

Myths and realities of ageism and nursing

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Abstract:

Ageism is pervasive throughout society, and it is an especially important issue for nurses because the nursing workforce is aging rapidly. This article explores ageism as it applies to women and nurses, along with the myths and realities about this prevalent attitude. It also presents strategies for managing and educating the aging nursing workforce.

Article:

The idea of aging is feared by many because older adults often are maligned and ignored. It is believed that the reality of infirmity and death often is denied because people secretly cherish a belief in their own immortality.¹ Infirmity threatens the ideology of rugged individualism and independence, and many people regard growing older as something that happens to other people and not to themselves. Yet ageism permeates all areas of society, and to many "old" has become a dirty word.²

The first director of the National Institute on Aging introduced the term ageism in 1969 to describe a form of bigotry directed toward those who are considered old.³ It recently has been defined as a process of systematically stereotyping and discriminating against people based on age.⁴ One researcher compares ageism to racism and sexism and states that ageism is a form of oppression that not only limits people who are objects of that oppression, but also influences all people, regardless of age, who have ageist attitudes.⁵

Ageism is an often ignored topic in nursing. Although it conflicts with the philosophy of nursing as a caring profession, the issue of ageism in nursing needs to be addressed for several pragmatic reasons. Foremost, ageism affects women more than men, and the majority of nurses are women. In addition, the nursing workforce is aging rapidly, and ageist attitudes against older workers are prevalent.

WOMEN AND AGEISM

A major demographic trend of the aging population is the increasing number of women. In 1960, 55% of people older than age 65 were women-by 2000, that percentage rose to 61%.⁶ Moreover, 72% of individuals older than age 85 are women. Older women also are becoming increasingly visible in the workforce. Although the percentage of working men ages 55 to 64 has decreased from 80% in the 1950s to 1970s to 66% in 1995, the percentage of working women ages 55 to 64 has increased from 30% to 56.8% during the same period.⁷

Women make up 74% of older adults who are considered poor.⁸ Aging tends to deepen class differences, allowing wealthy older adults to maintain their economic positions, while low-income women inevitably become poorer, especially if they become ill.⁹ This trend may contribute to the stereotype that the majority of older adults are frail, old women who have few resources.

Other researchers add that women suffer from the effects of ageism more than men because as women age they lose their power.¹⁰ More than 20 years ago, one researcher surmised that a woman's value is derived only through the services she provides.¹¹ This researcher explained that if a woman is cherished as the grandmother of a clan, it is likely to be because of her constant domestic labor and support of the clan's members. Women also are revered for their ability to procreate. When women are no longer fertile, which society views as productive, they often are considered to be "problems."¹² Another problem occurs when older women begin to identify with the stereotypes of aging and internalize others' ageist attitudes. In doing so, women give up the core strength necessary to adapt to the next passage of life.¹³ Inability to successfully integrate the identity and development of old age can result in depression, isolation, and anxiety.

NURSES AND AGEISM

The nursing population is aging more rapidly than the workforce as a whole. From 1983 to 1998, the number of working nurses younger than age 30 decreased from 30% to 12%, whereas the number of people in the US workforce younger than age 30 decreased only 1%.¹⁴ The average age of RNs in the United States has increased substantially from 37.4 years in 1983, to 41.9 years in 1996 and 44.5 years in 2000. The average age of the US workforce as a whole has increased only two years during this same period.¹⁵

The average age of RNs in specialty areas such as perioperative nursing is even higher. A nationwide survey of 86,000 perioperative nurses revealed that the reported average age of perioperative nurses is at least one to two years older than that of other practicing nurses.¹⁶ The average age of AORN members is 47.3, and 20.4% of AORN members and 19.7% of nonmember perioperative nurses are older than age 55.⁽¹⁷⁾

MYTHS AND REALITIES OF AGEISM

Many myths about aging affect older workers, including older nurses. One researcher reports that older nurses are "witch hunted" and gradually worn down by bullying, undermining, and persecution after working 25 years or more.¹⁸ These older nurses often are accused of receiving higher salaries and benefits from old contracts, reducing their speed and efficiency due to slight deafness and arthritis, and expressing their opinions about management and poor working conditions. Other myths are that older workers cost more, are less flexible and adaptable, and are unable to learn new technology.¹⁹

Performance. Another concern of many managers is productivity, and ageism promotes concerns that older workers will be unable to meet job requirements fully. In reality, the literature on aging indicates that chronological age is a weak predictor of capacity for productive performance.²⁰ Other researchers have found that older adults have the physical and mental capabilities to perform all but the most physically demanding tasks and that they have the ability to learn new

skills.²¹ Still another researcher reports that most longitudinal studies indicate that the majority of individuals maintain stable intellectual functioning well into their seventies and beyond.²² If they have no major health problems, most people remain at the same ability level until very late in life. Research on the relationship between age and work performance has largely indicated that performance does not decline with age.²³

Absenteeism. Employers' concerns about older workers and absenteeism also are unfounded because younger and older workers have been proven to have similar absentee rates.²⁴ Many employers may worry that older workers have more illnesses or use more health care benefits. In reality, although more older people than younger people (ie, 38% versus 15%) have chronic illnesses that limit their activity, older adults have fewer acute illnesses than younger workers.²⁵ One researcher summarizes that older workers perform as well or better than younger workers and have higher-ranking interpersonal skills.²⁶ In addition, this researcher found that, although older workers make up 13.6% of the labor force, they account for only 9.7% of workplace accidents.

Physical ability. Nursing is physically demanding. Employers may be concerned that older nurses do not have the physical strength to meet the demands of the job. Peak muscle force is believed to remain constant until approximately age 40 and decline slightly between ages 40 and 65.⁽²⁷⁾ The rate of muscle loss, however, varies among muscle groups, making it difficult to assess a person's strength by a single test, such as a peak hand grip force test. In addition, although inadequate muscle strength causes an increased susceptibility to lifting injuries, there is little relationship between age and the incidence of lifting injuries.²⁸ It is likely that a person's individual physical condition affects his or her strength and the likelihood of injury more than age. Professions such as nursing that require regular lifting and carrying may help workers maintain muscle strength at its fullest potential.

Meeting new demands. A survey of 205 nurses ages 24 to 69 revealed that, contrary to stereotype, nurses ages 40 and older were more apt than younger nurses to keep up to date with changing job demands.²⁹ One researcher interviewed eight female, full-time, hospital nurses older than age 50 and found that they felt good about themselves and their clinical skills but desired more continuing education.³⁰ Age was found not to be a deterrent for these nurses in meeting the demands of their jobs.

Realities of the law. In addition to being socially unconscionable, discrimination against older workers is unlawful in the United States. The Age Discrimination in Employment Act (ADEA) was passed in 1967 and amended in 1978 and 1986. The ADEA makes it illegal to discriminate against a worker older than age 40 on the basis of age, age-related stereotypes, or assumptions concerning abilities, physical status, or performance. Exceptions are made for those in key leadership positions and those whose pensions would be greater than \$44,000 per year. In accordance with this, American businesses paid \$200 million in age discrimination lawsuits between 1996 and 1998, not including legal fees or damage to an organization's public image and company morale.³¹ Another law supporting older adult workers is the Senior Citizens Freedom to Work Act, which was passed in 1996. In 2000, this law was changed to eliminate any reduction in social security benefits for wages earned, no matter the amount of outside income.

MANAGING AN AGING WORKFORCE

As the workforce ages, it is imperative that managers have the knowledge and skills to manage older workers. This is especially true in nursing in light of the critical shortage of skilled, educated RNs.

An initial step for managers and nurses is to acknowledge ageism in our society and reflect on their own views about aging and older nurses. They then can take steps to combat ageism in their workplace by

- * staying informed of facts about older workers,
- * examining their attitudes and actions to eliminate those that express ageism,
- * refraining from telling or laughing at ageist jokes or using ageist language,
- * writing letters to editors when ageism is noted in newspapers and journals, and
- * conducting research on the positive aspects of aging.³²

Few, if any, companies offer major ongoing education programs on preventing age discrimination or dealing with intergenerational issues in the workplace.³³ Initial workplace strategies may include assessing organizational culture, initiating or expanding preventive training and conditioning programs, altering hiring and screening processes, and developing a supportive environment for older adults.³⁴

For example, the Occupational Health and Safety Administration recommends medical screening and surveillance to optimize employee health.³⁵ Screening can be used to detect disease and body dysfunction before an employee might seek medical care. Cholesterol, glucose, blood pressure, and obesity screening should be conducted upon hiring and on an annual basis. Older workers also may be assessed for flexibility and physical fitness.

In addition to screening, health promotion programs, such as smoking cessation, stress reduction, obesity counseling, and flexibility and strengthening, could be offered on an ongoing basis. Employers also could arrange for employees to receive reduced rates to health clubs. These health promotion activities would require a well thought out plan and support from managers. Nurse managers can take several actions to maintain awareness of the changing workforce and meet the needs of older nurses, such as having knowledge of the ADEA and the legal implications of ageism and encouraging stress management programs for all employees.

Managers also should offer retraining programs for older nurses based on the finding that older workers tend to fall behind in acquiring new skills because they are not given the same training opportunities as younger workers.³⁶ This finding indicates that employees are given the most opportunities for training at the age of 40 and the least after age 55.

Another way managers can prevent the negative effects of ageism is to conduct regular (ie, at least once per year), objective performance appraisals, especially for older nurses.³⁷ Objective, concise performance records ensure support for personnel decisions and help document staffing decisions when faced with an ageism lawsuit. Reviews should include the "three R's of performance appraisal":

- * reasonable (ie, clear, comprehensive, acceptable),
- * relevant (ie, concerning only required aspects of the job), and
- * reliable (ie, consistently applied despite different raters or at different times).³⁸

Workers' motivation for employment changes as they age.³⁹ To be effective and successful, nurse managers should be aware of what motivates older workers. When it comes to the desire to continue employment, workers ages 40 to 49 rank money, enjoyment, then usefulness in order of importance, and workers ages 50 to 59 rate enjoyment, usefulness, then money in order of importance.⁴⁰ Offering flexible work schedules, portable benefits, innovative work assignments, and training and retraining programs may help ensure that older workers continue to reap enjoyment from their careers.

EDUCATING THE OLDER WORKFORCE

In addition to taking special consideration in managing older adult workers, attention must be paid to educating them. Awareness of how older nurses learn best is essential when providing training and continuing education programs. According to one group of researchers, adult learners want self-direction, participation, and pragmatism in the learning experience; however, they usually receive imposition, instruction, and information.⁴¹ In developing the theory of andragogy, another researcher made the following assumptions.

- * Adults need to know why they need to learn something.
- * Adults need to learn experientially.
- * Adults approach learning as problem solving.
- * Adults learn best when the topic is of immediate value.⁴²

In addition, research indicates that education for older adults needs to be practical and interesting and that these learners need to be treated with respect.

Make learning practical. Most older adult learners are autonomous, self-directed, and goal-oriented.⁴³ They need to know the specific goals of the learning experience, and they have to connect learning to their knowledge base and years of experience. Educational programs, therefore, must have clearly defined objectives, and educators should present new concepts by focusing on their application to relevant practical situations. Learning should focus on how the information will be useful to nurses in their present work. It also is helpful for educators to summarize information frequently to increase learners' retention.

Keep it interesting. Adults have diverse learning styles, and these differences increase with age. Learning environments, therefore, must remain interesting and encompass a variety of teaching strategies. One researcher suggests using games as an education strategy, especially when teaching topics that are mandatory or considered repetitive, highly technical, or boring.⁴⁴ Games can be used to simulate work problems, summarize and synthesize information, and provide variety in a fun environment. Games need to be planned and properly constructed to meet the learning objectives. If a game requires prerequisite knowledge, educators should present a teaching component providing all necessary information before the game begins.

Treat with respect Most important, older adult learners must be treated with respect. Nurse educators should structure professional development programs that provide support for older learners without making them fear being judged by others, especially younger nurses. Older nurses should be encouraged to share their knowledge and experiences, treated as equals in the classroom, and allowed to voice their opinions.

FURTHER CONSIDERATIONS

On a grander scale, nurses and managers should keep in mind other strategies that can provide education and help prevent ageism. New legislation related to age discrimination can be enacted and publicized to give older workers and employers a clear understanding of the implications. Reforms in pension systems can be implemented to create phased retirement and allow older workers to collect a portion of their retirement while working part time. Further research on ageism also is needed, as currently little is known about the experiences of older adult workers. Another way to prevent ageism is to include diversity and ageism education in school systems. For example, in Japan, all students must take courses on the necessity of the social welfare system for older adults and on how older adults interact in their world.⁴⁵ This creates a benevolent attitude toward older adults.

CONCLUSION

As the nurse population ages, it is imperative that nurse managers and educators address ageism and how older adults are treated. Nurses have an obligation not only to older patients, but also to older nurses who have spent their careers caring for others. Nurse managers must ensure that their programs and staff member training and education address ageism and provide fair and equitable treatment for all workers. It is time to develop a deeper understanding of what it means to be an older adult worker in society.

NOTES

1. P B Doress et al, "Women growing older," in *The Boston Women's Health Book Collective, The New Our Bodies, Ourselves* (New York: Simon and Schuster, 1992) 515-558.
2. U A Falls, G Falk, *Ageism, the Aged and Aging in America: On Being Old in an Alienated Society* (Springfield, Ill: C C Thomas, 1997).
3. R Butler, "Ageism," in *The Encyclopedia of Aging: A Comprehensive Resource in Gerontology and Geriatrics*, second ed, G Maddox, ed (New York: Springer, 1995) 35.
4. Ibid.
5. G Laws, "Understanding ageism: Lessons from feminism and post modernism," *The Gerontologist* 35 (February 1995) 112-118.
6. E B Palmore, *Ageism: Negative and Positive*, second ed (New York: Springer Publications, 1999).
7. R O'Grady-LeShane, "Older women workers," in *Handbook on Employment in the Elderly*, W H Crown, ed (Westport, Conn: Greenwood Press, 1996) 103-109.
8. S S Chater, "The future of social security and its impact on older women," *Health Care for Women International* 17 (January/February 1995) vii-xiii.
9. "Gender, race, and class," UNC Institute on Aging, <http://www.aging.unc.edu/infocenter/resources/2000/grcfacts.pdf> (accessed 23 April 2002).
10. J M Pohl, C J Boyd, "Ageism with feminism," *Image: Journal of Nursing Scholarship* 25

(Fall 1993) 199-203.

11. S Delamont, *The Sociology of Women: An Introduction* (London: Allen and Unwin, 1980).
12. P Ebersole, "Ageism is a women's issue," *Geriatric Nursing* 21 (July/August 2000) 174.
13. M McDonald, P Winer, "Ageism, healthcare, and older women," *Revolution: The Journal of Nursing Empowerment* 7 (Summer 1997) 64-67.
14. P I Buerhaus, D O Staiger, D I Augerbach, "Implications of an aging registered nurse workforce," *JAM* 283 (June 14, 2000) 2948-2954.
15. "The registered nurse population: National sample survey of registered nurses-March 2001, preliminary findings, February 2001," US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, <http://www.bhpr.hrsa.gov> (accessed 10 April 2002); "Current population survey. Technical paper 63: Design and methodology," US Bureau of Labor Statistics, US Bureau of the Census, <http://www.bls.census.gov/cps/tp/tp63.htm> (accessed 10 April 2002).
16. J Erwin, "Aging out: Will the rising age of OR nurses lead to a shortage?" *Nurseweek* (March 29, 1999) <http://www.nurseweek.com/features/99-3/or.html> (accessed 10 April 2002).
17. L Briggs, "AORN 2000 member/nonmember needs assessment results," *AORN Journal* 72 (October 2000) 586-590.
18. F Wheatley, "Persecution of the fifty-somethings," *Nursing Standard* 12 (July 15-21, 1988) 23.
19. B Goldberg, *Age Works: What Corporate America Must Do to Survive the Graying of the Workforce* (New York: Free Press, 2000).
20. H Stems, A Stems, "Health and employment capability of older Americans," in *Older and Active: How Americans Over 55 Are Contributing to Society*, ed S A Bass (New Haven, Conn: Yale University Press, 1995) 117-135.
21. S A Bass, F G Caro, "Theoretical perspectives on productive aging," in *Handbook on Employment in the Elderly*, ed W H Crown (Westport, Conn: Greenwood Press, 1996) 262-275.
22. W Schaie, "Intellectual development in adulthood," in *Handbook of the Psychology of Aging*, ed J E Birren, K W Schaie (San Diego: Academic Press, 1990) 291-310.
23. H L Stems, S M Miklos, "The aging worker in a changing environment: Organizational and individual issues," *Journal of Vocational Behavior* 47 (Dec 1, 1995) 248-268.
24. P T Beatty, L Burroughs, "Preparing for an aging workforce: The role of higher education," *Educational Gerontology* 25 (Sept 1, 1999) 595-611.
25. P F Adams, M A Marano, *Current Estimates from the Health Interview Survey: 1994* (Hyattsville, Md: National Center for Health Statistics, 1995).
26. M J Cofer, "How to avoid age bias," *Nursing Management* 29 (November 1998) 34-36.
27. R J Shephard, "Age and physical work capacity," *Experimental Aging Research* 25 (October/December 1999) 331-343.
28. S Montreuil, L LaFlamme, C Tellier, "Profile of the musculoskeletal pain suffered by textile tufting workers handling thread cones according to work, age and employment duration," *Ergonomics* 39 (January 1996) 76-91.
29. J G Dorsett, "Understanding the Relationship Between Age and the Updating Process: The Creation of a Model" (PhD dissertation, University of Akron, Ohio, 1994).
30. L A Wheeler, "How do older nurses perceive their clinical competence and the effects of age?" *Journal of Continuing Education in Nursing* 25 (September/October 1994) 230-236.
31. S Steinhauer, "Beyond age bias: Successfully managing an older workforce," *Aging Today* 20 (September/October 1999) 9, 12.

32. Palmore, Ageism: Negative and Positive, second ed.
33. Steinhauer, "Beyond age bias: Successfully managing an older workforce," 9, 12.
34. Ibid.
35. Occupational Health and Safety Administration, Office of Occupational Health Nursing, Screening and Surveillance. A Guide to OSHA Standards (Washington, DC: Occupational Health and Safety Administration, 1999)
36. C A Olson, "Who receives formal firm sponsored training in the US?" University of California, Berkeley, <http://socrates.berkeley.edu/~iir/ncw/wpapers/olson/> (accessed 11 April 2002).
37. H Stems, R Alexander, "Performance appraisal of the older worker," in Fourteen Steps in Managing an Aging Work Force, H Dennis, ed (Lexington, Mass: Lexington Books, 1988) 85-93. 38. Ibid
39. Beatty, Burroughs, "Preparing for an aging workforce: The role of higher education," 595-611.
40. Ibid.
41. E Lightfoot, J Bennet, "Train me if you can," Occupational Health and Safety 65 (February 1996) 4748.
42. M S Knowles, Andragogy in Action (San Francisco: Joseey-Bass, 1984).
43. M S Knowles, E F Holton, R A Swanson, The Adult Learner: The Definitive Classic in Adult Education and Human Resources Development (Houston: Gulf Publishing Co, 1998).
44. J M Henry, "Gaming: A teaching strategy to enhance adult learning," Journal of Continuing Education in Nursing 28 (September/October 1997) 231-234.
45. N Kiyoshi, "Education for understanding aged people and the aged society in Japan," Educational Gerontology 20 (July/August 1994) 522-531