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ABSTRACT

The world's population is radically shifting; with the help of medicine and technology, people live longer and increasingly healthier lives. As a result, professions like social work are faced with the need for new and expert skills and knowledge when working with people of older age and those experiencing loss. To identify such needs, the exploration of current views is paramount as it will shed light to gaps in skills and knowledge altogether. This is a cross-sectional study that examines social work students' attitudes and perceptions of old age and losses associated with it. A self-administered Qualtrics-based survey was completed by 128 social work students in graduate and postgraduate programmes in England. The study found that social work students generally view old age as a time of increased knowledge or wisdom but associate it highly with nine undesirable domains: loneliness, illness, frailty, lack of respect, losses (mental and physical), identified as 'grumpy and miserable', dependency, social disengagement, and the fear of saying goodbye to people (death). The study also identifies ethnic and religious divides in these views, while it concludes with the need for advanced training and education in social work with older people and associated losses experienced.

Context

In 2019 (United Nations, 2019), the global population at the ages of 65 and over was 703 million; approximately 400 million more than in 1980. This number is expected to rise even further by 2050 (1.5 billion). The World Population Ageing report (United Nations, 2017) points to an additional projection that wants people of the age of 60 or over, by 2050, to be more than those under 24 years of age. Similarly, the World Health Organization (WHO, 2019) highlights that for the first time, people aged 65 or older will, by 2025, outnumber children under the age of five, while the number of people over the age of 80 is expected to increase from 137 million in 2017 to 425 million in 2050 (United Nations, 2017).

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The population's age characteristics in the United Kingdom (UK) are equally changing. According to the Office for National Statistics (ONS, 2019), 2018 saw a slight increase in those aged 90 or over (0.7%) since 2017, while 13,170 persons were recorded as centenarians. By comparison, the UK's population aged 65 or over has more than doubled since 1950 (11.9 million in 2018 and 5.3 million in 1950) (ONS, 2019), while the projection to the middle of the 21st century is that the number will reach 17.7 million (24.8% of the UK's population). People aged 85 or over will increase in number, too, by the same period (1.6 million in 2018 and 3.6 million by 2050–5% of the UK's population). Not dissimilar to global projections, the UK's birth rate is decreasing, and the median age is increasing, i.e. 40 years in 2018 and is expected to be 43 years by 2050. England and Wales have seen a 3.2% decrease in births since 2017 and 9.9% since 2012 (ONS, 2018). According to the same report, 2018 has presented the lowest crude birth rate (CBR) in England and Wales since 1938, when the nations started recording this information.

Such changes are continuously challenging national infrastructures, predominantly healthcare systems. Data from the Global Ageing Watch Index (2019) highlights not only the demographic changes, but the epidemiological transitions as well. Illness and disease patterns are changing, with older persons to be expected to need more support and health services due to the prevalence of frail physical and mental health, especially after the age of 80 (Oliver et al., 2024).

Furthermore, discourses pertaining to older people are often associated with the exploration of ageism and do not relay accurately the concepts and understandings of older age (Duffy, 2017). It is not uncommon that such misconceptions may lead to oppressive and discriminatory attitudes. Hastings and Rogowski (2015) argue that ageism is the product of societal constructs, especially within neo-liberal consensuses; current socio-political circumstances often create fertile ground for ageism. An example of this is social policy (Drennan et al., 2018) and associated to older age challenges (Age, n.d.).

Social work and older persons

If the world's older population is rapidly increasing, new practices, approaches, perspectives and policies are deemed necessary. This is evident in the policies and guidelines already emerging (WHO, 2017a). Examples include the *Integrated Care for Older People* guidance (WHO, 2017b), as well as the *Capabilities Statement for Social Workers in England who work with Older People* (British Association for Social Workers [BASW], 2018).

Social work is a profession that intervenes where circumstances present an unbalanced, often oppressive environment in which communities, families and individuals find themselves vulnerable. Yet, it is not only intervention that is key, but the need for preventative measures and social work practice, which will enable healthy aging (Hulko et al., 2019), professional awareness of the positive aspects of aging, and heightened quality of life for longer periods.

Social work ageist views have previously been explored in social work in care homes (Dunworth & Kirwan, 2012) and educational approaches to changing this have been proposed (Even-Zohar & Werner, 2020; Kim et al., 2017), but literature and evidence are still scarce. The need for attention to human rights of older people altogether has been

emphasized previously (Choi et al., 2017), while Duffy (2017) argues the need for critical social work to take a more active stance in promoting social justice in gerontological social work.

Yet, older age, as mentioned earlier, is often associated with losses, and thus exploring both may lead to more robust results in research. Bengtson et al. (2005) explore all stages of aging with their associated losses; inclusive of physical, mental, spiritual and/or psychosocial. Often, attitudes toward aging and those toward losses are intertwined (Henderson et al., 2008), while varied research measurement tools (e.g. Brown et al., 2015) negotiate the notion of losses in the questionnaires about aging. Both areas (i.e. aging and losses) are of concern in the field of Gerontology; the study of all aspects of aging (Stuart-Hamilton, 2011), notwithstanding its positive aspects, which should not be ignored.

Duffy (2017) and Richards et al. (2014) opined that social work holds further responsibilities in an aging society; in a societal context underpinned by ageism, social workers need to apply non-conventional approaches to tackle the discourses and language that impact negatively on older persons. Sensible as this sounds, however, the success of this intent lies with social workers themselves. To what extent is there an overlap of the personal and the professional, and are social workers equally contributing to negatively impactful discourses about older age, when unthoughtful language and unconscious bias can add to the negative experiences of older people, especially those with a disability (Ray et al., 2009). Social disapproval may not allow public display of professionals' attitudes, which may be biased or discriminatory (conscious or unconscious) (Hughes & Heycox, 2020), but any such implicit assumptions can certainly lead to paternalistic behaviors (Perker & Chasteen, 2006).

The exploration of social workers' current views, attitudes and perspectives toward older age and losses is essential if we want to identify any gaps in skills and knowledge. Hulko et al. (2019) argue an anti-oppressive gerontology (AOG), wherein social workers' role is critical; both in addressing oppressive language and environments, but also with regards to intrapersonal matters and the need for self-reflection and appreciation of own biases and their impact on practice. Thus, to achieve what Hulko *et al.* called AOG, studies like this one are of great importance. The present study is focusing on measuring social work students' perceptions and attitudes about aging and loss.

Methodology

This is a cross-sectional study that employs a survey to make observations about social work students' attitudes and perspectives toward aging and loss. This design allows for either approving or disapproving any assumptions about aging and loss attitudes, while it provides the capacity to collect and analyze multiple variables, which leads to rich data that can be used in multiple ways (Bryman, 2016).

Sample and sampling method

A combination of purposeful (Patton, 2002) and snowballing techniques (Goodman, 1961) were used to recruit participants. A self-administered survey was sent out to 155 undergraduate and 108 postgraduate social work students (*N*

Table 1. Sample characteristics.

Characteristic	Sample size	Percentage
Gender		
Male	16	12.5%
Female	112	87.5%
Age group		
18–24	21	16.4%
25–34	41	32%
35–44	33	25.8%
45–54	28	21.9%
55–64	5	3.9%
Year of study		
1	52	4.6%
2	54	42.2%
3	20	15.6%
4	2	1.6%
Level of study		
Undergraduate	59	46%
Postgraduate	69	54%
Ethnicity		
White	57	44.5%
Asian	3	2.3%
Mixed	6	4.7%
Black/African/Caribbean	57	44.5%
Other	5	3.9%
Religion		
No religion	36	28.1%
Christian	77	6.2%
Muslim	7	5.5%
Atheist	2	1.6%
Secular views	3	2.3%
Other	3	2.3%
Location		
Urban	85	66.4%
Rural	43	33.6%

= 263), enrolled in two separate institutions; one in the Greater London Area and one in a rural area of England. Only two institutions were targeted due to accessibility and availability issues. Programme convenors were approached via e-mail and following viewing of the ethical approval for this study, assisted with disseminating the survey to students in their institutions. The survey was provided via Qualtrics, and the response rate was 48% ($n = 128$) (Table 1). Data was collected between June 2019 and October 2019.

The majority of the sample ($n = 128$) were female (87.5%), of White (44.5%) or Black/African/Caribbean (44.5%) ethnicity, either Christian (60.2%) or of no religious affiliation (28.1%) (see Table 1). There was an equal distribution between undergraduate and postgraduate students (46% and 54% respectively). Participants ranged in age from 20 to 65 years of age ($M = 37.5/SD = 11.2$).

The participants who identified as White are of younger age groups (18–34 years of age: 64.9%) than those identifying as Black/African/Caribbean (35–54 years of age: 68.4%). Similarly, of the 28.1% of the sample that identified no religious affiliation, 72.2% belonged in the 18–34 age group. The percentage of those who are Christian spread across the age groups, with 24.7% in 25–34 years of age, 31.2% in 35–44 years of age) and 29.9% in 45–54 years of age.

Measurement tools

The self-administered questionnaire used for the purposes of this study comprised of three parts. First, a segment that collected the demographics of the sample. Following that were two measurement tools: Gale and Cooper's (2018) aging attitudes scale, and a 9-item loss and aging attitudes scale deriving from the work of Pentaris (2019).

Gale and Cooper: ageing attitudes scale

This is a 12-item 5-point Likert style questionnaire that explores both positive and negative attitudes toward aging. The questions put emphasis on five distinct areas in the way they link with old age (i.e. legacy, losses, illness, resilience, self-perceptiveness). According to Gale and Cooper (2018) and my knowledge, no study besides the afore-mentioned has been published on the psychometrics of the aging attitudes scale. The Cronbach a in Gale and Cooper (2018) was found 0.76, but in this study, a Cronbach's Alpha coefficient showed high consistency of the tool (a = 0.81).

Pentaris: loss and ageing attitudes scale

This is a 9-item 5-point Likert style questionnaire that measures causal relationships between attitudes toward losses and attitudes toward aging. The scale focuses on views about older people experiencing losses and how the losses experienced in older age might influence views toward aging. Similar to the aging attitudes scale, a Cronbach's Alpha coefficient showed high consistency and validity of the tool (a = 0.72).

Data analysis

With the use of SPSS (v25), univariate and bivariate analyses were carried out. The analysis focussed on unpicking the bivariate associations between variables with the use of correlations (Spearman's and Pearson's) and regressions. Additionally, confirmatory factor analysis was applied to test consistency of the measurements with the initial argument of this paper (Bryman, 2016). Last, the method of full information maximum likelihood was applied, to deal with missing data and information, which were excluded from the analyses.

Ethical considerations

The study was approved by the Ethics Committee of the (HOST INSTITUTION) (UREC/18.4.5.10). Each participant signed an informed consent form. Confidentiality and privacy of the information were maintained; all data is securely saved in a password protected hard drive, accessible only by the lead researcher (NAME).

Results

Descriptive statistics: attitudes and perspectives

Tables 2 and 3 show the frequencies, means and standard deviations of the varied items in the two scales used in this study. Further, participants who identified as White were more likely to agree (87.3%) that physical and mental health will worsen as the person

Table 2. Frequencies of the 12-item scale.

Statement	Agree/Disagree	Mean (SD)
We can learn a lot from older people (Q1a)	100% agree	1.27 (.44)
As I get older, I expect to become more lonely (Q2a)	42% agree 32.3% disagree	2.83 (.99)
Older age is a time of ill health (Q3a)	40.3% agree 50% disagree	3.11 (1.1)
As I grow older, I become more tolerant (Q4a)	60.5% agree 22.6% disagree	2.52 (1)
Older age is a time of loneliness (Q5a)	35.5% agree 42% disagree	3.06 (1.1)
As I get older, I expect to be able to do things I have always done (Q6a)	26.6% agree 50% disagree	3.25 (.95)
When I think of older people, I think of them as generally grumpy and miserable (Q7a)	3.2% agree 91.9% disagree	4.26 (.76)
I worry that my health will get worse as I grow older (Q8a)	68.6% agrees 20.1% disagree	2.32 (1.1)
I don't think of myself as old (Q9a)	80.7% agree 15.3% disagree	2.05 (1.1)
Older people don't get respect in society (Q10a)	52.4% agree 33.9% disagree	2.77 (1.2)
Retirement is a time of leisure (Q11a)	64.5% agree 23.4% disagree	2.46 (1)
Growing older doesn't bother me (Q12a)	40.3% agree 43.6% disagree	3 (1.3)

Table 3. Frequencies of the 9-item scale.

Statement	Agree/Disagree	Mean (SD)
All older people experience losses (Q1b)	82.5% agree 9.1% disagree	2 (.88)
I do not want to grow old because I will lose something (Q2b)	40.8% agree 44.2% disagree	3 (1.2)
Loss is an experience for older people more than any other age group (Q3b)	25% agree 67.5% disagree	3.5 (1.1)
Older people are more likely to experience physical loss (Q4b)	62.5% agree 25% disagree	2.57 (1.1)
Older people are more likely to experience mental loss (Q5b)	57.5% agree 30% disagree	2.64 (1)
As I get older, I think that I will become more dependent (Q6b)	50.9% agree 28.3% disagree	2.74 (.94)
When I think of older people, I think of them as individuals who experience a lot of losses, including social disengagement (Q7b)	60% agree 29.1% disagree	2.60 (1)
I worry that as I grow older I will have to say goodbye to many people and things (Q8b)*	66.7% agree 19.2% disagree	2.4 (1)
Not all losses are linked to older age (Q9b)	99.2% agree 0.8% disagree	1.4 (.59)

*Including by death.

grows older, while only 47.2% of those identifying as Black/African/Caribbean agreed to the same view. An additional difference between White and Black/African/Caribbean that is worth mentioning is that the former view older people as lacking respect in society (63.7%), while 45.6% of the latter group agrees to the same view. Last, the sub-groups' views of being annoyed because of growing older differed, with White agreeing at 56.4% and Black/African/Caribbean at 29.8%.

Participants who identified with a 'no religious affiliation' identity agreed at large (88.2%) with the view that health worsens when getting older, as opposed to

the view of those who identified as Christians (57.9%). Similar to ethnicity, those with no religion thought that older people do not get respect in society (64.7%), while less than 50% (44.8%) of those self-identifying as Christians thought the same.

Inferential statistics: exploring the inter-relations of the views and attitudes toward older people and associated losses

A Pearson correlation examined the relationship between the varied views among social work students, showing numerous positive and negative links (Table 4). For the purposes of this paper, we are only focusing on 2-tailed, statistically significant correlations at a level of 1% or lower ($p \leq 0.01$).

The view that we can learn a lot from older people was negatively correlated with the idea that as people get older, they also get 'grumpy and miserable' ($r = -.390; p < 0.01$), while participants who thought older people as 'grumpy and miserable' also did not consider themselves as old ($r = .250; p < 0.01$). The view that getting older necessitates getting lonelier as well was positively related with the idea that older people will experience many losses ($r = .254; p < 0.01$) and have to say many goodbyes ($r = .281; p < 0.01$). The view that old age is a time of ill health was positively related with the idea that loneliness is a big part of old age ($r = .561; p < 0.01$), physical loss ($r = .367; p < 0.01$), mental loss ($r = .330; p < 0.01$) and general losses ($r = .350; p < 0.01$). Last, the association of old age with loneliness was negatively correlated with the desire to grow older ($r = -.293; p < 0.01$).

Further Pearson's analyses revealed that the more participants thought that when one grows older, they also become more tolerable, but experience mental losses ($r = .330; p < 0.01$). The association of old age and loneliness is positively linked with losses ($r = .308; p < 0.01$), physical ($r = .370; p < 0.01$) and mental losses ($r = .384; p < 0.01$), dependency ($r = .285; p < 0.01$) and social disengagement ($r = .434; p < 0.01$), and negatively linked with the participants' self-identification as old ($r = -.262; p < 0.01$). Participants who agreed that as they get older, they will be able to do the same things they are used in doing, did not think that their health will get any worse when growing old ($r = -.248; p < 0.01$).

Declining health in older age was also positively correlated with the view that all older people experience losses ($r = .363; p < 0.01$), social disengagement ($r = .26; p < 0.01$), fear of losing something or someone when growing older ($r = .417; p < 0.01$), and the need to say goodbye to many people as growing older ($r = .47; p < 0.01$). Participants who did not, at the time of completing this survey, think of themselves as old, also considered that not all losses are linked with older age ($r = .24; p < 0.01$), while participants who agreed that older people lack respect in society do not wish to grow older ($r = -.26; p < 0.01$). Participants who agreed that growing older bothers them, also agreed that they do not wish to grow older in the fear they will lose something ($r = -.58; p < 0.01$), and the fear that growing older will necessitate saying goodbye to something or someone ($r = -.33; p < 0.01$). Last, there is a positive correlation between age and concerns of declining health as one gets old ($r = .37; p < 0.01$). Also, there is a positive correlation between ethnicity and worries of ill health when growing old ($r = .4; p < 0.01$). A linear regression analysis indicated this. The overall regression model was significant, $F (12, 154) = 3.23, p < 0.01, R^2 = .20$.

Table 4. Correlations between variables and measurement items.

	Q1a	Q2a	Q3a	Q4a	Q5a	Q6a	Q7a	Q8a	Q9a	Q10a	Q11a	Q12a	Q1b	Q2b	Q3b	Q4b	Q5b	Q6b	Q7b	Q8b	Q9b
Q1a. We can learn a lot from old people	1 .																				
Q2a. As I get older, I expect to become more lonely	-0.066 0.467	1 .																			
Q3a. Old age is a time of ill health	-0.049 0.589	.178* 0.047	1 .																		
Q4a. As I grow older, I become more tolerant.	-0.034 0.711	-0.091 0.313	0.05 0.578	1 .																	
Q5a. Old age is a time of loneliness	-0.023 0.803	.454** 0	.561** 0	0.085 0.349	1 .																
Q6a. As I get older, I expect to be able to do things I've always done	0.025 0.782	-0.025 0.779	-0.035 0.697	-0.041 0.654	-0.073 0.424	1 .															
Q7a. When I think of old people, I think of them as generally grumpy and miserable	-.390** 0	-0.082 0.367	0.175 0.052	0.098 0.278	0.17 0.058	-0.114 0.208	1 .														
Q8a. I worry that my health will get worse as I grow older.	0.02 0.824	.217* 0.016	.287** 0.001	-0.055 0.544	.240** 0.007	-.248** 0.005	-0.117 0.194	1 .													
Q9a. I don't think of myself as old	0.091 0.314	-0.158 0.079	-0.174 0.053	0.035 0.7	-.262** 0.003	-0.044 0.63	-.250** 0.005	0.026 0.771	1 .												
Q10a. Old people don't get respect in society	-0.083 0.358	.236** 0.008	-0.046 0.61	-0.038 0.679	.179* 0.047	-0.002 0.986	-0.045 0.616	.199* 0.026	-0.118 0.194	1 .											
Q11a. Retirement is a time of leisure	0.052 0.567	-0.055 0.545	0.118 0.193	0.021 0.813	0.062 0.497	.211* 0.019	0.124 0.169	-0.069 0.447	0.064 0.482	-0.117 0.194	1 .										
Q12a. Growing old doesn't bother me	0.072 0.426	-.289** 0.001	-.293** 0.001	0.139 0.122	-.226* 0.011	.291** 0.001	-0.002 0.981	-.479** 0	0.097 0.285	-.256** 0.004	.256** 0.004	1 .									
Q1b. All older people experience losses	0.033 0.724	0.065 0.478	.218* 0.017	0.056 0.544	.208* 0.023	-0.114 0.216	-0.088 0.338	.363** 0	0.001 0.988	0.119 0.194	0.098 0.285	-.232* 0.011	1 .								

(Continued)

Table 4. (Continued).

	Q1a	Q2a	Q3a	Q4a	Q5a	Q6a	Q7a	Q8a	Q9a	Q10a	Q11a	Q12a	Q1b	Q2b	Q3b	Q4b	Q5b	Q6b	Q7b	Q8b	Q9b
Q2b. I do not want to grow old because I will lose something	-0.051 0.579	.306** 0.001	.290** 0.001	-0.011 0.905	.258** 0.005	-.181* 0.048	0.064 0.491	.417** 0	0.013 0.89	0.013 0.888	0.011 0.905	-.578** 0	.333** 0	1 .							
Q3b. Loss is an experience for the elderly more than any other age group	-0.151 0.1	0.133 0.148	.275** 0.002	-0.086 0.351	.308** 0.001	0.002 0.981	0.155 0.09	0.038 0.677	-0.108 0.24	0.085 0.353	0.055 0.548	-0.148 0.107	0.125 0.175	.188* 0.039	1 .						
Q4b. Older people are more likely to experience physical loss	0.01 0.911	0.1 0.278	.367** 0	.220* 0.016	.370** 0	-0.137 0.135	0.13 0.158	0.145 0.113	-0.021 0.822	0.119 0.195	.184* 0.044	-.225* 0.013	.386** 0	.344** 0	.397** 0	1 .					
Q5b. Older people are more likely to experience mental loss	-0.007 0.942	-0.008 0.927	.330** 0	.242** 0.008	.384** 0	-0.071 0.44	0.065 0.482	0.12 0.191	-0.04 0.664	0.146 0.112	0.126 0.171	-0.028 0.759	.196* 0.032	0.142 0.121	.219* 0.016	.471** 0	1 .				
Q6b. As I get older, I think that I will become more dependent	0.11 0.233	.231* 0.011	0.162 0.076	0.037 0.685	.285** 0.002	-0.049 0.593	-0.022 0.808	.222* 0.015	0.024 0.795	0.105 0.254	0.012 0.896	-0.007 0.943	0.161 0.078	0.047 0.609	.233* 0.01	.201* 0.028	.269** 0.003	1 .			
Q7b. When I think of old people, I think of them as individuals who experience a lot of losses, including social disengagement	0.001 0.99	.254** 0.005	.350** 0	0.031 0.736	.434** 0	-0.124 0.176	0.088 0.34	.262** 0.004	-0.104 0.259	0.132 0.151	0.058 0.526	-.276** 0.002	.277** 0.002	.397** 0	.321** 0	.286** 0.002	.260** 0.004	.244** 0.007	1 .		
Q8b. I worry that as I grow older I will have to say goodbye to many people and things	0.024 0.793	.281** 0.002	.195* 0.033	0.032 0.725	.338** 0	-0.171 0.062	-0.031 0.74	.469** 0	-0.013 0.886	0.088 0.341	0.017 0.853	-.331** 0	.411** 0	.486** 0	0.08 0.383	.203* 0.026	0.077 0.406	.188* 0.04	.439** 0	1 .	
Q9b. Not all losses are linked to older age	0.139 0.13	0.092 0.315	0.049 0.594	0.062 0.499	0.117 0.204	-0.121 0.188	-.234* 0.01	0.035 0.706	.241** 0.008	0.011 0.903	-0.105 0.255	0.017 0.857	0.059 0.524	-0.001 0.988	-0.111 0.226	-0.028 0.764	0.075 0.417	-0.03 0.743	0.144 0.117	0.166 0.069	1 .

**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

Qualitative comments: wisdom, frailty and lack of respect

The survey provided space for participants to answer the question, 'Is there anything else you would like to add in relation to how you view older age and older individuals?'. Of the participants, 27 responses provided further information suggesting that older age associates with: wisdom and knowledge; frailty and illness; lack respect in society.

> I think older people know much more than others. They are much wiser and we should listen to them. (UG student)

> The older you get, the more ill you become. Older people generally should be respected but their health is not always the best. (PG student)

> I just want to finally say that I do not think older people receive the respect they deserve in our communities. We should do more to advocate for them. (PG student)

Discussion

This study's aim was to measure the views and perspectives of social work students toward aging and associated losses. The general consensus from this study is threefold: one can learn a lot from older people; old age is associated with loneliness, illness, losses, lack of respect and frailty; views and perspectives toward aging and associated losses are dependent on both ethnic and/or religious/nonreligious views.

Old age, knowledge and wisdom

This study reported that older individuals are viewed as people with wisdom and advanced knowledge in life, from which others can learn and be guided by. This is not a new finding, but certainly supports new knowledge in the context of social work students who are shortly entering the field for practice. However, this finding on its own does not give us direct answers. Wisdom is contested and contextual. Sternberg (2005) opines that to explore the relationship of old age and wisdom (inclusive of knowledge), we first need to explore the meaning of wisdom. This may seem an impossible task when the concept at hand is highly contested (Bower, 1990). Bangen et al. (2013) define wisdom with the following nine components: knowledge of life, prosocial values, self-understanding, acknowledgment of uncertainty, emotional home-ostasis, tolerance, openness, spirituality and sense of humor. The current study has by no means explored the numerous and complicated associations between these components. Previous research (Staudinger, 1999), however, shows zero relationship between aging and wisdom or knowledge. Similarly, Lim and Yu (2015) reported that despite the cognitive improvements in reasoning, it is difficult to ascertain the connections between wisdom and old age. This may be a difference between populations at study. While previous studies that do not link the two have been undertaken with other than social workers and/or social work students, this study recognizes the latter population as one that differs, which has an impact on how we approach education, training and practice.

There have been, however, a few studies that argued the association of old age and improved reasoning. Worthy et al. (2011) reported that older persons' decision-making

depends on the associated rewards available based on the choices they make: a more logically driven process. Grossmann et al. (2010) also suggest that old age is associated with improved reasoning, which may be a small indication of wisdom. Noteworthy is Ardelt's work (2010) who compared older adults and college students on wisdom scales; old persons demonstrated higher wisdom if they had been educated at undergraduate or higher levels. When contrasting the findings of this study, it is reasonable to assume that there might be a compounding factor leading the change in views; in this instance, that of the progression of educational material and pedagogy in the different fields the above-mentioned studies are concerned with.

Albeit the lack of evidence, social work students associate old age predominantly with knowledge, and indicate wisdom, which may lead to assumptions about capabilities or reasoning beyond one's capacity. Such ideas may hinder a more detailed assessment and continuous work with older individuals.

How is older age viewed?

At large, this study underscores nine areas associated with older age, based on student views (Figure 1).

Yang and Victor (2011) argued that the geography in which one is old plays a big part in how lonely they may feel or be. National infrastructure and community standards are
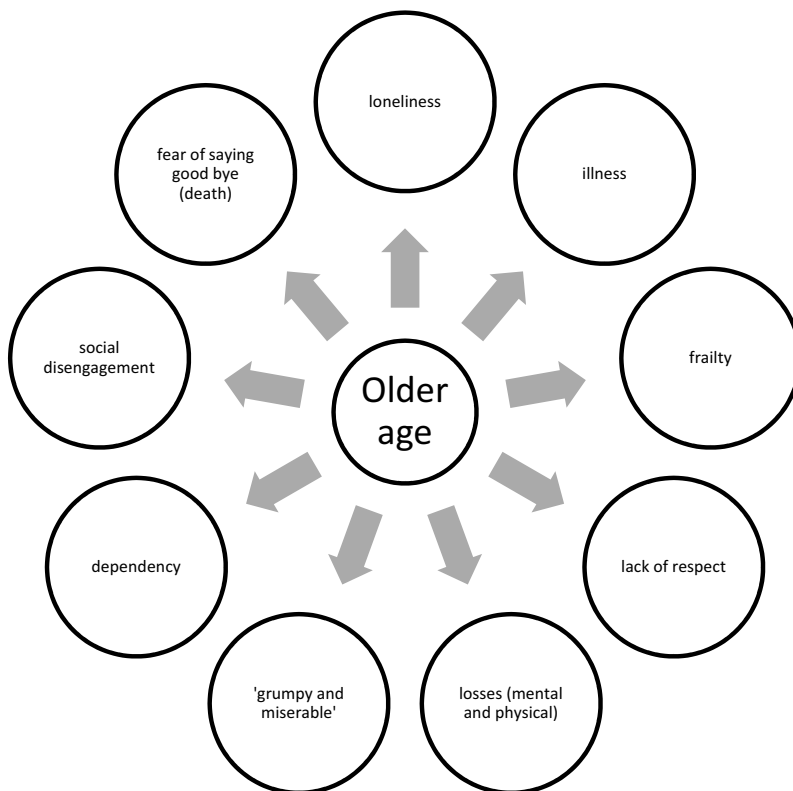
Figure 1. Nine areas associated with older age.

both important in facilitating old persons' needs and tackling loneliness. This, indeed, seems to follow logic; especially as increased community resources and support will likely improve social engagement and participation, both of which impact on healthy aging (Holmes & Joseph, 2011). Similarly, Jylhä (2004) suggested that loneliness increased with old age, but when the household composition and social participation were impacting on it. In other words, levels of loneliness in old age are dependent on the surrounding environment, as well as the extent to which the person remains socially engaged. The current study took place in England, drawing on an indicative sample from a rural area, as well as the Greater London Area; a context which is privileged with high infrastructure and community resources promoting healthy aging. If so, then the view that old age is linked with loneliness may be unprecedented and lead to false assumptions. Views that want old age and loneliness to be closely linked, also suggest that the older person may be in a non-engaging familial and social environment.

Such internalized views about aging might hinder effective social work practice; a sentiment that underpins the significance of the study. Even-Zohar and Werner (2020) opined that social work students are a rightful place to start with enabling others to think of the positive aspects of aging and the concept of healthy aging. An educational intervention in social work will effectively help shift attitudes that are ageist or risking becoming. Thus, the findings presented here unpicked the correlations between attitudes to better appreciate the influencers of such risky views which may have impact on the way education approaches the subject.

The positive relationship between ill health, loneliness and social disengagement in old age reported in the data corroborates with available evidence. Courtin and Knapp (2015) reviewed 128 papers that explored social isolation and loneliness in old age, as well as the impact these factors have on the person's mental and physical health. This review reported that 126 out of 128 papers evidenced detrimental impact of loneliness and social isolation on health.

Furthermore, Pinto and Neri (2017) concluded that most empirical studies examining old age and social disengagement suggest high prevalence, as well. With old age comes lower social participation; this may be the result of a few factors. The same authors identify that health decline, inability to do what one used to do before, and lack of respect may be some of the factors. Prattley et al. (2020) evidence that environmental factors, as well as a sense of community and neighborhood belonging are of great significance to tackle social disengagement and restore participation.

Robertson and Kenny (2016) argue that negative self-perceptions about aging indicate higher risks of social disengagement in old age. Park and Song (2016) argued that in old age people experience cognitive decline, too; numerous studies like Soriano et al. (2020) and Andrade et al. (2018) show the varied physical losses old persons may be experiencing, inclusive of loss of mobility and hearing. Similarly, studies have focused on mental losses associated with old age (Heine et al., 2019). Physical and mental decline, inclusive of cognitive, surely leads to higher dependency and questioning capacity. It is not impossible to think that older individuals who receive support from their communities because they are 'declining' on all ends, will likely withdraw and disengage or isolate to cope with feelings of dropping self-perception, self-respect and self-understanding. Equally, this process might generate a public-facing view of older people in smaller communities as 'grumpy and

miserable', a view also evident in this study. These are risks that the findings of this study directs us to, indicating the need to adequately explore attitudes and their potential negative impact from the start of social workers' education.

Last, Cicirelli (2002) argued that fear of death is associated with lower levels of religiosity in older age, lack of social support and greater externality. This may lead us to the logical conclusion of the strong ties between the nine faces of old age that the findings of this study conclude with. If one is lonelier, socially disengaged, frail due to physical and mental losses and becomes dependent on others, they may be led to further feelings of lack of belongingness, or develop personality traits that are not socially comforting, such us being 'grumpy and miserable'. The combination of all these factors, which only develop simultaneously, is influenced by culture and religion, nonetheless, the two of which may be informants of how well an older person may cope with these aspects of old age, were they to always be true. Similarly, these two factors become indicators of which way one's views about old age and losses associated with it sway.

Ethnic and religious divide

Students from a White and nonreligious background in this study were more inclined toward the views that physical and mental health worsen when growing older, as well as that older people lack respect in society. To the contrary, those of a Black/African/ Caribbean background, as well as Christian, were more inclined to disagree with the above-mentioned statements and indicated that older people can remain healthy and receive adequate respect from society.

Other studies like Vincent et al. (2006) facilitate a discussion about how societies, economies, families and individuals will adapt to the increasing aging population. In their introductory account, they highlight culture, religion, general belief and tradition as key factors that drive perceptiveness, both individually and socially, which then leads to how aging is constructed in a given society. This study's findings are an important step toward identifying such factors and appreciating how social work constructs aging and how education can potentially respond to it. Nazroo's (2006) work highlights the ethnic differences in aging and perceptions about aging, albeit the focus on minority groups. Contrasting this with the present study's ethnic divide, it is logical to think that the divide truly lies with dominant and subordinate groups instead. In this case, the study takes place in a context where White people belong in the dominant group and Black/African/ Caribbean in the subordinate group. Drawing on Malesevic (2004), the dominant ethnicity in society will tend to have more liberal views that are closer to scientific enquiries, as opposed to subordinate ethnic groups, which will often maintain their traditional and religious characteristics as those enhance their sense of connection with previous environments.

Further, Davie and Vincent (1998) argued the intrinsic relationship between religion and aging, while, more recently, Bengtson et al. (2016) and Eisenhandler (2016) have reached similar conclusions; the levels of religiosity in old age may be higher than in other age groups, but religious participation is not always on the rise, but the promise for eternal life and reconnection with loved ones who are already deceased link with increased religiosity, too. Taking this view into account, it is not surprising that this study shows Christians to hold more positive views about aging.

Last thoughts

General perceptions about old age are often either oppressive or discriminatory (Ayalon & Tesch-Römer, 2018). Particularly, there are views of older people as frail, unkind or irritable in the community, and persons who are primarily respected due to cultural or religious reasons. Yet, even the construction of views about old age differs from place to place and, hence, we cannot over-generalize the above statement, albeit common practice. Ayalon and Tesch-Römer (2018, p. 1) argue that our perceptions and assumptions about old age shape 'human ageing', while our tendency to generalize about older age leads to stereotypical thinking; 'this stereotypical construction of older people, ageing, and old age is called "ageism"'.

Social work students in this study present what Higgs (2018) identified as the social imaginary of old age; 'old age is associated with frailty, dementia and suffering'. Nonetheless, we should consider that only items 1, 4 and 12 in the 12-item scale used in this study, allude to positive views about aging. This said, future studies might need to consider the use of qualitative methods more to unpick healthy aging (Abrams et al., 2015).

Last, this study further highlights the paradox that older people are indeed viewed as frail and care dependent in society (Stuart-Hamilton, 2011), which iterates social work students' views. The implications of this study for social work are predominantly leaning toward education and training. On the one hand, social work education can take a more active stance in shaping up judgment-free views in social work students and new practitioners, while on the other, it can prepare professionals with leadership skills that will be applied for the purposes of public awareness and further macro practices in advocacy and social justice. Specifically, the findings from this study present with the need for further education in specialist skills and knowledge in gerontological social work (Ray et al., 2009).

Moreover, the implications of the findings of this study can have indirect impact on service users and families; studies of this like surface gaps in critical knowledge and skills when working with older individuals, which informs better education and, thus, better-equipped professionals entering the field.

Limitations

As every study, this one has its limitations, too. First and foremost, this is a cross-sectional design; in other words, it only depicts information from one point in time, which does not allow for extensive generalizations, but strongly captures the situation at the moment. Further, the sample size in this study certainly provides an initial screening of social work students' perspectives about aging and loss between two urban and rural areas, respectively, but by no means does it capture the length and depth that a study across all students in England would offer. There are approximately 80 Universities in the UK that offer social work programmes, and this study sampled only from two. Similarly, the use of quantitative approaches only is not providing us with new insights about what these statements mean to individual participants.

Further, the items in the aging attitudes scale (Gale & Cooper, 2018) and the loss and aging attitudes scale (Pentaris, 2019) emphasize on the negative aspects of aging and loss, which runs the risk of reinforcing negative views on aging as an aftermath. This is a mere assumption that lends itself to future research trends in assessing research tools in this area altogether.

Last, the ethnic and religious divide noted in this study is not exhaustive nor conclusive. It is, instead, indicative of an area that requires further examination. If such disparities are of relevance in social work, then surely what we are facing is ethnic- and religious-specific practice, but no longer for the benefit of the expert by experience, but from the social worker's viewpoint, which can only enable stereotypical thinking.

Conclusions

This study identified social work students' perceptions and attitudes which are neither surprising nor new. What is of significance, however, is the exploration of these attitudes in relation to the risks for over-generalizations about older people and the development of ageist views, which subconsciously impact on the quality of practice and outcomes. The study does not condemn these perceptions yet recognizes the need for further education and training for social workers, in order to adequately respond to the increasingly aging populations they are and will need to be working with. By 2050, the demand for gerontological social work will be beyond proportion, hence, this study concludes that developing expert skills and knowledge in this specialist field is pressing and timely.

Disclosure statement

Notes on contributor

Panagiotis Pentaris is an Associate Professor of Social Work & Thanatology; he has been researching and publishing about death, dying and bereavement for over 14 years, with a particular focus on the socio-political conceptions and contestations of death, as well as the intersections of religion, faith and non-belief with death and dying. His work has a wider scope and is underpinned by social work, as well as social policy foundations. He have also been researching LGBTQIA+ identities and queer necropolitics, lending practices to education and end of life care, while developing EDI strategies for Higher Education.

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