



Elements of Ageism 1

Assessing older Australians' experience of everyday ageism

OCTOBER 2024

National Seniors
AUSTRALIA

Introduction

National Seniors Australia is a member-based, not-for-profit research and advocacy organisation representing Australians aged 50 and over.

Every year we survey thousands of older people on diverse topics relevant to their lifestyle and wellbeing.

This report is one of four based on a 2024 survey module about ageism.

The term ageism was **first coined** by the gerontologist Robert Butler in 1969 to draw attention to “prejudice by one age group toward other age groups.”

Ageism affects people of all ages but is particularly harmful to older people.

As people move through life from youth into old age, they become increasingly subject to negative ageist stereotypes and prejudices. For example, there are prevalent ageist views that older people are a burden to society, out of touch, unattractive, all the same, ineffectual, forgetful, and frail.

Ageism is not benign. A **2021 report** by WHO found that ageism is associated with poorer physical and mental health, greater financial insecurity, increased social isolation and loneliness, decreased quality of life, and premature death. An estimated 6.3 million cases of depression globally are estimated as being attributed to ageism.

In the US alone, the one-year **cost of ageism** on health spending for major conditions was calculated as \$63 billion or one of every seven dollars spent.

In Australia, research on ageism has focused primarily on barriers to **employment** and **healthcare** faced by older people due to age prejudice and stereotypes. Work conducted by the advocacy organisation **EveryAGE Counts** has further contributed to understanding the drivers of ageism, specifically the negative perceptions of both younger and older people about ageing.

This report aims to examine older people’s experiences of ageism that occur in the context of everyday life and stem from stereotypes and misconceptions about ageing.

Everyday ageism is often subtle and may not be intentionally discriminatory. Nonetheless, **it can** convey hostility and rejection and devalue older people.

We need to know how older people themselves experience ageism and which groups are more likely to be affected, if we are to work towards eliminating ageism and the harm caused to individuals and society more broadly.



Contents

Introduction _____	2
5000 older Australians and the Everyday Ageism Scale _____	4
10 components of the Everyday Ageism Scale _____	8
Summary and conclusions _____	20
Survey methods and sample _____	24



**5000 older
Australians
and the
Everyday
Ageism
Scale**



Everyday ageism and the 12th National Seniors Social Survey

Ageism and the NSSS-12

Each year, National Seniors Australia conducts a survey of people aged 50 and over living in Australia, called the National Seniors Social Survey (NSSS). The 12th such survey (NSSS-12), conducted in February 2024, included a module about ageism.

Core to this module was a set of questions drawn from the ageism research literature that was designed to measure everyday ageism on a scale.

Just over 5000 NSSS-12 participants answered all the Everyday Ageism Scale questions, enabling a score to be calculated for each of them.

As far as we are aware, this study constitutes the first time this Everyday Ageism Scale has been used with Australian participants, or certainly an Australian sample size of this magnitude.

Using the scale gives us insight into the prevalence of everyday forms of ageism in this country, as experienced by older people.

The Everyday Ageism Scale

The **Everyday Ageism Scale** was developed and tested by a team of researchers in the United States.

It was designed to measure multiple aspects of ageism and account for the potential cumulative effects of ageist experiences or beliefs on older people.

The scale comprises ten questions that ask about people's exposure to commonly encountered examples of ageism in everyday life. These can occur through socially accepted behaviours and assumptions, or through personal beliefs about ageing, for example, that poor health and wellbeing are inevitable with older age.

Each question has four response options with possible scores ranging from 0 (no experience of ageism) to 30 (scoring the maximum score of 3 for each of the ten questions).

Preliminary testing of the survey questions in a large US national sample of older people aged 50-80 years showed the Everyday Ageism Scale reliably assessed three types of ageism: exposure to ageist messages, ageism in interpersonal interactions, and internal ageist beliefs.

Testing and evaluation **confirmed** it was appropriate also to use as a single scale capturing older people's overall experience of everyday ageism.

Experience of everyday ageism by NSSS-12 respondents

NSSS-12 respondents' scores encompassed the full range of the scale – from 0 to 30 – with the average score for the group being 11.69 (95% CI, 11.55-11.84; Figure 1).

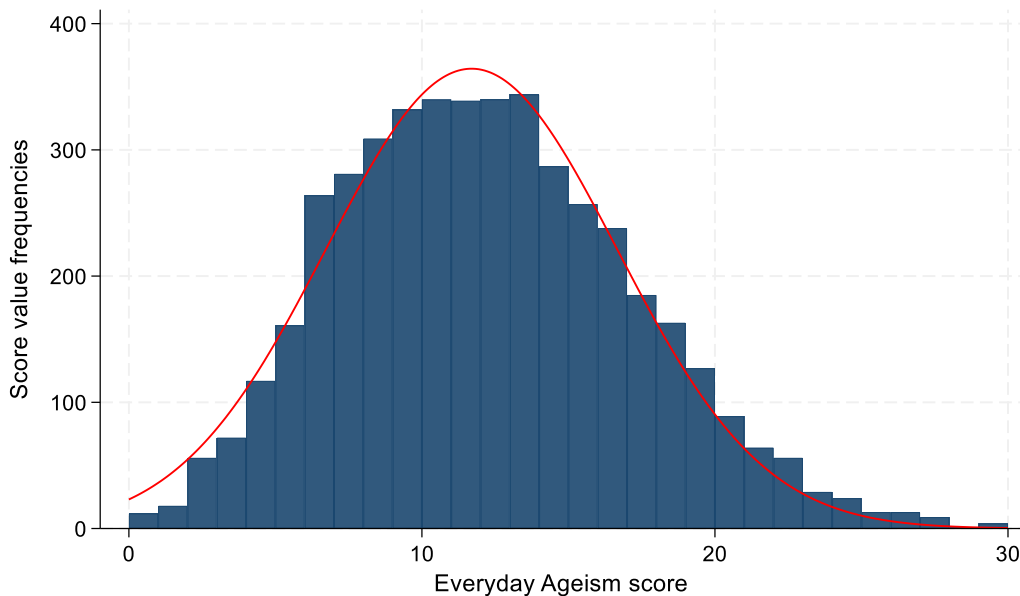


Figure 1. Distribution of NSSS-12 respondents' scores on the Everyday Ageism Scale

We were interested in whether average ageism scores differed according to respondents' personal or social characteristics. For example, in the [United States scale development study](#), respondents 65 to 80 years reported a larger mean amount of everyday ageism than those aged 50-64 years, as did those experiencing socio-economic disadvantage.

Figure 2 (over page) summarises the NSSS-12 results. The coloured squares illustrate the average ageism score for each group shown in brackets in the left-hand column. From a statistical point of view, we can be 95% confident that the value for any given ageism score falls within the bounds of the bars either side of the coloured squares.

Figure 2 shows that the groups who had significantly higher than average everyday ageism scores were aged **85-plus**, people identifying with **one or more diversity groups**, people in **poorer health**, those who

are **feeling the pinch financially**, people who are **lonely**, or people who are **discontented in some way with how they spend their time**.

For age, the bars of the younger age groups overlapped, so we cannot be 100% sure they are different from each other. However, the bars of the 85-plus group are well outside the 95% confidence intervals of the other ages so the ageism score of this group is significantly higher than the others. Women and men differed slightly, with marginal statistical significance, as did partnered and unpartnered people.

We also tested whether everyday ageism scores differed according to education level or retirement status, but none of these groups differed significantly from the overall average ageism score. Nor did everyday ageism scores differ between levels of education or between retired versus non-retired people.

Mean score for sample (11.7, 0.1)



Figure 2. Average Everyday Ageism Scores according to respondent sociodemographic circumstances

**Ten
components
of the
Everyday
Ageism Scale**



Ten components of the Scale

While the Everyday Ageism Scale was designed to be interpreted as a whole, its component parts provide insight into different aspects of ageism and who they affect the most.

As described above, the Everyday Ageism Scale is made up of ten component statements and each captures a different form of ageism.

While the scale is designed such that all are added together in a total ageism score, in this section we examine the ten components separately.

Each statement was presented to respondents. They were asked to indicate how often that type of ageism happened to them (often, sometimes, rarely, never; components 1-7) or whether they agreed with the statement (strongly agree, agree, disagree, strongly disagree; components 8-10).

We grouped these 4-point scales into binary measures – often/sometimes (yes) vs rarely/never (no) and agree/strongly agree (agree) vs disagree/strongly disagree (disagree). Doing so enabled us to present the prevalence of that type of ageism at a glance.

We then used statistical models to test which demographic characteristics were independently associated with each one of the ten ageism items.

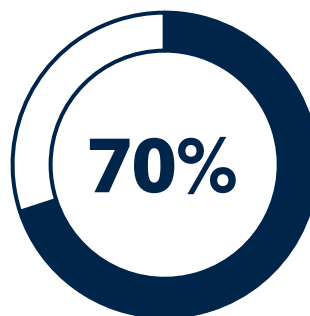
To make it more straightforward to capture significant associations between demographics and ageism types, we created binary categories for the relevant demographics:

- AGE: 50-74 years | 75 years and older
- FINANCES: financially tight | financially comfortable
- SAVINGS: having less than \$350,000 in savings and investments | having more than \$350,000
- GENDER: women | men (the few non-binary people were excluded from this binary gender metric)
- HEALTH: poor health (from very poor to fair) | good health (good or excellent)
- DIVERSITY: belonging to one or more diversity groups (First Nations, LGBTI, CALD, disabled, veteran, remote, rural) | not belonging to any of these groups
- LONELINESS: feeling lonely sometimes (most of the time or some of the time) | rarely feeling lonely (occasionally, rarely, or never)
- TIME USE: feeling contented with how time is spent | wanting to change things or feeling discontented.

The following pages show how each aspect of everyday ageism differs according to people's demographic and social circumstances.

Encounter age-based jokes

Over two thirds regularly encounter jokes about ageing.



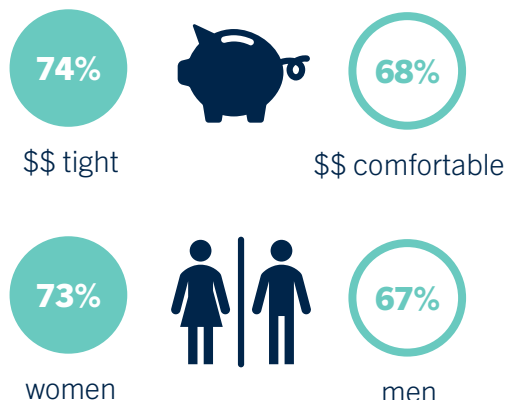
I hear, see, and/or read jokes about old age, ageing, or older people.

In total, 70% of survey respondents said they often or sometimes hear, see, or read jokes about old age, ageing, or older people.

There were no strong demographic associations with this statement.

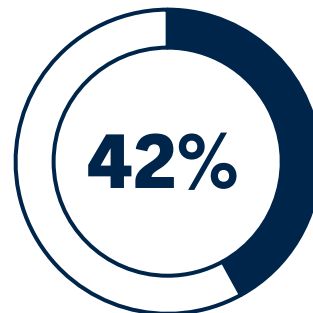
However, there were two statistically significant findings. A higher proportion of people who felt their financial situation was tight said they regularly encountered such jokes compared to people feeling financially comfortable.

And a greater proportion of women than men reported encountering such jokes on a regular basis.



Hear the view that ageing is unattractive

Over two fifths regularly encounter the view that older people and ageing are unattractive.

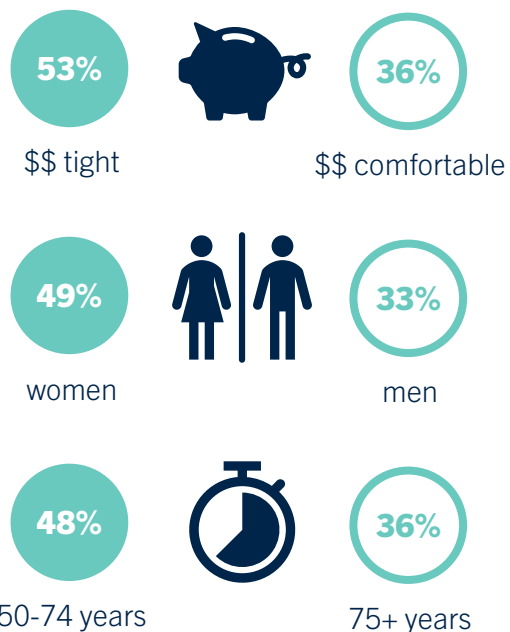


I hear, see, and/or read things suggesting older people and ageing are unattractive and undesirable.

In total, 42% of survey respondents said they often or sometimes hear, see, or read things that suggest older people and ageing are unattractive and undesirable.

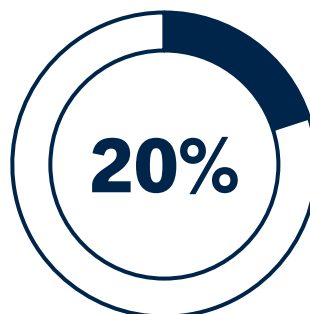
Level of financial comfort and binary gender were both associated with large differences in exposure to this idea. People who feel their finances are tight and women were much more likely to encounter this suggestion regularly than people feeling financially comfortable and men.

In addition, a higher proportion of those under 75 encountered this suggestion regularly than people aged 75 and over. This is the only component of the Everyday Ageism Scale that younger age groups scored higher on than older age groups.



Helped by others when it is not needed

One fifth regularly have people insist on helping them with things they can do themselves.



People insist on helping me with things I can do on my own.

In total, 20% of survey respondents said people often or sometimes insisted on helping them with things they can do on their own.

Two factors showed the most striking difference.

People aged 75-plus regularly faced this behaviour at more than twice the rate of people aged under 75.

People in poor health faced it at almost twice the rate of people in good health.

Three other demographic groups were also more likely to encounter this behaviour: people with less than \$350,000 in savings and investments, people who belong to a diversity group, and women.



50-74 years



75+ years



poor health



good health



savings <\$350k



savings >\$350k



diversity group



no diversity group



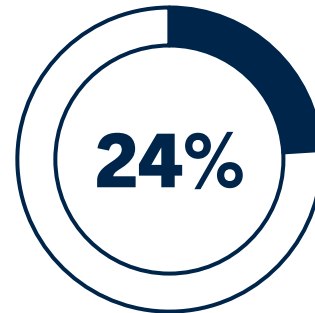
women



men

Assumed to have poor cognitive capacity

A quarter regularly encounter the assumption that their cognitive capacity is limited.



People assume I have difficulty remembering and/or understanding things.

In total, 24% of survey respondents said people often or sometimes assumed they had difficulty remembering or understanding things.

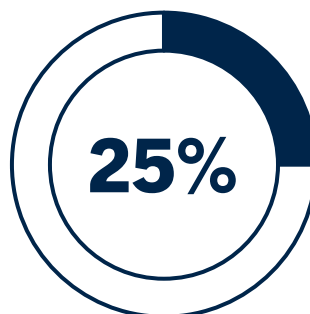
Nearly twice the proportion of people in poor health faced this assumption than people in good health. Similarly, nearly twice the proportion of people who sometimes feel lonely faced this assumption than people who rarely feel lonely.

Three other demographic groups were also more likely to encounter this assumption: people feeling financially tight, people who were aged 75-plus, and people who belong to a diversity group.



Assumed to have sensory impairment

A quarter regularly encounter the assumption that their hearing or sight is limited.



People assume I have difficulty hearing and/or seeing things.

In total, 25% of survey respondents said people often or sometimes assumed they had difficulty hearing or seeing things.

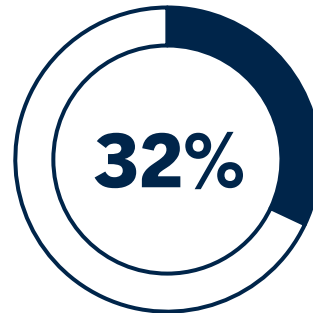
This happened to almost double the proportion of people aged 75 or older compared to those under 75.

It was also more common in five other demographic groups: people with poor health, people feeling financially tight, men, people who feel lonely sometimes, and people who belong to a diversity group.



Assumed to have trouble with technology

A third regularly encounter the assumption that they find phones and computers hard.



People assume that I have difficulty with mobile phones and computers.

In total, 32% of survey respondents said people often or sometimes assumed they had difficulty with mobile phones and computers.

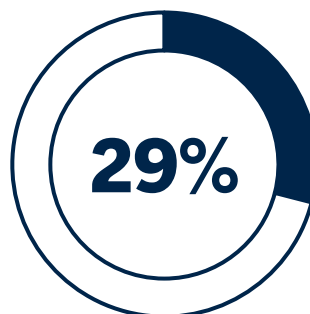
People in poor health, people 75 or older, people who feel lonely sometimes, and those who feel discontented with how they spend their time were all markedly more likely to encounter this assumption.

People with under \$350,000 in savings and investments and women were also somewhat more likely to encounter it.



Assumed not to do anything important

Almost a third regularly encounter the assumption that they do not do anything that matters.



People assume I do not do anything important or valuable.

In total, 29% of survey respondents said people often or sometimes assumed they do not do anything important or valuable.

Experiencing this assumption was very strongly associated with feeling discontented with personal time use, feeling lonely sometimes, and feeling tight financially.

Greater proportions of women and members of a diversity group experienced this assumption regularly too.

There was a weaker association with having less than \$350,000 in savings and investments.



lonely sometimes

lonely rarely



time use discontent

time use content



\$\$ tight

\$\$ comfortable



women

men



diversity group

no diversity group

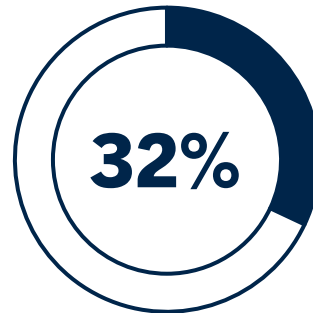


savings <\$350k

savings >\$350k

Believe ageing brings emotional lows

A third believe depression, sadness, or worry are inevitable with age.



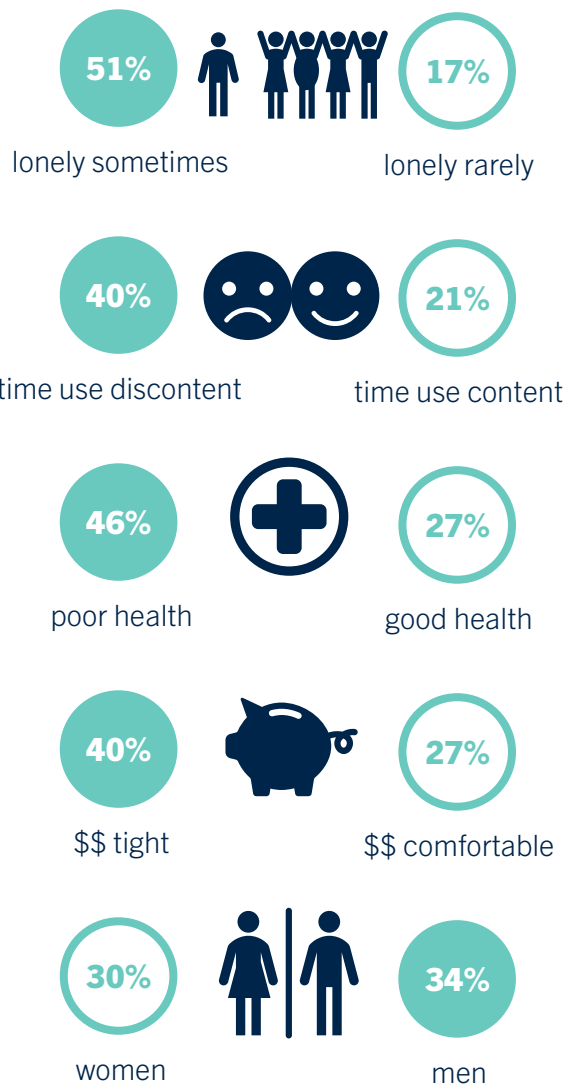
Feeling depressed, sad, or worried is inevitable with ageing.

In total, 32% of survey respondents agreed or strongly agreed that feeling depressed, sad, or worried is inevitable with ageing.

Triple the proportion of people who feel lonely sometimes agreed with this view, compared to those who rarely feel lonely.

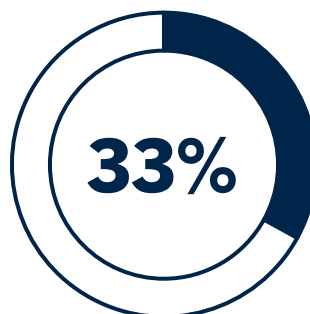
A high proportion of those who feel discontented about how they spend their time, and also people in poor health, agreed with this compared to the more contented and the healthier.

Other groups with a higher proportion who agreed with this view were people feeling financially tight, those with lower savings, and men.



Believe ageing brings loneliness

A third believe loneliness is an inevitable part of ageing.



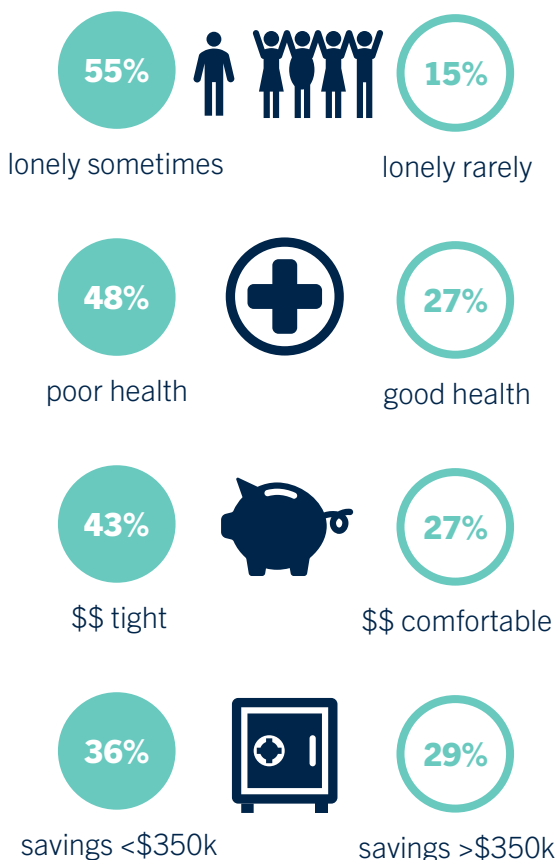
Feeling lonely is inevitable with ageing.

In total, 33% of survey respondents agreed or strongly agreed that feeling lonely is inevitable with ageing.

Perhaps unsurprisingly, more than triple the proportion of people who feel lonely sometimes agreed compared to those who rarely feel lonely. More than half of those who sometimes feel lonely agreed it was an inevitable part of ageing.

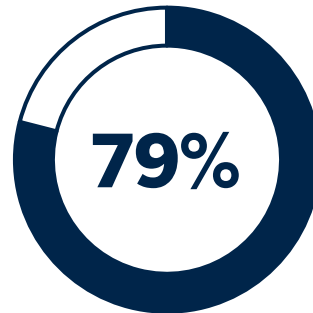
A greater proportion of people in poor health and people feeling tight financially agreed with it too, compared to those healthier and more financially comfortable.

Having less in savings and investments was weakly associated with this sentiment.



Believe ageing brings health problems

Over three quarters believe health problems are inevitable with ageing.



Having health problems is inevitable with ageing.

In total, a large 79% of survey respondents agreed or strongly agreed that having health problems is inevitable with ageing.

The proportion in agreement was higher for people in poor health, those who feel lonely sometimes, and men.



Summary and conclusions



Summary and conclusions

Overview of results

In our study of 5063 older Australians aged 50-plus, we found people who face poor health or disadvantage also experience more ageism.

We assessed ageism using the reliable and validated Everyday Ageism Scale that assesses people's experiences of ageist stereotypes and ageist assumptions made by others and by themselves.

Survey respondents with poor health had the highest ageism scores. Those with tight finances, members of a diversity group, and respondents who were aged 85-plus also had significantly higher ageism scores, as did those who were lonely or generally dissatisfied with how they spent their time. Women had slightly higher ageism scores than men, and unpartnered people slightly higher than those with partners.

The proportions experiencing the individual instances of ageism that comprised the Everyday Ageism Scale varied from 20% for unwanted offers of help up to 79% for the belief that health problems are inevitable with ageing. Nearly all respondents (96%) experienced at least one type of ageist message, interaction, or belief.

Binary gender was associated with eight out of ten of the ageism items, with women experiencing ageism in most cases. Being lonely, in poor health, or financial stress were each associated with seven of the ten types of ageism.

Ageism and poor health – what's the connection?

A 2021 article in the Lancet called ageism “a social determinant of health that has come of age.”

Social determinants of health are the non-medical factors that influence health outcomes and include the conditions in which people live and the social forces and systems that shape conditions of daily life.

It is now recognised that ageism impacts **all aspects of older people's health**. Ageism is at the root of healthcare inequities and biases that occur when older people are considered ‘less worthy’ of treatments than younger people, or clinical trials implement age-based exclusions with little or no rationale.

Ageism also contributes to skills shortages in aged care or gerontological nursing and to poor career prospects in many ageing-related disciplines due to negative perceptions of older people by health professionals.

Self-directed ageism is an even more powerful determinant of poor health than structural ageism within the health system. Self-directed ageism occurs when older people absorb society's ageist attitudes and assumptions surrounding health and ageing. For example, the belief ‘**to be old is to be ill**’ limits motivation for health behaviours that prevent chronic diseases and can delay seeking timely medical advice for conditions that are perceived as just ‘part of getting older’.

In our survey, not only was poor health strongly associated with ageism scores, but the item assessing the belief that health problems are inevitable was endorsed by 79% of respondents which was considerably

higher than the other items assessing self-directed ageism.

The belief that older age and poor health are synonymous is understandably one of the most difficult to shift; death is inevitable and, generally, some level of poor health precedes death. However, addressing ageist assumptions about poor health in late life can maximise the period people experience good health and quality of life prior to death.

Links between ageism and disadvantage

Financial disadvantage

People with a disrupted work history, or who have been on a low income may need to seek new employment or a change of career in their 50s or later to boost their financial security. Although the workforce is becoming more age diverse, ageist assumptions about older workers' abilities and characteristics are still impacting on the likelihood of gaining employment in later life.

A recent [report](#) by the Australian HR Institute and the Australian Human Rights Commission found that just over half of HR professionals were open to recruiting people aged 50-64. Only 25% were open to recruiting those aged 65 and over, with 17% saying they were not open at all to recruiting this group.

For people who are working in mid to later life, ageism in the workplace can limit their opportunities for professional development, or promotion and place them first in line for involuntary redundancy. These factors, together with experiences of social exclusion or ridicule cut short [mature aged workers' employment](#) which affects current and future financial wellbeing.

An [alternate explanation](#) for associations between ageism and financial wellbeing is that having financial resources enables

people to invest in healthy ageing activities and maintaining a youthful appearance. As a result, they may experience less ageism in their interpersonal interactions and may not find ageist beliefs and stereotypes relevant.

Social disadvantage

In our study, women, older people, and those who identified with one or more diversity groups (First Nations people, people from rural and remote areas, those living with disability, veterans, those with a CALD background, and LGBTI people) experienced more ageism.

In Australia, there is very little research addressing ageism experiences across social groups but a [review](#) of findings from the US suggests lower socioeconomic status may be one of the main pathways by which ageism impacts on various diverse populations.

Loneliness and dissatisfaction with time use were also strongly associated with experiencing ageism for our survey respondents.

[Contemporary studies](#) highlight some of the plausible ways that connect the experiences of ageism with loneliness for older people. Being lonely is stereotypically associated with being old and [stereotype embodiment](#) has a powerful effect on older people's lives. Ageism excludes older people from social participation and [activities](#), with chronic rejection and lack of visibility leading to social avoidance and vice versa.

Our findings support these relationships such that in our survey, 55% of those who were sometimes lonely endorsed the statement that loneliness is inevitable with ageing compared to only 15% of those who were rarely lonely.

Importantly, loneliness was associated with the everyday ageism questions that asked about experiencing others' negative

assumptions, such as older people don't do anything important, can't manage technology, or have sensory or cognitive impairment. These assumptions made by others can undermine older people's self-confidence leading to social withdrawal and loneliness.

Associations between experiencing ageism and satisfaction with time use have not been widely investigated as far as we know, but [one study](#) found that ageism made it extremely challenging for older people to participate in civic involvement due to perceptions of incompetence, inability, and feelings of distress. For many, satisfaction with time use may be impacted by similar factors and explain some of the associations with ageism experience.

Combatting ageism

Actions to reduce ageism at all levels are critical for the health and wellbeing of older people.

As part of WHO's mission to understand and address ageism, researchers have identified three main types of programs that effectively [reduce ageism against older adults](#). These include education, intergenerational contact, and combined programs, all of which provide broadly consistent benefits in reducing younger people's ageist assumptions and prejudice, often with small-scale, low-cost programs.

However, there were no programs identified specifically addressing older people's assumptions and beliefs about ageing, including their own. Such initiatives are critical to enable older people to celebrate and enjoy their later years.

Methods

The NSSS

Almost every year since 2012 National Seniors has conducted a survey of older people's behaviours and views on topics relevant to lifestyle, health, and wellbeing called the National Seniors Social Survey, or NSSS.

Anyone aged 50 or older who resides in Australia is welcome to participate in the NSSS. Typically, 4000-5500 people participate.

The information in this report comes from the most recent iteration of the National Seniors Social Survey, conducted in February 2024 (NSSS-12).

When inviting people to participate, we strive for greater inclusivity and maximising participation, rather than numerical representativeness. For that reason, the table on the next page outlines sample traits for interested readers to compare with the broader Australian population.

The NSSS-12 received ethics approval from Bellberry Ltd prior to implementation (approval 2023-11-1424).

The ageism module

The NSSS-12 included a module that asked respondents about their experiences of ageism.

The module included an adapted version of the Everyday Ageism Scale developed by Dr Julie Ober Allen and colleagues. The survey also asked numerous demographic questions.

Two questions from other modules were also used in analyses for this report. A module on 'Connections with people, animals and places' included the question, 'How often do you feel lonely in your life?', for which people could answer never, rarely, occasionally, some of the time or most of the time. In addition, a module on 'Healthy Ageing' included the question, 'Overall, are you content with how you spend your time most days?', for which respondents could answer 'yes', 'no', or 'generally yes but there are some things I would like to change'.

For research reports based on the rest of the ageism module, see the National Seniors Australia research reports page.

Data analysis

All questions included a 'prefer not to say' option and these were coded as missing for analyses.

The Everyday Ageism Scale was reverse coded such that a lower score equated to less experience of ageism. Only respondents who answered all items were included in the calculation of total scores.

Means and 95% confidence intervals of everyday ageism scores were compared across theoretically relevant sociodemographic variables.

Individual items of the Everyday Ageism Scale were recoded into binary variables (experience of an item versus no experience of an item). Multiple logistic regression models tested the independent associations between each of the scale items and the set of sociodemographic variables.

Statistical significance was set at $p < .05$ for all outcomes.

Sample

In total, 5063 NSSS-12 respondents answered one or more of the Everyday Ageism Scale questions. The percentages below characterise that group of respondents' demographic traits.

No question was compulsory, and some allowed multiple selections, so percentages do not add up to 100%. Percentages are rounded to the nearest whole number.

Age group	50-64 years	10%
	65-74 years	50%
	75-84 years	35%
	85+ years	4%
Gender	Female	54%
	Male	45%
	Non-binary	7 people
Education	School up to Year 10	15%
	Year 12 & certificate/diploma	40%
	Degree & higher	42%
Self-rated health	Excellent	12%
	Good	56%
	Fair	25%
	Poor & very poor	6%
Diversity groups	First Nations, Aboriginal & Torres Strait Islander	1%
	LGBTI	2%
	CALD background	2%
	Living with disability	7%
	Veteran	4%
	Rural	8%
	Remote	1%
Retired or employed	Permanently retired	72%
	In paid work	20%
	In transition & flux	20%
Savings including super	<\$100k	31%
	\$100k-\$500k	30%
	>\$500k	39%
Financial comfort	Very comfortable	13%
	Comfortable	55%
	Tight	22%
	Very tight	10%
Partner status	Partnered	62%
	Not partnered	38%
State or territory	ACT	3%
	NSW	25%
	NT	1%
	QLD	32%
	SA	9%
	TAS	2%
	VIC	18%
	WA	10%

*Survey data unweighted.

National Seniors Australia is located in
Brisbane/Meanjin and Canberra/Kambri.

We acknowledge the traditional custodians of the
land and waters in which we operate, the Turrbul
and the Ngunnawal and Ngambri Peoples.

We honour and value their continuing cultures,
contributions, and connections to Country, and
pay our respects to their elders, past and present.

© National Seniors Australia 2024

National Seniors Australia (National Seniors) owns copyright in this work. Apart from any use permitted under the Copyright Act 1968, the work may be reproduced in whole or in part for study or training purposes, subject to the inclusion of an acknowledgement of the source. Reproduction for commercial use or sale requires written permission from National Seniors. While all care has been taken in preparing this publication, National Seniors expressly disclaims any liability for any damage from the use of the material contained in this publication and will not be responsible for any loss, howsoever arising, from use or reliance on this material. ABN 89 050 523 003.

Any correspondence may be addressed to research@nationalseniors.com.au.

1300 76 50 50 nationalseniors.com.au

National Seniors
AUSTRALIA