

Asian Journal of
**HUMAN
SERVICES**

PRINTED 2022.1030 ISSN2188-059X

PUBLISHED BY ASIAN SOCIETY OF HUMAN SERVICES

OCTOBER 2022
VOL. 23



ORIGINAL ARTICLE

Factors Related to Preparatory Behaviors for the Death of Older Women who Lost Their Husbands before Old Age

Makiko YAMAUCHI ¹⁾ Miwako HIRAKAWA ²⁾

1) Hirosaki University of Health and Welfare School of Health Sciences Department of Nursing, Japan

2) Teikyo Heisei University of Faculty of Health Care, Department of Nursing, Japan

ABSTRACT

The purpose of this study was to clarify the factors related to preparatory behaviors for death of older women who lost their husbands before old age and are now in old age.

Five older women who lost their husbands before old age were interviewed. Data were analyzed using Steps for Coding and Theorization (SCAT), which is a qualitative data analysis method using four-step coding.

Factors related to preparatory behaviors for death were generated in three categories, such as behaviors that help in adapting to life without a spouse, behaviors that aim at seeking to live better, and behaviors that prepare for the final stages of life. Behaviors that help in adapting to life without a spouse included time factors, living factors, financial factors, health factors, and family factors related to the opportunity and room to think about their death. In behaviors that aim at seeking to live better, it was the action factors with a view to enjoyment and death, such as goal factors, internal factors, acceptance factors for aging, and acceptance factors towards death. Behaviors that prepare for the final stages of life included recognition of preparatory behaviors, expectations for preparatory behaviors, actual preparatory behaviors, and the matter that revealed in preparatory behaviors. These were not behaviors of a particular order, but occur naturally as part of a spouseless life.

< Key-words >

Older women, spousal bereavement, preparatory behaviors, end-of-life, death

yamauchim@jyoto-gakuen.ac.jp (Makiko YAMAUCHI; Japan)

Asian J Human Services, 2022, 23:56-73. © 2022 Asian Society of Human Services

Received
June 23, 2022

Revised
August 16, 2022

Accepted
August 29, 2022

Published
October 30, 2022

I. Introduction

The old-age stage is a time when people feel close to death, actively face it, and feel the need to prepare for it. In recent years, many Japanese people have participated in courses and experiences, such as "Shūkatsu" (end-of-life planning), "Oi-jitaku kōza" (the course to prepare for the future), and "Ending seminar" among others. They engage in preparatory behaviors such as making ending notes, making decisions regarding adult guardianship and asset management, funeral methods and grave management, and long-term care and end-of-life care. In this way, there is a wide variety of movements in preparation for one's own death, and interest in death is increasing¹⁾.

On the other hand, older adults recognize that they need to prepare for death²⁾, but there is a regional perception that the culture and traditions of the local community in which older adults have lived influence their end-of-life behaviors³⁾. Additionally, the diversity of hopes regarding expression of intention and proxy decisions during life has also been clarified⁴⁾. As a result, older adults are more likely to be confused about preparing for their own death and tend to procrastinate such preparation⁵⁾.

The purpose of death preparatory education is to acquire a positive attitude to prepare for the death of oneself and others⁶⁾. For older adults, a spouse is "emotional supporter" ⁷⁾, and older couples can work together to support each other, face each other's death, and prepare ahead of the death as a couple. However, it has also been shown that older women are more evasive to death and face more difficulty in accepting death compared with older men⁸⁾.

In this way, the characteristics and tendencies of how to perceive death and how to reach the desired death in older adults have been clarified. Based on the individuality and regional characteristics of older adults, it is suggested that support should be provided in consideration of their regional and social aspects, such as lifestyle and rituals. The correlation between life after spouse's bereavement and mental health⁹⁾, and the relationship between preparatory behavior for the end of life and life satisfaction in the older adults living alone have been examined in previous studies¹⁰⁾. The average life expectancy of females is over 6 years longer than that of males¹¹⁾, and the number of females aged 65 and above who are living alone in the population is higher than that of males¹²⁾. Older women who lose their husbands before old age are expected to face their own death in old age. Therefore, research on preparatory behaviors for death in older women after the bereavement of their husbands is considered to provide novel perspectives that allow them to shift to support toward the end of life without interruption.

II. Purpose of the Research

We aim to clarify the factors related to preparatory behaviors for death of older women who lost their husbands before old age and are now in old age.

III. Research Method

1. Research Design

The subject was described as it is, followed by exploring the process of the phenomenon existing in it. Hence, a qualitative inductive and factor-searching research design was adopted.

2. Participants

The participants of this study were five older women who lived in Aomori prefecture and continued to live at home even after their husbands died before old age. Aomori Prefecture is located at the northernmost tip of the main island of Japan; here, population decline, aging, and shortening of life have become important issues. The aging rate in Aomori prefecture is 33.7%, which is 5.1 points higher than the national average of 28.6%¹³⁾. The aging rate here is also the seventh highest in 47 prefectures, and the ranking has been increasing since 2015 (12th)¹³⁾. In terms of the percentage of single-person households, women were the highest in the age group of 75-84 (24.5%). In local communities, the older adults tend to be isolated due to the decline of local culture and weakening of local exchanges¹⁴⁾. Therefore, we considered that it would be possible to understand the target population, including the characteristics of the area, by focusing on older adults living in Aomori prefecture.

There was no declaration of the faith they believed in. They were in good health no depression or chronic illness affecting the interview.

3. Methods of Data Collection

In the selection of participants for this study, it was adopted the snowball sampling of obtaining the introduction from acquaintances who was carrying out volunteer activities in the local community, in order to target a specific survey subject, older women who lost their husbands before old age. The snowball sampling is a method of making a sample of people who have some kind of connection with the person conducting the survey¹⁵⁾, and it is used in many surveys as the sampling in human services¹⁶⁾⁻¹⁹⁾.

It was conducted semi-structured interviews on older women whose spouses died before old age and who lived in prefecture A from October 2020 to October 2021. Interviews were conducted based on an interview guide in a private room to ensure privacy. The interview contents were recorded using an IC recorder with the consent of the research participants, and a verbatim transcript was created.

4 . Interview contents

1) Basic attributes

- Age at marriage, age at the time of bereavement, current age, time elapsed since bereavement

2) Presence or absence of awareness and anxiety about one's death

- Changes in thoughts from spousal bereavement to the present

3) Interest in and practice of preparatory behaviors for death

- Interest only, already done, plan to do it from now on
- Impact of spousal bereavement experience on future preparatory behaviors for death
- Preparatory behaviors for death related to life and rituals (such as listing, organizing before life, organizing property, inheritance contents, messages to close friends, funeral contents and graves)
- Preparatory behaviors for death related to medical care and long-term care (such as decision-making regarding medical care and long-term care, decision-making regarding medical condition notification and life-prolonging and measures)
- Hope of a place to die
- People to talk to, places to talk in, tools to talk with
- Support for families and communities

5. Definition of Terms

1) Shūkatsu

"Shūkatsu" in Japanese, refers to preparatory behaviors for the end of life without disturbing others³⁾, and includes the act of choosing and leaving what older adults can do rather than leaving diverse hopes²⁰⁾.

2) Preparatory behaviors for death

In this study, "preparatory behaviors for death" of older women who lost their husbands before old age was defined as recognizing the process leading to their death and after death, and concretely preparing what should be prepared and what should be solved.

6. Data Analysis Method

1) Reasons for choosing an analysis method

The verbatim transcripts created from the interviews were analyzed using Steps for Coding and Theorization (SCAT), a method for analyzing qualitative data developed by Otani et al.²¹⁾ In SCAT, valid analysis results can be obtained by repeatedly confirming and modifying one's own analysis. It involves visualization of the analysis process, and is suitable for joint analysis with explicit and step-by-step analysis procedures. It is also applicable to relatively small-scale data²²⁾. Therefore, we considered that we could use

SCAT to analyze the factors surrounding preparatory behaviors for death of older women after spousal bereavement before old age.

2) Analysis procedures

- (1) The text data obtained from the verbatim transcripts were sectioned for each group of contexts.
- (2) The sectioned pieces were coded according to the following four steps. <1> Extraction to clarify a noteworthy phrase in the text, <2> the extracted phrase was paraphrased into a general phrase, <3> phrases were demarcated into background, result, cause etc. and explanation, and <4> themes were summarized into concepts after considering the context before and after.
- (3) A storyline was created based on the themes and constructs obtained by coding. The theme and construct of <4>, extracted as preparatory behaviors for death of older women who lost their husbands before old age, were spun into a story line.
- (4) While summarizing the contents of the storyline, the theoretical description was created in a short sentence. The contents coded were then compared and corrected between co-authors.

Analysts took care to include rich contextual information in the analysis process, by clearly describing the analysis process and source texts through which interpretations were made. Through this, certainty was also ensured. The analysis by SCAT was mainly conducted by the first author, and the validity of the analysis was examined by the co-authors, based on the SCAT table created from the analysis.

The above procedure was performed for each participant. To grasp the overall picture, the similarities and differences of the texts and themes/constructs were compared. Finally, each content of the construct was subcategorized, and the subcategory was further categorized.

7. Ethical Considerations

Arbitrariness was ensured by soliciting research cooperation and contacting the participants whose consent was obtained through a request form. A sufficient explanation was given to these participants through the instruction manual, such as about the purpose and significance of the research, research method, freedom to suspend research participation, avoiding disadvantages, the confidentiality of personal information, burdens for research participants, and expected results. Participants agreed to participate after reading them. This study was conducted with the approval of the Ethics Review Committee of Hiroaki University of Health and Welfare (approval number 2020-4).

IV. Results

1 . Overview of the participants

In this study, five people were included in the analysis. Table1 shows the basic attributes of the participants. There were no communication problems, and there were no interruptions or cancellations of the interviews due to changes in physical condition. Interview duration ranged from 21 to 93 minutes, averaging at 58.1 minutes. The interview time varied, but the contents of data were covered based on the interview guide.

< Table 1 > List of participants

Participant's number	Current age (Years)	At the time of bereavement		Additional years since bereavement (Years)	Family structure	Interview time (Minutes)
		Wife's age (Years)	Husband's age (Years)			
1	77	54	61	23	Living alone (No child)	93
2	73	48	47	25	Living with her mother (Three children)	67
3	74	69	73	5	Living alone (Two children)	48
4	73	63	69	10	Living alone (One child)	30
5	60	52	55	8	Living with mother-in-law (Two children)	21

2 . Result of Analysis

1) Storyline

From the stories of older women who lost their husbands before old age, the SCAT analysis was focused on the contents related to preparatory behaviors for death and generated constructs. An example is shown in Table 2.

Next, contextualized words that reflected the themes and concepts in the story (<4> code) were grouped together in the SCAT table, with the storyline as the underlying context. A storyline in the SCAT analysis is a description of the latent meanings in the events described in the data. These mainly comprise the thematic concepts described in <4>²¹. We also used the words and phrases described in the themes and concepts of <4> in the SCAT table for the storyline and underlined them to indicate that the findings were derived from the analysis results.

< Table 2 > Interview analysis by SCAT (excerpt)

Segmentation	Coding		Storyline	Theoretical description	
Text	Step<1>	Step<2>	Step<3>	Step<4>	Step<5>
Raw interview data	Noteworthy words or phrases from the text	Paraphrasing of words and phrases in Step <1>	Words or phrases to describe the text in Step <2>	Themes and construct, with consideration of the context	Questions and Issues
<i>Is it finally impossible? I thought I had to enter the facility, so I decided to sell my house.</i>	Finally, impossible / Enter the facility / Sell the house	Difficult to live at home	Decided to sell the house (result)	Sale of the house due to health concerns	What happened if she had children, even if she were worried about her health?
<i>I changed the name of the house to my daughter's. I thought it would be difficult to get a seal certificate. If I don't do that, I'll be in trouble later.</i>	Home, Seal, Certificate, Registration / Difficult to be alone / Trouble later	I completed the procedure early to avoid trouble later	Troublesome procedure (reason)	Complete procedures that tend to be postponed	Is the perception that it is difficult influenced by the spouse's bereavement experience?
<i>Gradually, I want to think about each one and dispose of it. I can't do everything suddenly.</i>	Gradually / One by one / Want to dispose / Cannot be done suddenly	Stagnation disposal	Hope to plan for the end of life (background)	Step-by-step organization and disposal of property	
<i>After 60, I disposed of everything around me. Disposed of clothes and wedding tools.</i>	60 years old / Personal arrangement / Clothes and wedding tools	Personal arrangement	Contents of preparation for death (background)	Dispose of mine without hesitation	What influences the timing of 60 years old?
<i>Please take me out of the house when I die. Put the incense at the entrance and just put your hands together</i>	When I died / Burning incense at the entrance / I want you to join hands	What to hope for when I die	Funeral content I want (influence)	Telling her family, the funeral she wants	

2) Categorical classification of death-preparatory behaviors

From the stories of older women who lost husbands before old age, 122 <4> themes / constructs, excluding duplicates, were generated regarding factors and backgrounds related to preparatory behaviors for death. Further, 37 subcategories and 13 categories were generated from the contents. The categories were categorized into behaviors that help in adapting to life without a spouse, behaviors that aim at seeking to live better, and behaviors that prepare for the final stages of life.

In showing the results, the generated category is shown in **[]**, the sub-category in **[]**, the concept in **< >**, and the specific example in *"italics"*.

(1) Behaviors that help in adapting to life without a spouse

After spousal bereavement, maintaining a living was the top priority. Therefore, some behaviors were found to help in adapting to a life without a spouse. Factors related to spouse recollection and life maintenance have been confirmed, and 13 subcategories and 5 categories were obtained from 43 themes and constructs. They are shown in Table 3.

< Table 3 > Behaviors that help in adapting to life without a spouse

Category	Subcategory	Theme / construct
Time factors (11)	Sense of time	Speed of time after spousal bereavement
		A certain period in which strong loneliness was felt
	Sense of loss	The moment that they re-recognized being alone
		Feeling of loneliness
		Recalling the anguish of spousal bereavement
	Adapt to life	Planning the life after spousal bereavement
		Disgust for the words without consideration of surroundings
		Roles assigned after spousal bereavement
		Moving forward without being swept away by inconsiderate surroundings
		Living without being conscious that there is no spouse
		Living while accepting spousal bereavement
Living Factors (8)	Reassurance	Living environment that fosters happiness
		gratitude for being able to live a peaceful life
	Satisfaction	living environment with comfort even by oneself
		Living environment that did not feel inconvenient
		Whereabouts of the hometown that was unexpectedly found
	Independence	Possibility of involvement with the community
		Living with the help of children
Financial factors (5)	Financial anxiety	Living without relying on the power of others
	Financial security	Financial anxiety after spousal bereavement
		Relief to manage life
	Behavior with a view to old age	Margin to manage life
		Savings for a long life
Health Factors (9)	Promote health	Savings oriented toward future even before spousal bereavement
		Maintaining good health for a long life
		Expectations for maintaining own health
		Expectations for maintaining family's health
		Living a healthy life
		Living a well-balanced daily life
	Anxious related to health	Significance of being alive
		Acceptance of health and illness interpreted in one's own way
		Hope to enter the facility urgently because of health concerns
		Difficulty in end-of-life behaviors due to health anxiety
Existence of children	Relief brought by existence of children	
	Existence of reliable children in case of emergency	
	A state of mind that cannot seek positivity in life with a mother-in-law	
Family factors (10)	Changes in family relationships	A sense of comfort in being able to take a positive view of parents-in-law
		Eliminating the hassle of living with parents-in-law
		Seeking to rebuild the family that could not be achieved with a spouse
	Concern about the burden on the family	Seeking to avoid burdening the family about the end
		The worry that longevity would be a burden on the family
	Avoiding bothering the children	
	Avoiding the burden on children	

In **【time factors】**, participants talked about the speed of [sense of time] after spousal bereavement and the passage of time in [adapting to life] while feeling a [sense of loss] at a moment's notice. For instance, *"It's early, it's early to think about it. If he were alive now, he would be about 84 years old"*, *"I thought it would make me so lonely because there was nothing when I came home"* and *"I'm lonely, I'm happy, I don't have that feeling, I just go on."*

【Living factors】 discussed [reassurance] for <living environment that fosters happiness>, [satisfaction] for <living environment with comfort even by oneself>, and [independence] such as <living with the help of children> while <living without relying on the power of others>. Participants said, *"Thanks to my dad, I can now live like this"*, *"I didn't feel like coming back here, but I could see Mt. ○○, and when I saw it, my heart was soothed. I was able to act toward what I was thinking"* and *"For now, I have managed to become independent without relying on the government."*

In **【financial factors】**, [financial security] and [behaviors with a view to old age] provide <relief to manage life> and <margin to manage life> in living without a spouse. [Financial anxiety] was high for participants without savings, and good financial holding was a prerequisite for living. Participants said, *"For now, I don't have any financial problems, I don't have any problems, I think this is the best"*, *"I have the greatest financial anxiety"* and *"I was saving money thinking that I would live for 80 years."*

Under **【health factors】** in trying to [promote health], while being aware of the need to <maintaining good health for a long life>, participants were aware of the inconveniences and [anxieties related to health]. They stated *"I want to live longer. I don't want to die yet. So, I want to be careful about my health, so I go out and listen to people"* and *"Because my body collapses after I had spinal canal stenosis, it hurts and takes time. No matter what, I do stretch."*

In terms of **【family factors】**, [existence of children] was significant, and while children were regarded as <existence of reliable children in case of emergency>, there was also [concern about the burden on the family] and <avoiding bothering the children>. The hassles of living with someone other than the spouse also affected [changes in family relationships].

Participants felt *"It's amazing to be with your child. I feel good"* and *"I can't bother my child."* They also said *"I don't want to bother the children too much in the first place."* Regarding families other than children, they said *"I cannot even look back because my grandpa and grandma are noisy. My daily life was full"* and *"When they died, I felt like I was feeling relaxed, and I was able to relax."*

(2) Behaviors that aim at seeking to live better

As the life after spousal bereavement became established, behaviors aimed toward pursuing a better life were established. There are factors related to the current ways of living life and the way of thinking about death in the face of inevitable aging; 11

subcategories and 4 categories were obtained from 30 themes and constructs. They are presented in Table 4.

< Table 4 > Behaviors that aim at seeking to live better

Category	Subcategory	Theme / construct
Goal factors (10)	Role continuation	Prioritizing role condition over thinking about one's death
		Existence of work and children have influenced psychological aspects
		How to spend the day to fulfill roles
		Maintaining opportunities for interaction before and after bereavement
	Role acquisition	Acquisition of roles in the community
		Acquisition of things that can be positive
		the goal to make life enjoyable
	Life fulfillment	A sense of fulfillment in life brought by maintaining role
		A sense of fulfillment in life brought by hobbies
		A sense of fulfillment in life brought by relationships with people
Internal factors (7)	Self-solving	Self-reliance before or after bereavement
		Self-solving before and after bereavement
		Deciding for oneself
	Way of thinking about things	Deciding and acting by oneself
		Some positive and some negative
Understanding the other person	Do not think about other's assumption	
Acceptance factors for aging (5)	realizing	Ability to understand others' feelings
	rejecting	Real feeling one's own decline
		Concerns about being unable to do many things due to aging
	accepting	Turning away from aging
Acceptance factors to death (8)	opportunity to think	Accepting further aging in the future
		To entrust life and beyond to someone trustworthy
		Way to think about death by getting older
		Opportunity to face own death
	the reality	Chance to think about one's own death
		Margin to think about one's own death
		When to start thinking about afterlife
		Unrealistic death
		Death felt closer by getting older
		Acceptance of the coming death

【Goal factors】 were [role continuation] such as <how to spend the day to fulfill roles> , and new [role acquisition] such as <acquisition of roles in the community> and <acquisition of things that can be positive>. These contributed to [life fulfillment] such as <a sense of fulfillment in life brought by continuing roles>, <a sense of fulfillment in life brought by hobbies> and <a sense of fulfillment in life brought by relationships with people>. Participants said the following: *"If I go, get ready for breakfast in the morning, finish it, and go shopping early. I can plan, if I have a place to go", "Because I started going to the pool after my dad died"* and *"It feels like being in contact with the children is what makes me want to live. If needed, I'll go again."*

【 Internal factors 】 were [self-solving] , [way of thinking about things] , and [understanding the other person] such as <deciding and acting by oneself>. A participant said *"No matter what I do, I have to do everything myself. I have to do everything myself."*

【Acceptance factors for aging】 included [realizing] that <concerns about being unable to do many things by aging>. After [rejecting] such as <turning away from aging>, participant [accepting] <accepting further aging in the future>. Participants stated the following: *"How long can I stay healthy?", "Is it meaningful to live like this? I feel sad when I think about what will happen in the future" or "I spend my days accepting old age and bereavement."*

In 【acceptance factors to death】 , the [opportunity to think] about death and [the reality] of <acceptance the coming death> were present. Participants stated the following: *"It doesn't matter what my husband's death was. I'm old. I'm the only person", "I especially felt it when I was 70", "It looks like it's completely blown out now. I feel like I'm thinking about me dying" and "We were talking about not taking life-prolonging measures."*

(3) Behaviors that prepare for the final stages of life

These included the intentions of preparatory behaviors for death and factors related to it; 12 subcategories and 4 categories were obtained from 49 themes / constructs. They are shown in Table 5.

< Table 5 > Behaviors that prepare for the final stages of life

Category	Subcategory	Theme / construct
Recognition of preparatory behaviors (14)	Positive recognition	Positive thoughts about the funeral
		No resistance in thinking about the funeral
		Interest in using ending note
		Death preparation by utilizing spousal bereavement experience
		Death preparation at the right time
		Death preparation wherein one knows but cannot act
	Negative recognition	Death preparation unresolved
		Vague end of life
		Vague decluttering
	Fluid recognition	Recognizing that one's intention was not universal
		Fluid feelings about place to want to reach at the end
	Crisis recognition	Comparing preparatory behaviors of others with oneself
		Confirmation of actions that should be assumed in an emergency
		When started to feel the need to prepare for a sudden situation
Expectations for preparatory behaviors (9)	Hoping	Hope to proceed with disposal of property with a sense of speed
		Conditions for selecting the final place
		The end of life that wanted from the end of familiar persons
		Hope to exchange a lot of words at the end
		Hope to entrust funeral to children
	Anxiety	Specific funeral contents
		Concerns about new procedures
		Concerns about procedures that will be sudden
		Hesitation to ask for problem to be solved
Actual preparatory behaviors (11)	Specific contents	Selling the house because of health concerns
		Starting preparations for a husband's grave from an early stage
		Seeking the final home
		Completement of procedures that tend to be postponed
		Step-by-step arrangement and disposal of property
		Arrangement of property from an early stage
	Communicative content	Disposing of possessions without hesitation
		Telling the children about the funeral contents that reduces the burden
		Declaring hope for the end, funerals, temples, etc.
		Telling the family about the end that one hoped for>
		Presentation of the number of legal affairs that do not impose a burden
The matter that revealed in preparatory behaviors (15)	Reflection	The decision to choose the grave for ease of access
		Procedures completed unexpectedly smoothly
		The spousal funeral experience that was a good experience
		A sense of security after completing complicated property-related procedures
		A sense of security that the complicated procedure was completed with the help of children
	Memories	Regret the missed opportunity for cleanup
		Difficulty arrangement of husband's relics
		Hesitation to throw away articles with memories
	Clean up	Arrangement and disposal of property not started yet
		The only thing is to clean up now
		Arrangement and disposal of property was the highest priority
	Comprise	Clean up that must continue
		Arrangement and disposal of property that were limited by oneself
		Arrangement and disposal of property that does not depend on health anxiety
		Funeral hopes differ between own and family

【Recognition of preparatory behaviors】 included [positive recognition] such as <death preparation by utilizing spousal bereavement experience>, [negative recognition] such as <death preparation wherein one knows but cannot act>, [fluid recognition] such as <recognizing that one's intention was not universal> and [crisis recognition] such as <confirmation of actions that should be assumed in an emergency>. Participants stated *"I think I have to experience the bereavement of my husband and do it. Ending note ...", "I'll be put off. I'm still busy", "I don't really think about it. People always change with wills"* and *"Suddenly, I imagine that my heart is bad or that I'm crushed by an earthquake and can't move."*

【Expectations for preparatory behaviors】 included [hoping] such as <conditions for selecting the final place>, there was also a mixture of [anxiety] such as <concerns about new procedures>. Participants stated: *"I'm not sure which hospital I want to go to. I don't like hospitals that are too stubborn or fearful"* and *"I'm that old, and I have to give my son the name of the house."*

【Actual preparatory behaviors】 included [specific contents] such as <selling the house because of health concerns>, <starting preparations for husband's grave from an early stage>, and <step-by-step arrangement and disposing of property>. Participants were working on solving problems for their own death. It included [communicative content] such as <telling the children about the funeral contents that reduces the burden> and <presentation of the number of legal affairs that do not impose a burden>. Participants stated: *"Finally, I thought I had to enter the facility, so I decided to sell my house."* *"I changed the name of my house to my daughter's. I thought it would be difficult to get a seal certificate. If I don't do that, I'll be in trouble later"* and *"I'm talking to my daughter. My hope is to have a funeral at home. It's just hard because it costs money to make the funeral bigger."*

【The matters revealed in preparatory behaviors】 included <the decision to choose the grave for ease of access>, <procedures were completed unexpectedly smoothly>, <a sense of security after completing complicated property-related procedure> and <a sense of security that the complicated procedure was completed with the help of children>. There were many [reflection] such as a sense of security that the procedure was completed. On the other hand, they also talked about <regret regarding the missed opportunity for cleanup>. Regarding [memories] with spouses, participants experienced <hesitation to throw away memories> and <difficulty in arrangement of husband's relics>. [Cleaning up] is the current situation where <arrangement and disposal of property was the highest priority> but <arrangement and disposal of property of upstarted property> needs the most preparation. It was positioned as an action. Therefore, since <arrangement and disposal of property were limited by oneself> and <arrangement and disposal of property that did not depend on health anxiety>, it has been an issue to act with [compromise]. Participants stated: *"Everything went smoothly. It was okay."* *"I couldn't throw away the memorable things", "There is no choice but to cut them off. For now, cut them off"* and *"I*

talked to my daughter. When I died, I secretly want a funeral at home. But my daughter asks the funeral director."

V. Discussion

In this study, we investigated factors related to preparatory behaviors for death of older women who lost their husbands before old age. In previous study, it was reported that people with a coping pattern that did not try to deal with life after the death of a spouse have poor mental health⁹⁾, and that the value of life satisfaction among the group living alone and not-working on SHU-KATSU was significantly low¹⁰⁾. However, in this study, older women who lost their husbands before old age, in anticipation of their own death, identified issues to be resolved and prepared for their own death at an earlier stage than older couples. We consider from three perspectives such as behaviors that help in adapting to life without a spouse, behaviors that aim at seeking to live better, and behaviors that prepare for the final stages of life.

1. Behaviors that adapt to life without a spouse

Older women who lost their husbands before old age were required to adapt to a new life without a spouse. 【Financial factors】 necessary for living such as pensions, savings, severance pay and life insurance were essential. [Financial security] influenced 【living factors】 of [reassurance] and [satisfaction] . In addition, the elimination of 【health factors】 such as [anxieties related to health] also influenced 【living factors】 . Older women who have lost their husbands are said to be highly satisfied with their lives if they have emotional support from family and friends²³⁾. However, in older women who lost their husbands before old age, 【financial factors】 were also related to life satisfaction.

On the other hand, in the 【time factors】 as spousal bereavement to the present, even if they were able to adapt to their life, the spouse was often remembered, regardless of the number of years since the bereavement. A [sense of loss] was natural to develop over time, and it can be said that it is a story of the process of steadily accumulating grief work.

【Family factors】 had an effect on adapting to a life without a spouse. While participants felt grateful for the [existence of reliable children in case of emergency], especially for help in emergencies, they also felt [concern about burden on the family], highlighting relationships that are not dependent or supportive.

2. Behaviors that aim at seeking to live better

It is said that there are few older adults living alone due to spousal bereavement²⁴⁾; on the other hand, mentally healthy adults and those who have a purpose to live have less anxiety about aging ²⁵⁾. Even in the current study's participants, 【health factors】 , 【goal factors】 and 【acceptance factors for aging】 were interrelated. It was believed that

eliminating the anxieties and issues of life after the spousal bereavement and creating an objective environment can contribute to independence of daily life and social activities. These promoted toward [accepting] while doing [realizing] and [rejecting] in the process of aging and provided an [opportunity to think] about death ahead of aging.

3. Behaviors that help in preparing for the final stages of life

In the process of universalization and affirmation of a life without a spouse, a wide range of [recognition of preparatory behaviors] such as [positive recognition] , [passive recognition] , [fluid recognition] and [crisis recognition] are followed by preparations. It was acting on the behavior.

For older adults, "death-preparation behaviors" is said to encourage sorting out the current situation and solving problems²⁰). Even for older women who lost their husbands before old age, it was a [the matter that was revealed in preparatory behaviors] to [clean up] while making [compromise] .

Participants talked about everyday things that are easy to work in, such as cleaning up things and organizing property. On the other hand, they may be <hesitation to throw away memories> and may remember that there is no spouse. If there are people whom they can rely on, such as their children and other house residents, they can expect to smoothly proceed with <arrangement and disposal of property that were limited by oneself>. Therefore, it is possible that the timing of starting this clean-up may deviate and participants might <regret the missed the opportunity for clean-up>. Additionally, children's help is needed in various situations; [family factors] of older women living alone without children affects [recognition of preparatory behaviors] and specific [actual preparatory behaviors] . Therefore, based on [crisis recognition], there might be a tendency to perform preparatory behaviors for death at an early stage.

When there were [anxieties related to health], participants were keenly aware of the [reality] of the coming death, and the timing and content of the preparatory behaviors were concrete. In the absence of [anxieties related to health], there was a tendency for <vague end of life> and <vague decluttering> under [positive recognition].

They regarded organization and disposal of property and handling of important property-related documents as a problem for preparatory behaviors. In addition, the actual experience of the troublesome post-mortem procedures such as registration and handling of monetary savings at the time of spousal bereavement influenced the concrete understanding of problems that need to be resolved toward one's own death. It made intentions and preparations for the final stage clearer, in the final way they want to go, the place they want to reach the end, the funeral contents they want, the place of the grave they want. After spousal bereavement before old age, maintaining life was an urgent matter. The spouse's end was compared with their own end. Afterwards, it was the process of preparing for future intentions and goals regarding one's own aging and death.

VI. Research limits and future challenges

In this study, since the life after spousal bereavement was understood through participants who were relatively stable physically, psychologically, and socially, their own preparatory behaviors for death were positively regarded as a part of their life. Because of this, there may be limits to adapting the results to understand needs of other older women after spousal bereavement. It was also focused on regional characteristics but found no process factors related to them. Future studies are required to clarify the processes underlying preparatory behaviors for death that affect the health and community of older women, and to obtain suggestions for nursing support.

VII. Conclusion

This study found that maintaining a stable life is a major premise in the death-preparatory behaviors of older women who lost their husbands before old age. In addition, while the acquisition and continuation of roles and positive thinking are related to a stable life, health anxiety and the presence or absence of children also had an effect. These findings suggest providing support for things that cannot be solved by oneself.

Acknowledgments

We would like to express our sincere gratitude to all the participants who shared their valuable experiences in the interviews of this research.

This research is supported by research grants from The Taiyo Life Welfare Foundation.

References

- 1) Kimura Y & Ando T. The view point of Japanese mass media for SHU-KATSU (The Activity of Preparation for Aging and Death). *Yokohama journal of technology management studies*. 2018, 17, 1-19.
- 2) Takaoka T, Konnya E & Fukazawa K. Examination of the elderly's attitudes towards death through a review of literature from the last ten years: towards the establishment of a preparatory education for death. *Bulletin of Nayoro City University*. 2009, 3, 49-58.
- 3) Okamoto M, Simada H & Saito N. View of life and death among elderly people and preparatory actions for the end of life -A comparison of elderly persons living in urban and rural areas in Japan-. *Juntendo University School of Health Care and Nursing Journal of Health Care and Nursing*. 2017, 13(2), 62-69.

- 4) Hirakawa Y, Masuda Y, Kuzuya F, Iguchi A & Uemura K. Shūmatsuki kea no basho oyobi jizen no ishi hyōji ni kansuru chū kōnen-sha no kibō ni kansuru chōsa (in Japanese). *Hospice and Home Care*. 2006, 38(3), 201-205.
- 5) Fukutake M, Okada H & Futoyu Y. Research on the consciousness of and preparation for death among elderly couples. *Kawasaki Medical Welfare Journal*. 2013, 22(2), 174-184.
- 6) Deeken, Alfons (Eds). *shi o mitoru* (in Japanese). Medical Friend. Co. Ltd. 1986.
- 7) Cabinet Office (2010) Heisei22nendo-dai7kai-koureisya-no-seikatsu-to-ishiki-ni-kansuru-kokusaihikaku-tyousa-kekka (in Japanese).
<https://www8.cao.go.jp/kourei/ishiki/h22/kiso/gaiyo/pdf/kekka.pdf> (5, May 2022).
- 8) Ishino M. The study of attitude toward life and death using the Sentence Completion Test (SCT) in the elderly SCT. *Bulletin of the Society for Educational Studies in Ryukoku University*. 2010, 9, 35-51.
- 9) Sakaguchi Y, Kashiwagi T & Tsuneto S. The Relationship between Coping Patterns and Mental Health after Spousal Loss. *Japanese journal of psychosomatic medicine*. 2001, 41 (6), 439-446.
- 10) Kimura Y & Ando T. Effects of SHU-KARSU (The Activity of Preparation for Aging and Death) on Life Satisfaction among the Japanese Elderly People Living Alone. *Yokohama journal of technology management studies*. 2019, 18, 1-17.
- 11) Ministry of Health, Labour and Welfare (2021) Reiwa 2-nen kani seimei-hyō no gaikyō(in Japanese). URL: <https://www.mhlw.go.jp/toukei/saikin/hw/life/life20/dl/life18-15.pdf> (5, October 2021)
- 12) Cabinet Office (2021) Reiwa 2nd year White paper on Aging Society (overall version) (PDF version) Chapter 1 Aging Situation Section - 1 Aging Situation Declining - 3 Families and Households. URL: https://www8.cao.go.jp/kourei/whitepaper/w-2021/zenbun/03pdf_index.html (5, October 2021)
- 13) Aomori Prefectural Government (2021) Reiwa 2nd Kokuseichōsa jinkō kihon shūkei kekka Aomori ken no jinkō, setai, jūkyo no jōkyō (in Japanese) URL: https://www.pref.aomori.lg.jp/soshiki/kikaku/tokei/files/1220kokucho_shusei.pdf (5, May 2022)
- 14) Aomori Prefectural Government (2021) Jinkō kōrei-ka jidai ni okeru chiiki komyuniti no genkyō chōsa ankēto ni tsuite (in Japanese) URL: <https://www.pref.aomori.lg.jp/soshiki/kikaku/chikatsu/files/community2109.pdf> (5, May 2022)
- 15) Koyano W & Osada H. *Introductory Guide to planning and Report of survey: experimental research*. World Planning Co. LTD. 1992.
- 16) Okuda H, Yokoyama T, Takeda F & Sone T. The process of coping with conflicts as recognized by managers of Public Health Nurses (PHN's) on the job performance. *Journal of the National Institute of Public Health*. 68(3), 259-269. DOI: 10.20683/jniph.68.3_259

- 17) Ishida M. Correlations among resilience against violent behavior toward the self and others, rumination, and anger in high school students. *Japanese journal of public health*. 2020, 67(1), 33-41. DOI:10.11236/jph.67.1_33
- 18) Ishiguro I. Measuring Personal Network by Snowball-Sampling Technique: Network Approach toward Yamagishi's Concept of General Trust. *Studies in the humanities, Social sciences*. 2003, 9, 85-98.
- 19) Yokoi S. 'Kien-hō' chōsa no shinrai-sei ni tsuite—chōsa jirei ni yoru gutaitekina kenshō no kokoromi— (in Japanese). *Gendai kōdō-ka gakkaiishi (in Japanese)*. 2003, 19, 1-8.
- 20) Kimura Y & Ando T. The meaning of preparation for death among the Japanese elderly: Will-making for one's own aging and end. *Applied Gerontology*. 2015, 9(1), 43-54.
- 21) Otani T. "SCAT" A Qualitative Data Analysis Method by Four-Step Coding: Easy Startable and Small Scale Data-Applicable Process of Theorization. *Bulletin of the Graduate School of Education and Human Development(Educational Sciences), Nagoya University*. 2008, 54(2), 27-44. DOI:10.18999/nueduca.54.2.27
- 22) Otani T. *Paradigm and Design of Qualitative Study: From Research Methodology to SCAT*. The University of Nagoya Press. 2019.
- 23) Miyajima H, Bessho Y & Hosoya T. Life satisfaction and related factors in bereaved elderly women. *Journal of Japan Academy of Community Health Nursing*. 2004, 7(1), 23-28. DOI: 10.20746/jachn.7.1_23
- 24) Honda A, Saito E, Kanagawa K & Murasima S. Physical and psychosocial conditions of senior citizens living alone: Comparisons with regard to the ages and the reasons for living alone. *Japan Academy of Community Health Nursing*. 2003, 5(2), 85-89. DOI: 10.20746/jachn.5.2_85
- 25) Sato Y & Tozawa M. The relationship between life stress and QOL in Japanese live-alone elderly persons. *Bulletin of Northern Regions Research Center for Human Service Studies*. 2003, 9, 39-45.



Asian Journal of Human Services

EDITORIAL BOARD

EDITOR-IN-CHIEF

Masahiro KOHZUKI Yamagata Prefectural University of Health Sciences (Japan)

EXECUTIVE EDITORS

LEE, In Jae Hanshin University (Korea)
Satoru EBIHARA Toho University (Japan)

EDITORS

HAN, Chang Wan
Shimonoseki City University (Japan)

Guo QI
Tianjin Medical University (China)

Hsintai LIN
National Taiwan Normal University (Taiwan)

Inkeri RUOKONEN
University of Helsinki (Finland)

LEE, Jae Won
Pukyong National University (Korea)

Jenyi LI
Nanyang Technological University (Singapore)

SONN, Jung Won
University College London (UK)

Kagari SHIBAZAKI
University of Huddersfield (UK)

Nigel A MARSHALL
University of Sussex (UK)

Osamu ITO
Tohoku Medical and
Pharmaceutical University (Japan)

Petr DOBŠÁK
Masaryk University (Czech)

LEE, Sun Woo
Inje University (Korea)

YOO, Tae Kyun
Soongsil University (Korea)

KIM, Young Choul
University of Evansville (USA)

Yuichiro HARUNA
National Institute of Vocational Rehabilitation
(Japan)

Zhongli JIANG
First Affiliated Hospital of Nanjing Medical
University (China)

EDITORIAL STAFF

EDITORIAL ASSISTANTS

Aiko KOHARA Shimonoseki City University (Japan)

KIM, Min Ji Shimonoseki City University (Japan)

KIM, Moon Jung Korea Labor Force Development Institute for the aged (Korea)

Natsuki YANO University of the Ryukyus (Japan)

Asian Journal of Human Services

VOL.23 October 2022

© 2022 Asian Society of Human Services

Presidents | Masahiro KOHZUKI & LEE, Sun Woo

Publisher | Asian Society of Human Services
#303, Kokusaiboueki Bld.3F, 3-3-1, Buzenda-cho, Shimonoseki, Yamaguchi, 750-0018, Japan
E-mail: ashhs201091@gmail.com

Production | Asian Society of Human Services Press
#303, Kokusaiboueki Bld.3F, 3-3-1, Buzenda-cho, Shimonoseki, Yamaguchi, 750-0018, Japan
E-mail: ashhs201091@gmail.com

CONTENTS

ORIGINAL ARTICLES

- Current Status and Challenges of Interprofessional Work to Promote Independence in Excretion among Older People Requiring Care and Living in Provincial Cities;
Focused on Roles of the Nursing College and Home Life Support services
Yoshiko ENOMOTO, et al. p.1
- The Relationship Between Midwifery Practical Skills Evaluation and Midwifery Experience Among Young Midwives Working at Perinatal Medical Centers in Japan
Akemi ISOYAMA, et al. p.21
- Effects of “Parental Involvement” on Infants Delay in Eating and Speaking Functions
Takashi OKADA, et al. p.43
- Factors Related to Preparatory Behaviors for the Death of Older Women who Lost Their Husbands before Old Age
Makiko YAMAUCHI, et al. p.56
- Experiences of the Recovery Process and Support for Patients with Schizophrenia in Japanese Psychiatric Hospitals
Nozomi FUJISAWA p.74
- Lower-limb Aerobic Exercises Improve Physical Function in Frail Older Adults;
A Randomized Controlled Pilot Trial
Chaeyoon CHO, et al. p.90