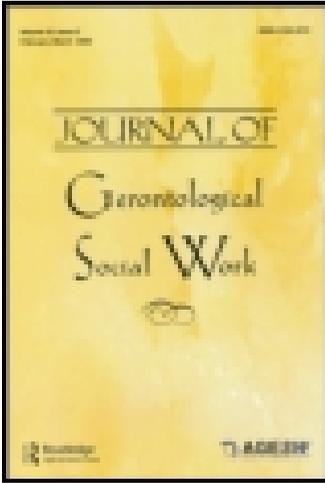


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### Self-Reported Ageism in Social Work Practitioners and Students

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## **Self-Reported Ageism in Social Work Practitioners and Students**

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*In this study, we focus on self-reported ageism in college students and social service providers using the Relating to Older People Evaluation (ROPE; Cherry & Palmore, 2008). The ROPE is a 20-item questionnaire that measures positive and negative ageist behaviors that people engage in during everyday life. Participants included undergraduate and graduate social work students and practicing social service providers in the nursing home and mental health setting. Findings indicate that people of varying educational backgrounds and occupational experience in social services readily admit to positive ageist behaviors. Item analyses revealed similarities and differences between groups in the most and least frequent forms of ageism endorsed. Ageism as a social phenomenon with implications related to social work policy and practice is discussed.*

**KEYWORDS** *Ageism, discrimination, gerontological social work*

There is little question that modern America is a youth-obsessed society, pervasive with subtle and overt expressions of ageism (Kelchner, 1999).

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In fact, many behaviors perceived as courtesy or lightheartedness towards older persons can be manifestations of discriminatory, stereotypical attitudes (Palmore, 1999). The majority of older people express that they have been on the receiving end of ageist behaviors (Palmore, 2001; 2004), yet only recently have attempts to measure self-reported ageist behaviors on the giving end occurred. Given social work's call to promote social justice among those most vulnerable, *ageism*—a term coined by Robert Butler (1969) and defined as discrimination based on age—impacts both practice and personal behavior towards older persons.

Ageism is especially relevant for social work because it crosses all racial, gender, ethnic, sexual orientation, and religious categories (Neussel, 1982). In this study, participants were selected to represent a broad spectrum of differences in educational achievement and practical experience with older persons. In particular, we examine the prevalence of ageist behaviors in four different groups of social workers and social service staff at various educational levels. Collecting data on students and professionals in the social service field allowed us to compare ageist behavior from undergraduates exposed to social work for the first time, to professionals who have been working in the gerontological social work field for decades. The literature deals with comparing undergraduate social workers and graduate level social workers and perspectives of practitioners, but this study is the first to contrast views between groups of students at various stages with practitioners in a variety of settings. Whether ageism is stronger across different levels of education and practice is presently unclear. Therefore, we address two basic issues with respect to how social workers express ageism in this study. Our first aim was to determine whether differences exist between undergraduate and graduate level social work students and practitioners, and if so, which participants report more positive and/or negative ageist behaviors. Our second aim was to determine whether social work personnel in the nursing home setting report more ageist behaviors than social workers serving a broader population of persons in a community mental health setting.

## MEASURING AGEISM

As a response to the void in ageist behavior measurement, Cherry and Palmore (2008) developed the Relating to Old People Evaluation (ROPE) questionnaire, which moves beyond attitude and measures frequency and types of ageist behaviors. The acronym ROPE was purposely used to maximize candid responses. We suspected “ageism” in the title might reduce the willingness and the number of behaviors admitted. The ROPE questionnaire contains 20 types of ageist behaviors (see Appendix). Six items reflect positive types of ageism (i.e., *Hold doors open for old people because of their age;*

*Vote for an old person because of their age*). The other 14 items reflect negative types of ageism (i.e., *Send birthday cards to old people that joke about their age; Vote against an old person because of their age*). The items were developed from the literature on ageism, discussions with colleagues, experiences of older people, and results of the Ageism Survey (Palmore, 2001; 2004). Ageism includes prejudice (stereotypes and attitudes), personal discrimination (behaviors), and institutional discrimination (policies and practices). However, this questionnaire is designed to measure only personal discrimination (negative or positive).

## LITERATURE

The evidence on social workers and nonsocial workers attitudes on ageism is mixed. Although it would seem that social workers, particularly master's level social workers, would hold more favorable positions toward older persons than social workers with a Bachelors in Social Work (BSW), or nonsocial workers altogether, findings suggest alternative predictors to education exist. Personal experiences and positive relationships with older persons seem to favorably influence perspectives toward older persons in general (Tan, Hawkins, & Ryan, 2001). A handful of studies have explored ageism in groups similar to those in this study. Grant (1996), Greene, (1983), and Kam (2004) explored dimensions of ageism among social work practitioners. Anderson and Wiscot (2004) and Tan et al. (2001) studied ageism among undergraduate students, and Kane (2004), and Liley (2002) considered ageism and factors in reducing negative perspectives of age among graduate social work students. Anderson and Wiscot curiously found nonsocial work students to report higher levels of knowledge related to older persons than did social work students. However, bachelor's level social workers had more negative feelings about the oldest old group with only 4% considering working with the aging population (Tan et al., 2001); a trend that is causing a notable concern among the gerontological social work community (O'Neill, 2001, as cited in Allen, Nelson, & Netting, 2007; Silverstone, 2000).

Kane (2004) echoed that, with exposure, social workers note less negative feelings or reluctance toward working with the older population, and exposure serves as a predictor to choose careers in the aging arena. Quinn (1999) noted the importance of identifying students' perceptions related to the older population, but that caution must be taken in responding to concerns—not to punish for undeveloped understanding, but to allow for teachable opportunities. Greene (1983) expressed that social workers providing direct services to the aging population, particularly the frail elderly, have better perceptions toward this group than do those providing services to younger populations, but that expressions of paternalism can creep in where protection overrides self-determination.

So we ask, do our populations differ regarding ageist behaviors? Do professionals, students, and nonprofessionals seem more alike or different in terms of ageist expression in both a positive and negative manner?

## METHOD

### Participants

A total of 150 persons responded to this questionnaire. Ages of participants ranged from 18–70. The college student sample consisted of 63 undergraduates enrolled in social work courses and 27 graduate students enrolled in a Masters of Social Work (MSW) seminar at Louisiana State University. There were two groups of social work practitioners. The first group consisted of 19 nursing home social service staff. These persons were attendees at an annual Louisiana Nursing Home Association Meeting held in Baton Rouge in October, 2004, where the first author presented a training seminar on conflict management. Only two of the 19 held MSWs, four had BSWs, and the rest (13) had no social work degree—of these, five were high school graduates. It is not unusual for nursing homes to hire social service workers without a bachelor's degree, but Louisiana is higher than many other states. The second group consisted of 41 mental health system social workers attending an in-service workshop on coping and burnout at East Louisiana Mental Health Services in Greenwell Springs, LA, in April, 2005. The participants in this group were Bachelor's and Master's level social workers providing inpatient and outpatient services to persons of all ages with mental illness. Demographic characteristics of the sample appear in Table 1.

### Overview of Scoring and Analyses

For each item, respondents were asked to select one of three response options: *never* (scored as 0), *sometimes* (scored as 1), or *often* (scored as 2).

**TABLE 1** Demographic Characteristics

Group	Age (Years)				Gender	
	n	M	SD	Range	Male	Female
Undergraduate students	63	24.5	8.2	18–58	36	27
Graduate students	27	28.2	10.3	22–70	6	21
Nursing home social service staff	19	37.0	10.5	24–58	0	19
Mental health system social workers	41	41.2	11.6	23–62	9	32

*Note.* Undergraduate and graduate students were enrolled in courses in the School of Social Work at Louisiana State University. Nursing home social service staff were social workers and social service designees attending an annual Louisiana Nursing Home Association meeting. Mental health system social workers were attending an in-service training on coping and burnout held at a local mental health services facility.

**TABLE 2** Mean Scores by Group and Type of Item

	Positive	Negative	M
Undergraduate students			
M	0.52	0.26	0.39
SD	0.15	0.12	
Graduate students			
M	0.48	0.21	0.35
SD	0.19	0.11	
Nursing home social service staff			
M	0.63	0.21	0.42
SD	0.16	0.12	
Mental health system social workers			
M	0.54	0.17	0.36
SD	0.15	0.10	

For each participant, scores were summed within each dimension and expressed as a proportion of the highest score possible for that dimension. Means appear in Table 2. An analyses of variance (ANOVA) was conducted to examine item endorsement as a function of comparison group. To examine the frequency of different types of ageist behaviors, we conducted item analyses in which the number of persons who endorsed a *sometimes* or an *often* response to each of the behaviors included in the ROPE was summed. Item analyses were conducted separately for each group to permit direct comparisons across groups. Frequency scores appear in Table 3.

## RESULTS

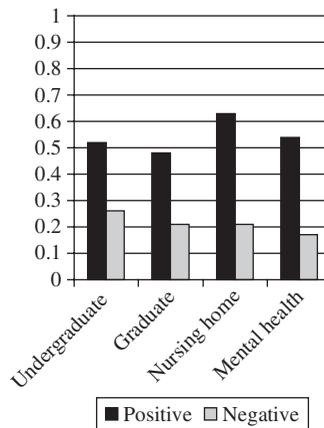
### Group Differences in Item Endorsement

We expected the groups of social workers with higher levels of exposure to older persons to be more sensitive to discrimination against older persons, particularly the nursing home social service staff who, arguably, have a higher exposure to the daily needs and realities of older persons in the nursing home setting and the challenges that go along with aging and health decline, than the mental health system social workers who work with a broader population across all ages. However, the mental health system social workers overall hold higher levels of social work education.

An ANOVA on the frequency of positive and negative items yielded a significant main effect of group,  $F(3, 146) = 2.96$ ,  $MSE = .02$ ,  $p = .03$  with the nursing home social service staff having higher scores. The dimension effect as also significant,  $F(1, 146) = 436.38$ ,  $MSE = .02$ ,  $p < .001$  favoring positive ageism items. The interpretation of these effects was qualified by a significant Group  $\times$  Dimension interaction effect,  $F(3, 146) = 6.06$ ,  $MSE = .02$ ,  $p = .001$ . As can be seen in Figure 1, all four groups endorsed positive items

**TABLE 3** High and Low Frequency of Item Endorsement

No.	Question	Under- graduates	Graduates	Nursing Home	Mental Health
High frequency of item endorsement					
5	Hold doors open for old people because of their age.	0.98	0.89	0.94	0.95
3	Enjoy conversations with old people because of their age.	0.94	0.93	0.95	0.98
1	Compliment old people on how well they look, despite their age.	0.92	0.85	0.95	0.90
19	When a slow driver is in front of me, I may think, "It must be an old person"	0.97	0.81	—	—
8	When I find out an old person's age, I may say, "You don't look that old."	0.94	—	—	—
12	Talk louder or slower to old people because of their age.	—	—	0.95	—
9	Ask an old person for advice because of their age.	—	—	—	0.92
7	Offer to help an old person across the street because of their age.	—	—	0.84	—
Low Frequency of Item Endorsement					
16	Vote against an old person because of their age.	0.08	0.11	0.05	0.05
15	Vote for an old person because of their age.	0.11	0.07	0.11	0.10
17	Avoid old people because of their age.	—	0.16	0.00	0.07
6	Tell an old person, "You're too old for that."	—	0.19	0.11	0.07
14	Ignore old people because of their age.	—	—	0.05	0.00
18	Avoid old people because they are cranky.	—	—	0.16	—

**FIGURE 1** Group × Question type interaction effect.

more often than negative items. The significance of the interaction was attributable to variations in the magnitude of the difference between positive and negative items. Specifically, the mean difference between positive and negative items was greatest for the nursing home social service staff

(.42), followed by the mental health system social workers (.37), graduate and undergraduate students (mean differences of .27 and .26, respectively)

### Prevalence and Frequent Types

We conducted item analyses within each of the comparison groups to determine the least and most frequently endorsed expressions of ageist behavior that people were willing to admit to. For ease in exposition, we combined the two response options, *sometimes* and *often* into one category. High frequency expressions of ageism were operationally defined for the purpose of these analyses as those items endorsed at .80 of the sample or higher. Similarly, low frequency expressions were defined as those items endorsed at a rate of .20 or less within each sample. Table 3 presents the outcomes of the item analyses.

As can be seen in Table 3 (upper panel), five of the six positive ageism items were among the most frequent type of ageist behavior endorsed by all comparison groups. Three positive ageism items were common to all groups (i.e., *Hold doors open for old people because of their age*; *Enjoy conversations with old people because of their age*; and *Complement old people on how well they look despite their age*). Some differences were also noted among the undergraduate and graduate students, nursing home social service providers, and mental health system social workers. Specifically, the two student groups endorsed one negative ageism item at higher rates than the nursing home social service providers and mental health social workers (i.e., *When a slow driver is in front of me, I may think, "It must be an old person"*). This item is negative because it is based on the assumption that all old people are poor drivers.

The undergraduates also endorsed one negative item at higher rates than the other three groups (*When I find out an old person's age, I may say, "You don't look that old"*). Although this statement may sound positive, it is actually negative because it implies that looking "old" is undesirable. Similarly, the nursing home social service providers endorsed two items, one negative, one positive, at higher rates than the other groups (i.e., *Talk louder or slower to old people because of their age*; *Offer to help an old person across the street because of their age*). Finally, the mental health social workers endorsed one positive ageism item at higher rates than the others (i.e., *Ask an old person for advice because of their age*).

Inspection of Table 3 (lower panel) reveals only two low frequency ageist items common to all four comparison groups. One of these items is negative and the other is positive (i.e., *Vote against an old person because of their age*; *Vote for an old person because of their age*). Further, two low frequency items were common to the graduate students, nursing home social service providers, and mental health system social workers, both of which are negative (i.e., *Avoid old people because of their age*; *Tell an old person,*

"*You're too old for that*"). Only one low frequency item (negative) was common to the two social service professionals (i.e., *Ignore old people because of their age*). Finally, the nursing home social service providers were the only group to have met the criteria for low item endorsement for the item, *Avoid old people because they are cranky*.

## DISCUSSION

Consistent with our expectations, social service professionals in the nursing home setting expressed higher positive expressions of aging and lower negative expressions (i.e., avoidance of older persons) than did the other groups of social workers and students at the undergraduate and graduate levels. The ROPE items reported at higher rates among all groups are telling and may provide insight into how the organization's culture, and how society influences behavior, particularly where groups differed. Differences between groups in regard to negative forms of ageism were not as clear as we anticipated, with lower than expected expressions reported overall. With nursing home social workers, the higher tendency to speak in slowed speech and to assist persons with ambulation seems consistent with the largely medical model used by workers who may have not had as much exposure to the National Association of Social Workers (1996) Code of Ethics and advocacy skills, for example. Although desiring to protect residents and others from falling may seem noble, such behavior, on a larger scale, can lead to unwarranted measures that, in the long run, can diminish a person's capacity, rather than enhance it. The mental health social workers reported a respectful stance of ageism, looking for wisdom or advice based on age, yet paradoxically admitting to ignoring people because of their age. Students admitting to judging poor or slow drivers based on age is intriguing, given that the two age groups (15–24, and over 65) are the most likely to die in automobile accidents, with those age 15–24 at present leading (Kent, 2006). Likewise, students and others noting surprise that older people look better than anticipated notes a societal preference towards a youthful appearance, and also a naiveté about what aging really looks like. Further investigation between students across disciplines to assess, for example, if social work students report less ageist tendencies than other groups, would also provide additional insight.

Some methodological limitations of this study deserve brief mention. First, people may deny or minimize the frequency of their behavior if they perceive it to be wrong or socially undesirable. Or they may exaggerate the frequency of such behavior if they perceive it to be socially desirable, which would tend to inflate the frequency of the positive items. Future research that includes observational studies of actual behaviors, along with administration of the ROPE, would be desirable before firm conclusions would be

warranted. Second, the ROPE is a relatively new instrument that possesses face validity and adequate test–retest reliability (Palmore, Cherry, Jackson, & Blanchard, 2005). Additional empirical work to more fully develop the psychometric properties of the ROPE is warranted.

With the growing number of older people, favorable reactions toward older persons will hopefully become more common. Perceptions toward aging are tethered to underlying societal biases, judging how older persons appear, drive, function, etc. Age discrimination not only separates people, based on the arbitrary construct of years lived, but can also impact such tangible goods and services as the resources that society puts toward programs and services for the younger, versus older, generation. Ageism can pit those most vulnerable against one another, which is detrimental to all. Society needs to link the ages, rather than to perpetuate the differences that can result in competition for resources among vulnerable populations.

### IMPLICATIONS FOR SOCIAL WORK

Using a strengths perspective, which focuses on the abilities of persons rather than limitations, combined with the core values of the social work profession leads to enhancing the capacities of older people. Although some forms of positive ageism seem to be indicative of protecting the elderly, social workers should be aware that protection can bleed into paternalism that is deemed costly to older peoples' quality of life. Additionally, some believe that stereotypical behavior is a result of what Leyens and Dardenne (1996, as cited in Kelchner, 1999) termed *cognitive laziness*, an inability or resistance to see reality different than how one has constructed it over time. Implications to infuse aging-sensitive curriculum at earlier stages of education may not only undo conscious behavior of learned discrimination, but also influence budding social workers to choose to work with older persons (Kane, 2004).

Perhaps the best lesson from the study is to illuminate the reality that most people tend to participate in ageist behaviors, and that ageist behaviors can undermine the treatment that they desire in their own aging process. Multiple opportunities exist across all disciplines to counter ageist beliefs and myths. The ROPE instrument serves as a starting point to inform practitioners, educators, and policy makers that ageist behaviors exist, and to teach social workers about the potential harm that lies in perpetuating such behaviors.

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## APPENDIX

1. Compliment old people on how well they look, despite their age.
2. Send birthday cards to old people that joke about their age.
3. Enjoy conversations with old people because of their age.

4. Tell old people jokes about old age.
5. Hold doors open for old people because of their age.
6. Tell an old person, "You're too old for that."
7. Offer to help an old person across the street because of their age.
8. When I find out an old person's age, I may say, "You don't look that old."
9. Ask an old person for advice because of their age.
10. When an old person has an ailment, I may say, "That's normal at your age."
11. When an old person can't remember something, I may say, "That's what they call a 'Senior Moment'".
12. Talk louder or slower to old people because of their age.
13. Use simple words when talking to old people.
14. Ignore old people because of their age.
15. Vote for an old person because of their age.
16. Vote against an old person because of their age.
17. Avoid old people because of their age.
18. Avoid old people because they are cranky.
19. When a slow driver is in front of me, I may think, "It must be an old person."
20. Call an old woman, "young lady," or call an old man, "young man."