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## **AGEISM IN THE SPHERE OF HEALTH SUPPORT OF SENIOR CITIZENS**

Kolpina L.V., Shlychkova M.V.

The paper based on the results of the focus group which includes a medical and social workers; the ageism's problems of the elderly people in the spheres of medical care, social protection and security are discussed. It is proved that the display of ageism is more typical for the medical sphere; practice of ageism has moral, organizational and socio-economic aspects, in the sphere of social protect and ensuring the greatest risks of ageism are associated with high psychological stress on social workers, which is conditioned with the complexity of communication with the elderly people.

**Purpose.** Sociological diagnostics displays ageism elderly people in health and social work in the Belgorod region.

**Methodology.** To achieve this goal, in May 2013 we carried out a focus group composed of doctors, nurses and employees of social service agencies and security in the amount of 16 people.

**Results.** Theoretical and empirical models of ageism

**Practical implications.** Institutions of medical and social services, and educational institutions that train specialists of relevant specialties.

**Keywords:** ageism, medical workers, social workers, and the elderly people.

## ЭЙДЖИЗМ В СФЕРЕ ОБЕСПЕЧЕНИЯ ЗДОРОВЬЯ ПОЖИЛЫХ ЛЮДЕЙ

Колпина Л.В., Шлычкова М.В.

В статье на основании результатов фокус-группы, включающей в себя медицинских и социальных работников; обсуждаются проблемы эйджизма пожилых людей в сферах медицинского обслуживания, социальной защиты и обеспечения. Доказывается, что проявление эйджизма более свойственны медицинской сфере; эйджистские практики имеют моральный, организационный и социально-экономический аспекты; в сфере социальной защиты и обеспечения наибольшие риски возникновения эйджизма связаны с высокой психологической нагрузкой на социальных работников, обусловленной сложностью общения с частью пожилых людей.

**Цель.** Социологическая диагностика проявлений эйджизма пожилых людей в системе здравоохранения и социальной работы Белгородской области.

**Метод или методология проведения работы.** Для достижения указанной цели в мае 2013 года нами проведена фокус-группа, в состав которой вошли врачи, медицинские сестры и работники учреждений социального обслуживания и обеспечения в количестве 16 человек.

**Результаты.** Теоретическая и эмпирическая модели эйджизма.

**Область применения результатов.** Учреждения медицинского и социального обслуживания, а также образовательные учреждения, готовящие специалистов соответствующих специальностей.

**Ключевые слова:** эйджизм, медицинские работники, социальные работники, пожилые люди.

### Introduction

Old age as a special period of people's life includes numerous specific problems of biological medical, social and psychological character. They are caused

by defects of a physical, mental and psychological condition of senior citizens, changes of their social and economic status (often negative) and social roles. All of this implies decrease of their adaptive capacity, creates a higher degree of social vulnerability and conscious or unconscious abuse of this state in a number of social practices realized also in the spheres of health support – medical, social services and support. R. Butler marked this phenomenon as ageism and defined as a process of systematic stereotyping and discrimination people because of their age [13, с.34].

Senior citizens – are population aged 60 years and older. The importance of attention to the problem of ageism is due to the imperative of improving the quality of life of senior citizens – the age group, the number of which in the population structure of modern type, including Russia, is growing fast. On the one hand, the quality of life of older age groups is an important indicator of degree humanization and civility societies [4, с.89-93]. On the other hand, public demand for healthy professional longevity indicates more and more clearly. It is due to a global tendency of aging population and connected with it a special need for preservation and actualization of employment potential of older age groups, increase human potential of older people. An indication of the public inquiry, in particular, is the direction of the Prime Minister of Russian Federation Dmitry Medvedev to the need for greater involvement of older people to the professional activities.

Meanwhile, the research information in the field of sociology, gerontology, conclusively proves that ageism tendency is common for Russian society. Social status of elderly people, their opportunity of social adaptation and self-actualization, the implementation of their life plans and the right to a decent life is a significantly lower than another age groups.

The ability of accurate response to these challenges is largely due to the quality accessibility of social health services for elderly and senile age. Ineffective government policies, organizations and institutions of healthcare, social security and welfare, lack of the necessary competencies in the field of gerontology professionals in implementing activities within these institutions, their individual phobias caused

by negative attitudes to older people and the rejection of old age in general, imperfection methods and forms of health and social services, prevents the level of social and health services for elderly people, equal to level of services of other age groups and other problems are the determinants of ageism.

Thus, ageism of elderly people is a multifaceted phenomenon that includes political, socio-economic, organizational, technical, technological, moral, psychological competency issues. And the overcome of it is an appropriate “response to the challenges of our time” as an imperative to ensure longevity and healthy living conditions.

### **Review of foreign and national literature**

In Russian and foreign scientific discourse theoretical and practical aspects of ageism to elderly people are represented. Theoretical issues of ageism are considered in the works of E.V. Yakimova and L. Tornston [11, p.56-68] and J. Cooper, G. Goethals [12, s.431-452]. The causes of its uprising and conditions of overcoming are analyzed in the works of N.G. Kovalev [5, p.52-56], M. Pasupathi, C. Lockenhoff [17, c.76-80].

Scientific studies have reflected different aspects of ageism – economic, presented in the works of V.D. Shapiro [10], K.Mannheim, social – B. Hughes [15, p.162] and M.I. Volovikova [1, p.16-23], psychological – Namkee G.C. , James M. [16, p.43-49], V.F. Petrenko, O.V. Mitina [7], legal – T.Y. Stukena [9] and M.B.Glotova [3, p.42], medical – R.V. Garaev [2, p.24] and R. Jacoby [14].

The problem of ageism in response of elderly people is actively developed science in Russian and international science. However, the majority of the researches are about public attitudes towards elderly people and old age in common, and especially important in recent years, the issues of employment and professional activity of elderly people. Russian scientific works about ageism in the context of healthcare of elderly people are almost absent.

## **Information and approach**

The aim of our research is the sociological diagnostics of ageism manifestation in health and social work of Belgorod region. The object of research – are nurses, doctors, social workers. The subject of research – is ageism as a social practice. For achieving this goal in May 2013 we carried out a focus group with doctors, nurses and employees of social service and security agencies in the amount of 16 people. The questions proposed for discussion are: its manifestations, causes and possible mechanisms to overcome them.

## **Description of the study**

The group began with opening question about the presence of ageism in health and social services: “Tell me please, do you know about situations in your professional activity when elderly people were treated differently then another age group in the same situation?” The group members have confirmed the presence of such situations: “When, for example, elderly people called an ambulance, and it refused to hospitalize them.” – “And how can we explain this?” – “Because of old age”. They provide assistance on-site and leave them. “A similar example is when elder person comes to a doctor and begins to complain on the pain, the doctor says: “What do you want in your age?”.

It should be noted that the composition of the group included medical and social workers, and however, all of these examples concerned primarily medical sphere.

Specifying practices of ageism occurrence, the group members gave examples of not quite adequate prescription of medicine.

- “An old man at the age of 70 came to doctor and said that that he had backbone pain. It is not neurological; it is diseases, connected with musculoskeletal system. It is clear that there are some drugs – injections should be assigned to relieve pain. But they prescribed a very expensive drug [unreasonably]”.
- And why is it so?

- Generally it is normal – doctors try to prescribe more expensive drug, and analogues, for example Russian, somehow are less prescribed. This is already in the process of communication, in pharmacies or relatives search for analogues in the Internet...And in general they prescribe very expensive drug or nothing at all... And this phrase “You are at such age” sound very often.
- Tell me, for what reasons they prescribe such expensive drugs to elderly people?
- Cooperation [with pharmacies where they are sold]. Doctors even can say in which pharmacy to buy it. The same thing happens when elderly people are encouraged to make tomography. And doctors say where exactly to go, where have a consultation and where make a MRI.
- This situation is peculiar in medical practice equally for all ages, or to elderly people it is more expressed?
- What about tomography – equally, and what about drugs – especially for elderly people.
- And why is it so? – Because they don't understand that there are another ways. In general, they don't want to deal with elderly people – age... And elderly people think that if this is expensive, then it will help. Elderly people are ready to buy an expensive one, if only it helps. And even their relatives are ready for everything. And elderly people insisted on buying to their relatives – the doctor says – then it will help.

In these examples we can see moral and institutional reasons of ageism connected in one way with manipulation on elderly people because of the complicated real-life situation with high level of trust to doctors, whose recommendations are the last chance for them. In other way – this is the senses of relatives, who don't want to economize money on the disease of theirs relatives. Institutional aspect of ageism is connected with politics of offices or even Public Health Service, where risks of “bad” data exceed the debt. Partly we can see social and economic aspect, related to the fact that the treatment of elderly patients is not economically profitable for specific organization and government in general.

It was a discomfort during the focus group and its members consciously or unconsciously tried to change the subject of discussion.

- What is the difference between the relation to elderly people and other age groups in your professional activity?
- In conversation... Somebody doesn't hear and see clearly, it is hard to communicate. And if he is a brainsick, than he doesn't understand or can't say what he wants.

This example is indicial in the way that instead of analyzing problems and manifestations of ageism in the sphere of health and social services for elderly people on the part of workforce and system in general, the participants talked about negative characteristics of elderly people. At the same time the right answer appears unconsciously. One member of the group, describing difficulties of communication with elderly people, says: "but he is not alone..." It is easy to guess the continuation of this phrase: because of the work with elderly people accumulates irritation, fatigue, which causes a negative attitude to this group, which often grows into ageism. But this fact is not said to the end, and after a pause they began the description of features, complexes of elderly people. This example also shows the mechanism of displacement the problem from the center of consciousness to the periphery.

- He can't express, but explains something with the help of interjections. He can show or doesn't show, get angry and walk away.

Another version of the avoiding the topic of ageism – is talking about organizational issues.

- In the organization, where you are working, are there any cases or situations that lead to a discrimination towards elderly people?
- We register them to mental health facilities for a long period of time when a person has some psychological illness, but he is not taken to a common boarding. And for the psychiatric boarding they need to collect all the documents, wait for the vouchers, and person doesn't have close relatives. And the same thing with

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senior centers... [then followed a detailed description of the interagency cooperation problem]

It should be noted that at the beginning of the focus group it was an adjustment for causes and manifestation of ageism. During the focus group, moderator took notice that members wanted to get away from the answers and switch to another topics. As a result they said that ageism is not peculiar to them, especially in the sphere of social secure.

- I would like to go back to a situation, when in the spheres of professional activity you or other persons have a different attitude to elderly people. What can you say about is?
- Essentially, the attitude to them is equal, even more sensitive. The only thing is if they have psychological problems – this situation is stagnant, so there is no way for treating this patient, because he will not take drugs and will not go to the psychiatrist – that's the only problem.

Indirectly we can assume that for social workers ageism is caused by the negative, formed as a result of the difficulties of communication with elderly people. But the social workers deny it. In an attempt to have a clarification about this situation the group was asked the question about the cases, when social workers have not the same relation to elderly people as to the other age group.

- Personally, I don't have such relation. I didn't face this; on the contrary, I try to help. Even if at the end of the day you I am tired and the person annoys me, I will stand, go home and then work off. And I can say that in some cases it is better to agree to make him happy, because it is worse for yourself when you begin to quarrel with him.

In general, with the help of group members we found out that ageism tendencies are more peculiar to medical but not social sphere.

- I can make a conclusion that in medical sphere people can deny, or treat roughly, they can prescribe not the right medicine, and in social sphere there is no such

relation. Is it right, that discrimination towards elderly people is more peculiar to medical sphere?

- But why? It can be but such situations but they are disappeared immediately because the complaint of elderly people goes to administration... They even can call the governor

Then the group members gave other examples showing rather insecure of social workers the elderly people.

- Elderly people with mental problems are likely to have a conflict, and no matter that you try, you will have a conflict. You can't stop him, try to persuade, but he doesn't care. As for the relatives, they are on the side of elderly people and leave all the work for social workers. They asked to social workers to take elderly people to different events...

### **Implications**

Thus, completing the analysis of ageism manifestations in the sphere of public health service for elderly people, we can state:

1. Ageism is more peculiar to the public health service than to the social services and secure.
2. Medical and especially social workers are more likely to displacement of this problem than to its reflection.
3. The origin of the ageism has personal and institutional nature; includes moral (simplicity of manipulation of elderly people), social economic (economic unreasonableness of elderly people), organizational (risk of performance degradation in institutions in case of elderly people) aspects.

In social service sphere, the biggest risks of ageism appearing are connected with high stress level of social workers. These situations are due to the objective difficulties of communication with elderly people.

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#### **DATA ABOUT THE AUTHORS**

**Kolpina Lola Vladimirovna**, Associate Professor, Department of Social Technologies IGMU, PhD in Sociology Science

*Belgorod State National Research University*

*85, Pobeda street, Belgorod, Belgorod region, 308015, Russia*

*e-mail: kolpina-lola@yandex.ru*

**Shlychkova Marina Victorovna**, student at the Institute of Public Administration

*Belgorod State National Research University*

*85, Pobeda street, Belgorod, Belgorod region, 308015, Russia*

*e-mail: ShlychkovaM@yandex.ru*

#### **ДАННЫЕ ОБ АВТОРАХ**

**Колпина Лола Владимировна**, Доцент кафедры социальных технологий ИГМУ, кандидат социологических наук

*Белгородский государственный национальный исследовательский университет*

*ул. Победы, д. 85, г. Белгород, Белгородская область, 308015, Россия*

*e-mail: kolpina-lola@yandex.ru*

**Шлычкова Марина Викторовна**, студентка института государственного и муниципального управления

*Белгородский государственный национальный исследовательский университет*

*ул. Победы, д. 85, г. Белгород, Белгородская область, 308015, Россия*

*e-mail: ShlychkovaM@yandex.ru*