İmgelem | Sayı: 20 | Eylül 2026 | 374-402
Doi: 10.53791/imgelem.1978017
Araştırma Makalesi/Research Article

Perception of Ageing and Views on Old Age: A Qualitative Study on Health Management Students*

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ABSTRACT

Population ageing has increased the importance of both the quality of health services provided for older adults and the perspectives of future health professionals who will be responsible for planning these services. This study aimed to explore health management students' perceptions of ageing and their views on old age through a qualitative research approach. The study was conducted with 56 undergraduate students selected using purposive sampling. Data were collected through a semi-structured interview form developed by the researcher and analysed using qualitative content analysis with MAXQDA software. A total of 502 codes were generated and organised into four main themes: expectations for old age, perceived problems related to old age, attitudes towards ageing, and metaphors of old age. Participants described ageing not only as a biological process but also as a period associated with maintaining independence, active living, psychological well-being, social participation, and quality of life. At the same time, health problems, dependency, loneliness, and social isolation emerged as the main concerns associated with ageing. The metaphors used by the participants reflected both positive meanings, such as wisdom and life experience, and negative meanings, including frailty and functional decline. Overall, the findings indicate that health management students approach ageing from a broader biopsychosocial perspective rather than a purely biomedical one. The findings also highlight the need to strengthen educational content related to older adults' rights, ageism, healthy and active ageing, and age-friendly health services within health management curricula.

Keywords: Old Age, Ageing, Perception of Ageing, Health Management, Qualitative Content Analysis.

Received / Accepted: 24 June 2026 / 21 August 2026

Citation: Kaya, A., Ercan Önbıçak, A., Dalmaz, M. (2026). Perception of Ageing and Views on Old Age: A Qualitative Study on Health Management Students, *İmgelem*, 20, 374-402.

*This study, titled 'Perception of Ageing and Views on Old Age: A Qualitative Study on Health Management Students' was presented as an oral presentation at the 11th International Health Sciences and Management Conference, held in Konya from 6-8 May 2026, and has been developed. The data for this research article were collected pursuant to the decision approved by the Istanbul Gelişim University Ethics Committee at its meeting dated "March 18, 2026" and numbered "2026-04." / Bu araştırma makalesinin verileri İstanbul Gelişim Üniversitesi Etik Kurulu'nun "18.03.2026" tarihli ve "2026-04" sayılı toplantısında alınan karar izniyle elde edilmiştir.

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Yaşlılık Algısı ve Yaşlılığa İlişkin Görüşler: Sağlık Yönetimi Öğrencileri Üzerine Nitel Bir İnceleme

ÖZ

Nüfusun giderek yaşlanması, yaşlı bireylere sunulan sağlık hizmetlerinin niteliğini ve bu hizmetleri planlayacak profesyonellerin yaşlılığa ilişkin bakış açılarını daha önemli hale getirmektedir. Bu araştırmanın amacı, sağlık yönetimi bölümü öğrencilerinin yaşlılık algılarını ve yaşlılığa ilişkin görüşlerini nitel bir yaklaşımla incelemektir. Araştırma, amaçlı örnekleme yöntemiyle belirlenen 56 sağlık yönetimi öğrencisi ile yürütülmüştür. Veriler, araştırmacı tarafından geliştirilen yarı yapılandırılmış görüşme formu aracılığıyla toplanmış ve nitel içerik analizi yöntemi kullanılarak MAXQDA programı ile analiz edilmiştir. Analiz sonucunda toplam 502 kod elde edilmiş; bulgular yaşlılık hayatına yönelik beklentiler, yaşlılıkla ilgili algılanan sorunlar, yaşlanmaya yönelik tutumlar ve yaşlılık metaforları olmak üzere dört ana tema altında toplanmıştır. Katılımcılar yaşlılığı yalnızca biyolojik değişimlerle açıklamamış; bağımsızlığın korunması, aktif yaşamın sürdürülmesi, psikolojik iyi oluş, sosyal katılım ve yaşam kalitesi gibi boyutları da yaşlılık sürecinin önemli bileşenleri olarak değerlendirmiştir. Bununla birlikte sağlık sorunları, bağımlılık, yalnızlık ve sosyal izolasyon yaşlılığa ilişkin temel kaygılar arasında öne çıkmıştır. Yaşlılığa yönelik metaforlar ise öğrencilerin yaşlılığı hem bilgelik ve deneyimle hem de kırılganlık ve işlev kaybıyla ilişkilendirdiğini göstermiştir. Bulgular, sağlık yönetimi öğrencilerinin yaşlılık algısının biyomedikal bakış açısının ötesine geçtiğini ve biyopsikososyal yaklaşım ile büyük ölçüde örtüştüğünü ortaya koymaktadır. Bu doğrultuda sağlık yönetimi eğitiminde yaşlı hakları, yaş ayrımcılığı, aktif ve sağlıklı yaşlanma ile yaşlı dostu hizmet modellerine yönelik eğitim içeriklerinin güçlendirilmesi önerilmektedir.

Anahtar Kelimeler: Yaşlılık**,** Yaşlanma, Yaşlılık Algısı, Sağlık Yönetimi, Nitel İçerik Analizi.

Başvuru / Kabul: 24 Haziran 2026 / 21 Ağustos 2026

Atıf: Kaya, A., Ercan Önbıçak, A., Dalmaz, M. (2026). Yaşlılık Algısı ve Yaşlılığa İlişkin Görüşler: Sağlık Yönetimi Öğrencileri Üzerine Nitel Bir İnceleme, *İmgelem*, 20, 374-402.

INTRODUCTION

In recent years, the decline in fertility rates, advancements in healthcare, and increased life expectancy have led to significant changes in global population indicators. This demographic transformation has resulted in both an increase in the number of elderly people and a rising proportion of the elderly within the total population. In this process, which became more evident from the second half of the 20th century, the average life expectancy has increased rapidly, and the proportion of the elderly within the total population has reached critical levels in many countries. Similarly, Turkey is among the countries experiencing ageing; at the beginning of the 2000s, one in sixteen people was aged 65 or over, but today this rate exceeds 10%, categorising Turkey as an 'ageing society' (Demircan et al., 2024). Population projections suggest that the proportion of elderly in Turkey will surpass 20% by 2050 and 25% by 2080 (Aksoy Özkan & Keleşoğlu, 2024). This change affects not only the demographic structure but also directly impacts many areas, from healthcare services and social security systems to care policies and local government practices. Therefore, ageing is now regarded not only as a natural phase in an individual's life cycle but also as a multifaceted social phenomenon that falls within the shared interests of health, social services, and social policy disciplines (Estebsari et al., 2020; Aközer et al., 2011).

The place of old age in society is shaped not only by demographic indicators but also by the meanings attributed to this period. The perception of old age encompasses individuals'

thoughts, attitudes, and expectations regarding the ageing process, elderly individuals, and the period of old age as a whole (Sütçü & Kalaycı, 2023). This perception influences a broad range of areas, from individuals' plans concerning their own ageing processes to the relationships they establish with elderly individuals. Research indicates that positive perceptions of old age are associated with physical and psychological well-being, life satisfaction, and social participation; conversely, negative perceptions can foster issues such as age discrimination, social exclusion, and loneliness. Therefore, the perception of old age is not merely an individual attitude but also an important social determinant that affects the quality of services provided to elderly individuals and society's approach to ageing (Akbayrak & Aysan, 2022; Yetiş & Gürbüz, 2018).

Perceptions of old age are not shaped solely by individual experiences or societal prejudices; they are understood through the combined assessment of the biological, psychological, and social dimensions of the ageing process (Aksoy Özkan & Keleşoğlu, 2024). Individuals of the same chronological age can exhibit significant differences in their physical health, psychological resilience, social support systems, and life experiences. Therefore, approaches that evaluate old age only in terms of illnesses, physical losses, or functional decline are insufficient to explain the multidimensional nature of the ageing process. Current gerontology literature emphasises that old age should be regarded as a holistic process that encompasses not only physical health but also psychological well-being, social relationships, societal participation, and interactions with the environment. This perspective highlights that older individuals should be evaluated not only as those requiring care but also in terms of their experiences, productivity, and societal contributions. Consequently, the biopsychosocial approach provides an important theoretical framework for examining perceptions of old age (Varışlı & Gültekin, 2025).

The perspectives of professionals working in the healthcare field regarding old age can directly influence the quality of services offered to elderly individuals. Communication with elderly individuals, care planning, support for participation in treatment processes, and the organisation of health services are many practices closely related to how professionals interpret old age. Associating old age solely with illness, dependency, and loss of function can lead to an evaluation of the needs of elderly individuals through a narrow biomedical perspective. Conversely, a holistic approach that considers old age in biological, psychological, and social dimensions supports the development of service models that prioritise an individual's

independence, quality of life, and social participation. Therefore, determining the perceptions of students studying in the healthcare field regarding old age is important for the quality of healthcare services to be provided in the future (Kalaycı et al., 2021).

A significant portion of the research in the literature that addresses the perception of old age focuses on the experiences of elderly individuals themselves (Sütçü & Kalaycı, 2023), the attitudes of nursing and medical students towards the elderly (Demircan et al., 2024), or the experiences of family caregivers (Sarı & Çayır Yılmaz, 2025). While these studies reveal that old age is often associated with concepts such as illness, loneliness, dependency, and care needs, they do not sufficiently discuss the potential impacts of perceptions of old age on the managerial aspects of healthcare services. However, healthcare managers play a decisive role in the planning of health services, the effective utilisation of resources, the development of elderly-friendly institutional policies, and the sustainable organisation of services. Nevertheless, it appears that qualitative studies that explore the perceptions of old age among students of health management are quite limited. This situation indicates that the perspectives of future professionals, who will shape managerial decisions within the healthcare system, regarding old age are not yet well understood.

The aim of this research is to examine university students studying in the health management department's perceptions of old age and their views on ageing through a qualitative approach. Within this scope, the meanings students ascribe to old age, their expectations regarding the ageing process, their attitudes towards ageing, the primary issues they associate with old age, and their metaphorical evaluations of ageing have been addressed from a holistic perspective. It is believed that the findings obtained from the research will contribute to raising awareness about ageing in health management education, planning age-friendly health services, and developing service models that are sensitive to the needs of an ageing society.

Conceptual Framework

Biopsychosocial Approach and the Multidimensional Nature of Ageing

Old age is not merely a biological change that occurs with the progression of chronological age (Aksoy Özkan & Keleşoğlu, 2024). In addition to physiological changes that occur throughout the lifespan, an individual's psychological characteristics, social relationships, economic conditions, and the environment in which they live also significantly influence the experience of ageing. Therefore, today ageing is regarded as a dynamic and multidimensional process in

which biological, psychological, and social aspects mutually influence each other. Especially in the field of gerontology, studies have shown that assessing the needs of elderly individuals solely based on health issues is insufficient; life satisfaction, psychological well-being, social participation, and environmental support mechanisms are also integral components of the ageing process (Dalmaz, 2025; Dalmaz & Karaağaç, 2025).

The biopsychosocial model, which forms the theoretical basis of this perspective, was first developed by Engel and argued that an individual's health status cannot be explained solely by biological variables. According to the model, biological processes, psychological characteristics, and the social environment are not independent of one another; rather, they are in constant interaction. Therefore, the experience of ageing is shaped not only by the progression of chronological age but also by the individual's physical health, cognitive and emotional traits, social relationships, economic conditions, and the opportunities provided by their environment.

The biopsychosocial approach's consideration of ageing as a multidimensional process has also laid the groundwork for contemporary theoretical approaches to ageing. In particular, concepts such as successful ageing, healthy ageing, and active ageing stand out as models that move away from traditional approaches that explain old age solely in terms of illness, dependency, and loss of function, instead focusing on the individual's strengths, quality of life, and social participation. Although these concepts emphasise different aspects, their common point is the view of ageing not as a passive life stage but as a process through which the individual can maintain their potential, sustain their productivity, and remain an active part of social life (Demircan et al., 2024).

The concept of successful ageing has gained prominence in ageing studies, particularly through the model developed by Rowe and Kahn (2000). The model defines successful ageing not only as the extension of lifespan during old age but also as minimising illness and functional decline, preserving physical and cognitive capacities, and maintaining active engagement with life as its fundamental components. This approach emphasises that old age should not be seen as an inevitable process of decline, but rather as a stage in which individuals can maintain their quality of life through resources and protective factors developed throughout their lifetimes (Vural et al., 2018).

The World Health Organization (WHO) defines healthy ageing as the process by which an individual maintains well-being by preserving their functional capacity during old age (Temizkan Sekizler & Ünsal Atan, 2023). In this approach, health is not solely defined as the absence of disease; rather, the emphasis is on the individual's functional capacity to live independently across physical, mental, and social domains (Arslanoğlu, 2026). It is recognised that healthy ageing is closely related to lifelong behaviours, preventive health services, environmental conditions, and social support systems.

The active ageing approach is defined by the WHO as the process of maximising opportunities for health, participation, and security for individuals as they age (Altun, 2021). This approach encompasses not only physical activity but also economic productivity, participation in voluntary activities, maintenance of social relationships, engagement in cultural life, and involvement in decision-making processes (Çifçili, 2012; Ünalan, 2012). Thus, older individuals are regarded not as passive members of society but as active agents in social life, contributing their experience and accumulated knowledge.

This study presents complementary theoretical perspectives that demonstrate successful, healthy, and active ageing approaches within the biopsychosocial model, indicating that ageing cannot be evaluated as a unidimensional process. These approaches show that perceptions of ageing are influenced not only by an individual's physical condition but also by psychological characteristics, social environment, life experiences, and the cultural context in which they are situated. Therefore, examining the perceptions of health management students regarding ageing provides not only insights into individual viewpoints but also a knowledge base that can inform the planning, management, and development of age-friendly practices and healthcare services for older adults in the future. In this context, the theoretical framework in question has been adopted as a guiding approach in interpreting the findings, forming the conceptual foundation of the research.

RESEARCH METHOD

Research Design

This research was conducted using a qualitative approach to examine the perceptions of health management students regarding old age and ageing. This approach allows participants to express their experiences, thoughts, and evaluations related to old age from their own perspectives (Aksan & Elnabarawy, 2024). In the analysis of the study data, qualitative content analysis was utilised. Qualitative content analysis is a method that systematically examines

written and verbal data obtained from participants, grouping similar content together and creating meaningful themes and categories from these data (Hsieh & Shannon, 2005; Elo & Kyngäs, 2008). Thanks to this method, interview data were evaluated within a specific system, with similar expressions grouped into meaningful categories and themes.

Working Group

The study's sample consists of 56 undergraduate students studying in the Department of Health Management at a university. Participants were selected using purposive sampling, specifically criterion sampling. The study includes students in the Department of Health Management who voluntarily agreed to participate in the research and answered all interview questions. The reason for choosing this sampling method was to reach participants who could provide in-depth information on perceptions of old age, in line with the research aim.

Data Collection Process

Research data were collected through online and face-to-face interviews using a semi-structured interview form developed by the researcher. During the preparation of the interview form, the literature on concepts such as the perception of old age, active ageing, healthy ageing, and successful ageing was reviewed; the interview questions were created using this theoretical framework. These concepts guided the development of questions to elicit students' views on old age from different perspectives, but they were not used as predefined themes or categories in data analysis. The themes were developed by considering the similarities and differences among codes derived from participants' statements; the findings were subsequently discussed and interpreted within the context of the ageing literature.

The draft interview form was evaluated by two academics specialising in health management and social work. Based on their feedback, the phrasing of questions, clarity, and alignment with the research aim were reviewed; some questions were clarified, similar content was simplified, and the question order was rearranged to support the natural flow of the interview. After these adjustments, the final version of the interview form was prepared and used during data collection. No pilot study was conducted in this research.

The interview form consists of two sections. The first section includes questions to determine participants' demographic characteristics, such as age, gender, and department. The second section contains open-ended questions designed to explore students' perceptions of old age. In this context, participants were asked about the main issues they associate with old age,

the metaphors they use to describe it, their expectations regarding the ageing process, their concerns about ageing, and their plans and goals related to active, healthy, and successful ageing.

Data Analysis

Within the scope of the research, the data obtained were analysed using qualitative content analysis. During the analysis, interview forms were first prepared and transcribed, then the data were carefully read, and meaningful expressions were coded. Similar codes were grouped into sub-themes, and main themes were identified based on the relationships among the sub-themes. To organise the data and conduct the analysis systematically, the MAXQDA qualitative data analysis programme was utilised.

Validity and Reliability

During the data analysis process, interview transcripts were independently coded by two researchers. After the completion of independent coding, the researchers' codes were systematically compared, and discrepancies were reviewed by re-examining the interview transcripts. In cases where there was disagreement, the researchers discussed the codes until a consensus was reached; at the end of this process, the coding framework was reviewed and the categories and themes were finalised. To support the reliability of the findings, the analysis process was recorded in detail, and each stage of the research process was systematically documented. The principle of thematic saturation was used to determine the number of participants. Data collection and analysis were conducted concurrently; from approximately the 45th participant onwards, the production of new codes and sub-themes declined significantly, and existing codes began to recur. However, in order to present the themes more comprehensively, the data collection process was continued until reaching 56 participants, in accordance with the planned sampling framework.

Ethics Statement

Prior to the research, ethical approval was obtained from the Ethics Committee of Istanbul Gelişim University with decision number 2026-04-54. Participants were included in the study voluntarily, and informed consent was obtained prior to data collection.

FINDINGS

In this study, the perceptions of ageing and views on old age among health management students were examined. The research sample consisted of 56 university students. When

analysing the demographic information of the study group, 10 students were male, and 46 were female. The ages of the participants ranged from 18 to 38 years old.

The data obtained from the interviews were evaluated using the content analysis method, and a total of 502 codes were generated. During the analysis process, it was observed that students' evaluations of old age have a multifaceted structure encompassing physical, psychological, and social dimensions. Participants considered old age not only as a biological process associated with advancing years but also in terms of health, independence, social relationships, life experience, and social roles.

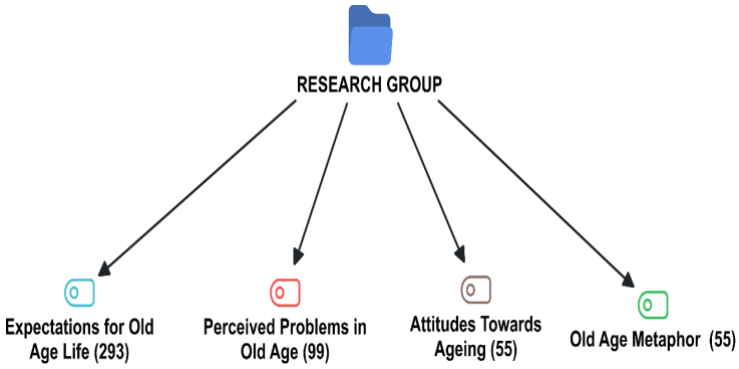
As a result of the analysis, the codes were grouped into four main themes: (1) Expectations Regarding Old Age, (2) Perceived Problems Related to Old Age, (3) Attitudes Towards Ageing, and (4) Metaphors of Old Age. The findings are presented in Table 1, organised according to each main theme and its associated sub-themes. Figure 1 contains a map with four main themes.

Table: 1. Main Themes Related to the Perception of Old Age

Main Theme	Code Frequency
Expectations for Old Age Life	293
Perceived Problems in Old Age	99
Attitudes Towards Ageing	55
Old Age Metaphor	55
Total	**502**

Source: Edited by the Authors.

Figure: 1. Main Themes Code Map



Source: Organised using MAXQDA.

Expectations for Old Age Life Main Theme

As a result of content analysis, the theme with the most concentrated participant opinions was Expectations Regarding Old Age Life. Within this theme, 293 codes were obtained. Participants

did not limit their expectations regarding old age solely to health preservation; they also addressed various dimensions such as maintaining independence, staying physically and mentally active, continuing social life, and preserving quality of life. These findings indicate that participants perceive old age as a multifaceted stage of life.

This main theme consists of three sub-themes: the expectation of health-based ageing (code 121), the expectation of active ageing process (code 101), and the expectation of old age life (code 71). The code distributions related to the sub-themes are presented in Table 2.

Table: 2. Expectations for Old Age Life Code Frequency

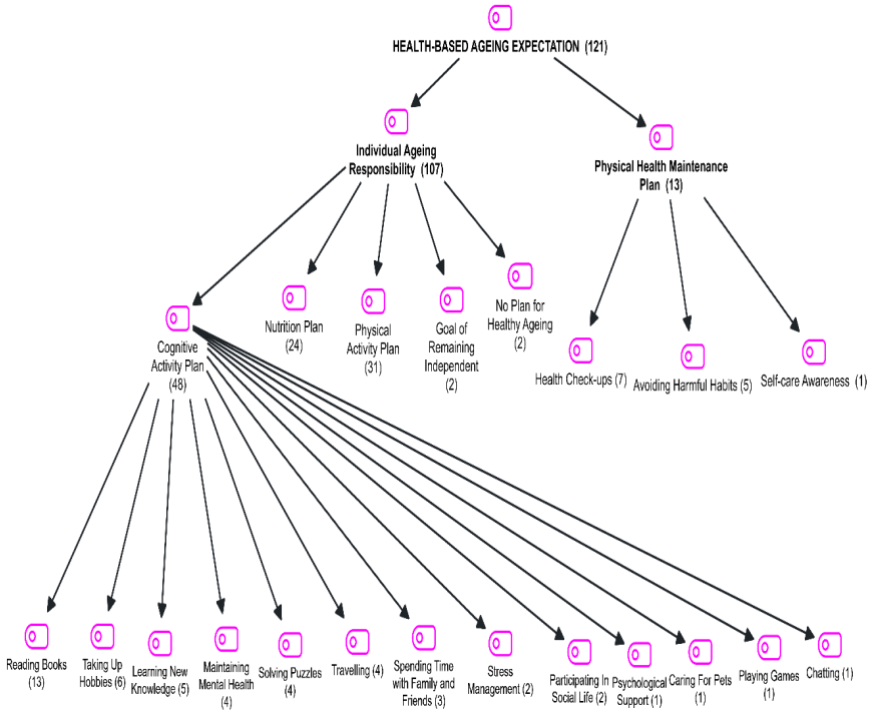
Main Theme	Sub-Theme	Code Frequency
Expectations for Old Age Life	Health-Based Ageing Expectation	121
	Active Ageing Process Expectation	101
	Expectancy of Old Age Life	71
Total		293

Source: Edited by the Authors.

Health-Based Ageing Expectation Sub-Theme

The health-based ageing expectation has been the most frequently expressed sub-theme under the main theme of expectations towards ageing life with 121 coding. This sub-theme consists of two codes: individual ageing responsibility and physical health preservation plan. The distribution of the sub-codes is presented in Figure 2.

Figure: 2. Health-Based Ageing Expectation Sub-Theme Code Map



Source: Organised using MAXQDA.

The individual ageing responsibility code was the most prominently expressed code within this sub-theme, with 107 codings. Participants largely associated healthy ageing with individual lifestyle habits; they considered regular nutrition, physical activity, mental productivity, and independence as fundamental expectations for old age. Some of the participants' views are presented below:

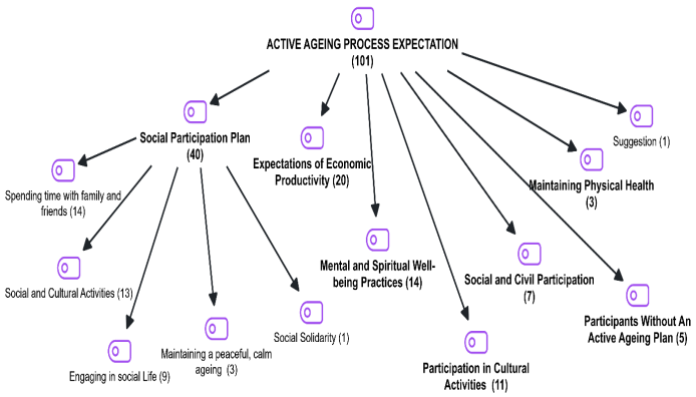
> "I want to live a life without needing anyone" (K2).
>
> "To keep my body and mind lively with the activities I love and to continue learning everything I am curious about" (K4).
>
> "Sports are very important in our lives, so I have a regular routine that includes sports and healthy eating" (K20).
>
> "Regular walking can help prevent health problems associated with old age" (K21).

The code for the physical health preservation plan consists of 13 codes. Under this code, participants expressed their views on maintaining regular health check-ups, avoiding harmful habits, and continuing self-care behaviours. These statements indicate that expectations for old age focus not only on preserving current health but also on maintaining preventive health behaviours throughout life.

Active Ageing Process Expectation Sub-Theme

The active ageing process expectation, under the main theme of expectations towards ageing life with 101 coding, ranks second. This sub-theme comprises eight codes: social participation plan, economic productivity expectation, mental and spiritual well-being practices, participation in cultural activities, societal and civic participation, physical health preservation, participants without an active ageing plan, and suggestions. The distribution of sub-codes is presented in Figure 3.

Figure: 3. Active Ageing Process Expectation Sub-Theme Code Map



Source: Organised using MAXQDA.

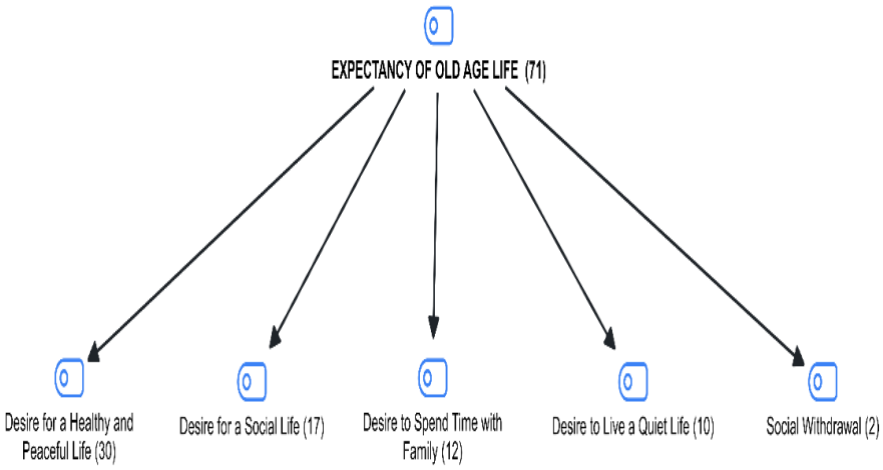
Participants did not associate active ageing solely with the preservation of physical health; they considered various aspects, including economic security, maintaining social relationships, supporting mental well-being, and staying involved in community life. The participants' statements indicate that the expectation of active ageing is multifaceted.

> "To avoid financial difficulties during my retirement, I aim to start saving now and manage my budget carefully" (K1).
>
> "I would like to spend a period of time where I am always in contact with my friends and family, meeting with them, and going on trips and vacations" (K5).
>
> "From a spiritual perspective, I would also like to live a peaceful life by pursuing my hobbies and contributing to society" (K8).

Expectancy of Old Age Life Sub-Theme

The sub-theme on life expectancy in old age comprises 71 codes. This sub-theme encompasses participants' expectations regarding how they wish to spend their old age. The codes identified under this sub-theme include the desire for a healthy, peaceful life; a social life; spending time with family; a calm life; and withdrawal from the social environment. The distribution of the sub-codes is presented in Figure 4.

Figure: 4. Expectancy of Old Age Life Sub-Theme Code Map



Source: Organised using MAXQDA.

Participants mostly expressed their expectations regarding old age as a life that is healthy, peaceful, and socially fulfilling. In addition, the desire to spend more time with family members and to lead a calm life were also among the prominent expectations. The participants' views reflect different aspects of these expectations.

"I would like to have a healthy, active and social old age" (K2).

"I would like to spend time with my loved ones, continue my hobbies, read books, and be close to nature" (K7).

"I would like to continue my life in a large, beautiful family with my spouse, children, and grandchildren" (K10).

"I would like a quiet lifestyle away from the crowds" (K8).

Perceived Problems in Old Age Main Theme

The main theme related to Perceived Problems in Old Age was the second most frequently expressed theme with code 99. This theme encompasses the situations that participants evaluate as risks, anxieties, and vulnerabilities associated with old age. Participants regarded old age not only as a natural stage of life but also in terms of health issues, dependency, psychosocial difficulties, and social and economic uncertainties.

This main theme consists of three sub-themes: the perception of loss and dependence (code 54), psychosocial vulnerability (code 33), and social and economic insecurity (code 12). The code distributions related to the sub-themes are presented in Table 3.

Table: 3. Perceived Problems in Old Age Code Frequency

Main Theme	Sub-Theme	Code Frequency
Perceived Problems in Old Age	Perception of Loss and Dependency	54
	Psychosocial Vulnerability	33
	Social and Economic Insecurity	12
Total		99

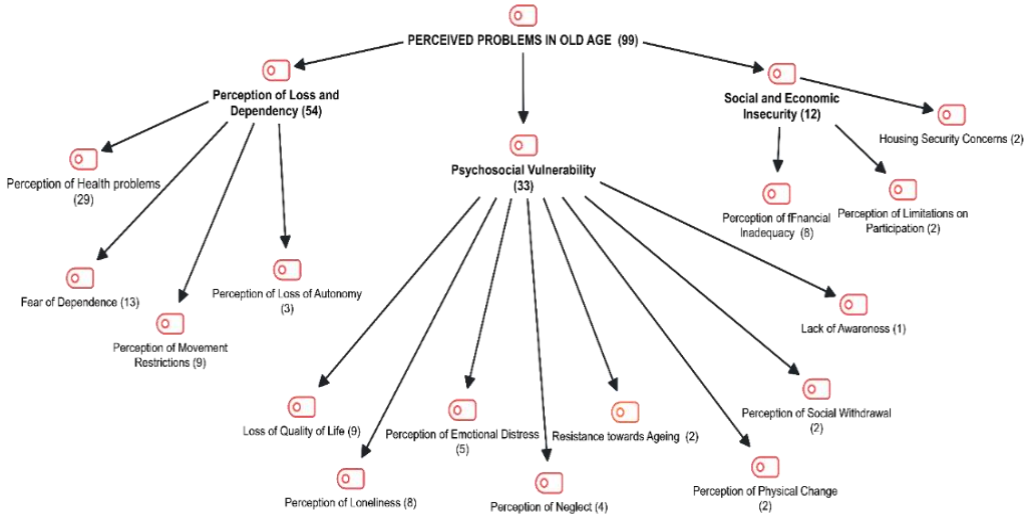
Source: Edited by the Authors.

Perception of Loss and Dependency Sub-Theme

The sub-theme of loss and addiction perception consists of 54 codes. This sub-theme includes four codes: perception of health problems, fear of dependency, perception of movement restriction, and perception of loss of autonomy. The distribution of sub-codes is presented in Figure 5.

Participants generally regarded old age as a period characterised by increased health problems, decreased physical capacity, and a heightened risk of becoming dependent on others in daily life. Additionally, concerns about reduced mobility and the potential loss of individual autonomy were among the prominent views. The participants' statements reflect these concerns across various dimensions.

Figure: 5. Perceived Problems in Old Age Main Theme Code Map



Source: Organised using MAXQDA.

The participants' statements is set out below.

"Health problems are one of the most important issues; they can negatively affect activity capacity and quality of life" (K1).

"Not being able to do what you want" (K3).

"Being sick and therefore having to live dependently" (K29).

"The major problem is the thought of "who will take care of us when we get old and become incapacitated?" This problem affects our lives, causing us to live in anxiety" (K11).

Psychosocial Vulnerability Sub-Theme

The psychosocial vulnerability sub-theme consists of 33 codes. This sub-theme includes eight codes: loss of quality of life, perception of loneliness, perception of psychological distress, perception of neglect, perception of social withdrawal, unwillingness to age, perception of physical changes, and uncertainty/lack of awareness. The distribution of sub-codes is presented in Figure 5.

Participants regarded old age not only as a period of physical changes but also as a time when psychological and social difficulties may arise. The opinions highlighted concerns such as a decline in quality of life, fear of loneliness, emotional struggles, withdrawal from social life, and worries that elderly individuals do not receive enough attention. Additionally, some participants expressed reluctance towards the ageing process, while others stated that they lacked sufficient information about old age.

> "These problems can lower the quality of daily life and create psychological unhappiness and anxiety" (K15).
>
> "I don't think there are enough services for the elderly. Even if there are, they are insufficient, and some elderly people are even subjected to mistreatment because they do this work unwillingly" (K3).
>
> "The elderly don't receive enough attention in hospitals and are treated rudely. I think this is contrary to our social culture" (K2).
>
> "I just don't want to get old" (K1).

Participant statements indicate that psychosocial vulnerability associated with old age is not limited to individual mental health; it is also closely linked to environmental factors, including social support, societal attitudes, and access to services.

Social and Economic Insecurity Sub-Theme

The sub-theme of social and economic insecurity consists of 12 codes. This sub-theme comprises three codes: the perception of financial insufficiency, anxiety about housing security, and the perception of restrictions on participation. The distribution of the sub-codes is presented in Figure 5.

Participants expressed the view that in old age, economic resources may become insufficient, housing security could be at risk, and participation in social life might be limited for various reasons. Concerns such as the loss of economic security and the lack of social environments where elderly individuals can maintain their productivity were among the prominent issues raised.

> "The lack of an environment in which they can engage in work that keeps them mentally active" (K7).
>
> "Most importantly, I think, is the lack of financial well-being and the inability of the elderly to live comfortably because they are no longer physically strong and cannot work in many areas. Currently, it is not possible for most elderly people to make ends meet on their pensions. If this situation is normalised, these problems could reach us as well" (K8).

Some of the participants considered the preservation of housing and livelihood opportunities in old age as among the fundamental needs for social security.

Attitudes Toward Ageing Main Theme

The main theme of Attitudes Towards Ageing reflects participants' feelings and evaluations of the ageing process, as coded 55. Some participants accept ageing as a natural and inevitable

part of life, while others experience anxiety due to health decline, reduced independence, and uncertainties about the future. Some participants, however, were unable to clearly express their feelings about ageing.

This main theme consists of three sub-themes: acceptance of ageing (code 27), anxiety about ageing (code 26), and emotional uncertainty (code 2). The code distributions related to the sub-themes are presented in Table 4.

Table: 4. Attitudes Toward Ageing Code Frequency

Main Theme	Sub-Theme	Code Frequency
Attitudes Towards Ageing	Acceptance of Ageing	27
	Anxiety about Ageing	26
	Emotional Uncertainty	2
Total		**55**

Source: Edited by the Authors.

Acceptance of Ageing Sub-Theme

The acceptance of ageing sub-theme consists of 27 codes and includes the views of participants who regard ageing as a natural and inevitable part of life. Many participants stated that they were not afraid of growing older. This view was grounded in the belief that the life cycle is natural, that each stage of life has its own meaning, and that ageing should be understood as a normal phase of life rather than merely a biological process.

> "I'm not afraid of getting old because old age isn't about age, it's about how I look at life" (K10).
>
> "No, because I accept that, like everything else, a person has birth, childhood, adulthood, and old age" (K15).
>
> "I'm not afraid of getting old. Because I believe that every age has its own beauty; getting old is beautiful" (K24).

Anxiety about Ageing Sub-Theme

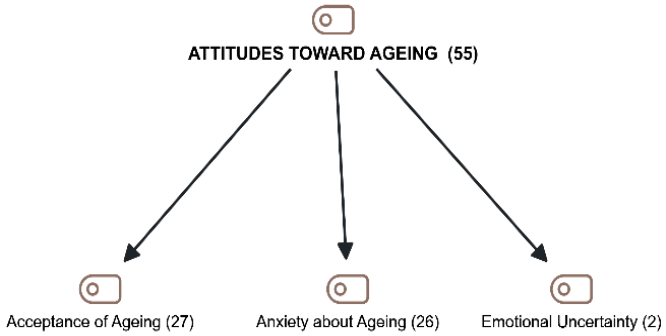
The sub-theme of ageing anxiety consists of 26 codes. This sub-theme encompasses expressions reflecting participants' concerns and fears regarding the ageing process. Participants mostly expressed their anxieties about ageing in terms of increasing health problems, loss of physical independence, becoming dependent on others, and the possibility of being left alone. However, some participants indicated that reducing these fears could be achieved by developing healthy lifestyle habits, strengthening social relationships, and remaining physically, mentally, and socially active.

"Yes, because if health problems progress, not being able to take care of your own needs can lead to dependence on others" (K1).

"Yes, I like being self-sufficient and living a healthy life, and my fear of aging largely stems from my anxiety about losing control and being alone. To reduce these fears, I try to stay active physically, socially, and mentally from an early age" (K6).

"Yes, I am worried about aging due to health problems and fear of loneliness; I plan to reduce this through healthy living and strong social relationships" (K23).

Figure: 6. Attitudes Toward Ageing Main Theme Code Map



Source: Organised using MAXQDA.

The study found that, as shown in Figure 6, a limited number of participants did not have a clear stance on ageing, and these expressions were grouped under the sub-theme of emotional uncertainty.

The Main Theme of the Old Age Metaphor

It has been determined that participants interpret the concept of old age through various metaphors within the overarching theme of ageing. Table 5 presents the subthemes of the ageing metaphor theme. Within this scope, the subthemes include the re-dependence metaphor, the life cycle metaphor, the end-of-life stage metaphor, the slowing down and tranquillity metaphor, the extinction metaphor, the experience and maturity metaphor, the wisdom metaphor, the ageing metaphor, the silencing metaphor, the perception of meaninglessness, the irreversibility metaphor, the transition metaphor, and the loss of function metaphor. The underlying codes of the Old Age metaphor are indicated in Figure 7.

Table: 5. Old Age Metaphors Code Frequency

Main Theme	Sub-Theme	Code Frequency
Old Age Metaphor		
	The Re-dependence Metaphor	16
	The Life Cycle Metaphor	8
	The End-of-Life Stage Metaphor	8

	The Slowing Down and Tranquillity Metaphor	6
	Experience and Maturity Metaphor	4
	The Depletion Metaphor	3
	The Wisdom Metaphor	3
	The Ageing Metaphor (Becoming Old)	2
	The Silencing Metaphor	1
	The Perception of Meaninglessness	1
	The Irreversibility Metaphor	1
	Transition Metaphor	1
	The Loss of Function Metaphor	1
Total		**55**

Source: Edited by the Authors.

Within the sub-theme of the re-dependence metaphor, babyhood, childhood, and sprouted-plant analogies have been identified. Within the scope of the life cycle metaphor sub-theme, expressions such as “tree life cycle” and “A part of life” have been identified. Under the sub-theme of the final stage of life metaphor, red light, fragility, a full glass, a book, book pages, a turtle, the end of a notebook, and old age analogies have been observed. The slowdown-and-tranquillity metaphor sub-theme includes fall and slow-song analogies. Under the depletion metaphor sub-theme, the expressions “rotten apple” and “rusting” have been identified. Within the experience and maturity metaphor sub-theme, mature fruit and accumulation analogies are present, while the wisdom metaphor sub-theme includes the plane tree-wisdom expression. The ageing metaphor sub-theme contains phone and car engine analogies. Additionally, it has been determined that the function loss, transition, irreversible, and silencing metaphors, as well as the perception of meaninglessness sub-themes, are expressed by a limited number of participants.

Participants most frequently described old age through the metaphor of re-dependence. In these comparisons, old age was likened to childhood or infancy; it was emphasised that with advancing age, the need for care, attention, and support increases.

> “Old age is like infancy. Because, just as babies need others for care, the elderly need others to sustain their lives” (K15).

In life-cycle metaphors, old age is associated with the natural cycle; growth, maturation, and approaching the end of life are considered natural parts of the same process.

> “Old age is like a tree. Because you are born from a seed, you grow, you develop, you mature, you bear fruit, and you slowly wither and fade away” (K19).

While some participants equated old age with experience and wisdom, others used metaphors to describe the final stage of life.

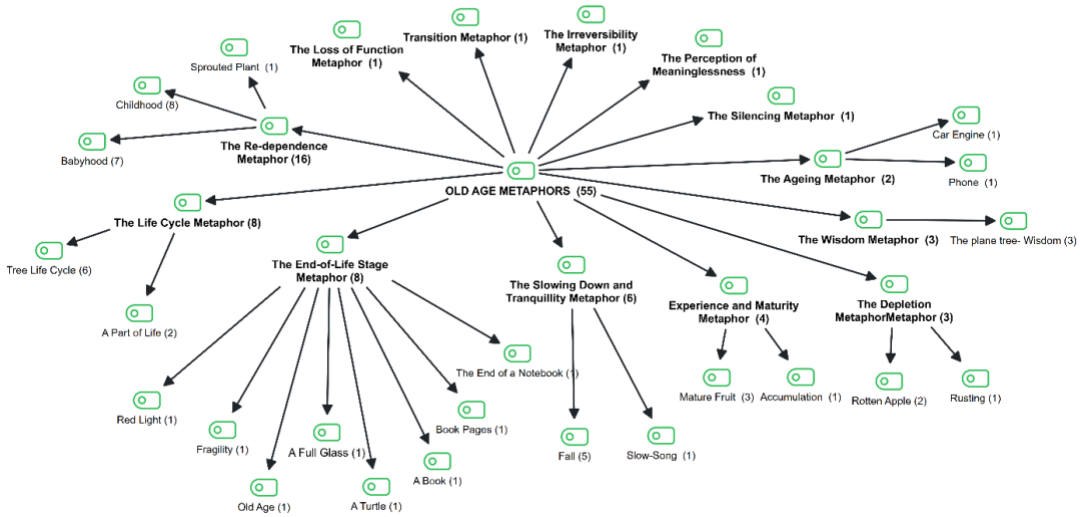
"Old age is like the oldest plane tree in the field. Its branches are tired, but its shade is still enough for everyone" (K13).

In metaphors reflecting the more negative aspects of old age, perceptions related to wear and tear, loss of function, and decreased social value came to the forefront.

"Old age is like a wrinkled apple; the older you get, the less you are cared for, the less attention you receive" (K38).

"It wears out over time, like a car engine" (K5).

Figure: 7. Old Age Metaphors Main Theme Code Map



Source: Organised using MAXQDA.

Research findings indicate that health management students' perceptions of ageing are not unidimensional; they develop a holistic understanding of ageing that encompasses health, independence, social participation, and psychological well-being. However, physical loss, dependence, and fear of loneliness emerge as the primary concerns related to ageing. Overall, students do not view old age as a passive withdrawal period; rather, they see it as a life stage that requires planning and can be actively managed.

DISCUSSION

In this study, it was determined that the perceptions of ageing among health management students are shaped by a multidimensional perspective that goes beyond biological ageing. Participants did not only associate old age with physical changes that occur with advancing years; they also considered elements such as maintaining independence, participation in social life, psychological well-being, and quality of life as fundamental components of old age. In this regard, the research findings support the biopsychosocial approach, which advocates that

ageing should be considered as an interaction of biological, psychological, and social dimensions. Additionally, the fact that students view the ageing process not merely as a period of inevitable losses but as a life stage that can be planned and managed indicates a shift beyond traditional perspectives on ageing.

Participants' expectations regarding old age largely revolve around preserving health, maintaining independence, and continuing an active lifestyle, which aligns with the fundamental assumptions of healthy, successful, and active ageing approaches. Healthy ageing refers not only to protecting individuals from illness but also to enabling them to maintain their physical, cognitive, and psychosocial functioning (Arslanoğlu, 2026). Similarly, the successful ageing approach considers life satisfaction, independence, social participation, and the preservation of functionality as key indicators of old age (Alpay, 2025). The students' plans for healthy eating, regular physical activity, staying mentally productive, and maintaining social relationships in the study suggest that they view old age not merely as the passage of chronological years but as a life process requiring personal responsibility. This indicates that students studying health management have adopted a preventive health perspective and a lifelong health approach. Indeed, in a study conducted by Ekwonye and colleagues (2023) with university students, healthy ageing was reported to be associated not only with physical health but also with leading a meaningful life, maintaining social relationships, and psychological well-being. Similarly, Akbayrak and Aysan (2022), in their research with elderly individuals, demonstrated that among the most important determinants of successful ageing are not only health status but also the individual's perception of their life as meaningful and their ability to maintain independence. When these findings are considered together, it can be said that students' expectations regarding old age largely correspond with current ageing theories.

In the study, participants most frequently associated old age with health problems, dependency, mobility restrictions, and loss of autonomy. This finding indicates that young adults largely interpret old age through potential physical declines. The notably prominent expression of fear of becoming dependent on others among participants suggests that perceptions of old age are more influenced by the possible impacts of biological changes on daily functioning and independence rather than the changes themselves. This situation reveals that students do not see old age solely as a progression of chronological age but also as related to an individual's capacity to maintain their life independently.

The literature notes that the physiological changes accompanying ageing can directly affect individuals' ability to live independently. Health issues such as a decline in vision and

hearing with advancing age, reduced mobility, an increase in chronic diseases, changes in cognitive functions, and an elevated risk of falls can make it difficult for elderly individuals to perform daily activities (Dalmaz & Karaağaç, 2025; Ashikali et al., 2023; Zaninotto et al., 2024). However, the noteworthy aspect of this research is that the participants did not perceive these changes solely as physical health loss; they also emphasised the impacts on independence, self-care, decision-making, and maintaining control over life. In this regard, the findings align with the biopsychosocial approach, which evaluates ageing not only in terms of disease but also of an individual's functioning and quality of life (Suh et al., 2023; Ashikali et al., 2023).

This finding is also important for health management education. Health managers will in the future be responsible not only for planning treatment services but also for developing service models that support the independent living of older individuals. Therefore, it indicates that students need to develop awareness of how to evaluate old age through the lens of loss of autonomy and the risk of dependency, as well as an understanding of age-friendly care models, rehabilitation services, and practices that support independent living. In other words, moving beyond a service approach that focuses solely on the health needs of older individuals; it is important to make more visible in health management education the holistic service models that prioritise the preservation of independence and the maintenance of quality of life.

Another notable finding in the research is that participants evaluate old age not only in terms of physical health issues but also in terms of psychosocial risks such as loneliness, neglect, a decline in quality of life, and social withdrawal. This situation indicates that students perceive old age as a life stage that extends beyond biological changes, where social relationships can weaken and psychological vulnerability may increase. The prominence of expressions related to loneliness, neglect, and social exclusion suggests that participants have a certain awareness of the social dimension of old age. In this respect, the research findings support the biopsychosocial approach, which argues that perceptions of old age are shaped not only by individual health experiences but also by the individual's social environment and societal position.

The literature notes that life events such as retirement, the loss of a spouse, chronic illnesses, and changes in social roles can lead to the narrowing of social networks and increased feelings of loneliness in old age (Dalmaz, 2025; Zheng & Yan, 2024). The weakening of social relationships not only negatively affects psychological well-being; it can also make elderly individuals more vulnerable to neglect, abuse, and social exclusion (Wang et al., 2024; Meehan

et al., 2023). The fact that participants in this research emphasise similar risks indicates that they do not equate old age solely with health problems; rather, they consider social support mechanisms as one of the important determinants of the ageing experience. This finding suggests that perceptions of old age cannot be explained solely from a biomedical perspective; psychological and social factors also play a significant role in young people's evaluations of old age (Meehan et al., 2023).

However, participants' expressions regarding the insufficient attention given to elderly individuals in hospitals, their potential neglect, and possible social withdrawal also indicate that a critical awareness of the quality of services for the elderly has developed. This situation can be considered an important outcome for health management education. Because, in the future, individuals involved in planning and managing health services should see old age not only as a demographic group requiring care but also as individuals with rights whose social participation needs to be supported. This perspective can contribute to the development of a senior-friendly institutional culture. Therefore, strengthening content on elderly rights, age discrimination, social inclusion, and community-based care models in health management education will foster a holistic understanding of ageing among students.

The study found that participants' attitudes towards ageing are not unidimensional; although they accept ageing as a natural part of the life cycle, they also harbour anxieties about the future due to potential health decline, reduced independence, and the possibility of loneliness. This indicates that perceptions of ageing have a dual nature, encompassing both positive and negative evaluations. On the one hand, ageing is recognised as an inevitable stage of the life cycle, while on the other hand, uncertainties regarding the physical and social losses that may accompany this period fuel feelings of anxiety. Therefore, participants' attitudes towards ageing are shaped not only by their level of knowledge but also by the meanings they assign to old age and their expectations for the future.

The literature notes that concerns about ageing are primarily associated with health problems, loss of function, dependency, thoughts of death, and fear of loneliness (Adıgüzel et al., 2025; Dalmaz, 2025; Zheng et al., 2024). In this study, the participants similarly expressed their worries about ageing largely through concerns such as loss of control, dependence on others, and weakening of social relationships. However, a notable finding is that some participants developed strategies to reduce these anxieties, such as engaging in regular exercise, maintaining a healthy diet, strengthening social relationships, and staying mentally active. This indicates that the students do not perceive ageing as an entirely passive and inevitable process

but rather as a life stage that can be managed to some extent through individual efforts (Goodarzi et al., 2024; Beyer et al., 2024). This approach is also consistent with the biopsychosocial model's assumption that behaviours developed throughout an individual's life can influence the experience of ageing (Beyer et al., 2024).

This finding is also significant for health management education. Because viewing ageing solely as an inevitable consequence of health problems can lead to supporting and managing ageing as a process that can be developed and controlled, the service models to be developed will also differ. The fact that a significant portion of participants expressed views closer to the second approach suggests they may adopt a more open perspective on protective and developmental service models aimed at maintaining the independence and quality of life of elderly individuals.

One of the striking findings of the research is that participants described old age using different, sometimes contradictory, metaphors. For some participants, old age was depicted as wisdom, experience, maturity, and a natural stage of the life cycle, while for others it was understood as depletion, loss of function, obsolescence, and an irreversible process. This diversity indicates that individuals' perceptions of old age are not one-dimensional; positive and negative representations of ageing can coexist within the same personal and social context.

A significant portion of the metaphors are shaped around the theme of dependency, which likens old age to childhood. This suggests that participants perceive old age not merely as the progression of chronological age but as a life stage where individuals increasingly need the support of others. Conversely, metaphors such as the wise old tree and the cycle of life associate old age with experience, productivity, and the accumulation of life. Therefore, the metaphors that emerged in the study indicate that societal perceptions of old age are not solely focused on loss; they also encompass respect, experience, and the attribution of meaning.

Similarly, a study by Ekwonye and colleagues (2023) among university students reported that older individuals are characterised by both positive and negative traits. The fact that students describe the elderly as both 'experienced' and 'struggling to move' simultaneously indicates that perceptions of old age cannot be explained solely by biological ageing; they are also shaped by cultural values, social experiences, and individual observations. The metaphors obtained in this study similarly support the multidimensional understanding of ageing as predicted by the biopsychosocial approach.

When the research findings are evaluated as a whole, it is observed that health management students' perceptions of old age are influenced not only by knowledge of biological ageing but also by psychological, social, and cultural assessments. Participants associated old age with vulnerabilities such as health decline, dependence, and loneliness, while also regarding it as a life stage where active living can be maintained, independence preserved, and social participation continued. This situation reveals that students' perceptions of old age are not limited to a biomedical approach but largely align with a biopsychosocial framework. However, the findings also indicate that future healthcare professionals' perspectives on old age should be developed during their education. In particular, strengthening educational content related to elderly rights, age discrimination, social inclusion, and age-friendly service models can help students evaluate old age from a more holistic perspective.

This research has certain limitations. Firstly, the study was conducted solely with students studying in the Department of Health Management at one university, and the findings cannot be directly generalised to other universities or different student groups. Additionally, the research data are based on participants' self-reports, which means that their views may be shaped by individual experiences and perceptions. However, the primary aim of qualitative research is not statistical generalisation but to explore in depth how a particular phenomenon is understood by participants. From this perspective, the study makes significant contributions to the literature by providing detailed and multidimensional data on health management students' perceptions of old age. For future research, it is recommended to compare students from different universities and disciplines, to evaluate the cultural and socio-economic determinants of perceptions of old age, and to utilise mixed-methods designs.

CONCLUSION AND RECOMMENDATIONS

This research has revealed that elderly perceptions among health management students are not shaped by a unidimensional framework; rather, they are multifaceted, encompassing dimensions such as health, independence, social participation, and psychological well-being. Participants did not solely associate old age with biological changes; they also regarded it as a life stage that requires planning, support, and active continuation. Furthermore, the prominence of themes such as health decline, dependency, loneliness, and social isolation indicates that old age is understood by students both positively and as a vulnerable phase, with its complexities acknowledged.

Findings from the research suggest that the perspectives of professionals involved in the future planning and management of healthcare services regarding ageing may influence the quality of services provided. Therefore, it is important that services aimed at older individuals are planned not only with a treatment-oriented, biomedical understanding but also with a holistic approach that prioritises the individual's rights, autonomy, participation in decision-making, and connection to social life. Recognising the older individual not merely as a recipient of care in need of assistance, but as a rights-holding individual who continues to contribute to society through their life experience, is crucial to the development of age-friendly service models.

This approach also aligns with the principles of human dignity, empowerment, participation, and social justice within the social services discipline. Supporting elderly individuals to maintain their independence, combating social exclusion and age discrimination, strengthening social support systems, and encouraging active participation in societal life are among the fundamental components of healthy ageing. Therefore, in planning services related to ageing, collaboration between health management and social services disciplines will help meet not only the biological needs of elderly individuals but also their psychological and social needs.

In line with the research findings, it is recommended to strengthen the course content related to ageing, active and healthy ageing, elderly rights, age discrimination, and age-friendly service models in health management undergraduate programmes. Additionally, increasing field applications that allow students to directly interact with elderly individuals, community-based projects, and interdisciplinary educational activities can contribute to the development of awareness of ageing. In particular, bringing together students of health management and social services in joint practical and educational processes can facilitate the evaluation of services for elderly individuals through a team approach and strengthen the culture of interprofessional collaboration.

Finally, in future research, it will be beneficial to conduct comparative studies of perceptions of old age among students in health and social sciences at different universities, to evaluate the cultural and socio-economic factors influencing these perceptions, and to include mixed-methods research. This will contribute to the development of knowledge on the subject.

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Makale Bilgileri/Article Information

Etik Beyan:	Bu çalışmanın hazırlanma sürecinde bilimsel ve etik ilkelere uyulduğu ve yararlanılan tüm çalışmaların kaynakçada belirtildiği beyan edilir.	***Ethical Statement:***	It is declared that scientific and ethical principles have been followed while carrying out and writing this study and that all the sources used have been properly cited.
Çıkar Çatışması:	Çalışmada kişiler veya kurumlar arası çıkar çatışması bulunmamaktadır.	***Conflict of Interest:***	The authors declare that declare no conflict of interest.
Yazar Katkı Beyanı:	Birinci yazarın makaleye katkısı %33, ikinci yazarın makaleye katkısı %33, üçüncü yazarın makaleye katkısı %33'tür.	***Author Contribution Declaration:***	The contribution of the first author is 33%, that of the second author is 33%, and that of the third author is 33%.
Mali Destek:	Çalışma için herhangi bir kurum veya projeden mali destek alınmamıştır.	***Financial Support:***	The study received no financial support from any institution or project.
Yapay Zekâ Kullanımı:	Bu çalışmada herhangi bir yapay zekâ tabanlı araç veya uygulama kullanılmamıştır.	***Use of Artificial Intelligence:***	This study did not utilize any artificial intelligence-based tools or applications.
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