

# A cross-cultural analysis of perception on ageist attitudes between Korean and American social work students

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**Abstract** This study examined whether there are differences in ageist attitudes toward a person who is struggling from terminal illness between Korean and American social work major students at the undergraduate level. A total of 137 college students participated in this study: 66 Korean students in South Korea and 71 American students in the United States. The students were given surveys with an identical case but the subject was either a 38-year-old or an 80-year-old woman, and they answered 16 questions regarding their perception of age and death, end-of-life options, assessment and intervention, and values and ethics to care. The finding showed that there were generally negative ageist attitudes among social work students regardless of their cultural background, though there were some differences in their basic ageist attitudes. The findings suggest that social work students at the undergraduate level need more education to resolve their negative ageist attitudes in order to provide effective service for the older population.

**Keywords** Ageism · Ageist attitude · Culture · Curriculum · Social work · Older adults

## Introduction

Ageism is the most frequently experienced form of discrimination due to age. It is known as the forgotten prejudice because it is so prevalent and deep-rooted in society that people take it for granted (McGuire et al. 2008). Ageism can be defined as direct or indirect

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discrimination against an older age group as well as a tendency to regard older adults as incapacitated and unworthy of attention (Butler 1969; Miley et al. 2013). Previous studies indicate that the majority of older people have experienced ageism in some way (Abrams et al. 2011; Allen et al. 2009; Palmore 2004).

Ageist beliefs and attitudes held by social workers could be more potentially harmful because they could prevent older adults from getting appropriate social and health care services. In the health and social care settings, ageism is experienced in multidimensional forms, such as various covert negative attitudes, values, and practices, as well as overt discriminatory comments toward older patients (Klein and Liu 2010). Ageism against older people can contribute to being insensitive to differential treatments for older people which would be unacceptable for other age groups in the delivery of health and social care (Kane and Kane 2005; Phelan 2008).

In addition, ageism might be one of the reasons that social work students do not prefer gerontological areas as their first choice of career (Scharlach et al. 2000; Wang and Chonody 2013). This is due to the negative feelings toward older adults, including the perception that older adults are prone to poor hygiene, depression, and resistance to change (Gellis et al. 2003; Mason and Saunders 2004). Meanwhile, it has been estimated that United States will need an additional 60,000 gerontological social workers by the year 2020 (Hooyman and Lubben 2009).

In general, those who hold negative ageist attitudes toward older adults are mostly young people, described as individuals between the ages of 18 and 25 (Yilmaz et al. 2012). A study showed that social workers at the bachelor's level had more negative ageist attitudes toward the oldest age group, so that only a few percent of those are considering working with the aging population (Tan et al. 2001). It has been suggested that as ageism in young people is due to lack of appropriate information, it should be addressed during undergraduate education (Glebrerzon 2002).

Many studies have been conducted to document the ageist attitude of social work students in working with older adults (Allen et al. 2009; Anderson and Wiscot 2004; Kane 2004). However, most studies are Western-biased and there is very little research that specifically examines ageist attitude across different cultures. Ageism will be a critical social issue in the global aging society because the growing number of older adults will be clients of social and health service providers (Özkan and Bayoğlu 2011). With the given evidence in mind, the current study examines ageist attitudes among social work students at the undergraduate level both in the United States and Korea and compares their perceptions on death, end-of-life options, assessment and intervention, and values and ethics to care.

## Ageism and culture

Many studies have documented that negative ageist attitudes are more prevalent in Western societies than Asian countries (Nelson 2002; Boduroglu et al. 2006). Differences in age stereotyping depending on cultural background are frequently explained by *individualism* and *collectivism* (Triandis 2001; Triandis and Suh 2002; Williams et al. 1997). In an individualist culture (e.g., North America), individuals prioritize the self, emphasizing independence and enjoying individuality (Nelson 2002; Suh 2000). However, when people age, they suffer declines in physical attributes and mental acuity, loss of identity, retirement from job or profession, and loss of respect from society, which increase dependence

on others and lead to a negative perspective on old age (Kite and Wagner 2002). In American society, ageism is a critical problem because stereotypes about aging are prevalent to extent that people might not even recognize ageism when it occurs (Nelson 2002). As a result of ageism, older adults are frequently labeled in negative ways, such as unproductive, weak, senile, depressing, lonely, poor, cognitively impaired, sexless, dependent, and disabled, which lead to social isolation, inadequate mental and physical treatment, and suicide (Ragan and Bowen 2001). On the other hand, in a collectivist society such as in Asian countries, individuals view the self as embedded in the group, placing greater emphasis on interdependence and cohesion between family members (Williams et al. 1997). In particular, in East Asian countries with a culture of Confucianism, such as Korea, China, Japan, Singapore, Taiwan, and Hong Kong (Lew et al. 2011), filial piety (xiao in Chinese, hyo in Korean, and kou in Japanese), or respect for elders, is the central norm and is deeply rooted in the Confucian teachings (Sung 2001). Filial piety is expressed in various forms, such as meeting the material needs of and caring for aged parents, obedience to parents' wishes, pleasing parents and bringing them honor by one's behavior (Ikels 2004).

However, there is some debate to whether ageism is a uniquely Western problem and collectivist cultures in the East Asia show less age stereotyping. Though in the past it was a common cultural component of Asia to respect elders and the aging process, today these traditions have changed among adolescents and young adults. Further, members of the younger generation tend not to live with their older adults (Tsuno and Homma 2009). Some studies indicate that ageism has increased in Asian cultures, and therefore there are no cultural differences in age-related stereotypes between Western and Asian countries (Boduroglu et al. 2006; Cuddy et al. 2005). Even though Asians have shown less age stereotyping than Westerners, they still hold negative beliefs that older adults must have hearing and memory problems (Ryan et al. 2004).

In spite of increased ageism in Asian cultures, Asian older people have higher expectations for filial piety (Laidlaw et al. 2010). In Korean society, in particular, respect for parents and the elderly is deeply rooted and still valued as good morality (Sung 2004). Filial piety is frequently emphasized both in school and at home and most children learn how to respect older adults in everyday life. In this context, we hypothesized that higher individualism would be associated with greater negative stereotyping of the elderly, whereas higher collectivism would be associated with more positive stereotyping of the elderly.

## **Research method**

### **Research question**

This study asks the research question: “Are there any cultural differences in ageist attitudes between American social work major students at the undergraduate level (hereafter called “American BSW students”) and Korean social work major students at the undergraduate level (hereafter called “Korean BSW students”)?”

### **Participants**

This cross-cultural study was approved by the Institutional Review Board (IRB) of Bowling Green State University in Ohio. Purposive and convenience sampling methods were used to recruit study participants. A total of 137 college students participated in this

study: 71 American BSW students in the northwest area of Ohio in the United States and 66 Korean BSW students in the Deajeon metropolitan area in South Korea.

The participants were asked to fill out a questionnaire originally developed by Kane (2004), after reading a provided vignette. For the purpose of this study, there were two different vignettes and participants were randomly given one or the other. One vignette was about an 80-year-old woman diagnosed with terminal cancer who was considering end-of-life care and options. The other vignette had an identical story but the woman was 38 years old. The participants answered 16 questions regarding their perception of death, end-of-life options, assessment and intervention, and values and ethics to care.

## Data analysis

The data were analyzed through the SPSS program. Descriptive analysis was used to evaluate the mean differences in ageist attitudes based on the subject's age. The dependent variables are 16 items developed by Kane (2004) to measure ageist attitude. Principal component analysis (PCA) was run to convert a set of observations of correlated variables into a set of values of linearly uncorrelated variables (Jolliffe 2008). To find significant main effects and interactions, 2 (culture)  $\times$  2 (vignette) analyses of variance (ANOVA) were calculated on participants' ratings of ageist attitudes. A *t* test was performed to compare mean differences between the two groups.

## Results

### Sociodemographic characteristics

A total of 137 social work major students at the undergraduate level participated in this study: 71 American students and 66 Korean students. The two groups are Caucasian American (100 %) and Korean (100 %), respectively. Interestingly, 5.6 % are American male participants compared with 37 % Korean male participants (see Table 1).

### Principle component analysis (PCA)

A PCA using the SPSS program was conducted to analyze the structure of 16 items concerning ageist attitudes. As a result of the PCA, the Kaiser–Meyer–Olkin measure of sampling adequacy is 0.659 and Bartlett's test is significant ( $p < 0.05$ ). The first four factors together account for 46.11 % of the total variance (see Table 2). Specifically, factor I is related to perception of age and death; factor II concerns end-of-life choice; factor III

**Table 1** Demographic information ( $n = 137$ )

U. S. A. ( $n = 71$ )	S. Korea ( $n = 66$ )
<i>Gender</i>	
Female: 67 (94.4 %)	Female: 42 (62.7 %)
Male: 4 (5.6 %)	Male: 25 (37.3 %)
<i>Ethnicity</i>	
Caucasian American	Korean
<i>Education</i>	
Social work major students at the undergraduate level	

**Table 2** Rotated component matrix

Items	Component			
	1	2	3	4
Mrs. Mary probably will die no matter what type of medical care she receives	0.691			
Mrs. Mary has lived a long time	0.685			
If Mrs. Mary was younger, her chances of recovery would be better	0.623			
Considering Mrs. Mary' age, there is a good chance that she could have a complete recovery	0.620			
Mrs. Mary should be allowed to end her own life if she chooses		0.788		
For this case, physician-assisted suicide should be legalized		0.714		
If Mrs. Mary killed herself, it would be understandable		0.688		
Mrs. Mary should be involuntarily committed to a psychiatric facility for observation and treatment			0.629	
Mrs. Mary should be screened for depression			0.550	
Mrs. Mary is confused and unable to make her own choices			0.517	
Mrs. Mary's wishes and decisions will be respected by health care professionals				0.707
I would want to be Mrs. Mary's social worker.				0.604
The social worker should tell Mrs. Mary that she has many reasons to continue living				0.529

Rotation converged in six iterations

*Extraction method* principal component analysis. *Rotation method* varimax with Kaiser normalization. *Suppress small coefficients* absolute value below 0.5

concerns assessment and intervention; factor IV concerns values and ethics to care. Based on the result of the PCA, the frame of the components for effective data analysis was slightly modified in the following manner. We moved one item each into factors I and III. "The social worker should get Mrs. Mary ready for death" and "Mrs. Mary should receive psychotherapy to help her," respectively, even though the loadings were below 0.50.

### Vignette and ageist attitude (main effects)

Multivariate analysis (ANOVA) showed that regardless of culture, there are significant main effects of vignette on six items: five items of factor I (perception of death and age) and one item of factor II (end-of-life choice) (see Table 3).

For five items of factor I (perception of death and age), regardless of their culture, the study participants scored significantly higher for the vignette with the 80-year-old client than that with the 38-year-old client. The five items were "Mrs. Mary is most likely going to die regardless of medical care ( $p < 0.05$ )," "She would recover if she were younger ( $p < 0.01$ )," "She should expect to have a full recovery due to her age ( $p < 0.05$ )," "She has lived a long life ( $p < 0.01$ )," and "The social worker should get her ready for death ( $p < 0.05$ )."

For factor II (end-of-life choice), regardless of their culture, participants scored significantly higher for the vignette with the 80-year-old client than that with the 38-year-old client ( $p < 0.05$ ) on one question: "For this case, physician-assisted suicide should be legalized."

**Table 3** Descriptive Statistics by Vignette (38-year-old vignette = 69; 80-year-old vignette = 68)

Vignette	Mean	Std. deviation
<i>For this case, physician-assisted suicide should be legalized</i>		
38-year-old vignette	1.43	0.737
80-year-old vignette	1.74	0.840
<i>Mrs. Mary should expect to have a full recovery due to her age</i>		
38-year-old vignette	2.20	0.850
80-year-old vignette	1.74	0.874
<i>Mrs. Mary is likely going to die regardless of medical care</i>		
38-year-old vignette	1.29	0.621
80-year-old vignette	1.53	0.743
<i>Mrs. Mary would recover if she were younger</i>		
38-year-old vignette	1.97	0.907
80-year-old vignette	2.38	0.792
<i>The social worker should get Mrs. Mary ready for death</i>		
38-year-old vignette	1.62	0.806
80-year-old vignette	1.97	0.880
<i>Mrs. Mary has had a long life</i>		
38-year-old vignette	1.38	0.571
80-year-old vignette	2.09	0.973

### Culture and ageist attitude (main effects)

Multivariate analysis (ANOVA) showed that regardless of vignette, there are significant main effects of culture on 11 items: four items of factor I (perception of death and age), three items of factor II (end-of-life choice), three items of factor III (assessment and intervention), and one item of factor IV (values and ethics to care) (see Tables 4, 5).

For factor I (perception of death and age), American BSW students scored significantly higher than Korean BSW students. The four items were “She has lived a long life ( $p < 0.001$ ),” “She is most likely going to die regardless of medical care ( $p < 0.01$ ),” “If Mrs. Mary were younger, her chances of recovery would be better ( $p < 0.001$ ),” and “The social worker should get her ready for death ( $p < 0.05$ ).”

For factor II (end-of-life choice), American BSW students had also significantly higher scores than Korean students. The three items were “It would be reasonable for her to commit suicide ( $p < 0.001$ ),” “For this case, physician-assisted suicide should be legalized ( $p < 0.001$ ),” and “She should be allowed to commit suicide ( $p < 0.001$ ).”

For factor III (assessment and intervention), Korean BSW students scored significantly higher than American students on two items: “She is confused and unable to make her own choices ( $p < 0.001$ )” and “She needs psychotherapy ( $p < 0.01$ ),” while American BSW students scored significantly higher than Korean students on one item, “She should be committed to a psychiatric hospital involuntarily ( $p < 0.001$ ).”

For factor IV (values and ethics to care), there were no significant differences between American and Korean BSW students except on one item: “As a social worker, I would want to help her ( $p < 0.01$ ).” For this item, Korean BSW students had a significantly higher score than American BSW students.

**Table 4** Descriptive statistics by culture (American BSW = 71; Korean BSW = 66)

Culture	Mean	Std. deviation
<i>It would be reasonable for Mrs. Mary to commit suicide</i>		
American students	1.52	0.694
Korean students	1.15	0.533
<i>For this case, physician-assisted suicide should be legalized</i>		
American students	1.82	0.780
Korean students	1.33	0.751
<i>Mrs. Mary should be allowed to commit suicide</i>		
American students	1.70	0.818
Korean students	1.30	0.723
<i>Mrs. Mary should be committed to a psychiatric hospital, involuntarily</i>		
American students	1.61	0.801
Korean students	1.18	0.579
<i>Mrs. Mary is likely going to die regardless of medical care</i>		
American students	1.56	0.691
Korean students	1.24	0.658
<i>Mrs. Mary would recover if she were younger</i>		
American students	1.89	0.766
Korean students	2.48	0.881
<i>The social worker should get Mrs. Mary ready for death</i>		
American students	1.94	0.754
Korean students	1.64	0.939
<i>Mrs. Mary is confused and unable to make her own choices</i>		
American students	1.77	0.848
Korean students	2.45	0.898
<i>Mrs. Mary has had a long life</i>		
American students	2.24	0.783
Korean students	1.18	0.579
<i>Mrs. Mary needs psychotherapy</i>		
American students	2.30	0.744
Korean students	2.70	0.723
<i>As a social worker, I would want to help Mrs. Mary</i>		
American students	2.72	0.565
Korean students	2.94	0.345

### Interaction effect of culture and vignette on ageist attitude

The multivariate analysis of variance (MANOVA) for 2 (culture)  $\times$  2 (vignette) on the dependent variables, ageist attitude, showed that there were significant interactions in four items: two items of factor I (perception of death and age) and two items of factor II (end-of-life choice). For the first item of factor I (perception of death and age), "She has lived a long life ( $p < 0.01$ )," American students scored significantly higher for the vignette with the 80-year-old client than for that with the 38-year-old one. For the second item of factor I (perception of death and age), "She shouldn't be concerned about the length of her life but

**Table 5** Interaction effect

Dependent variable	Type III sum of squares	df	Mean square	F
<i>Culture* vignette</i>				
It would be reasonable for Mrs. Mary to commit suicide	1.510	1	1.510	3.977*
For this case, physician-assisted suicide should be legalized	3.471	1	3.471	6.329*
Mrs. Mary shouldn't be concerned about the length of her life but her quality of life	3.186	1	3.186	6.029*
Mrs. Mary has had a long life	3.122	1	3.122	9.143**

\*  $p < 0.05$ , \*\*  $p < 0.01$

her quality of life ( $p < 0.05$ ),” American BSW students scored significantly higher for the 38-year-old client than for the 80-year-old one, while Korean BSW students scored significantly higher for the 80-year-old patient than for the 38-year-old one; however, there was no main effect for this item.

For the first item of factor II (end-of-life choice), “It would be reasonable for her to commit suicide ( $p < 0.05$ ),” Korean BSW students scored significantly higher for the vignette with the 38-year-old client than for that with the 80-year-old one. For the second item of factor II (end-of-life choice), “For this case, physician-assisted suicide should be legalized ( $p < 0.05$ ),” only American BSW students scored significantly higher for the vignette with the 80-year-old client than that with the 38-year-old.

## Discussion and implications

We hypothesized that higher negative ageist attitudes would come from students within a culture of individualism, i.e., the United States. However, there were generally negative ageist attitudes among social work students regardless of their cultural background, particularly in their perception of death and age in items such as “Mrs. Mary is most likely going to die regardless of medical care,” “She would recover if she were younger,” “She should expect to have a full recovery due to her age,” “The social worker should get her ready for death,” and “She has lived a long life.” That is, participants showed more favorable attitudes toward the 38-year-old client than the 80-year-old client for those items except for one item (Mrs. Mary has had a long life), for which the two groups showed opposite opinions; unlike American students, Korean students showed a negative opinion that an 80-year-old client had lived a long life. However, there was little ageist attitude among participants for end-of-life choice, assessment and intervention, and values and ethics to care.

In spite of the similarity of the ageist attitude of both groups, the findings also indicated that regardless of vignette (i.e., the age of the vignette’s character), there was significant cultural variation regarding the students’ perception of death and age, end-of-life choice, assessment and intervention, and values and ethics to care. For items measuring the perception of death and age, “She has lived a long life,” “She is most likely going to die regardless of medical care,” “If Mrs. Mary were younger, her chances of recovery would be better,” and “The social worker should get her ready for death,” American BSW students scored significantly higher than their Korean counterparts. In Korea, it has been a notable tradition to wish the elderly a long life regardless of their health in particular, celebrating Korean New Year’s Day and Thanksgiving Day or special life events such as

60th, 70th, or 80th birthdays. This comes from the Confucian teachings emphasizing filial piety for the elderly (Sung 2004). Death during a person's 80s or 90s has been also regarded as a condition of good death, called "ho-sang" in Korean. In addition, Korea has a traditional stereotype that talking about a person's death is taboo because it might bring about misfortune or hasten the death (Hern et al. 1998). Today, many Korean younger people still tend to avoid speaking about the topic of death, though this viewpoint has changed a little among health service providers, such as nurses and social workers (Kim and Lee 2003; Lee et al. 2008). In this cultural context, Korean social workers would not have easily spoken out and agreed on client's possible death regardless of her age or health.

Regarding factor II (end-of-life choice), on three items—"It would be reasonable for her to commit suicide," "For this case, physician-assisted suicide should be legalized," and "She should be allowed to commit suicide"—American BSW students had also significantly higher scores than Korean students. It is still controversial throughout the world whether termination of a person's life can be justified if the person was suffering terrible pain from a terminal disease. In the United States, however, there was an emerging consensus among the public in the 1980s that there were circumstances in which a person should be allowed to die and that terminally ill people do have the right to accept or reject treatment options (Kastenbaum 2011). The first law legalizing physician-assisted suicide was enacted in the state of Oregon in 1997, called the Oregon Death with Dignity Act (ODDA). In response to the new law, the National Association of Social Workers (NASW) published guidelines concerning end-of-life decisions for social workers working in the forefront of end-of-life care (NASW 2006a, b). The policy statement of NASW regards client self-determination as the primary element for social work intervention in end-of-life decisions, stating that assisted suicide is one of various options for patients with a terminal condition and the end-of-life decisions should be based on client self-determination. Accordingly, social workers have long dealt with challenging ethical issues in health care, such as euthanasia and assisted suicide (Csikai 1999). A study showed that social workers were generally more supportive of both the act legalizing physician-assisted suicide and patients choosing assisted suicide than were nurses (Miller et al. 2004). However, in Korea, euthanasia or physician-assisted suicide is illegal at present, though passive euthanasia or withdrawal of treatment has been infrequently allowed. The difficulties in societal consensus for euthanasia mainly come from the Confucianism deeply rooted in the way of Korean life, and partly from protests from religions, including Protestantism and Roman Catholicism (Ryu et al. 2013). Confucianism has taught that death is something unwanted, and action that helps someone to die is regarded as immoral action. In addition, as life is owed to the parents, the body should not be damaged (Doering 2001). In this cultural context, suicide has been regarded as socially unacceptable, morally wrong, and religiously sinful in Korea, and accordingly, assisted suicide or euthanasia also creates negative feelings among health service providers. However, paradoxically, South Korea ranked first in suicide rates among Organization for Economic Co-operation and Development (OECD) countries in 2012.

Regarding two items of factor III (assessment and intervention)—"She is confused and unable to make her own choices," and "She needs psychotherapy," Korean BSW students scored significantly higher than American students, while American BSW students scored significantly higher than Korean counterparts on one item: "She should be committed to a psychiatric hospital involuntarily." Social workers in health care settings frequently play a central role in interfacing and developing relationships with terminally ill clients and their families. Caring for dying clients frequently raises ethical issues when there is conflict due to social work values (Csikai 2004). Respecting and promoting the right of clients to self-

determination is especially important when working with terminally ill individuals, because they consider keeping a sense of control (i.e., their involvement in treatment and care decisions) as one of their primary concerns (Proot et al. 2004). In spite of the importance of client self-determination as a right, social workers may limit it if the patients pose a threat to themselves from poor judgment or poor self-care (Clark 2003). In both the United States and South Korea, self-determination is a primary ethical principle guiding social work practice (Congress and Kim 2007; NASW 2013). However, North Americans with their individualistic culture put more emphasis on self-determination, while South Koreans in their collectivistic culture favor group or family-based decision-making rather than individual-based decision-making (McCormick 2011). That is, in the United States, informed consent, in which clients make a decision about their care, is integral in the health decision-making processes. However, in South Korea, the opinions of family members and health care providers are given priority in decision-making concerning the patient's care (Kim et al. 2012). The difference in assessment and intervention between both groups may be explained in this individualistic versus collectivistic cultural context.

For items in factor IV (values and ethics to care), there were no significant differences between American and Korean BSW students except on one item: "As a social worker, I would want to help her," for which Korean BSW students had a significantly higher score than American BSW students. The code of ethics for Korean social workers was adopted in 1988, based on the international code of ethics published by the International Federation of Social Workers (IFSW) (Banks 2001). The main principles of the IFSW codes of ethics are reported to be similar to those of the U.S. *National Association of Social Workers Code of Ethics* (Rodgers 2009). The results of the study indicated the similarities in both groups' view of the values and ethics to care of terminally ill patients.

The findings harvested from the study may be interpreted in two ways. First, regardless of their culture, even social work students who were trained on values and ethics for human service and were thus expected to have a more positive attitude toward older people tended to show an overall negative ageist attitude, which may reflect the general attitude of modern society toward older people. In reality, despite many attempts to resolve issues concerning discrimination on the basis of race, ethnicity, gender, sexual orientation, or disability, there has been little public dispute over ageism; how older people are ill-treated in society. In order to reduce or eliminate the negative ageist attitude prevalent in society, ageism should be dealt with as an important issue related to the discrimination against older people. In particular, as ageism of social workers may have substantially negative impacts on the client, more intensive social work curricula should be developed to address values and ethics focusing on elimination of ageist attitudes. Furthermore, a negative ageist attitude may be a barrier for new social work students in choosing gerontological practice as their first choice of career. Frequent exposure to an environment working with older adults through a service-learning experience may be one effective way to get rid of ageism and attract social work graduates into gerontology (Mason and Sanders 2004).

Second, Korean BSW students showed a more positive ageist attitude for the perception of death and age than American BSW students. This finding indicates that despite the general concern over the rapid westernization of Korean society, the Korean younger generation seemed to maintain the Confucian value to respect older people. Aging is a global issue and South Korea is one of the fastest growing aging nations. Accordingly, prevention of ageism is becoming more and more significant in resolving radical human rights problems that many older people would face. In this context, the filial piety in Korean society may play an integral role in reducing ageism, and needs to be preserved and nurtured through education and social norm.

It is very difficult to generalize the results from this study because of diverse research limitations. The participants in this study are not representative of the greater population, and the sample size is fairly small. For instance, the participants were recruited from northwest Ohio in the United States and the Daejeon metropolitan area in South Korea, the results cannot be universal to college students living in different provinces or states. Despite the limitations, this study extends previous research in understanding how cultural factors of social work students affect their ageist attitudes toward older adults as well as their practice of social work. Most importantly, the findings could help to improve gerontological social work practice and education to eliminate the ageist attitudes of social work students and to deliver effective services to older adults.

## Conclusion

Today more value tends to be placed on the younger population, derived from the belief that they are more able and worthy than older adults. Accordingly, ageism is a critical social issue in a global, aging society because stereotypes about an aging population are so prevalent that people might not even recognize ageism when it occurs. Specifically, the negative attitude of social workers can potentially be dangerous because they could prevent older adults from getting appropriate health care services. The authors suggest that social work students should be trained and educated to be sensitive to older populations early, during the undergraduate level of education, in order to get rid of ageist attitudes (Gleberzon 2002). An intensive pedagogical curriculum focusing on values and ethics toward the aging population should be developed to help social work students overcome their negative ageist attitudes, offering elderly friendly environments and more opportunities for service-learning experiences with older adults.

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