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Ageism within Occupational Therapy?

Opinion Piece

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## **Abstract**

Despite the arrival of the National Service Framework for Older people in 2001, age discrimination continues to exist in both popular society and health and social care settings. Within this context, the number of older people who are likely to come into contact with occupational therapy services is set to rise due to an increase in the population of older people. The aim of this opinion piece is to provide an overview of ageism towards older people in relation to occupational therapy and to suggest basic steps that can be taken by those working in practice to guard against ageist practice.

Word count 101

## **Introduction**

According to the World Health Organisation (2006) the population of older people is due to increase which is likely to mean a rise in the number of older people on occupational therapy caseloads.

The arrival of the National Service Framework (NSF) for Older People (Department of Health 2001) aimed to improve and highlight services for older people. Standard 1 specifically relates to ageism with the aim to ensure that older people are not unfairly discriminated against on account of their age when accessing health and social care, and that services are provided on the basis of clinical need. Despite this, ageism continues to be prevalent within our society. What exactly is ageism and how does it affect older people? In the widest sense, ageism is considered to be bias towards individuals or groups on account of their age yet in relation to older people, Minchellio et al (2000) describe ageism as “a phenomenon that is socially constructed and where older people are discriminated and seen as a group separate to the rest of society”. In other terms, older people are seen in a negative light by the general population. They are considered to be unimportant, to have little to contribute and to be a burden on society. One of the negative impacts of ageism is its effect upon the health and well being of older people. This opinion piece considers the existence of ageism towards older people within

occupational therapy and suggests a number of basic steps that may be taken to avoid ageist practice within the profession.

### **Popular culture and Health Care**

There are many examples of ageism within popular culture which includes advertising that equates value, power and beauty with youth. Such examples are commonplace and part of our culture via television, radio, magazines and general marketing strategies. It is also a fact that older people are discriminated against by organisations such as insurance companies, who will not insure new customers once they reach the age of 80 years and 11 months. Similarly, there are examples of ageism within the health and social care systems that disadvantage the health and well being of older people. An example of this are screening programmes that are not routinely offered to people over a certain age such as in breast and cervical screening.

### **Occupational Therapy and Ageism**

There is little research that is specific to occupational therapy and ageism. Horowitz et al (1999) carried out a quantitative study related to age bias within goal planning and treatment expectations among 42 qualified occupational therapists in New York. Within this study, clinicians were given the same case study with two different ages (one for a man aged 28 and the other for a man aged 78) and were asked to complete a Clinical Judgement Survey which asked questions related to mobility, activities of daily living, transfers, rehabilitation potential, capacity to return to work / home and driving potential. The results of this study demonstrated that the only differences between the two cases were expectations in mobility levels and return to work. It was summarised therefore, that occupational therapists were not ageist. It is important however to recognise that this study used only a small sample group, was set in one state of America, and whilst some could argue that the different expectations in mobility and return to work were realistic, others could argue that as the differences were based purely on account of age, this itself could suggest the presence of ageist or negative attitudes within occupational therapy.

In relation to occupational therapy students, Giles et al. (2002) carried out a study where Occupational therapy and Physiotherapy students completed an attitudinal scale related to older people and compared the results of both sets of students. Results from this study demonstrated that the occupational therapy students presented a higher positive bias score when compared with the physiotherapy students which could be construed as an absence of ageism among occupational therapy students. A study carried out by Tsang et al. (2004) however, found that the least preferred client group among occupational therapy students was older men with enduring mental health needs which may suggest that occupational therapy students could hold negative attitudes towards clients on account of their age.

As there is little research related to occupational therapy practice and ageism, the potential for ageist practice needs to be considered. One possibility is that occupational therapists could minimise the physical and psychological problems of older people, attributing them to old age. This is supported by Roughan (1993) who claims that many reversible causes of mental illness in older people are not recognised or given appropriate treatment. Alternatively, therapists may presume that older people are cognitively frail on account of their age and marginalise their role in the decision making process, preferring to liaise with other health care professionals or families.

Therapists could also anticipate a poor prognosis and diminished response to treatment for older service users as suggested by Rosowsky (2005). An example of this would be where equipment or services are provided as opposed to a progressive rehabilitation approach as the expectation is the person will not regain previous skills. Furthermore, therapists may have less regard for the social roles of older people, presuming such roles to have less value than those of early and middle adulthood and therefore disregarding them in treatment planning and intervention (Woodrow 1998).

## **What then can be done to avoid ageist practice?**

### **The individual practitioner**

As occupational therapists, we are required by the Code of Ethics and Conduct (College of Occupational Therapists 2005) to provide a service to clients that maintains dignity, respect and client centred practice. Despite this, occupational therapists are surrounded by and have grown up within an ageist society, they work within health and social care systems that have a history of discrimination against older people and have not yet reached retirement age themselves. As such, it is possible that they may hold ageist views and opinions that could impact upon their practice in a negative manner.

One of the first steps in avoiding ageist practice within occupational therapy is to develop an understanding of what ageism is, its existence in health and social care settings and our personal views and opinions towards ageing and older people. When individual practitioners have an awareness and understanding of these issues and the impact of ageism upon the lives of the older person, this can be a starting place to offset some of the negative effects of ageism in more general terms.

A second step to help overcome ageist practice is to consider training issues for both qualified staff and students, as education is considered to be one strategy that can be used to identify and prevent ageism within the health care professions (Wier 2004). Qualified occupational therapists may be willing, and hopefully will be encouraged by managers, to take part in both formal and informal training. Formal courses may include postgraduate qualifications, possibly at Masters level or higher, whilst at a more local level, departments can organise time out or in-service sessions that have a gerontological focus. Departments may also become involved in audit sessions, set up a journal club with a focus on older peoples issues or gainfully employ students on placement to seek out relevant research and articles that can be presented to staff for dissemination.

## **Students**

Having suggested the involvement of students in researching articles that are relevant to older peoples, it is of paramount importance that students are exposed to practice placement educators and practice placement settings that are able to demonstrate positive attitudes and practice when working with older people. Students often learn vicariously from educators, and studies by both Weir (2004) and Gleberon (2002) demonstrate that health care profession students have the capacity to develop positive attitudinal change towards older people following a positive practice placement, even where the placement is of short duration. By educators being instrumental in demonstrating positive practice with older people on placement, it can be hoped that students will internalise their positive experiences from placement into their own practice post qualification.

## **Older people**

It is considered to be good practice to involve older people in the planning and evaluation of services (NSF for Older People 2001). On the level of treatment planning, it forms part of our core occupational therapy philosophy and principles to plan treatment that is meaningful and purposeful to the individual and that treatment is client centred (Turner et al 2002). This again links with the NSF Standard 2 where it is stated that older people are individuals and should be supported in making choices about their care and can help to counter ageist practice.

At a service evaluation and development level, it is again feasible and good practice to involve older people in service evaluations and to seek their advice and input to service developments. This can be done by setting up full research studies (either solely within departments or co-operatively with related universities) or at a more basic level by gaining older peoples participation in departmental / service questionnaires and service planning days.

## Summary

As the numbers of older people on occupational therapy case loads are set to rise, and due to the level of ageism within our society, it is of utmost importance that occupational therapists are aware of what ageism is in relation to older people, understand the negative effects of ageism and take steps to avoid discrimination in practice. It is also clear that there is a significant lack of published research related to ageism and occupational therapy within the United Kingdom, an issue that requires urgent attention. This is especially important and of personal consequence, as we ourselves are likely to become older service users in the future.

1623 words

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