# UTILIZING FEMINIST THEORIES WHEN WORKING WITH OLDER ADULTS IN ACUTE CARE: SOCIAL WORKERS' PERSPECTIVES

By

Amanda Moir, R.S.W.
Bachelor of Social Work, University of British Columbia Okanagan, 2012

MAJOR PAPER SUBMITTED IN PARTIAL
FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF SOCIAL WORK

in the

School of Social Work and Human Services



UNIVERSITY OF THE FRASER VALLEY

Spring 2018

**Approval**

| | |
|---|---|
| **Name:** | **Amanda Moir, BSW, RSW** |
| **Degree:** | **Master of Social Work** |
| **Title of Major Paper:** | **Utilizing feminist theories when working with older adults in acute care: Social Workers' Perspectives** |

**Examining Committee:**

**Anita Vaillancourt, MSW, PhD**

Chair, Graduate Program Committee
School of Social Work and Human Services

**Elizabeth Dow, MSW, PhD, RSW**

Senior Supervisor
School of Social Work and Human Services

**Curtis Magnuson, MSW, RSW**

Supervisor
School of Social Work and Human Services

**Date Approved: April 12, 2018**

## Abstract

Social workers frequently engage with older adult patients when working in an acute care hospital setting. In order to be effective in their work, each social worker must be informed by and utilize one or more theoretical frameworks in their practice with each patient. One of the theoretical frameworks that can be used when working with older adult patients is feminist social work theory. Utilizing both a feminist and a post-modernist lens, this study looks at how feminist social work theory is applied when working with older adult patients in acute care. In order to do so, five acute care social workers who utilized feminist theory in their practice were interviewed in order to gain their perspectives on when they apply feminist theory and how they find it beneficial for their patients. Themes that were developed from the interviews include: questioning society-created presumptions due to one's gender and age, understanding the negative effect of the power imbalances between the patient and other involved parties, and encouraging both patient and social worker resilience to oppression. The themes that emerged from the interviews demonstrate how these social workers believe feminist theory is best utilized in their practice and when it has been found to be most effective.

**Acknowledgements**

My deepest thanks to the social workers who participated in this research study. Your time and shared experiences are truly appreciated. Without your participation and passion for the social work profession, this research would not have been possible. I would also like to sincerely thank the faculty at the University of the Fraser Valley, who not only guided me through this program but also provided a rich learning environment for me. Particularly, I would like to thank Dr. Elizabeth Dow, my research advisor, for continuing to challenge me during this process. You cultivated an environment that allowed me to further my passion in working with older adults. I thank you.

## Dedication

This paper is dedicated to my grandmother, Helen, and my late grandfather, Rosaire. Grandma, these last few years have been extremely hard on you. Even so, you have continued to encourage me in my education and show pride in my accomplishments. I have so appreciated every moment we were able to support each other over these difficult years. Grandpa, your continuous positivity while enduring Parkinson's disease was so inspiring. You are the reason that I have the passion that I do towards the aging process and working with older adults. I love you and miss you so much. I would also like to dedicate this research to my parents, Brent and Sharmaine, whose values that they have instilled in me have led me to pursue an education and career in social work. You have both helped guide me through the growing pains and life changes that have occurred throughout my social work education and I appreciate your support so much. I thank you for your consistent love and encouragement.

# Table of Contents

## Introduction

Social work practitioners frequently engage with an older adult population while working in an acute care hospital setting. Within such a setting, patients' physical, mental, spiritual, and emotional complexities often come to the forefront. It is the role of the healthcare social worker to provide counselling, system navigation, and advocacy in order to assist the patient to overcome inequalities and hardships. This is not an easy feat due to the fact that working in healthcare under the organization's medical model of care can greatly contrast with social work values. Therefore, in order to effectively assess and work with individuals who are facing such struggles, social workers are informed by different theoretical perspectives, which they are able to draw upon as needed. The theories that are used can serve as a guide for the practitioner in regards to how they assess patient strengths and needs, explain circumstances, as well as why and when they would intervene, if necessary.

Feminist social work theory is one of the theoretical perspectives that can be drawn from when working with patients. It is commonly used by social workers when they are working with women (Calasanti and Slevin, 2006). However, utilizing this theoretical framework when working specifically with older adults has not been commonly discussed or studied. Feminist social work theory is based on specific values that guide the social worker's practice as they utilize this framework. Some of the values are not based solely on gender, but also focus on individuals who are vulnerable, oppressed, or experiencing inequality. Due to the fact that very little research has been completed related to using feminist social work theory with older adults who identify as any gender, there is value in better understanding how this theory can be used when working with older adults. Therefore, the goal of this study is to obtain the perspectives of

social workers who use feminist social work theory; how they use it; and when they find it beneficial within their practice in an acute care hospital setting.

## Literature Review

### What is Aging?

Aging is a human experience that all individuals, despite race, gender, and social class, will encounter throughout their lifespan. For many years aging has been seen as solely a biological process in which an individual experienced "structural, sensory, motor, behavioural, and cognitive changes" over time (McPherson, 1983, p. 3). However, aging is much more multifaceted and can be viewed, analyzed, and experienced on many other levels and in many different ways. This can be dependent on gender, socioeconomic status, and religion, among other factors. Age is not solely experienced through the impact on, and degeneration of, the body. Instead, age can be seen as a complex social phenomenon that can affect one's experiences, opportunities, and treatment from other members of society.

### Who is an Older Adult Patient?

In acute care within a hospital, an individual who is sixty-five and older is known as a geriatric patient (Statistics Canada, 2007). Although the term geriatric patient is widely used within the medical system and under the medical model of practice, this labeling can be oppressive and reflects solely on the biological components of aging. Therefore, this paper will instead use the term "older adult" to describe individuals over the age of sixty-five. Older adults may present to hospital and be admitted for many reasons; some of the biological reasons include disease, chronic conditions, confusion, and delirium (Blumenfield, Mellor, and Solomon, 1992). However, older adults can also be admitted to hospital for social reasons, such as vulnerability and adult abuse and neglect (Joubert and Posenelli, 2009).

**Social Work with Older Adult Patients**

Acute care social workers provide support and treatment for individuals of many different backgrounds and medical conditions. Older adults are one of the most common populations seen by social workers in a hospital setting. Social workers in acute care are usually referred to in the most complex of cases, where there is a high need for psychosocial support (Sims-Gould, Byrne, Hicks, Franke, and Stole, 2015). This may include social workers assisting with conflict resolution amongst families, supportive counselling, system navigation, transition support, and assessing patient vulnerability and oppression (Sims-Gould et al., 2015; Blumenfield, Mellor, and Solomon, 1992). However, in a broader sense, social workers can also assist older adult patients by utilizing anti-oppressive practice. This includes questioning societal expectations of older adults and fighting against the oppressive societal structures and healthcare systems that may decrease older adults' quality of life. Furthermore, as Phillips (2007) points out, acute care social workers often work with people when they are at some of the lowest points in their lives. This means that social workers are often skilled in working with the complex vulnerabilities that can be displayed by older adult patients, in both the patient's life and their death. For the purpose of this paper, the focus will be on theories and cases specifically surrounding older adults' vulnerability, oppression, and issues of dependency. These issues can be easily exasperated in a hospital setting due to the fast-paced environment. For example, the confusion of an older adult may be increased due to being in such a new and loud environment. There is also a potential decrease in one's ability to make personal decisions about his or her own self and body within the medical system.

Due to the above complexities that can be seen with older adult inpatients, social workers are routinely called upon to complete individual psychosocial assessments (Sims-Gould et al.,

2015). With these assessments, social workers typically follow a set of semi-structured interview questions (Newberry and Pachet, 2008). The assessment includes queries surrounding social supports, physical and mental health status, patient wishes and values, grief and loss, and risk of abuse, among others (Berkman, Maramaldi, Breon, and Howe, 2002). In order to both assess and assist these patients, social workers must draw from one or more theoretical frameworks. The scope of this paper will look at drawing from the values of feminist theory when working with an older adult population, in both assessment and treatment.

**Clarifying Feminist Social Work Theory**

Feminist social work theory can be described as "a form of social work practice that takes women's experience of the world as the starting point of its analysis and…focus[es] on the links between a woman's position in society and her individual predicament" (Dominelli and McLeod, 2002, p. 7). However, feminist social work theory can vary greatly depending on the social worker's perspective on feminism. For example, liberal, radical, socialist, postmodern, and black feminism are all different forms of feminist theory with differing perspectives (Dominelli and McLeod, 2002). These perspectives may differ in regards to where their focus of intervention takes place; however, there is great overlap between many of them. Where the theories overlap can be identified and organized into specific feminist values that underlie the majority of feminist social work theories. Therefore, in this study, feminist social work theory will be defined solely by these core values, rather than by one specific branch of feminist theory.

The overlapping core values of feminist theory all focus on putting the well-being of oppressed individuals at the top of the social agenda. First and foremost, analyzing power relations among social groups and within relationships is a core principle in many feminist theories (Eyal-Lubling and Krumer-Nevo, 2016). This includes looking at power relations in

both everyday personal lives as well as in public fora (Dominelli and McLeod, 2002). Stemming from a wish to neutralize these power imbalances, feminist social workers also seek to establish an egalitarian relationship between themselves and the patient (Morley and Macfarlane, 2012). This means that the patient is seen as the expert on his or her own life and the social worker's role is to promote patient empowerment. Feminist social work also looks to identify concerns of vulnerability and oppression, as well as perceived or real dependency on others (Calasanti and Slevin, 2006). This can also include analyzing and unpacking the societal standards and stereotypes that are woven into the female experience (Dominelli and McLeod, 2002).

**Bridging Together Feminist Social Work Theory and Aging**

The aim of this study is to obtain social workers' perspectives as to how they have utilized feminist theory in an acute care hospital setting and when they find it to be most beneficial. The topics explored focus on older adult issues surrounding vulnerability, body changes, image, and control, as well as concerns around dependency and societal expectations. It is important to note here that the use of feminist social work theory in this paper is not restricted solely to work with female older adults. Rather, this study hopes to discover how feminist social work theory is being used with all older adults, regardless of the individuals' self-identified gender. A few of the aforementioned feminist values will be discussed in greater detail based on the findings from a review of the literature.

One component of feminist theory looked at the vulnerability of a specific population. When analyzing this with respect to old age, vulnerability often increases as one ages. With this comes potential oppression, both external and internalized, as well as potential power imbalances, which also ties in with feminist theory. Calasanti (2003, as cited in Calasanti and Slevin, 2006) points out that age relations are systems of inequality that oppress older adults in

order to benefit those of a younger age. In fact, old age is primarily looked at in its relation to young age, which essentially defines old age by its deficits (Van Dyk, 2016). One area that dramatically points out older adults' vulnerability is the fact that older adults are more likely to be subjected to violence than younger adults (Calasanti and Slevin, 2006). Society has been developed in such a way that when one becomes old, he or she has to lose power, autonomy, and authority (Dougherty, Door, and Pulice, 2016). These concerns surrounding power dynamics and aging are also central when utilizing feminist theory.

Another central component to feminist theory is looking at how one's body is discussed and viewed in society. Dialogue surrounding an individual's body is also central to the aging process. Just as being of a specific gender defines how one's body should look, so does age. An example of this is the term "successful aging". The term is used throughout the literature as something one should strive towards later in life; however, successful aging generally creates a new standard as to how someone should look, and maintaining a youthful appearance becomes the goal (Calasanti and Slevin, 2006). This, essentially, reinforces ageism. Bordo (2003) points out that this standard of beauty has worsened over the years, from previously focusing on confidence and grace as one ages to now needing to look as though one has not aged at all.

Another fundamental connection between feminist theory, aging, and the body is the amount of control each individual has over his or her own body. As with the female body, an aging individual is at risk of losing their ability to make decisions regarding their own bodies (Calasanti and Slevin, 2006). As previously mentioned, societal judgments of one's worth are now largely based on appearance. Physical signs of aging are therefore used to excuse the continual decrease of the rights of older adults (Calasanti, Slevin, and King, 2006). When an older adult is in the hospital, no longer are they in complete control of their body, and their

medical wishes are less likely to be upheld than younger adults (Blumenfield, Mellor, and Solomon, 1992). Calasanti and Slevin (2006) point out that older adults in the medical system are often seen as solely "bodies to be managed" (p.61) rather than as human beings with values and wishes. It is not unheard of for medical professionals to take the concerns of older adults less seriously than other patients (Robb, Chen, and Haley 2002, as cited in Calasanti and Slevin, 2006, p. 6).

This leads to another link between feminist theory and old age—the issue of both perceived and real dependency on others. As with being female, older adults can be seen as a population that is often less competent and more dependent than others. In fact, this seems to be the dominant discourse surrounding this population. This can be related back to the paternalistic lens through which both females and older adults are seen. Van Dyk (2016) points out that, although older adults can be stereotyped as being warm and friendly, they can also be stereotyped as being incompetent and dependent. Often, older adults internalize these societal judgments and expectations and believe themselves to be more dependent than they really are (Calasanti and Slevin 2006; Fiske, Cuddy, Glick, and Xu, 2002; Dougherty, Dorr, and Pulice, 2016). In fact, research has found that stereotypes of older adults are not only held by younger age groups, but older adults themselves can hold these same negative stereotypes about aging (Hummert, Garstka, Shaner, and Strahm, 1994). When looking at this in relation to older adults in the hospital system, Blumenfield, Mellor, and Solomon (1992) point out that healthcare professionals can just as easily hold the above stereotypes about older adults, which in turn can affect the care that is provided for these patients.

Finally, feminist theory tends to have a strong focus on looking at gender roles in relationships, families, and society as a whole (Butler and Weed, 2011). This is relevant when

working with older adults for many reasons; however, there is a lot of literature regarding gender roles and caregiving for older adults. Jan Aronson (1997) points out that caregiving for older adults tends to be predominantly done by female members of the family. These female family members can be spouses, daughters, daughters-in-law, or even a further removed female family member (Ford, Goode, Barrett, Harrell, and Haley, 1997). This is of concern because caregiving not only can have a monetary impact on the individual caregiver, but also an emotional impact as well (Aronson, 1997).

**Gaps in the Literature**

Oppression can be experienced similarly between old age and gender and utilizing feminist values when working with older adults appears to align somewhat flawlessly. As Carney and Gray (2015) point out, the connections seen between the two are numerous. However, despite the many parallels between old age and gender, very few feminist researchers focus on aging (Meagher, 2014). Calasanti and Slevin (2006) note that this may be because ageism is actually present within feminism. This ageism is visible in feminist research when looking at the generalizing of female experiences as one, rather than seeing the female experience as multi-faceted and dependent on many factors such as age, race, and religion, among others. This is problematic as the lack of focus on aging by feminist researchers further excludes older adults from conversations regarding oppression, vulnerability, and dependency. Calasanti, Slevin, and King (2006) point out that although feminist researchers have put forth a lot of literature on female bodies, research on old bodies within the feminist realm is minimal. Furthermore, there have not been any specific studies as to how feminist theory and its values can be used by acute care social workers when working with issues stemming from ageism and the aging process.

## Theoretical Framework

Social work practice is guided by a social work practitioner's specific theoretical framework. Similarly, along with the feminist framework previously described, a postmodern framework is also used to guide this research paper. Postmodernist aging theories have a strong focus on the social representations of aging and identity. There is a notion in postmodernism that the body is socially constructed therefore making it possible to have multiple truths of what and who someone is (Phillips, 2007). In postmodernism, the social construction of the aging body stands to dehumanize the older adult while making them almost invisible in society. In fact, Van Dyk (2016) describes the "aged" as being viewed and discussed as "post-human" (p. 110). This lack of acknowledgement of older adults' value in society brings forth a perspective that his or her life no longer matters. If one's life no longer matters, abusive and oppressive behaviours become normalized.

Another key element of postmodernism that is drawn from throughout the analysis of this study's data is the importance of the use of language. Postmodern researchers Best and Kellner (1991, as cited in White, 2003) state that, "cognitive representations of the world are historically and linguistically medicated" (p. 4). Therefore, meaning is constructed through the use of language and dominant discourses. These dominant discourses are often created by the powerful elite (White, 2003), which often consists of white, younger aged men who can benefit from these narratives. Bringing this back to postmodernism and aging, the use of language can be quite destructive in determining how an older adult is viewed and treated in society. For example, in the medical field, an older adult can often be deemed "incapable". The label of one being incapable automatically scribes that individual as not being a competent human being rather than merely needing support in a specific area of their life. Taking this further, if one is not

competent, one's worth and relevance in society are minimized.

This sense of dehumanization amongst the aging population can be seen throughout the works of Simone de Beauvoir, who brings a feminist postmodern perspective into her literature. de Beauvoir describes aging as a form of "social incarceration" (Kirkpatrick, 2014, p. 4) in which the aged are silenced and shamed. Even in cases in which one's biological older age does not match society's negative expectations, older women are still treated and defined in relation to their biological age (de Beauvoir, 1973). de Beauvoir also believes that age is not a singular concept; rather, it is encompassed by biological, cultural, and societal makings (de Beauvoir, Simons, and Timmermann, 2015).

The goal of this study is to obtain social workers' perspectives of how they work from a feminist perspective in order to, essentially, de-silence the oppression of older adults being seen in acute care. This de-silencing is vital when fighting against the oppression of older adults, because as Gregory and Holloway (2005) point out, public discourse on a subject or group is a large part in creating transformation in and of society.

It is important to point out that, upon reflecting on privilege and power, social workers need to ensure that, as potentially able-bodied and younger individuals, we do not further oppress older adults. All of the literature and professional experiences working with an aging population do not matter if we, as a profession, do not identify our own privilege. Although it is possible for a social worker to be both older and a woman, there is no "sameness" between this and the oppression experienced by our patients. This is imperative to recognize because, as Mohanty (1984) points out, one particular group of individuals feeling as though they have a shared oppression with another group can actually cause further oppression to the latter group. It should be acknowledged that when working with this population, we are only a "we" in the aspect of

working together, not when it comes to having similar stories of oppression (Clough and Fine, 2007). Additionally, Richard Dyer, as cited in Jeffrey (2005), writes: "white power secures its dominance by seeming not to be anything in particular" (p. 5). Similarly, just as being white can make one be viewed as innocent and non-threatening, being young and able-bodied makes one be viewed as valuable and powerful. This sense of power can easily be missed and misused if one is not conscious of it. Until one has personally experienced old age, one cannot fully understand the experiences of older adults. Therefore, patients are the experts and social workers, in their power, can be allies in order to assist in their resistance to oppression.

## Design and Methodology

### Research Question

As previously mentioned, the purpose of this study was to obtain the perspectives of acute care social workers regarding how they used feminist theory in a hospital setting. Therefore, the research question was:

*How are social workers utilizing feminist theories when working with older adults in acute care?*

### Research Design

Due to this study being exploratory in nature with a proposed small sample, a qualitative cross-sectional research design was selected in order to gather data. A semi-structured questionnaire was developed and administered to participants face to face, at one point in time (Dudley, 2011) in order to collect data. Approval to commence this research was received on August 30, 2017, from the Research Ethics Board at the University of the Fraser Valley (Appendix A).

**Recruitment**

Following ethics approval, the principal investigator identified potential participants who met the criteria of the study via criterion sampling. The sample population included individuals with either a Bachelor of Social Work or a Master of Social Work who had experience working with adults 65 years in age or older in an acute care setting. They also needed to have experience utilizing feminist social work theories when working with this population. These social workers were invited to participate in the study through a recruitment email, which explained the study and criteria for participation (Appendix B). A letter of informed consent was also provided in this email, as it explained additional details about the study (Appendix C). Social workers who were open to participating in the study were asked to contact the researcher regarding any questions that they had, as well as to schedule an interview time. The interview day, time, and place were decided based on the convenience for the participant, with confidentiality being kept in mind when deciding the place. Five social workers fit the above criteria and took part in the study.

**Data Collection and Analysis**

Data were collected through semi-structured interviews with the participants that took place between September 22, 2017 and October 27, 2017. Open-ended questions (Appendix D) were used in order to conduct a qualitative study. This also allowed for flexibility in the discussions that arose in the interviews. Interview times ranged from 30 to 45 minutes in length and took place in confidential settings. Prior to the interview, the principal investigator went over the letter of informed consent with the participants and obtained signatures, if they had not done so previously (Appendix C). All interviews were audio recorded using a program on a password-protected computer so that the data were secure. After all the interviews were completed, the

principal investigator transcribed the interviews into a password-protected document. To protect confidentiality, each participant was assigned a number that was used for his or her data throughout the data analysis portion of the study. From there, a thematic analysis was completed in order to identify themes in responses to the interview questions. When key themes were discovered, they were given labels. Data will be kept for up to five years due to the potential for publication of the major research paper. After five years (April 2023), both audio recordings and hard copies of data will be deleted or shredded.

**Ethical Considerations**

As mentioned, the principal investigator obtained approval to complete this research study from the Research Ethics Board at the University of the Fraser Valley (Appendix A). Each participant was given a consent form that explained the nature of the study as well as the purpose of the study. Participants also received a copy of the consent form once signed. Due to some of the social worker participants having professional relationships with one another, it was essential to discuss confidentiality in great depth with each participant. However, it was also made apparent that no identifying information of any patient involved in the potential case studies being discussed would be disclosed during the interview. In addition, all participants were made aware that they could withdraw from the study at any time without consequence as well as decline to answer any question that they did not feel comfortable answering.

One limitation of the study is that the semi-structured questionnaire was not pre-tested prior to being utilized with the participants. The reason for this was that the sample size was already quite small, however, the principal investigator notes that a pre-testing of the questionnaire would have ensured that participants completely understood the questions that were being asked.

### Demographic Summary

All participants had experience working with older adults in an acute care setting within a hospital. The age range of the participants was from mid-twenties to early-sixties. All participants had completed their undergraduate degree in social work and one was working on her graduate degree. Experiences in social work practice ranged greatly, however, all had experience utilizing feminist social work theory in a hospital setting. One participant had only worked as a social worker for five months while the longest a participant had worked as a social worker was thirty-three years.

## Findings

### Feminist Social Work Values

After all the interviews were completed and transcribed, the principal investigator analyzed the transcriptions in order to identify common themes. All participants defined feminist social work values similarly. The common values that were discussed as being relevant in feminist social work theory were those of social justice, fighting for equality, advocacy, empowerment, acceptance, relation-focused practice, understanding potential gender roles and how they affect individuals, and recognizing power imbalances. All participants acknowledged that these values informed their practice when working from a feminist framework with older adults in acute care. Therefore, stemming from these values, the main themes from the interviews as to how feminist social work theory is utilized with older adults in acute care were revealed. These themes consisted of looking at the effect of society-created presumptions due to one's social location, the negative effect of the power imbalances between the patient and other involved parties, and patient and social worker resistance. All of these themes were discussed in the interviews and the analysis included the perspectives of both gender and age-specific factors.

Furthermore, it is important to note that participants overwhelmingly agreed upon the fact that feminist social work theory was not solely for use with women. Rather, their belief was that feminist social work theory could be effective with older adult males as well. Participant 5 explained this:

> *"I think feminist theory, people believe that it's just for females but it's not. It's to make sure that everybody, including males, are helped and assisted in being properly cared for. That their issues are being handled fairly. So, it's a matter of being fair with everybody that you work with. And also, a feminist social worker is not just a female, there are male and female feminists."*

**Society-Created Presumptions**

One of the main themes discovered during the interview process was the need for those practicing from a feminist social work perspective to look at the roles and expectations that society has placed upon specific groups of people. In fact, all five participants voiced this as a main component of their practice when utilizing feminist social work theory with older adults. Role observation is common practice when looking at gender (Carubia, Dowler, and Szczygiel, 2005); however, it was commonly pointed out throughout the interviews that this was relevant and important to acknowledge with an aging population as well. Two subthemes were discovered here. The first subtheme was the use of feminist social work theory as an opportunity to look at the societal expectations of older adults. The second subtheme focused on utilizing feminist social work theory to observe how gender roles affect one's aging experience.

*Societal Expectations of Aging*

A few of the participants stressed the importance of looking for both the preconceived expectations of what those, of a particular gender or age, were supposed to look like as well as

what they were supposed to act like. Therefore, societal expectations can be separated into two categories: societal expectations related to image and societal expectations related to capability. What was interesting here was that most of the participants used examples of women when discussing body image and visual expectations as one ages and tended to use male examples when discussing issues around what one is expected to be capable of doing.

Looking first at the expectations surrounding what the visual expectations of each gender should be, it was discovered that the participants believe societal pressures of looking a certain way does not diminish as one ages. Participant 1 nicely described the overlap between expectations of being a woman and aging in the following statement:

> *"In particular with females, there is certainly a lot of emphasis on what your body looks like growing up; there is pressure culturally from magazines and from other people. And, um, I think that there is such a value placed on women looking a certain way in comparison to men. Women are supposed to look neat and tidy and young and I think that when your body starts to change, usually you gain weight and get wrinkles. That can be very distressing for older adults, especially women. I would say that women tend to experience this differently than men. I believe men do have societal pressure to look a certain way but just not to the same extent as women".*

This same impression was also articulated by other participants throughout the majority of the interviews. For example, Participant 4 stated:

> *"Everyone is very different in how they feel about their body but you will see sometimes that women will speak about not being useful or not being pretty or young or their body failing them. I haven't seen it as much in men."*

It is important to note that both participants described female examples when discussing body image as one ages. This does not mean that older men do not also face such difficulties with their image, however, these participants noticed women expressing distress over physical appearance more than men. Participants pointed out that this is likely due to the common discourse around female beauty standards that they have learned throughout their lives and which continue to affect them as they age. Utilizing feminist social work theory helps social workers to notice and acknowledge the effects of such beauty expectations on how one experiences the aging process.

Shifting the focus over to societal expectations of capability, participants appeared to believe that negative assumptions regarding one's capability might potentially affect men more than women, in their experience. In addition, participants pointed out that utilizing feminist social work theory helps social workers pinpoint society's oppressive beliefs regarding capability and age. Although the subcategory is specifically in regards to societal expectations, it was found that the "society" that was spoken of encompasses not solely the general public, but also healthcare professionals, including social workers.

After Participant 2 gave an example about the struggle that a male patient experienced regarding the barriers his family was putting on him, she further explained the regularity of these types of situations:

> "*Yes, we see this regularly. It is very fascinating. When you think about your own relationships in life and when you're a child and the way you see your parents. It's amazing then to be able to witness what that turns into down the road and how the roles change when parents become older and experience things like dementia and physical comorbidities. And, um, and how those roles reverse and how the children often take on a*

> *parent role and it became a "no you can't, no you can't, no you can't". I think it comes from a place of protection. I do think the power dynamic between family and the patients changes a lot."*

Participant 2 clarified that this does not solely happen just from loved ones; assumptions of low cognitive capability towards older adults also come from the healthcare team. The expectations of what an older adult is capable of can often be ingrained in members of the care team as well. This is seen in the example below by how much the care team tries to protect older adult patients, whether this is truly needed or not, based on assumptions of poor capability.

> "*I think often the other power issue struggles that we have is that we are only seeing the patient in the state that they have dementia and not seeing them as a whole person and who they used to be. We are often putting them in bubble wrap and make sure they aren't going to get hurt or fall. If they are crying, we fix it immediately."*

No matter what an older adult's capability might be, their age can often automatically put them into a category of being "dependent" whether they are in need of help or not. Feminist social work theory aids in recognizing both society's and our own assumptions and biases and in some cases ageist attitudes towards aging patients and their needs.

*Societal Gender Roles Affect the Aging Experience*

As previously mentioned, one aspect of feminist theory is exploring the roles that individuals play within their relationships and within society (Carubia, Dowler, and Szczygiel, 2005). Another layer appears to be added on when looking at both gender and aging. In fact, participants discussed how the gender roles that patients took on in their life previously end up affecting them, both negatively and positively, as they experience getting older.

For older adult female patients, participants expressed that a primary role that women continue to take on as they age is being a caregiver. For example, Participant 4 pointed out:

> *"Gender roles, just the traditional role of what the woman's role is in the home, um, how that leads into them being the caregiver for their spouse and if they're unable to be the caregiver, how that affects the family. And if the wife can't help then it will fall to the daughter. And the daughters will often still have families and children and jobs, rather than calling to men to take on those roles."*

Therefore, gender roles affect not only older adults but their family members as well. Social work has a large role in working with patients' family members, therefore, understanding gender roles throughout different generations can also be extremely important. However, what was interesting was some of the participants' perspectives of the positive effects that aging can have on transforming gender roles. Below, Participant 2 discuss how both genders can sometimes step away from the gendered roles that they had previously taken on and *"find themselves"* amidst aging, grief, and tragedy.

> *"Um, I do find that when I am working particularly with older adult women who we are exploring the roles that they have always played in their relationships. We often find that the spouse has passed away and that the spouse was running a lot of the household. Older adult women have begun to find themselves once their spouse has passed and they are identifying things that they have learned how to do that, maybe in the modern age, we as women have learned already how to do. They grew up in a different generation where the men took care of things like the finances or even the outside work and now that's stuff that they have started to learn how to do on their own and often I find that they are quite empowered by that. I actually just met with a woman today who mentioned that to me,*

*how she learned a whole array of new things after her spouse died. I have also met many men who have said that, that they were really taken care of by their spouse, the woman, who did the cooking and cleaning and now they have had to learn all of the household aspects of the relationship so I definitely think it works both ways."*

**Loss of Power**

Another theme that was discovered during the interviews was seeing an older adult's loss of power through a feminist social work lens. Here, a few subthemes emerged: a) a loss of power due to certain physical aspects of an aging individual; b) a loss of power due to one's cognition, whether a decrease in one's cognition is existent or not, and; c) the assumption of power over the older adult by other individuals. All subthemes relate to the idea that older adults in acute care unfortunately tend to lose a lot of their rights as well as authority over their own being.

*Loss of Power Due to the Physical Aspects of Aging*

It is common knowledge that as individuals age, their physical abilities tend to change. However, what is not common is a discussion around what this means for the aging individual in terms of how he or she copes with this emotionally and how other members of society treat older adults with differing physical abilities. In this study, many of the participants pointed out that feminist social work theory helps them see and acknowledge the power dynamics that occur due to an individual's physical changes as they age.

Older adult patients being "stuck" in a hospital bed due to illness was brought up quite consistently over the interviews. Participant 1 stated:

*"I think the very fact that both women and men are, say, in a hospital bed and have to depend on others to get a glass of water or even get up, that in itself is a power dynamic.*

*The fact that they are lying in bed and people are always standing over them and not at their eye level – that's power dynamics."*

This participant acknowledged that recognizing this power differential between the older adult patient and other individuals, such as staff, comes from utilizing a feminist social work lens. Furthermore, not only must patients in situations similar to the one above cope with this while in hospital, many deal with this forced dependency on a daily basis at home. Other participants discussed similar concerns regarding power dynamics such as when older adult patients are in a wheelchair and a staff member is standing over them and potentially talking down to them, creating an unequal interaction. It was also pointed out that it is easier to take advantage of someone who, unfortunately, is bound to a chair or a bed. In fact, Participant 2 discussed that a lot of the physical or sexual abuse cases of older adults in acute care are towards someone who is bed or wheelchair bound.

Another interesting fact that was brought up was that not only do the physical changes in older adults cause a loss of power physically but they can also, unfairly, affect them in other areas of their life. To clarify, Participant 1 provided the following example:

*"There is a lack of hearing that also comes as well. Also, family members can often speak on behalf of the patient, which is terrifying, but happens all the time."*

Therefore, although a patient may be cognitively well, physical conditions such as hearing loss may prevent them from making informed decisions for themselves. The majority of the participants discussed that when loved ones make decisions for an aging patient, usually they have the patient's best interest at heart. However, this does not take away from the fact that with age often comes a loss of power and decision making about oneself.

*Loss of Power Due to Cognition*

Just as the physical changes of aging can cause a loss of power for an older adult patient, so too can a decrease or change in cognition. Participants expressed that feminist social work theory allowed for them to better advocate for older adult patients with cognitive difficulties. At some point in their interviews, all participants in the study brought up how a decrease in cognition as one ages correlates to a decrease in his or her rights in an acute care setting. In fact, many times an older adult's wishes are not necessarily taken into consideration due to the care team and family having concerns about his or her ability to make a decision. This is where many of the participants felt it was the social worker's role, utilizing feminist social work theory, to advocate for the rights of the older adult. Participant 3 pointed out that it is *"ethically necessary to go with the wish of the patient and try to mitigate some of the power that family members might try to encroach on."* In addition, Participant 3 continued on to explain why this is needed:

> *"Um, depending on the issues people are dealing with, decisions are made without people knowing sometimes what is happening to them. You need to have someone there to advocate for them sometimes. The power dynamic can be top down. The patient can be somewhat helpless."*

Similarly, Participant 5 described the above concern as one of her *"biggest roadblocks with care because you want [the patients] to have that independence."*

Therefore, social workers' use of advocacy, while utilizing feminist social work theory, becomes extremely vital in ensuring that patients' rights are not infringed. Additionally, self-determination is a large component of feminist social work theory; therefore, it was no surprise that participants utilized this language when discussing why they believed that older adult

patients' wishes should be taken into consideration, despite their diminishing cognitive abilities. Participant 2 explained this value in the following statement:

> *"I think that often family has such an emotional connection and a strong desire to make sure their loved one is safe, it often crosses over into trying to control someone's ability to self-determine and to make their own choices. So often in hospital, we have patients who are living at risk but are capable of choosing to do so, but we see that family is really struggling with that. So, we may have a patient living in a home that is cluttered and dirty and maybe they really need to have a bath more often – but they have also chosen to live this lifestyle. When kids look in they are saying, 'No, mom really needs to have a bath' and mom is saying, 'listen, I'll sponge bath when I want to sponge bath.' So, we often see a power struggle. Often it's the kids who now feel they have the right to take over decision making for their parents."*

Participant 5 mirrored this statement when she discussed:

> *"I see a lot of family telling their family member patients what to do. They are trying to do what they think is best for them and they are not taking into account what the patient thinks is actually best for them. Sometimes you see it with team members as well. 'You need to do this and you need to do that,' or 'We are going to do this for you.' But people can be independent. They've managed for 80 or 90 years and now they are having some younger person yelling at them what to do. We take control over someone else's life, which is unfortunate."*

Thus, although a patient's cognition may not be as well as it was when they were younger, feminist social workers tend to believe that the patient can usually still choose how they want to live.

*Assumption of Power by Others*

The third subtheme when looking at the loss of power that can be experienced by older adult patients is looking at where, or to whom, the lost power is transferred. This subtheme is extremely interesting to look at from a feminist social work lens, as some feminists believe that real change can only occur when those with power begin to recognize their dominance (Spencer-Wood, 2016). Essentially, the privileged must give up power in order for power to equalize amongst everyone. Throughout the interviews, it was acknowledged that not only do family, friends, the community, and the rest of the care team assume power over older adults in acute care, but so do social workers.

As previously mentioned by the participants in discussing the last subtheme, at times social workers and the rest of the care team find themselves in positions of power. In fact, Participant 1 described the care team as "*somewhat paternalistic in the sense that [we] are telling people what to do, how to do it, when to do it*." This paternalistic environment can discourage individuals' self-determination. Participant 2 described a situation that demonstrated the authoritative nature of acute care:

> *"Um, if we look at the population of older adults who have dementia, I do think there is a bit of a power struggle with staff. Which is interesting because I think staff in acute care do have training that teaches them about dementia. There is still that power struggle to be right. And I do think that sometimes we haven't quite learned the skill of redirection and we are often reminding dementia patients of the here and now. So, say, if we have a dementia patient who comes up and tells us about their baby that they are worried about. Well I often find that nursing staff is reminding them they don't have a baby and that*

*their children are grown when that's just really not appropriate. It comes down to just that – professionals needing to tell them what is right."*

Another way that the healthcare system exerts power over patients is in what services are offered to the patient. Below, Participant 5 describes an unfortunate event in which a patient's need for services was not respected, even though the patient wanted support in a specific area.

*"I'm finding one older fellow that I'm working with right now, he has been physically abused by his partner. And calling the transition house to get him counselling, I've had no response. I've made three calls. This is not just females being abused. I think that [men] are more likely to be embarrassed and not talk about issues like that. We're still kind of in the old school thinking that the man has to be strong."*

This participant believes the reason for the lack of service in this situation is due to the patient's gender. Although there may be another explanation, the participant does make a point about service providers and social workers having the power to deem who is in need of certain services and who is not.

**Resistance**

When the issues described above are assessed through a feminist social work lens, the question arises: how do we address the aforementioned concerns? All of the participants at some point throughout their interview provided insight into how both they, as a social worker, as well as the patients themselves, challenge the inequalities and oppression that come along with aging. A central tenet of many feminist theories is the idea of resistance against oppression (Eyal-Lubling and Krumer-Nevo, 2016) and this value was woven into many of the stories that were told during the interview process. Therefore, this brought forth the final theme, resistance, with subthemes of (a) resistance by older adults and (b) social workers being allies in older adults'

resistance. It should be pointed out that the term "resistance" is often used with negative connotations in healthcare. For example, labeling a patient as "resistant" within the medical model of care essentially deems that patient as difficult and defiant. However, in the following stories told by participants, resistance is seen as a positive act of empowerment and resilience.

*Older Adult Resistance*

Older adults resisting oppression and dependency played a large part in the examples that were brought forth by the participants. Interestingly, gender played a part in what type of resistance was seen. For example, participants stated that men seem to resist the physical component of the aging process more so than women. Participant 2 brought this up in saying:

> *"I think from my experience in acute care so far, when I have come across men who are aging vs. women who are aging, I find that men try to maintain their independence longer than women. I have found so far with things like a driver's license or going into care or accepting things like home supports that men are often more resistant to it than women. Definitely there are women that are resistant to it as well but I would say generally men are clinging to their independence longer and are just more resistant to having people come into their intimate space, like receiving personal care. Whereas women are maybe more accepting or more used to from, um, I don't know giving birth to children, people being more into our personal space."*

Utilizing feminist social work theory, participant 2 reflected on the above statement further and questioned why independence appears to be a higher priority for men as they age than for women and remarked:

> *"Maybe things are shifting now but, yes, things used to be that men were raised to be independent and strong and that was the face they had to put on. And also, I think that*

*the men were there to look after the women and that was their role so maybe women are more used to having someone to help them or to feel protected. Whereas men's roles were to be the protector so all of the sudden trying to [receive help] when they are 80 or 90 is difficult."*

Although men resist the physical element of aging more, women appear to resist their gender roles more so as they age. Participants stated that women family members are often the ones expected to care for their aging loved ones. This includes female spouses of an aging male who are also aging themselves. Given that a primary gender-based role for women is taking care of others, women's rejection of these roles as they age is increasingly seen in acute care. Participant 5 explains:

*"I still think that what I'm seeing working with the elderly community is that caregivers are most often women or spouses. Not always; there are men that are very focused on caring for their partners. But I still feel that more so we are pressuring some women to take on that responsibility. And I just find that they're burnt out, they've been doing it for 50 or 60 years, and when they say they can't do it any longer we need to listen to what they're saying. They just can't do it anymore. I find more men feel freely to request having their partner put in facility. I think that that's one of the issues that we are seeing."*

Participants are finding that older adult women are resisting by saying "no" to caregiving when they feel they are no longer able to do so. The problem still remains, however, that society, the healthcare system, and the care team, do not always listen to these women's stated needs.

*Social Worker Resistance*

Excitingly, the participants also showed how they, as social workers, resist older adult oppression as well. One of the main ways of resistance that was pointed out was the social workers' understanding their own power. Participant 4 described utilizing feminist theory when working with older adults as *"an awareness"* of both gender roles as well as social work power. This awareness is essential in understanding the patients' stories, where they are coming from, and their potential difficulties with the aging process and oppression. It also helps to ensure that social workers do not accidentally misuse their power and further the oppression of older adult patients. Participant 3 spent some time reflecting on how easily this can happen:

> *"Social workers can sometimes intercede and take control in people's lives. Social workers, in relation, compassion, and empathy should be trying to help people in need, without over controlling."*

In addition, advocacy for older adults was viewed by participants as a large component of the social work role in supporting older adult patients' resistance. Participant 5 states that older adults' wishes need to be *"spoken up for"* by the social workers. Participant 1 also expressed this value by stating:

> *"I think that one of the main tenets of feminist social work theory is advocating for equality and really looking for those power imbalances and deciphering what they look like. Once we know what they look like, it becomes easier to advocate against the imbalance of power."*

In feminist social work theory, the goal is typically to empower patients to advocate for themselves and speak up for what their wishes are. At times, however, this can be a daunting task for patients in acute care because the healthcare system has power over patients. Therefore,

according to the participants, resistance by social workers becomes essential in order to ensure the rights of older adult patients are upheld.

## Discussion and Implications for Policy, Practice, and Research

The aim of this study was to explore the perceptions of social workers as to how feminist social work theory is used when working with older adults in an acute care setting. Participants in the study all incorporated feminist social work theory into their practice either all or some of the time and were interviewed regarding how they do so. The research question asked was: *How are social workers utilizing feminist theories when working with older adults in acute care?* From here, themes were identified through an analysis of the data. A wealth of information was received and the main themes that were discovered when looking at how feminist social work theory influences practice were: a) looking at societal-created presumptions of older adults and specific genders; b) working with the loss of power that can result from growing older, and; c) resisting the preconceived roles of old age and gender as well as the aforementioned loss of power.

The themes that arose from the study were similar to what was seen in the literature. This is a bit surprising, however, due to the fact that the literature review was not solely based on feminist social work practice with older adults, as there have been few studies of this type. The literature review drew upon articles that were more theoretical in nature and not specific to social work practice. However, theoretically, all of the themes that were found in the data related to what was seen throughout the literature review.

Examples of the commonalities between the literature review and the data obtained in this study are plentiful. In the literature review, it was shown that discussing beauty standards as one ages is central to feminist social work theory (Calasanti and Slevin, 2006). This was also

discovered in the data throughout the theme of "society-created presumptions". In addition, this theme also touched on the oppressive beliefs towards older adults that are often held by other members of society. In the literature review, Van Dyk (2016) also made this point by mentioning that older adults are often stereotyped as incompetent or dependent. The stereotyping and assumptions made about older adults were a large component discussed in both the literature review and this study.

Another similarity between the literature review and the study were the discussions around older adults' losing their power. In 1992, Blumenfield, Mellor, and Solomon found that in a hospital setting, older adults' wishes were less likely to be upheld than younger adults. Unfortunately, this appears to still ring true today, as every participant spoke of experiences where they have witnessed the care team or loved ones making decisions for an older adult patient. As seen in the data, the loss of power was not only seen in the patient losing his or her rights to make decisions for themselves, but also in their no longer being able to physically support themselves in certain ways, such as being bed bound. Similarly, in the literature, Blumenfield, Mellor, and Soloman (1992) as well as Calasanti, Slevin, and King (2006) noted this physical loss to be a large issue of oppression towards older adults in an acute care setting. In addition, one of the participants pointed out the fact that older adults' physical deficits make them more vulnerable to physical and sexual abuse. This is congruent with research by Shamaskin-Garroway, Girodano, and Blakley (2017), who state that older adults are extremely vulnerable to abuse due to either their physical or cognitive state.

One positive and unexpected finding of the study was the discussion surrounding the resistance and empowerment of older adult patients. Although previous feminist literature such as that by Eyal-Lubling and Krumer-Nevo (2016) note the importance of resistance and

empowerment when working from a feminist theoretical lens, very little literature was found supporting the view that older adults demonstrate such resistance. However, participants from this study clearly alluded to the fact that utilizing feminist theory allows them to see the resistance to oppression that is being shown by older adult patients. What was interesting from a feminist lens, however, is that this resistance was more often seen in older adult men than it was in older adult women. Some of the participants made hypotheses about why this may be, one being that how men and women are socialized affects this trait of resistance as they age. This hypothesizing done by the participants shows their use of feminist theory even outside of their direct work with patients.

Although there were subtle differences between the literature and this study, most of the findings from this study were congruent with existing literature. It is important to note, however, that there is an abundance of literature looking at gender and caregiving duties of older adults, yet little literature focuses specifically on how gender affects the way one perceives aging and how the roles one previously played within his or her life are displayed as he or she ages. If one is to truly look at utilizing feminist theory with older adults, this is an area that requires more research.

Both existing literature and this study provide direction to social workers in acute care as to how to utilize feminist theory when working with older adult patients. Feminist social work theory has been shown to be beneficial in resisting the oppression experienced by older adults in acute care. Although it is more often used with female patients, this study opens up the idea of utilizing feminist theory when working with, and care planning for, older adult men as well. Again, additional research regarding the benefits of using feminist theory with older adult men would be useful in furthering our understanding of the benefits for this practice.

## Conclusion

This research study explored the topic of utilizing feminist theories when working with older adults in an acute care setting. Social workers with experience in acute care participated in qualitative interviews discussing their experience in using the above theory with older adult patients. The key themes that were identified include: society-created presumptions due to one's social location, power imbalances between the patient and other involved parties, and the presence of both patient and social worker resistance. All five participants voiced positive experiences and outcomes utilizing feminist social work theory when working with both older adult men and older adult women. Additionally, participants noted that applying a feminist lens when working with this population aids in understanding how gender may affect how one perceives aging and how one expresses resistance or demonstrates empowerment. Although supplementary research would be beneficial, existing research including this study demonstrates the advantages of applying feminist theory when working with older adults in an acute care hospital setting.

## References

Aronson, J., & Neysmith, S. (1997). Retreat of the state and long-term care provision: Implications for frail elderly people, unpaid family careers and paid home care workers. *Studies in Political Economy,* (53), 37. Retrieved from http://spe.library.utoronto.ca/index.hp/spe/article/viewFile/6863/3835

Berkman, B., Maramaldi, P., Breon, E., & Howe, J. (2002). Social work gerontological assessment revisited. *Journal of Gerontological Social Work, 40*(1/2), 1. Retrieved from http://eds.b.ebscohost.com/eds/detail/detail?vid=10&sid=eddbc802-5304-4a29-802d-4f6f9a896faa%40sessionmgr103&bdata=JnNpdGU9ZWRzLWxpdmU%3d#AN=11414029&db=edb

Blumenfield, S., Mellor, M. J., & Solomon, R. (1992). Teaching geriatric social work in health care-The what, why or how of a complex process. *Geriatric Social Work Education, 55-71*. Retrieved from http://eds.a.ebscohost.com/eds/pdfviewer/pdfviewer?vid=5&sid=d031ade8-8197-44eb-9abf-cd844a2fb9fa%40sessionmgr4010

Bordo, S. (2003). The empire of images in our world of bodies. *Chronicle of Higher Education*. p. B6-B9. Retrieved from http://eds.b.ebscohost.com.proxy.ufv.ca:2048/eds/detail/detail?vid=4&sid=fa8fb949-8ccf-4287-97f3-c3c158a16336%40sessionmgr120&hid=104&bdata=JnNpdGU9ZWRzLWxpdmU%3d#db=a9h&AN=11842619

Butler, J., & Weed, E. (2011). *The question of gender [electronic resource]: Joan W. Scott's critical feminism.* Bloomington: Indiana University Press.

Calasanti, T. & Slevin, K. (Eds.). (2006). *Age matters: Realigning feminist thinking.* New York, NY: Taylor & Francis Group.

Calasanti, T., Slevin, K. F., & King, N. (2006). Ageism and feminism: From "Et Cetera" to Center. *NWSA Journal, 18*(1), 13-30. Retrieved from http://eds.a.ebscohost.com.proxy.ufv.ca:2048/eds/pdfviewer/pdfviewer?vid=3&sid=6a64cd7c-6588-40b4-8a1c-3440c7edb2e3%40sessionmgr103

Carney, G. M., & Gray, M. (2015). Unmasking the 'elderly mystique': Why it is time to make the personal political in ageing research. *Journal of Aging Studies, 35*, 123-134. doi:10.1016/j.jaging.2015.08.007

Carubia, J., Dowler, L., & Szczygiel, B. (Eds.). (2005). *Gender and landscape: Renegotiating the moral landscape.* Retrieved from https://ebookcentral.proquest.com

Clough, P.T. & Fine, M. (2007). Activism and pedagogies: Feminist reflections. *Women's Studies Quarterly, 35*(3/4), 255-275. Retrieved from http://eds.a.ebscohost.com.proxy.ufv.ca:2048/eds/pdfviewer/pdfviewer?sid=47b098af-9cab-41dd-8dc9-f7c031316194%40sessionmgr4009&vid=2&hid=4203

de Beauvoir, S. (1973). *The Coming of Age*. New York, NY: G.P Putnam's Sons.

de Beauvoir, S., Simons, M., & Timmermann, M. (2015). *Simone de Beauvoir: Feminist writings: Urbana.* University of Illinois Press.

Dominelli, L. & McLeod, E. (2002). *Feminist social work*. Houndmills, Basingstoke, Hampshire: MacMillan [New York]: Distributed in the U.S.A. by New York University Press.

Dougherty, E. N., Dorr, N., & Pulice, R. T. (2016). Assisting older women in combatting ageist stereotypes and improving attitudes toward aging. *Women & Therapy, 39*(1/2), 12-34. doi:10.1080/02703149.2016.1116308

Dudley, J.R. (2011). *Research Methods for Social Work* (2nd Ed.). Allyn & Bacon. Boston, MA.

Eyal-Lubling, R. & Krumer-Nevo, M. (2016). Feminist social work: Practice and theory of practice. *Social Work, 61*(3), 245-254. doi:10.1093/sw/sww026

Fiske, S. T., Cuddy, A. C., Glick, P., & Xu, J. (2002). A model of (often mixed) stereotype content: Competence and warmth respectively follow from perceived status and competition. *Journal of Personality and Social Psychology, 82*, 878–902. doi:10.1037/0022–3514.82.6.878

Forcey, L. R. & Nash, M. (1998). Rethinking feminist theory and social work therapy. *Women & Therapy, 21*(4), 85–99. doi:10.1300/J015v21n04_06

Ford, G., Goode, K., Barrett, J., Harrell, L., & Haley, W. (1997). Gender roles and caregiving stress: An examination of subjective appraisals of specific primary stressors in Alzheimer's caregivers. *Aging & Mental Health, 1*(2), 158-165. Retrieved from https://eds-a-ebscohost-com.proxy.ufv.ca:2443/eds/pdfviewer/pdfviewer?vid=18&sid=cc52d90f-2f4f-4983-9d94-0a4077bbec21%40sessionmgr4006

Freixas, A., Luque, B., & Reina, A. (2012). Critical feminist gerontology: In the back room of research. *Journal of Women and Aging, 24,* 44–58. doi:10.1080/08952841.2012.638891

Gregory, M. & Holloway, M. (2005). Language and the shaping of social work. *The British Journal of Social Work, 35*(1), 37-53.

Hummert, M. L., Garstka, T. A., Shaner, J. L., & Strahm, S. (1994). Stereotypes of the elderly held by young, middle-aged, and elderly adults. *Journal of Gerontology: Psychological Sciences, 49*, 240–249. doi:10.1093/geronj/49.5.p240

Jeffery, D. (2005). What good is anti-racist social work if you can't master it?: Exploring a paradox in social work education. *Race, Ethnicity and Education, 8*(4), 409-425. Retrieved from http://www.tandfonline.com.proxy.ufv.ca:2048/doi/ abs/10.1080/136133205003 24011

Joubert, L. & Posenelli, S. (2009). Responding to a 'window of opportunity': The detection and management of aged abuse in an acute and subacute health care setting. *Social Work in Health Care, 48*(7), 702-714. doi:10.1080/00981380902922367

Kite, M. E., Stockdale, G. D., Whitley, B. E. Jr., & Johnson, B. T. (2005). Attitudes toward younger and older adults: An updated meta-analytic review. *Journal of Social Issues, 61*, 241–266. doi:10.1111/j.1540–4560.2005.00404.x

Kirkpatrick, K. (2014). Past her Prime? Simone de Beauvoir on motherhood and old age. *Sophia, 53*(2), 275-287. Retrieved from http://eds.a.ebscohost.com.proxy.ufv.ca:2048/eds/pdfviewer/pdfviewer?sid=2cac0e3e-3188-43ae-96a5-b19c3b5338ec%40sessionmgr4007&vid=4&hid=4205

McCallion, P. & Ferretti, L. (2010). Social work & aging: The challenges for evidence-based practice. *Generations, 34*(1), 66-71. Retrieved from http://eds.b.ebscohost.com.proxy.ufv.ca:2048/eds/external?sid=c56e2d98-561a-44e5-bffc-9ddf486b47bc%40sessionmgr120&vid=6&hid=104

McPerson, B. (1983). *Aging as a Social Process*. Toronto, ON: Butterworth & Co. (Canada) Ltd.

Meagher, M. (2014). Against the invisibility of old age: Cindy Sherman, Suzy Lake, and Martha Wilson. *Feminist Studies, 40(*1), 101-143. Retrieved from http://eds.a.ebscohost.com.proxy.ufv.ca:2048/eds/pdfviewer/pdfviewer?vid=4&sid=ef45c8b4-385f-42dc-91ba-22c24b28086c%40sessionmgr4007

Mitchell, V. & Bruns, C. M. (2010). Writing one's own story: Women, aging, and the social narrative. *Women and Therapy, 34*, 114–128. doi:10.1080/02703149.2011.52701

Mohanty, C. (1984). Under western eyes: Feminist scholarship and colonial discourses. *Boundary, 2*(12), 333-358. Retrieved from http://www.jstor.org.proxy.ufv.ca:2048/stable/302821?seq=1#page_scan_tab_contents

Morley, C. & Macfarlane, S. (2012). The nexus between feminism and postmodernism: Still a central concern for critical social work. *British Journal of Social Work, 42*(4), 687-705. Retrieved from http://eds.a.ebscohost.com.proxy.ufv.ca:2048/eds/pdfviewer/pdfviewer?sid=32c11dc1-6c5d-45a2-a946-5d814e08d22b%40sessionmgr4006&vid=3&hid=4205

Newberry, A. & Pachet, A. (2008). An innovative framework for psychosocial assessment in complex mental capacity evaluations. *Psychology, Health & Medicine, 13*(4), 438-449. Retrieved from http://eds.b.ebscohost.com/eds/pdfviewer/pdfviewer?vid=7&sid=eddbc802-5304-4a29-802d-4f6f9a896_faa%40sessionmgr103

Phillips, C. (2007). Painful subjects: Regulated bodies in medicine and social work. Qualitative Social Work, *6*(2), 197-212. Retrieved from http://eds.b.ebscohost.com.proxy.ufv.ca:2048/eds/detail/detail?vid=2&sid=94f46d2d-7422-462d-9a9f-7afef535a10e@sessionmgr104&bdata=JnNpdGU9ZWRzLWxpdmU=#AN=106153340&db=ccm

Radtke, L., Young, J., & Van Mens-Verhulst, J. (2016). Aging, identity, and women: Constructing the third age. *Women & Therapy, 39*, 89-105. doi: 2048/10.1080/02703149.2016.1116321

Sandberg, L. (2013). Affirmative old age: The ageing body and feminist theories on difference. *International Journal of Ageing and Later Life. 1*(11), 1-31. doi:10.3384/ijal.1652-8670.12197

Shamaskin-Garroway, A, Girodano, N., & Blakley, L. (2017). Addressing elder sexual abuse: The critical role for integrated care. Translational Issues in Psychological Science, *3*(4), 410-422. doi:10.1037/tps0000145

Sims-Gould, J., Byrne, K., Hicks, E., Franke, T., & Stolee, P. (2015). When things are really complicated, we call the social worker: Post-hip-fracture care transitions for older people. *Health & Social Work, 40*(4), 257-265. doi:10.1093/hsw/hlv069

Spencer-Wood, S. (2016). Feminist theorizing of patriarchal colonialism, power dynamics, and social agency materialized in colonial institutions. *International Journal of Historical Archaeology, 20*(3), 477-491. doi:10.1007/s10761-016-0356-3

Statistics Canada (2007, February 27). *A portrait of seniors in Canada: Introduction.* Retrieved from http://www.statcan.gc.ca/pub/89-519-x/89-519-x2006001-eng.htm

Van Dyk, S. (2016). The othering of old age: Insights from Postcolonial Studies. *Journal of Aging Studies, 39,* 109-120. doi:10.1016/j.jaging.2016.06.005

White, E. (2013). The ethics of involuntary hospitalization. *Journal of Social Work Values and Ethics, 10*(2), 25-35. Retrieved from http://eds.a.ebscohost.com.proxy.ufv.ca:2048/eds/detail/detail?vid=3&sid=37cb7590-3369-44ec-bedb-ef3c992dc279@sessionmgr104&bdata=JnNpdGU9ZWRz LWxpdmU=#AN=94337300&db=sih

Wright, P., Tan, G., Iliffe, S., & Lee, D. (2014). The impact of a new emergency admission avoidance system for older people on length of stay and same-day discharges. *Age & Ageing, 43*(1), 116-121. Retrieved from http://eds.b.ebscohost.com.proxy.ufv.ca:2048/eds/pdfviewer/pdfviewer?vid=2&sid=ab464d87-3f94-49cc-ba6b-967d6429cb62@sessionmgr103

## Appendix 1

**Qualitative Interview Questions**

1. (After reading the definition of older adults to participant) What is your experience in working with older adults in acute care?

2. What values do you see informing Feminist Theory?

3. Are there any specific aspects and/or values of Feminist Theory that you find most relevant when working with older adults in an acute care setting? (Ex. Egalitarian relationships)

4. From your perspective, how do you think aging is experienced differently dependent on gender?

5. How do issues of power dynamics between the care team and patients present itself in your experience in working with older adults?

6. Do you see power dynamic issues between older adult patients and their family and/or friends?

7. In your opinion, what do you are some of the societal expectations of aging?

8. Do issues of individual's relationships with their own bodies present themselves when working with older adults? If so, how?

9. (After reading definition of all types of abuse in attached document) Are issues of emotional, sexual, financial, and/or physical abuse present when working with older adults? How about issues of neglect?

10. Do you have any other comments regarding the use of Feminist Theory values when working with older adults in an acute care setting?

## Appendix 2

## Appendix 3

**Recruitment Letter**

### Purpose/Objectives of the Study

Acute care Social Work with older adults often involves discussions about the patient's body, power and vulnerability related to this, and the patient's physical and cognitive capability. These topics overlap greatly with discussions that are had when working with a female population. There has been little research in regards to Social Workers' perspectives of the effectiveness of using Feminist Theory when working with an aging population. My goal is to gain an understanding of how Feminist Theory values are being used by acute care Social Workers when working with older adults, specifically in regards to issues surrounding vulnerability, capability, and power dynamics. I am also hoping to gain the perspectives of the same Social Workers as to whether using Feminist Theory values has been effective in their practice. The Principal Investigator of this study is Amanda Moir, a Master of Social Work student at the University of the Fraser Valley.

### Procedures Involved in the Research

One-on-one interviews between the Principal Investigator and the participant will be completed to gather information regarding the participant's experiences and perspectives of utilizing Feminist Theory when working with older adults. Interviews will take place at locations convenient for participants and will also be set at times that are convenient for participants. The interviews will take approximately 30 minutes and will be recorded via an audiotape. Your participation is voluntary and your interviews will be kept confidential.

If you would like to participate in a one-to-one interview about your experiences using Feminist Theory when working with older adults in an acute care setting, please contact Amanda Moir at [redacted] or [redacted]

Sincerely,

Amanda Moir, BSW, RSW
Masters of Social Work Student
University of the Fraser Valley

## Appendix 4

**Letter of Informed Consent**

School of Social Work and Human Services
University of the Fraser Valley
33844 King Road
Abbotsford, BC V2S 7M8

August 24, 2017

**"Social Workers' Perspectives of Utilizing Feminist Theory When Working With Older Adults"**

**Letter of Informed Consent**

### Purpose/Objectives of the Study

I, Amanda Moir, am the Principal Investigator of this study. I am currently a Masters of Social Work student at the University of the Fraser Valley (UFV) and am working on a study with my Senior Supervisor, Elizabeth Dow, BSW, MSW, RSW, and PhD. This study looks to explore Social Workers' perspectives of the effectiveness of Feminist Theory when working with older adults in an acute care setting.

### Procedures Involved in the Research

You will be interviewed privately regarding your experiences using Feminist Theory when working with older adults who are 65 years in age or older in acute care. You will be given a handout with a brief overview of Feminist Theory at the beginning of the interview that you can use at any time. Questions will be relating to older adults and elder abuse. Discussion around specific instances of elder abuse that could identify anyone involved should be avoided. The interviews will be held at a place convenient for you and will take approximately 30-45 minutes to complete. Interviews will be audio recorded and kept in a password-protected computer.

### Potential Benefits

Benefits of this study include furthering the knowledge of theoretical frameworks useful for working with older adults. Additionally, $10 Tim Horton's gift cards will be given to you. It should be noted that even if you decide to withdraw from the study, you will still be given the gift card.

### Potential Harms, Risks or Discomforts to Participants

No risk or discomfort is expected for the participants. However, participants do not need to answer any questions that they feel uncomfortable responding to.

**Confidentiality**

All information received through the interview will be kept in password-protected documents and no identifying information will be shared with anyone outside of Amanda Moir, the Principal Investigator, and her supervisor, Dr. Elizabeth Dow. All information received for the study will be destroyed within 5 years of the study's completion (April, 2023).

**Participation**

Participation in this study is voluntary and participants may withdraw at any time without consequences. You are also able to decline answering specific questions if they are uncomfortable to you. If you decide to remove yourself from the study, your information will be destroyed within 48 hours and will not be used in the research paper. You can withdraw from the study at any time by emailing Amanda Moir at the below email address or phone number. There is no penalty for withdrawing from the study.

**Study Results**

Results of this study will be discussed in a major research paper that will be completed by April, 2018. This research paper will be available through the UFV online library.

**Questions**

**CONTACT FOR INFORMATION ABOUT THE STUDY**

If you have any questions about this study you may contact Amanda Moir at [redacted] or via phone at [redacted]

**CONTACT FOR CONCERNS**

If you have any concerns regarding your rights or welfare as a participant in this research study, please contact the Ethics Officer at 604-557-4011 or Research.Ethics@ufv.ca.

**The ethics of this research project have been reviewed and approved by the UFV Human Research Ethics Board. NEED APPROVAL STILL.**

## Appendix 5

**Consent Form**

By signing below I agree to participate in this study, titled *Social Workers' Perspectives of Utilizing Feminist Theory When Working With Older Adults.* I have read the information presented in the letter of informed consent being conducted by Amanda Moir at the University of the Fraser Valley. I have had the opportunity to ask questions about my involvement in this study and to receive any additional details.

I understand that I have the right to withdraw from the study at any time and that confidentiality and/or anonymity of all results will be preserved. If I have any questions about the study, I should contact Amanda Moir, the Principal Investigator, at [redacted].
If I have any concerns regarding my rights or welfare as a participant in this research study, I can contact the UFV Ethics Officer at 604-557-4011 or Research.Ethics@ufv.ca.

Please check if you consent to your interview being audio recorded.

Name (please print) _____

Signature _____

Date _____

Once signed, you will receive a copy of this consent form.