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Résumé

Les différences liées à l'âge et au sexe quant à l'insuffisance du soutien social sur le plan émotif et informatif accordé aux aînés, au Canada atlantique

Gloria McInnis-Perry, Lori E. Weeks, Henrik Stryhn

De nombreuses sources démontrent que la pratique infirmière se soucie des besoins des aînés en ce qui a trait au soutien social et de leurs effets sur la santé et le bien-être de cette population. À l'aide des données d'enquête obtenues auprès de l'Atlantic Seniors Housing Alliance, les auteurs explorent les besoins de soutien social sur le plan émotif et informatif des Canadiennes et des Canadiens de 65 ans et plus, résidant dans une communauté et domiciliés dans les provinces atlantiques. Les résultats indiquent que ces besoins ne sont pas pleinement satisfaits et qu'ils augmentent avec l'âge. De plus, les hommes et les femmes rapportent des lacunes différentes quant à des besoins particuliers. Les hommes sont plus nombreux à signaler une absence de soutien sur tous les plans. Le personnel infirmier doit être sensible aux besoins de soutien particuliers des aînés liés à l'âge et au sexe. Il doit également multiplier les évaluations sociales et promouvoir le recours à des réseaux sociaux sains, surtout chez les personnes de 80 ans et plus. Cette question doit faire l'objet de plus amples recherches en sciences infirmières.

Mots clés : aînés, soutien social sur le plan émotif et informatif, réseaux sociaux, différences liées à l'âge et au sexe

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Age and Gender Differences in Emotional and Informational Social Support Insufficiency for Older Adults in Atlantic Canada

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It is well documented that nursing is concerned about the social support needs of older adults and the effects of those needs on health and well-being. Using survey data from the Atlantic Seniors Housing Research Alliance, the authors explore the emotional and informational social support needs of community-dwelling Canadians aged 65 and older living in the Atlantic provinces. The results indicate that these needs are not being met fully and that they increase with age. Also, men and women report different insufficiencies for specific needs; more men than women report having no support across all items. Nurses should be sensitive to specific age and gender support needs of older adults. They should also increase their social assessments and promote healthy social networks, especially for those 80 years and older. Further nursing research is recommended.

Keywords: older adult, emotional and informational social support, social network, age and gender differences

Canada's population is aging. Furthermore, Atlantic Canada is experiencing a significant demographic shift, with a higher percentage of persons 65 years or older than other regions of the country (Statistics Canada, 2010). Consequently, this region will see the effects of an aging society and corresponding social changes earlier than the rest of Canada. Moreover, the health-care sector has downsized and home care now targets only the most frail elderly, leaving more care responsibilities to family and friends (Cohen et al., 2006). Conversely, most older adults prefer to "age in place," in the company of their loved ones (Marek et al., 2005), a situation that depends largely on access to home care services (Shiner, 2007). As a result, many older adults are living alone without the social support of their immediate family, friends, and community (Aday, Kehoe, & Farney, 2006).

Atlantic Canada differs from the rest of the country, with less urbanization, lower income levels (at least 20% below national levels), higher unemployment rates, and a higher percentage of seniors (Davenport, Rathwell, & Rosenberg, 2005). Correspondingly, an increased geographical distance between older adults and their children, retirement, divorce,

loss of family and friends, minimal income, and transportation issues all increase the older adult's vulnerability to social isolation, loneliness (Pinquart & Sorenson, 2003), and depression (Traynor, 2005). These changes can lead to grave health outcomes, such as addiction, suicide, and increased risk of dementia (Choi & McDougall, 2009).

The support needs of older adults have become a societal priority (Cedergren, King, Wagner, & Wegley, 2007). Seniors' well-being is greatly impacted by the social determinants of health, such as income, social status, social support networks (Dupuis-Blanchard, Neufeld, & Strang, 2009), social environment, physical health and personal health practices, coping skills, and health services. The significance of meaningful relationships for one's health and well-being is well documented (Borrowman & Dempster, 2009; Dupuis-Blanchard et al., 2009).

Approximately one third of persons over the age of 80 report loneliness (Victor, Scambler, Bowling, & Bond, 2005). Additionally, women tend to outlive their male partners and often find themselves alone and lonely in later life (Newall et al., 2009). Reducing loneliness and social isolation and teaching stress-reduction skills are two ways to promote successful aging (Depp, Vahia, & Jeste, 2007). Research on social support specific to seniors in Atlantic Canada is limited and is often subsumed under national research endeavours. We do know that communities across Canada are aging at different rates and that the influences and issues facing these communities vary. Determining the state of emotional and informational social support for seniors in Atlantic Canada would help in assessing the vulnerabilities and strengths of this demographic. In addition, we need nursing research on the social aspects of aging, such as the living arrangements and interpersonal relationships of community-dwelling seniors (Edwards & MacDonald, 2008). Strengthening relationships, addressing social isolation, and providing opportunities for participation in meaningful activities all promote mental health and well-being in later life (Borrowman & Dempster, 2009; Krause, 2010).

The purpose of this study was twofold: to examine the emotional and informational social support needs of seniors living in Atlantic Canada, and to gain insight into how these needs are influenced by age and gender.

Definitions

Understanding the quality and quantity of social support helps determine the extent to which support resources are available. When distinguishing between sufficient and insufficient relationships, one should understand what constitutes a support system and how a support system is measured. Social support plays an important role in human health (Gottlieb &

Bergen, 2010), is viewed as an interactional process (O'Reilly & Thomas, 1989), and is derived from social networks. For the purpose of this research, social support is defined as the "emotional and informational resources that persons perceive to be available or that are actually provided to them by nonprofessionals in the context of both formal support groups and informal helping relationships" (Cohen, Gottlieb, & Underwood, 2000, p. 4). Social support is measured using questions that elicit needs with respect to two types of social support: emotional support, such as empathy, listening, understanding, reassurance, friendship, intimacy, and attachment (Finfgeld-Connett, 2007; Stewart, et al., 2006); and informational or affirmational support, such as advice, assistance with problem-solving, and provision of feedback (Stewart et al., 2006).

Age and Gender Differences

Despite the validity concerns of grouping all older adults together based on chronological age, this approach remains the most common means of assessing the elderly and determining their suitability for Canada's wide variety of programs for seniors. Persons are often defined as "old" at age 65. Further differentiation into young-old (65–74), middle-old (75–84), old-old or very old (85+), and frail elderly (Maux, 2006, p. 7) reflects the many changes that can occur over a short span of time (Cicirelli, 2010) and the unique strengths and challenges of each group. We therefore used discrete age demarcations for our study.

The influence of age and gender differences throughout life in terms of social support is beginning to be reflected in the literature (Ajrouch, Blandon, & Antonucci, 2005; Cedergren et al., 2007; Felmlee & Muraco, 2009; Krause, 2010; Sener, Oztop, Dogan, & Guven, 2008; Shaw, Krause, Liang, & Bennett, 2007). Most of the research on social support among community-dwelling seniors does not differentiate between age groups. However, Fiori, Smith, and Antonucci (2007) studied age-group differences and social network types in a sample of 560 adults between the ages of 70 and 103. They identified social network types as "diverse-supportive," "family-focused," "friend-focused-supported," "friend-focused-unsupported," "restricted-non-friends-unsatisfied," and "restricted-non-family-unsupportive." They found that a friend-focused-supportive network was most common among the oldest-old (85+) and diverse-supportive and friend-focused-unsupported among the young-old (70–84). Shaw et al. (2007) investigated age-related changes on 11 dimensions of social networks and support in later life. They found that emotional support was relatively stable with advanced age, whereas other types and/or levels of *received* support (e.g., tangible and informational) increased with age and levels of *provided* support fluctuated. They also

found that as older people age, they invest increasingly fewer resources into maintaining intimate social ties. In contrast, Ailshire and Crimmins (2011) compared the old and the oldest-old in terms of the psychosocial factors of social relationships, loneliness, and life satisfaction associated with longevity. They found that the oldest-old had maintained social relationships with family and friends but felt lonelier and had a more negative perception of aging.

Okamato and Tanaka (2004) studied gender differences, social support, and subjective well-being. They found that older men reported less social support and subjective well-being than older women. Cedergren et al. (2007) examined friendship norms and expectations among a cohort of older adults. They found that women rated social support much higher than their male counterparts and that group activities helped them to make new friends. The examination of social norms for affiliative relationships in later life may help to explain the process that leads to friendship conflict and dissolution at this stage of life. Felmlee and Muraco (2009) conducted a similar study of gender and friendship norms and values. They report that women were closer, more cooperative, and more supportive than men. Women tended to have both family and friend networks that focused on positive emotional relationships. Women frequently had higher expectations of friends than men and placed more emphasis on intimacy. The researchers found that gender had a modest influence on seniors' evaluation of friendship norms.

Theoretical Understanding of Social Support

An understanding of how social relationships change over time can be derived from Carstensen's socio-emotional selectivity theory (Carstensen, Isaacowitz, & Charles, 1999). This theory is built on the optimization of social resources in the context of successful aging. Short-term goals are favoured over long-term ones. As adults age, they become increasingly more aware that they have relatively little time left to live and thus engage in an evaluation of their social relationships. A key tenet of Carstensen's theory is that the elderly favour relationships that are emotionally close over more peripheral social ties. They tend to reduce their non-intimate and superficial social ties while maintaining those that are positive and allow for emotional intimacy (Carstensen, 2006; Scheibe & Carstensen, 2010). A primary goal of the older adult is to nurture these relationships as long as possible, as they are a source of emotional meaning and social connectedness (Fung, Stroeber, Yeung, & Lang, 2008).

In summary, research has demonstrated the complexity of the construct of social support and the need to illuminate gender and age differences in the lifespan of the older person.

Method

We used data from the Atlantic Seniors' Housing and Support Services Survey (ASHRA), adapted from a 1998 survey developed by the Canada Mortgage and Housing Corporation (CMHC). With the assistance of stakeholders in each of the four Atlantic provinces, the CMHC survey was adapted to suit ASHRA's determinants-of-health approach; to address Atlantic Canada's unique issues, languages, and cultures; and to fit a mail-out format. Revisions were made following pilot testing with 42 seniors. The final survey contained seven sections related to (1) current housing and living arrangements, (2) feelings about various housing options, (3) transportation needs, (4) difficulties with personal care and activities of daily living, (5) support services, (6) future housing plans and needs, and (7) demographics, including detailed financial information. The support services section included items on whether the respondent was currently receiving or in need of particular services; the types of services listed included physical supports, home maintenance support, support with activities of daily living, and emotional and informational social supports and needs.

Ethical approval was obtained from several universities in Atlantic Canada, including the University of Prince Edward Island.

Sample

The only criterion for participation was community-dwelling adult age 65 or over. "Community-dwelling" was defined as not living in an institution, such as a nursing home, prison, or hospital. We used random procedures for selecting potential participants in each of the four Atlantic provinces. In Prince Edward Island, New Brunswick, and Newfoundland and Labrador, potential participants were randomly selected from the health department's Medicare database. In Nova Scotia, where a random sample from the Medicare database could not be obtained, random digit dialling was used. Potential participants were mailed a letter describing the project and inviting them to take part, along with a reply form and a postage-paid return envelope. Several weeks later, a follow-up letter was sent to those individuals who had not returned the reply form. A survey, covering letter, and postage-paid return envelope were mailed to those who returned the form. Of the 8,880 surveys mailed, 1,670 usable surveys were returned, for a response rate of 19%. The analysis is based on the results of these 1,670 surveys.

Data Analysis

For the purpose of this article, we are reporting only the results of the seniors' current emotional and informational social supports and needs

Table 1 ***Sociodemographic, Health, and Housing Characteristics (N = 1,670)***

	n	%
Gender		
Male	694	41.5
Female	953	57.1
Missing	23	1.4
Marital status		
Married, common law	1,071	64.1
Widowed	425	25.5
Divorced, separated	104	6.2
Never married	50	3.0
Missing	20	1.2
Age		
65–69	555	33.2
70–74	440	26.3
75–79	325	19.5
80–84	175	10.5
85+	120	7.2
Missing	55	3.3
Annual income		
Under $20,000	306	18.3
$20,000–$39,000	706	42.3
$40,000–$59,000	294	17.6
$60,000	182	10.9
Missing	182	10.9
Difficulty completing at least one activity of daily living		
No	1,344	80.5
Yes: fairly serious	211	12.6
Yes: very serious	98	5.9
Missing	17	1.0
Changes in health status in past year		
Yes	327	19.6
No	1,303	78.0
Missing	40	2.4
At least 1 chronic health problem		
Yes	1,195	71.5
No	464	27.8
Missing	11	0.7

(Table 1) that were a component of the support services section of the survey. The results are based on 12 specific social support items designed for the ASHRA survey. Participants were asked to respond on a five-point Likert scale how often they received the different social supports: "none," "a little," "some," "most," or "all" of the time. We considered the scale as an ordinal scale but not as an interval scale because the response categories were not equidistant or otherwise quantitatively related (Norman, 2010). The responses were analyzed with respect to gender and grouped into five age categories: 65–69, 70–74, 75–79, 80–84, and 85+. Descriptive statistics for the sample population were calculated. To meet our research objectives, we stated our null hypotheses: no differences in social support between men and women or between age groups.

Statistical analysis was conducted for each item separately using log-linear models for multinomial data (Long & Freese, 2006). For the proportional odds (or cumulative logit) model, the assumption of proportional odds across all category thresholds of the scale could not be met for both gender and age. Therefore, a multinomial logistic model was used to assess for interaction between age and gender in their effects on responses. In subsequent analyses, a partial proportional odds model (Peterson & Harrell, 1990) with non-proportional odds for gender was shown to provide a reasonable fit to the data, and tests for age and gender effects were based on this model. These effects were represented by percentages of insufficient support (comprising the "none," "a little," and "some" response categories) and for gender by the percentages of no support ("none"). The analyses were conducted using Stata statistical software (StataCorp, 2011). Analysis of the partial proportional odds model was based on the gologit2 add-on package (Williams, 2006). The significance level was set at $p < .05$.

Results

We first present an overall description of the sociodemographic and health characteristics of the respondents (Table 1). We then discuss the support services available to seniors in Atlantic Canada, followed by age and gender differences.

The results indicate that, depending on the support need being investigated, insufficient overall emotional and informational support ranged from 20% to 48% (Table 2). For all items, the multinomial logistic model showed no significant interaction between age and gender effects, despite some fluctuations in the percentages for insufficient support (Table 2). Furthermore, gender effects were clearly inconsistent (i.e., showed non-proportional odds) across the response scale ($p < 0.01$ for all items; data not shown). Age effects were consistent across the response scale, with few exceptions, which are discussed in detail below.

Table 2 *Insufficient Social Support for Men and Women Across Age Categories*

Item	*n* (%)	Women					Men					Overall
		65–69	70–74	75–79	80–84	85+	65–69	70–74	75–79	80–84	85+	
Someone you can count on to listen	1,470 (88.0)	42.2	43.5	40.1	43.2	50.7	40.0	47.9	49.6	56.7	60.0	44.5
Someone who shows you love and affection	1,485 (88.9)	17.1	19.8	14.6	22.0	24.6	21.5	20.1	24.6	23.1	25.7	20.0
Someone to have a good time with	1,476 (88.4)	31.1	31.5	37.0	39.3	44.8	25.5	31.1	36.4	40.6	63.6	33.7
Someone to confide in or talk to about yourself or your problems	1,477 (88.4)	33.0	35.9	34.1	45.5	47.8	31.1	37.9	43.4	45.6	48.6	37.1
Someone who hugs you	1,478 (88.5)	31.6	35.0	39.4	42.9	60.3	27.8	37.3	41.0	50.8	54.3	37.3
Someone to get together with for relaxation	1,482 (88.7)	39.4	38.6	41.9	44.4	60.3	28.4	37.8	43.3	51.5	68.6	40.5
Someone whose advice you really want	1,459 (87.4)	44.3	42.7	42.9	55.2	48.4	41.7	46.7	60.0	55.9	62.9	46.9
Someone to do things with to help you get your mind off things	1,483 (88.8)	44.4	44.8	49.1	57.3	59.7	40.9	43.5	55.4	57.6	70.3	48.0

Someone to share your most private worries and fears with	1,466 (87.8)	41.3	41.1	42.7	51.1	53.0	39.0	42.9	54.8	47.0	65.7	44.3
Someone to turn to for suggestions to deal with a personal problem	1,466 (87.8)	39.8	42.8	37.8	50.6	48.5	38.9	42.3	54.6	51.5	58.3	43.4
Someone to give you advice about a crisis	1,466 (87.8)	38.8	41.4	34.9	46.1	43.9	38.5	39.9	54.2	48.5	58.3	41.7
Someone to do something enjoyable with	1,487 (89.0)	29.7	33.9	34.3	39.1	49.3	28.6	34.1	43.7	42.9	54.1	35.0

Table 3 *Percentages for Insufficient Social Support, by Age Group, With Statistical Test for No Age Differences*

Item	65–69	70–74	75–79	80–84	85+	*p*[a]
Someone you can count on to listen	41.2	45.4	44.4	48.7	53.3	.231
Someone who shows you love and affection	19.0	19.8	18.6	22.3	24.8	.533
Someone to have a good time with	28.7	31.2	36.5	40.3	50.5	.000
Someone to confide in or talk to about yourself or your problems	32.2	36.8	37.8	45.9	47.6	.016
Someone who hugs you	29.9	35.7	40.1	45.9	57.7	.000
Someone to get together with for relaxation	34.6	38.1	42.4	47.2	63.5	.000
Someone whose advice you really want	43.2	44.2	49.8	55.1	53.0	.030
Someone to do things with to help you get your mind off things	42.9	44.2	51.2	57.7	62.7	.000
Someone to share your most private worries and fears with	40.3	41.6	47.4	49.7	56.9	.007
Someone to turn to for suggestions about how to deal with a personal problem	39.4	42.4	44.6	51.3	51.4	.061
Someone to give you advice about a crisis	38.7	40.4	42.4	47.5	48.5	.087
Someone to do something enjoyable with	29.2	33.7	37.8	41.1	50.5	.002

[a] *p* value for age difference in support ($df = 4$)

Table 3 compares age groups in terms of percentages of insufficient support, but similar age effects existed for percentages at other scale thresholds. Age effects were statistically significant for all but four items. In general, percentages of insufficient support increased with age. Apart from item 2 ("love and affection"), with generally a high degree of support and no substantial changes across ages, insufficient support ranged from 29% to 43% in the youngest group and from 48% to 63% in the oldest group. High percentages were also found in the 80–85 group, with 58% for "someone to do things with to help you get your mind off things" and 55% for "someone whose advice you really want." Mild inconsistencies across the scale were found for item 3 ("have a good time with"; $p = 0.02$), where the difference between the two youngest groups was more pronounced at thresholds other than insufficient support, and for item 4 ("confide in"; $p = 0.02$), where the oldest group had relatively few responses in the two lowest categories. Item 5 ("hugs you") showed a similar pattern across the scale as item 4, though the inconsistency was statistically stronger ($p = 0.002$).

Gender differences were most marked at the lowest end of the scale, where percentages for "no support" were significantly higher for men on all items (Table 4). Conversely, there were no significant gender differences in percentages for "insufficient support." Many items also showed a significantly larger proportion of "none" or "little" support for men than for women, and a few items (6, 8, 9, and 12) showed a significantly larger proportion of men than women with support "all of the time" (data not shown).

Discussion

The findings of this study demonstrate that the emotional and informational social support needs of older adults in Atlantic Canada are being partially met but moderate gender and age differences are evident. We found it difficult to make clear distinctions among these entities, as the emotional aspect can encompass companionship, esteem, and informational qualities. Nonetheless, the findings indicate that both emotional and informational sources of support are insufficient. Consequently, older adults are at greater risk for social isolation and/or loneliness (Dickens, Richards, Greaves, & Campbell, 2011). Similarly, Fitzpatrick, Gitelson, Andereck, and Mesbur (2005) found that support items such as "someone to do things with," "getting one's mind off of things," "solving personal problems," "providing information," "confiding in or understanding one's problems," and "providing advice about a crisis" were all related to having good mental health and a fulfilling life. Gender roles and social support and their influences on the evolution of social rela-

Table 4 *Percentages for No Support and Insufficient Support, by Gender, With Statistical Tests for No Gender Differences*

Item	No Support			Insufficient Support		
	Men	Women	p^a	Men	Women	p^b
Someone you can count on to listen	21.9	12.7	.000	46.5	43.5	.114
Someone who shows you love and affection	7.5	3.4	.000	21.8	18.5	.075
Someone to have a good time with	7.4	4.0	.003	32.5	34.3	.642
Someone to confide in or talk to about yourself or your problems	11.7	5.7	.000	37.8	36.3	.536
Someone who hugs you	10.6	6.8	.004	37.1	37.9	.919
Someone to get together with for relaxation	7.3	4.3	.009	38.6	41.9	.244
Someone whose advice you really want	12.5	7.6	.001	49.5	45.2	.094
Someone to do things with to help you get your mind off things	15.1	7.5	.000	47.9	48.5	.899
Someone to share your most private worries and fears with	17.0	9.2	.000	45.0	43.7	.403
Someone to turn to for suggestions about how to deal with a personal problem	14.5	9.4	.001	44.7	42.2	.196
Someone to give you advice about a crisis	14.4	8.3	.000	43.6	39.8	.105
Someone to do something enjoyable with	5.7	2.9	.003	36.0	34.5	.428

[a] p value for age difference in No Support ($df = 1$)
[b] p value for age difference in Insufficient Support ($df = 1$)

tionships have been of interest to many researchers (Arjouch et al., 2005; Cornwell, 2011; Felmlee & Muraco, 2009) and are influenced by many factors, such as previous history, interaction with children, marital status, living arrangements, physical health, economics, culture, and the many age-related losses that can come with longevity, especially for men (Antonucci & Akiyama, 1987).

In our study, men had less social support on all of the items with a "none" response. Previous research (Shaw et al., 2007) reports that older men's level of emotional support (affection, interest, concern, help with stress, private feelings) increases with age and that, compared to older women, older men receive and provide less tangible support (with transportation, housework, and shopping) and informational support (how to solve problems, how to cope). Our results are not fully consistent with these findings, as the men in our study reported insufficient needs in all of the "none" categories. However, our results are consistent with the finding by Shaw et al. that women are less satisfied with their support exchange. For example, the women in our study, particularly those in their eighties, had insufficient emotional support ("someone to hug you and relax with"). Men and women have different life influences, such as retirement challenges, as well as gender roles and responsibilities in earlier life that could explain some of the gender differences (Cornwell, 2011). Our results suggest that emotional and informational support needs are diverse and evolve in the later years. However, there appears to be a distinct decline in support for those in their early eighties. This is a concern, as the old-old are at risk for loneliness and feeling socially disconnected (Ailshire & Crimmins, 2011). According to Carstensen's socio-emotional selectivity theory, quality in the relationship is deemed more important than quantity (Carstensen et al., 1999). Moreover, older adults favour relationships that are emotionally close and well established over those that are peripheral in nature. There is allowance for a reduction of certain types of social ties — ones that are non-intimate and superficial — while retaining those that are positive and lead to emotional intimacy (Cornwell, 2011; Scheibe & Carstensen, 2010). For some seniors, there is a desire to substitute peripheral relationships for closer, more intimate ones (Shaw et al., 2007). However, having inadequate emotional and informational supports, with fewer opportunities to replenish the sources of these supports, places older adults at risk for social isolation and negative health consequences. Krause (2010) found that the oldest-old (85+) are at higher risk of having less emotional support. Even within a marriage, seniors can experience emotional and social loneliness (de Jong Geirveld, van Groenou, Hoogendoorn, & Smit, 2009). Men may be more susceptible to unmet social needs because of their reliance on their spouse (Garung, Taylor, & Seeman, 2008). Earlier gender roles have

encouraged them to focus more on providing instrumental and informational support, such as helping with travel, giving advice, providing financially, and making home repairs. Nurturing supportive relationships and establishing social networks appear to be less important to men than to women, which corresponds to an emotional deficit in the later years. The literature suggests that the emotional and informational support needs of seniors are not being met at a time of heightened awareness about the importance of emotional social relationships.

Implications for Nursing Practice

Nurses must be skilled in assessing the social support needs, networks, beliefs, and preferences of older adults across their lifespan in order to plan and implement optimal nursing care and promote the health and well-being of this population (Emlet & Moceri, 2012; Finfgeld-Connett, 2007). Moreover, it is crucial that strategies or programs be developed to broaden and strengthen older adults' social support networks. While not all informal and formal supports will be equipped to provide both emotional and informational needs, community health nurses may be in a strategic position to promote integrated age-friendly communities. As seniors age, they may feel that their talents and abilities are no longer useful and choose not to share them. Nurses can encourage the sharing of these talents and skills by establishing formal and informal group activities for seniors, such as working with peers on a community project, helping the vulnerable through volunteerism, and connecting with a senior peer helper. Nurses are often involved in the discharge planning of older adults from hospital to home and it is important that they identify each senior's informal and formal social support needs. Providing professional development will play a key role in maintaining the knowledge and the skills necessary to meet the changing needs of our older population. Borrowman and Demester (2009) cite the importance of promoting mental health and well-being later in life by addressing age discrimination, embracing opportunities for participation in meaningful activities, strengthening relationships in order to eliminate social isolation, and addressing issues of poverty.

Limitations

Our study had several limitations. The Likert scale measurement of social support comprised only 12 items, thus limiting the possible answers and requiring respondents to rate the availability of support rather than how they actually experienced it. Another limitation was the cross-sectional nature of the data, which did not allow for the inference of temporal changes in the relationships examined, whereas a longitudinal study would have captured these differences. Perhaps a time-use method, such

as a time diary collection in isolation or in conjunction with a survey method, would be useful in capturing the quality of seniors' relationships, or seniors could be actively engaged in the research on social support relationships through the use of action research methodology. A third limitation is that the study reported only on the emotional and informational aspects of social support. Examination of the effects of all instrumental support needs is recommended.

Conclusions

This study examined the social support needs of community-dwelling older adults in Atlantic Canada. It analyzed one component of the ASHRA survey highlighting social support needs. The findings are consistent with many previous findings on social support, network, and engagement. However, identification of specific needs that gender and age present related to these concepts is unique and points to the importance of the ability of nurses and other health professionals to assess and address the social support needs of older adults, of nurturing healthy support networks among older adults, and of monitoring the social changes that occur as the older adult ages.

References

Aday, R., Kehoe, G., & Farney, L. (2006). Impact of senior center friendships on aging women who live alone. *Journal of Women and Aging, 18*(1), 57–73.

Ailshire, J., & Crimmins, E. (2011). Psychosocial factors associated with longevity in the United States: Age differences between the old and oldest-old in the Health and Retirement Study. *Journal of Aging Research,* Article ID 530534, 1–10.

Ajrouch, K., Blandon, A., & Antonucci, T. (2005). Social networks among men and women: The effects of age and socioeconomic status. *Journal of Gerontology, 60*(6), S311–S317.

Antonucci, T., & Akiyama, H. (1987). An examination of sex differences in social support among older men and women. *Sex Roles, 17*(11/12), 737–748.

Borrowman, F., & Dempster, S. (2009). Explaining about mental health and well-being. *Working With Older People, 13*(1), 11–14.

Carstensen, L. (2006). The influence of a sense of time on human development. *Science, 312,* 1913–1915.

Carstensen, L., Isaacowitz, D., & Charles, S. (1999). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist, 54*(3), 165–181.

Cedergren, A., King, K., Wagner, D., & Wegley, S. (2007). Perceived social health benefits among participants in a countrywide senior chair volleyball program. *Activities Adaptation and Aging, 31*(4), 23–26.

Choi, N., & McDougall, G. (2009). Unmet needs and depressive symptoms among low-income older adults. *Journal of Gerontological Social Work, 52*(6), 567–583.

Cicirelli, V. (2010). Attachment relationships in old age. *Journal of Social and Personal Relationships, 27(2)*, 191–199.

Cohen, M., McLaren, A., Sharman, Z., Murray, S., Hughes, M., & Ostry, A. (2006). *From support to isolation: The high cost of BC's declining home support services.* Vancouver: BC Office, Canadian Centre for Policy Alternatives. Retrieved November 24, 2013, from http://wwwpolicyalternatives.ca/reports/2006/06/reportsstudies/380/index.cfm?pa=4b5903. http://www.policyalternatives.ca/sites/default/files/uploads/publications/BC_Office_Pubs/bc_2006/support_to_isolation.pdf.

Cohen, S., Gottlieb, B., & Underwood, L. (2000*). Social relationships and health: Challenges for measurement and intervention*. New York: Oxford University Press.

Cornwell, B. (2011). Independence through social networks: Bridging potential among older women and men. *Journals of Gerontology: Psychological Sciences and Social Sciences, 66B*(6), 782–794.

Davenport, J., Rathwell, T. A., & Rosenberg, M. W. (2005). Service provision for seniors: Challenges for communities in Atlantic Canada. *Longwoods Review, 3*(3), 9–16.

de Jong Geirveld, J., van Groenou, M., Hoogendoorn, A., & Smit, J. (2009). Quality of marriages in later life and emotional and social loneliness. *Journals of Gerontology: Psychological Sciences and Social Sciences, 64B*(4), 497–506.

Depp, C. A., Vahia, I., & Jeste, D. V. (2007). The intersection of mental health and successful aging. *Psychiatric Times, 24*(13), 20–22.

Dickens, A., Richards, S., Greaves, C., & Campbell, J. (2011). Interventions targeting social isolation in older people: A systematic review. *BMC Public Health, 11*(647), 2–22.

Dupuis-Blanchard, S., Neufeld, A., & Strang, V. R. (2009). The significance of social engagement in relocated older adults. *Qualitative Health Research, 19*(9), 1186–1195.

Edwards, N., & MacDonald, J. (2008). Nurse researchers contributing to seniors' independence in the community. *Canadian Journal of Nursing Research, 40*(1), 103–108.

Emlet, C., & Moceri, J. (2012). The importance of social connectedness in building age-friendly communities. *Journal of Aging Research*, Article ID 173247, 1–9.

Felmlee, D., & Muraco, A. (2009). Gender and friendship norms among older adults. Re*search on Aging, 31*(318), 318–344.

Finfgeld-Connett, D. (2007). Concept comparison of caring and social support. *International Journal of Nursing Terminologies and Classifications, 18*(2), 58–68.

Fiori, K., Smith, J., & Antonucci, T. (2007). Social network types among older adults: A multidimentional analysis. *Journals of Gerontology: Psychological Sciences and Social Sciences, 62B*(6), 322–330.

Fitzpatrick, T., Gitelson, R., Andereck, K., & Mesbur, E. (2005). Social support factors and health among a senior center population in southern Ontario, Canada. *Social Work in Health Care, 40*(3), 15–37.

Fung, H., Stoeber, F., Yeung, D., & Lang, F. (2008). Cultural specificity of socio-emotional selectivity: Age differences in social network composition among German and Hong Kong Chinese. *Journals of Gerontology: Psychological Sciences and Social Sciences, 63B*(3), 156–164.

Garung, R., Taylor, S., & Seeman, T. (2003). Accounting for changes in social support among married older adults: Insights from the MacArthur Studies of Successful Aging. *Psychology and Aging, 18*(3), 487–496.

Gottlieb, B., & Bergen, A. (2010). Social support concepts and measures. *Psychosomatic Research, 695,* 511–520.

Krause, N. (2010). Close companions at church, health, and health care use in late life. *Journal of Aging and Health, 22,* 434–453.

Long, J. S., & J. Freese. (2006). *Regression models for categorical dependent variables using Stata* (2nd ed.). College Station, TX: Stata Press.

Marek, K., Popejoy, L., Petroski, G., Mehr, D., Rantz, M., & Lin, W. (2005). Clinical outcomes of aging in place. *Nursing Research, 54*(3), 202–211.

Maux, K. (2006). *Gerontological nursing competencies for care*. Toronto: Jones & Bartlett.

Newall, N. E., Chipperfield, J. G., Clifton, R. A., Perry, R. P., Swift, A. U., & Ruthig, J. C. (2009). Causal beliefs, social participation, and loneliness among older adults: A longtitudinal study. *Journal of Social and Personal Relationships, 26*(2–3), 273–290.

Norman, G. (2010). Likert scales, levels of measurement and laws of statistics. *Advances in Health Science Education, 15,* 625–632.

Okamato, K., & Tanaka, Y. (2004). Gender differences in the relationship between social support and subjective health in older adults. *Preventive Medicine, 38*(3), 318–322.

O'Reilly, P., & Thomas, H. E. (1989). Role of social support networks in maintenance of improved cardiovascular health status. *Social Science and Medicine, 28,* 249–260.

Peterson, B., & Harrell, F. E. Jr. (1990). Partial proportional odds models for ordinal response variables. *Applied Statistics, 39,* 205–217.

Pinquart, M., & Sorenson, S. (2003). Association of stressors and uplifts of caregiving with caregiver burden and depressed mood: A meta-analysis. *Journals of Gerontology: Psychological Sciences and Social Sciences, 58*(2), 112–128.

Scheibe, S., & Carstensen, L. L. (2010). Emotional aging: Recent findings and future trends. *Journals of Gerontology: Psychological Sciences and Social Sciences, 65B*(2), 135–144.

Sener, A., Oztop, H., Dogan, N., & Guven, S. (2008). Family, close relatives, friends: Life satisfaction among older people. *Educational Gerontology, 34,* 890–906.

Shaw, B. A., Krause, N., Liang, J., & Bennett, J. (2007). Tracking changes in social relations throughout late life. *Journals of Gerontology: Psychological Sciences and Social Sciences, 62B*(2), S90–S99.

Shiner, D. (2007). *Report on the Atlantic Seniors' Housing and Support Services Survey*. Halifax: Atlantic Seniors Housing Research Alliance, Mount Saint Vincent University.

StataCorp. (2011). *Stata statistical software: Release 12*. College Station, TX: Author.

Statistics Canada. (2010). *Projected population by projection, scenario, sex and age group as of July 1: Canada, provinces and territories, annual (CANSIM table)*. Ottawa: Author.

Stewart, M., Barnfather, A., Neufeld, A., Warren, S., Letourneau, N., & Liu, L. (2006). Accessible support for family caregivers of seniors with chronic conditions: From isolation to inclusion. *Canadian Journal on Aging, 25*(2), 179–191.

Traynor, V. (2005). Understanding the lives of older women. *Nursing Standard, 19*(44), 41–48.

Victor, C., Scambler, S., Bowling, A., & Bond, J. (2005). The prevalence of, and risk factors for, loneliness in late life: A survey of older people in Great Britain. *Aging and Society, 25,* 357–375.

Williams, R. (2006). Generalized ordered logit/partial proportional-odds models for ordinal dependent variables. *Stata Journal, 6,* 58–82.

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