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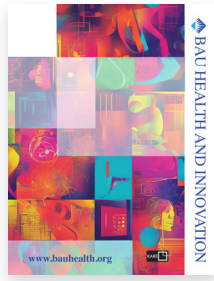


Original Article

# Psychometric Properties of the Perceived Ageism Questionnaire in Turkish Older Adults

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## Abstract

**Objectives:** Perceived ageism has been shown to play an important role in older adults' health and well-being; however, brief measures assessing both negative and positive age-related experiences require robust psychometric evidence across different languages and contexts. This study provides psychometric evidence for the Perceived Ageism Questionnaire (PAQ-8) in Turkish community-dwelling older adults.

**Methods:** This study used a methodological design and included 101 adults aged 55 years and older. After translation and expert appraisal, content validity was examined using item- and scale-level indices. Evidence for construct validity was obtained through exploratory and confirmatory factor analyses. Reliability was evaluated by assessing internal consistency and short-term stability in a subsample. Statistical analyses were performed using the Statistical Package for the Social Sciences 27 and R (lavaan package).

**Results:** In the present sample, participants' mean age was 61.46±5.88 years. Content validity was excellent (Item content validity index=1.00). Sampling adequacy was supported (Kaiser-Meyer-Olkin=0.747), and Bartlett's test indicated suitability for factor analysis ($p<0.001$). Exploratory factor analysis supported a two-factor structure (negative and positive perceived ageism) explaining 49.62% of the total variance. Confirmatory factor analysis confirmed the two-factor model with excellent fit. The total scale and both subscales showed satisfactory internal consistency coefficients (total $\alpha=0.81$, $\omega=0.85$; negative $\alpha=0.80$, $\omega=0.81$; positive $\alpha=0.75$, $\omega=0.76$).

**Conclusion:** The Turkish PAQ-8 demonstrated excellent content validity, a stable two-factor structure, satisfactory internal consistency, and excellent test–retest reliability. It appears to be a brief and reliable instrument for assessing perceived negative and positive ageism among older adults in Türkiye.

**Keywords:** Ageism, cross-cultural adaptation, older adults, perceived ageism, psychometrics, reliability, validity.

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Population ageing is accelerating worldwide, making healthy ageing a central public health and policy priority. Yet older adults continue to face ageism – stereotyping, prejudice, and discrimination directed at people because of their age – which can occur at interpersonal, institutional, and societal levels.[1] The World Health Organization (WHO's) global report on ageism emphasizes that ageism is widespread and consequential, shaping participation, access to resources, and experiences within health and social care systems.[1] Recent syntheses further indicate that ageism is expressed within health services through both interpersonal interactions and organizational practices, potentially influencing older adults' experiences across care pathways and contributing to inequities in access and treatment.[2,3]

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A growing body of evidence indicates that ageism is not only a social justice issue but also a measurable risk factor for health. In a major synthesis, Chang et al.[4] concluded that ageism is associated with worse health outcomes across multiple domains. Mechanistically, ageism can operate through psychosocial and behavioral pathways, including stress, reduced help-seeking, poorer adherence, and internalization of negative age stereotypes.[5] Stereotype Embodiment Theory posits that age stereotypes internalized across the life course can become self-relevant in later life and influence cognition, affect, behavior, and physiological responses.[5] Accordingly, older adults' subjective experiences of being treated differently because of age may contribute to poorer quality of life and mental well-being, and may also relate to physical health through stress-related processes and health behaviors.[1,5]

Given these implications, robust measurement of ageism – particularly as experienced by older adults themselves – is essential for epidemiological surveillance, cross-cultural comparisons, and evaluation of interventions aiming to reduce ageism. However, many available tools focus on attitudes toward older people or capture limited facets of discrimination, which can constrain comparability across studies and settings.[1] To address the need for brief, theory-informed assessment of perceived ageism, Brinkhof et al.[6] developed the Perceived Ageism Questionnaire (PAQ), including an 8-item version (PAQ-8), to capture older adults' subjective experiences of ageism. The PAQ-8 reflects both negative and positive perceived ageism and showed meaningful associations with self-perceptions of ageing and mental health indicators in the original validation study.[6] A concise instrument is particularly advantageous in psychogeriatric and community research, where respondent burden is a practical concern and integration into broader assessments is often required.

Against this background, establishing a robust measurement of perceived ageism in Turkish is important. In Türkiye, existing ageism measures and validations provide a useful starting point, yet additional work is warranted to strengthen the measurement of older adults' perceived ageism across diverse samples and settings.[7–11] Because cross-cultural measurement requires conceptual and contextual equivalence beyond literal translation, further psychometric evidence for Turkish instruments remains important for high-quality national research and international comparability.[12,13] Recently, a Turkish adaptation of the PAQ-8 (PAQ-TR) was published, confirming the two-factor structure in a different sample context.[8] However, that study reported comparatively lower reliability for the positive ageism subscale and did not examine short-term temporal stability. In addition, methodological differences – such as administration mode and sample characteristics—may influence factorial structure and subscale performance. Therefore, further psychometric evaluation in independent Turkish samples remains important to assess the robustness, stability, and contextual sensitivity of the PAQ-8 structure. In this context, the aim of the present study was to provide psychometric evidence for a Turkish version of the PAQ-8 in a community-based sample of adults aged 55 years and older, focusing on its factor structure and reliability.

## Materials and Methods

### Study Design

This study adopted a methodological approach to perform the Turkish cultural adaptation and psychometric assessment of the 8-item PAQ. Reporting of this study followed the "International Test Commission (ITC) Guidelines for Translating and Adapting Tests" to ensure linguistic, cultural, and psychometric equivalence.[14]

### Setting and Participants

Data were collected online in Türkiye using a snowball sampling approach. Individuals aged 55 years or older who were able to read and understand Turkish and had basic smartphone literacy sufficient to complete an online questionnaire were eligible to participate. Individuals younger than 55 years and those with a reported diagnosis of intellectual disability were excluded. A total of 101 community-dwelling older adults were included in the main analyses. For test–retest reliability, 30 participants completed the PAQ-8-T a 2$^{nd}$ time 2 weeks after the initial administration.

In scale adaptation studies, sample size is commonly determined using the rule of recruiting approximately 5–10 participants per item.[14,15] Given the eight-item structure of the PAQ-8 and commonly cited participant-to-item ratios in scale adaptation studies, the sample size (n=101) may be considered minimally acceptable for exploratory and confirmatory factor analyses.

### Measurement Instruments

#### *Sociodemographic Information Form*

A researcher-developed sociodemographic form was used to collect basic participant characteristics (age, gender, marital status, education, living arrangements, and employment status).

### *PAQ-8*

The PAQ was developed by Brinkhof et al.[6] to assess perceived ageism among adults aged 55 years and older. The PAQ-8 consists of eight items and includes two subscales: Perceived negative ageism (NEG; 5 items-1,2,4,6,7) and perceived positive ageism (POS; 3 items-3,5,8). NEG subscale captures experiences of negative ageism (e.g., perceiving age-related stereotypes, prejudice, or discriminatory treatment), whereas the POS subscale reflects perceived positive/benevolent ageism experiences (e.g., being treated more positively because of one's age). Participants indicate how often they experienced each situation over the previous 12 months using a 5-point Likert-type scale ranging from "1=never" to "5=very often". Subscale scores are computed by summing the relevant items; higher scores indicate more frequent perceived ageism experiences within that domain. In the original study of PAQ-8, Cronbach's alpha was reported as 0.67 for total, 0.79 for the NEG subscale, and 0.71 for the POS subscale.[6]

### *Translation and Cultural Adaptation Procedures*

Before the adaptation process, written permission to translate and use the PAQ-8 was obtained from the corresponding author of the original scale. The translation and cross-cultural adaptation procedures were conducted in line with internationally recognized recommendations for test adaptation, including the International Test Commission guidelines[14] and the WHO translation and adaptation process.[16]

### *Step I – Forward Translation*

To achieve semantic accuracy and preserve the intended meaning of the items, the scale was translated from English into Turkish independently by two bilingual translators. Translators were instructed to prioritize conceptual meaning and clarity over literal word-by-word translation, and to consider Turkish cultural usage when selecting expressions for potentially sensitive or context-dependent items.

### *Step II – Reconciliation and Synthesis*

The two Turkish drafts were compared item-by-item by the researcher. Discrepancies in wording, tone, and meaning were discussed until a single reconciled Turkish version was created. Special attention was paid to maintaining the time frame ("past year") and response anchors (5-point frequency format) consistent with the original instrument.

### *Step III – Back Translation*

The reconciled Turkish version was independently back-translated into English by two translators who were blinded to the original scale. The goal of back translation was to check whether the Turkish items preserved the original meaning and intent. The back-translated version was then compared with the original PAQ-8, and items showing potential conceptual drift were reviewed and refined.

### *Step IV – Expert Panel Review and Content Validity*

An expert panel consisting of five specialists working in public health, geriatric health, and psychiatry evaluated the Turkish version for semantic clarity, cultural appropriateness, and content representativeness. Content validity was assessed using the Davis technique.[17] Experts rated each item on a four-point relevance scale (1=not relevant, 2=somewhat relevant, 3=relevant with minor revisions, 4=highly relevant). Ratings of 3 or 4 were considered acceptable. Based on expert feedback, minor wording adjustments were made to improve comprehensibility and to ensure consistency in terminology across items.

### *Step V – Pilot Testing*

Following the expert review, the pre-final Turkish form was pilot-tested with 20 older adults from the target population to evaluate item comprehensibility, response process, and feasibility of the online administration format. Participants were asked to comment on unclear words or expressions, and the approximate completion time was recorded. The pilot feedback indicated that the items were understandable, and no major revisions were required. Data obtained during the pilot were used only to confirm clarity and feasibility and were not included in the psychometric analyses.

### *Step VI – Finalization and Documentation*

After incorporating minor expert-driven edits and confirming clarity through pilot testing, the final PAQ-8-T version was established. All steps of the adaptation process – including translation notes, reconciliation decisions, expert recommendations, and pilot feedback – were documented to support methodological transparency and reproducibility.

### *Step VII –Final Study*

Following the adaptation process, the finalized PAQ-8-T was administered to the main sample for psychometric evaluation.

## Data Collection

Data were collected online using Google Forms and a snowball sampling approach. The survey link was initially shared with eligible individuals and disseminated

through participants' networks. Eligibility was confirmed through self-report screening items. Before accessing the questionnaire, participants were presented with a brief study information screen outlining the aim of the research, data collection procedures, conditions of voluntary participation, data privacy safeguards, and the option to discontinue participation at any stage without consequences; consent was provided electronically by indicating agreement to take part.

To protect confidentiality, no personally identifying information was collected within the main survey responses (e.g., name or national ID number), and data were stored in a secure, password-protected account accessible only to the researcher. Following consent, participants completed the sociodemographic information form and the PAQ-8-T.

For temporal stability (test–retest reliability), participants were informed that they might be invited to complete the questionnaire again 2 weeks later. Those who voluntarily agreed to participate in the retest provided a contact detail solely for scheduling the second administration (phone number or e-mail). Contact details were collected separately from survey responses and were not linked to questionnaire data. After 2 weeks, the PAQ-8-T was re-administered to the same 30 participants via the online form, and test–retest analyses were conducted using these matched responses. Contact information was used only for re-invitation purposes and was deleted after completion of the retest.

### Ethical Considerations

Approval for the study was granted by the Van Yüzüncü Yıl University Non-interventional Clinical Research Ethics Committee (Date: February 04, 2025; No: 2025/01–16). Authorization to translate and apply the PAQ-8 was obtained from the scale's original authors. Participation was entirely voluntary, and consent was provided electronically before respondents proceeded to the survey. Before participation, individuals were informed about how the study would be carried out, how their data would be handled, and their option to discontinue participation at any stage. All procedures were performed in line with internationally accepted ethical standards, including the Declaration of Helsinki.

### Data Analysis

Data were analysed in a stepwise manner. Descriptive statistics were used to summarize participant characteristics and item responses. Evidence for validity was examined through content and construct validity procedures. Content validity was evaluated based on expert judgments using the Davis method.[17] Before factor analyses, data suitability was checked using the Kaiser-Meyer-Olkin (KMO) measure and Bartlett's test.

Exploratory factor analysis (EFA) was performed with Principal Axis Factoring (PAF) and oblique rotation, allowing correlations between factors. The number of factors was determined using eigenvalues, explained variance, and visual inspection of the scree plot. The factor solution was interpreted based on factor loadings and communalities. The proposed factor structure was subsequently tested using confirmatory factor analysis with an estimator appropriate for ordinal data.

Reliability was assessed by examining internal consistency coefficients and short-term stability. Internal consistency was evaluated using Cronbach's alpha and McDonald's omega, while test–retest reliability was examined using intraclass correlation coefficients (ICC). All statistical analyses were conducted using the Statistical Package for the Social Sciences version 27.0 (IBM, New York, USA) and R (version 4.5.2; RStudio; lavaan package).

## Results

### Sample Characteristics

A total of 101 participants were included. Ages ranged from 55 to 80 years, with a mean age of 61.46±6.88. Overall, 55.4% of participants were women (n=56). Most were married (n=84, 83.2%). Regarding education, the largest group had middle school education (n=32, 31.7%). The vast majority lived with family (n=96, 95.0%). Finally, 77.2% were not working (n=78) (Table 1).

### Validity

The item-level CVI (I-CVI) of PAQ-8-T was 1.00 for all items, and the scale-level CVI (S-CVI/Ave) was 1.00 (Table 2). An EFA was conducted to assess construct validity. The KMO value was 0.747 for sampling adequacy, and Bartlett's test was significant ($\chi^2[28]=273.747$, $p<0.001$), indicating that the data were suitable for factor analysis. An EFA was conducted using PAF with Direct Oblimin rotation (allowing correlated factors). Based on the eigenvalues (>1) and the scree plot, a two-factor solution was retained (Fig. 1). The two factors explained 49.62% of the total variance (Factor 1: 37.59%; Factor 2: 12.03%). The pattern matrix showed that five items loaded on the perceived negative ageism subscale (NEG) factor (N1, N2, N4, N6, N7; loadings 0.620–0.733) and three items loaded on the POS (perceived positive ageism subscale) factor (P3, P5, P8; loadings 0.595–0.909) (Table 3).

**Table 1.** Sociodemographic characteristics of the participants (n=101)

| | Min–Max | Mean±SD |
|---|---|---|
| Age (years) | 55–80 | 61.46±5.888 |
| | **n** | **%** |
| Gender | | |
| Female | 56 | 55.4 |
| Male | 45 | 44.6 |
| Marital status | | |
| Married | 84 | 83.2 |
| Single/Widowed | 17 | 16.8 |
| Education level | | |
| Literate | 6 | 5.9 |
| Primary school | 27 | 26.7 |
| Middle school | 32 | 31.7 |
| High school | 24 | 23.8 |
| University | 12 | 11.9 |
| Living arrangement | | |
| Alone | 4 | 4.0 |
| Family | 96 | 95.0 |
| Relatives | 1 | 1.0 |
| Employment status | | |
| Employed | 23 | 22.8 |
| Unemployed/Not working | 78 | 77.2 |

SD: Standard deviation, Min: Minimum, Max: Maximum.

**Table 2.** Item-level and scale-level CVI results for the PAQ-8-T

| Item | Expert agreement (3 or 4 ratings) | I-CVI |
|---|---|---|
| N1 | 5/5 | 1.00 |
| N2 | 5/5 | 1.00 |
| P3 | 5/5 | 1.00 |
| N4 | 5/5 | 1.00 |
| P5 | 5/5 | 1.00 |
| N6 | 5/5 | 1.00 |
| N7 | 5/5 | 1.00 |
| P8 | 5/5 | 1.00 |
| S-CVI/Ave | — | 1.00 |

I-CVI: Item content validity index, S-CVI/Ave: Scale content validity index (average method), PAQ: Perceived ageism questionnaire. Experts rated each item on a 4-point relevance scale; ratings of 3 or 4 were considered acceptable.

**Table 3.** Exploratory factor analysis (EFA) results of the PAQ-8-T

| | NEG (Factor 1) | POS (Factor 2) |
|---|---|---|
| N2 | 0.733 | — |
| N1 | 0.695 | — |
| N6 | 0.628 | — |
| N7 | 0.627 | — |
| N4 | 0.620 | — |
| P3 | — | 0.909 |
| P8 | — | 0.619 |
| P5 | — | 0.595 |
| Eigenvalue (Initial) | 3.500 | 1.422 |
| Explained variance (%) | 37.586 | 12.033 |
| Cumulative variance (%) | 37.586 | 49.618 |

NEG: Perceived negative ageism subscale, POS: Perceived positive ageism subscale, PAQ: Perceived ageism questionnaire. Extraction method: Principal axis factoring (PAF), Rotation method: Direct Oblimin (δ=0) with Kaiser normalization. Factor loadings <0.30 are suppressed.

Confirmatory factor analysis (CFA) was conducted to test the hypothesized two-factor structure of the PAQ-8-T, consisting of NEG (N1, N2, N4, N6, N7) and POS (P3, P5, P8). The initial two-factor model demonstrated acceptable-to-good fit ($\chi^2$/df=25.907/19=1.36, comparative fit ındex [CFI]=0.994, Tucker-Lewis Index [TLI] = 0.991, root mean square error of approximation [RMSEA]=0.060, standardized root mean square residual [SRMR]=0.070). Based on both theoretical considerations and modification indices, a residual covariance was specified between items N1 and N2 (Model 2). These two items both reflect interpersonal experiences of age-based devaluation in communication contexts – specifically, being treated as if one were a child and not being taken seriously due to age. Because both items capture closely related aspects of paternalistic or infantilizing ageism, it was theoretically plausible that they share variance beyond the underlying NEG factor. Allowing their residuals to correlate, therefore, reflects overlapping content rather than model overfitting. The revised model showed improved fit ($\chi^2$/df=20.137/18=1.12, CFI=0.998, TLI=0.997, RMSEA=0.034, SRMR=0.064) (Table 4). Figure 2 presents the final two-factor CFA model of the PAQ-8-T. All standardized factor loadings were statistically significant (p<0.001) and ranged from 0.65 to 0.90 for NEG and from 0.68 to 0.82 for POS (Fig. 2). The correlation between NEG and POS was moderate and negative (r=−0.59, p<0.001). A residual covariance between N1 and N2 was added based on modification indices (N1~~N2).

## Reliability

Internal consistency of the PAQ-8-T was examined using Cronbach's alpha and McDonald's omega. The total score showed good internal consistency (α=0.81, ω=0.85). For the subscales, reliability coefficients were acceptable: The perceived NEG yielded α=0.80 and ω=0.81, while the POS yielded α=0.75 and ω=0.76 (Table 5). Overall, the coefficients were at or above commonly recommended

**Table 4.** Model fit indices for competing CFA models of the PAQ-8-T

| Criterion | Fit ranges | | Model 1: Two-factor (initial) | Model 2: Two-factor (revised; N1 ~~ N2) |
|---|---|---|---|---|
| | Good | Acceptable | | |
| $\chi^2$/df | $0 \leq \chi^2/df \leq 2$ | $2 \leq \chi^2/df \leq 5$ | 25.907/19=1.36 | 20.137/18=1.12 |
| CFI | 0.95≤CFI≤1 | 0.90≤CFI≤0.95 | 0.994 | 0.998 |
| TLI | 0.95≤NNF≤1 | 0.90≤NNFI≤0.95 | 0.991 | 0.997 |
| RMSEA | 0<RMSEA<0.05 | 0.05≤RMSEA≤0.10 | 0.060 | 0.034 |
| SRMR | 0≤SRMR≤0.05 | 0.05≤SRMR≤0.10 | 0.070 | 0.064 |

$\chi^2$: Chi-square, df: Degrees of freedom, CFI: Comparative fit index, TLI: Tucker–Lewis index, RMSEA: Root mean square error of approximation, SRMR: Standardized root mean square residual.[18–22] PAQ: Perceived ageism questionnaire. Estimator: WLSMV. Model 2 includes a residual covariance between N1 and N2 (N1~~N2).

thresholds (≥0.70), supporting internal consistency for the scale and its subscales. Corrected item–total correlations ranged from 0.552 to 0.655 for the negative subscale and from 0.536 to 0.639 for the positive subscale, indicating adequate item discrimination and internal consistency (Table 5).

The ICC for the total instrument score was 0.95 (95% confidence interval [CI], 0.467–0.986; p<0.001), the NEG subscale was 0.95 (95% CI, 0.452–0.972; p<0.001), and the POS subscale was 0.94 (95% CI, 0.732–0.973; p<0.001) between the two administrations. The ICC values ranged from 0.94 to 0.95 and were statistically significant, indicating high test–retest stability.

## Discussion

This study provides psychometric evidence for a Turkish version of the 8-item PAQ-8 in an online community sample of adults aged 55 years and older. Overall, the findings support the structural validity and reliability of the PAQ-8-T and indicate that the measure can be used to assess perceived negative and positive ageism experiences among older adults in Türkiye.

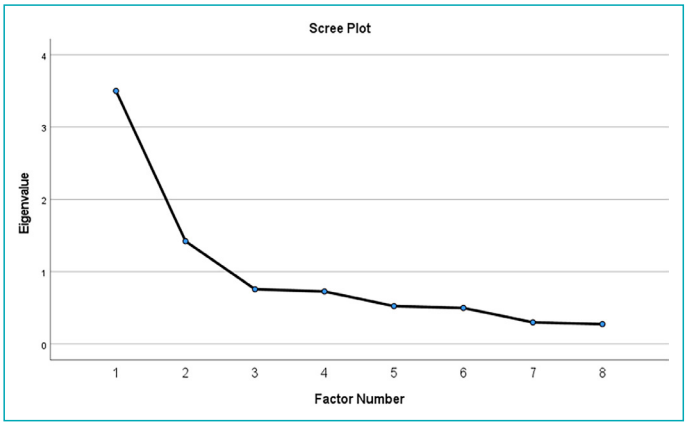


**Figure 1.** Scree plot of eigenvalues across factors.

**Table 5.** Item–total correlations, Cronbach's α, and McDonald's ω for the PAQ-8-T

| | Number of items | Corrected item–total correlation | Cronbach's α | McDonald's ω |
|---|---|---|---|---|
| NEG (N1, N2, N4, N6, N7) | 5 | 0.552–0.655 | 0.80 | 0.81 |
| POS (P3, P5, P8) | 3 | 0.536–0.639 | 0.75 | 0.76 |
| Total instrument | 8 | | 0.81 | 0.81 |

NEG: Perceived negative ageism subscale, POS: Perceived positive ageism subscale, PAQ: Perceived ageism questionnaire. Positively worded items (P3, P5, P8) were reverse-coded before computing the total score so that higher total scores indicate greater perceived negative ageism.

Consistent with the original development and validation of the PAQ-8, both EFA and CFA in the present study supported a two-factor structure comprising perceived negative ageism (NEG; five items) and perceived positive ageism (POS; three items).[6] In our sample, the two-factor solution demonstrated adequate explained variance and salient item loadings in EFA, and CFA corroborated this structure with excellent fit using Weighted Least Squares

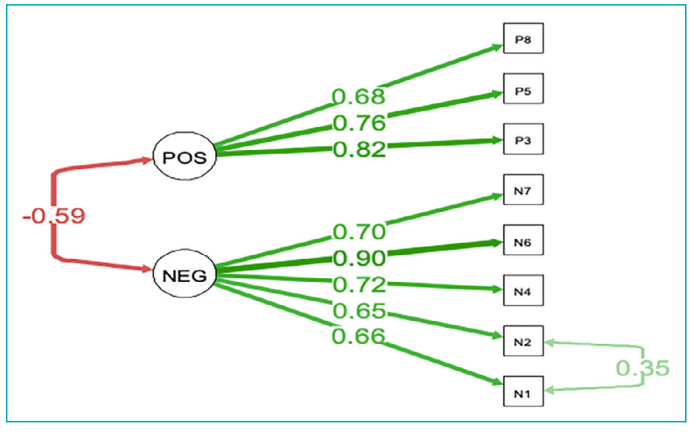


**Figure 2.** Confirmatory factor analysis of the perceived ageism questionnaire-8-T.

Means and Variance adjusted estimation (e.g., CFI=0.998; RMSEA=0.034). These results align with prior cross-cultural evidence. For example, the recently published Turkish adaptation (PAQ-TR) likewise confirmed the two-factor model with good fit indices,[8] and preliminary evidence from the Portuguese version also supported the same two-dimensional structure.[23] Taken together, the convergence of factorial findings across the original and translated versions supports the structural validity and cross-cultural robustness of the PAQ-8.

Reliability analyses indicated that the Turkish PAQ-8 has satisfactory internal consistency and high short-term temporal stability. Internal consistency coefficients were acceptable[24] for the total score and for both subscales (total α=0.81, ω=0.85; NEG α=0.80, ω=0.81; POS α=0.75, ω=0.76). These values are comparable to those reported in the original validation and consistent with Portuguese findings indicating acceptable reliability for NEG and POS.[6,23] Importantly, while the Turkish PAQ-TR study reported strong reliability for NEG but comparatively lower reliability for POS, suggesting potential contextual sensitivity of the positive dimension,[8] POS reliability in our sample was higher. This discrepancy may reflect differences in sample composition, administration context, or interpretation of benevolent/positive ageism items. Finally, test–retest reliability over a two-week interval was excellent (ICC=0.94–0.95), supporting the stability of PAQ-8-T scores. Finally, although point estimates of the ICC were high (0.94–0.95), the relatively wide confidence intervals, likely attributable to the modest retest sample size (n=30), suggest that temporal stability should be interpreted with caution. Nonetheless, the findings indicate satisfactory short-term stability of PAQ-8-T scores.

Regarding associations between subscales, NEG and POS were moderately and inversely related in our CFA (r=-0.59). This pattern is conceptually plausible: individuals who more frequently perceive negative, demeaning, or discriminatory age-based experiences may be less likely to interpret age-related interactions as positive or supportive. Evidence on the NEG–POS association appears to vary across samples and contexts. In the original PAQ-8 study, the correlation between the two factors was small and non-significant in one sample (r=0.08), suggesting that the dimensions may operate relatively independently under some conditions.[6] In contrast, the Turkish PAQ-TR validation reported a strong negative association between the latent factors (r=−0.75), which is directionally consistent with our finding but suggests that the magnitude of the relationship may differ across Turkish samples.[8] The Portuguese validation, however, reported a small positive association (ρ≈0.15), indicating that the direction and magnitude of the relationship may depend on population characteristics and measurement context.[23] Future studies should clarify how NEG and POS relate across populations by testing measurement invariance and replicating factor correlations in larger, diverse samples.

From a clinical and research perspective, a brief, psychometrically supported Turkish measure of perceived ageism may facilitate routine assessment of both negative and positive ageism experiences in psychogeriatric research and practice. Such measurement can support monitoring efforts in community and clinical settings and inform evaluations of interventions aimed at reducing ageism.

The inclusion of individuals aged 55 years and older follows the original PAQ-8 development study.[6] Ageism is increasingly conceptualized as a life-course phenomenon rather than a construct limited to traditional old age.[1] Consistent with stereotype embodiment theory, age stereotypes are internalized across the life span and may become self-relevant before conventional old-age thresholds are reached.[5] Thus, the 55+ criterion is conceptually defensible, although future research may explore differences across narrower age groups.

## Strengths

This study has several strengths. The adaptation process followed internationally recognized guidelines for test translation and cultural adaptation. Both exploratory and confirmatory factor analyses were conducted to examine internal structure, and internal consistency was evaluated using both Cronbach's alpha and McDonald's omega. In addition, short-term test–retest reliability was assessed, providing evidence regarding temporal stability of the PAQ-8-T. These methodological features contribute to the robustness of the psychometric evaluation.

## Study Limitations

These findings should be interpreted in light of several limitations. First, validity evidence in this study was primarily limited to content validity and internal structure (EFA/CFA); future studies should examine convergent, discriminant, and criterion-related validity using external measures and outcomes. Second, more advanced psychometric testing (e.g., measurement invariance across key demographic groups) was not conducted and should be evaluated in larger samples. Third, data were collected online using a snowball sampling approach. This recruitment strategy may have favored older adults with greater digital access

and smartphone literacy, potentially excluding individuals with limited technological skills and thereby restricting representativeness. Furthermore, the sample was relatively homogeneous in certain sociodemographic characteristics (e.g., marital status and living arrangements), which may restrict generalizability to more diverse older populations. Finally, although the sample size may be considered minimally acceptable for factor analysis given the eight-item structure, more advanced psychometric testing (e.g., measurement invariance across key demographic groups) and replication in larger and more heterogeneous samples are warranted.

## Conclusion

The Turkish PAQ-8 demonstrated excellent content validity, a stable two-factor structure supported by both EFA and CFA, satisfactory internal consistency, and high test–retest reliability over 2 weeks. These findings indicate that the PAQ-8-T is a brief, reliable, and valid instrument for assessing perceived negative and positive ageism among older adults in Türkiye. The scale may facilitate psychogeriatric research, support monitoring of ageism in community and clinical settings, and enable cross-cultural comparisons in studies examining the health and well-being correlates of perceived ageism.

#### Disclosures

**Ethics Committee Approval:** The study was approved by the Van Yüzüncü Yıl University Non-interventional Clinical Research Ethics Committee (no: 2025/01–16, date: 04/02/2025).

**Informed Consent:** Informed consent was obtained from all participants.

**Conflict of Interest Statement:** The author declare that there is no conflict of interest.

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**Use of AI for Writing Assistance:** The author declared that artificial intelligence was not used in the study.

**Peer-review:** Externally peer-reviewed.

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