

Original Article

Attitudes of Nursing Students Toward Older Adults and Ageism at a Philippine Higher Education Institution

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Abstract. Ageism, expressed through age-related stereotypes, prejudices, and discriminatory behaviors, presents a persistent challenge to the delivery of equitable and compassionate nursing care for older adults. Anchored in Social Role Theory by Alice Eagly, which explains how societal roles shape beliefs and expectations, and Jean Watson's Theory of Human Caring, which emphasizes empathy, respect, and humanistic values in nursing practice, this study examined nursing students' attitudes toward older adults within the context of nursing education. A quantitative, cross-sectional, descriptive-comparative design was utilized, involving 190 undergraduate nursing students aged 18–29 selected through purposive sampling. Data were collected using an adapted version of Kogan's Attitudes Toward Older People (ATOP) scale, which assesses cognitive, emotional, and behavioral dimensions, and analyzed using descriptive statistics, the Mann–Whitney U test, and the Kruskal–Wallis H test. Findings indicated generally positive emotional and behavioral attitudes, reflecting a caring orientation consistent with Watson's theory. In contrast, cognitive attitudes remained largely neutral, suggesting the persistence of subtle age-related stereotypes influenced by socially constructed roles. No significant differences were found across sex, year level, or family type; however, students with greater exposure to older adults exhibited more favorable cognitive attitudes, supporting the role of direct interaction in reshaping social role expectations. This study is limited by its single-institution scope and purposive sampling, which may reduce generalizability. Nevertheless, the findings contribute to a broader understanding of ageism in nursing education and underscore the importance of integrating experiential learning and human caring principles into curricula to foster age-inclusive attitudes and enhance the quality of care for older adults.

Keywords: Ageism; Attitudes; Nursing students; Older adults; Philippines.

Ageism, defined as discrimination based on age, remains a pervasive global issue that shapes how older adults are perceived and treated across societies and healthcare systems. Older persons are frequently portrayed as weak, dependent, or burdensome, reinforcing stereotypes that negatively influence social interactions and healthcare delivery (World Health Organization, 2012). Ageism operates across cognitive, emotional, and behavioral dimensions, shaping beliefs, feelings, and actions toward older adults (Marques et al.,

2020). In nursing practice, these dimensions are particularly significant, as nurses are primary caregivers whose attitudes directly influence clinical judgment, ethical decision-making, and the provision of dignified, person-centered care.

The development and persistence of ageist attitudes can be understood through Social Role Theory, proposed by Alice Eagly, which explains how stereotypes emerge from socially constructed roles and expectations assigned to specific groups. Within this framework, older adults are often associated with roles characterized by dependency, reduced productivity, and declining competence. Such role-based expectations can unconsciously shape nursing students' cognitive perceptions, leading to subtle forms of ageism that affect assessment, symptom interpretation, and clinical decision-making. These socially embedded beliefs may persist even in healthcare environments that promote equity and professionalism (Jones & Pal, 2022).

In contrast, Jean Watson's Theory of Human Caring emphasizes the moral, ethical, and humanistic foundations of nursing. Watson highlights the importance of empathy, respect, and recognition of the inherent dignity of every person, regardless of age or functional status. From this perspective, nursing care extends beyond technical competence to include authentic presence, compassion, and meaningful nurse-patient relationships. When applied to gerontological nursing, Human Caring Theory challenges age-based stereotypes by affirming the value of older adults as whole persons deserving of holistic, respectful care (Gonzalo, 2024). Together, Social Role Theory and Human Caring Theory illuminate a theoretical tension within nursing education: while professional nursing values promote caring and human dignity, socially constructed age roles may continue to influence students' cognitive attitudes.

For nursing students, whose professional identities and attitudes are still forming, this tension has important implications. Without intentional educational strategies, age-related stereotypes may remain unexamined and become embedded in clinical practice. Health conditions such as cognitive changes or chronic pain may be misattributed to "normal aging," increasing the risk of underassessment or undertreatment (Martínez-Angulo et al., 2023). Addressing ageism within nursing education, therefore, requires not only the transmission of knowledge but also reflective engagement with professional values grounded in human caring and ethical responsibility.

Within the Philippine context, this issue warrants deeper examination. Filipino culture is characterized by strong family ties, intergenerational responsibility, and cultural respect for elders. However, despite these deeply rooted values, ageist assumptions may persist in formal healthcare settings and professional training environments (Becina & Carpio, 2019). This apparent contradiction highlights the need to examine how cultural ideals of respect and care intersect with socially constructed age roles that may subtly influence nursing students' perceptions and behaviors. Understanding this dynamic is crucial for nursing education, as it raises questions about how cultural values are translated into professional practice and how curricula can better align humanistic nursing principles with culturally responsive gerontological care.

Although international studies have examined ageism among nursing students, research within the Philippine setting remains limited (Wexler, 2020). Situating this study within the broader global discourse on gerontological nursing allows for a more nuanced understanding of how local cultural contexts shape attitudes toward older adults in healthcare education. By grounding the investigation in Social Role Theory and Human Caring Theory, this study contributes to a deeper conceptual understanding of ageism in nursing education. The purpose of this study is to examine nursing students' attitudes toward ageism, considering variables such as age, sex, year level, family type, and frequency of contact with older adults. The findings are intended to inform nursing curricula, strengthen gerontological education, and support the preparation of future nurses who are equipped to provide compassionate, age-sensitive, and dignified care to older adults. Ultimately, the study contributes to both local and global efforts to reduce age-based discrimination and improve the quality of nursing care for an aging population.

Methodology

Research Design

The study utilized a quantitative, cross-sectional descriptive-comparative research design, which is appropriate

for assessing and comparing attitudes among groups at a single point in time without manipulating variables. This design enables the collection of objective data to explore differences across variables such as age, sex, year level, frequency of contact with older adults, and family type.

Participants and Sampling Technique

The study involved 190 nursing students aged 18 years and above, from first- to fourth-year levels, enrolled at Canossa College – San Pablo City, Inc. The participants included 43 first-year, 58 second-year, 41 third-year (excluding the four researchers), and 48 fourth-year students. The sample consisted of 140 females and 50 males. Purposive sampling, a non-probability sampling technique, was used to ensure that participants met the study's specific inclusion criteria. Criteria included: (a) currently enrolled as a nursing student, (b) aged 18 or older, and (c) willingness to participate. Students who were part of the research team were excluded. This sampling method was chosen to recruit participants whose characteristics aligned directly with the study objectives (Dovetail, 2023).

Research Instrument

The primary instrument used in this study was the English version of Kogan's Attitudes Toward Older People (ATOP) scale, adapted from Ortiz-Rubio et al. (2020), and formally obtained from the author of the questionnaire, with approval and permission for use in the present study. The instrument assesses attitudes toward older adults across three domains: cognitive, emotional, and behavioral. As the English language is the medium of instruction in Philippine nursing education, the English version of the instrument was deemed appropriate for the study population. No translation was required. To ensure clarity and comprehension, the questionnaire was reviewed by an English teacher for grammatical accuracy. No changes were made to the content, meaning, or conceptual intent of the original items.

Content validity was established through expert evaluation by three registered nurses, including one with a master's degree, and a statistician, who assessed the instrument for clarity, relevance, and alignment with the study objectives. Expert recommendations led to minor refinements to enhance contextual suitability. A pilot test was conducted with 30 nursing students from outside the research locale, using Google Forms, to assess reliability and comprehensibility. Internal consistency reliability was evaluated using Cronbach's Alpha, yielding coefficients of $\alpha = .747$ for the Cognitive domain, $\alpha = .866$ for the Emotional domain, $\alpha = .878$ for the Behavioral domain, and an overall reliability coefficient of $\alpha = .896$. These results indicate good to excellent internal consistency and support the instrument's suitability for use in the current study.

Data Gathering Procedure

Data were collected online via Google Forms. Before data collection, approval was obtained from the Research Committee of Canossa College – San Pablo City, Inc., and coordination was undertaken with program administrators to facilitate access for student participants. Data collection commenced in 2025 following approval. Participants were provided with an informed consent form embedded in the online survey that explained the purpose of the study, procedures, the voluntary nature of participation, and data confidentiality. The questionnaire link was distributed through official class group communication channels, and participants were given two weeks to complete the survey at their convenience.

Using Google Forms enabled efficient data collection; however, online data collection may introduce biases, including self-selection bias and limitations related to digital access. To mitigate these concerns, the survey was made accessible via mobile devices, ample time was provided for completion, and participation was encouraged across all year levels to promote broad representation within the institution. No incentives were offered to minimize response bias.

Data Analysis Procedure

The collected data were coded, tabulated, and processed in Microsoft Excel. Descriptive and inferential statistical techniques were applied to address the research questions. Frequency and percentage distributions were used to describe respondents' demographic characteristics, including age, sex, and year level. Before conducting inferential analyses, assumptions for parametric testing were assessed. Normality of the ATOP domains (Cognitive, Emotional, Behavioral) was examined using the Kolmogorov-Smirnov and Shapiro-Wilk tests. Results indicated that the Cognitive domain met the normality assumption, whereas the Emotional and Behavioral

domains violated it, justifying the use of nonparametric tests. Other assumptions, such as homoscedasticity and multicollinearity, were not strictly applicable due to the ordinal nature of the data and the study design.

Inferential analyses were conducted using the Mann-Whitney U Test to examine differences in attitudes toward older adults by sex, and the Kruskal-Wallis H Test to examine differences by year level, family type, and frequency of contact with older adults. For significant Kruskal-Wallis H results, post hoc pairwise comparisons using Bonferroni-adjusted Mann-Whitney tests were suggested to identify specific group differences while controlling for Type I error. Reliability of the instrument was assessed using Cronbach's alpha for each ATOP domain: Cognitive ($\alpha = 0.747$), Emotional ($\alpha = 0.866$), and Behavioral ($\alpha = 0.878$), with an overall scale reliability of $\alpha = 0.896$. These values indicate acceptable to excellent internal consistency, supporting the robustness of the findings and confirming the instrument's suitability for assessing nursing students' attitudes toward older adults.

Ethical Considerations

The study adhered to established ethical standards for research involving human participants. Ethical approval was obtained from the Research Committee of Canossa College - San Pablo City, Inc., and remained valid throughout the 2025 data collection period. No renewal was required as data gathering was completed within the approved timeframe. All participants were fully informed about the study's objectives, procedures, potential risks, and benefits. Informed consent was obtained prior to participation, and respondents were assured of their right to withdraw at any point without penalty. Confidentiality and anonymity were maintained through coded responses and the exclusion of identifying information. All data were securely stored and accessed only by the researchers. Participant welfare, privacy, and data protection were prioritized throughout the research process.

Results and Discussion

Demographic Data

Table 1 shows the demographic profile of respondents grouped by age, with the highest frequency at age 21 (24.7%), followed by 20 (21.6%) and 19 (20.5%). The majority of respondents fall within the 18-22 age range, indicating typical academic progression in the Philippines, where students transition directly from senior high school to college. Older age groups (23 and above) have fewer respondents, suggesting delays due to financial constraints or personal circumstances. This age distribution aligns with global trends, as 91% of full-time undergraduate students at public colleges in the U.S. are under 25 years old (NCES, 2021). The age profile supports the expectation that most nursing students are in the typical college-age range, which, in turn, influences their attitudes toward ageism.

Table 1. *Demographic Profile of the Respondents When Grouped According to Their Age*

| Age | Frequency | Percentage (%) |
|--------------|------------|----------------|
| 18 | 16 | 8.4 |
| 19 | 39 | 20.5 |
| 20 | 41 | 21.6 |
| 21 | 47 | 24.7 |
| 22 | 29 | 15.3 |
| 23 | 12 | 6.3 |
| 24 | 4 | 2.1 |
| 26 | 1 | 0.5 |
| 29 | 1 | 0.5 |
| Total | 190 | 100.0 |

Table 2. *Demographic Profile of the Respondents When Grouped According to their Sex*

| Sex | Frequency | Percentage (%) |
|--------------|------------|----------------|
| Male | 40 | 26.3 |
| Female | 150 | 73.7 |
| Total | 190 | 100.0 |

Table 2 shows that 26.3% of respondents are male and 73.7% are female. The higher number of female respondents aligns with nursing's association with empathy, emotional intelligence, and caring, which are often seen as feminine traits. This trend is consistent with broader national and international patterns and with the values of Canossa College, which emphasize nurturing and service. Nursing's appeal to women is also influenced by its

work-life balance, job stability, and focus on interpersonal relationships. On the other hand, men are underrepresented in nursing due to societal stereotypes and the stigma surrounding men in caregiving professions. Smith and Brown (2023) suggest that these stereotypes discourage men from entering nursing, while Dumitrascu et al. (2020) note that nursing's historical association with femininity, shaped by figures such as Florence Nightingale, continues to influence this gender disparity.

Table 3. *Demographic Profile of the Respondents When Grouped According to Their Year Level*

| Year Level | Frequency | Percentage (%) |
|--------------|------------|----------------|
| BSN 1 | 43 | 22.6 |
| BSN 2 | 58 | 30.5 |
| BSN 3 | 41 | 21.6 |
| BSN 4 | 48 | 25.3 |
| Total | 190 | 100.0 |

Table 3 shows the distribution of respondents by year level. Second-year students constitute the largest group (30.5%), followed by fourth-year (25.3%), first-year (22.6%), and third-year (21.6%) students. The high number of second-year students indicates a successful adjustment to the program, while fourth-year students have persevered through its challenges. The smaller number of third-year students indicates greater academic and clinical demands, which can lead to delays or withdrawals. This pattern aligns with the broader pattern of higher attrition rates in later years of nursing education, attributable to academic and personal pressures. According to the National League for Nursing (2021), attrition rates in nursing programs remain a global challenge. They further note that turnover rates rise during the third year due to increased academic and clinical demands.

Table 4. *Demographic Profile of the Respondents When Grouped According to Their Frequency of Contact with Older Adults*

| Frequency of Contact with Older Adults | Frequency | Percentage (%) |
|---|------------|----------------|
| I interacted with older adults in the past. (<i>more than 6 months ago</i>) | 49 | 25.8 |
| I currently interact with older adults. (<i>within the past 6 months</i>) | 139 | 73.2 |
| I have never interacted with older adults. (<i>no interaction at all</i>) | 2 | 1.1 |
| Total | 190 | 100.0 |

Table 4 shows the frequency of contact with older adults among the respondents. Most respondents (73.2%) reported regular interaction with older adults within the past six months, while 25.8% had interacted with older adults in the past but not recently. Only 1.1% had never interacted with older adults. The frequent interaction is mainly attributable to the emphasis on geriatrics in nursing education, in which students engage with older adults in healthcare settings such as hospitals, nursing homes, and community health programs. This exposure helps students develop key skills in addressing the unique healthcare needs of older patients (Amelia, 2024). In Filipino culture, older adults are highly respected and often live with family, which leads to further interactions between nursing students and older adults at home (Medina, 2019). A smaller proportion of respondents reported past interactions due to changes in family dynamics, relocation, and life transitions. A few respondents had no direct exposure to older adults, indicating limited opportunities for interaction. Overall, most respondents have significant experience with older adults, which shapes their perceptions and skills in geriatric care (Jack, 2019).

Table 5. *Demographic Profile of the Respondents When Grouped According to Their Type of Family*

| Type of Family | Frequency | Percentage (%) |
|----------------|------------|----------------|
| Nuclear | 100 | 52.6 |
| Extended | 66 | 34.7 |
| Single-Parent | 12 | 6.3 |
| Grandparent | 7 | 3.7 |
| Communal | 5 | 2.6 |
| Total | 190 | 100.0 |

Table 5 shows the family types of the respondents, with nuclear families comprising 52.6%, followed by extended families at 34.7%. Single-parent families accounted for 6.3%, and grandparent-headed families for 2.6%. The prevalence of nuclear families reflects urbanization in the Philippines, where smaller living spaces and a shift toward independent family units are common. Extended families, while less frequent, provide strong support systems for intergenerational care. Single-parent and grandparent-headed families are less common due to traditional family roles. Communal living, though rare, can address financial and housing challenges. According

to a 2019 survey by the Philippine Statistics Authority (PSA), 73% of families in the Philippines are nuclear families, while 27% are extended families (Taas Noo Pilipino, 2024). A study by Becina and Carpio (2019) showed that extended families were more common with young children and exhibited high family cohesion. The rise of shared living arrangements is connected to housing affordability issues.

Descriptive Results

Table 6 indicates that nursing students' cognitive attitudes toward older adults are predominantly moderate, with positive attitudes present but not yet dominant, and only minimal negative responses observed across year levels. This pattern suggests that while overt ageist beliefs are uncommon, many students maintain neutral cognitive positions, reflecting incomplete conceptual integration of gerontological knowledge. Similar findings have been reported internationally, where nursing students demonstrate respectful attitudes yet retain uncertainty or ambivalence in their cognitive appraisal of aging and older adulthood (Allué-Sierra et al., 2023; Galzignato, 2021).

Table 6. *Attitudes of First-Year to Fourth-Year Nursing Students Towards Ageism Among Older Adults in Terms of Cognitive*

| Year Level | Negative | Moderate | Positive |
|--------------|----------|------------|-----------|
| BSN 1 | 0 | 29 | 14 |
| BSN 2 | 1 | 31 | 26 |
| BSN 3 | 1 | 22 | 18 |
| BSN 4 | 0 | 23 | 25 |
| Total | 2 | 105 | 83 |

BSN 2 students exhibited the highest proportion of positive cognitive attitudes, which was attributed to their concurrent exposure to foundational gerontology courses and initial clinical placements. This alignment of theoretical instruction with early clinical encounters allows students to contextualize aging beyond stereotypes, facilitating more accurate and informed cognitive frameworks (Galzignato, 2021). Research indicates that early integration of aging concepts into curricula, combined with supervised clinical experience, is effective in challenging age-related misconceptions before they become entrenched (Marques et al., 2020).

Despite prolonged clinical exposure, BSN 4 students continued to exhibit moderate cognitive attitudes. This finding reflects the complexity of advanced clinical training, where students are frequently exposed to frailty, multimorbidity, and cognitive decline among older patients. Without structured opportunities for reflection, repeated exposure to such conditions may inadvertently reinforce deficit-based views of aging (Rababa et al., 2020). Studies emphasize that clinical experience alone does not guarantee improved cognitive attitudes; instead, reflective learning mechanisms are essential for transforming experience into deeper understanding (Yáñez-Yáñez et al., 2022). BSN 3 students likewise demonstrated predominantly moderate cognitive attitudes, which were associated with heightened academic and clinical demands during this stage of training. Increased workload and performance pressure can limit students' cognitive and emotional capacity for reflective engagement with broader issues, such as ageism, resulting in attitudinal neutrality rather than active rejection of stereotypes (Toygar & Karadakovan, 2020).

The persistence of moderate cognitive attitudes across year levels highlights a curricular gap in the explicit addressing of ageism at the cognitive level. Educational strategies such as guided reflective journaling on aging encounters, case-based ethical discussions, and simulation exercises focused on stereotype recognition have been shown to enhance students' cognitive awareness of ageism (Rababa et al., 2020; Yáñez-Yáñez et al., 2022). Additionally, community-based intergenerational programs that expose students to healthy, active older adults outside clinical settings may further broaden cognitive perceptions of aging (Allué-Sierra et al., 2023).

In contrast, BSN 1 students displayed fewer positive cognitive responses, likely due to limited direct clinical exposure to older adults. At this stage, students' beliefs may rely more heavily on societal narratives and cultural norms than on experiential knowledge. In the Philippine context, strong cultural values emphasizing respect for elders may promote courteous behavior while discouraging critical examination of age-related assumptions, thereby sustaining neutral cognitive attitudes (Wexler, 2020).

From a theoretical perspective, Jean Watson's Human Caring Theory posits that cognitive understanding of caring develops through reflective, relational experiences rather than through technical competence alone (Gonzalo,

2024). When reflective processes are insufficient, caring behaviors may be enacted without corresponding cognitive transformation. Similarly, Alice Eagly’s Social Role Theory posits that individuals internalize societal expectations associated with caregiving roles, leading nursing students to exhibit respectful behavior toward older adults while retaining unexamined beliefs shaped by cultural stereotypes (Jones & Pal, 2022).

Table 7 demonstrates that nursing students’ emotional attitudes toward older adults are overwhelmingly positive, with no negative emotional responses recorded across all year levels. This pattern indicates a strong affective orientation toward empathy, compassion, and respect for older adults, suggesting that the emotional dimensions of ageism are less pronounced among nursing students than the cognitive dimensions. Similar trends have been observed in both regional and international studies, in which nursing students consistently report favorable emotional responses toward older adults, despite variability in knowledge and beliefs about aging (White et al., 2024; Allué-Sierra et al., 2023).

Table 7. *Attitudes of First-Year to Fourth-Year Nursing Students Towards Ageism Among Older Adults in Terms of Emotional*

| Year Level | Negative | Moderate | Positive |
|-------------------|-----------------|-----------------|-----------------|
| BSN 1 | 0 | 10 | 33 |
| BSN 2 | 0 | 20 | 38 |
| BSN 3 | 0 | 13 | 28 |
| BSN 4 | 0 | 11 | 37 |
| Total | 0 | 54 | 136 |

BSN 2 and BSN 4 students exhibited the highest levels of positive emotional attitudes. Among BSN 2 students, this finding was attributed to their early yet meaningful exposure to patient care, which often evokes empathy as they transition from purely theoretical learning to real patient interaction. Emotional engagement at this stage is typically reinforced by idealism and a developing professional identity, wherein students begin to internalize caring as a core nursing value (Yao et al., 2021). For BSN 4 students, sustained clinical exposure and repeated interactions with older adults appear to deepen emotional connection and compassion, reflecting emotional maturity and a more integrated caring identity. However, the literature cautions that, without adequate emotional support and reflection, prolonged exposure to patients' suffering may also lead to compassion fatigue, underscoring the importance of emotional scaffolding within the curriculum (Rababa et al., 2020).

First-year students also demonstrated predominantly positive emotional attitudes, though at slightly lower levels than those of upper-year cohorts. This emotional positivity is shaped by Filipino cultural norms that emphasize respect for elders, close family ties, and intergenerational living arrangements. Such cultural socialization fosters early emotional sensitivity toward older adults, even in the absence of clinical experience (Wexler, 2020). However, while cultural values promote affective respect, they may not equip students with the emotional resilience needed to manage the complexities of geriatric care in clinical settings, underscoring the distinction between culturally driven empathy and professionally cultivated emotional competence.

Third-year students exhibited fewer positive emotional responses and a higher proportion of moderate attitudes, reflecting emotional strain associated with increased academic workload, intensified clinical exposure, and heightened performance expectations. Previous studies have shown that emotional engagement may fluctuate during periods of high stress, leading to emotional distancing as a coping mechanism rather than a lack of compassion (Toygar & Karadakovan, 2020; Yáñez-Yáñez et al., 2022). This transitional phase underscores the vulnerability of students’ emotional well-being and the need for structured emotional support during demanding stages of nursing education.

Watson’s Human Caring Theory offers a robust theoretical account of these findings, emphasizing that caring is fundamentally relational and that emotional presence, empathy, and authentic connection are central to effective nursing practice (Gonzalo, 2024). The consistently positive emotional attitudes observed suggest that nursing education successfully fosters the affective components of caring, even when cognitive understanding of aging remains incomplete. Complementarily, Eagly’s Social Role Theory explains how internalized caregiving roles, reinforced by both cultural expectations and professional training, shape emotional responses toward older adults, leading students to express compassion and concern as normative aspects of the nursing role (Jones & Pal, 2022).

Despite these strengths, the findings also indicate the need for intentional curricular strategies to sustain and deepen emotional engagement across all year levels. Structured reflective journaling, facilitated debriefing sessions following geriatric clinical exposure, and mentorship programs can help students process emotionally challenging encounters and prevent emotional fatigue (Rababa et al., 2020). Additionally, community-based immersion programs and intergenerational dialogue initiatives may enhance emotional authenticity by enabling students to engage with older adults beyond illness-centered contexts, thereby reinforcing positive emotional attitudes and broadening perspectives on aging (White et al., 2024).

Table 8 indicates that nursing students consistently demonstrate positive attitudes toward older adults across all year levels, with no negative behavioral responses recorded. This finding suggests that, regardless of academic standing, students can exhibit respectful, ethical, and compassionate behavior when interacting with older adults. The predominance of positive behavioral responses underscores the effectiveness of nursing education in translating professional values and ethical principles into observable caregiving actions, even when cognitive attitudes toward aging remain only moderately positive.

Table 8. *Attitudes of First-Year to Fourth-Year Nursing Students Towards Ageism Among Older Adults in Terms of Behavioral Acts*

| Year Level | Negative | Moderate | Positive |
|--------------|----------|-----------|------------|
| BSN 1 | 0 | 12 | 31 |
| BSN 2 | 0 | 14 | 44 |
| BSN 3 | 0 | 8 | 33 |
| BSN 4 | 0 | 13 | 35 |
| Total | 0 | 47 | 143 |

BSN 2 students exhibited the highest number of positive behavioral responses, attributed to their early immersion in clinical practice and to recently acquired foundational nursing principles. At this stage, students often display heightened motivation to perform expected caregiving behaviors, closely adhering to patient-centered care protocols and professional role expectations. This aligns with findings from Castro et al. (2023), who reported that early clinical exposure strengthens students' ability to demonstrate respectful and age-sensitive behaviors, even before deeper conceptual understanding of gerontology is fully developed.

Fourth-year students also demonstrated strong positive attitudes toward behavior, reflecting the cumulative impact of prolonged clinical exposure, mentorship, and repeated patient interactions. Through sustained engagement with older adults in varied healthcare settings, these students develop behavioral confidence and consistency in delivering age-appropriate care. However, the literature suggests that such behavioral competence may sometimes operate independently of cognitive beliefs, meaning that students can exhibit appropriate behaviors even when subtle ageist assumptions persist (Rababa et al., 2020). This dissociation underscores the importance of aligning behavioral performance with reflective cognitive processing to ensure authentic, bias-free care.

First-year and third-year students, although showing slightly lower positive behavioral scores, still demonstrated predominantly favorable behaviors. Among first-year students, this is explained by strong professional socialization within nursing education, where ethical conduct, respect for patients, and caring behaviors are emphasized early as non-negotiable professional standards. Cultural norms in the Philippine context, which emphasize respect for elders, may further reinforce appropriate behaviors toward older adults, even in the absence of extensive clinical experience (Wexler, 2020). For third-year students, moderate behavioral responses reflect transitional challenges associated with increased clinical responsibility and academic workload, during which students focus on task completion and technical competence, sometimes at the expense of relational engagement (Yáñez-Yáñez et al., 2022).

Watson's Human Caring Theory provides a theoretical foundation for understanding these findings, emphasizing that caring behaviors emerge through intentional presence, attentiveness, and meaningful patient interactions (Gonzalo, 2024). The consistently positive behavioral outcomes suggest that nursing education successfully instills caring practices as habitual professional behaviors. Complementarily, Eagly's Social Role Theory explains how repeated enactment of caregiving roles within clinical and educational settings leads to the internalization of expected behaviors, regardless of personal beliefs or cognitive ambivalence about aging (Jones & Pal, 2022).

Through repeated role-play, students learn what is expected of them as nurses, reinforcing positive behavioral responses toward older adults.

Despite these strengths, the findings also point to the need for curricular strategies that ensure behavioral competence is accompanied by cognitive and reflective depth. Without intentional reflection, positive behaviors risk becoming routine or task-oriented rather than genuinely person-centered. Structured clinical simulations focusing on geriatric ethical dilemmas, community-based elder care programs, and interprofessional collaboration exercises can deepen students' understanding of aging-related challenges while reinforcing appropriate behaviors (Saharuddin & Makhtar, 2022). Additionally, integrating reflective journaling and post-clinical debriefings may help students critically examine their actions, identify implicit biases, and align behavior with the values of dignity and holistic care.

Table 9. *Overall Attitude of First-Year to Fourth-Year Nursing Students Towards Ageism Among Older Adults*

| Scale | Cognitive | Emotional | Behavioral |
|--------------|------------|------------|------------|
| Negative | 2 | 0 | 0 |
| Moderate | 105 | 54 | 47 |
| Positive | 83 | 136 | 143 |
| Total | 190 | 190 | 190 |

Table 9 presents nursing students' overall attitudes toward older adults across the cognitive, emotional, and behavioral dimensions. The findings reveal a distinct attitudinal pattern characterized by moderate cognitive attitudes alongside strongly positive emotional and behavioral responses. This divergence suggests that while students generally feel positively toward older adults and consistently demonstrate respectful and ethical behaviors in practice, their conceptual understanding of ageism and the aging process remains less fully developed.

The predominance of moderate cognitive attitudes indicates that many students neither fully endorse nor reject age-related stereotypes, reflecting uncertainty or incomplete critical understanding rather than overt ageism. This pattern has been documented in international studies, where nursing students exhibit favorable emotions and behaviors toward older adults but demonstrate limited ability to cognitively identify subtle forms of ageism embedded in healthcare systems and societal narratives (Allué-Sierra et al., 2023; Rababa et al., 2020). In the Philippine context, this cognitive neutrality was reinforced by cultural norms that emphasize respect and deference toward elders, thereby promoting polite behavior and emotional warmth but discouraging critical examination of structural inequalities, dependency stereotypes, or paternalistic care practices.

The strong positive emotional attitudes observed suggest that students possess a well-developed affective orientation toward older adults, likely shaped by both cultural values and professional socialization. Filipino cultural traditions that emphasize *paggalang* (respect) and *pagamalasakit* (compassion) toward elders foster early emotional bonding with older family members, which is further strengthened through nursing education and clinical exposure. These findings are consistent with the global literature, which shows that repeated personal and clinical interactions with older adults enhance empathy, emotional sensitivity, and concern for well-being, even in the absence of advanced gerontological knowledge (White et al., 2024; Yao et al., 2021).

Similarly, the overwhelmingly positive behavioral attitudes indicate that students can translate professional values into action, demonstrating respectful communication, ethical conduct, and patient-centered care toward older adults. This alignment between behavior and professional standards reflects the effectiveness of nursing curricula in emphasizing ethical practice, clinical competence, and caring behaviors. Watson's Human Caring Theory explains this pattern, positing that caring behaviors emerge from intentional presence, moral commitment, and repeated caring encounters, even when cognitive understanding is still evolving (Gonzalo, 2024). Through clinical training and role modeling, students internalize caring behaviors as core professional responsibilities.

However, the coexistence of positive emotional and behavioral attitudes with only moderate cognitive understanding highlights a critical educational gap. According to Eagly's Social Role Theory, individuals may enact socially and professionally expected behaviors without thoroughly interrogating the underlying beliefs

(Jones & Pal, 2022). In this study, students appear to perform age-appropriate behaviors because they are socially and professionally reinforced, not necessarily because they have thoroughly deconstructed ageist assumptions or understand the complex realities of aging. Without deliberate cognitive engagement, such as examining stereotypes related to dependency, productivity, or decision-making capacity, these unchallenged beliefs may resurface under stressful clinical conditions or subtly influence care decisions.

The findings underscore the need for curricular interventions that explicitly target the cognitive dimension of ageism. Integrating structured reflective journaling, case-based ethical discussions, and guided analysis of age-related stereotypes can help students critically examine their assumptions about older adults. Experiential learning strategies, such as intergenerational dialogue programs, community immersion in elder care settings, and longitudinal engagement with healthy and frail older adults, may further deepen cognitive insight and promote a more nuanced understanding of aging across the lifespan. Studies have shown that such educational approaches significantly reduce cognitive ageism by encouraging perspective-taking and critical reflection (Koskinen et al., 2020; Liu et al., 2022).

Inferential Results

Table 10 indicates that there were no statistically significant differences in cognitive, emotional, or behavioral attitudes toward ageism when respondents were grouped according to sex. This finding suggests that male and female nursing students demonstrate comparable beliefs, emotional orientations, and caregiving behaviors toward older adults. The absence of sex-based differences highlights the strong influence of professional nursing education in shaping attitudes toward aging, potentially overriding traditional gender-based expectations associated with caregiving roles.

Table 10. Significant Difference in the Attitudes of the Respondents Towards Ageism Among Older Adults When Grouped According to Sex

| Scale | Asymp. Sig. (2-tailed) | Interpretation |
|-----------------|------------------------|-----------------|
| Cognitive | 0.052 | Not Significant |
| Emotional | 0.780 | Not Significant |
| Behavioral Acts | 0.804 | Not Significant |

From an educational standpoint, this uniformity reflects the standardized nursing curriculum, which emphasizes ethical principles, patient-centered care, empathy, and respect for human dignity across all students, regardless of sex. Through shared coursework, clinical exposure, and competency-based training, both male and female students are socialized into the professional role of nurses, in which caring for vulnerable populations—including older adults—is framed as a collective responsibility rather than a gendered task. Marques et al. (2020) similarly reported that attitudes toward older adults among healthcare trainees were more strongly influenced by gerontological knowledge and clinical exposure than by sociodemographic variables such as sex.

Although previous studies have reported lower levels of ageism among female nursing students, often attributing this to women's greater involvement in informal caregiving and emotional labor within families (Toygar & Karadakovan, 2020), the present findings suggest that such differences diminish within formal professional contexts. In contemporary nursing education, male students increasingly participate in caregiving experiences traditionally associated with female roles, thereby reducing attitudinal disparities. This trend aligns with global shifts toward gender equity in nursing education and practice, where professional identity supersedes culturally prescribed gender roles.

Eagly's Social Role Theory provides a helpful framework for interpreting these findings. According to the theory, attitudes and behaviors are shaped by socially assigned roles rather than inherent biological differences. In this study, both male and female students occupy the same professional role as nursing trainees, with identical expectations to provide compassionate, ethical, and competent care to older adults. Through repeated exposure to these expectations, students internalize role-based rather than gender-based caregiving norms, leading to similar cognitive, emotional, and behavioral attitudes toward aging (Jones & Pal, 2022).

Furthermore, the findings suggest that nursing education may serve as an equalizing environment, mitigating broader societal stereotypes about gender and caregiving. While cultural norms in many societies—including the

Philippines—often associate nurturing roles with women, formal nursing training reframes caring as a professional obligation grounded in competence, ethics, and humanistic values. This reframing appears effective in promoting attitudinal consistency across sexes, particularly in emotional and behavioral domains where no negative responses were observed.

Table 11. *Significant Difference in the Attitudes of the Respondents Towards Ageism Among Older Adults When Grouped According to Year Level*

| Scale | Asymp. Sig. (2-tailed) | Interpretation |
|-----------------|------------------------|-----------------|
| Cognitive | 0.125 | Not Significant |
| Emotional | 0.062 | Not Significant |
| Behavioral Acts | 0.723 | Not Significant |

Table 11 demonstrates that year level did not significantly influence nursing students' cognitive, emotional, or behavioral attitudes toward ageism. The absence of statistically significant differences across first- through fourth-year students indicates that attitudes toward older adults are relatively stable throughout the nursing program. This finding suggests that exposure to aging-related content and caring values occurs early in the curriculum and is consistently reinforced across academic levels, rather than developing in a strictly linear or cumulative manner as students advance.

The lack of variation across year levels may reflect the early integration of ethical principles, patient rights, and foundational gerontological concepts into the nursing curriculum. From the initial years of training, students are introduced to values of respect, dignity, and holistic care, which appear to establish a baseline of positive emotional and behavioral attitudes that persist throughout their education. As students progress, additional clinical exposure may refine technical competence, but it does not necessarily result in marked attitudinal shifts toward older adults. Yáñez-Yáñez et al. (2022) similarly reported that academic standing alone did not predict attitudes toward aging, emphasizing that factors such as personal experiences with older adults and sociocultural context play a more influential role than year level.

Notably, although fourth-year students had greater clinical exposure, this did not translate into significantly more positive attitudes than those of their junior counterparts. This finding contrasts with studies reporting progressively improved attitudes among senior nursing students due to increased maturity and prolonged exposure to geriatric care (Yönder & Yıldırım, 2020). Contextual differences in curricular design and clinical environments may explain the divergence. In settings where gerontological content is concentrated in specific courses rather than longitudinally integrated, additional years of study may increase workload and stress without necessarily deepening cognitive reflection on ageism.

From a theoretical perspective, Watson's Human Caring Theory posits that empathy and caring attitudes emerge from authentic relational encounters rather than from academic advancement alone. While students across year levels engage in caring interactions, the depth of these experiences may vary, particularly when clinical placements emphasize task completion and efficiency over reflective engagement with older patients (Gonzalo, 2024). This may explain why emotional and behavioral attitudes remain positive across all year levels, yet cognitive attitudes—particularly recognition of ageism—do not significantly evolve with academic progression.

Eagly's Social Role Theory further clarifies this pattern by emphasizing that attitudes are shaped by role expectations rather than duration within a role. Nursing students, regardless of year level, are socialized into the same professional role with shared expectations of compassion, respect, and ethical conduct toward older adults. Without intentional curricular interventions that explicitly challenge age-related stereotypes, mere progression through academic levels may not be sufficient to transform cognitive beliefs about aging (Jones & Pal, 2022).

These findings carry important curricular implications. The absence of year-level differences suggests that gerontological education should not be assumed to improve automatically over time. Instead, structured, developmentally appropriate learning strategies—such as reflective journaling during clinical rotations, guided ethical discussions of age-related dilemmas, and sustained engagement in community-based elder care—may be necessary at each academic level to promote deeper cognitive understanding of ageism. Embedding these strategies longitudinally could help ensure that cognitive attitudes evolve alongside emotional and behavioral

competencies.

Table 12. Significant Difference in the Attitudes of the Respondents Towards Ageism Among Older Adults When Grouped According to Frequency of Contact with Older Adults

| Scale | Asymp. Sig. (2-tailed) | Interpretation |
|-----------------|------------------------|-----------------|
| Cognitive | 0.022 | Significant |
| Emotional | 0.523 | Not Significant |
| Behavioral Acts | 0.958 | Not Significant |

Table 12 indicates that the frequency of contact with older adults significantly influences nursing students' cognitive attitudes toward ageism, while emotional and behavioral attitudes remain unaffected. The significant difference observed in the cognitive domain suggests that recent and ongoing interaction with older adults plays a critical role in shaping students' understanding, interpretation, and recognition of age-related stereotypes. Students who reported current interactions within the past six months demonstrated more decisive cognitive rejection of ageist beliefs than those whose exposure was limited to more distant experiences. This finding highlights that cognitive attitudes toward aging are particularly sensitive to the immediacy and continuity of exposure rather than to exposure alone.

The cognitive dimension reflects students' beliefs and attitudes about aging and requires active reflection and critical processing. Recent contact provides concrete, real-time encounters that challenge generalized or stereotypical assumptions about older adults' abilities, independence, and social roles. Continuous engagement allows students to observe variability among older individuals, thereby counteracting oversimplified or deficit-oriented views of aging. This supports the assertion that cognitive change is not automatic but requires sustained experiential input that prompts reinterpretation of previously held beliefs. Koskinen et al. (2020) similarly found that prolonged, meaningful engagement with older adults enhances cognitive insight into aging by exposing students to diverse life experiences and functional capacities among the elderly population.

In contrast, emotional and behavioral attitudes did not differ significantly by contact frequency. This stability suggests that affective responses such as empathy, compassion, and respect—as well as behavioral expressions of courteous and ethical care—are already well established among nursing students, regardless of how often they interact with older adults. In the Philippine context, cultural norms emphasizing respect for elders may contribute to consistently positive emotional and behavioral dispositions, even in the absence of frequent contact. Moreover, nursing curricula commonly reinforce professional values related to dignity, empathy, and patient-centered care early in training, which may explain the uniformity of emotional and behavioral responses across contact groups. Liu et al. (2022) reported similar findings, noting that structured nursing education exerts a stronger influence on emotional and behavioral attitudes than personal contact alone.

From a theoretical standpoint, Watson's Human Caring Theory provides a framework for understanding why repeated interactions primarily influence cognitive attitudes. Watson emphasizes that caring relationships deepen understanding through authentic presence and sustained engagement. While initial encounters may evoke empathy, ongoing interaction fosters reflective awareness and transforms beliefs about the aging experience (Gonzalo, 2024). Recurrent contact allows students to move beyond surface-level compassion toward a more nuanced, informed understanding of older adults as individuals with complex identities, capabilities, and needs.

Eagly's Social Role Theory further explains the observed pattern by highlighting the role of repeated professional enactment in reshaping cognitive schemas. When nursing students repeatedly assume caregiving roles in clinical or community settings, they internalize professional expectations that challenge ageist norms embedded in broader societal narratives. However, this internalization appears strongest when role engagement is recent and sustained, rather than episodic or historical (Jones & Pal, 2022). Past contact, while meaningful, may lack the immediacy required to reinforce stereotype-challenging experiences, thereby reducing cognitive impact continuously.

The findings underscore important implications for nursing education. While emotional empathy and respectful behaviors are successfully cultivated among students, a cognitive understanding of ageism requires deliberate reinforcement through sustained, meaningful engagement with older adults. Educational strategies such as

longitudinal community immersion programs, structured geriatric clinical rotations, and reflective learning activities that explicitly address age-related beliefs may be particularly effective in strengthening cognitive awareness. Integrating guided reflection following clinical encounters can help students critically examine their assumptions and consolidate learning derived from direct interaction.

Table 13. *Significant Difference in the Attitudes of the Respondents Towards Ageism Among Older Adults When Grouped According to Type of Family*

| Scale | Asymp. Sig. (2-tailed) | Interpretation |
|-----------------|------------------------|-----------------|
| Cognitive | 0.213 | Not Significant |
| Emotional | 0.863 | Not Significant |
| Behavioral Acts | 0.983 | Not Significant |

Table 13 demonstrates that there are no statistically significant differences in nursing students' attitudes toward ageism when grouped by family type across the cognitive, emotional, and behavioral dimensions. The non-significant results for the cognitive ($p = .213$), emotional ($p = .863$), and behavioral ($p = .983$) domains indicate that students from nuclear, extended, or other family structures hold comparable beliefs, emotional responses, and caregiving behaviors toward older adults. This finding suggests that family composition alone does not play a decisive role in shaping ageism-related attitudes among nursing students.

The absence of cognitive differences implies that students' understanding and attitudes of aging are not substantially influenced by whether they grew up in proximity to older family members. While extended family settings may provide greater exposure to elderly relatives, such exposure does not necessarily translate into accurate or comprehensive knowledge about aging or ageism (Toygar & Karadakovan, 2019). Familial interactions often emphasize respect and obligation rather than critical discussion of aging stereotypes, health challenges, and psychosocial changes associated with older adulthood. As a result, family-based exposure may be insufficient to foster the deeper cognitive awareness required to recognize and challenge subtle forms of ageism (Hoffmann & Kornadt, 2022). This supports the view that structured educational experiences, rather than informal family arrangements, are more influential in developing ageism-related knowledge among nursing students.

Similarly, the lack of significant differences in the emotional domain indicates that empathy, warmth, and affective concern toward older adults are consistently present across family types. In the Philippine sociocultural context, respect for elders is a widely shared value that transcends household structure (Cabrera et al., 2020), which may explain the uniformly positive emotional attitudes observed among respondents. However, emotional positivity alone does not guarantee a nuanced understanding of aging, reinforcing the importance of professional education in complementing culturally driven respect with evidence-based gerontological insight (Allué-Sierra et al., 2023).

The behavioral dimension also showed no significant variation across family types, suggesting that students' actions toward older adults, such as respectful communication and ethical caregiving, are more shaped by professional standards than by family background. Nursing education emphasizes universal principles of dignity, patient rights, and compassionate care, which are applied consistently across clinical settings regardless of personal upbringing (Gonzalo, 2024). These standardized expectations may neutralize potential differences arising from varied family experiences, resulting in comparable behavioral expressions of care among students from different family structures.

Existing literature supports these findings. Toygar and Karadakovan (2019) reported that professional education and direct geriatric care experiences exert a more substantial influence on ageism reduction than family background variables. While family environments can foster early emotional bonds with older adults, they do not consistently provide opportunities for reflective learning or structured caregiving roles. Hoffmann and Kornadt (2022) acknowledged that supportive intergenerational relationships within families can enhance empathy and respect; however, they emphasized that such effects are secondary to formal education and role-based learning in shaping long-term attitudes toward aging.

From a theoretical perspective, Eagly's Social Role Theory explains why family type does not significantly differentiate attitudes in this population. According to the theory, attitudes are shaped by the roles individuals repeatedly perform and the expectations attached to those roles. In nursing education, students are socialized into

a professional caregiving role that carries explicit norms regarding respect for older adults, ethical practice, and non-discriminatory care. This professional role becomes a more dominant influence on attitudes than familial roles, which may vary widely in expectations and responsibilities (Jones & Pal, 2022). As students increasingly identify with their professional identity as future nurses, the influence of family structure on their beliefs and behaviors toward older adults diminishes.

Conclusion

This study explored nursing students' attitudes toward ageism and examined how personal, academic, and experiential factors influence these attitudes. The findings indicate that while students demonstrated overwhelmingly positive emotional and behavioral attitudes toward older adults, their cognitive attitudes remained more neutral, reflecting persistent stereotypes and incomplete knowledge about the aging process. This divergence suggests that experiential engagement can effectively foster empathy and respectful behaviors but may not entirely alter underlying cognitive biases, highlighting the importance of integrating both affective and cognitive components in gerontological education. From a theoretical perspective, Watson's Human Caring Theory and Eagly's Social Role Theory provide insight into this phenomenon: positive emotional and behavioral responses are reinforced through relational experiences and role-based socialization, yet cognitive understanding requires deliberate educational interventions that challenge internalized societal norms.

The study further found that demographic variables, including sex, year level, and family type, did not significantly influence students' attitudes, underscoring the centrality of a standardized nursing curriculum in shaping age-sensitive care. In contrast, frequent, recent interaction with older adults was a significant predictor of cognitive understanding, illustrating that active and sustained engagement is essential for confronting biases, enhancing knowledge, and developing realistic perspectives on aging. These findings theoretically support the view that, while professional socialization and cultural norms facilitate alignment with ethical care, targeted experiential learning is necessary to bridge cognitive gaps in understanding ageism.

The implications for nursing education are substantial. Curricula should incorporate structured gerontology modules, reflective practice exercises, scenario-based simulations, intergenerational dialogues, and community service-learning with older adults to foster both cognitive and emotional development. For example, reflective journaling on clinical encounters with older adults, paired with guided discussions on stereotypes and ethical dilemmas, can help students critically evaluate and reshape ageist beliefs. Service-learning and community immersion projects offer repeated, meaningful contact that consolidates both behavioral competencies and cognitive understanding, translating knowledge into compassionate, practical care. These strategies ensure that educational interventions are not only experiential but also intentionally designed to cultivate holistic, age-sensitive nursing practice.

Despite addressing its objectives, the study is limited by its single-institution sampling, which may constrain generalizability across different cultural or academic contexts. Future research should consider multi-institutional studies, longitudinal designs to track attitude development over time, and mixed-method approaches that combine quantitative measurement with qualitative exploration of students' experiences and reflections. Such designs would deepen theoretical understanding of how cognitive, emotional, and behavioral attitudes toward older adults evolve and inform evidence-based curricular innovations.

Overall, the study demonstrates that while sex, year level, and family background exert minimal influence, frequent interaction with older adults is fundamental in shaping nursing students' cognitive understanding of aging. Experiential engagement enables students to confront stereotypes, cultivate empathy, and integrate theoretical knowledge with practical application. These results emphasize that nursing education must strategically embed both relational and cognitive learning opportunities to prepare future nurses for compassionate, equitable, and age-sensitive care in an increasingly aging society.

Contributions of Authors

Authors 1, 3, 4, and 5: conceptualization, proposal writing, data gathering, data analysis, manuscript preparation
Authors 2 and 6: supervision, academic guidance, manuscript review, editing, and revisions

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