AGEISM: NOBODY IS IMMUNE

By Jessica Ferguson, 2012.

Australia is experiencing an aging population, with a predicted 24% of people being aged 65 years or older in 2056 compared to just 13% in 2007 (Australian Bureau of Statistics, 2009). With this in mind, it is quite concerning that ageism is widely reported by older Australians, with studies finding that as many as 80% of people over the age of 60 have reported experiencing ageism (Dobbs et al, 2008).

What is Ageism?

Ageism was first defined in 1969 by Butler as the stereotyping and discrimination against people because they are old. Ageism is the final discrimination that a person will suffer and is unlike other prejudices as everyone may be subjected to ageism if they live long enough (Palmore, 2001). Ageism can manifest in many different forms, including ageist humour, holding negative attitudes towards older people and being patronising to an older person (McGuire et al, 2008).

Ageism in the Health Care Setting

Considerable evidence demonstrates that health care professionals show discrimination towards their older patients (Nelson, 2005). Health care professionals can be reluctant to help older people and label them as inactive, disagreeable, economically burdensome and dull (Ward, 2000). It is also believed that health care professionals may distance themselves from older people as a way to remove themselves from those close to death or those that they feel powerless to help (Kane & Kane, 2005).

The pessimistic and negative views that health care providers hold towards older people have a significant impact on an older person’s health (Reeve, 1999). A range of factors can be attributed to the continued failure to improve the health care of older people. Health care professionals have been found to search more rigorously to investigate problems in younger patients then they do with their older patients (Kane & Kane, 2005). Older people have been found to be on more medications then younger people with the same symptoms (Grant, 1996). Some health care professional’s decisions regarding referrals are based solely on age rather than the needs of the patient (Scott, 2011). Also, older people who obtain a
disability such as a visual or hearing deficit are less likely to be offered rehabilitation, equipment and training to manage their day to day lives (Kane & Kane, 2005).

**The Effect of Ageism on the Older Adult**

Ageism and the associated stigma infuse the body and soul of the older person so that the individual accepts being devalued (Dobbs et al, 2008). When an older person is frequently labelled in negative ways, such as senile, lonely, poor, demented, disabled, sexless, sad, ill and dependent they have been found to adopt these myths and negative definitions associated with aging. Ageism also prompts older adults to believe that any deterioration in their health status is a normal part of getting older and, as a result, they become more passive members of society (Grant, 1996). This only helps to reinforce societies beliefs, displaying that older people can be the strongest practitioners of ageism as they accept the stereotypes and inevitably become frail (Kane & Kane, 2005).

Older people with positive attitudes about their aging have been found to live up to 7.5 years longer than those with negative attitudes regarding aging (Dittmann, 2003). Ageism hinders people from seeing the potential of aging and anticipating their own aging (McGuire et al, 2008). If people were to believe that some of the ‘inevitable deterioration’ that is part of aging is avoidable, it is to be expected that they will be more active in their self-care (Grant, 1996). They may also see that aging does not have to be a time to be devalued, but instead a time for continued growth, development and fulfilment (McGuire et al, 2008).

**References:**


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