

Jess Maurer:

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Announcer:

Welcome to this, our first Tim Talk mini-episode. Earlier this year, Jessica Maurer, executive director for the Maine Council on Aging, joined us to talk about the untapped opportunities of an aging workforce. We also wanted to get her take on what we should be looking for as we care for an aging and medically complex population. Here's what she had to say.

Tim Dentry:

What are some of the added values that you see of having a multi-generational workforce?

Jess Maurer:

Well, we all come with skills and an example from your institution. I was talking to some residents in your geriatric psychiatry program, and they were talking about the incredible experience that geriatric nurses have in managing people with complex and very challenging behaviors, and that a lot of them are moving toward retirement. And that the young nurses who are coming in younger, younger, I don't know how young, but just haven't had the same level of experience they're terrific, they have great hearts.

They have this culture of caring you're talking about, but they haven't had that experience. And so they're seeing more use of right restraints and psychotropic drugs when with older nurses they have had that experience. And so the question is, how can we build on the experience that people have, whether they're young? I mean, you could have a young veteran come in who's been right out and have so much experience in different kinds of healthcare settings and be able to teach all kinds of different ways. So it's not about a particular age, it's about the experience that somebody has had.

And I think that's part of the hard shift that we have to make. That's what the multi generational approach is, is to say, who's got what skills? Who's can teach in this particular instance? And who can learn? And don't always assume that the teacher is the older and the student is the younger and vice versa. I mean, there's assumptions. Every time I talk to any group, we always ask, what are the assumptions that we have about aging and older people? 99% of the answers are negative, by the way, but the one that's always in the top three is, they don't get our technology or they will take too long to train.

These are both things that happen. And so we have these assumptions. I think, okay, well, I'm about to be 59 this year, and I learned how to use a computer in high school and then have grown up with every technology, but there's an assumption because I don't use Instagram. I'm already on whatever, Snapchat or whatever. I choose not to use those things. It's not that I can't, I just choose not to. But there are assumptions as you age. I'm going to move into 60 pretty quickly and people are going to assume I don't get technology.

Well, I got two computers and two smartphones right in front of me. I get technology, but I think these are the ideas that we have to check our assumptions. And I do think we have to think about training, not just for our HR staff. I mean, again, the number of times I've heard in a room I did not consider the older person for this job from people, with their boss sitting in the room, by the way, because I didn't think that the younger people that they were going to be interacting with would get them or I didn't think that they would understand equity. I've heard this.

I'm thinking, okay, well, I know people in this state who led efforts for LGBT rights after Stonewall, who led in the civil rights movement, who led in the women's rights movement, who led in the labor movement. So yeah, there are a lot of older people who were on the front lines who get what we're talking

about today and we actually forget about them. So there are all these assumptions about what older people are and what they aren't.

And so the key here is A, making sure that ageism is included in all of your training, which I know that it is, but it's really important to do that piece and to keep that fresh, but also then with all of your employees to start really getting at the stereotypes that we hold. One of the things in healthcare that is this age-friendly health system work and, I know you all are doing this, and so that implements what's called the four Ms, and the first M is understanding what matters most to a person.

But if you have stereotypes, we've just been hosting these conversations about ageism in healthcare. A 60-year-old being told, "Oh, well, you shouldn't be doing that at your age." Okay. So if what matters most to you is something that the person you're saying that to cannot understand that an older person does that right or how that could be important because of their own internalized stereotype, then it's not working. So we actually have to dig down on these stereotypes that we have about older people to be able, I think, to make real progress in building the kinds of multi generational healthcare teams we want so that ageism isn't also impacting patient care.

Tim Dentry:

Thank you so much, Jess. It's wonderful. Learned so much listening to your thoughts and your experience.

Announcer:

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