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# Features and Causes of Gerontological Ageism in the Provision of Medical and Social Assistance

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**Abstract**

Based on the data of the author's sociological survey of medical and social workers, the article analyzes the prevalence of ageism in the activities of medical and social workers, its factors and prerequisites. It proves that ageism is a common phenomenon in the activities of medical and especially social workers but the discussion of this problem is fraught with economic, psychological, and ethical difficulties. As significant prerequisites, the following can be singled out: an orientation toward "economic inexpediency" of working with older people, an idea of the desirability of high emotional involvement of specialists in the problems of older people, destructive attitudes towards old age; factors - the social policy of the state, low pay and the prestige of the work of specialists working in the field of medical and social services.

**Keywords**

Ageism, Discrimination, Social Policy of the State, Economic Inappropriateness, Older Clients and Patients, Social and Medical Workers, Questionnaires, Gerontophobia.

## Introduction

The relevance of the topic is due to the fact that the ageism of medical and social workers is an obstacle to the quality service of older people. Gerontological ageism is commonly understood as a form of age discrimination, which is manifested in negative stereotypes regarding old age and aging, as well as discriminatory practices implemented at the household and institutional levels [3; 15, p. 49]. These are ultimatum prejudices against older age groups and the most severe form of discrimination, comparable to racism and sexism [8; 13, p.41]. Ageism "legitimizes" the use of chronological age to highlight classes of people who are systematically denied resources and opportunities [4, p.38]. In healthcare, it can be expressed, for example, in stereotypes about the abilities of older patients, evaluative judgments about the quality or value of life, in misconceptions about the desires of older people when choosing certain forms of treatment [6, p. 27]. And, despite numerous studies, the activities of health care institutions regarding "good" aging, negative images of aging have a strong vitality and now manifest themselves in "more subtle but no less harmful forms of age discrimination" [17, p. 723].

Russian scientific research has not widely covered this topic. A.V. Mikliaeva believes that this is one of the evidence of the presence of gerontological ageism. Another reason for their lack, in her opinion, is the perception by the population of discriminatory practices against older people as a social norm, as a result of which the problem of ageism is not recognized either by subjects or objects of discrimination [9]. P.V. Puchkov explains the lack of scientific research by the difficulties of obtaining reliable information on this problem due to the reluctance of the population to discuss it freely [14, p. 11]. In our opinion, this situation is also due to the delicacy of the problem associated with the social unacceptability of ageism, and, therefore, the reluctance to voice it openly even in the framework of surveys, and, moreover, to oust it to the periphery of consciousness by incorporating protective psychological mechanisms ("rationalization", "displacement", "transference") that protect a person from "deep-seated anxiety ..., personal disgust and a feeling of hostility towards aging people, illnesses, disabilities; fear of helplessness, futility and death [3, p. 243]. "Meanwhile, social and medical workers, as well as the population as a whole, are characterized by negative perceptions of older patients and clients: they often consider them depressed, decrepit, not subject to treatment. Researchers note an aggressive, hostile attitude of specialists towards older people, which grows with an increase in their working experience; the manipulation of people of these age groups [7, 8, 16]. And even in the absence of a policy of age discrimination, a negative attitude towards older people and the protection of their health persists and often affects their treatment [12]. The II World Assembly of the United Nations identified the following priority tasks: eradicating all forms of neglect of citizens of older age, abuse and violence; providing them with universal and equal access to medical care and medical services, including services for the protection of their physical and mental health [5].

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**Materials and Methods**

In order to study age-related practices, their factors, prerequisites in the activities of medical and social workers, we conducted a survey of doctors, nurses, and social workers of the Belgorod region, dealing with the older population (2014, N=207 people).

**Results and Discussion**

According to our survey, about 65% of medical and social workers agreed that, to some extent, there is inequality between the older patients, their discrimination in medical and social services. At the same time, the index of inequality, discrimination of older people in the field of healthcare is 4.9, and social is 11.6, which means the *prevalence of ageism practices in the activities of social workers.* (Index (I) is calculated on the basis of answers to the questions: "Have you ever encountered situations of neglect of older people in your life?" and "Do you think there is inequality in relation to older people, their discrimination in medical care?" using the formula: (n "yes" + n "rather yes than no") - (n "rather no than yes" + n "no"); where *n* is the number of respondents). The examples of gerontological ageism in the professional activities of respondents are "the reluctance of doctors to hospitalize older people", "the reluctance to devote more time to this category of patients"; the position of the medical staff, according to which "there is not enough medicine to treat young people, and older people receive what is left"; or the phrase "what do you want at your age?", which is often used in medical and social services practice, according to the respondents, this attitude is due, on the one hand, to "physical unattractiveness ...", "untidy, sloppy people of older age", and on the other hand, to "hostility, neglect, irritation towards them", "lack of culture and arrogance of specialists"; "ressentiment...".

The answers showed that 42.2% of the respondents had from time to time to make decisions, take actions that infringe on the rights or situation of older people (at 2.9% - permanently, 6.3%, 33.3% - rarely) in the course of their professional activity. The fact that they never had to do this was reported by 43.3%. *Positive answers of making decisions, committing discriminatory acts against old patients are more common among social workers, 7%* of whom admit that such situations are constant. Among physicians, such answers are 1.3%. The latter more often say they have never encountered this before (doctors - 45.8%, nurses - 57.1%, and social workers - 25.4%).

Answering the question of what kind of feelings and emotions in general older clients and patients trigger in respondents, 68.6% call sympathy, pity; 14.5% - positive emotions, 8.7% (mostly mid-level medical staff) "do not feel any special feelings". According to respondents, among their colleagues, a positive attitude towards older people (42.5%), as well as sympathy and pity (38.6%) also prevailed. On average, 0.5% report negative attitude towards older patients, and 2.4% of the respondents report it to colleagues. 4.3% of respondents reported their neglect of older people. *Doctors and social workers more often than average nursing staff indicate emotional stress in servicing older people* (15-17% versus 10.4% among nurses).

It is interesting, when assessing their attitude to clients, older patients, respondents focus on sympathy and pity (characteristics that reflect a high emotional involvement in the situation), and when speaking about colleagues, they indicate their positive attitude (emotionally more relaxed characteristic). The prevalence in self-assessments of the expressed emotional component, and in the assessments of colleagues as rational, suggests that socially approved behavior is considered to be high emotional involvement in interaction with an older client, patient, which is the cause of professional burnout, being one of the prerequisites for ageism.

The psychological prerequisite of ageism, according to a number of scientists, is the fear of the old age and death, which translates into a negative attitude towards old people as a kind of symbol of these phenomena. "Awareness of one's attitude towards aging and an understanding of how this attitude affects behavior is crucial for the development of… relations with older people" [1, p. 151]. The data of our study showed that 36.7% of those surveyed who, when asked about their attitude towards their future old age, took a constructive position regarding old age, they said they were thinking about how to live the coming period with benefit and, if possible, with pleasure. A passive acceptance of old age ("I will accept it as inevitability, I will go along with the tide") is characterized by 14.5% of respondents. Such an attitude has a negative connotation and marks a lack of vision and a rejection of the opportunities this age period provides.

In total, 50.7% of respondents in different forms express their fear of old age: on average, every tenth is afraid of its onset, every fifth hopes to avoid old age as long as possible, to postpone its onset as far as possible, and also hopes that by the time of his old age medicine will make such a step forward that old age will not cause discomfort. Fear of death, as well as passive adoption of old age, is more often registered in nurses (16.9% of nurses versus 11.3% of social workers and 0% of doctors). Thus, if we proceed from the assumption that *the fear of old age and death is the psychological prerequisite for ageism, then most of all the average medical staff is in the risk zone.*

It is noteworthy that only respondents who reported that *they have not thought about old age and aging are among the 6% who admitted that they experience negative emotions with regard to older clients and patients. Those who don't particularly think about old age are also much more likely than others to say that older patients do not cause them any feelings or emotions (25% versus 5-15% among respondents who have a different attitude to old age). These data indicate the need for a public discussion of aging as a mechanism for the prevention of ageism.*

Those who are "afraid of" and "not particularly think about" old age more often than others speak of their own indifference to people of older age and the same attitude of their colleagues towards them (15% each). If this is

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understandable with respect to the latter, then it is most logical to explain these data with respect to the former by the action of the psychological mechanism of protection — the displacement of traumatic information to the periphery of consciousness.

Most who report emotional stress in working with older people are those who hope that by the time they reach old age medicine will take such a step forward that old age will not cause them discomfort (26.1% versus 15.0% who adhere to a different point of vision regarding their future aging). Those who hope for medical progress in the context of attitudes toward old age are also more likely than others to report a slight disregard for older clients and patients (17.4% versus 4-7% who reported a different position regarding what was once grow old). While among the respondents who believe that old age will not cause them discomfort due to the progress of medicine, the majority who said that they constantly or occasionally had to make decisions, take actions that infringe on the rights or situation of old people (total 23.9%). Among those who "periodically" implement ageism practices, 18.8% of respondents do not particularly think about old age and aging. At the same time, among the respondents who were otherwise related to these life processes, the maximum number was found to constantly or occasionally implement discriminatory practices (6.6%). *These data clearly indicate that not only the lack of reflection on old age, but also destructive attitudes regarding death and aging significantly affect the formation of ageism.*

Negative stereotypes about older people act as the following prerequisite for ageism: their perception as weak, unprotected, grumpy, incapable of taking care for themselves, and poorly thinking [2, 11]. The formation of such attitudes is often due to negative experiences with this category of people. M. Marshall and M. Dixon write that "if we do not have positive experience with older people in everyday life, the risk of treating all people of older age groups in the same way, namely, the way we see them at our work. And we see them as incapable, helpless, suffering from many problems" [10, p. 28].

Based upon the answers of the respondents, *their experience with old people is mostly positive*. Most of the older people around them, in their opinion, "try to stay afloat", are not too much "active", however, do not allow themselves to go down" (45.4%); "they look after themselves, live a life worthy of respect" (38.6%). Only, in the opinion of 10.1% of the respondents, among the people around them the older people more than those who "gave up, stopped taking care of themselves, just live life", "freeload off" their relatives or social services and don't want anything to do, they believe that everyone owes them." There is a noticeable relationship between the attitude towards older clients and patients, and the experience of encountering them in life. Most of all (60%) of the positive attitude towards older patients and clients are in the group of those who believe that there are quite enough number of older people around them who take care of them and live respectable life.

An indicator of the sociocultural conditionality of ageism was the question "How often in your life do you encounter the idea that older people are a burden or an "economically inexpedient" category?" A total of 75.2% answered positively, indicating a *significant prevalence of this attitude in the public mind.* 22.1% of them chose the answer 'often', 54.5% - 'sometimes'. The number of those *who, with one or another frequency, encounters such a position in their professional activity, is less, amounting to* 52.9%, (10.7% - often, 42.2% - sometimes, and 23.2% - never).

Among the most compelling reasons for gerontological ageism in healthcare and social protection, respondents cite the low pay and prestige of the work of specialists working with old people (31.5%) and the negative role of state policy in the social sphere, which often forms an idea of the category of older people as economically disadvantageous for investing in their health, care, and support (27.5%).

In the field of *healthcare services*, they also often talk about the psychological difficulties of communicating with older patients, the desire to reduce it (24.6%) and the lack of modern equipment and service technologies, which prevents the provision of a high-level treatment and maintenance of health (24.2%); in the field of *social services* - about the low social status of patients, which allows social workers to neglect (21.7%) and treat older people as an economically inexpedient category in terms of investing energy and means in their health, care, and support (20.3%).

**Conclusion**

The main reasons for gerontological ageism in healthcare and social services are:

- Economic (low remuneration of specialists working with older people, low prestige of specialists working with older people);
- Political (social policy of the state, forming an idea of older people as an economically inappropriate category); technical and technological (outdated equipment and technology in assisting older people);
- Psychological (destructive attitudes regarding aging and death, high emotional involvement in the care of older people, determining the emotional burnout of specialists, psychological difficulties in communicating with older people);
- Moral and ethical (neglect of older people due to their low social status, treating older people as an economically inexpedient category in terms of investing energy and resources in their health, care, and support);
- Competence (low level of competence of specialists working with older people in the field of psychology of communication with this category of patients and clients).

A special role in overcoming gerontological ageism in the activities of medical and social workers and weakening the influence of economic, political, psychological, moral, ethical and competence reasons on this phenomenon, belongs to the social policy of the state.

Despite the fact that the study of problems of gerontological ageism is associated with great psychological discomfort

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that impedes a constructive dialogue around this problem, their discussion is necessary to prevent discrimination of older people.

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