NOTICE ME: A Screening Tool for Older Widowed Men

By

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Abstract

The fastest growing age group in the United States is older adults. In 2011, there were more than 40 million persons over the age of 65 in the United States, 17.9 million of whom were men. Widowers over the age of 65 increased 64% in the last fifty years with an increase of almost a quarter million in the last ten years. This increase in older widowers coupled with rising healthcare costs, makes it important to conduct assessments that aim to identify health and functional problems. Knowing the needs of older widowers will help identify appropriate resources to help them safely maintain independence. The purpose of this paper was to explore the needs of older widowers and to suggest a simple screening tool for healthcare providers to use in practice - the acronym, NOTICE ME.

Key words: widowers, older adults, aged, men, bereavement, loneliness, activities of daily living, quality of life

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The fastest growing age group in the United States is older adults. In 2011, there were over 40 million persons over the age of 65 in the United States, 17.9 million of whom were men (Centers for Disease Control and Prevention, 2009; U.S. Census Bureau, 2011). The number of widowers over the age of 65 has increased 64% in the last fifty years with an increase of almost a quarter million in the last ten years (Rodriguez, 2010). This population subgroup is under-researched and data sources are scarce (US Department of Health and Human Services, 2011). While there are multiple articles and studies on older widows, little information about the quality of life and resources are available specifically for older widowers. Widowers have a lower poverty rate than their female counterparts, but they experience challenges in maintaining their health and social circles and have a greater risk of suicide (Linkenerg & Torres, 2012). The majority of studies on older widowers have shown a decrease in their quality of life and a significant increase in mortality once their spouse has died (Skulason, Jonsdottir, Sigurdardottir, & Helgason, 2012).

Older men frequently have a reputation of being hard-workers, dependable, proud, and even stoic. Many people tend to think of older men as being strong, providing for themselves and resisting asking for help when needed (Wood, n.d., as cited in Rodriguez, 2010). Men over the age of 65 are from an era with rather specific gender roles: such as men working and providing for the family and expecting that women take care of household duties and maintain the social, formal, and healthcare activities for the family (Bennett, 1998; Jin & Christakis, 2009). Unfortunately, widowers can find themselves with unfamiliar roles and responsibilities when their wives die. Some widowers have grief so strong that they do not care if they live with the basics of daily life (Bennett, Smith, & Hughes, 2005). Some are lonely and need assistance but

find it difficult to advocate for their needs. Healthcare providers and families need to be aware of these challenges and educate them about resources so that widowers might lead a healthier, happier life (Smith, 2012).

Losing a spouse is thought to be one of the biggest life events and can lead to stress, depression, health behavior changes, and self-neglect (Bennett, Smith, & Hughes, 2005; Byrne & Raphael, 1999). Widowers have increased risks of death (Nihtila & Martikainen, 2008; van den Brink, Tijhuis, van den Bos, Giampaoli, Kivinen, Nissenen, & Kromhout, 2004), a 71% higher risk of institutionalization (Nihtila & Martikainen), are more depressed (Bennett, 1998), and have decreased social networks (Kaunonen, Tarkka, Paunonen, & Laippala, 1999; Thuen, Reime, & Skrautvoll, 1997). Berg, Hoffman, Hassing, McClearn, and Johansson (2009) reiterate, "…men have fewer friends and their wife may be the only close confidant" (p. 198), and "men in this cohort are less accustomed than women to taking care of domestic chores; widowhood brings additional practical difficulties and disability to the psychosocial loss" (p. 199). These difficulties can lead to the 'widowhood effect' – the death of the widowed person, which "is one of the best documented examples of the effect of social relations on health" (Elwert & Christakis, 2008, p.11).

The healthcare providers usual approach to the older widower is to take care of their immediate medical needs, not basic human needs (Brittis, 2011), that can decrease their quality of life. Furthermore, ageism and its impact on older adults can affect the way the healthcare provider affords care. In ageism, older adults are grouped together without taking into account individuality and the unique needs of the individual (Assisted Living Federation of America [ALFA], 2012). In recent decades, there has been an increase in public policies and government initiatives that support our aging population. Programs like Better Care, Higher Standards,

ALFA, the Patient Advice and Liaison Services, and the Mental Capacity Act of 2005 have helped bring awareness to the need for older adult advocacy (Scourfield, 2007). However, it still remains a challenge to educate healthcare providers to the unique needs of aging adults.

Statement of Purpose

The purpose of this paper was to explore the needs of older widowers and to suggest a simple intervention for healthcare providers to use in practice.

Search Strategies

Initial search engines used were CINAHL, PubMed PsycINFO, AND Google Scholar. Research timeline requested was from 2000 – 2012. Key words were: widowers, elderly men, older adults, aged, men, bereavement, loneliness, activities of daily living, and quality of life. The inclusion criteria were men over age 65 and widowed. The search was then narrowed to articles in English that included widowers. The final number of research articles reviewed was twenty-seven, along with five government websites for current statistical data. The research was synthesized and led to the development of a screening tool to be used by health care providers when working with older widowers.

Literature Review

Needs of Older Widowers

Older widowers are a population who are under-recognized and under-researched (Carter, 2003). With rising healthcare costs and an emphasis on elder care, it is more important than ever to be alert to this at risk population with assessments that identify issues that affect quality of life and threaten independence (Hauksdottir, Steineck, Furst, & Valdimarsdottir, 2010; van den Brink, et al., 2004). Knowing the needs of older widowers will help identify resources to prepare them for independence and prevent issues that may inhibit them from seeking help. Easy to use

tools and interventions are essential to identify the needs of increasing numbers of older adults. The acronym NOTICE ME – adapted from work by community health student nurses (Stewart & Lopez, 2011) - is a screening tool developed to help health care providers notice and assess older widowers. The acronym is simple, catches ones attention, and can be utilized in any health care setting (hospitals, nursing facilities, home health agencies and clinics) and by families. The information related to the acronym can be printed on pamphlets or flyers, and, can be used for education and by the media. Each letter of the acronym corresponds to an aspect of a widower's life that should be screened for by healthcare providers (See Figure 1).

N*utrition*. Nutrition is important for older adults to maintain their independence, health, and quality of life (Vesnaver & Keller, 2011). As stated previously, adults over the age of 65 lived in an era when men and women had traditional gender-based household roles. Men were largely unfamiliar with food preparation because women were socialized to be responsible for preparing all the meals for their families (Vesnaver & Keller, 2011). The unfamiliar role of meal preparation can leave older widowers at risk for malnutrition. Malnourishment and dehydration in older adults can increase hospital stays, state and federal healthcare costs, and mortality (Whittle, 2010; van der Kramer, 2011; Villalon, Laporte, & Carrier, 2011). Yet, studies have shown that healthcare workers, physicians less than nurses, rarely do nutritional screening (Villalon, et al., 2011). From a healthcare standpoint, assessing the nutritional needs of older widowers is important to providing interventions and/or educational resources to uniquely fit each man. Nutritional education and/or resources could include: how to decrease dehydration, preparation of easy meals, meal programs, Meals on Wheels, healthier microwave meals, and resources to integrate a social aspect into eating.

O*thers (social support)*. Decreased social relationships have been linked to increased mortality (Vesnaver & Keller, 2011). A widowed person's quality of life changes when their spouse dies. Losing social circles and access to others is an important issue. Many older men have a harder time maintaining the social circles their wives once managed. Widowed men tend to be more depressed than their married counterparts and withdraw from social relationships (Brittis, 2004). It is not just that the widower is now living by himself; he is, many times also lacking the social support that human beings need. Hughes, Waite, Hawkley, and Cacioppo explain, "Feelings of loneliness are not synonymous with being alone but instead involve feelings of isolation, feelings of disconnectedness, and feelings of not belonging (2004, p. 657). Nurses and other healthcare providers need to be more aware of possible loneliness in their older adult clients (Hauksdottir, Steineck, Furst, & Valdimarsdottir, 2010; Smith, 2012). Assessing the social needs of older widowers is vital to provide them with the information and resources needed to improve their quality of life. Organizations like the Department of Health and the World Health Organization realize the importance of tackling social isolation and loneliness; this can improve older people's well-being and quality of life and is increasingly recognized in international policy and in some national health strategies (Cattan, White, Bond, & Learmouth, 2005). If further assessment is needed, a tool, such as the Revised UCLA Loneliness Scale, may be of use in assessing an older widower and their level of loneliness or happiness (Hughes et al., 2004). Screening and assessment tools are instrumental in identifying the necessary interventions suited to older widowers.

T*ransportation*. Just like everyone, older adults need to go to the grocery store, doctor's appointments and social gatherings. Widowed older adults can find themselves in a vulnerable situation with fewer friends or nearby family members that could help with transportation for

everyday essential tasks. In addition, managing transportation and/or utilizing the public transit system can be a challenge for older adults, especially if they have physical and/or cognitive impairments or have a fixed income (Olness & Loue, 2004).

Statistically, older adults have an increased risk for motor vehicle accidents. The AAA Foundation for Traffic Safety provides three facts regarding senior drivers: 1) seniors will comprise 25% of all licensed drivers by 2025, 2) fragility accounts for more than half of senior fatalities per mile driven, and 3) 95% of seniors use medications that may impair driving (2012). One solution to the challenges of being an older driver is the use of public transportation. The Resources are available in many areas in the United States such as publicly funded or volunteer programs that take older adults to medical appointments or deliver food to them (Olness & Loue, 2004). Healthcare providers must assess not only the physical ability to drive, but the mental capacity to drive as well. If an in-depth assessment is needed, the American Medical Association provides a good resource (2013). If he is unable to safely drive, then referrals to social services and information about alternatives must be provided.

Income. The average annual income for adults over the age of 65 in 2010 was just over $24,000. Nine percent of older men between the ages of 65-74 live in poverty, and this increases to ten percent in those men over the age of 75 (Federal Interagency Forum on Aging Related Statistics, 2010). Means of income are social security, asset income, pensions, earnings, and public assistance (McDonnell, 2007). Older men tend to have a greater percentage of their income from pensions, earnings, and assets. However, incomes vary depending on their financial status prior to the death of their wife. No matter the income prior to spousal death, widowhood can have a significant effect on the surviving spouse, economically. Thus, healthcare providers

need to gauge whether the income of the older widower meets their needs and if they are able to manage their finances. Resources and referrals can be provided if needed.

C*are of self*. Many instrumental activities of daily living require a level of self-care. Almost one-fifth of older adults over age 65 cannot perform two or more activities of daily living, such as bathing, dressing, and toileting (Olness & Loue, 2004). Many men rely on their wives for daily activities, such as medication management, making appointments, grocery shopping, and house cleaning. Widowed men can find themselves situationally disabled while they learn to do the daily tasks their wife performed while she was living (van den Brink, et al., 2004). Trying to learn and/or keep up with these tasks while grieving and losing their closest social support can be fatal for some men. In-depth assessments by healthcare professionals can offer older adults the education and tools necessary for them to make important adjustments in their daily activities.

E*nvironment/Housing*. The environment that widowers surround themselves in: work, volunteering, living arrangement, and neighborhood all contribute to quality of life and community engagement. Subramanian and colleagues determined that in neighborhoods with more widowed adults, access to social circles and ease of access to people was increased (Subramanian, Elwert, and Christakis, 2008). Neighborhoods that did not have a high concentration of widowed individuals had 22% increased mortality in men. Utz, Carr, Nesse, and Wortman (2002) studied how older adults maintain continuity in their communities and social circles while coping with the loss of their partner. Communities and community-building with local programs would provide easier access to resources, decrease loneliness and depression, and, potentially decrease mortality for these men. Housing of widowers is an important part of their environment. Do they live in a house or apartment? In an assisted living facility or a nursing

home? With family or all alone? Or are they homeless? Approximately, 33% of 30 million community-dwelling older adults live alone (Olness & Loue, 2004). Many older adults want to live independently in their own homes for as long as possible. Unfortunately, studies of widowers show that they have a greater risk of entering institutionalized care (Nihtila et al., 2008) or living in unhealthy conditions (Olness & Loue, 2004). Depending on the widowers living conditions, the resources recommended by healthcare personnel should provide easy access to resources within his community.

M*ental Health*. From grief, to loneliness, to depression, to mortality (sometimes in the form of suicide), widowers are at a high risk of impaired mental health (Bennett, Smith, & Hughes, 2005). Widowers have an 18% higher risk of suicide than widows (Elwert & Christakis, 2008). Byrne and Raphael (1999) found that the incidence of suicidal ideation or suicide attempts was 21% higher than their married counterparts. The majority of studies done on bereavement and its effects on mental health have focused on widows or younger age groups. Research on older widowers is lacking (1999). Cognition plays a key role in mental health of older adults. Dementia, delirium, and depression have been studied, but not with a focus on older widowers. Decreased cognition plays a pivotal role in one's self-care. Older men that did not have significant decreases in cognition while married, tend to experience cognitive losses in widowhood (van den Brink, et al., 2004). Assessing the cognitive ability of the older widower and the status of their mental health is essential and influences the interventions and resources provided.

E*ducation*. Providing information and education are fundamentals activities of nursing care. An important aspect of patient education is assessment of the information literacy of the widower. Healthy People 2010 defines, "Health literacy is the degree to which individuals have

the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (CDC, 2009). Changes in vision, hearing, and cognition all affect how the older adult processes information (CDC, 2009). Once the level of information processing is considered, the appropriate information and/or resource plan can be made with him. Interdisciplinary staff and departments must work as a team to gather and implement information. Utilizing the social and/or case workers in the workplace is essential to maximize the information provided to the widower. By employing multiple providers and disciplines, the widower has a greater chance of having post-healthcare advocacy and/or follow-up care.

Significance to Nursing

When older adults feel the loss of personal, significant relationships, they frequently turn to health care providers not just for physical care, but for emotional and social support as well, more so if they are alone/widowed (Brittis, 2011). The number of persons over age sixty will soon reach 20% of the United States population (Institute of Medicine, 2008) and will far outnumber healthcare workers, especially those educated and trained to care for older adults. Additionally, in acute care, "the mean age of older people hospitalized for acute diseases has increased, reflecting not only the aging of the population, but also the need for intensive medical care for the oldest-old" (Marengoni, & Cossi, 2006, p.1149). High productivity standards and the burden of documentation significantly limit the time spent with patients. Older widowers are:

> at risk for depersonalization; they enter the health care system looking for understanding, encouragement, help, and support at a time of physical and emotional need, and risk becoming overlooked or lost in the system because hardly anyone has the time or energy to get to know them and listen and understand their losses, individual care needs and strengths (Brittis, 2011, p. 24).

Older adults are living longer; many with chronic or complex conditions that required specific expertise. The Institute of Medicine (IOM) examined current education, healthcare models, and programs to deal with our aging population (2008). The IOM recommended: 1) that more healthcare workers be trained in geriatric care, 2) healthcare planning to increase recruitment and retention of geriatric specialists, and 3) increased geriatric education (2008). Healthy People 2020 added older adults to their focus, specifically stating their goal to, "improve the health, function, and quality of life of older adults" (U.S. Department of Health and Human Services). Despite the recommendation that medical professionals have certification in geriatric care, in 2004, only 1.4% of registered nurses had a geriatric certification (U.S. Department of Health and Human Services).

Nurses are in an ideal position to reach out to widowers and advocate that they have access to information and referral services. Shorter hospital stays and overworked providers make this a challenge (Edwards, Davies, Ploeg, Virani, & Skelly, 2007). Moreover, Edwards and colleagues suggested that even though nurses had resource information available, they did not necessarily utilize it (2007). Nurses need a tool that giving them a simple yet thorough way of identifying the needs of widowers.

Need for Future Research

After conducting an extensive search of the literature about the needs of older widowers, it was evident that few studies focus specifically on older widowers. NOTICE ME provides an easy-to-remember screening tool reminding the health care provider of the important aspects of a widower's health and function. This tool can be piloted in a hospital(s) or in primary care. A follow up survey and/or study could help measure the usefulness of the NOTICE ME screening tool in practice and could provide useful information to guide future research. Research gaps

could be studied based on the results of the NOTICE ME evaluation study. McKenzie et al. (2009) explain the importance of program evaluation, "…attention to the quality and effectiveness of programs through proper evaluation helps ensure that program goals and objectives are accomplished" (p. 339). Both the number of men affected and/or reached as well as evaluation of who is using the tool would need to be measured.

Conclusion

With the older adult population increasing, rising health care costs, and a lack of healthcare professionals specifically trained in gerontology, it is more important than ever to be alert to the needs and quality of life of the vulnerable population of older widowers. Research has shown that these men do not always voice their needs which has them slipping through the cracks in our healthcare system; in many cases, decreasing their quality of life and health. This paper suggests NOTICE ME as a useful screening tool for this population in order to offer necessary care and resources, while addressing the Healthy People 2020 goal of improving the lives of older adults.

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Figure 1. NOTICE ME Screening Tool

N*utrition*: Is he getting enough nutrition to stay healthy? Can he cook?

O*thers*: Is he socializing and getting out of the house? Does he have friends & family?

T*ransportation*: Is he able to get places (i.e. appointments, store, errands, and hobbies)?

I*ncome*: Does he have income? Can he pay his: bills, medications, groceries? Can he manage his money?

C*are of self*: Does he show signs of self-neglect? Does he bathe? How are his ADL's and medication management?

E*nvironment*: What is his environment or community like - is it safe? Does he go to church? Can he do laundry and housekeeping? Are there other elders in his community? Where does he live? House or an apartment? Is he homeless?

M*ental Health*: How is his affect? Flat, withdrawn, depressed, too quiet or angry? What is he saying (or what does his body language say)? What is his cognitive status?

E*ducation*: Does he need information about community resources or a specific resource? Does he need self-care education?

(adapted from Stewart & Lopez, 2011)