# A concept analysis of ageism from older adults' perspective: a hybrid model

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**Introduction:** Iran follows global trends with a growing aging population. To better understand ageism in Iranian context, the present study explores the concept using a hybrid model with both inductive and deductive approaches.
**Methods:** A hybrid concept analysis model was used to further define the concept of ageism. In the first step, databases such as PubMed, Web of Knowledge, Science Direct, and Google Scholar were searched for studies up until August 2019. Key terms used in the search included "ageism", "stereotype", "discrimination", "age", "aging" "old", and "elder". Subsequently, semi-structured interviews were conducted with 10 community-dwelling older adults chosen through purposive sampling.
**Results:** Data from the theoretical and fieldwork phases presented a definition of ageism: "Ageism engrained into older adults (no other age groups) is associated with personal, psycho-social, economic, and especially cultural factors that impose an acceptance of limitations based on chronological age or being perceived as old".
**Conclusion:** Ageism is a multi-faceted experience composed of psycho-social, economic, and cultural dimensions. While the present study has further clarified ageism, more research is needed, particularly in relation to diverse cultural contexts.

**Keywords:** ageism, concept analysis, nursing, older adults

## Introduction

Human ageing is not only a natural matter of senescence but is marked by an ongoing decline of bodily functions, increasing the risk of morbidity and mortality. The concept of ageing is rooted in social status and formed by social agents, like family members, friends, peers, and society at large. Individuals possess notions of older people as a social group, ageing as a progressive process, and old age as part of life's course, both explicitly and implicitly. The stereotyping of older people, growing old and being old is referred to as ageism[1,2].

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### HIGHLIGHTS

- Personal, psycho-social, economic, and cultural factors are contributing elements in definition of ageism from the Iranian older adults' outlook.
- Educating older people about the concept of ageism and its positive and negative consequences by nurses help them to deal with the difficulties of this period of their lives.
- Increasing awareness of people in other age groups about ageism through different sources (i.e. social media, schools, universities, etc.) can be beneficial for both Iranian older adults and society.

The gerontologist Robert Butler first used the term "ageism" in 1968. He defined it as the systematic stereotyping of and discrimination against older people due to their age, just as racism and sexism marginalize people according to skin colour and gender[3]. In the present day, the term is sometimes defined more broadly as stereotyping, discrimination or prejudice towards any age group. However, in general usage "ageism" is more frequently refers to a pattern of bigotry directed against older people[4].

Although Butler emphasized negative stereotypes in his definition, ageism manifests in both supposedly positive and negative stereotypes of the older age groups[5]. Positive perceptions of older people might be kindness, wisdom, credibility, feelings of independence, and happiness[6]. An unexhaustive list of negative attitudes might include: continuous sickness, disability, age-related physical and mental health conditions, hearing loss, depression, and inadequacy when caring for grandchildren[7].

Based on the literature, ageism can be divided into personal, institutional, intentional, and unintentional forms of discrimination. Personal ageism happens when younger people view

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older people as unqualified or not functioning suitably. This form of ageism intersects with stigmatized conceptions of older adults; being unkind, bad-tempered, messy, etc. Institutional ageism arises when organizations produce policies that discriminate against older people. This puts the older age groups at risk by failing to provide necessary social, medical, or psychological facilities. Intentional ageism results from known age-biased discriminatory behaviours or comments made towards older individuals. For instance, some emergency room staff members are unwilling to help older adults, and frequently label them as GOMER's ("get out of my emergency room")[8]. Unintentional ageism occurs when an individual unknowingly discriminates against older people. For example, a planned community in which older adults live with younger people, but elevators and ramps are lacking or missing in the community[9].

Several theories describe the roots of ageism[10]. The most related ones, Terror management theory, is dominant, arguing the anxiety caused by death's unavoidability causes people to unconsciously engage in evasive behaviours around perceiving their ultimate mortality. Older adults become a target of these anxieties as, for many, they represent the life stage of dying and death[11]. In other words, derogatory stereotypes and discriminatory behaviours toward older adults work in an ego-protective role, a defence mechanism against death anxiety[12].

Iran follows global trends with a growing aging population[13]. Older adults are taken care of by younger family members as an important part of Iranian culture and family traditions[14]. Providing care for older adults is promoted and praised in Iran, with most willing to care for older family members in their own homes[15].

In Iran, 95% of the general population and 99.2% of older people are Muslim. Islam supports the Iranian belief that older people hold a high position within the family and deserve respect. The Quran states that older people must be valued and considered important members of the community (e.g. Verse 23 of Asra Surah, Quran). Meanwhile, Persian literature shows high regard for older people, deemed to be builders of the past and sources of life experience[16].

Ageism has been proven to relate not only to society's perceptions of older people but also to older peoples' perceptions of themselves[17]. This creates a reciprocal effect between older people and society, complicating any efforts to decrease the negative impacts of ageism. Meanwhile, across different cultures and ethnic groups ageism varies. Unique perspectives towards older people have developed across generations and are strongly bound to the cultural root of ethnic groups. For instance, Vauclair, Hanke, Huang and Abrams[18] contrast ageism in England, where older people are regarded comparatively negatively, to Taiwan, where ageism manifests through relatively positive views on older people.

Several studies have shown ageism to be determined by economic frameworks, political beliefs, cultural heritage, and social attitudes[19,20]. Both Asian and Western cultures experience high rates of ageism. However, countries within these geographic groupings have considerably different cultures and views surrounding older adults. As respect towards older people is commonplace in Iran, conceptualising ageism becomes challenging. In Iranian healthcare contexts, ageism receives less attention and is not considered during care for older people[21]. It is relatively underexplored and therefore its impacts and roles within healthcare contexts remain unclear. To better understand ageism

in an Iranian context, the present study explores the concept using a hybrid model with both inductive and deductive approaches. By clarifying the dimensions of ageism, a more coherent definition can be employed to benefit nursing research and practice.

## Methods

The present study uses a hybrid model to analyze the term "ageism" conceptually. This model consists of a theoretical phase, a fieldwork phase, and an analytical phase[22]. The purpose of the theoretical phase was to create and develop a suitable background for deeper analysis and to define ageism for use in the later stages. The goal of the fieldwork phase was to strengthen and refine said definition through collecting qualitative data. This phase temporally overlapped with the first phase, emphasizing the experimental nature of the research process. The third phase consisted of integrating the results of the theoretical analysis with those obtained from the empirical observations, formulating a coherent definition of ageism[22].

### Theoretical phase

A literature review was conducted to evaluate studies up until August 2019, using PubMed, Web of Knowledge, Science Direct, and Google Scholar. Key terms used included "ageism", "stereotype", "discrimination", "age", "aging" "old", and "elder". Initially, 6,224 articles and books mentioned one or more of the keywords. The articles and books that included one or more keywords in the title or abstract, were relevant to the concept, allowed access to the full text and were not duplicates were included into the study. This resulted in 125 articles and books that met the inclusion criteria. Each abstract was read and articles and books that did not address the characteristics of ageism were removed. The number of articles and books investigated was reduced to 37. After screening based on the access-to-the-full-text criteria, 12 articles and 5 books were available in English for review. Interviews were recorded, transcribed, coded and analyzed using MAXQDA (version 10). The selected documents were read several times in order to extract the appropriate codes after selecting the related ones. Then the appropriate codes were written in separate sheets with numbers and abbreviations. These numbers and abbreviations indicate which article and page the code was extracted from. The codes were then reviewed, merged, and categorized before being summarized in several themes[22,23]. The dimensions of ageism were assessed by reviewing the texts. Finally, a primary definition was reached based on the coding.

### Fieldwork phase

The fieldwork phase was conducted with ten community-dwelling older adults between October 2019 and February 2020. Participants were chosen through purposive sampling, and semi-structured interviews were used to collect data. Participants completed a consent form and were informed their data would be kept confidential, with the option to withdraw from the study at any time. Each interview lasted on average 50 min and were continued until saturation. Some of the interview questions included, "What is your definition of ageism?" and "How do you think ageism happens?". Probing questions included, "Can you explain more?" and "Can you give me an example?".

As recommended by Graneheim and Lundman[24], conventional content analysis (i.e. inductive qualitative content analysis) was used to analyze the transcribed texts. A conventional content analysis is suitable for describing a phenomenon, and for concepts with limited available theory or information. Inductive category development was adopted to allow new insights to emerge from the data and to avoid preconceived categories[25]. The steps include conducting interviews, transcribing and reviewing them several times in order to fully understand the concept, extracting semantic units and categorizing them as compressed units, summarizing and categorizing compressed units and choosing the right label for them, and finally sorting the subcategories based on the units.

### Trustworthiness

As trustworthiness greatly improves the precision and reliability of qualitative research, to ensure credibility, the researchers conducted member and peer checking, and maintained continued engagement with the participants, which resulted in a better understanding of the field of study and the development of trust among the participants. After analyzing the data, participants were contacted and provided with a summary of the generated themes in order to control the accuracy of the codes and themes based on their viewpoint. Peer checking was carried out independently by one expert supervisor and maximum variation in sampling (for age, sex, educational level, and occupation status) was also utilized to improve the authenticity and credibility of data[26].

### Final analysis phase

The definitions and concepts obtained from the previous two stages were merged, and a comprehensive and complete definition was presented.

### Ethical considerations

The study protocol adhered to the principles of the Helsinki Declaration. Informed consent was obtained from all participants, and written informed consent was obtained from them for publication of data. A copy of the written consent is available for review by the Editor-in-Chief of this journal upon request. The Ethics Committee of BLINDED University of Medical Sciences approved this study (code: BLINDED).

## Results

### Theoretical phase

The results from the theoretical phase are summarized in Table 1.

### Meaning of ageism

Ageism may be defined as a set of social interactions in which older people are described and understood in an oversimplified and generalized manner and discriminated against. This concept existed long before it was given its name. Robert Butler described ageism as a combination of three different but related elements:
(1) Prejudicial attitudes towards older people, old age, and the aging process
(2) Discriminatory practices against older people

(3) Institutional practices and policies that perpetuate stereotypes of older people

Simply put, ageism is a form of prejudice or discrimination against or in favour of any age group[34]. Although discrimination can be towards a person of any age, it is usually older people who are the more vulnerable societal group that is largely marginalized and excluded. According to Macnicol[40], ageism is a result of perceived age-related characteristics irrespective of a person's actual individual qualities.

Studies that focus on how older people perceive and recognize the phenomenon of ageism are scarce. Such knowledge is central to understanding how academic constructions of the concept relate to experiences of ageism among older people[36]. Ageism has been defined in more recent texts through an emphasis on behaviour. For example, Glover and Branine[33] describe ageism as a form of prejudice that uses perceived chronological age to form judgements about people and to base age-discriminatory acts on such prejudices. Blytheway[32] seminal text also describes this concept similarly as a set of principles creating a biological distinction between individuals that relates to ageing processes. In the actions of corporate bodies, what is said and done by their agents, and the resultant views that are held by the average ageing individual ageism is made apparent. Both definitions show the move towards a more culturally delicate picture of ageism. This helps to transition conceptions of ageism from a cognitive process to a communally produced bias. Moreover, Butler[45] claims the application of the building social identity hypothesis extremely undervalued and misconstrues the role of culture. That is, the so-called biological construct is also a social concept, created and reinforced by social values and relationships[46].

Reviewing the literature of all relevant articles and definitions, the researcher determined that only one of these definitions could not be considered completed in selecting the operational definitions of ageism among older adults. Therefore, a comprehensive definition includes:

*"Personal and/or societal attitude with negative and more questionably positive features that is imposed on older adults or they are forced to accept based on their chronological age or the perception of them as being old."*

### Fieldwork phase

The interviews of the ten older adults were transcribed and analyzed based on conventional content analysis. Then 255 initial codes were extracted. Theme and sub-themes emerged by category reduction (see Table 2).

### Positive self-concept

Older adults who participated in this study believed that ageism has two dimensions, which they indirectly pointed towards. This means most of them had positive self-concepts about themselves and individuals and their age group in general, despite the limitations connected to older age. Positive self-concept consists of having self-satisfaction, dynamic relationships, playing active roles, and having feelings of expertise.

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## Table 1

**The results of the study of the concept of ageism.**

| Title of article/book | Year | Meaning of ageism |
|---|---|---|
| Age-ism: Another form of bigotry[27] | 1969 | 1. Prejudicial attitudes towards older people, old age, and the aging process; 2. Discriminatory practices against older people 3. Institutional practices and policies that perpetuate stereotypes about elderly people |
| Why survive? Being old in America[3] | 1975 | A process of systematic stereotyping and discrimination against people because they are old |
| Who is Stereotyping Whom and Why?[28] | 1982 | An attitude with negative and more questionably positive features demonstrating prejudice against members of a chronological age group. The prejudgment is shown by behaving towards members of such a group according to its members' assumed characteristics and not in accord with the individual's own characteristics |
| On defining ageism[29] | 1990 | Dangerous distinction between 'society' and 'elderly people' and unambiguously attaches some blame to the latter |
| Ageist language in psychological research[30] | 1993 | A form of culturally based age bias that involves (a) restrictiveness of behaviour or opportunities based on age, age-based stereotyping, and distorted perception in the service of maintaining such stereotypes, positive or negative; (b) a cultural belief that age is a significant dimension by definition and that it defines a person's social position, psychological characteristics, or individual experience; or (c) the untested assumption that data from one age group generalize to others, or conversely that age is always relevant to variables studied by psychologists |
| The Land of Old Age": Society's changing attitudes towards urban built environments for elderly people[31] | 1993 | An ideology that ascribes certain attributes and abilities to people, young or old, simply because of their age |
| Ageism[32] | 1995 | A set of beliefs originating in the biological variation between people and relating to the ageing process. It is in the actions of corporate bodies, what is said and done by their representatives and the resulting views that are held by ordinary ageing people that ageism is manifested. |
| Ageism and the labour process: Towards a research agenda[33] | 1997 | A form of prejudice that establishes judgements about people using perceived chronological age and age discrimination as acts based on such prejudice |
| Ageism: Negative and positive[34] | 1999 | A form of prejudice or discrimination against or in favour of any age group |
| The seductiveness of agelessness[35] | 1999 | Depriving the old people of one of their most hard-earned resources: their age |
| Perceptions and consequences of ageism: views of older people[36] | 2000 | Being stereotyped, being seen as old' and 'being treated as Old" |
| Attitudes towards older adults[37] | 2002 | Ageist attitudes are better understood as a constellation of affective (feelings), cognitive (stereotypes) and behavioural components |
| Ageism: Prejudice Against Our Feared Future Self[38] | 2005 | Discrimination against, abuse of, stereotyping of, contempt for, and avoidance of older people |
| Ageism: A threat to "aging well" in the 21st century[39] | 2006 | A range of political, social, and cultural manifestations that have a productive role in encoding tacit assumptions and stereotypes about older people's lives |
| Age discrimination: an historical and contemporary analysis[40] | 2006 | Application of assumed age-based group characteristics to an individual, regardless of the individual's actual personal characteristics |
| Ålderism [Ageism][41] | 2008 | Prejudice or stereotypes that emanates from the age of a human being and can lead to discrimination |
| A conceptual analysis of ageism[42] | 2009 | Negative or positive stereotypes, prejudice and/or discrimination against (or to the advantage of) elderly people on the basis of their chronological age or on the basis of a perception of them as being "old" or "elderly". Ageism can be implicit or explicit and can be expressed on a micro-, meso- or macro-level |
| Agewise: Fighting the new ageism in America[43] | 2011 | A powerful negative force, which not even accomplished people, in apparently fortunate situations, can escape its detrimental impacts |
| Whose ageism? The reinvigoration and definitions of an elusive concept[44] | 2016 | Constitutive practices which are permeated with our experiences of the chronological, social, biological and psychological life course |

## Self-satisfaction

Alongside ageing, older people might feel satisfied due to the wealth of experience they have accrued in their personal lives. For instance, as Participant 3 looked back on her life, at her triumphs and honours, including successful children, she expressed life satisfaction.

*"I have a comfortable life right now because of the experiences I gained. I used those experiences in my life and the result was that I have a very good life right now (Participant. 3)."*

## Table 2

**Category and sub-category of ageism concept among Iranian older adults.**

| Sub-category | Category |
|---|---|
| Self-satisfaction | Positive self-concept |
| Dynamic relationship | |
| Active role playing | |
| Expertise | |
| Imposed loneliness | Negative imposed limitations |
| Feeling incompetent | |
| Feeling ignored | |
| Feeling burden | |

## Dynamic relationships

Communication is one of the essential elements of maintaining relationships for older adults as they age. Alongside aging and disability, relationships are also expected to be affected. Successful older adults are those who experience disability but manage to maintain their relationships with different age groups.

*"Well, I am in touch with them by phone … I'm not that far away from everything … By phone, with sending a message, I have all sorts of news from Esfahan to Tehran, any way, if I could not go there, they will come to visit me…. (Participant. 1)".*

### Playing active roles

Although aging is associated with physical disabilities, which only increase with age, older adults are eager to perform their parenting roles as best they can. In this way, a sense of usefulness is instilled which has the ability to reduce fears of being a burden. In addition, as an individual ages, the number of roles they have experienced rises, with their responsibilities in these roles growing too. Trying to preserve family unity and stability, despite the problems associated with aging, are other positive outcomes for older adults who have been described as having an active role.

*"My thoughts get busier; I have more responsibilities. Children growing up. Now I have brides, grooms, and grandchildren. My ability is getting slower a bit, it's a bit slower than a person who is 30 or older, for example. I have to accept that it is natural to have disability a bit mentally or physically. I have to deal with and try to keep myself healthy to care my children and grandchildren (Participant. 6)".*

### Expertise

Participants in the present study acknowledged that as they got older, they gained more experience than in previous periods of life, which raised their quality of life and increased their sense of life acceptance. Simultaneously, this experience led older people to consider themselves trustworthy and to be considered trustworthy by others.

*"Everyone counts on me. I am very kind to everyone and try to solve the others' problems as I can. Actually, I wasn't selfish and help them to get rid of the issues they face (participant. 3)".*

### *Negative imposed limitations*

Ageism consists of negative ways of regarding older adults. They believed this aspect to be mostly imposed by others.

### Imposed loneliness

The participating older adults experienced limitations in their relationships with others as they age. Involvement of children intensifies this condition. This imposed loneliness might lead older people to experience fear, feeling more dependent due to increasing disability as they age. Facing such a situation forces older adults to accept and adapt to loneliness. In fact, they have no choice but to accept and embrace this condition.

*"They told me that they cannot come to meet me because they are busy. I am disabled to do my work. They told me that we have not enough time to spend with you…. (Participant. 3)".*

### Feeling incompetent

Following unpleasant experiences associated with old age, such as coping with physical disabilities, the older people interviewed felt worthless and incompetent as they depended increasingly on others. Psychologically, they blamed themselves and tried to adjust their behaviour to other people's desires in order to receive support from them.

*"I feel like I'm getting older. I mean, I've gotten worse because of my pain. I like to welcome guests. I want to travel to North. Actually, I can't catch my guest. That's why I don't like to go (participant. 1)."*

### Feeling ignored

Although older adults try to pay attention to family members, they might have been treated unkindly and neglected by others due to financial and physical dependence encountered as they age. The present study found that feelings of impending rejection were always present.

*"My children do not care me anymore. They think that I keep all their father's wealthy for myself. They are involved with their personal lives. I will be happy even they call me let alone they meet me (participant. 4)".*

### Feeling like a burden

Although dependence is highly likely with age, people gradually lose the ability to manage their own personal affairs and become dependent on their children due to increasing physical disability. In fact, this negative feeling is exacerbated by increased need for physical as well as financial care.

*"My children are now involved with me. I'm embarrassed to go anywhere. One of them comes, one of them doesn't come. ]If it's possible, I try not to go anywhere in order not to bother them. They don't say anything verbally; they behaviours show me everything (participant.2)".*

### *Final analytical phase*

At this stage, using perceptual and communicative evaluation, the results of the two previous stages were compared and merged according to the procedure outlined in the method section, leading to a more comprehensive and complete definition.

*"Ageism engrained in older adults (no other age groups) is associated with personal, psycho-social, economic, and especially cultural factors that impose an acceptance of limitations based on chronological age or being perceived as old.*

## Discussion

There are two typical ways to define ageism. The first is based on beliefs about biological aging for people of any age. This relates to fear and prejudice based on age for all life stages. The second,

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however, says that ageism is discrimination against older adults only, due to their old age. Just as women are deprived and oppressed under sexism, older people experience prejudice due to ageism[47].

Ageism is a means of producing systematic stereotypes against older people. Older people are labelled as old, frigid thinkers, and decrepit in both ability and morality. Through ageism, younger generations view older people as a separate population and stop recognizing them as human beings[48].This conceptualization is similar to racism as it operates through fear, public culture, and depends on people advertising it[49].

According to these definitions, ageism has a significant connection with older age and social conflicts and is parallel with racism. In these definitions older people are perceived as different from other people in society. These are just some of the conflicts between these two age groups[50]. Based on the first definition, younger generations regard older people as a separate population, stereotyping them as discriminatory and bigoted. In the second definition, these conflicts are understood as consequences of structures that inflict age discrimination on older people. Similar to sexism and racism, ageism is also engrained in and reproduced through human culture.

Regarding the central characteristics of ageism, we might separate that which is obvious, and that which is not obvious. Obvious ageism is relating to the conscious occurrence of discriminatory behaviour, beliefs and feelings occur. For example, the conscious belief that older people constantly complain about their health is an example of evident and intentional discrimination[8,42]. Secret discrimination is linked to unconscious discrimination. This type of discrimination happens unconsciously in behaviour, beliefs, and feelings directed towards older adults[51]. For example, caregivers might not be aware that avoiding talking about sex with older people operates as covert or unintentional discrimination. Age discrimination can have positive or negative effects. In cases of positive discrimination, prejudices, stereotypes and behaviours might benefit someone who is older. Prioritizing older people when prescribing treatment and care is an instance of positive discrimination. Negative discrimination occurs when prejudices, stereotypes and behaviours disadvantage someone based on their age[1,52].

Results showed that older people are aware of being viewed as "old", but they are unsure about making claims that they are constantly being treated as old or being discriminated against because of their age. This may be explained by variations in perceptions of oldness amongst older people and how they might attempt disassociate themselves from other groups of older adults. All forms of ageism can be detrimental to older people. Particularly in interpersonal relationships, ageism greatly affects self-perception and older adult's sense of safety within the community. Face-to-face discrimination can lead to viewing oneself as old (pejoratively) and a shift from a positive to a negative ageing experience. This also suggests that ageism is a complex social phenomenon and a result of denying one's own ageing due to assumptions and beliefs associated with older age as manifested in daily interactions[20].

Asian cultures have been attributed with more positive forms of age-related stereotypes. As previously discussed by earlier studies, positive regard for older people is more commonly found in Asian countries than Western countries. As healthcare professionals, it is wise to look deeper at how ageism grows within local contexts, either from a geographical or patient-family unique perspective[53].

## Strength, potential limitations and recommendations

This study has a number of strengths. We searched for articles systematically and included studies using clearly defined criteria to minimize selection bias. Also, we performed comprehensive interview with our samples. This study, as many others have serious limitations. Limitations to this concept analysis include the lack of research examining ageism among older adults directly, despite its' strong relevance. It is probable that citations were missed given other databases that were not searched. Another main limitation of the present study was, we couldn't gather more elderlies based on the nature of these studies. Also, Iranian elderlies in other countries were not interviewed. So may be priceless data were missed. In other hand every person that included in this study had a specific culture and idea about ageism that we couldn't control these differences. Actually, the definition of ageism in mind of elderlies with the past history of sexual harassment, racism, divorce, or other similar worse events have major differences with other elderlies. So in present study we didn't use of these various types of samples.

So, we recommended that similar studies be designed with more groups of elderlies with past experiences. Especially Iranian elderlies in other countries are recommended. More qualitative studies need to be performed in these aged group due to lack of similar studies.

## Implications of the results

This study carries significant implications for various stakeholders, including policymakers, healthcare providers, society, researchers, older adults, and educators. For policymakers, the study highlights the need for policies that specifically address ageism, suggesting the enactment and enforcement of anti-ageism laws and regulations to protect older adults from discrimination in areas such as employment, healthcare, and social services. It also emphasizes the importance of public awareness campaigns to educate society about the detrimental effects of ageism and to shift negative stereotypes and attitudes toward older adults.

Healthcare providers are encouraged to undergo training to recognize and combat ageist attitudes and practices within their institutions, promoting respectful and dignified treatment of older adults. The study also calls for healthcare systems to adopt inclusive practices that are responsive to the needs of older adults, ensuring equal access to healthcare resources and services.

For society at large, there is a need for a cultural shift to value older adults for their contributions and experiences. Promoting intergenerational interactions can help break down ageist stereotypes and foster mutual respect. Strengthening community support networks for older adults is crucial to providing social, emotional, and practical support, thereby enhancing their quality of life and reducing feelings of isolation.

The study also has important implications for researchers, highlighting the need for continued exploration of the lived experiences of older adults concerning ageism. Further research can delve into specific areas such as ageism in digital spaces or within different cultural contexts. Researchers are encouraged to use diverse methodological approaches to capture the complex and multi-faceted nature of ageism, with qualitative studies

offering deeper insights into the subjective experiences of older adults. For older adults, the findings of the study can be empowering by validating their experiences and providing them with the language to articulate and advocate against ageism. Engaging in community activities and advocacy efforts can help combat ageism and promote a more inclusive society.

## Conclusion

Ageism is a complex concept. While often described in conjunction with stereotype discrimination, ageism is a distinctly different phenomenon. Ageism is defined as a multi-faceted experience that is characterized as personal or others' ageism and includes psycho-social, economic, and cultural dimensions. While the present study has further clarified ageism, more research is needed, particularly in relation to diverse cultural contexts.

## Ethical approval

The Ethics Committee of Tehran University of Medical Sciences approved this study (code: IR.TUMS.FNM.REC.1397.135) on 16 October 2018.

## Consent

Informed consent was obtained from all participants, and written informed consent was obtained from them for publication of data. A copy of the written consent is available for review by the Editor-in-Chief of this journal upon request.

## Source of funding

## Author contribution

All of the authors contributed equally in any stage of the study. All of the authors approved the final version of the manuscript.

## Conflicts of interest disclosure

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Research registration unique identifying number (UIN)

We realize that based on journal guidelines, we should provide a special code, but for submitting and getting code from https://www.researchregistry.com, we need to pay a fee. Based on bank sanctions of Iran and terrible economical limitations of Iran, we cannot pay such fee. So, this study just reviewed in research deputy of Tehran University of Medical Sciences and got the approval code (code: IR.TUMS.FNM.REC.1397.135).

## Guarantor

Ameneh Yaghoobzadeh.

## Data availability statement

Due to the nature of this research, participants of this study did not agree for their data to be shared publicly, so supporting data are not available.

## Provenance and peer review

Not commissioned, externally peer-reviewed.

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