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(REVIEW ARTICLE)

Inter-cultural perspectives on aging

Eirini Potamianou *

Department of Midwifery, School of Health and Care Sciences, University of West Attica, Athens, Greece.

Abstract

This review examines the inter-cultural perspectives on aging, focusing on how cultural dimensions and stereotypes influence attitudes toward the elderly. The purpose of this research is to explore the variations in aging perceptions between Eastern and Western cultures, considering the growing global aging population. The study analyzes significant cultural dimensions, including power distance, individualism versus collectivism, masculinity versus femininity, uncertainty avoidance, and long-term versus short-term orientation, which shape societal attitudes toward older adults.

The review compares Eastern cultures, which are generally influenced by Confucian values promoting respect and care for the elderly, with Western societies that often emphasize youth, independence, and innovation, leading to more prevalent ageism. Furthermore, the impact of stereotypes on healthcare practices is explored, revealing how negative perceptions can adversely affect the quality of care provided to older adults.

The findings indicate that intercultural sensitivity is crucial for healthcare professionals to deliver effective, culturally appropriate care. The review highlights the need for further research and the development of healthcare systems that address the needs of diverse aging populations. In conclusion, understanding cultural influences on aging is essential for enhancing the well-being and quality of life of older adults globally, and for creating inclusive societies that value all age groups.

Keywords: Aging; Stereotypes; Intercultural nursing; Intercultural sensitivity; Attitudes; Perceptions.

1. Introduction

Worldwide, the aging population is increasing at rapid rates, resulting in increased life expectancy and decreased fertility and mortality rates. The aging process is more visible in developed countries or high-income countries. Population aging is significantly faster in developing countries; therefore, these countries need to adapt more quickly to the aging population (1).

Aging is a process that requires continuous adaptation of the individual throughout the lifespan. Adaptation involves two processes: the individual's adjustment to a specific environment and the shaping of the environment to fit the individual's needs or values (1). Certain resources (e.g., knowledge, health), life attitudes (e.g., optimistic outlook), and self-efficacy beliefs (e.g., effectiveness) are critical for the individual's adaptation to aging. Socioeconomic, biological, and demographic variations provide unique conditions to explore how culture interacts with the aging process.

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* Corresponding author: Potamianou Eirini

2. Material and methods

The search for scientific articles was conducted using databases such as ScienceDirect, PubMed, and Google Scholar. The keywords used in the search included "aging," "stereotypes," "intercultural nursing," "intercultural sensitivity," "attitudes," and "perceptions." A total of 28 articles were reviewed, and 13 were selected for the present review. The selection criteria were based on relevance to the topic, publication date, and the quality of the studies.

3. Definitions and Concepts

To understand how culture and stereotypes influence aging, we need to provide some definitions. Stereotypes are exaggerated beliefs or perceptions about members of a group based on simplistic generalizations without considering their individual characteristics (2). Perception is the acquired tendency of thinking, feeling, and behaving toward a person in a specific way. Attitudes are socially structured and developed from previous experiences, personal beliefs, values, and culture, which may lead to prejudice against a person (3). Culture is defined as the values, beliefs, attitudes, behaviors, customs, and traditions that are learned, shared by a group of people, and passed down from generation to generation. Complex, similar, and different cultural perceptions based on cultural diversity are widespread in multicultural societies. These cultural perceptions are shaped by many factors such as age, gender, race, national characteristics, socioeconomic status, religious identity, sexual behaviors, education, and history (4). Intercultural sensitivity is defined as the development of positive feelings towards understanding and exploring cultural differences, thereby drawing attention to the various characteristics individuals need to support intercultural competence. These characteristics include self-respect, self-control, open-mindedness, empathy, interactive relationship, and abstaining from prejudice or criticism (4). Ageism can be defined as the creation of stereotypes (positive or negative), prejudice, and/or discrimination against older adults based on their chronological age or their perception as older individuals (5). Life satisfaction represents the cognitive dimension of subjective well-being and is defined as an overall cognitive and evaluative assessment of an individual's life, including their current life (1).

4. Cultural Dimensions and Aging

Reuben Ng and Jeremy W. Lim-Soh (6) explored the relationship between aging and cultural values, examining five cultural dimensions: power distance, individualism, masculinity, uncertainty avoidance, and long-term orientation. These cultural dimensions were originally developed by Hofstede (7) and have been widely used in cross-cultural research to understand how cultural differences influence various aspects of life, including aging.

5. Power Distance

Power distance refers to the extent to which less powerful members of organizations and institutions expect and accept that power is distributed unequally. In high power distance cultures, there is a greater acceptance of hierarchical order without requiring further justification. This can influence the aging process by impacting the degree of respect and care provided to older adults. For example, in cultures with high power distance, such as many Asian countries, older adults are often treated with more respect due to their perceived higher status in the social hierarchy. However, this respect can also translate into paternalistic attitudes that limit the autonomy of older individuals (7).

5.1. Individualism vs. Collectivism

Individualism refers to the degree to which individuals are supposed to take care of themselves or remain integrated into groups, usually around the family. In individualistic societies, such as those in Western Europe and North America, there is a stronger emphasis on personal autonomy and independence, which can lead to more negative perceptions of aging, as old age is often associated with a loss of independence. In contrast, collectivist cultures, such as those in East Asia, place a higher value on family and community, often leading to more positive attitudes toward aging and a stronger support network for older adults (8,7).

5.2. Masculinity vs. Femininity

Masculinity in cultural dimensions refers to the distribution of emotional roles between genders. Masculine societies value competitiveness, assertiveness, and material success, while feminine societies place more emphasis on relationships and quality of life. In more masculine cultures, aging may be viewed negatively because it is associated with a decline in physical strength and productivity. In contrast, more feminine cultures, which value care and quality of life, may view aging more positively, with a greater emphasis on the well-being and emotional support of older adults (7).

6. Uncertainty Avoidance

Uncertainty avoidance refers to how a culture programs its members to feel either uncomfortable or comfortable in unstructured situations Cultures with high uncertainty avoidance tend to establish strict rules and guidelines to minimize uncertainty, influencing how societies manage aging populations. For example, in countries with high uncertainty avoidance, there may be a stronger emphasis on ensuring that older adults have access to stable and predictable healthcare and social services, which can positively influence their quality of life (7).

6.1. Long-Term vs. Short-Term Orientation

Long-term orientation refers to the extent to which a culture programs its members to accept delayed gratification of their material, social, and emotional needs. Cultures with a long-term orientation, such as those in East Asia, may prioritize investments in younger generations, sometimes at the expense of the elderly. However, these cultures also tend to value wisdom and experience, which can lead to a complex view of aging that balances respect for the elderly with a focus on the future (9).

The study by Reuben Ng and Jeremy W. Lim-Soh (6) indicates that higher levels of masculinity and long-term orientation are associated with age, control of other cultural dimensions (power distance, collectivism, uncertainty avoidance), demographic factors (percentage of elderly over 65 years old), and per capita gross domestic product (GDP). Highly masculine societies that emphasize competition and favor the strong and successful may systematically characterize the elderly as weak, leading to the development of ageism at a societal level. On the other hand, societies with higher long-term orientation tend to be particularly rational in the economic sense and may prefer to invest in young people with greater potential rather than the elderly, who are purely future consumers. Regarding individualism, they found that at the individual level, individualism was associated with age-related behavior, but individualism at the cultural level was not associated. Additionally, in their research, they found that stereotypes of exclusion of older people in the workplace have not changed, although the form may have changed: age discrimination in the workplace remains stable in hiring, promotions, and other human resource practices.

6.2. Age Exclusion: A Comparison between Asia and Europe

In Asia and Europe, regions where population aging is more pronounced, ageism is likely to be more prevalent. In Eastern cultures, ageism tends to be less pronounced than in Western cultures due to cultural values that dictate greater respect for the elderly. Eastern cultures are influenced by Confucian values (e.g., filial piety), which promote positive attitudes toward aging and teach younger generations to respect, obey, and care for the elderly. On the other hand, Western societies are perceived as youth-oriented, leading to more negative attitudes toward aging and the elderly (5).

According to the research of Christin-Melanie Vauclair et al. (5), Eastern cultures consider it very important to honor the elderly, view caregiving for the elderly as a duty, tend to be more interdependent, and have a collective orientation. On the other hand, Western societies place relatively greater value on independence, personal control, and innovation, which are less compatible with the elderly who represent stability and tradition. Various studies comparing Eastern and Western cultures have found the following:

There is a significant difference in the attitudes of younger individuals toward the elderly, particularly in Eastern cultures. Westerners may perceive the elderly more positively in intergenerational interactions than Easterners.

Regarding cultural standards, Easterners tend to give more positive judgments than Westerners because the deeper cultural values of Easterners provide greater respect for the elderly.

However, their responses to questions about their personal opinions may be very different from their perception of cultural standards.

In their own research, Christin-Melanie Vauclair et al. (5) thoroughly examined the cultural hypothesis that Eastern cultures value and admire older individuals more than Western cultures do. They also found that both envy and disdain were higher in the population examined in Taiwan. This contrasts with the previous observation regarding admiration and respect for the elderly, especially considering that admiration and disdain are incompatible emotions (12). One explanation could be that, besides the positive cultural norms that hold older individuals in high esteem and are fueled by cultural values, there are also subcategories of the elderly associated with less favorable social factors and thus, more negative attitudes (5).

Furthermore, East Asians exhibit greater negativity toward the East, while Europeans are the most negative toward the West. Therefore, perceptions of the elderly may be more differentiated than currently believed (12).

Successful aging is multidimensional and includes aspects such as adaptation to changing bodies, financial security, religion and age identity, and social engagement (13). The importance older adults place on all these dimensions is qualitatively different in Western societies compared to Eastern ones. In Western societies, older adults may feel compelled to "fix" any physical changes associated with aging or engage in activities to project youthfulness, while in Eastern cultures, employment may not be a significant aspect of successful aging. Amin's study (13) is compelling because it sheds light on the pitfalls of generalizing about aging based on a biomedical approach or aging on others' terms, suggesting that there are other ways to age peacefully and positively.

6.3. Intercultural Differences in Aging Adaptation Between Portugal and Mexico

Neyda Ma. Mendoza-Ruvalcaba et al. (1) conducted a study comparing aging adaptation and life satisfaction among elderly samples from Portugal and Mexico. For Mexican participants, family constitutes a significant element and serves as the main source of support (social and economic), as social and health security is not universal. Religion was also mentioned as significant and positively correlated with physical and mental health and overall well-being, while negatively associated with depression, anxiety, and stress among Mexicans. On the other hand, older Portuguese adults reported that interest in learning was the most important aspect for their adaptation to aging, while "feeling relaxed about the future" and "sports and outdoor activities" were the least significant elements.

Western cultures, such as European, which advocate for the prevalence of individualistic experiences, often emphasize the importance of internal psychological characteristics and individualistic values of their members. In contrast, in non-Western cultures, where interdependence is prominent, the elderly are mainly attracted to social stimuli. The results showed that Mexican elderly adults reported more life satisfaction compared to their Portuguese counterparts. Portugal and other Eastern European countries showed lower scores for well-being, life satisfaction, and happiness, compared to their European counterparts. Increasing cross-cultural research on aging adaptation has indicated cultural differentiations regarding the perspectives of older adults in this regard. In reality, different cultures have heterogeneous perceptions and interact with different forms to promote a good third age.

6.4. Stereotypes and Health

Stereotypes about aging, as well as prejudices and discrimination, appear to affect physical and mental health, well-being, and thereby, healthy and active aging. A significant number of studies on the effects of negative stereotypes on aging have focused on stereotype threat, which refers to the fear that arises in situations where a group member risks conforming to a negative stereotype about their age group, associated with poor performance in a specific area, mainly those related to cognitive or physical abilities (2).

An individual's culture influences their perception of the importance of timely diagnosis, health knowledge, beliefs and health practices, perception of health, health behaviors, acceptance of illness, use of health services, communication with medical staff, opinions and expectations from healthcare professionals regarding their role, recommendations in healthcare, and acceptance of treatment (4).

Stereotype threat can also occur in healthcare settings. Findings of stereotype threat have been identified in social care environments, where the role of stereotypes regarding the warmth and competence of older adults, held by professional caregivers, was examined from the perspective of the stereotype content model (2). The stereotype content model considers that cultural stereotypes can be categorized into two basic dimensions of social perception: warmth and competence (14). Caregivers' cultural stereotypes influence the type of care, as well as their professional behavior and the functionality of elderly patients. Caregivers in hospitality environments have cultural perceptions of older adults, attributing to them low competence and high warmth (in contrast to younger individuals who are considered high competence and low warmth), thereby reproducing the so-called paternalistic prejudice. Furthermore, caregivers' stereotypes impact both caregivers' behaviors and the functionality of elderly individuals. In units where caregivers reported higher competence, caregivers behaved more positively, and residents showed better functionality (2,14).

In a globalized world, the nursing profession is considered essential and has taken on the responsibility of providing person-centered care throughout society, including all groups from all ethnicities within it. Quality individual care can only be achieved when considering the culture, beliefs, traditions, and values of the individual as a whole. Intercultural sensitivity requires the development of appropriate and effective behavior in identifying and evaluating cultural differences (4).

In the study conducted by Nilgün Aksoy and Merve Gönül Akkoç (4), doctors and nurses who participated were asked to describe the cultural differences they observed in the patients they provided care and treatment to. The cultural differences noted by doctors and nurses in their patients' included differences in language, dietary habits, hygiene practices, behavioral norms, ethnic background, religious practices, and clothing styles.

For providing quality healthcare to individuals, it is important to understand the general perceptions of the group to which the individual belongs. It is crucial to be aware of the traditional practices for managing healthcare services and their effectiveness. All healthcare professionals should strive to deliver effective healthcare services for different cultures (4).

As mentioned earlier, stereotypes influence an individual's perception of aging. In Young-Shin Lee's (3) study, perceptions and biases towards aging were identified among Asian and white nursing students, and factors influencing perceptions of aging were identified. The two groups did not have significant differences in positive and pro-aging biases, but most Asian students reported negative feelings about communicating with older adults and negative perceptions towards the elderly. The level of comfort in communicating with older adults was identified as a significant factor reflecting students' perceptions of aging, and ethnicity was a strong parameter used to explain these perceptions. Additionally, the findings showed gender differences in ageism prejudice, with male students exhibiting greater prejudice against aging.

In the study conducted by Pam Nichols et al. (15) in Perth, Western Australia, a model was proposed that encompasses the multidimensional parameters essential for understanding and responding to the needs of the multicultural workforce in care facilities. Within the workplace, the majority of the staff experienced discrimination and lack of tolerance from patients with dementia and some residents without dementia. This prejudice is understandable to those affected by dementia, as their reactions may be linked to past beliefs or long-standing convictions and the progression of the disease, which diminishes insight and judgment. However, the discriminatory behavior from individuals without dementia, including colleagues and management, indicates a lack of sensitivity and acceptance of cultural diversity.

7. Conclusion

The global population is aging rapidly, and this trend is expected to continue in the coming years. Aging is influenced by individuals' perceptions, societal stereotypes, and cultural norms. Intercultural sensitivity is particularly important for healthcare professionals, who must consider the culture, beliefs, traditions, and values of their patients to provide satisfactory care. Perceptions regarding age discrimination, active aging, and attitudes towards the changes experienced with aging vary between Eastern and Western cultures. Further studies are needed at the societal level to organize healthcare systems that meet the needs of culturally diverse groups. Additionally, all professionals involved in aging care must acquire the necessary knowledge and skills to address these challenges effectively.

Compliance with ethical standards

Disclosure of conflict of interest

The authors declare no conflict of interest in the preparation and writing of this review.

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