Developing an Interdisciplinary Innovative Master of Gerontology Program

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Purpose: This study describes the goals, development, and outcomes of an innovative, interdisciplinary, Master of Gerontology department, one of two programs in Israel developed to answer Israel’s needs for highly educated researchers and practitioners. Design: Key program components reflecting the program’s innovative nature are described: (a) level of development and promotion of knowledge; (b) goals; (c) influence; and (d) patronage. Results: An interdisciplinary faculty and student body both report a high satisfaction level, involvement, and the obtainment of wide knowledge bases in gerontology and geriatrics. The number of candidates for the program increases each year. A new unique program for physicians has evolved, with strong support from the University of Haifa, the Council for Higher Education in Israel, and key service organizations for the elderly population. Implications: Such a program enhances the level of professional leadership in the field of aging, and it expands the cadre of academic faculty.

Key Words: Interdisciplinary education, Innovative Master’s degree program, Promotion of gerontological knowledge

The initiation and development of the Department of Masters in Gerontology was in response to the challenges facing the Israeli society regarding the rapid aging of the population, and an accelerated growth of welfare and health services for the aged. There was also a growing body of research in gerontology and geriatrics and a lack of specific and focused teaching and training frameworks, mainly at the master’s level. The development of the service network, especially during the past decade, caused a shortage of human capital trained in gerontology, both in academia and research and in top administrative and care roles. Thus, there was a need for high-quality graduate education.

Five years ago, to meet these challenges, researchers started two new distinctive master’s programs—one at the University of Haifa in the north as a special department, and one at Ben-Gurion University in the south as a graduate program. Both programs aimed at attracting students from all academic disciplines and professions that involved working with the elderly population. The establishment of these programs constitutes another milestone on the road toward gerontology’s becoming a distinct discipline in Israel (Lowenstein, 2001, 2004). Their creation was based on the integration of two historic trends in the development of gerontological knowledge: the growing academic research base, and the professional application of academic knowledge. In this article I focus on the department at the University of Haifa. First, though, I present some basic facts about the service network and aging in Israel.

Aging in Israel

Israel is a pluralistic, democratic society. It is also an urbanized welfare state that relies on a mixture of governmental and market forces that shape its welfare policies. The aging of the Israeli society is related to increased life expectancy, which is currently 80.6 years for women and 76.6 years for men, who, in this regard, are ranked third in the world (WHO, 2001), and to the...
composition and aging of cohorts from previous immigration waves. The number of elderly persons who are 65 years of age or older reached 653,000 in 2003. Their proportion in the Jewish population is 11%; it is 3% in the non-Jewish sector, because of the higher fertility rates of this sector. The number of “old-old,” that is, individuals 75 years of age or older, has grown significantly, increasing almost 10-fold between 1955 and 1998, from 26,000 to 252,000 (Brodsky, Shnoor & Be’er, 2003; Central Bureau of Statistics, 2003).

Israel is a living laboratory that has absorbed immigrants from more than 100 countries (Bergman & Lowenstein, 1988), and the recent wave of immigrants during the 1990s brought a large percentage of elderly persons (Carmel, 2002).

A country’s social system and professional practice are affected by the particular society in which they operate, and they reflect related historical, religious, and cultural forces. Political structure and population heterogeneity also shape service delivery. The long-term-care system in Israel is based on three main principles and values. The first of these concern Jewish values, religious laws, traditions, and ethics that emphasize social and familial responsibility (Lowenstein, 1998). The second is the principle of unlimited immigration for all Jews, which is no doubt a central determinant of Israel’s existence. The third is the principle of cultural and ethnic pluralism that creates a diversity of cultural, ethnic, and religious groups (Lowenstein & Bergman, 1988). For example, only 10.6% of Israeli elders were born in Israel.

In order to address the special needs of various aging population groups such as Jews and Arabs, veterans and new immigrants, those who are religious and those who are secular, holocaust survivors, and others, there has been a rapid growth of social security, new welfare legislation, health benefits, and community services. For the future, we can anticipate that changes in the composition of the aged will result in continuing growth of the “high-risk” groups: those over the age of 75, women, those of Eastern origin, the disabled Arab populations, and the aging holocaust survivors. These projections mean that needs for long-term-care services will increase and more resources will have to be allocated. This in turn means there will be a need for expertly trained professionals and leaders in gerontology. Thus, in the new millennium, Israel faces the dual challenge of meeting current needs while keeping pace with anticipated needs (Lowenstein, 2000).

The Rationale for Creating the Master’s Department

Given the scope of service delivery, where thousands of social and health care professionals and semiprofessionals are employed, many of them without any knowledge base or training in gerontology and geriatrics, the time was ripe to develop innovative academic programs and to upgrade their level and prestige. Up to 4 years ago, though, the teaching of gerontology in institutions of higher education was, at best, included as a track or a number of courses in programs as social work or nursing; it was not established as a unique program by itself, as it is in other developed countries.

Evidence suggests that, in an attempt to deal with the challenge of societal aging, educational institutions can play a major role, facilitating the necessary social change (Hyman, 1979). Developing educational programs in gerontology is one of the means of sensitizing the public and professionals to the impact of an aging society (Peterson, 1986). Therefore, the rationale for creating the master’s program in gerontology was based on the following three interrelated factors.

The first factor was Need. The demographic revolution in modern Western society, with its increase in the elderly population and the complexity of aging issues, necessitates raising public and professional awareness of the needs of older adults by creating specific knowledge bases.

The second factor was Need Recognition. Social policy in developed countries recognized the importance of providing quality care to the growing aged population, as manifested by the accelerated development of long-term-care systems. The designation by the United Nations of the year 1999 as the International Year of the Older Persons, and the Madrid International Plan of Action on Aging, 2002, were expressions of significant recognition.

The third factor was Acting on the Need. Gerontological knowledge and research databases have proliferated over the past few decades. This is reflected in the wide array of evolving educational and training programs, especially in the United States, in response to the need to train researchers, educators, and professionals. However, acting on the need has a different pace in different countries. The development in some European countries has been slower than in others—whereas in the United Kingdom currently 23 gerontological programs are operating, in Finland, Italy, and Austria, only 1 such program was found (Meyer, 2003). In Israel, acting on the need has become imperative in view of the survey results on continuing educational programs in aging that showed large gaps in knowledge and skills within the care giving professions (Korazim, Bareket, & Bergman, 1997).

The past decade in particular witnessed a surge in the creation of gerontological studies with multidisciplinary emphases. Nevertheless, the area remains problematic, as aptly expressed by Robert Kastenbaum: “Gerontology remains a kind of shadow land today, despite all the studies, courses, conferences, publications, and service programs. . . . Gerontology is still highly dependent on the whims of the academic/governmental complex” (1992, p. 135). The relatively new master’s program in gerontology aims to cope with this shortcoming and has developed with an emphasis on interdisciplinarity. This article presents this 4-year experience.

The program was initiated and formulated to achieve three goals. The first goal was to establish a truly interdisciplinary research-oriented Master of Gerontology degree. The goal is to enhance the scientific study of aging and develop new knowledge bases unique to the needs of Israeli society by educating a new cadre of academic and practice-oriented leadership. In order to
achieve interdisciplinarity, the program draws on and collaborates with other scholars from departments and faculties at the university such as the Department of Economics, the Faculties of Law and Business Administration, and the Faculty of Medicine at the Technion—Israel Institute of Technology. It is activated in the Faculty of Welfare and Health Studies, where it works with all its departments and schools, such as the School of Social Work and the School of Public Health or the Departments of Nursing and Occupational Therapy. The faculty members and the student body both reflect the interdisciplinarity of the program. Department members include a lawyer, a psychobiologist, and an environmental planner, in addition to social and behavioral science faculty and geriatricians. The student body includes students such as a pharmacist, an architect, and a lawyer.

The second goal was to upgrade the level of the different professionals, planners, and administrators working in the health and social services for the aged in Israel. It is implemented by providing academic expertise and training clinical practitioners in research techniques, paying special attention to the unique groups with whom they work, like Holocaust survivors. The goal is achieved by close collaboration with the main service providers—the relevant Ministries of Health and Welfare and ESHEL (The Association for Planning and Development of Services for the Aged in Israel). The strategy is to sensitize the professionals to the special needs of diversified elderly populations and develop meaningful practice-based interventions on the microlevel, mesolevel, and macrolevel. The new knowledge of these individuals helps in the development and evaluation of the effectiveness and efficiency of interventions.

The third goal was to achieve closer and more harmonious integration between research and practice. This is accomplished by collaborating with the Center for Research and Study of Aging (I am the head of the Department of Gerontology and also the head of the Research Center) and working closely with local and national service organizations. This is also accomplished by involving a network of some of the most prestigious international scholars in gerontology, such as Professors Vern Bengtson and Merrill Silverstein from the University of Southern California and Professor Toni Antonucci from the University of Michigan, in the research programs of the faculty and students.

General Program Overview

The program is based on the following premises. First, there is multidimensionality to education, research, and training in gerontology. Thus, a flexible modular program was developed that was geared to students’ individual needs. Second, it is important to educate professionals and potential academic and research cadre to answer the growing and complex needs of a heterogeneous and diverse aging population, based on a holistic approach. Thus, there is a strong emphasis on research, policy, and management to promote understanding of issues like elders’ autonomy and quality of life. The curriculum is geared toward the allied health professions, the medical and legal professions, economists, social and behavioral sciences, life sciences, social workers, educators, architects, and those seeking a new career pathway.

The emphasis in the program is on excellence. Thus, those admitted to the program have achieved the top academic standards of the highest grades in their undergraduate studies, scored high grades on an English-proficiency examination, and presented high-quality recommendations.

The establishment of the Master of Gerontology program is in many ways an innovative endeavor in Israel, where for many years only a disperse array of courses in aging was offered and gerontology was a low-prestige study area. The vested interests of many professionals in the field created barriers and opposition for building such a department. I worked on developing it and obtaining collaboration, both on the academic level and the practice arena, for a number of years to overcome such opposition. The program is also innovative compared with other programs around the globe because it emphasizes so strongly the interdisciplinary nature of studies, the response to unique needs of heterogeneous aging populations by strongly incorporating issues of ethnicity, immigration, comparative cross-cultural and cross-national research, and the needed practice skills, such as case management, to work with these populations.

It is innovative because it offers a very rich and diversified range of courses in the social, behavioral, psychological, medical, legal, economic, and physiological aspects of aging, policy planning, organization, and management of services. It poses a challenging experience for participants and is tailored to individual and small groups’ needs (e.g., collaborating with the Department of Asian Studies at the university to offer a student from Japan, now living in Israel, a special reading course on elders in Japan).

It is innovative as it is flexible and continuously changing, based on feedback from the service network and the students. This flexibility is expressed, for example, in the newly developed program for physicians. This unique program (for which my colleagues and I did not find a parallel elsewhere) is geared toward training general practitioners (about 2,000 around the country), family physicians (today close to 1,000), directors of community health clinics, and those working in institutional settings (a few hundred) who did not specialize in geriatrics and probably would not do so in the future. However, the clients of a large number of these individuals are elderly adults and their families. The program aims to upgrade their knowledge level in gerontology and geriatrics and advance their expertise by updating their knowledge in writing scientific papers and conducting evaluations and research. This special program includes, in addition to the general curriculum, expanded modules in geriatrics and management with courses such as geriatric assessment, clinical issues in geriatrics, and geriatric community care, and it exposes individuals to social gerontology and research.
The program is innovative in the sense that it aims for all students not only to generate, evaluate, and effectively disseminate new and existing knowledge and best practices, but also to train others and to identify priority gaps in knowledge for practice and policy development.

Three strategies were adopted to further the development of the department. The first was to build as broad an interdisciplinary faculty as possible, which was accomplished by assembling a committed staff of social gerontologists, social workers, sociologists, psychologists, and geriatricians, and a biologist, psychobiologist, policy planner, philosopher, architect, environmental designer, and lawyer. The faculty includes 2 full-time staff, 3 part-time members, and another 12 lecturers who teach a course or two but are not permanent members. However, all members of the faculty are very dedicated and involved in all activities. The second strategy was to strengthen the links between the university and community through consultation with top management and policy makers and actively involve the major service organizations. The third strategy was to build a strong research base through close collaboration with the Center for Research and Study of Aging. Such collaboration allows students to work on their research theses and become involved in studies conducted by faculty. A large number of our students received prestigious awards and scholarships both from within the university and from outside funding agencies.

As Toffler (1990) pointed out, the struggle to develop standards, whether in the academic, political, economic, or technological realms, will determine the promotion of distinct bodies of knowledge in disciplines and professions. Conceivably, it will alter accepted gerontological perceptions and propel the field toward professionalization. Therefore, the establishment of a new educational department necessitates the consideration of the standards for knowledge development and dissemination.

Standards and Challenges

Sivan (1995) provided a useful multidimensional approach, in the educational area, by positing the following four standards.

The first standard is the level of development and promotion of knowledge—from the individual level through the organizational and supraorganizational to the national and international. The curricula of the program are geared toward this by offering interventions on the microlevel, mesolevel, and macrolevel and cross-national research options.

The second standard is the goal: Does it aim to simplify complex processes and facilitate their understanding; enhance communication and create a common language or unity among various professionals in order to achieve harmony and protect users of the knowledge; or influence the value system regarding the fixing of goals? The curriculum first exposes students to the interdisciplinary nature of gerontology through the array of courses and then exposes the students to an integrative, interdisciplinary seminar mandatory for all students that is geared toward building a common professional language among the various health and social care professionals.

The third standard is influence: Does the knowledge development and dissemination exert a constructive, positive influence on the field, or is its influence unknown? The program has already upgraded the level of the service system and the academic bases, as outlined in the paragraphs that follow.

The fourth standard is patronage: Is there a patron, and if so does it consist of a single body or several, and is there an existing mandate for the field? The Council of Higher Education in Israel, the University of Haifa, the Israeli Association of Gerontology, and the major service networks are actively involved.

The Department of Gerontology aims to relate to the aforementioned standards.

Level of Development and Promotion of Knowledge

In the United States, for example, the field has been organizationally institutionalized since the 1970s, with the establishment of the Association for Gerontology in Higher Education. Currently in Israel, education and training as a specialized field of study are in the developmental process, as developers learn from programs abroad but adapt them to our culture and values. The department aims both to create new knowledge bases through the advancement of students’ research skills, supporting their theses and research projects, and to disseminate this knowledge through the active involvement of faculty and students in conferences and publications. In addition, each year we hold at least three large workshops for national audiences, which are organized by faculty and students together. For example, the next workshop is planned for 600 family physicians working in the largest HMO in northern Israel, presenting state-of-the-art developments in geriatrics and gerontology. Furthermore, each semester two faculty–student seminars are held, in which both groups present the latest research or practice developments.

Goal

The development of gerontological topics and their entrenchment in the curricula are influenced by societal values regarding aging, and those of various professionals. Questions then arise such as this: Should the goal be to prepare a cadre devoted to training, a cadre for teaching and research, or a cadre for service management? Our goal is to train all such individuals to assume leadership roles in the field of aging that were lacking in Israel. Thus, so far, the emphasis has been on research and management. Future directions are to develop modules like policy and administration, law and aging, and family and intergenerational relations.

Another issue is determining the main topics and study areas. The program is flexible enough to understand the need to develop, for example, new practice skills in management. Thus, this year a field practicum
of 50 hr (to be expanded next year to 100 hr) was
developed for practitioners, with a focus on policy
and administration. Within the practicum, students
are working with directors of different agencies, such
as a rehabilitative hospital for the aged or a local
association for the aged, to learn micropolicy mecha-
nisms and foundations for assessment and evaluation
of policy outcomes. The students’ projects centered on
evaluating outcomes of physiotherapy rehabilitation for
elders’ quality of life, or preparing a new “blueprint”
for a hot line for elderly immigrants.

The program contains two tracks—a thesis track
with 36 hr of credit and a research thesis. This track
usually takes 3 years to complete. Here are some
examples of some of research theses: the perception of
grandparenthood: comparing the grandchildren of
holocaust survivors with those of nonsurvivors; knowl-
dge of Alzheimer’s disease among Arab–Israeli elders;
the relations of physiotherapists’ knowledge and
attitudes to age bias in elder care; and knowledge and
referral patterns of dietitians regarding osteoporosis.
Most students, so far, have chosen the thesis track. In
the nonthesis track, which takes 2 years, 48 hr of credit
and a final (miniresearch) paper are required. The
program includes the following: basic interdisciplinary
studies; research; management; interventions, both
microlevel and macrolevel; and general electives.

Basic Interdisciplinary Studies.— Mandatory for all
students are these studies: Social and Cultural Aspects
of Aging; Psychology of Aging; and an integrative
interdisciplinary seminar. Students must take two of
the following courses: The Biology of Aging; Physiology
of Aging; and Epidemiology of Aging.

Research.—Mandatory for all students are these
studies: Research Methods in Aging; Advanced Statistics
and Computers; a research thesis seminar (thesis track);
and a seminar for the final paper (nonthesis track). In
2005, Qualitative Research Methods will be added.

Management.—Mandatory for all students are these
studies: Introduction to Management in Services
for the Aged; Interdisciplinary Team Work; Organiza-
tional Behavior; and Management of Health Systems
for the Elderly.

Interventions: Microlevel and Mesolevel.—Students
must take Psychogeriatrics; Clinical Interventions
With the Aged; Intergenerational Relations in the Aging
Family; Assessment of the Elderly; Working With
Holocaust Survivors; and Community Interventions
With Various Aged Populations.

Interventions: Macrolevel.—All students must take
Aging Policy; Law and Aging; and Welfare and Health
Services: Organization and Operation. Electives are
The Pension System; Ethics in Aging; and Architectural
Planning.

There is a practicum in Policy and Service Planning.
It is currently 50 hr, although it will be expanded in 2005
to 100 hr, and it is supervised by directors of services
with a faculty member in charge. It is required for
students on the nonthesis track, and it is elective for
those on the thesis track.

General Electives.—There are several general elec-
tive courses: Sleep and Sleep Disorders; Study of
Emotions; Art and Aging; Health and Illness; Physical
Education in Aging; and Loss and Grief. In 2005, two
courses will be added: Elder Abuse, and Environment
and Aging.

Influence

The program appears to be effective, exerting
a positive, albeit yet insufficiently widespread, influence
in training top professionals and preparing a potential
academic cadre. This influence is reflected, for example,
in the number of graduates who hold key positions in
health and welfare services, like a head nurse in a general
hospital or head of social work services in a large long-
term-care facility. The individuals advanced to these
positions after graduation. This influence is also re-
lected in the number of new programs established by
graduates, such as the introduction of gerontology into
a high school curriculum, or building strong links be-
tween a geriatric department and community clinics.
Furthermore, many students who did not work in the
field are currently absorbed in the labor market, holding
such positions as director of a large day care center or
being responsible for occupational therapy in a large
home for the aged. Thus they become influential pro-
fessionals in the service network. After close negotia-
tions, today both the Ministry of Health and the
National Insurance Institute recognize that our stu-
dents’ training makes them fit to obtain positions in such
places as nursing companies that operate under the Long
Term Care Insurance Law, or they recognize the studies
as being cause for additional bonus to their salaries.

Some graduates were integrated into academic de-
partments such as occupational therapy and nursing at
the University of Haifa, whereas some had started their
doctoral studies in the United States and at Haifa. Fur-
thermore, a physician who graduated with the first
graduating class was recruited as a faculty member for
the new program for physicians. Many students partici-
pate actively in national conferences and workshops on
aging, presenting their theses and publishing in various
referred journals in Israel and abroad.

Another element reflecting the impact of the depart-
ment is the close contact with the international research
community, through close association with the Inter-
national Association of Gerontology (IAG) and the
European Behavioral, Social Science and Research Sec-
tion of the European Gerontological Region (of which
I am the former head). The program was presented at
various international conferences and received warm
feedback, especially at the European Congress of
Gerontology in Barcelona in 2003, and at the IAG
workshop on Graduate Education in Gerontology
Worldwide in Richmond, VA in 2004.
The impact of the department is also shown by the increasing number of top candidates who apply; there are between 100 and 120 candidates each year, “forcing” us to admit more than planned. Originally, our mandate was to admit 20 students each year. However, during the third year, we accepted 25; in the fourth year, 30; and in 2003–2004, 40 students. All admitted students are of high caliber.

Patronage

The department has managed to obtain the recognition of the Council for Higher Education, and the major ministries and service organizations for the elderly in Israel. The University of Haifa and the Faculty of Welfare and Health Studies, where it is located, are very supportive, expanding its academic staff and providing additional resources each year. In addition, ESHEL, the largest governmental service organization in Israel, is highly supportive and involved: ESHEL’s director teaches in the program and is developing and heading the policy practicum.

Conclusions

This article describes the rationale, goals, and standards for development and operation of the relatively newly established Master of Gerontology program at the University of Haifa in Israel. The need for the program and the recognition of this need, by the Council of Higher Education and the professional community, have significantly affected the attitudes and learning experiences of the students. The program exerts an influence both in research advancements and within the service network for the elderly population, introducing new practice skills and intervention techniques.

The perception of gerontology as a discipline aiming at professionalization stems from the general consensus among researchers and professionals that, although a body of academic knowledge exists, gerontology by its very nature embraces knowledge from a variety of disciplines, which it incorporates and integrates (Hendricks & Hendricks, 1986). With this, there is a consensus as well over the existence of a core body of knowledge (Johnson et al., 1980). Such a conceptualization prompts the development of distinctive curricula with an interdisciplinary thrust, which at the same time attempt to achieve harmonization and create a common language among professionals. This provided the basis for the creation of the Master of Gerontology program with its innovative approach, emphasizing interdisciplinary, research-based education, and developing a flexible, modular, rich, and diversified program to answer the needs of heterogeneous aged population groups and introduce new programs like the unique program for physicians.

For any program, and especially a new department, evaluation and feedback are constantly necessary, prompting questions about the multidisciplinarity versus the interdisciplinarity of the curricula. Today, the multiple and complex needs of the elderly population are understood to require interdisciplinary collabora-

References
