

Age-related ageism among social and health care employees

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Abstract. This paper makes the attempt to explain age determination in light of ageism, representing the discrimination of the advanced age population which takes place in practices of medical and social attendance is made in the article. The attempt is made on the analysis of data gathered by means of administering a sociological survey among healthcare and social employees of regional society (Russia). It is revealed that the youngest group of social and healthcare employees are more aware than others in recognizing the presence of ageism in society, in both practices of social and medical attendance, but categorically denies the personal participation in it. 40-49-year-old medical and social employees strongly deny the presence of ageism in general, even within their own professional activity. Older employees aged 60 and over, are more aware in recognizing ageism. A difference in relation to the age group, together with a degree of gerontological competence and it's identification with advanced age is among the various reasons social and healthcare employees, hold in understanding and acknowledging the various degrees of ageism.

Keywords: healthcare and social employees, ageism, age determination, gerontophobia, gerontological competence, elderly people, age identification.

Introduction

Statistics show that with age quality of life declines. The incidence and quantity of diseases succumb by a person increases with age, especially those associated with functionality. This results in loss of autonomy as observed at advanced and senile age. Owing to this fact, quality of life to a great extent depends on the quality of service provided by healthcare institutions and social service. Research outlines the various causes and serious negative consequences of ageism especially impacting older citizens. Such manifestations are documented within medical and social work practices, and therefore highlights the need for further research in need of developing preventative measures.

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Ageism represents the form of age discrimination against age advanced citizens which is shown in the practices of humiliation; lack of dignity; violation of basic human rights and also in the exhibit of negative stereotypes and installations concerning older persons (Smirnova, 2008; Butler, 1969). It should be noted that ageism exists not only in relation to older persons, but also other age groups, most often - youth. But it is greater pronounced towards older persons (Garstka & Schmitt, 2004), this is primarily due to having a higher degree of vulnerability. The level of ageism is promoted by a utilitarian approach to the person accepted in modern society owing to the attitudes towards him. This depends upon the persons economic potential, and capacity in interacting with goods and services. As Traxler (1980) notes, the youngest, as well as the most older age groups are considered as unproductive by society and therefore – perceived as a burden. However children possess the capacity of future economic potential, and older persons, on the contrary, hold some kind of "financial liability" that also causes a greater concern for ageism (ibid.).

Although age discrimination "on prevalence can compete to a sexism and racism" (Mikljaeva, 2009), this problem became acknowledged in the western scientific discourse only in the last quarter of the 20th century, while in Russian only recent years with varying interpretations. Miklyaeva (2009) considers that lack of interest in such researches acts towards further existence of ageism. The reason of such deficit, in her opinion, is the population's perception of discriminatory practices concerning older persons as the social norm owing to what "the problem of ageism isn't realized by either subjects, or subjects to discrimination" (Mikljaeva, 2009: 149). Puchkov (2009) explained that scientific research on ageism is scarce, with difficulties being that of reliable information due to the unavailability of a population to open discuss the issue (ibid.). In particular, he specified that physical, economic and psychological violence against old-aged people is one of the most latent forms of violence that results in difficulties in assessment of its scales (Puchkov, 2006).

Such situation is the result of the sensitivity towards this issue, which is caused by people's awareness of social unacceptability of ageism, and, owing to this fact, unwillingness of open representation of its reasons and manifestations even within the sociological polls. The specified "sensitivity" interferes not only to scoring of this subject in a public discourse, but also to its updating at the level of consciousness, "starting" various protective psychological mechanisms ("rationalization", "replacement", "transfer"). These mechanisms preserve the person against "deeply concealed alarm ..., personal disgust and feeling of hostility to aging people, to diseases, disability; fear of helplessness, uselessness and death" (Butler, 1969) (the psychological reasons of ageism), they mask a contradiction between socially approved (standard) requirements to feelings and behavior in relation to elderly people and real.

The negative opinion on aged patients are peculiar to social and healthcare employees, as well as considerable part of the population: they are considered depressive, decrepit, not a subject to treatment. The manipulation of older persons, the aggressive, hostile relation is commonly witnessed throughout the working service years of specialists (Mikljaeva, 2009; Krasnova, 2003; Wilkinson and Ferraro, 2002). In the report of the UN General Secretary (2007) it was emphasized, that even in cases of discrimination on the basis of age, the negative attitude to aged and protection of their health remains, and quite often has an effect on their treatment

(Commission of social development. 45th session, 2007). Further, during the UN II World Assembly, the following priorities were also determined: eradication of all forms of negligence to older citizens; abuses and violence; providing older citizens with general and equal access to medical care and medical services, including services in protection of their physical and mental health; recognition that all persons, irrespective of age, shall have an opportunity to conduct full-fledged, healthy life (United Nations, 2002).

Research objective

To reveal and explain ageism among healthcare and social employees.

Research methods

The research was conducted by means of a questionnaire using a stratified selection (2013, N = 207 people). The sample was composed of: healthcare - 65,7% (28,5% - doctors, 37,2% - nurses) and social employees - 34,3% of Belgorod region (Russia). The following age categories were distinguished: 18-29 years (15,9%), 30-39 (22,7%), 40-49 (28,0%), 50-59 (26,6%), 60 years and older (6,8%).

Research results and discussion

The data in this poll has showed that ageism, from the point of view of healthcare and social employees, is a frequent phenomenon both in public life, and in practices of medical and social care. In particular response to the question: "Have you faced negligence to older persons in everyday life, during your profession?", 62,3% of healthcare and social employees have reported that they have experienced such negligence at some level (17,4% - often, 44,9% - sometimes). Unambiguously negative answers were given by 32,5% of respondents. At the same time respondents of various age groups have had an essential difference in answers to the question.

For the purpose of age specifics detection relating to the questions and responses to this study, an "abstract" (not connected with personal practices) on ageism for each age group was calculated. The following formula was used: n "yes, frequent" + $\frac{1}{2} n$ "sometimes" - n "never", where n – is a share of the respondents who have chosen this possible answer. The highest values of the "abstract" ageism index have appeared in group of respondents of 18-29 years (28,8), then - (with a big discrepancy) - in groups of 60 years and older (14,3) and 50-59 years (9,1). Negative answers about situations of collision with ageism prevail among 30-39-year-old and 40-49-year-old: the values of the corresponding index are -3,2 and -6,1 respectively (see Table 1).

The wide spacing in values of answers to the question among different age groups, while respondents are at approximately in the similar situation, reflects the existence of age determination, in at least, the ageism perception. The recognition of the existence of discrimination is one of factors of its prevention. Negative attitude, bias, violence, injustice, restriction in rights of people due to belonging to a certain social group (in this case – created

on an age sign) can be perceived by the subject as discrimination only on condition of perception of these phenomena as unfair and unacceptable. This, in turn, serves as a prerequisite of "personal" ageism reflection – own gerontostereotypes, negative installations concerning old age and older persons and practices realized on its basis, however it is not the key.

Table 1: Have you faced negligence to older persons in everyday life, during your profession?

	18 - 29 -year-old	30 – 39 -year-old	40-49 -year-old	50–59 -year-old	60 years and older
Yes, frequent	21,2%	17,0%	8,6%	23,6%	21,4%
Sometimes	57,6%	40,4%	50,0%	36,4%	42,9%
Never	21,2%	40,4%	39,7%	32,7%	28,6%
I find it difficult to answer	0%	0%	0%	1,8%	0%
There is no answer	0%	2,1%	1,7%	5,5%	7,1%
An "abstract" ageism Index	28,8	-3,2	-6,1	9,1	14,25

Recognizing an "abstract" ageism in everyday life and profession in general, respondents generally deny their own participation in ageistic practices (in "personal" ageism). The absolute majority (78,6%) of negative answers in a varying degree to a question of prevalence of situations when respondents had to make decisions, to make the actions violating the rights or interests of older persons in their profession testifies to it. The main share of respondents came up against such situations seldom (35,6%) or never faced (43,0%), whereas constantly and from time to time – less than every tenth (2,9% and 6,3% respectively). (Tab. 2)

The "personal" ageism index, was calculated on the basis of the data, presented in table 2 with a formula: n (constantly) + $\frac{1}{2} n$ (from time to time) - $\frac{1}{2} n$ (seldom) – n (never), where n – is a share of the respondents who have chosen this possible answer. The "personal" ageism index has sharply negative values (-52,02), unlike the index of an abstract ageism (8,5). The specified data can confirm both of lower ageism prevalence among social and healthcare employees, in comparison with the population in general, and of concealment of this problem or its replacement for understanding borders.

The highest and lowest values of personal ageism have appeared on age poles, respectively, at respondents of 60 years and older (-35,7) and 18-29-year-old (-71,2). Besides the youngest, respondents of 40-49 years are stronger than others deny the participation in ageistic practices: the index of "personal" ageism makes -59,6, and also respondents of 30-39 and 50-59 years recognize ageism, besides the most old. Values of this index at them make -46,8 and - 47,3 respectively (see Table 2).

Table 2: If within your profession you had to make decisions, in taking actions to violating the rights or interests of older persons, how often would you be faced with such situations? (%)

	18-29 year-old	30-39 year-old	40-49 year-old	50-59 year-old	60 years and more senior
Constantly	0	2,1%	0	5,5%	14,3%
From time to time	3,0%	10,6%	8,6%	3,6%	0
Seldom	36,4%	31,9%	27,6%	32,7%	57,1%
Never faced	54,5%	38,3%	50,0%	38,2%	21,4%
I find it difficult to answer	6,1%	12,8%	6,9%	16,4%	0
Haven't answered	0	4,3%	6,9%	3,6%	7,1%
A "personal " ageism Index	-71,2	- 46,8	-59,6	-47,4	-35,7

It is remarkable that those age groups which are stronger than others deny ageism in their own professional practices (18-29 and 40-49 years-old), are rarer than others report about special attention and goodwill towards older persons from of their colleagues. So, with the question "If during the professional duties the attitude of your colleagues towards older clients/patients differs from the attitude towards other groups of the population, then where is this more prominent?", the share of 18-29-year-old social and healthcare employees who have answered so has made 24,2%, 40-49-year-old - 56,9%, in other age groups it varies within 60-66%. Thus, the proportion of 18-29-year-old social and health care workers who answered the question "If in the process of fulfilling your professional duties, the attitude of your colleagues towards older clients, patients differs from the attitude towards other groups of population, then how does that manifest itself?" was 24.2%, 40-49-year-olds – 56.9%, in the rest of the age groups it varies in the range of 60-66%. The fact that practically every fifth of social and healthcare employees within the 18-29 years-old bracket, and every fourth of 40-49 years-old bracket has pointed out psychological pressure (intimidation, threats, indignity gerontological abuse) in interaction with older persons which is experienced by colleagues during their professional duties, attracts attention. In other age groups, every tenth, on average (30-39 years of 8,5%, 40-49 years of 19,0%, 50-59 years of 10,9%, of 60 years and older – 0) has reported the same remarks concerning their colleagues (Table. 3). Specified data explains low values of "personal" ageism among representatives of 18-29 and 40-49 years-old groups with low a degree of their reflection caused by the operation of psychological protection mechanisms - namely "projections", as shown in transfer of negative concerning own feelings, thoughts, acts, on others.

This mechanism operation was noted not only in the analysis of age determination of ageism, but also when comparing the responses with social workers and medical staff. The questionnaire has shown that social employees are inclined to speak more often about the existence of ageism in physicians' activity, but not in social employees' activity, and physicians – social employees. The manifestation of protective mechanisms in discussion confirms its high psychological state of charge. Mutual "charges" of social and healthcare employees of ageism at simultaneous aspiration to concealing of such facts in the sphere of professional activity, forces to assume the existence of specific corporationism in spheres of medical and social care. This notion owes to the recognition of ageism in colleagues activity

to be considered as violation of the professional solidarity conflicting to professional ethics. It is possible therefore, that the youngest employees - less than others incorporated in labor collective, and therefore are weaker exposed to pressure of group norms, almost twice more often than others (9,1% against, on average, 5,3% on other age groups) point to some neglect in which the attitude of their colleagues towards older clients and patients differs (table. 3). Also, along with 29-39-year-old respondents, more often than others point to the prevalence in their profession, of the position that older persons are considered as a burden or "economically not expedient" category. On average 18,5% of representatives of two younger groups and 4,5% - of three older (40-49 years-old, 50 - 59 years-old and 60 years and older) have reported of meeting such position "often", "sometimes" - respectively 45,0% against 35,0%.

Table 3: If during the professional duties the attitude of your colleagues towards older clients/patients differs from the attitude towards other groups of the population, is shown in?

	18-29 year-old	30-39 year-old	40-49 year-old	50-59 year-old	60 years and more senior
In special attention, goodwill	24,2%	66,0%	56,9%	60,0%	64,3%
In some neglect	9,1%	0	5,2%	3,6%	7,1%
In bigger emotional pressure	24,2%	8,5%	19,0%	10,9%	0
Doesn't differ	24,2%	14,9%	13,8%	21,8%	21,4%
Other (write)	0	0	1,7%	0	0
I find it difficult to answer	15,2%	6,4%	0	1,8%	7,1%
There is no answer	3,0%	4,3%	3,4%	1,8%	0

By comparison of different age respondents' answers to questions of "abstract" and "personal" ageism, it is necessary to draw a conclusion on lack of obvious regularities that confirms multidimensionality of an age discrimination problem. However, attention is drawn in the understanding of age determination of ageism. Where, healthcare and social employees of 40-49 years deny both an "abstract" and "personal" ageism more often than others. Respondents aged 60 and over, were more sensitive than others to recognize its presence in either form. The youngest group of social and healthcare employees (18-29 years) was characterized by the most polar answers of abstract and personal ageism. It inclined more than others in recognizing the lack of connectedness within their own professional activity and the denial of its manifestations within personal professional practice.

Data from across the Russian poll has help to make an explanatory hypothesis concerning why 40-49-year-old social and healthcare employees more than others deny the ageism existence concerning older persons. According to this, the majority of Russians are inclined to associate the best period of their lives with the age of 20-40 and the first significant response to the issues of ageing was given by the 40-year-old respondents. (Levinson, 2005). However,

the readiness to accept this fact is still absent, so it is made to force out everything that is connected to old age on the periphery of consciousness. This explanation is coordinated with a position of a number of authors, that of gerontophobia - generally unconscious fear of old age and death - among the most important ageism psychological factors. In one of the developed definitions given by R. N. Butler ageism is described as reflecting the deeply concealed alarm of some young and middle-aged people, their personal disgust and feeling of hostility towards older persons, for diseases, disability, fear of helplessness, uselessness and death (Krasnova & Lidars, 2003). Thus, ageism is a way of psychological distancing older persons (we are not them, and we will never be like them) and the alarm associated with it concerning old age and death. In this regard it is remarkable that this age group gives a significant share of the answers which are negatively characterizing the citizens of advanced ages surrounding them. 13.8% of its representatives (against, on average, 5% on other age groups), have reported that more than a third of this group consider that among the older people the majority look after themselves and live in dignity consciously aware of their daily conduct. And in the same group the "positive" answers shared is among the lowest - that the majority of older people try to stay afloat, not to be extremely active, simply striking a balance in order to prevent decline in activity (see Table. 4).

Table 4: Among the elderly people surrounding you it is more of those who:

	18-29 year-old	30-39 year-old	40-49 year-old	50-59 year-old	60 years and more senior
Looks after himself, conducts estimable life	21,2%	36,2%	36,2%	50,9%	50,0%
Tries to stay "afloat", "acts" not very strongly, but also doesn't dare to fall	69,7%	51,1%	41,4%	32,7%	35,7%
Has lowered hands, has stopped looking after himself, just lives life	3,0%	8,5%	13,8%	1,8%	7,1%
Lives at the expense of relatives or social services and wants to do nothing, considers that all have to him	3,0%	2,1%	3,4%	3,6%	0
I find it difficult to answer	0	2,1%	3,4%	0	0
There is no answer	3,0%	0%	1,7%	10,9%	7,1%

Therefore, the group of 40-49-year-old social and healthcare employees, is more often than others giving negative characteristics to the older persons surrounding them, more categorical than others insists on lack of ageism in general and in own professional activity. This means that the negativity felt by representatives of this group concerning older persons, and their behavior which is in consequence perceived by them, not as ageism itself, but as a proper response to older persons and their interaction with them. In process of retirement age and the acceptance of the inevitable ageing process, that of once above the age of 60 to be identified with group of older persons. This can explain why in groups of respondents of 50-59-year-old and 60 years and older, brought about the greatest share of responses that among the surrounding idea of older persons most of all those who looks after themselves, conduct an

estimable life. With 50% agreeing with this statement, against 21–36% of the respondents of other ages (see Table. 4).

It can be explained with the emergence of positive identification with the advanced ages population changing gerontophobia and rejection of aging. Owing to this fact this group of employees sensitivity to ageism and readiness for discussions surrounding such challenges amplifies high shares of their answers about the existence of ageism as abstract, and in personal professional practices. As for specifics of 18-29-year-old social and healthcare employees, it was observed that the "abstract" ageism was more than others recognized by them in the manifestation of maximalism and critical perception of the world peculiar to this age which influence a little their ability to their own ageism reflection. The low estimates of "personal" ageism characterizing this group should be explained, firstly, by a weak reflection of it by representatives of this problem, owing to a smaller work experience, including, with older persons, and, finally, by insufficient gerontological competence, secondly, by a weak identification with advanced ages groups causing their low sensitivity to this problem.

The connection between ageism and low level of personnel training to the professions rendering services to older persons is specified in various researches and official documents (Puchkov, 2009; U.N. Economic and Social Council. , 2012; National Council on Ageing and Older People 2005). Roughness and an inattention from healthcare and social employees to older clients and patients, causes irritation and difficulties of interaction because of insufficient competence in the field of gerontology and geriatrics. The understanding of advanced age its specifications and reasons of age discrimination, which manifest in professional activity of healthcare and social employees, is an important condition of ageism prevention. Young respondents are rarer than others who specified that they have enough knowledge in the field of aging to cater for full implementation of their professional obligations. This fact demonstrates the insufficiency of gerontological competence among young social and healthcare employees. There are 15,5% among 18-29-year-old who correspond to this conclusion, among 30-39-year-old – already 36,2%. Among respondents of 40 years and over, senior such answers were recorded by 52-57%. The stated weak identification of young social and healthcare employees with advanced age and its representatives is natural and doesn't need the proof. However, this should explain their substantial indifference towards older persons and therefore low sensitivity towards the perception of the facts of ageism. So, answering the question "What, in general, feelings and emotions are caused in you by older clients/patients?", they though not essentially, but more often than others pointed that they don't have any special feelings (12,1% against 8% on average on other groups), rarely felt sympathy and pity (63,6% against 69,5%).

Conclusion

Age specifics of ageism determination are shown that the youngest social and healthcare employees are inclined to recognize "abstract", not connected with own professional practices ageism, both in society, and in the sphere of professional activity. However, at the same time, do not recognize personal participation in it; 40-49-year-old employees prefer to deny ageism manifestations both in daily vital practices, and in own professional activity. Social and

healthcare employees of advanced ages recognize ageism more than others. Findings show that the most problem group is a group of 40-49-year-old social and healthcare employees with the distinctive feature in the highest response threshold to ageism, perceiving ageistic practices rather as proper response to features of advanced and senile age patients and clients. The "marginal" position of this age category caused by the end of the "optimum" age period, extrusion on the periphery of consciousness negative experiences connected to it. This is also reflected in problems with old age and aging as being the psychological reason of ageism, specific to this age.

The factors causing age determination of ageism are: at 40-49-year-old social and healthcare employees - gerontophobia, at the youngest – low extent of identification with advanced age and the insufficient level of gerontological competence, in older age groups – high identification with advanced age. Specific corporativism in the form of destructive professional solidarity (when ageism recognition within the activity can be considered as violation of professional solidarity) can be an ageism factor in the middle age groups of social and healthcare employees (30-59 years).

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