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Ageism Virtual Issue Editorial:

Butler's three constructs of ageism in *Australasian Journal on Ageing*

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This editorial is the third in a series of special virtual issues of the *Australasian Journal on Ageing (AJA)* to be released. It provides a commentary on a collection of papers published in the *AJA* from 1982 to 2016 on the theme of ageism. The theme of this editorial complements the 2016 Hot Topic "Intergenerational Issues" of the Australian Association of Gerontology, a partner organisation of *AJA*.

In much of the Western world, old age is viewed negatively [1], and ageing is regarded as a process of unavoidable and predictable 'decline and deterioration' [2]. The term 'age-ism' was initially proposed by Robert Butler, the founding director of the National Institute on Aging in the United States of America (USA) [3]. Ageism is typically expressed as discrimination against people on the basis of their age [4] and is manifested through negative stereotypes and perceptions about older adults [5] and unfortunately, is a fact of life for many older Australians [6].

Butler identified three distinct but related aspects of ageism: attitudes and beliefs, behavioural discrimination, and formalised policies and practices [7]. In essence, attitudes determine behaviour, which then influence policy development and implementation, and which, in turn, influence practice. Studies from gerontology, psychology, communication and sociology, have subsequently expanded on Butler's views and have established that ageism is universal [8] [9] [10]. Ageism is typically exhibited in the language we use to talk to and about older adults, in how they are portrayed in media representations (both online and offline), through employment practices and healthcare policies (or the lack thereof), as well as in the attitudes and behaviour of health professionals [8].

For this virtual issue we selected papers published in *AJA* from 1982 to the present day that illustrate Butler's three constructs of ageism, as highlighted above. In particular, we looked at community and health professionals' attitudes to ageing, age discrimination and work, as well as ageism and policy. We excluded book reviews, abstracts, most articles describing non-Australian samples and, with two exceptions, editorials. A total of 25 papers were selected for this virtual issue. The numbers of papers illustrating each construct are highlighted in Table 1.

Insert Table 1 about here

Attitudes and beliefs: Community attitudes to ageing

Of the seven papers in this theme, three are commentaries or "viewpoint" articles, three are accounts of original research and one provides a brief editorial report of how ageing is regarded in eight different countries. The articles spanned a range of years, with five written in the 1980s, highlighting the emergence of the topic in Australia.

In the 1984 editorial [11], eight member nations of the International Federation on Ageing provided brief reports on public attitudes to older people. The growing awareness of structural ageing and the accompanying alarmist rhetoric, the "burden" of care – as fueled by the then Thatcher administration in the UK – saw a shift in public sentiment from positive to negative towards older people across many countries. The three viewpoint articles reflected this negativity [12], [13], [14] depicting Australia as a country which hindered 'successful' ageing [12] by promulgation of ageist myths and the deleterious labelling of older people as 'aged' or 'frail aged'.

In the earliest research article in this sample, Hall and colleagues [15] looked at the ageist view that posited older people as asexual beings, and reported the results of one of the first Australian studies into later life sexuality. In a community sample of 100 senior citizens in Brisbane, the authors reinforced previous research which showed the importance of sexual expression appeared to decline with age. However, as social expectations appeared to limit the number of responses to the sexual questions contained in the survey, the results were

difficult to interpret definitively. The authors argued that older people's views of themselves as sexual beings may well have been influenced by the social myth of the asexual older person – a myth which continues today despite considerable research to the contrary [16].

The other two research articles were published in the 2000s and reported on (i) an intergenerational pilot program with primary school children using both quantitative and qualitative methods, designed to combat children's negative views and to promote positive views of ageing [17] and (ii) a qualitative interview study which focused on older women's views of 'successful ageing'; which included a sense of personal agency and being of social value, with an emphasis on quality of life/quality of death [18]. Both articles privileged the views of their participants, providing visibility for what was previously termed an 'invisible' population [19].

Attitudes and beliefs: Health professionals' attitudes/behaviour towards ageing

Negative perceptions of ageing and older people can detrimentally affect the way health care is delivered. As Karen Hitchcock's critically acclaimed quarterly essay outlined [20], the therapeutic relationship can be compromised by such attitudes, leading to at best, condescending and infantilising attitudes and, at worst, a failure to treat. With one exception, the *AJA* papers in this section serve to illustrate the nature and scope of ageist beliefs amongst health care professionals. The eight papers appeared between 1989 to 2016 and variously describe the attitudes and behaviours of nurses, either students or practicing nursing samples across a range of settings (three papers [21] [22] [23]), gerontology researchers, practitioners and policy makers (one paper [24]), social work students (one paper [25]), practicing psychologists (one paper [26]) and a diverse group of health professionals (health promotion workers, nurses, psychologists, social workers, doctors and physiotherapists (one paper [27])). The final paper in this section, an opinion piece written in 1999 by Gething [28], contains recommendations regarding improving attitudes for nurses working in aged care which are still pertinent today.

Two papers focusing on the nursing population [21] [22] used survey measures to assess attitudes to ageing. Of these, one paper used the Reactions to Ageing Questionnaire (RAQ) as well as the Facts about Ageing Quiz and the Aging Semantic Differential to assess the

relationship between attitudes to self-ageing and misconceptions/stereotyping about older people [21]. These measures were undertaken voluntarily by nurses working predominantly in aged care in both Australia (n = 143) and the UK (n = 213) during in-service training courses or at work. The nurses differed in ages and education (younger and post-high school education in Australia compared to older and predominantly high school educated in UK) although the overall results were very similar. Whilst both samples attributed some positive attributes to older people, the majority of nurses held misconceptions which 'devalued' older people and underestimated their abilities. The authors concluded that nurses who had negative expectations about the capabilities of older people, were 'less likely' to identify issues impacting their wellbeing. In addition, the 2016 study by Frost et al. [22] cited evidence that negative attitudes to older people increase and intensify during nursing training and become established during clinical placements. However, despite studies that showed improvements could be made by utilising educational strategies which made ageist attitudes and behaviour 'explicit', nursing courses remained underdeveloped in this regard. To illustrate, the authors found a high level of ageist attitudes amongst a sample of first year undergraduate nursing students using the Relating to Older People Evaluation (ROPE). They argued that the use of the ROPE should also be extended to clinical settings in addition with, what they termed, 'structured reflection' to combat ageism amongst nurses.

The third paper conducted a cross-cultural review of the literature from 2004-2012 [23]. It found 648 articles describing emergency department (ED) nurses' awareness and understanding of ageing as well as attitudes towards older people in their care. Once exclusions were applied, the review looked at 16 articles and concluded that, despite emergency department nurses' extensive expertise, they lacked the 'knowledge and skills' necessary for gerontological nursing. The authors argued that, given structural ageing and the anticipated increased number of older people accessing healthcare services, such a role could no longer be seen as the 'sole domain of specialist geriatric nurses'. Further, without appropriate education, ageist attitudes could continue to affect emergency department nurses' care of older people.

The earliest paper in this section was from 1989 [24]. In it, Russell argued that gerontology as a whole saw 'sickness, frailty and dependence' as problems associated only with older

people, and ageing generally, which needed to be 'managed' – mainly because of the prevailing ageist view that older people were incapable of managing themselves. She used the results of a content search of Australian women's magazines to illustrate ageist attitudes and how these attitudes could (negatively) influence professional practice.

Whilst the quantity and quality of contact with older people, the training received, and the age of clinicians coupled with their years of experience may have a beneficial impact, ageist attitudes continue to persist amongst nurses, social workers [25], psychologists [26] and health care professionals in general [27]. The opinion piece by Gething [28] recommended pre-service and in-service, as well as post-graduate education, to combat ageist attitudes and the negativity that surrounds working in aged care. A range of specific strategies were recommended, including, amongst others:

- providing information to dispel stereotypes and portray healthy ageing
- incorporating role modelling
- broadening core curriculum to include ageing in every subject

Behavioural discrimination: Age discrimination and work

In the workplace, discrimination translates into barriers that prevent older people from gaining access to work, using particular skills or accessing promotion or equal pay. A group of six papers from *AJA* highlighted that age discrimination in the workplace has been alive and well in Australia despite age discrimination laws being in place since 2004 [29]. A paper from 1996 [30] found that among executives of 104 companies and a random sample of 525 employees, older employees were seen to have some positive qualities, such as loyalty. However, 'older' workers – classified as anyone over 45 years – were deemed less interesting for recruiters. Another study [31] found evidence of age discrimination in a Western Australian sample of accounting assistant employers, with older women the most subject to discrimination. Further, Bennington and Weir [32] analysed how resumes could disadvantage older workers and, subsequently, encourage discrimination.

In 2000, Cully et al. [33] reviewed the evidence about barriers to older people participating in training for work in Australia. They concluded that the Australian government could do more to facilitate older workers' access to training opportunities. This conclusion was reinforced by Encel [34], who indicated that apart from age, lack of specialised skills mitigated against

older workers successfully acquiring jobs. Finally, another study illustrated that there were age-insensitive attitudes to people with low computer skills, and recommended that managers be more sensitive to strategies to assist older workers acquire new skills [35].

In 2012, the Australian Human Rights Commission [29] highlighted the steps Australia is taking to facilitate older workers taking their place in the workforce. Consequently the participation rate among older workers has been increasing steadily over the last twenty years among 55-64 year olds and people over 65 [36] suggesting that our laws and policies are indeed working to reduce discrimination. However, despite age discrimination laws being in place since 2004 and despite shifting the pension age to allow people to work longer and other welcome government initiatives, it is clear that age discrimination in the workforce continues.

Formalised policies and practices: Ageism and policy

Ageist attitudes can have significant damaging repercussions, as it means that older adult needs and priorities are often omitted from vital National health, research and policy agendas [37]. A surprisingly small number of papers published in *AJA* examined policy issues and ageism in Australia. A 2005 paper [38] discussed generational justice in aged care policy in Australia and the United Kingdom, and considered the impact of policies about residential aged care on intra and intergenerational justice. The issue of intergenerational responsibilities – whether younger generations would be willing or expected to look after older generations and vice versa – is a topical issue, with house ownership declining among younger generations and housing assets of older generations continuing to be protected when considering some government entitlements. Howe and Healy [38] made the point that generational equity had only recently come to the ageing policy agenda. They predicted that policies of continuing intragenerational transfers of paying for aged care would continue into the future.

Biggs and colleagues [39] analysed migration policies and the impact they might have on discrimination against older people. They concluded that creating barriers to older migration could perpetuate age discrimination. However they also pointed to some positive changes in public perception of the roles older people play. A related theme was noted in a 2008 paper

[40], which speculated that 'cultural racism' might be responsible for the trend that led to the ethnic aged being underserved by local health and social care services. A 2013 paper [41] considered Australian policy on human rights in an international context. It noted that Australian laws on age discrimination and government reports on the economic potential of older people and positive ageing, as well as Australia's role in the age-friendly cities movement, were all broad initiatives aimed at reducing ageism.

Conclusions

Despite the many research initiatives designed to highlight and address ageist practices, coupled with the ongoing advocacy of organisations such as COTA and AAG, it is clear that some ageist attitudes are still prevalent in Australia, as they are in the rest of the world. Scanning the *AJA* publications for papers related to ageism, we noted that Seneca's two thousand year old view that old age is a disease ("Senectus morbidus est") has continued to the present day, with the emphasis on health and ageing research in the journal and far less space devoted to other perspectives of ageism. Few legal or policy analyses of Australia's responses to an ageing population were found in the journal while social analyses were well represented. Nevertheless, in the 35 year timespan covered here (1982-2016) there have been some positive changes, as reflected in the papers summarised.

Future ageism research is merited in Australia, by conducting policy analysis to determine whether community attitudes and changes in training for health professionals are being mirrored in policy change. In addition, alternative perspectives such as media analysis, historical perspectives or the role of the arts in mitigating ageism are areas that warrant further research. Butler's 47 year old concept of ageism continues to be useful in raising awareness of society's response to our ageing population.

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Table 1: Numbers of papers illustrating individual ageism constructs

Ageism Constructs	Number of papers/construct (N = 25)
<i>Attitudes and beliefs</i>	

• Community attitudes to ageing	7
• Health professionals' attitudes to ageing	8
<i>Behavioural discrimination</i> • Age discrimination and work	6
<i>Formalised policies and practices</i> • Ageism and policy	4