



Ageism and COVID-19: a study of social inequality through opinions and attitudes about older people in the coronavirus crisis in Spain

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1. Key points

- Older people are the most affected by COVID-19. Spain is also one of the countries that has most suffered this impact, especially in nursing homes environments.
- In the media and in society in general, COVID-19 is being considered as a problem of older people, falling on numerous occasions into ageist approaches.
- Even with evidence of the existence of an ageism problem in society, not much is known about these stereotypes in relation to the health crisis caused by the Covid-19 pandemic.
- We present research showing the distribution of stereotypical and discriminatory attitudes in a sample of 840 participants that answered an online questionnaire created ad hoc with the aim to explore ageism during the critical period of the crisis caused by the COVID-19 pandemic in Spain.
- Our research shows that there were stereotypes and discriminatory attitudes, especially in younger groups pointing out what several authors understand as intergenerational tension.
- These stereotypes, accepted by society, can have serious effects when discriminatory policies are articulated that affect basic rights, especially autonomy, access to resources, and dignity.

2. Introduction

Ageism has been defined as “an alteration in feeling, belief, or behaviour in response to an individual’s or group’s perceived chronological age” [1] [2], as well as “the complex, often negative construction of old age, which takes place at the individual and the societal levels” [3]. Every person who grows old is likely to be the target of ageism at some point in life [3]. This is very different from other types of discrimination, which are not likely to impact all people in society [4]. Hence, the scope and breadth of ageism are massive [5]. The social image of older adults as vulnerable, unable or unfit impacts their performance, health and wellbeing [6]. Ageism has effects across the life course [7].

Over the course of the COVID-19 pandemic, evidence of ageism was openly expressed [8], complicating the experiences of living through the pandemic for older people. Furthermore, the COVID-19 pandemic has accentuated the exclusion of and prejudice against older adults [9]. Ageist discourses transmitted by different agents (including policy, healthcare, media, etc.) make out a devaluating concept of older people and will very likely contribute to older adults’ feelings of worthlessness, sense of being burdensome and having no value [10]. Additionally, this situation has been portrayed as “the problem of older adults” and a clear age division has been promoted [11]. The current crisis highlights a disturbing public discourse about ageing that questions the value of older adults’ lives and disregards their contributions to society [9]. These discourses increase intergenerational conflict [12] by reinforcing negative age stereotypes and creating intergenerational confrontation, especially when institutions take part in this narrative and, therefore, contribute to the vicious cycle of ageism [13].

Prior knowledge points out that stereotypes are the cognitive correlate of prejudice and discrimination which at social level analysis could end in social inequality [14]. Discrimination, understood as the behavioural component of the prejudice, is the unfavorable treatment performed according to the cognitive components of the prejudice such as stereotypes. In this study we conceptualize discriminatory attitudes as the verbal agreement with expressions related to actions involving some kind of differential and negative treatment of older people. Age-related discrimination can have direct consequences at a personal, social and organizational level, such as access to resources, etc. Ageism during the COVID-19 crisis could have been the basis for decision making that have had disastrous consequences for the older population group. In Spain the official number of confirmed cases is 322.980, and 28.576 have died so far [15]; however it is estimated that the number could be higher according to the excess mortality [16], in comparison with the death ratio consulted from previous

years. In this scenario, 52.237 people could have died of COVID-19 until June 11st [17], from which 41.301 will be over 75 years old. In nursing homes, according to official data, 19.659 older people have died, so far, but taking into account the excess mortality this number could be higher.

The establishment of discriminatory triage practices for the non-referral of older people from nursing homes to hospitals in order to avoid saturation of health resources at the beginning of the health crisis and the restrictive legislation for forced isolation in nursing homes could be related to socially accepted stereotypes and discriminatory practices at various levels. Ultimately, this could be related to the high death rates and the physical, social and emotional consequences of older people who live in care homes.

Even though several publications have included opinions and positions by scientists and organizations regarding the ageist treatment given to older adults during the COVID-19 crisis [18] [19] contributions based on field studies such as the one carried out by Jimenez-Sotomayor et al. [20] (2020) are scarce.

To the best of our knowledge, this is the first quantitative research study on ageism during the COVID-19 pandemic in Spain. One of the innovations of this study is that negative perceptions and ageist attitudes are assessed across population groups. This study contributes to filling in this evidence gap. It aims to identify stereotypes and ageism, to collect evidence about their intensity and extent, and, in general, to generate knowledge to correct misperceptions about ageing in our society and suggest specific actions against this type of discrimination.

3. Research objectives

The main aim of this research is to measure to what extent stereotypes and discriminatory attitudes exist throughout the population in the COVID-19 context. Therefore, two main specific objectives arise:

1. Identifying the stereotypes in relation to the COVID- 19 crisis.
2. Analysing the relationship between ageism in the COVID-19 crisis and sociodemographic variables such as age, sex and the relationship with older adults during the pandemic.

3.1. Identifying the stereotypes in relation to COVID- 19 crisis

Even though ageism perceptions could be extended in society, the COVID-19 crisis presents a whole new context in which the traditional perceptions could be subject to change and polarization, or even new prejudices and discrimination could arise in light of new situations of scarcity of resources. This objective

summarizes the questions of what are some of the most extended age related stereotypes and discriminatory attitudes in relation to the health crisis.

3.2. Analysing the relationship between ageism in COVID-19 crisis and sociodemographic variables

This second objective is related to discovering whether these stereotypes and discriminatory attitudes, if they do, in fact, exist, are related with different age groups, sex or other sociodemographic variables.

4. Methodology

4.1. Questionnaire development

A questionnaire was developed based on a review of scales of stereotypes of older people and discrimination attitudes [21] [22]. As we wanted to explore stereotypes in the specific situation of the COVID-19 pandemic in Spain, the scales found in the literature review were aimed to explore general attitudes and stereotypes, but none was specific enough to address a pandemic. Therefore, a new questionnaire was developed. Part of the stereotype items were generated by extracting from the review of stereotype instruments that we considered fitting in the context of the study and part were generated in consensus aiming to address new discriminatory attitudes related to clinical and societal behaviours during the crisis. A group of 3 psychologists and 2 sociologists working in Gerontology developed the concepts and a first proposal of the items was generated. The items gathered from the literature review were reformulated to adapt to a homogenous format.

The final version of the questionnaire is composed of 23 items. Items were reformulated to a response format with values between -2, -1, 0, 1, 2 attending to a hypothetical bias in the positioning of the response towards the old-age stereotypes. Each item has two poles from a neutral centre point. Performing the sums of the poles separately in each item (discriminatory bias towards the older people and discriminatory bias towards other age ranges), make it possible to analyse two subscales separately that would collect for each item the bias in each direction with a minimum theoretical score of 0 and a maximum of 46.

4.2. Questionnaire administration

The questionnaire was carried out in three repetitions of item evaluation. A first version that 5 researchers self-administered in order to collect their applicability and the intelligibility of the items, after which the question and answer format was modified. A second version was administered to 241

people, who provided information on the applicability of the questionnaire and ease of response, after which the wording of 6 items was modified and the final version was generated. The self-administered survey was conducted in Google forms format and was answered by 840 people in the period 04/14/2020 to 04/30/2020. The questionnaire was distributed by e-mail and through Matia Foundation network and other collaborating entities without seeking representativeness at the state level (a non-systematic translation of the questionnaire can be found in the figure 1.)

5. Analysis

Descriptive and comparative analysis regarding sociodemographic and health crisis data were carried out crossing with relevant grouping variables. Mean, range and standard error were reported in the case of numeric variables and relative and total frequency for categorical variables. Comparative parametric analyses were performed in case of variables which followed a normal distribution and non-parametric analysis otherwise.

6. Results

6.1. Description of the participants

840 participants were included in the final study, 67.5% were female, with a mean age of 47.72 (SD=13.5, range from 18 to 84). A summary of the rest of the sociodemographic data can be found in table 1.

Table 1. Description of the participants

		Woman 567 (67,5%)		Man 263 (31,3%)		Total 830 (98%)	
		M (Range)	SD	M (Range)	SD	M (Range)	SD
Age		45,94 (18-84)	12,99	51,87 (22-83)	13,85	47,74	13,52
		N	%	N	%	N	%
Civil status	Married	275	49	165	62,74	440	52
	Separated	16	2,82	6	2,28	22	3
	Divorced	37	6,53	12	4,56	49	6
	Single	214	37,74	69	26,24	283	34
	Widow	13	2,29	4	1,52	17	2
	Others	12	2,12	7	2,66	19	2
Formative degree	Incomplete primary education	5	0,88	3	1,14	8	1
	Primary education	7	1,23	9	3,42	16	2
	Secondary education	36	6,35	20	7,60	56	7
	Vocational education	67	11,82	35	13,31	102	12
	University degree	440	77,60	192	73,00	632	75
	Others	12	2,10	4	1,54	16	2
Employment situation	Working	412	72,66	169	64,26	581	69
	Retired	57	10,05	63	23,95	120	14
	Unemployed	58	10,23	22	8,37	80	10
	Pensioner	1	0,18	2	0,76	3	0
	Student	19	3,35	3	1,14	22	3
	Disabled	1	0,18	2	0,76	3	0
	Other situation	19	3,35	2	0,76	21	3

On average male participants were older than females ($\bar{X}=5.9$; $p < 0.000$) Most of the sample was Spanish (99%), with 67% of participants from the regions of the Basque Country and Madrid. About half of the sample (52%) were married and a third were single (34%). Nearly 70% of the participants were working at the time the questionnaire was administered and about 10% were unemployed due to the pandemic. More than three quarters of the sample (76%) had received a university education. The participants lived mostly with at least one person (88.1%) although 12% of people were found living alone. The average of cohabitation was $\bar{X}=1.82$ (0-6) with a SD of 1.2.

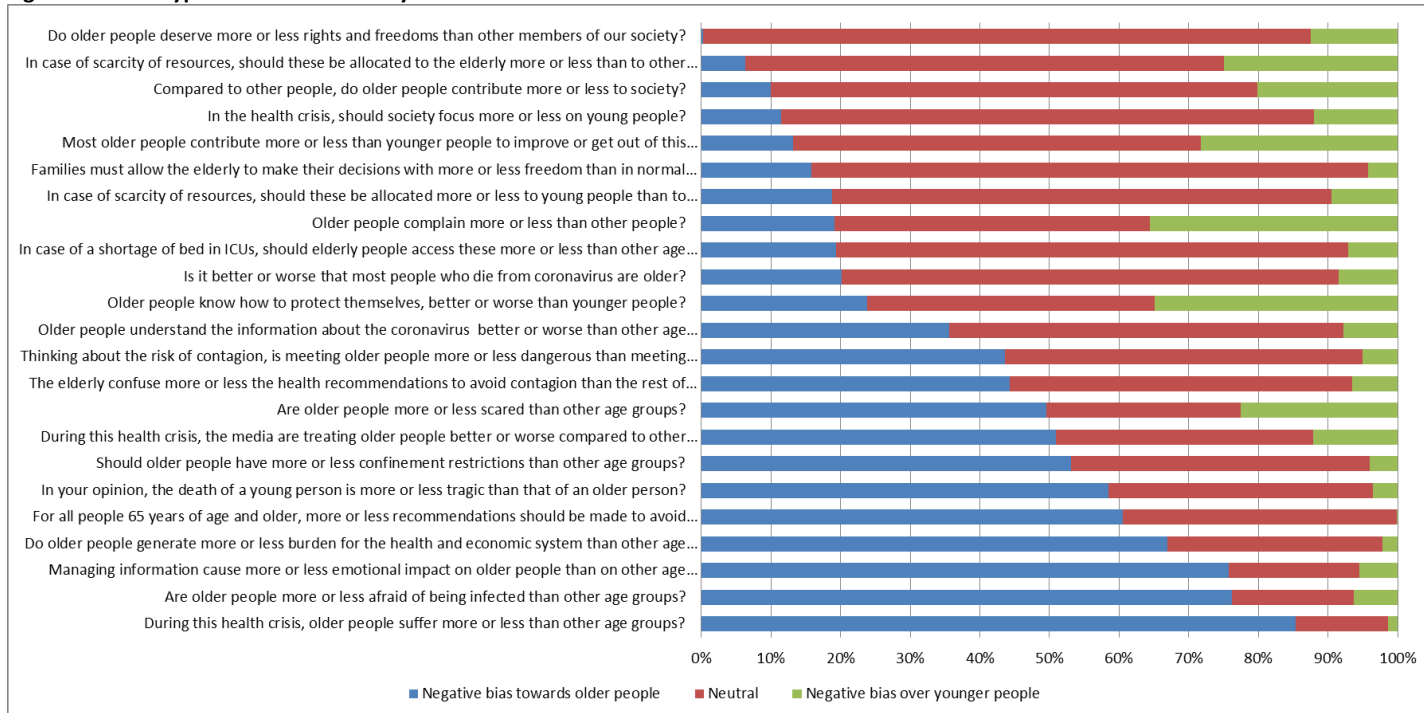
6.2. Relationship between the pandemic and the participants' relationship with older people.

The questionnaire inquired about aspects related to the pandemic and the relationship of participants with older people. Half of the sample participated with entities associated with older people, 40% professionals and 10% volunteers. 105 respondents had a family member living in a nursing home (12%). 196 participants (23%) were older than 60 years old.

6.3. Stereotypes and discriminatory attitudes.

The following figure (fig. 1) shows, in blue the number of responses that show stereotypical or discriminatory positioning of the sample towards older people. It shows that more than 50% of the people in the sample express that older people are more afraid of getting infected, manage information less well, generate more burden for the health system, should be given more recommendations, should have more restrictions and are more afraid than other groups. Differences were smaller in aspects related to the COVID-19 crisis about respecting rights, access to resources, and contribution to society.

Figure 1. Stereotypes and discriminatory attitudes



Source: Extracted and adapted from the survey results presented at the webinar: Society and dignified treatment in old age (Castejón, P. 2020). Accessed on June 15, 2020 from: <https://www.youtube.com/watch?v=OPF4VySoQIM>

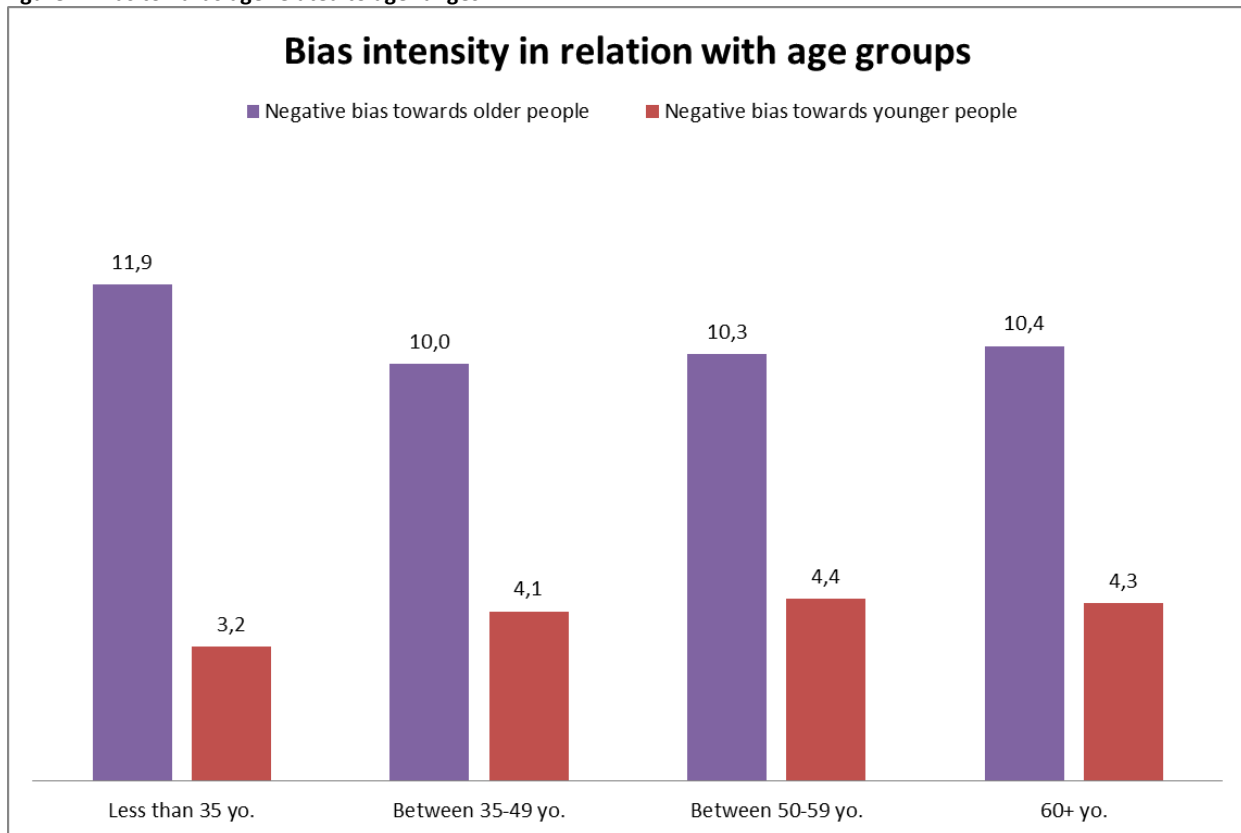
6.4. Differences in discriminatory biases based on age.

Based on the analysis of the questionnaire subtotals, the sample presents two differentiated distributions with respect to their biases based on age. Discriminatory bias towards young people is lower than that towards older people in scores up to 7 as the inflexion point (87% of the respondents express little or no discrimination towards young people, while bias towards older people is greater in most of the sample (7-30 of the total subscale 78.3%).

By performing a T-test for the same sample, a comparison was made between both subscales and the average difference of > 6 points was found statistically significant. Considering the bias towards older people, the overall scores were $\bar{X}=10.52$; $SD=5.02$ (Range 0-30), while the overall bias scores towards the other age groups were $\bar{X}=4$; $SD=3.32$ (Range 0-25) showing that the bias towards older people was consistently higher and took more extreme values than the bias towards other age groups, which showed lower and more homogeneous values.

Analysis of variance (ANOVA) was carried out with 4 age groups: less than 35 years, from 35 to 49 years old, from 50 to 59 years old, 60 and over. In the figure below (fig.2) it can be seen that there is a difference between those under 35 years of age and those over this age in terms of biases, with each age group showing a bias over the others. The under-35 group consistently scored higher on age bias than the rest of the groups. Similarly, the bias towards other age ranges was significantly less in the under-35 group.

Figure 2. Bias towards age related to age ranges.



6.5. Differences in discriminatory biases based on sex.

No significant differences were found by sex in age bias towards the older people ($p = 0.051$), while the male group showed higher scores. However, when the sample was categorized by age ranges, statistically significant differences were found in both biases.

6.6. Differences in discriminatory biases based on having a family member infected of COVID-19.

In terms of whether people have a family member who is infected, the group of people who did have family members showed a significantly higher average in the intensity of bias towards older people than the group who had not had close relatives who were infected. Mean was $\bar{X}=10.15$; $SD=4.8$ in the group without relatives infected and $\bar{X}=11.01$; $SD= 5.2$ in the group with relatives infected ($t=2.035$; $p=0.019$).

7. Discussion

Our findings show a predominant pattern of negative stereotypes and discriminatory age-related attitudes in the context of the COVID-19 pandemic. No sex differences were identified, however, differences related to age were found. Therefore, our data suggests that the under-35 group has a more pronounced bias towards older people based on stronger stereotypes and discriminatory attitudes, in turn showing less bias towards their own age group. The questions showing more frequency of neutral responses and therefore less bias where those related to basic human rights and freedom (i.e. “Do older people deserve more or less rights and freedoms than other members of our society?”). However more specific and contextualized questions about the same topics show more discriminatory attitudes (i.e. “Should older people have more or less confinement restrictions than other age groups?”). This apparent incoherence could be related to social desirability, which could have less weight in specific situations.

Given the crisis situation and the restrictive management of the confinement that has developed in more than 5,000 nursing homes in Spain, it might be thought that people who had relatives in nursing homes could have developed reactive attitudes to the restrictions so that they showed less age bias or less discriminatory attitudes. However, the data do not support this hypothesis, showing that there are no significant differences in discriminatory attitudes between groups of people who have a relative in a nursing home and those who do not have relatives in that environment.

Maintaining these biases in this situation would imply that these are ingrained thought structures, and that in this case they are not modified by the discriminatory regulations in the nursing home

environment to which their relatives have been subjected. Not finding a differential effect between the groups would raise the question of whether these events have had no effect on people's attitudes or whether they could have had a confirmatory effect.

The higher bias in the group who has a relative infected could indicate that the perception of developing symptoms in family and close people could favor viewing an older familiar as more fragile, which could increase bias.

Our data largely confirm the negative bias of the participants in relation to ageing, regardless of their sex, during the time of COVID 19, pointing out, as other studies have done, the need for actions that promote a social image of ageing in accordance with the diversity that characterizes older people [23]. On the other hand, in our study a lower negative bias was identified in relation to the questions related to the rights of older people in general and in relation to the opinions about access to relevant services in relation to the COVID-19 crisis, in particular.

Ageist media approaches [8, 24], paternalistic discourses of politicians and policy makers and deficit-oriented definitions generalizing from illness to old age expressed by health professionals could be accepted and ingrained in the social discourse and justify drastic discriminatory measures towards older people, having dramatic effects in the life of a great number of people. All of the above leads us to think about the opportunity to explore new research approaches to analyse the social meaning of age: rights and duties; stereotypes; value of life in relation with life span approach; that transcend the traditional and predominant one, based on an homogeneous approach to the deficitary consequences of the ageing process [25]. The repercussions of the COVID-19 crisis on older people have once again highlighted the need and urgency of this purpose. In the end, these questions, as well as the methodology we use to answer them, must be a relevant component in the construction of a social image of ageing that corresponds to its complexity and diversity.

8. Lessons learnt and recommendations based in the present work.

When making health care or public policy decisions or offering media coverage, as well as when making choices on an individual level, we need to reflect on whether the actions undertaken are based strictly on ethical, well-thought out public safety measures to preserve health and wellbeing, or whether the decisions reflect underlying stereotypes or biases that diminish older people's individual rights of autonomy, access to health care, social participation and dignity.

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