Roles and Relationships

Objectives

1. Describe normal roles and relationships.
2. Describe how patterns of roles and relationships change with aging.
3. Discuss the effects of disease processes on the ability to maintain roles and relationships.
4. Describe methods of assessing changes in roles and relationships.
5. Identify older adults who are most at risk for experiencing problems related to changes in roles and relationships.
6. Identify selected nursing diagnoses related to role or relationship problems.
7. Describe nursing interventions that are appropriate for older individuals experiencing problems related to changing roles and relationships.

Key Terms

Please visit http://evolve.elsevier.com/Wold/geriatric for bonus material and selected audio pronunciations.

dysfunctional (p. 202)
grief (p. 202)
heterogeneous (p. 200)
homogeneous (p. 199)
relationships (p. 199)
role (p. 199)
social isolation (p. 204)

NORMAL ROLES AND RELATIONSHIPS

A **role** is a socially accepted behavior pattern. People tend to establish their identities and to describe themselves based on the roles they play in life. Man, woman, husband, wife, adult, senior citizen, parent, child, son, daughter, student, teacher, doctor, nurse, worker, and housewife are some common roles. People play many roles over a lifetime and often must attempt to play several roles simultaneously.

Roles are identified, defined, and given value by the society in which a person lives (Cultural Awareness, p. 200). Each member of society learns the status of various roles and learns to expect certain behaviors, symbols, and relationships that are acceptable for each

role. The behaviors, symbols, and relationship patterns can differ widely, depending on the values and norms of the society in which the individual lives. The value assigned by society indicates the status of each role. Those in high-status roles generally possess more privileges and receive more rewards. For example, modern society gives bosses higher status than employees; teachers higher status than students; employed persons higher status than unemployed persons; and younger, more productive members of society higher status than older, retired members.

Relationships are connections formed by the dynamic interaction of individuals who play interrelated roles. Most people develop a wide range of relationships within their families, at work, and during day-to-day social activities. The way individuals occupying each role interact with each other describes their relationships. Relationships can be short- or long-term, personal or impersonal, intimate or superficial. Relationships change over time and are affected by the role changes of the people involved.

Each culture and subculture sets standards for designated roles and relationships. People in various roles or relationships are expected to behave in accord with accepted standards, which include things such as the amount and type of clothing or jewelry that are appropriate. Standards specify the type of housing, the means of transportation, and even the type and amount of food consumed. Standards specify how individuals in the culture relate to each other in social and work situations. For example, the role perception for a middle-class American businessman is that he is expected to wear a suit and tie with minimal jewelry, live in an apartment or house in the suburbs, drive a conventional car, eat healthful meals, show up for work on time, and show respect to the boss. If this businessman showed up late for work in jeans and a sweatshirt, wearing an earring and riding a motorcycle, and then later eating a hamburger and telling the boss not to "bug" him, most people would be shocked. Yet this same behavior is not considered atypical for a college student—even one who is studying to be a businessman.

A simple, or **homogeneous**, society is one in which all members share a common historical and cultural

experience. There is little confusion or conflict in a homogeneous social system, because the symbols, behaviors, and relationships are perceived in the same way by all members of the society. Everyone knows the accepted roles and how people in each role are expected to relate to each other. Therefore there is little question and few problems with regard to role or relationship expectations.

A more complex, or **heterogeneous**, society is one in which the members of many diverse subcultures with different historical and cultural experiences must interact. These subcultures may have their origin in race, religion, ethnic heritage, or age. Because subcultures do not share the same experiences, their symbols, behaviors, roles, and relationships are not perceived in the same way by all members of the larger society. Roles and role expectations are not always clear, and this lack of shared perceptions often leads to misunderstandings, confusion, and conflict.

The American culture is very heterogeneous and is becoming even more so. Problems are likely to occur when people with different role and relationship perceptions are required to interact with each other. The greater the differences in role perceptions, role symbols, and role relationships, the greater the likelihood that cross-cultural misunderstandings will occur. This explains the confusion or stress many people experience when they interact with individuals of different ages or from different cultural backgrounds. It also explains why a person who was raised in a specific culture is more comfortable with similar individuals and finds it difficult to establish close relationships with people from different cultural backgrounds. Furthermore, it explains why people of different ages may have difficulty understanding each other. The diversity of the population contributes to the prevalence of role and relationship problems in contemporary American society.

However, this is not the only role or relationship issue people face. In addition to the interpersonal conflict or confusion seen in modern society, individuals can also experience *internal* role conflict and confusion. Problems occur when the demands of multiple roles and relationships must be met at the same time, particularly when the expectations of one role conflict with those of another. For example, a woman today is often expected to be wife, mother, and employee. She may be expected to keep up the home, prepare meals, supervise the children, be active in school or community programs, be a social and sexual companion to her spouse, and be a productive worker—capable of doing everything, while working with everyone, and always arriving on time with a smile on her face. Unless today's woman is superwoman, she is bound to fall short of someone's expectations.

Most people occupy multiple roles and develop a variety of relationships throughout their lives. People think of themselves and establish their identities in terms of their roles and relationships. If you ask people to describe themselves, you typically receive a list of roles or relationships (e.g., mother, engineer, supervisor) rather than a list of personal characteristics.

Because people form their self-image based on their roles and relationships, they are likely to have difficulty accepting changes in either. Our identity and sense of self are threatened when roles are lost and the relationships associated with those roles change. The longer the role was held and the more intense the relationships, the greater the grief will be. When a person's role changes, the symbols and indicators of role and status also change. Loss of symbols or status is often as painful as the loss of the role. People may grieve a change of role or loss of relationship as much as they grieve the loss of a loved one.

ROLES, RELATIONSHIPS, AND AGING

The longer a person occupies a particular role, the more familiar and, consequently, more comfortable the person becomes with it. The more comfortable people are in their roles and relationships, the harder it is to adjust to changes.

Older adults must adjust to many predictable role and relationship changes associated with aging, including retirement, altered relationships with adult children, changes in housing, loss of valued possessions, loss of friends resulting from relocation or death, loss of a spouse to death, loss of health, and loss of independence. All of these changes and losses are potentially traumatic to older adults.

Many older adults resent the fact that society forces them to retire. Age 65 was once the typical retirement age, but that is no longer the case. This change has occurred partially because of financial reasons, but also because many older people do not *want* to retire. Many of these people feel that they would lose too much of their identity if they retired. They say, "I don't

know what I would do if I couldn't work." Older persons who do retire may adjust well or poorly, depending on the adequacy of their other roles to keep them satisfied. In general, the more roles and relationships a person develops at younger ages, the better his or her ability to adjust will be when some of those roles and relationships are lost.

When an occupational role no longer exists, the individual often grieves its loss. Many people look forward to retirement, but once retired find that they miss both the status that role gave them and the interaction with other people. They often resent the fact that they are no longer viewed as productive, contributing members of society. They are no longer lawyers, plumbers, nurses, or teachers; they are just retired people.

Early baby boomers seem to be having less difficulty adjusting to retirement than those who preceded them. Many report being highly satisfied with their lives and are in many cases developing new roles and forming new relationships. A common comment heard from this group is "I don't know how I ever had time to work full-time. I've got too many things to do." Perhaps this is because those who have entered retirement are in better health and have more economic resources than those who are still employed full-time. Perhaps the fact that many have changed jobs and even careers several times during their working years has given them a different perspective on what they can do with the rest of their lives. Only time will tell if this pattern continues.

To maintain a connection with those who are still employed, many retired older adults continue to think of themselves as a part of their occupation. A nurse remains a nurse for life, a plumber remains a plumber, and so on. Even if they have not worked in the occupation for years, most older persons continue to identify with their previous occupational roles. This may be particularly obvious in older adult professionals (e.g., physicians, lawyers, professors, ministers) who never stop using their titles. Many expect to retain the same status level and respect as was paid to them when they were actively employed and are highly insulted if this respect is not forthcoming.

There are some roles from which a person cannot officially "retire." Homemaker is one such role. Older persons who have spent the largest part of their lives managing a home—doing the cooking, cleaning, sewing, and other duties required of a homemaker—may feel lost when they are forced by circumstances of ill health or finances to give up the home. Many older adult homemakers (primarily women) have few other roles and feel a great sense of loss when institutionalized. Those who took the time to develop hobbies or social interests and relationships outside of the home tend to adapt better than do those who had no interests other than their homes.

Older adults do not give up the role of parent just because their children are adults. The role of parent is usually identified as being self-sufficient and in control. Role conflict and altered family relationships are likely to occur when older adults attempt to continue to direct their children's behavior long after the children are adults or when the parents lose the ability to function independently and are forced to become dependent on their children. Successful adjustment to changes in the parenting role is difficult and requires a great deal of patience, tact, and accommodation on the part of all family members. Families who have a history of altered parenting or poorly developed family relationships are likely to have serious problems, often leading to abuse or isolation of the older person from his or her family.

In addition to being the parent of adult children, many older adults are grandparents. The role of grandparent is often described as being much more pleasant than that of being a parent. As one grandmother said, "I can have all of the fun and enjoyment of children without the responsibility." Another grandmother replied, "Yes, it's nice when they come to visit, but it's also nice when you can send them home."

Grandparenting allows older adults to share their wisdom and experiences with a new, young generation. Because grandparents are often under less daily stress and are not the primary disciplinarians of the children, they are usually more relaxed and have more time to spend on nonessential activities such as conversation and play (Figure 12-1). It is common for retired grandparents with time on their hands to entertain

FIGURE **12-1** Grandparenting. (Sorrentino SA: *Mosby's textbook for nursing assistants,* ed 6, St Louis, 2004, Mosby.)

FIGURE **12-2** An older woman plays with her grandchild. (Sorrento SA, Gorek B: *Long-term care assistants,* ed 4, St Louis, 2003, Mosby.)

children with stories or teach them skills, hobbies, or games that the grandparents learned as children. When positive interactions take place between grandparents and grandchildren, a close bond is often formed that benefits both parties (Figure 12-2). Mobility and the resulting separation of family members often make it difficult for this relationship to develop. Both parties are usually worse off for not knowing the other.

Many older persons have occupied the role of spouse for 30, 40, or 50 or more years. With the death of a partner, these persons are deprived of a significant role and relationship. Marriage is one of the most personal and intimate relationships. A successful long-term marriage requires a great deal of effort; the loss of this intensely personal relationship triggers a high level of emotional distress. Many widowed older adults experience severe grief and social isolation as a result of the loss. They describe themselves as feeling as though a part of them is missing, of feeling half-alive. Many widows and widowers find their grief so overwhelming that they cannot even continue to perform normal activities of daily living.

The loss of friends due to relocation or death also results in changed social roles and relationships. Many activities require more than one person to be fun. Many older adults have formed friendships or social groups over the years. As more and more of the members move away or die, the older person is likely to become increasingly socially isolated. Older persons who outlive their families and friends often feel that their lives are without purpose.

Many older adults change housing arrangements out of choice or necessity. The house may be too big, too expensive, or too difficult to maintain. This is particularly true when the health of one or both occupants fails or when a widow is unable to keep up the home after loss of the spouse. Moving to smaller accommo-

dations commonly necessitates the sale or distribution of personal possessions accumulated over a lifetime. This loss of possessions makes the process of moving even more traumatic for older adults. In some ways, they are "giving away" their lives.

Loss of health and independence are probably the most traumatic losses because they involve changes in the very essence of who people are. When older adults lose health and independence, they lose control over their own destiny. They are at the mercy of others (either family or strangers) for care and sustenance.

As previously discussed, societies establish and define the boundaries of various roles. Individuals are judged by how well they understand and comply with their assigned roles. "Old person" is a role that has many connotations and expected behaviors. In contemporary American society, an ageist definition of the role of older adults would include adjectives such as helpless, infirm, cranky, and useless. Some older adults accept this stereotype and act the part. However, more and more older adults are continuing in productive roles and maintaining successful relationships well into their 80s and 90s. Indeed, it is expected that the baby boom generation will try to reinvent aging and break the old stereotypes. Just as they have challenged societal norms from early youth, baby boomers are likely to redefine the meaning and intent of life's later years. Old age has been called the "roleless role," a time in which many of the things that gave meaning to life are gone. However, the role is not the person—and the person is more than the sum of the roles played. If baby boomers are able to find ways to maintain a sense of purpose and growth into old age, they will have accomplished a remarkable feat.

NURSING PROCESS FOR DYSFUNCTIONAL GRIEVING

Grief is a strong emotion. It is a combination of sorrow, loss, and confusion that comes when someone or something of value is lost. This reaction can come in response to the loss of a person, role, relationship, health, or independence.

Grief affects thoughts, emotions, and behavior and creates a wide range of physical sensations. The normal grief response follows a somewhat predictable pattern, although the exact amount of time any given individual needs to work through a loss differs (Table 12-1).

Grief is normal after the loss of a significant role or relationship (Box 12-1). Grieving leads to dysfunction when the person has an exaggerated or prolonged period of grief. Continued sadness, anger, or denial is indicative of poorly resolved grief. Often, grief is so severe that it prevents the person from functioning normal. Older persons experiencing **dysfunctional** grief may completely shut themselves off from normal support systems, lose interest in all activities, and even fail to perform the basic activities of daily living.

AU: If this doesn't sound right to you, the original wording should technically be changed to "the roles he or she play"—singular to match "person."

Table 12-1 **Stages of Grieving**

SHOCK AND NUMBNESS (FIRST 2 WEEKS)

Feelings: Disbelief, denial, anger, guilt

Behaviors: Crying, searching, sighing, loss of appetite, sleep disturbance, limited concentration, muscle weakness, inability to make decisions, emotional outbursts

SEARCHING AND YEARNING (2 WEEKS TO 4 MONTHS)

Feelings: Despair, apathy, depression, anger, guilt, hopelessness, self-doubt

Behaviors: Restlessness, poor memory, impatience, lack of concentration, crying, social isolation, loss of energy

DISORIENTATION (4 TO 7 MONTHS)

Feelings: Depression, guilt, disorganization

Behaviors: Resistance to seeking help or reaching out to others, trying to live as if nothing happened, restlessness, irritability

REORGANIZATION (UP TO 18 TO 24 MONTHS)

Feelings: Sense of release, decreased sense of obsession with loss, renewed hope and optimism

Behaviors: Renewed energy, reorganization of eating and sleeping habits, improved judgment, renewed interest in activities and goals for the future

Data from Davidson G: *Processing sudden loss,* 1999, Available at www.beyondindigo.com/articles/article.php/artID/56.

Assessment

- What is the person's marital status (i.e., single, married, widowed, divorced)?
- If the person has lost a spouse or significant other, how long ago did this occur?
- Does the person live alone or with others?
- If the person lives with others, who are they and how are they related? What is the family structure?
- How does the person describe relationships within the family?
- What family interactions have you or others observed?
- Does the person belong to any social groups?
- Does the person have close relationships with friends?
- Is the individual employed? What are the relationships at work?
- Has the person retired from work? How long ago? What are his or her feelings regarding retirement? What does the person do to occupy his or her time?

- Does the person feel a part of the community or neighborhood?
- If in a long-term care setting, has the person established relationships with other residents?
- Has the person recently relocated? From home to an acute-care setting? From home to an extended-care facility? From one unit or room to another?
- Does the person spend a great deal of time alone?
- Does the person speak excessively with others or remain silent?
- Does the person exhibit signs of withdrawal, anger, depression, sorrow, fear, or shock?
- Has the person verbalized concerns regarding losses of persons, jobs, or abilities?
- Have the person's sleep or eating patterns changed?
- Has the person's ability to concentrate changed?

Box 12-2 provides a list of risk factors for problems related to changes in roles and relationships in older adults.

Box 12-1 **Normal Loss/Grief Reactions**

PHYSICAL	EMOTIONAL	COGNITIVE	BEHAVIORAL
• Persistent fatigue	• Anger	• Confusion	• Absent-mindedness
• Tightness in chest	• Anxiety	• Forgetfulness	• Crying
• Muscle weakness	• Ambivalence	• Disorientation	• Decreased motivation
• Shortness of breath	• Depression	• Disbelief	• Restlessness
• Susceptibility to minor illnesses	• Fear	• Preoccupation	• Social isolation
• Hypersensitivity to noise	• Irritability	• Decreased attention	• Inconsistency
• Dry mouth	• Loneliness	• Inability to concentrate	• Irritability
• Headaches	• Numbness		• Diminished productivity
• Grinding teeth	• Panic		• Sleep disturbances
• Tension	• Sadness		• Appetite disturbances
• Nausea	• Guilt		
• Hyperacidity	• Shock		
• Dizziness	• Helplessness		
	• Apathy		

Box **12-2** *Risk Factors Related to Changes in Roles and Relationships in Older Adults*

- Recent loss of a spouse, child, close friend, significant other, or cherished pet
- Recent loss of lifelong or valuable roles
- Recent major adjustment in his or her living situation
- Inability to perform familiar roles owing to loss of functional abilities

Box **12-3** *Actions That Promote Trust*

- Spend time with the person
- Actively listen to what the person says
- Address the person by name
- Smile
- Use a warm, friendly voice
- Make appropriate eye contact
- Respond to questions honestly
- Provide consistency of care
- Respect confidentiality
- Follow through on commitments

Nursing Diagnosis

Dysfunctional grieving

Nursing Goals/Outcomes

The nursing goals for older individuals with dysfunctional grieving are to (1) verbalize their grief, (2) use available support systems, and (3) participate in activities of daily living.

Nursing Interventions

The following nursing interventions should take place in hospitals, in extended-care facilities, and at home:

1. **Establish a trusting relationship to encourage verbalization of feelings regarding the change or loss.** Before sharing their true feelings, older adults must develop trust in their nurses. Trust comes only when they believe that the nurses truly care about them as unique human beings and that the nurses will be understanding and sensitive to their feelings. It takes time and effort to develop trust.

   Trust cannot be forced. It may take days, weeks, or even months for a grieving person to share his or her deepest feelings. Although trust cannot be forced, nurses can take actions to promote its development. These actions are summarized in Box 12-3.

2. **Assess the source and acknowledge the reality of the grief.** Grief is very much like pain. It is a complex and personal emotion. Because most people find it difficult to deal with grief, they avoid grieving persons and avoid discussing anything that approaches the source of the grief. These behaviors leave the problem unresolved. To help with grief, it is essential that the grieving person identify and confront the loss. Nurses can help by spending time with grieving individuals and by allowing them the opportunity to verbalize their grief. Once older adults are able to verbalize and acknowledge their grief, nurses can use problem-solving methods to help them develop coping strategies.

3. **Encourage older adults to participate in activities of daily living.** Grieving individuals are often totally preoccupied with their loss. Although this preoccupation is understandable, it is incompatible with normal living. The more a grieving person is able to maintain contact with day-to-day activities, the

sooner he or she will be able to go on with life. Nurses can help by providing structure to the day. A plan of care that allows for preferences while setting limits helps provide this structure. A daily schedule that is well planned and predictable often enables grieving older adults to regain some control and to cope with the changes. Encouragement and positive feedback for participation in daily activities help motivate positive behaviors.

4. **Identify sources of support.** Although nurses can provide some support to grieving older persons, many others can also help. Family, friends, spiritual advisers, counselors, therapists, and support groups are all valuable sources.

   Many pamphlets, books, and other materials are available to help people who are experiencing grief. Many can be found in libraries, physician's offices, or other locations where older adults congregate.

NURSING PROCESS FOR SOCIAL ISOLATION AND IMPAIRED SOCIAL INTERACTION

Social isolation, the sense of being alone, is a common problem among older adults. Those experiencing social isolation are likely to be uncommunicative and withdrawn and to have few visitors or other social interactions. Social isolation is a result of many factors and can be unintentional or intentional. The more people are separated from family and friends, the greater the likelihood of social isolation will be.

Most social isolation is unintentional. Separation resulting from death is a common and unavoidable part of aging. Many older people simply outlive their families and friends. These people are likely to become isolated unless they establish new social outlets. Separation resulting from relocation is also common. Today, it is unusual for family members to remain in a single community. Young family members move to find job opportunities; older adult family members move to retirement communities.

Decreased physical mobility and limited finances can result in social isolation. Physical changes can

restrict an older person's ability to move about and make social contacts. Financial limitations can lead to separation from others because of the lack of adequate money to buy appropriate clothing or transportation to social activities.

Intentional isolation is less common and is most likely to occur when older adults fear not being accepted by others. Those who suffer from grief may be too upset or absorbed in their own problems to interact with others. Older persons experiencing changes in body image from procedures such as amputation or colostomy are also likely to isolate themselves from others. Older persons who have cognitive or perceptual problems may isolate themselves because they do not understand what is going on around them.

Assessment

See the assessment for dysfunctional grieving on p. 203.

Nursing Diagnosis

Impaired social interaction

Nursing Goals/Outcomes

The nursing goals for older individuals with impaired social interaction are to (1) demonstrate increased participation in social activities and (2) identify actions or resources that will help reduce social isolation.

Nursing Interventions

The following nursing interventions should take place in hospitals, in extended-care facilities, and at home:
1. **Assess the reason or reasons for the social isolation.** Because many factors can lead to social isolation, nurses should identify those that affect each individual. Interventions should be directed at specific problems.
2. **Promote social contact and interaction.** Telephone calls and mail can be used to maintain contact with family and friends. Telephones should be readily available and located so that older adults can have privacy yet comfort when using them (Figure 12-3). Telephones can be equipped with amplifiers for those who are hard of hearing. Mail should be delivered promptly. Visually impaired older adults should be offered help in reading mail.

    Social rooms and lounges should be available for older adults to use for visits. If the individual is confined to bed, privacy to conduct visits in the room should be given.

    Information about all activities in a facility should be well communicated to older adult residents. Nurses should offer encouragement to those who are reluctant to participate in activities.

    Careful planning is needed to prevent social isolation in older individuals with restricted physical

FIGURE **12-3** A resident maintaining social contact by using the telephone. (Sorrentino SA: *Mosby's textbook for nursing assistants,* ed 6, St Louis, 2004, Mosby.)

mobility. Nursing care should be scheduled so that there is adequate time for social interaction. The care plan should provide for any assistance required to enable participation in social activities.
3. **Spend one-on-one time with the isolated person.** Those who cannot or will not participate in social interaction need extra attention from the nursing staff. One-on-one interaction, even for brief intervals during the day, helps these persons maintain some social contact. Over time, nurses can attempt to motivate these individuals to try other forms of social contact.
4. **Initiate referrals.** Often, the social worker, chaplain, or activities department can help socially isolated older persons identify acceptable social activities.

NURSING PROCESS FOR INTERRUPTED FAMILY PROCESSES

Normal changes in family processes were discussed in Chapter 1. When older persons or their families verbalize concern or confusion related to a change in roles or relationships, family dynamics should be assessed. Alterations in family processes can occur at any age but are most common when an aging family member becomes dependent.

Assessment

See the assessment for dysfunctional grieving on p. 203.

Nursing Diagnosis

Interrupted family processes

Nursing Goals/Outcomes

The nursing goals for older individuals with altered family processes are to (1) express their feelings regarding changes in roles and relationships and (2) work with family members to develop strategies for coping with changing roles and relationships.

Nursing Interventions

The following nursing interventions should take place in hospitals, in extended-care facilities, and at home:

1. **Assess interactions between older adults and their families.** Nurses should spend time sitting in when family members visit their aging relatives. Nurses should be alert for signs of destructive emotions such as anger or frustration. If these are evident, a rest time or coffee break should be suggested to reduce the tension and allow the family members a chance to calm down. When they have been separated, nurses can try to explore their feelings individually and suggest coping strategies.

2. **Encourage all family members to verbalize their feelings.** It is best to explore the feelings of family members independently. Many people, both old and young, are afraid to express their real feelings in the presence of other involved parties. Nurses should spend time with older adults and each individual family member in private settings. During this time, it is important to convey to all concerned family members that all feelings, including those of anger and frustration, are acceptable and will be held in confidence. Expressing the negative emotions that are triggered by the stress of coping with changing roles and relationships is not easy for most people and will take time. Once feelings are identified, positive coping strategies can be developed.

3. **Assist family members in identifying personal and family strengths.** Each person and each family has weaknesses and strengths. The key to maintaining or repairing family dynamics is identification of the strengths. Love, concern, and shared spiritual values can be used as a basis for positive relationships.

4. **Encourage family members to visit regularly.** When an aging family member is hospitalized or resides in an institutional setting, the family may feel useless or unnecessary. Some family members feel that their presence is not desired by the nursing staff. Nurses should recognize that family members are able to relate to older adults in unique and special ways. Rather than make the family uncomfortable, the nursing staff should do everything possible to make them feel welcome and at ease. Greeting family members by name helps forge bonds of mutual caring. Responding promptly to requests and showing small considerations (e.g., offering the family members a cup of coffee) can go a long way in making them feel valued.

5. **Encourage the family members to assist in elder care.** Family members are often able and willing to help the nursing staff care for aging loved ones. Assisting with care provides the family with the opportunity to show their concern for the aging person. Assisting with care should not be expected or demanded, but it should be encouraged if the family appears willing. The amount of involvement will differ from family to family. Some family members may desire to perform a great deal of the care, even bathing and feeding. Others are more comfortable helping with less technical things such as hair grooming or shaving. Nurses can help families by providing all necessary equipment, by teaching families safe and effective ways to perform tasks, and by providing positive comments for a job well done.

6. **Assist families in identifying factors that are interfering with normal interactions.** Normal physiologic changes, illness, disability, side effects of medication, decreased finances, and other events can affect the behavior of older adults and interfere with normal family interactions. Nurses should do a thorough assessment to determine the factors at play in any given situation. Once the causative factors are identified, nurses can work with older adults and their families to develop a plan that eliminates or reduces the problems and thereby facilitates more-normal interactions.

7. **Explore community resources.** If the family dynamics are severely altered, nurses may be unable to meet the family's needs. Special assistance in the form of support groups, geriatric social workers, or geropsychiatric clinics are available in many communities. Nurses should be aware of the resources available in a specific community and make information about these resources available to all family members. (See Nursing Care Plan: Social Isolation, p. 207.)

Key Points

- People play many roles and have many integral relationships over a lifetime.
- When aging results in loss of these roles and changes in relationships, grief is a normal response.
- If the grief response is severe, the older person may lose all interest in life.
- Grieving people are often unwilling to participate even in normal daily care or activities.
- To break through grief, nurses must attempt to build a trusting relationship in which the older person can work through the loss and grief. It is hoped that this will enable the person to find new meaning in life and to build new relationships.
- Older adults may become isolated from social interaction.
- Social isolation may result from ineffective methods of coping with grief or from impaired family dynamics.
- Roles and relationships are maintained through communication with others.

NURSING CARE PLAN

Social Isolation

Mrs. Hixton is an alert, generally healthy 77-year-old widow who lives alone in the home she and her husband shared until his death from cancer last year. Her daughter lives several hundred miles away and calls occasionally. The home hospice nurse who visited regularly during her husband's illness stops by as part of her routine follow-up and finds that Mrs. Hixton spends most of her time in the house with the shades drawn and only goes out to buy groceries and other necessary items. She drives to church weekly but does not speak to other church members. She speaks hesitantly to the nurse and makes little eye contact during the conversation. With tears in her eyes, she states that "Nobody cares about me anymore; they all have somebody, but I have nobody."

NURSING DIAGNOSIS   *Social isolation*

Defining Characteristics

- Feelings of rejection and being alone
- Absence of supportive family or friends
- Withdrawal from contact with others
- Sad, dull affect
- Lack of eye contact
- Preoccupation with own thoughts

Patient Goals/Outcomes

Mrs. Hixton will demonstrate increased participation in social activities and identify actions or resources that will help reduce social isolation.

Nursing Interventions

1. Allow Mrs. Hixton time to verbalize feelings of sadness or depression relating to loss of her spouse.
2. Encourage her to develop a list of family members and friends with whom she previously socialized.
3. Encourage her to make contact with her daughter by phone on a weekly basis.
4. Identify social activities that were previously of interest to her.
5. Encourage participation in a grief counseling group.
6. Consult with minister regarding visitations.

Evaluation

Mrs. Hixton hesitantly expressed willingness to attend one session of grief counseling. During this session she sat quietly and listened to others explain what they were going through. At the next home visit she told the nurse, "I think I'll go to another session. There was another woman there who's having the same problems I am. She offered to have coffee with me." You will continue the plan of care.

?CRITICAL THINKING

1. What could the nurse do to help Mrs. Hixton prepare for her next grief counseling session?

2. What could the nurse do if Mrs. Hixton had a negative experience at the group counseling session?

3. What are possible interventions the nurse could use if Mrs. Hixton refused to attend further sessions?

- If the ability to communicate with others is impaired (as is the case with many of the common disorders of aging such as stroke or dementia), the ability to maintain relationships is affected.
- Older persons with impaired communication are likely to feel isolated from family and friends and from normal social interactions.

- Nurses who work with older adults should understand the effects of changes in roles and relationships.
- An understanding of the significance of these losses enables nurses to assess the behavior of older adults more effectively and to plan interventions that will be of benefit.