUAAAAA:ueEjDHm1VKCo5HUiP358XboiXKdvwCJWqKRk4C7nknoAvoTqpyxRiq9tOe6LIqy2ZcWLyoaDhv15

Fernandez-Ballesteros, R., Olmos, R., Santacreu, M., Bustillos, A., & Molina, M. A. (2017). The role of perceived discrimination on active aging. *Archives of Gerontology & Geriatrics*, 71, 14–20. https://doi.org/10.1016/j.archger.2017.02.004

Han, J., & Richardson, V. E. (2015). The relationships among perceived discrimination, self-perceptions of aging, and depressive symptoms: a longitudinal examination of age discrimination. *Aging & Mental Health, 19*(8), 747–755. https://doi.org/10.1080/13607863.2014.962007

Hicks, M. M., & Conner, N. E. (2014). Resilient ageing: A concept analysis. *Journal of Advanced Nursing, 70*(4), 744–755. https://doi.org/10.1111/jan.12226

Homeshare International (2019). *Programmes.* https://homeshare.org/programmes-worldwide/

Kotter-Gruhn, D., Gerstorf, D., & Kleinspehn-Ammerlahn, A. (2009). Self-perceptions of aging predict mortality and change with approaching death: 16-year longitudinal results from the Berlin Aging study. *Psychology and Aging, 24*, (3), 654-667. https://doi.org/10.1037/a0016510

Kydd, A., Engstrom, G., Touhy, TM., Newman, D., Skela-Savic, B., Hvalic-Touzery, S., Zurc, R., Galatsch, M., Ito, M. & Fagerberg, I. (2014). Attitudes of nurses and student nurses towards working with older people and to gerontological nursing as a career in Germany, Scotland, Slovenia, Sweden, Japan and the United States. *International Journal of Nursing Education, 6*(2), 182-188. https://rgu-

repository.worktribe.com/output/1239833/attitudes-of-nurses-and-student-nurses-towards-working-with-older-people-and-to-gerontological-nursing-as-a-career-in-germany-scotland-slovenia-sweden-japan-and-the-united-states

Leung A.Y., Chan S.S., Kwan C.W., Cheung M.K., Leung S.S., Fong D.Y. (2012). Service learning in medical and nursing training: a randomized controlled trial. *Advanced Health Science Education,17*, 529–45. https://doi.org/10.1007/s10459-011-9329-9

Levy, B. (2009). Stereotype embodiment: A psychosocial approach to aging. *Current Directions in Psychological Science, 18*(6), 332–336. https://doi.org/10.1111/j.1467-8721.2009.01662.x

Levy, B.R, & Myers, L.M. (2004). Preventative health behaviors influenced by self-perceptions of aging. *Preventative Medicine*, *39*, 625-629. https://psycnet.apa.org/doi/10.1016/j.ypmed.2004.02.029

Lyons, A., Alba, B., Heywookd, W., Fileborn, B., Minichiello, V., Barrett, C., Hinchliff, S., Malta, S., & Dow, B. (2018). Experiences of ageism and the mental health of older adults. *Aging & Mental Health*, *22*(11), 1456–1464. https://doi.org/10.1080/13607863.2017.1364347

Marques, S., Mariano, J., Mendonca, J., De Tavernier, W., Hess, M., Naegele, L., Peixeiro, F., & Martins, D. (2020). Determinants of ageism against older adults: A systematic review. *International Journal of Environmental Research and Public Health, 17*, 1-27. https://doi.org/10.3390/ijerph17072560

Marquet, M., Chasteen, A. L., Plaks, J. E., & Balasubramaniam, L. (2019). Understanding the mechanisms underlying the effects of negative age stereotypes and perceived age discrimination on older adults' well-being. *Aging & Mental Health*, 23(12), 1666–1673. https://doi.org/10.1080/13607863.2018.1514487

Palmore, E. (2015). Ageism comes of age. *Journals of Gerontology: Social Sciences*, 70(6), 873–875. https://doi.org/10.1093/geronb/gbv079

Sandelowski M. (2000). Focus on Research Methods: Whatever Happened to Qualitative Description? *Research in Nursing & Health*, *23*(4), 334–340. https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G

Coesao Social (2022). *Aconchego*. Porto https://coesaosocial.cm-porto.pt/pessoas-idosas/aconchego

Stanciu, A. (2022). Value systems as motivational forces for the suppression of ageism towards older people amongst younger adults: An analysis across countries. *Ageing & Society, 42*, 868-895. https://doi.org/10.1017/S0144686X20001257

Stewart, T. L., Chipperfield, J. G., Perry, R. P., & Weiner, B. (2012). Attributing illness to 'old age:' Consequences of a self-directed stereotype for health and mortality. *Psychology & Health*, 27(8), 881–897. https://doi.org/10.1080/08870446.2011.630735

Sum S, Emamian S, Sefidchian A. (2016). Aging educational program to reduce ageism: intergenerational approach. *Elder Health Journal*, 2, 33–8. https://ehj.ssu.ac.ir/browse.php?a_code=A-10-1-15&sid=1&slc_lang=en

Tully-Wilson, C., Bojack, R., Millear, P. M., Stallman, H. M., Allen, A., & Mason, J. (2021). Self-perceptions of ageing: A systematic review of longitudinal studies. *Psychology & Aging*, *36*(7), 773–789. https://doi.org/10.1037/pag0000638

United Nations, Department of Economic and Social Affairs, Population Division (2020). *World Population Ageing 2019.* https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Report.pdf

Vaismoradi M., Jones J., Turunen H., Snelgrove S. (2016). Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice*, 6(5), 100-110. https://nordopen.nord.no/nord-xmlui/bitstream/handle/11250/2386408/Vaismoradi.pdf?sequence=3.

World Health Organization (2015). *World report on ageing and health*. World Health Organization. http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf

World Health Organization (2021). Ageism is a global challenge: UN. World Health Organization https://www.who.int/news/item/18-03-2021-ageism-is-a-global-challenge-un

Wurm, S., Warner, L.M., Ziegelmann, J.P., Wolff, J.K., & Schuz, B. (2013). How do negative self-perceptions of aging become a self-fulfilling prophecy? *Psychology and Aging*, *28*(4), 1088–1097.https://doi.org/10.1037/a0032845

Zhang Y., & Wildemuth B.M. (2009). In B. Wildemuth (Ed.), *Applications of Social Research Methods to Questions in Information and Library Science*. Libraries Unlimited. https://books.google.ca/books?hl=en&lr=&id=uv98DQAAQBAJ&oi=fnd&pg=PP1&dq=Zhang+Y.,+%26+Wildemuth+B.M.+(2009).+In+B.+Wildemuth+(Ed.),+Applications+of+Social+Research+Methods+to+Questions+in+Information+and+Library+Science.+Libraries+Unlimited.&ots=VVQNIcT4ag&sig=a9Ie2O1_vlCERiyECsliQfjBhZE&redir_esc=y#v=onepage&q&f=false