Happy Birthday, Mom; Your Card Is Not in the Mail

Last year, my mother joined the ranks of the “middle old,” turning 75. Since her retirement from nursing 11 years ago, she has remained an engaged and active member of the profession as a community-based lactation consultant, owning her own business, and providing breastfeeding expertise to various community organizations. I cannot remember a time when we went to the store or someplace else in town only to hear “Mrs. Thompson!” Another grateful client whom Mom had helped in her practice wanted to say thank you and introduce her child. I always smile because I know what comes next. Nine times out of ten, my mother remembers some personal anecdote, even when this particular “baby” is now a teenager or in college.

Everyone thinks that his or her mother is special, and I am no different. I really wanted to celebrate that uniqueness when I went out to search for her birthday card. Instead of finding the perfect card, however, I was overwhelmed by the ageism displayed in the vast majority of them. A few examples included phrases like “cranky,” “senior moments,” and my personal favorite: the “old age dwarves: Leaky, Wrinkly, and Saggy.” As I perused the card section, I realized I had seen these or other similar anecdotes and cartoons used for humor within several recent nursing presentations I have attended that focused on geriatric care. This trend is disturbing and represents a threat to our practice and our science.

Stereotypes of older adults used by geriatric experts actually serve to reinforce existing bias against older adults in health care. Older adults experience undertriage, undertreatment, and even therapeutic nihilism (Ausman, 2008; Chang, Bass, Cornwell, & MacKenzie, 2008; Fairhead & Rothwell, 2006; Luker & Grimmer-Somers, 2008; Scheetz, 2004; Stalnikowicz, Mahamid, Kaspi, & Brezis, 2005; Thompson et al., 2008). Further, while much of our research focus has been placed on reducing health disparities, there are few published studies to date about how to specifically address ageism. More effort is clearly needed in this area.

What do we know? Previous work has shown that it is not contact with older adults that alleviates ageism but rather education (Nazarko, 2005; Reyna, Goodwin, & Ferrari, 2007; Wells, Foreman, Gething, & Petralia, 2004). Thus, it is particularly worrisome when educational presentations reinforce these negative images of older adults. The only way to combat this trend is through education and awareness of behaviors, along with conducting additional research to identify interventions that best reduce ageism among health care providers. As those concerned with providing optimal health care to older adults, it is up to us as gerontological nurses and researchers to model positive images of older adults during presentations and to speak up when we see instances of bias or ageism. While eliminating health disparities experienced by older adults due solely to age is likely to be difficult, the older adults in our care and our lives are relying on us.

So happy birthday, Mom—but your card is not in the mail.

REFERENCES


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