



Ageism and Speech, Language and Hearing Sciences: when the prejudice interferes in the clinical view on the aged person

Idadismo e Fonoaudiologia: quando o preconceito afeta o olhar clínico sobre a pessoa idosa

Edadismo y logopedia: cuando el prejuicio interfiere en la visión clínica de la persona mayor

*Francelise Pivetta Roque** 

*Sara Geovanna Ramos Gonçalves** 

*Priscila Starosky** 

*Gisele Gouvêa da Silva** 

*Renato Sampaio Lima** 

*Tatiana Bagetti** 

Abstract

The World Health Organization Combating proposes combating ageism toward older persons-conceptualized as stereotypes, prejudices and discrimination against older people. Due to the role of speech and language pathologist (SLP) and audiologist in gerontology, because of the possible impact of ageism in caring for older persons and because we didn't find studies similar to this research, we aimed to discuss ageism between SLP and Audiology professionals and students. We conducted an integrative review, searching articles, in 2023 April, by terms "ageism" and "SLP" in the scientific bases Scientific Electronic Library On-line (SciELO), Literatura Latinoamericana e do Caribe em Ciências da Saúde (LILACS), Public Medicine Library (PubMed). All the research published in the last 15 years about the theme were included, as well as the theme-related cited in these researches. There were found five articles,

* Universidade Federal Fluminense, Rio de Janeiro, RJ, Brazil

Authors' contributions:

FPR: participated in study conception, methodology, data collection, study outline, critical review and guidance.

SGRG: participated in study conception, methodology, data collection, study outline and critical review.

PS: participated in methodology, data collection, study outline, critical review and guidance.

GGs, RSL, TB: participated in critical review.

E-mail for correspondence: Francelise Pivetta Roque - franceliseroque@id.uff.br

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all quantitative, published between 2003 and 2021, two in the United States of America, two in Chile and one in Brazil. Ageism was evaluated as prejudice, inadequate knowledge about the aging, inadequate attitude toward older persons and stereotypes about them. Ageism was found in half ($n=2$) of the studies that investigated SLP students, evidenced as inadequate knowledge in one of them and as prejudice in the other. Between SLP professionals, ageism was found in one of four studies, evidenced as a positive stereotype. The results are not generalizable, but they can stimulate reflections about repercussions in the care of aged persons and it points to the necessity of more studies.

Keywords: Ageism; Aged; Speech, Language and Hearing Sciences; Deglutition Disorders; Communication Disorders.

Resumo

A Organização Mundial da Saúde preconiza que mudemos a forma como pensamos, sentimos e agimos com relação à idade e ao envelhecimento, lutando contra o idadismo direcionado à pessoa idosa - o conjunto de estereótipos, preconceitos e discriminação contra esse grupo. Diante do papel da fonoaudiologia na gerontologia, do impacto possível do idadismo no cuidado fonoaudiológico e por desconhecermos trabalhos semelhantes ao aqui proposto, objetivamos discutir o idadismo entre estudantes e profissionais da Fonoaudiologia. Realizou-se revisão integrativa de literatura, buscando-se artigos, em abril de 2023, a partir dos termos “idadismo” e “fonoaudiologia” nas bases *Scientific Electronic Library On-line (SciELO)*, Literatura Latinoamericana e do Caribe em Ciências da Saúde (LILACS), *Public Medicine Library (PubMed)*. Incluíram-se todas as referências publicadas nos últimos 15 anos sobre o tema, bem como as pesquisas pertinentes à revisão citadas nestes artigos. Foram encontradas cinco pesquisas, todas quantitativas, publicadas entre 2003 e 2021, duas realizadas nos Estados Unidos, duas no Chile e uma no Brasil. O idadismo foi avaliado como preconceito, como conhecimento indevido sobre o envelhecimento, atitude inadequada com relação aos idosos e como estereótipo sobre eles, e foi encontrado em estudantes na metade ($n=2$) dos estudos que os investigaram, num deles sob a forma de conhecimento inadequado e no outro sob a forma de preconceito. Ademais, o idadismo esteve presente em fonoaudiólogos em um dos quatro estudos que os avaliaram, apresentado como estereótipo positivo. Os resultados desta revisão não são generalizáveis, mas podem fundamentar reflexões com repercussões no cuidado fonoaudiológico prestado a pessoas idosas e evidenciam a necessidade de mais pesquisas.

Palavras-chave: Etarismo; Idoso; Fonoaudiologia; Transtornos de Deglutição; Transtornos de Comunicação.

Resumen

La Organización Mundial de la Salud propone la lucha contra el edadismo - conocido como estereotipos, prejuicios y discriminación contra las personas mayores. Debido al papel de la logopedia en gerontología y a la posibilidad de edadismo perjudicar el cuidado a las personas mayores, y porque desconocemos trabajos similares a nuestro, estudiamos el edadismo entre estudiantes y profesionales de Logopedia. Se desarrolló una revisión integrativa. Se buscaron artículos, en abril de 2023, por los términos “edadismo” y “logopedia” en las bases científicas *Scientific Electronic Library On-line (SciELO)*, Literatura Latinoamericana e do Caribe em Ciências da Saúde (LILACS), *Public Medicine Library (PubMed)*. Se incluyeron todas las investigaciones sobre el tema publicadas en los últimos 15 años, y aquellas relacionadas con el tema citadas en estas investigaciones. Se encontraron cinco artículos, todos cuantitativos, publicados entre 2003 y 2021, dos de los cuales fueron realizados en Estados Unidos de América, dos en Chile y uno en Brasil. La discriminación por edad se evaluó como prejuicio, conocimiento inadecuado sobre el proceso de envejecimiento, actitud inadecuada hacia las personas mayores y estereotipos sobre esas personas. La discriminación por edad se encontró en la mitad ($n=2$) de los estudios sobre este grupo, evidenciada como conocimiento inadecuado en uno y como prejuicio en otro. Entre los logopedas, en uno de los cuatro estudios se encontró discriminación por edad, como un estereotipo positivo. Los resultados no son generalizables, pero pueden estimular reflexiones sobre las repercusiones en el cuidado gerontológico y señalar la necesidad de realizar más estudios.

Palabras clave: Ageísmo; Anciano; Terapia del lenguaje; Trastornos de Deglución; Trastornos de la Comunicación.

Introduction

It is believed that one in two people is prejudiced against older people on a global scale¹. Ageism, which is a synonym for the term “etarism,” describes stereotypes (how we think), prejudices (how we feel), and discrimination (how we act) directed towards a person based on their age. It can manifest in institutional or interpersonal settings, or be self-directed, expressed implicitly or explicitly, depending on the individual’s awareness of the concept.

Combatting ageism is one of the four pillars of action for the Decade of Healthy Aging 2021-2030 proposed by the World Health Organization¹. This Decade is a sustainable and catalytic collaboration movement in which governments, civil society, international agencies, professionals, academia, media, and the private sector are called to work together to improve the lives of older people, their families, and communities¹.

While there is evidence that ageism has always been present in society, it became more evident during the COVID-19 pandemic, taking the form of discrimination against older individuals². It also brought to light the lack of knowledge - on the part of healthcare professionals - about fundamental aspects of geriatrics and gerontology³. For example, cases where resource allocation was based solely on age, while it is known that other parameters should be considered in critical situations, including clinical conditions, frailty, functional status, and comorbidities³. Everyone has the right to life, and quick decisions should be made by the team in conjunction with the patient and family⁴.

The way healthcare professionals assess aging and the elderly person can determine the care and treatment they receive⁵. Health contexts are among those where discrimination against older individuals occurs most in Brazil, including the association professionals make between age and pain, deafness, and the lack of understanding⁶. Negative attitudes and assumptions by medical and nursing professionals and students that functional and cognitive declines are inherent in older people lead to the choice not to perform certain treatments and prevent the early identification of problems⁷. In a study assessed herein, mental health professionals considered the presence of depressive symptoms in older people as “normal,” which is a behavior

that restricts access to treatments and leads to non-resolutive care⁸.

Speech-Language Pathology is a relevant profession in the care of older individuals, as it operates in peripheral and central auditory function, vestibular function, oral and written language, voice, fluency, speech articulation, and in the myofunctional, orofacial, cervical, and swallowing systems, among other communicative aspects⁹. It even has gerontology as one of its areas⁹.

Although there is research¹⁰⁻¹⁴ that identifies or suggests the existence of ageism among speech-language pathology students and professionals, this study did not find any research that gathered and integrated scientific findings in a literature review. In this sense, this study aimed to discuss ageism among speech-language pathology students and professionals and the possible implications for speech-language care provided to older people.

Method

An integrative literature review was conducted, with the following guiding questions: “Is ageism present in speech-language pathology students and professionals? If yes, what are the possible implications for speech-language care?”

In April 2023, researchers searched for articles in the Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Health Sciences (LILACS), and Public Medicine Library (PubMed) databases using the terms “ageism” and “speech-language pathology” (in Brazilian Portuguese), including all references found using the terms “ageism” and “speech-language pathology” in the last 15 years.

The choice of an integrative review over a systematic review, which has a higher level of scientific evidence compared to the former, is based on two reasons. Firstly, it stems from the exploratory literature search we initially conducted, based on the study profile, which identified that they were not conducive to a systematic review due to criteria that needed to be met for its conduction. Secondly, is the authors’ judgment that the topic could benefit from a review format allowing for a broader and more reflective discussion of the literature, characteristic of an integrative review. This also aligns with the educational principles of the Decade of Healthy Aging².

The choice of databases for this review is justified as they are likely among the primary ones used by speech-language pathologists in Brazil.

Results

The researchers found five studies¹⁰⁻¹⁴ and their main data are summarized in Chart 1.

All studies were quantitative and were published in 2003¹⁰, 2015¹¹, 2020¹²⁻¹³ (two studies), and 2021¹⁴. Two were conducted in the United States^{10,13}, two in Chile¹¹⁻¹², and one in Brazil¹⁴. Ageism was assessed from different perspectives: as prejudice¹³, as inappropriate knowledge about aging^{10,14}, as inappropriate attitude¹¹⁻¹² towards older individuals, and as stereotypes¹¹ about older people.

Different instruments were used to assess ageism in each study, including: Facts on Aging Quiz (1st version) (FAQ1)¹⁰, Negative Stereotype Questionnaire for the Elderly (CENVE)¹¹, Kogan Attitudes Toward Older People Scale (KAOP)¹², Fraboni Scale of Ageism (FSA)¹³, and the Palmore Facts on Aging Quiz adapted for Brazilian Portuguese¹².

The participants in the studies were speech-language pathology students in four studies¹⁰⁻¹³, clinical speech-language pathologists in two stud-

ies^{10,14}, and speech-language pathology faculty in one study¹¹.

Two studies^{10,14} assessed knowledge about aging. In one of them, this knowledge was considered inadequate when evaluating students and adequate when evaluating professionals¹⁴. In the other study¹⁰, the average knowledge of speech-language pathologists was considered adequate.

Two studies investigated attitudes^{10,11}, being one with students¹¹ and one with professionals¹⁰. Attitudes were considered positive in both.

In the only study that investigated stereotypes¹¹, neutrality was observed in students, while positive stereotypes were present in speech-language pathology, dentistry, and physiotherapy professors.

The only study conducted on ageism as prejudice¹² found it among students through the level of implicit bias on the Fraboni Scale of Ageism (FSA). A negative correlation was also found between ageist bias and correct answers to questions indicating knowledge about aging. In this study, stereotypes tended to be positive as students had more experience with older people. Individuals with low or medium-low socioeconomic conditions demonstrated more positive stereotypes compared to those with high and medium conditions.

No study investigated the implications of ageism on speech-language care.

Chart 1. Research on knowledge, attitudes and prejudices related to ageism in speech-language pathology students and professionals

Authors, year	Country	Purpose	Participants	Methods used	Main results
Searl, Gabel, 2003 ¹⁰	United States	To assess the knowledge and attitude of speech-language pathologists towards elderly people	83 speech-language pathologists who worked in health services - corresponding to 28% of people initially invited to participate in the research (all speech-language pathologists in the state of Ohio who worked or had worked in health services)	1. Demographic questionnaire. 2. Facts on Aging Quiz (1st version) (FAQ1) instrument, used to assess: 2.a) Knowledge about aging. 2.b) Attitudes toward aging and older individuals..	Ninety-four percent (94%) were women, with a mean age of 38 years (SD = 8; 4 years; months); 100% Caucasian ethnicity; with an average of 12; 4 (standard deviation = 8) years worked as a speech-language pathologist; 5 years (standard deviation = 4) in the current position (approximately 40% in long-term care facilities for the elderly and 25% in intensive care hospitals).
				Knowledge was assessed by: 1.a.I) average correct number (one (1) point for each correct answer, "minus one" (-1) point for each incorrect answer, and zero (0) for "don't know" responses); 1.a.II) the average percentage of correct answers on FAQ1.	The average score for correct items was 16±2.9, and the average percentage of correct answers was 64±12%. The authors interpreted that the knowledge was consistent with other groups of students and professionals and that more knowledge was expected because these speech-language pathologists worked or had worked with older individuals.
				Attitudes were assessed by three types of biases: 2.b.I) pro-age bias (unrealistically positive perspective on aging, which can supposedly be as harmful as a negative bias); 2.b.II) anti-age bias (unrealistically negative perspective on aging); 2.b.III) "web" bias (subtracting the anti-age bias from the pro-age bias).	Anti-age bias: Average of 22.6±15%. Pro-age bias: Average of 15.7±19.0%. Web bias: -7.0% ±26.6% (overlap of negative bias compared to positive bias on aging). Authors' interpretation: low averages, but with a wide dispersion of scores, indicating a broad and varied range of negative and positive attitudes.
				An association assessment was also conducted through multiple correlation analysis between knowledge, attitudes, and sociodemographic data.	There was no association between the knowledge of speech-language pathologists, their attitudes, their ages, time spent with older individuals, characteristics of the older individuals they accompany as professionals, training, and level of interest in spending more time with older individuals. A negative correlation was found between anti-age bias and the number of correct answers (absolute and percentage) in knowledge-related questions.

Authors, year	Country	Purpose	Participants	Methods used	Main results
León et al., 2015 ¹¹	Chile	Avaliar os estereótipos sobre envelhecimento por parte de estudantes e professores da saúde	284 students and faculty members from the departments of Dentistry, Physiotherapy, and Speech-Language Pathology of University of Talca	The Negative Stereotype Questionnaire for the Elderly (CENVE) was administered. Responses were categorized as "positive," "neutral," and "negative."	When students were not separated by course: most students had neutral stereotypes, and faculty members had positive stereotypes, but this difference was only statistically significant in Dentistry.
				We examined whether there was an association between negative stereotypes and gender, socioeconomic status, classes, position (student/professor), and course.	No differences were found regarding gender, course, or classes. Individuals with low or lower-middle socioeconomic conditions had more positive stereotypes compared to those with high and medium socioeconomic conditions. Stereotypes seem to be more favorable among students with some clinical experience.
Henríquez et al., 2020 ¹²	Chile	Investigar as atitudes em relação a pessoas idosas como resultado da sua formação	43 final-year speech-language pathology students at a university in Chile	Active students in the course, regardless of whether they had failed previous exams, were included, and those who had no direct contact with the elderly in any of their professional practices were excluded. The following were used:	Mean scores indicative of positive attitudes towards the elderly. There was no correlation between sample characteristics and their results on the scale.
				A sample characterization form.	
				2. Kogan Scale of Attitudes Toward the Elderly (KAOP), consisting of 34 statements about the elderly, half positive and half negative.	
Heape et al., 2020 ¹³	United States	Avaliar o grau de preconceito contra idade em estudantes de Fonoaudiologia e verificar se havia associação entre o grau e etnia, gênero, idade e experiência anterior de trabalho com pessoas idosas	Eighty graduate students enrolled in an accredited speech-language pathology program over a period of 2 years. Note: It should be noted that speech-language pathology training in the United States occurs during this graduate program, not during undergraduate studies, as is the case in Brazil.	Data collection included: 1. Sociodemographic information and 2. Ageism data through the Fraboni Scale Of Ageism (FSA). Students completed this scale at the beginning of a course on aging, unaware of the type of assessment they were undergoing and anonymously to ensure that the instructor did not see individual performance.	Implicit bias levels were demonstrated through the overall scores of the participants.

Authors, year	Country	Purpose	Participants	Methods used	Main results
Garcia, Santos, 2021 ¹⁴	Brazil	Investigar o conhecimento de fonoaudiólogos e estudantes de Fonoaudiologia em relação à velhice	Twenty speech-language pathologists and 102 speech-language pathology students, all aged 18 or older, from across the country.	A "snowball" sampling method was employed, where each participant was encouraged to invite friends from their online social network. The following were administered online:	Age prejudice levels did not change significantly when participants were grouped by gender, ethnicity, age, or level of experience.
				1. Semi-structured questionnaire including sociodemographic, professional, and participant's personal experience/involvement with the aging topic.	The age of speech-language pathologists ranged from 26 to 68 years, with an average of 48.8 years, and that of students ranged from 18 to 31 years, with an average of 21.5 years.
				2. "Palmore Facts on Aging Quiz" questionnaire adapted to Brazilian Portuguese. It consists of 23 items with dichotomous true/false responses.	The prevalence of lack of knowledge about aging was predominant among students but not among speech-language pathologists. Authors' interpretation: a result stemming from training levels. However, there was a lack of knowledge about important aspects of aging in both groups, such as: 70% of students and 93.1% of healthcare professionals believed that "most older adults do not change their point of view".
					There was no effect, in the given responses, of variables like living with an elderly person or academic/work experience. The authors also found similarities between these results and research from other healthcare areas, including Medicine, Physical Education, Occupational Therapy, Physiotherapy, Nursing, Pharmacy, Social Work, and Dentistry.

Discussion

Ageism Among Speech-Language Pathology Students and Professionals

The diversity in how ageism was assessed in the studies complicates their comparison and, at the same time, illustrates the complexity of the topic.

Ageism was found among students in half (n=2) of the studies that investigated this group. In one of them, it manifested as inadequate knowledge¹⁴, and in the other, as prejudice¹³. In the other two studies where it was absent, it manifested as a positive attitude towards older individuals¹⁰⁻¹⁴ and as a neutral stereotype¹¹.

Among speech-language pathologists, positive stereotypes¹¹ about older individuals were

found in one of the four studies that assessed them. Stereotypes about old age, aging, and older individuals can prevent speech-language pathologists, as healthcare professionals, from addressing the issues accompanying the aging population¹⁵⁻¹⁸. It is important to note that even stereotypes with positive content can be sources of what has been conventionally referred to in gerontological literature as "benevolent ageism"¹⁶, and they also have negative consequences. These stereotypes can be perceptible through three representations: biological (evidenced by physical changes, illnesses, and incapacity), psychological (experience, resilience, and tranquility), and social (abandonment, isolation, loss of social roles, and the use of free time)¹⁶.

In the other studies that assessed speech-language pathologists, where ageism was absent^{10,13-14}, we found adequate knowledge in one¹³⁻¹⁴ and positive attitudes in another¹⁰. However, in one of the studies where the knowledge of speech-language pathologists was considered adequate¹⁴, both students and professionals were unaware of important aspects of the topic. For example: 70% of students and 93.1% of healthcare professionals believed that “most older adults do not change their point of view”¹⁴. In another study where knowledge was considered adequate¹⁰, the authors mentioned that they expected it to be higher than what had been found in other studies since the participants in the research worked with older individuals. In the study where the attitude of speech-language pathologists towards older individuals was considered positive¹⁰, the authors emphasized that there was a wide and varied range of negative and positive attitudes, indicating significant dispersion of scores.

Possible Implications of Ageism in Speech-Language Pathology Care

Although no study has investigated the implications of ageism in speech-language pathology care, other studies support the assumption that what the speech-language pathologist thinks, feels, believes, and knows about old age, older individuals, and aging matters in the care provided, as the values of healthcare professionals can influence their clinical decisions¹⁹. The communicative skills of healthcare professionals, present throughout the care continuum, are composed of content (what is communicated), process (how it is communicated, including the use of silence), and perceptual aspects (what the clinician feels and thinks while communicating). In the latter, attitudes, cognitive biases, assumptions, and intentions come into play²⁰.

Ageism can manifest in three ways in the healthcare of older individuals: overcare (offering services they do not need), infantilization (using familiar forms of addressing older individuals, for example, calling them “grandma” or “grandpa” and using diminutive language), and invisibility (regarding the needs and preferences of older individuals)²¹.

Ageism can reflect in speech-language pathology concepts related to oropharyngeal dysphagia. This was described in a qualitative study²² that was not included in this integrative review because it was an event abstract and, therefore, not indexed in the searched databases. During the

written assessment of an optional course offered to fifth-semester speech-language pathology undergraduate students at a public university in Rio de Janeiro, after approximately 50% of the total 36 hours dedicated to introducing “oropharyngeal dysphagia” in individuals of all ages, each of the 24 students was asked, as an exclusively formative assessment (without assigning grades), to reflect on their learning acquired in the course. Based on these reflections, they were to complete three sentences with the following structure: “I used to think that... but then... I discovered that...,” “It surprised me...,” and “It made me curious...”. The reports were then subjected to critical and reflective content analysis. Seven (29.17%) of the 24 students provided spontaneous reports on ageism, which manifested, before the classes, as misconceptions about oropharyngeal dysphagia, including the conception that oropharyngeal dysphagia was caused by natural aging and occurred exclusively in older individuals. They also reported that they no longer held these beliefs after the classes, demonstrating the beneficial effect of education for an anti-ageist perspective.

If signs and symptoms suggestive of oropharyngeal dysphagia presented by an older individual without medical diagnoses justifying this condition are considered by the speech-language pathologist providing care to be changes resulting from aging, the health disorder causing oropharyngeal dysphagia will fail to be properly diagnosed and treated, potentially involving frailty or another geriatric syndrome that requires investigation²³. Additionally, knowing the diagnosis of the cause of dysphagia also influences the prognosis and the indication of speech-language pathology therapeutic resources. Another example to illustrate the potential consequences of ageism in speech-language pathology care is if, during speech-language pathology follow-up, a particular older individual experiences acute mental confusion, and the speech-language pathologist considers that this occurrence is just part of the natural aging process. However, it could be a “delirium,” a condition considered a geriatric emergency²¹, with death being one of the possible outcomes if the condition does not receive appropriate care.

There is also evidence of ageism among speech-language pathologists and speech-language pathology students based on their daily use of phrases that demonstrate ageism²⁴⁻²⁵ when referring to older individuals. For example: “he arrived early



for the appointment, you know how older people are - they are anxious”; “the appointment takes a long time because, you know how older people are - they are needy, love to talk”; “I’m attending to a little lady”; “I’m going to attend to a little old man”; “put your little leg here” [addressing the older person]. Sentences like “aging causes dysphagia,” “she’s 83, but her cognition is preserved” carry the implicit idea that old age and the aging process are considered “illnesses” or “underlying syndromes” that alter swallowing and communication functions, as if it were “natural” and expected in the course of life to have disorders in these functions.

Anti-ageism: knowledge, attitudes and speech-language pathology practices we need

Recently, the global movement “Old age is not a disease”, in which Brazil participated, was necessary to reverse the decision of the World Health Organization²⁴ to include the MG2A code, referring to old age, in the International Statistical Classification of Diseases and Related Health Problems (ICD). The reasons behind this movement were the possible harm to the compilation of epidemiological data, resulting from the inappropriate use of the MG2A code as a cause of death and thus camouflaging the real causes of death; the reinforcement of ageism that such a decision would mean and, finally, the necessary understanding that old age is nothing more than one of the phases of life²⁴. This fact, which occurred in the middle of the Decade of Healthy Aging¹ and involved the very organization that proposed it, is proof of how challenging - and urgent - the fight against ageism is.

Similarly to the types of prejudices, it is not enough for speech-language pathology students and professionals not to express ageism. In this sense, it is necessary to be anti-ageist, actively engaging in changing this panorama. This includes reflection, scientific updating and social action in order to improve the quality of care provided by speech-language pathologist, as well as guarantee a better society for all people, including (former) students and elderly speech-language pathologists.

A limitation of our literature review is the impossibility of generalizing its results.

Given the context of global and Brazilian aging, the emphasis on combating ageism given in the Decade of Healthy Aging, the insufficient approach to the topic in literature and the need for professional training in gerontology, this study has the potential to support initial reflections in students

and speech-language pathology professionals and, possibly, in related areas, with expected positive consequences in the care offered. This study also highlights the need to develop more studies, which can be stimulated from this one.

Final Considerations

Based on an integrative literature review, this study discussed the presence of ageism in speech-language pathology students and professionals. The literature found was scarce, with different methods and results. The hypothesis of a negative impact of ageism on speech-language pathology care was discussed based on the findings. The need for action to be anti-ageism was emphasized so that it can properly meet the needs of elderly people and society as a whole. The study has the potential to encourage reflections and, possibly, positive changes in actions, on the part of speech-language pathology students and professionals, as well as students and professionals from other professions working in the areas of health, education, social and similar areas.

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