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**Widows and Widowers: The Lived Experience of eating and meal  
preparation occupations**

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## ABSTRACT

Widowhood is said to be a deeply distressing and painful experience that can affect the widowed individual physical, psychologically and occupationally. Previous nursing based research has identified that widows eating and meal preparation occupations alter following the death of their spouse. The findings suggest that widowers experience loneliness at mealtimes, and have a reduced motivation to cook and eat. There appears to be a lack of occupational based literature on widows and widowers experience of eating and meal preparation. The current research sought to explore, using a phenomenological approach, the lived experience of widows and widowers eating and meal preparation occupations. Three widowed participants were interviewed in their own home using a face to face semi structure interview technique. Through the use of interpretive phenomenological analysis (IPA) four themes were generated: Social occupation, Gods waiting room, adjustment to change and food nutrition, health and preference. Participants discussed how eating was a social event, how mealtimes were a lonely occasion, how cooking and shopping was a chore, and how their habits surrounding eating and meal preparation had altered since the death of their spouse. These findings could assist occupational therapists with supporting widows and widowers in continuing to participate and enjoy the occupation of mealtimes, cooking and shopping.

## EXTENDED LITERATURE REVIEW

Widowhood is a term used to describe the marital status that a person gains when their spouse has died (Bennett, 2008). Traditionally widowhood is a reference made to married heterosexual couples. However Withnall (1998) suggests that 'widowhood' should also encompass same sex partnerships and couples who have been cohabitating for many years. Widowhood is more likely to effect older individuals (Withnall 1998 and Bennett 2008) and according to the Office of national statistics (ONS 2005, 2006) women are more likely to become widowed than men. Widowhood is said to be a deeply distressing and painful experience that has a lasting long term impact on the widowed individual (Withnall 1998 and Bennett 2008). Widowhood effects every aspects of an individuals life including physically (Hegge 2000), psychologically (Bennett 1997, 2005) and occupationally (Mcintyre and Howie 2002).

The following literature review will briefly explore the psychological and physical impact of widowhood. This will be followed by an overview of the link between occupation and wellbeing. Focus will then turn to the importance of older adults participating in occupational activity. Finally research literature pertaining to the occupation of eating and eating related activities and the impact of widowhood on such occupations will be explored.

The psychological impact of widowhood can be seen in Bennett (1997), a longitudinal study exploring the wellbeing of widowed women. Over an eight year period four questionnaires measuring anxiety and depression, life satisfaction, social engagement and health was administered to 57 participants. The 57 participants were divided into three groups dependent on their marital status. There were 22 women in the 'widowed group' 17 participants in the comparison 'married group', who were of a similar age to the participants in the 'widowed group'. The third comparison group consisted of 18 participants who had never been married. The findings of the study suggest that widowhood can lead to a decline in psychological wellbeing. In the study results suggested that widowed individuals show lower levels of morale than never married and still married couples.

The findings from Bennett (1997) are further supported by Bennett's (2005) longitudinal research exploring the effects of marriage, widowhood and marital status change on well being. Bennett's (2005) study suggested that there was a reduction in morale following widowhood, which continued for several years. Bennett (1997, 2005) suggests that widowhood does impact on psychological well being.

Research has also suggested that the physical health of individuals can be affected by the death of a spouse (Hegge 2000 and Bennett 2008). Hegge (2000) conducted a study exploring the grief responses of senior and elderly widows. Hegge (2000) interviewed 22 senior widows and 17 elderly widows about their experiences surrounding the loss of their spouse. The results suggested that the loss of a spouse had physical effects, including a disturbance in sleep pattern and loss of weight. These findings are further supported by Bennett (2008) who reported that widowhood can lead to fatigue and a reduction in weight.

Widowhood is also thought to have an impact on a person's occupations (Hoonard 1997, Hegge 2000, Shahar et al 2001, Mcintyre and Howie 2002, Bennett 2008). Occupations can be described as purposeful and meaningful activity that people choose to participate in (Crepeau 2003). The importance assigned to an occupation varies from person to person (Christenson, 1994 cited in Rudman et al 1997) The occupations that individuals choose to participate in are said to be a fundamental aspect of daily living and are performed as part of an individual's social roles and routine (Douglas, 2006). It is also believed that occupation contributes to ones sense of well being (Rudman et al 1997). Rudman et al (1997) suggests that occupation contributes to well being because participating in activity is a basic essential to an individuals existence and quality of that existence.

As reported by Bennett (2008) and Withnall (1998) widowhood is more likely to impact on older individuals. A number of studies have been conducted exploring the importance of occupational activity in the elderly population

(Rudman et al 1997, Jackson et al 1998, Nilsson et al 2007, Mountain et al 2008). Nilsson explored occupational engagement and life satisfaction in individuals over the age of 85 years. A total of 148 Swedish nationals participated in the study. A number of questionnaires were administered designed to measure life satisfaction, leisure occupations and occupation within the area of activities of daily living (ADL's). The results of this study suggest that a high level of occupational participation is correlated with a high level of life satisfaction. However it appears that leisure occupations were a stronger factor in relation to life satisfaction compared to ADL occupations. Nilsson et al (2007) study appears to indicate that occupation is related to life satisfaction in the elderly. The results of the study provide valuable information pertaining to older age and occupations. However it may have been beneficial to obtain more in depth information from participants regarding what specific occupations increased their sense of life satisfaction. The results of the study have been replicated both in the UK and the USA by Jackson et al (1998) and Mountain et al (2008).

Jackson et al (1998) conducted an extensive study exploring the related link between wellbeing in the elderly and occupation. The well elderly study occupational therapy programme was developed in California and was designed to enhance the health and psychosocial wellbeing of community dwelling older adults through the utilisation of occupational therapy intervention (Jackson et al 1998). Jackson et al (1998) recruited 361 African American, Asian, Caucasian and Hispanic men and women aged over 60 years from the well elderly programme to participate in their study. The participants were randomly allocated to one of three groups. Group one received preventative occupational therapy, group two participated in non professional led social activities program and group three received no treatment. All of the three groups ran for a period of nine months and during this time the occupational therapy group received two hours per week of group based intervention and one hour per week of one-to-one therapist-client interaction.

All the participants in Jackson et al (1998) study were assessed on a battery of measure to determine their current health and well being prior to commencing the programme. The same measurements were then assessed on completion of the program to assess whether there had been a change in the scoring. The results of the program suggested that compared to the participant assigned to the control group the participants who were in the occupational therapy group exhibited fewer declines in physical health, physical functioning, social functioning, mental health and life satisfaction. In addition the social activity group had similar results to that of the non treated group. Jackson et al (1998) study suggests that occupational engagement has a positive impact on older adult's mental and physical health. However the results also illustrate that occupation alone does not impact on older adult's wellbeing. In fact the research highlights the importance of the integration of occupational activity in conjunction with professional occupational therapy input in successfully impacting on older adult's wellbeing. However it could be argued that it may have been useful to collect qualitative data from participants, such as through interviews or focus groups. This may have allowed the researchers to obtain rich data pertaining to the participant's experiences of the 'well elderly study'. In addition the study did not report what battery assessments had been used hence the reliability and validity of the batteries could not be ascertained. Therefore it can be argued that the batteries may not be valid and therefore the results obtained through using the batteries will not be valid. Jackson et al (1998) utilised a large sample size with a control group and a group similar to the experimental group to assess the importance of professional occupational therapy input. The utilisation of a control group and a social activities group has increased the likelihood that the results obtained from the experimental group are as a result of the occupational intervention. This is because the control group eliminates 'time lapse' as being a possible cause of the results and the social activities group eliminate the 'social factor' being a possible cause of the results. Thus the elimination of the 'time' and 'social' variables increases the likelihood that the results obtained from the experimental group are as a result of the occupational intervention. However attention needs to be paid to the ethical implications of withholding treatment from the control group. Hence a

solution to this issue is to have possibly had a repeated measure design; whereby participants are assessed without occupational intervention for an eight month period followed by eight months of occupational intervention.

A similar intervention programme to Jackson et al (1998) study has been implemented with a UK population. Mountain et al (2008) developed an occupationally based health promotion intervention for older adults living in the community based on Jackson et al (1998) 'lifestyle matters programme'. Twenty eight participants were recruited via a strategy of direct community engagement and were allocated to one of two intervention groups. The intervention in the programme of both groups replicated Jackson et al (1998) lifestyle matters program. The programme was for a period of eight months and during this period the participant attended weekly groups and two hour individual monthly sessions. Similarly to Jackson et al (1998) research the participants were required to complete pre intervention and post intervention quantitative questionnaire assessments as well as pre and post intervention interviews. The quantitative assessments measured cognition, depression, functional dependency and quality of life. The questionnaire assessment suggested that there was no significant improvement in depression, cognition and dependency following the intervention. However there appeared to be an improvement in participant's quality of life. The information obtained through the interview highlighted a number of individualised positive outcomes following programme intervention. The participants reported that engagement in activities had led some individuals to achieve things that they had not considered themselves to be capable of. In addition a number of the participants had commented on the fact that their confidence had improved. In contrast to Jackson et al (1998) study Mountain et al collected qualitative data as well as quantitative data from participants. Consequently Mountain et al (2008) research is able to provide in depth information regarding participant's experience of the occupational intervention programme. However the sample of 28 compared to Jackson's et al (2008) 361 participants is relatively small in size, which could decrease the validity of the results. In addition Mountain et al (2008) failed to use a control group for comparisons. A control group would have minimised the confounding variable

that the change in pre and post assessment scores would have occurred regardless of the occupational intervention. In addition the participants were recruited via a method of 'direct community engagement', which involved recruiting participants from existing groups. It could be argued that this type of sampling method recruited participants who were already engaging in groups; hence this may have skewed the results. It may have been more beneficial and produced more valuable results if isolated community dwelling older adults had been recruited.

Jackson et al (1998) Mountain et al (2008) and Nilsson et al (2007) have all highlighted the potential benefit of older people participating in leisure occupations. However the studies have not focused on any physical and mental health benefits of participating in ADL occupations. In addition the studies have not explored the key components that underlay the reasoning of why occupations create a sense of well being in older adults.

Rudman et al (1997) conducted a study that aimed to understand the potential of occupation from older adult's perspective and thus address the possible reasoning of why occupations create a sense of wellbeing. Twelve community dwelling older adults aged between 67 and 79 were interviewed about their views pertaining to the meaning they attach to occupation. Through interviewing the informants a variety of themes emerged. Informants reported that occupations contributed to their sense of wellbeing and stated that physical, mental and social activities were all important in maintaining wellbeing. Informants felt that activity may influence wellbeing through the feelings that activity evokes. Informants reported a number of benefits of participating in activity including competence, increased mastery, being needed, belonging, doing something worthwhile, social recognition and approval and escaping. Many participants reported that activities were related to a socially recognised role and in some cases activity relate to a sense of continuing identity. Participants also reported that activity was important in facilitating and maintaining social connections to people. One important element of enjoyment of occupation is the participant's sense of 'control'. That is the participants needed to feel that they have control over the

occupations that they are engaged in. In addition and not surprisingly the potential and meaning associated with occupation is determined by the individual person. This was evident through participants describing different contributions from the same occupations. Interestingly the informants rarely discussed the fundamental occupations of ADL's, thus suggesting that these occupations are not important to people. However it could be argued that rather than not being important they are in fact taken for granted by healthy functioning older adults. It may be a different scenario if a person had difficulty with the area of ADL's.

The preceding studies appear to highlight the positive effects of occupation on older adult's perceived sense of wellbeing. Hence it can be argued that participating in occupations is vitally important for the elderly population. Consequently any event, such as the loss of a spouse they may affect the older person's ability to engage in occupations needs to be explored. A number of studies have been conducted within the area of widowhood and occupation (Hoonard 1997, Ludwig 1997, McIntyre and Howie, 2002, Bennett 2005).

McIntyre and Howie (2002) conducted a study exploring how daily occupations are experienced in widowhood. A single case study was used and the data collection technique consisted of three interviews lasting between 60-90 minutes. A number of themes emerged from the data collection. The informant discussed how she structured her time through daily and weekly routines and that maintaining the routine facilitated her feelings of well-being. The informant also reported that she used meaningful and familiar occupations to adapt to the death of her spouse. She discussed how advice to keep doing and keep active created a situation where she did not spend excessive time dwelling on the death of her husband (McIntyre and Howie, 2002). The informant highlighted the personal importance of social occupational activities and how this impacted on her well being. The study appeared to highlight a largely positive view of adapting to widowhood through occupation. However the informant did not expand on what these familiar and meaningful occupations were.

In addition as a qualitative research approach was utilised the findings are unable to be generalised to the general widowhood population. However due to the utilisation of a single case study McIntyre and Howie (2002) were able to explore in depth the real impact of widowhood on occupation.

In contrast to McIntyre and Howie (2003) study Ludwig (1997) argues that the loss of a spouse can have a negative effect on routine occupations. Ludwig (1997) was researching how routine facilitates well being in older women. She observed and interviewed seven respondents who were Caucasian middle class women living in their own home and who were not employed full time. The data collected suggested that family can have an impact on routine occupations. For instance Ludwig discovered that spouse effect women's routines by either the husband imposing their routine on their wife, both the husband and wife developing co-routines or by the husband disrupting the routines. Consequently the loss of a spouse with whom an activity was carried out with lead to the discontinuation of the said occupation. Ludwig study identifies the potential negative effects of the loss of a spouse on occupations. However the participants recruited were from one ethnic group (Caucasian) and all the participants were middle class. It may have been useful to have a mix of participants who represented the entire group of older women, rather than a polarised sample.

The death of a spouse can also have a negative impact on social occupations. For instance Bennett (2005) explored how marriage, widowhood and marital status change impacts on psychological well being. In the study Bennett administered questionnaires to participants who had been recently widowed, widowed or married. The results suggested that individuals who were recently widowed or widowed had reduced levels of social engagement. Bennett (2005) suggested a number of explanations for the reduction of social engagement. Firstly the nature of activities may alter following widowhood or widows may prioritise daily living and domestic activities rather than social activities. An alternative explanation is that some social activities are dependent on companionship, such as holidays and being invited to dinner.

A reduction in social activity following widowhood can be supported by Hoonard (1997), who explored the experience of ten widows expressed in ten autobiographical accounts. Hoonard's (1997) findings highlight the decline in social relationships. A number of the widow's autobiographical accounts highlight how many of their friends ceased to include them in social events, such as dinner parties. Bennett (2005) and Hoonard (1997) research suggests that widowhood does impact on social occupations.

The preceding occupational studies have all focused on leisure occupations as opposed to activities of daily occupations. However it can be argued that activities of daily living are just as important and warrant further exploration. The author of the present study has conducted extensive literature searches pertaining to older adults, activities of daily living and widowhood. The author specifically searched for articles related to the activity of eating and activities surrounding eating such as mealtimes, cooking, baking, food shopping and food/meal preparation. A number of articles were identified, which are relevant and make reference to the occupation of eating and related occupation (Rosenbloom and Whittington 1993, Clarke et al 1998, Hegge 2000, Shahar 2001, Gustafsson and Sidenvall 2003,)

One such article was Clarke et al (1998) study, which researched undereating and undernutrition in older age and the possible bio-psychosocial aspects. The article suggests that underweight in the elderly is a result of physical, social and psychological factors. Clarke et al (1998) suggested that a number factors lead to older adults becoming underweight. One such factor is depressions which can lead to a decrease in interest and motivation surrounding eating, cooking and meal preparation. It has been reported that depressive feelings may be elevated among widowed individuals for up to two years post bereavement, and that the person mood may never return to the pre widowhood state (Bennett, 2008). Consequently it could be argued that widowed individuals are more likely to have needs surrounding eating and hence food related occupations may be affected.

Gustafsson and Sidenvall (2003) study researched the activities of eating related occupations. They explored food related health perceptions and food habits among older women. Eighteen women over the age of 65 who lived alone or who were cohabitating were interviewed in their own homes, utilising open ended interview questions. The interviewed questions covered the following areas: family situation, attitudes to eating and health perspectives in relation to food and meal preparation. The participants were also required to record what they eat over a period of three days in a food diary. A number of themes relating to widowhood arose from the data. For instance compared to cohabitating and married women, widowed women tended to oversimplify their cooking and eating. For example a majority of the widowed women felt that without someone to cook for and eat with the whole process of the meal process had lost the psychosocial meaning and was no longer enjoyable. Many widowed informants reported that eating had been reduced to intake of fuel. In comparison the married women felt that meal time was an enjoyable occasion and a time of togetherness. For married women cooking and mealtimes meant a lot for their happiness and wellbeing.

Eighteen participants volunteered for the above study, which is a large sample size for a qualitative interview procedure. Consequently the large sample size is likely to have produced a wide variety of experiences. The participants were also interviewed in their own home. It can be argued that the participants may feel more comfortable at home as it is an informal setting. Therefore the responses of the participant are likely to be more rich in information and honest in their responses. However data is not provided on what percentage of the participants were widowed and who were married. Therefore it is unclear whether the experiences discussed relating to widowhood and mealtimes were based on one participant experiences or more. Hence it could be argued that information relating to the ratio of married, non married and widowed participants would have been beneficial.

Hegge (2000) study similarly to Gustafsson and Sidenvall (2003) identifies the social importance associated with mealtimes. Hegge (2000) conducted a study exploring grief responses of senior and elderly widows. Twenty two

senior widows aged between 60-74 years and 17 elderly widows aged between 75-90 years who had experienced a loss within four years were interviewed using a narrative approach. The findings of the study identified a number of grief responses of widows including eating and sleeping disorders. Furthermore informants reported that the daily times they would have spent with their spouse were the most difficult, these times included mealtimes. Informants expressed how mealtimes were painful because they faced familiar situations alone staring at an empty chair. These difficult experiences at mealtimes interfered with normal patterns of eating, which lead to nutritional and energy deficits. In total there were 39 informants, which is a fairly large sample size for qualitative data collection. Consequently a wide selection of data was likely to have been collected. However no information is provided on the interviewer/s such as how many interviewers there were and the interviewer/s experience of conducting interviews. The preceding highlighted factors are likely to impact on the quality of information collected and hence may have been useful to now. Both Hegge (2000) and Gustafsson and Sidenvall (2002) study appear to highlight the social importance associated with mealtimes.

Shahar (2001) along a similar topic as Gustafsson and Sidenvall investigated the effect of widowhood on weight change, dietary intake and eating behaviour in an elderly population. However unlike Gustafsson and Sidenvall (2003) research, a quantitative questionnaire method was utilised. Fifty eight recently widowed participants were recruited and randomly matched for age, sex and race with 58 randomly selected married participants. The number of health events, hospitalisation, alcohol and tobacco use and level of physical activity were similar in both groups. Non nutritional variables including depression, cognitive functioning, subjective health status and physical functioning were also measured in each group. The results suggested that weight loss was significantly higher for the widowed group compared to the control group. Also none of the non nutritional variables differed between the control group and the widowed group. The widowed group were found to eat significantly more meals alone, more commercial meals and fewer home made food per week. In addition they reported less enjoyment in eating. It

can be argued that the results of this study are likely to be valid. This is because a matched control group has been used; hence reducing the risk that the differing results between the two groups were of a consequence of participant differences, such as age and race. Furthermore non nutritional possible confounding variables were measured to ensure as much as possible that they did not account for the result difference between the widowed and control group. However only limited information regarding the reliability and validity of the questionnaire that measured the non nutritional variables have been provided. Consequently it could be argued that the results obtained via the non nutritional questionnaires should be viewed with caution. If the non nutritional questionnaires were not reliable then the scores obtained via this method may not be reliable. Therefore if this were the case it could be argued that the contrast in results between the widowed and the non widowed group could have been a result of the non nutritional variables rather than the difference in their marital/widowed status.

Rosenbloom and Whittington (1993) conducted similar research to Shahar (2001) and was attempting to identify the effects of recent widowhood on nutritional behaviour. A convenience sample of fifty recently widowed participants were recruited and matched on age and sex to a control group. A face to face self report questionnaire and a three day food diary were used to collect information on nutritional behaviour from participants. The results indicated that widowhood was shown to cause loneliness at mealtime and diminished interest in the activities surrounding eating, including meal planning, food shopping and meal preparation. Widowed participants also reported diminished enjoyment of the social aspect of mealtime and viewed eating and cooking as merely a chore that had to be accomplished. The researcher used a self report questionnaire in a face to face interview. It could be argued that information obtained via this method may not be accurate as it is reliant on the participant's accurate recall of information. In addition in contrast to Shahar et al (2001) study Rosembloom failed to control for possible confounding variables that could account for the result. For instance a diminishment in physiological functioning could prevent participant

from performing meal preparation, shopping activities. Therefore Rosembloom has not accounted for these possible variables.

The preceding literature review has provided an overview of how widowhood in old age can impinge physically, psychological and occupationally on a widowed person's wellbeing. The importance and benefits of continued occupational activity in old age has also been identified. Finally the negative consequence of widowhood on the occupational activities of eating and eating related activities has been explored. This exploration has highlighted the lack of current occupational literature pertaining to the area of widowhood and eating related activities.

## RESEARCH PAPER

### Widows and Widowers: The Lived Experience of eating and meal preparation occupations

#### ABSTRACT

Widowhood is said to be a deeply distressing and painful experience. There appears to be a lack of occupational based literature on widows and widowers experience of eating and meal preparation. The current research sought to explore, using a phenomenological approach, the lived experience of widows and widowers eating and meal preparation occupations. Three widowed participants were interviewed in their own home using a semi structure interview technique. Through the use of interpretive phenomenological analysis (IPA) four themes were generated: social occupation, Gods waiting room, adjustment to change and food nutrition, health and preference. Participants discussed how mealtimes were a social event, how cooking and shopping was a chore, and how their habits surrounding eating and meal preparation had altered since the death of their spouse. These findings could assist occupational therapists with supporting widows and widowers in continuing to participate and enjoy the occupation of mealtimes, cooking and shopping.

## INTRODUCTION

Widowhood is used to describe the marital status that a person gains when their spouse has died and is more likely to affect older individuals (Withnall 1998 and Bennett 2008). Widowhood is said to be a deeply distressing and painful experience that has a lasting long term impact on the widowed individual (Withnall 1998 and Bennett 2008). Widowhood affects every aspect of an individual's life including physically (Hegge 2000), psychologically (Bennett, 1997, 2005) and occupationally (Mcintyre and Howie 2002).

Previous research suggests that widowhood can have a detrimental effect on eating and meal preparation occupations in older adults (Rosenbloom and Whittington 1993, Hegge 2000, Shahar 2001, Gustafsson and Sidenvall 2003,). There appears to be a lack of occupational based literature pertaining to the exploration of the experience of widowhood in old age and how it impacts on eating and meal preparation activities. The aim of the present study is to explore widows and widowers experiences of eating and meal preparation. The question asked is:

'What are widows and widowers experiences of eating and meal preparation'

## LITERATURE REVIEW

Research within the area of widowhood and eating and meal preparation activities has been conducted (Rosenbloom and Whittington 1993, Hegge 2000, Shahar 2001, Gustafsson and Sidenvall 2003). Gustafsson and Sidenvall (2003) study researched the activities of eating related occupations. They explored food related health perceptions and food habits among older women. Eighteen Swedish women over the age of 65 who lived alone or who were cohabitating were interviewed and also recorded what they eat over a period of three days in a food diary. A number of themes were generated from the data. For instance compared to cohabitating and married women, widowed women tended to oversimplify their cooking and eating. For example a majority of the widowed women felt that without someone to cook for and eat with the whole process of mealtimes had lost the psychosocial meaning and was no longer enjoyable. Eighteen participants volunteered for the above study, which is a large sample size for a qualitative interview procedure. Consequently the large sample size is likely to have produced a wide variety of experiences. However data is not provided on what percentage of the participants were widowed and married. Consequently it is unclear whether the experiences discussed relating to widowhood and mealtimes were based on one participant experiences or more. Hence it could be argued that information relating to the ratio of married, non married and widowed participants would have been beneficial.

Hegge (2000) study similarly to Gustafsson and Sidenvall (2003) identifies the social importance associated with mealtimes. Hegge (2000) conducted a study exploring grief responses of senior and elderly widows. Informants reported that the daily times they would have spent with their spouse were the most difficult, these times included mealtimes. Informants expressed how mealtimes were painful because they faced familiar situations alone staring at an empty chair. In total there were 39 informants, which is a fairly large sample size for qualitative data collection. Consequently a rich source of data was likely to have been collected. However no information is provided on the interviewer/s such as how many interviewers there were and the interviewer/s experience of interviewing. The preceding factors are likely to impact on the

quality of information collected. Both Hegge (2000) and Gustafsson and Sidenvall (2003) study appear to highlight the social importance associated with mealtimes.

Shahar (2001) along a similar topic as Gustafsson and Sidenvall (2003) investigated the effect of widowhood on weight change, dietary intake and eating behaviour in an elderly population. However in contrast to Gustafsson and Sidenvall (2002) research, a quantitative questionnaire method was utilised. Fifty eight recently widowed participants were recruited and randomly matched for age, sex and race with 58 randomly selected married participants. The number of health events, hospitalisation, alcohol and tobacco use and level of physical activity were similar in both groups. Non nutritional variables including depression, cognitive functioning, subjective health status and physical functioning were also measured in each group. The results suggested that none of the measured non nutritional variables differed between the control group and the widowed group. The widowed group were found to eat significantly more meals alone, more commercial meals and eat fewer home made food per week. In addition they reported less enjoyment in eating. It can be argued that the results of this study are likely to be valid. This is because a matched control group has been used; hence reducing the risk that the differing results between the two groups was a consequence of participant differences. Furthermore non nutritional possible confounding variables were measured to ensure as much as possible that they did not account for the result difference between the widowed and control group. However only limited information regarding the reliability and validity of the questionnaire that measured the non nutritional variables have been provided. Consequently it could be argued that the results obtained via the non nutritional questionnaires should be viewed with caution. If the non nutritional questionnaires were not reliable then the scores obtained via this method may not be reliable. Therefore if this were the case it could be argued that the contrast in results between the widowed and the non widowed group could have been a result of the non nutritional variables rather than the difference in groups.

Rosenbloom and Whittington (1993) conducted similar research to Shahar (2001) and was attempting to identify the effects of recent widowhood on nutritional behaviour. A convenience sample of fifty recently widowed participants were recruited and matched on age and sex to a control group. A face to face self report questionnaire was used to collect information on nutritional behaviour from participants. The results indicated that widowhood was shown to cause loneliness at mealtime and diminished interest in the activities surrounding eating, including meal planning, food shopping and meal preparation. Widowed participants also reported diminished enjoyment of the social aspect of mealtime and viewed eating and cooking as merely a chore that had to be accomplished. The researcher used a self report questionnaire in a face to face interview. It could be argued that information obtained through this method may not be accurate as it is reliant on the participant's accurate recall of information. In addition in contrast to Shahar et al (2001) study Rosembloom et al (1992) failed to control for possible confounding variables that could account for the results obtained. For instance a diminishment in physiological functioning could prevent participant from performing meal preparation and shopping activities as opposed to being widowed. Therefore Rosembloom and Whittington (1993) has not accounted for these possible variables.

As the above literature review suggests research pertaining to widowhood and the occupation of eating and meal preparation activities has been sourced. However none of the literature identified exclusively explores a UK sample of widows and widowers experiences of eating and meal preparation. In addition the existing literature has been located in predominantly nursing based journals rather than occupational specific journals. Extensive web based literature searches were conducted using AMED, CINAHL and BNI electronic search database. The results of these searchers did not identify any occupational based paper relating to the occupation of eating and meal preparation. Therefore to the best of the authors knowledge there appears to be no literature on the topic of widowhood and eating and meal preparation occupations. Consequently there appears to be a need for occupationally based research into the area.

Research that focuses on the UK elderly population, such as the present study will be of benefit as statistics suggest that there will be a steady increase in the aging population in the UK (OPCS 2006); hence occupational therapists are increasingly likely to work with elderly client groups. Therefore increased knowledge in this area could assist occupational therapists who work in geriatric care. In addition the elderly are at an increased risk of suffering from malnutrition which contributes significantly to diminished quality of life, morbidity and mortality in the elderly (Chen et al 2001). Social factors, including the loss of a spouse has been associated with a decrease in nutritional status in elderly individuals (Chen et al 2001). Therefore it could be argued that given the preceding information any further knowledge that could contribute to occupational therapists understanding of the occupation of eating and meal preparation in a widowed elderly population could be of benefit as it could assist with reducing the prevalence of malnutrition in older widowed adults.

## METHOD

### Methodology

The present study will take a qualitative hermeneutic phenomenological approach (Cohen et al 2000). Hermeneutic phenomenology is a research method based on phenomenological philosophy (Cohen 2000). Hermeneutic phenomenology approach does not attempt to explain how and why the phenomenon occurs (Finlay 1999). Instead the approach seeks to understand, describe, and interpret human behaviour from the perspective of the person being studied (Finlay 1999). Hermeneutic phenomenology will allow the researcher of the present study to gain a deep understanding of the individual widows and widowers unique experiences of eating and food preparation. The hermeneutic approach unlike other strands of phenomenology embraces the fact that the researcher immerses themselves in the research (Patton 2002). The author of the present study is of the opinion that they are likely to approach the phenomenon of widowhood with pre conceived thoughts on the topic and that these thoughts may impact on how the data is collected and analysed.

### Ethical considerations

The University of Brighton, school of health professions, school research ethics and governance panel (REGP) approved this study (Appendices iv). Informed consent was obtained from all the participants and participants were provided with a participant information sheet. The sheet outlined the participant's right to withdraw from the study and that participant's anonymity and confidentiality would be maintained. A risk assessment pertaining to interviewing respondents in their home was completed. The assessment was guided by the 'Health and safety five steps' (2006)

### Procedure

A web based advertisement was placed on a widowhood support group website. The advertisement provided information on the credentials of the researcher. The advertisement outlined the aim of the research and also explained that participants would need to be willing and happy to be interviewed in their own home or a neutral location and for the interview to be

audio recorded. The researchers contact details were provided to enable participants to obtain further information or/and to volunteer for the study.

A pilot interview was conducted prior to the interviews, with a fellow researcher acting as the practice participant. All the recruited participants agreed to be interviewed in their own home as opposed to a neutral location. Prior to each interview the researcher adhered to the procedure outlined in the health and safety executive (2006) risk assessment protocol with regards to interviewing participants in their own homes. The protocol addressed issues regarding risk of harm to the interviewer and interviewee and the risk of theft from the participant's premises. To address risk to the interviewer the procedure instructed the researcher to inform their supervisor of the time and place of when the interview was to commence. The researcher upon leaving the participant house should immediately inform their supervisor that the interview had been completed and that the researcher had left the participants premises. To reduce risk of harm to the interviewee, they were provided with the option to have someone present in the house at the time of the interview the interviewer was also CRD checked. To address the risk of theft the researcher remained in one room of the participants house in full view of the participant at all times.

The respondents prior to the interview were provided with a participant information sheet. The respondents were then asked to sign and date a consent form to provide written confirmation of agreement to participate in the research and be interviewed. The researcher then conducted a face to face audio recorded semi structured interviews with respondents in their own homes. Each interview commenced with the researcher asking respondents the following question 'would you mind just tell me a bit about yourself'. An interview schedule was then used (appendices v). However a Hermeneutic interview should resemble a conversation (Cohen et al 2000) therefore a very general interview schedule was constructed. The interview schedule included open ended questions pertaining to experiences, routines and habits around the area of eating, food shopping and meal preparation. The length of the

interviews varied with each participant, but was between 45 minutes and one hour in duration.

### Participants

The researcher planned to recruit six respondents, two of which would be placed on a reserve list in case any participants withdraw from the study. However due to a lack of interest a total of three participants were recruited and interviewed. Two of the respondents were female and one was male all of the respondents were over the age of 65 years.

### Data analysis

Interpretative phenomenological analysis (IPA) was used to analyse the data (Smith 2008). IPA aim is to examine in detail the participants lived experience. IPA compliments the hermeneutic approach as it assumes that the analysis of the phenomena from the participant's perspective is affected and complicated by the researchers own interpretations. Furthermore IPA argues that the researcher's interpretations are required in order to make sense of the participants experience through a process of interpretive analysis (Smith 2008).

The first stage of analysing the data involved focusing on one transcript, this stage included reading and re reading the text and making notes of any initial thoughts and observations. The second stage was to identify and label themes that were emerging from the data. In the third stage the researcher proceeded to connect the themes within the transcript and thus form 'clusters of themes'. The fourth stage involved constructing a summary table of the structured themes, together with quotations from the transcript that illustrate each theme. The themes within the table only included themes that capture something about the quality of the participant's experiences of the phenomena (Willig 2003 and Smith 2008). The four stage process was then applied to the next two transcripts from which themes were identified and clustered together with the themes from the first transcript.

## FINDINGS AND DISCUSSION

Through the use of IPA four primary themes were generated

### SOCIAL OCCUPATION

All three participants expressed how the occupation of eating was a social event and that eating a meal with company enhanced the pleasure of mealtimes as opposed to eating in solitude. Participants commented that they preferred eating with other than on their own.

‘When you eat with other people you enjoy food more because it’s a shared activity if I was going to go and have dinner with somebody you have social contact you’d have probably lots of wine you’d have conversation’

The importance of social eating is consistent with Gustafsson and Sidenvall (2002) and Rosembloom and Whittington (1993) findings, which highlighted that for widows mealtimes was an opportunity to socialise and the loss of their spouse had lead to a reduction in social eating and lead to loneliness at mealtimes. The social occupaiton theme has illustrated the preference of wanting to eat with company. Wilcock (1998) argues that human beings as a race seek to perform some occupations, such as eating meals, in the company of others and that enjoyment can be experienced from doing occupations with others. Wilcock (1998) further argues that early humans were cooperative in food sharing and foraging of food, thus indicating that shared eating related occupations were of fundamental importance in order to survive. It can be argued that the desire and need to eat and prepare meals together has evolved and continued into the present modern day where the equivalent of forging for food is shopping together and individuals seek to share food at mealtimes. The present research supports the fundamental evolutionary desire for people to want to perform food related rituals together and the enjoyment they seek from such an event.

Participants also discussed how cooking for others and seeing other peoples appreciation evoked a positive reaction and made cooking a meaningful and purposeful activity. The occupation of cooking appeared to increase confidence and was an opportunity to seek admiration and praise from others and to utilise cooking skills.

'I've always enjoyed cooking, but when people come and they appreciate it you feel that you've done something good. Yeah, I do like cooking for people, yeah rather than go out and buy, and you now cooking just gives you a little boost, oh well you still got some, you now something going'

#### GODS WAITING ROOM

Widowers discussed some of the habits and routines associated with cooking and eating at home. Two of the three participants discussed how cooking at home had become a chore and commented that they could not be bothered to cook for themselves. It was felt that cooking and eating was not enjoyable and hence was a task that needed minimum attention.

'the pleasure of the whole cooking a meal, preparing a meal was a shared thing, it was in my life, it was a shared thing, activity and if it's no longer a shared activity you don't get a pleasure from it so therefore if you don't get pleasure you don't do it', you don't want to be bothered to do anything that's going to take time'

These findings support previous work by Gustafsson and Sidenvall (2003) and Shahar (2001) who found that widowers found cooking to be a mundane activity which lacked enjoyment and was too much effort. Thus the widowers tended to eat more commercial/convenience meals.

However in contrast one participant was passionate about cooking their own meals. They discussed how cooking was a fundamental part of their life, which they appear determined to maintain.

'I mean I've always enjoyed cooking you now and I mean giving it up as I've done just to cook for me it's been hard, so it would be hard if I had to give it up all together, I mean just because you've lost somebody, you haven't got to give up the things that you most like you now

All participants commented on the variety of food available to them. The food choices appeared to be a consequence of limited cooking skills and environmental influences. One of the participants commented that their limited cooking skills meant that they were unadventurous in the kitchen, which restricted what they could eat at mealtimes. Two of the three participant commented that cooking for one meant that they were restricted on what foods they could cook, as many meals are marketed or more appropriate for more than one person.

'Ok um as you'd expect from one person living alone there are um a number of things that I don't buy um and don't cook because they come in to larger packs. Things like casseroles I obviously don't cook because I don't like cold casseroles you now um and you can't really do a casserole for one person for one day.'

There was lack of consistency regarding home mealtime rituals, one participant commented that they sat at the table to eat meals, and commented that it was of no increased effort. Sitting at the table enabled the participant to concentrate on what they were eating and provided comfort, which appeared to be important aspects of mealtimes. In contrast another participant expressed how eating at a table was a morbid affair.

'because your not sharing it with anybody, if you've got a table you sit there and you don't only eat your food you have conversation well your not going to sit with the table set nicely and talk to yourself are you. I think sitting at the table would really make one feel awful, if you sat there all by yourself it's like waiting for GWR' (Gods waiting room)

## ADJUSTING TO CHANGE

A major theme was adjusting to the change in eating, cooking and shopping occupations following the death of their spouse. All of the participants commented that these changes had been difficult to adapt to

‘Everything has change my eating habits have changed my shopping habits have changes my pleasure of food has changed the whole thing is now on a totally different plain’

Participants discussed how as a result of being widowed the motivation to participate in previous food related occupations had diminished. Participants discussed how previous food occupations that had been pleasurable had been performed jointly with their spouse. Therefore the loss of their spouse’s, lead to the food occupation no longer being performed, which appeared to impact on the participant’s wellbeing.

‘when you are on your own you don’t do very much entertaining and we used to do a lot of entertaining and know you just can’t be bothered you just cannot be bothered because it’s sounds ridiculous because your ability to cook hasn’t diminished but you can always resurrect um but you just cannot be bothered, which again is another social block isn’t it cos if you entertain you are entertained um that’s another nail in the social coffin’

All the participants discuss how their shopping routines and habits had changed since the loss of their spouse. A very distinct change was the quantity or quality of food purchased. All of the participants bought less as a consequence of less people to eat. Participants also commented that the type of food bought had altered, fresh food, including fruit and vegetables were bought less as they tended not to remain fresh. A common theme was that pre-widowhood the participants enjoyed the experience of food shopping. They enjoyed jointly selecting purchases and the pleasure of buying something for their spouse. Post widowhood shopping became a chore that was to be conducted as quickly as possible.

'well I can't say I do like shopping, I used to like shopping, but now it's a chore now, I mean when I first lost my husband it was hard I couldn't face the shop but that did wear off, you now, Know I just write my list and do my basics I don't browse anymore, it used to be well pleasant, I don't now it used to be different, shopping for you is just you'

All the previous research has reported that widows eating and food preparation habits have changed since the death of their spouse. For instance Shahar (2001) results indicated that since the loss of their spouse widowers eating habits had changed, for instance they eat more meals alone and these meals were commercial meals. In addition Gustafsson and Sidenvall (2003) reported that widowed women felt that without someone to cook for and eat with the whole process of the meal process had lost meaning and was no longer enjoyable. The theme of 'adjustment to change' in the present study supports the previous literature of changes in eating and meal preparation since the loss of a spouse.

#### FOOD NUTRITION, HEALTH AND PREFERENCE

The final themes revolved around food preference and nutrition and the relationship with health. All participants commented that eating healthy foods was important and assisted with maintaining their health.

'food I like descent food I happen to enjoy a reasonable wine um but I also want to keep my good health although I tend not to drink to excess and not to eat unhealthy food ur because ur I want to remain healthy as long as possible'

Participants alluded to the fact that they believed that eating healthy food would assist in maintaining their independence when one participant was asked 'what does healthy mean to you' their response was:

'ur it means I can get up in the morning, move about do what I need to do and minimise medication'

Participants had conflicting accounts regarding their relationship with their food. One participant when discussing food used emotive language and commented how she 'loved' to eat food. In contrast the participant appeared to feel guilt about eating so called 'unhealthy foods'

'the thing is I do go for a lot of things I shouldn't you now like pastries and cakes'

Participants appeared to hold beliefs about what constituted healthy and unhealthy meals. Healthy food beliefs included using fresh food to cook with, not freezing food, not eating convenience food and not cooking food in bulk to eat at a later date.

'ur yeah I don't cook in bulk cos most of the things I want to cook I prefer hot not cold and I prefer fresh'

The quality of food was also important, two of the three participants discussed how they preferred to eat 'plain wholesome food starting off with natural ingredients'. One participant commented that they preferred meals that were plain in nature.

'I do like roasts I like basic foods, I don't umm (pause) oh what you call it, what am I trying to think of, just normal foods I like, I don't like sort of curries or anything'

Interestingly health related food habits have not been identified by previous studies as an important theme. However this could be on account of the previous studies being quantitative in nature. Typically quantitative data collection is not able to gain in depth insight into participant's experience's, rather it is used to collect large quantities of data. Therefore it could be argued that food and nutrition was important for widows in previous studies, but that the quantitative data collection utilised was not able to reveal this.

## CRITICAL EVALUATION

The present study allowed the exploration of widows and widowers life experiences of eating and meal preparation. The use of face to face interview allowed the interviewer to collect not only verbal information but also to observe non verbal cues (Timmons and McDonald 2008). It could be argued that non verbal cues could be a valuable form of data collection as it allows the researcher to interpret the non verbal cues and these cues could compliment the verbal information being obtained and thus ultimately enhance the data collected. In addition face to face interviews allows the interviewer to build a rapport with the participant (Smith 2008) which may not have been possible or a challenge if the researcher had employed another form of data collection, such as telephone interviews.

However due to time restrictions the researcher was not able to conduct multi interviews with the same participant. Multi interviews are not compulsory when conducting phenomenological research. However it is thought to allow for more in depth data to be collected and for rapport to be established (Cohen et al 2000, Creswell 2007). The quality of data obtained from the participants may have been limited by the interviewer's novice experience. The researcher was inexperienced at conducting semi structured interviews. However this was counterbalanced by the performance of a 'pilot' interview, the interviewee being a fellow researcher. This allowed the interviewer to perfect their interview technique prior to interviewing participants. A limitation of the study was that member checking was not utilised, thus conformation on the accuracy of the data collected was not obtained from participants. An unavoidable limitation was participants providing 'socially desirable responses', which involved participants providing responses that they believe the interviewer wants to hear rather than a true account of what they truly believe (Timmons and MaCdonald 2008). Steps were taken to minimise potentially social desirable responses, including minimising suggestive and leading questions and reassuring participants that their personal account were of value.

The findings of the present study cannot be generalised to the wider widowed population, indeed generalisation is not the aim of phenomenology or IPA rather it is seeking to understand this particular group experiences, in depth (Clarke 2009). The current research has build upon the existing literature and presented a genuine and in depth insight of widows and widowers lived experience of eating and meal preparation. The present research findings provide valuable information pertaining to eating and meal preparation. The information could assist occupational therapists when working with individuals who have been widowed and to support them in continuing to fully participate and enjoy the occupation of mealtimes, cooking and shopping and thus possible reduce the risk of malnutrition in the elderly widowed population.

## CONCLUSION

The current study has illustrated the social importance of mealtimes, the changes that occur in eating and meal preparation occupations as a result of widowhood and the importance placed on food choice and nutrition. The study has provided us with a unique insight into a very personal and difficult experience of widows and widowers eating related occupations. The study provides initial findings from an occupational therapy perspective, which need to be built upon. Therefore occupational based research pertaining to the experiences of widows and widowers eating and meal preparation occupations needs to continue and is vital in order to further are knowledge of this area.

## CRITICAL REFLECTION

### GAINING ETHICAL APPROVAL

I found the process of gaining ethical approval for my research was a challenging experience. I believe that the ethics committee has an extremely valuable and crucial role. My understanding of the ethic committee is to ensure the safety of potential participants and the researcher. Therefore they have stringent regulations and rules in order to protect all parties. However based on my own experiences I feel that the process could have been less stressful. For instance I felt that there was a lack of consistency with regards to what was required of my ethical proposal and research. For example in my initial ethical proposal that I submitted I reported that I was to complete a pilot interview. The ethic committee instructed me that a pilot interview would not be appropriated for the type of research that I was doing, consequently I removed this section. Following the amendments I then resubmitted my ethical proposal a number of other times, with further different amendments. On approximately the fourth resubmission the ethics committee instructed me to conduct a pilot interview prior to interviewing participant, which contradicted the earlier instruction. I feel that this example highlights the inconsistency of the ethics committee recommendations. However I also accept my responsibility for my part in the process. I recognise that I made a number of easily correctable errors, which could have reduced the amount of resubmissions to the ethical committee. In addition I feel that the ethical process encouraged me to explore each step of my procedure in depth. For instance I was required to complete an extensive risk assessment for the possibility of interviewing participants in their own home. The risk assessment allowed me to investigate every possible risk that could have occurred. Furthermore I feel that the ethical process equipped me with a real understanding and plan of my own research.

## RECRUITING PARTICIPANTS

Following ethical approval I proceeded to recruit participants. In my ethical proposal I was required to outline how I intended to recruit my participants. I stated that I planned to recruit my participants through placing an advertisement on an online widowhood support group website, who also met up weekly as a group. I proceeded to place my advertisement on the website. I found that after three weeks I received only one participant volunteer, I was concerned following the lack of interest. I considered attending one of the weekly meeting groups so that potential participants could meet me face to face. However my supervisor informed me that I would not be able to do this as I had not stated in my ethical proposal that visiting the groups was my intention. Consequently if I wanted to do this I would need to resubmit an amended ethical proposal to the ethical committee. However this would take a considerable amount of time and I was aware that I was under time constraints. Over the following few weeks I did receive a further two further participant volunteers, making a total of three participants. I was intending to recruit six participants, but I was unable to recruit the final three participants. In retrospect I believe that it would have been beneficial to place a contingency plan in my ethical proposal, such as recruiting through group meetings or possibly recruiting through another organisation, such as age concern. This would have increased the likelihood that my participants quote would have been met.

## CONDUCTING INTERVIEWS

Interviewing participants was an unfamiliar and new experience for me. I was feeling apprehensive about my first interview and consequently I attempted to research how to conduct an interview. A number of recommendations were made, including building a rapport, avoiding leading questions, constructing questions that were open ended as opposed to closed. The main suggestion what then when utilising a semi structure interview technique the interview should resemble a conversation, questions should be minimal, and the participants should guide the questions (Smith 2008), with this in mind I attended my first interview. I discovered that applying the recommendations to the practical setting was difficult. I was aware that I was uncomfortable with

the silences and as a consequence attempted to fill them and thus in the process I would interrupt my participant when she was about to begin talking. I became aware that I was quite nervous which was impacting on my performance as an interviewer. I also observed that my participant appeared quite nervous and was unsure of what to say. As a result of both our nerves I began discussing with her topics that were unrelated to the research in order to create a comfortable environment. For instance I noticed that she had pictures of dogs, I felt that I could use this to talk about something that was not relevant to the topic. In addition I also had a dog thus I felt that this could be something that we both had in common. Consequently I made reference to the photo and we began to discuss the dogs in our lives. As a result of the off topic discussion I feel that we both relaxed and as such information was shared more freely. I also felt that as the interview progressed we both gradually relaxed and the interview became easier. I applied the skills I had learnt to subsequent interviews. For my proceeding interviews I became more confident with my interview style, possibly as a result of my experiences on my first interview. I also believe that my first interview had identified areas that were relevant to my research topic that I was not aware of.

I felt that my second interview was an improvement on the first. In my second interview a friend of the participant was also present in the same room at the time of the interview. Ideally it is recommended that when interviewing it is better to interview the participant alone (Smith 2008), which did not occur in my second interview. The friend who was present was not interfering in the interview process. However I believe that their presence changed the atmosphere and I felt slightly uncomfortable because I felt like I was being observed. I did not feel that it was appropriate to ask the participant to leave for a number of reasons. Firstly it was not my home and I had not stipulated in my advertisement that other people were not allowed to be present in the interview room. Secondly I did not make this a condition in the advertisement because I felt that it was something that I was not able to demand when I was in fact a guest in my participant's house. Despite the friend being present I was able to conduct the interview.

Smith (2008) reported that participants are likely to feel more comfortable being interviewed in their own home (Smith 2008). In my study I interviewed participants in their own home. I strongly believe that interviewing the participants in their own home enhanced the data that I collected. I feel that the participants felt more comfortable in their familiar surroundings and thus divulged more in depth information. In addition from conducting research in to the area I discovered that semi structure interviews are meant to resemble a conversation (Smith 2008). Consequently I feel that a home environment as opposed to a formal conference room is a more appropriate setting for an informal conversational interview. In addition I believe that interviewing the participants in their own home enhanced the rapport between the participant and me. Interviewing participants in their own home allowed me to observe items of interest in the house, such as photos and objects. I used these items as a discussion point, to establish a conversation not based on the interview topic. I believe that discussions that were not based on the topic under investigation assisted in establishing a rapport with the participant, which I feel assisted with the quality of data collection.

## SUPERVISION

I found supervision with my research supervisor extremely helpful. Over the course of a 12 month period I met with my supervisor approximately four times and throughout the 12 month period we were in contact via email. I believe that my supervisor encouraged me to remain focused on my research, at each meeting I discussed my progress to date and what I was hoping to achieve in the coming weeks. I was also able to discuss any queries that I had regarding my research and my supervisor would always endeavour to address these queries. In the final few months of the research my supervisor and I set informal deadlines for each section of my research paper. For instance the literature review was to be completed by 1<sup>st</sup> July and then the methods by the 15<sup>th</sup> July, again this really focus me. The deadlines motivated me to set aside time slots to complete my research.

## METHODOLOGY AND PROCEDURE

The hermeneutic approach and IPA states that the researcher's own perspective of the phenomena under investigation will impact on how the data collected is interpreted (Patton 2002) and it is key that the researcher throughout the research process is continuously aware of this fact (Clarke 2009). I do believe that I was aware that my opinions on the topic of 'widowhood' may have impacted on how I interpreted the results. However upon reflection I feel that I failed to regularly monitor my beliefs surrounding the phenomena. For instance Finlay (1998) argues that the researcher should maintain a 'field diary, which enables the researcher to reflect on possible thoughts and feelings relating to the topic under investigation. I believe that it would have been beneficial for me to maintain one such 'field diary, as this would have allowed me to critical reflect upon my beliefs, feelings and ideas.

When using IPA the aim is to gather quality information of the lived experience of the phenomena as opposed to large quantities of information that could be generalised (Clarke 2009). Therefore I used a small sample size of three people, which enabled me to gather in depth information. However I initially wanted to recruit six participants, hence I feel that the reduced number of participants restricted the quality of the information I collected. However Smith (2008) argues that three participants is a more than sufficient number for a novice student researcher, which is the case for the researcher of the present study. Any future research conducted within this area could increase their participants in order to generate more in depth quality data.

IPA encourages the use of semi structure interview to enable deep exploration of a phenomena, I used a semi structure interview technique to collect my data. A semi structured format enabled me to have open ended questions that were guided by the participant's responses as opposed to having a pre planned interview schedule (Smith 2008). However I did feel apprehensive about using semi structure interviews as it required me to be flexible and self reliant on my own abilities to identify areas of interest that the

participants were discussing. Where as a structure interview schedule would have equipped me with a pre arranged interview formar, although if I had used this method the data collected may have been some what superficial.

## CONCLUSION

In conclusion as with any project there have been challenges and times of strength. I have experienced stress relating to my project but equally I have felt that I have mastered the process. Overall I believe that I have learnt a variety of skills which I can apply to future academic work. In addition I believe that I have learnt a great deal about my self. Overall I believe that there areas of improvement within my research project however overall I feel confident and pleased with what I have achieved

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Ethical approval

## Interview schedule

The interview aims to collect information on

- The experience of mealtimes since becoming widowed
- What are participant's feelings and experiences towards preparing meals and cooking since being widowed
- Has widowhood impacted on food shopping habits and routines

The following are sample interview questions

- Since the loss of your partner what have your experiences of eating at mealtime been?
- How have you experienced shopping for food since the loss of your partner?
- What are your experiences of preparing meals since the loss of your partner?
- Since the loss of your partner what have your routine and habits surrounding meal preparation been like?

# British Journal of Occupational Therapy: Author's Guide

## Introduction

*The British Journal of Occupational Therapy (BJOT)* is the official journal of the College of Occupational Therapists. Its purpose is to publish contributions of papers relevant to theory, practice, research, education and management in occupational therapy.

■ *Vision:* A monthly journal presenting high quality international research and practice related papers that informs the knowledge and evidence base of occupational therapy and is easily accessible through online searches.

## Online submission of articles

From March 2008, the submission of articles is online, through Manuscript Central, available at:

<http://mc.manuscriptcentral.com/bjot>

## Categories of submission

Please note that the *word counts* given for the different categories apply to the main text only; the abstract, references, tables, figures and appendices are not included. *Abstracts* are obligatory; their maximum word counts are shown.

### 1. Research

Research papers are particularly welcomed and will be given publishing priority. Quantitative, qualitative and mixed method studies are all eligible for submission. Manuscripts may be submitted as 5,000-word full papers or 2,000-word short papers.

Shorter papers are actively encouraged for studies that report small-scale projects, pilot studies or preliminary findings. We encourage authors to contact the editor if they are unsure of whether to submit a short or a full paper.

#### *Manuscript format*

The format of the manuscript will vary depending on the focus and methodology but, where appropriate, must include the following:

*Abstract, 200 words (100 words for short papers):*

A succinct summary of the purpose, procedures, findings and conclusions of the study, stating the relevance of the work to occupational therapy.

*Introduction:* A brief rationale for the study and an outline of the primary aims, hypotheses or questions.

*Literature review:* A critical appraisal of current relevant literature. The review should identify limitations in knowledge and provide a rationale for the study.

*Methods:* Methods of data collection and analysis must be fully and sufficiently described to allow replication of the study, with coherence between methodology, data collection and analysis. Issues concerning validity, reliability, trustworthiness, credibility and ethics must be addressed.

*Results/findings:* The results must be presented in a way that is accessible to readers and clearly linked to the aim(s)

of the research and methods employed.

*Discussion:* The implications of the study for occupational therapy must be outlined and the contribution of the study to the current state of knowledge stated. Methodological limitations must be addressed and the implications for practice and further areas of work outlined.

*Conclusions:* A clear summary of the main points of the paper.

*Key messages:* Authors are required to submit the following:

(i) Key findings – a summary statement of two or three key findings. These should not be more than 30 words in total (that is, 10-15 words each).

(ii) What the study has added – a statement of how the study has contributed to the relevant field. This should not be more than 30 words in total.

This information will be printed in highlighted boxes within the article to assist its readability.

## **Ethics and consent**

### **Ethics for research**

Research articles must state how ethical and /or research governance approval was obtained and state the reference number, where appropriate. Authors must confirm that anonymity and confidentiality are assured and that ethics approval has been gained where appropriate.

### **Consent\***

*Consent for publication of personal information (case reports, personal journeys):* The publication of any personal information about an identifiable living patient requires the signed consent of the person (this is a requirement under the UK's Data Protection legislation). Authors should use the *BJOT* consent form.

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#### *Acknowledgements*

The contributions of persons, institutions and agencies, particularly those that provided funding, must be acknowledged. It is the author's responsibility to ensure that each individual is willing to be acknowledged.

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#### **Journals**

Sumsion T, Lencucha R (2007) Balancing challenges and facilitating factors when implementing client-centred collaboration in a mental health setting. *British Journal of Occupational Therapy*, 70(12), 513-20.

#### **Books**

Wilcock AA (2002) *Occupation for health, volume 2: a journey from prescription to self health*. London: College of Occupational Therapists.

#### **Chapter in a book**

Lougher L (2002) Child and adolescent mental health services. In: J Creek, ed. *Occupational therapy and mental health*. Edinburgh: Churchill Livingstone, 393-413.

#### **World Wide Web**

Department of Health (2001) National Service Framework for Older People. Available at: <http://www.doh.gov.uk/nsf/olderpeople.htm> Accessed on 15.01.02.

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