

# Self-Reported Likelihood of Seeking Social Worker Help Among Older Men in Israel

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## Abstract

The current study assessed the association between demographic factors (age, relationship status, and education), psychosocial factors (self-rated health and self-reported loneliness), and factors related to attitudes and behaviors associated with seeking help (prior experience with social workers, attitudes towards social workers, and the stigma attached to seeking help from social workers, and the self-reported likelihood of seeking social workers' help among older men in Israel. The data were collected through structured questionnaires, administered to a sample of 256 older men. The findings indicated several avoidance factors which might discourage older men from seeking social worker help. Older men who are more educated, experience less loneliness, report lower self-rated health, have no prior experience with social workers, have less positive attitudes towards social workers and higher stigma attached to seeking social workers' help, are less likely to seek social workers' help. The research conclusion is that it is important to develop tools and interventions aimed at helping older men deal with such avoidance factors affecting their tendency to refrain from seeking social worker help, as well as to develop practices adapted to their unique needs.

## Keywords

older men, social workers, seeking professional help

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The aim of the current study was to explore the factors that contribute to explaining the self-reported likelihood of seeking social workers' help among older men in Israel. Since the 1960s, the proportion of older adults in Western countries has increased significantly (WHO, 2011). By the end of 2015, people aged 65 and older constituted 11% of Israel's total population, and 44% of these were men (Israel Central Bureau of Statistics, CBS, 2016). Older adults might experience inevitable biological, psychological, and social stress and losses associated with the aging process: failing health, including acute diseases, chronic illness, and physical disability, cognitive decline, and mental health problems. In addition, older adults might experience a loss of independence and the death of a spouse or other close people, as well as poverty and a low income (CBS, 2016).

Social workers can help older adults enhance their well-being and their ability to cope with stressful events and risks associated with aging, as well as with other

issues in their life (Scharlach, 2015). In Israel, 97% of older adults live at home in the community (CBS, 2016), and not in institutions such as nursing homes and hospitals (where social workers practice on a regular basis). If social workers are not informed about older adults in the community who might need help with a concrete problem or with a series of issues, and if older adults do not seek help by themselves and others do not turn to social workers on their behalf, social workers won't be able to provide them with assistance (Barwick, De Man, & McKelvie, 2009; Wahto & Swift, 2014).

According to the Israeli Social Workers' Act (1996), social workers can be considered "social change

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agents,” and as such, they must take proactive action aimed at improving the condition of individuals who might be in need of their help. Yet, in a reality of limited resources such as economic resources and manpower, social workers are not always able to reach out to all the people in need of their services (Kim & Stoner, 2008). Thus, it is important for social workers to acknowledge which social categories of people (i.e., people who have certain characteristics or traits in common, but they are not always familiar with each other or have any interaction, Rhodes, 2014) might be “at risk” or less likely to seek their help, despite their need, and reach out to them (Baum, 2006).

Previous studies suggest that although among older people the attitude towards seeking help for physical and mental health problems is more positive than among younger people, men of different ages, ethnicities, and social backgrounds are, on average, less likely than women to seek professional help (Addis & Mahalik, 2003; Barwick et al., 2009; Kagan & Zychlinski, 2016; Mackenzie, Gekoski, & Knox, 2006; Pasha, 2018; Wahto & Swift, 2014). These studies have explained their findings by relating to the masculine identity, which is based on the perception of men as independent and in control as well as physically and mentally strong. Thus, seeking help might highlight men’s inability and failure to handle problems on their own (Barwick et al., 2009; Pasha, 2018; Wahto & Swift, 2014).

Older Israeli men were raised in a traditional society, in terms of gender role. This is reflected in the fact that they surpass women in income, education, quality of life, and subjective well-being (Carmel, 2010). Yet in old age, due to a wide range of possible age-related predicaments, the tendency to avoid seeking help, characteristic of many men, may increase men’s risk of exacerbated physical and emotional problems, aggravate their difficulties, disrupt their normal functioning, and diminish social inclusion (Hammer, Vogel, & Heimerdinger-Edwards, 2013). In addition, older men may face difficulties with household management due to traditional gender roles that define the role of women as responsible for household management and the role of men as workers and providers (Wahto & Swift, 2014). Based on the masculine identity, older men might find it difficult to reveal and talk about problems, and as a result might be left to deal alone with their predicaments and feelings (Spector-Mersel, 2006; Wuthrich & Frei, 2015). Thus, in order to help older men better handle their potential difficulties and to help professionals, such as social workers, identify older men who are less likely to seek help, the aim of the current study is to explore factors which can explain the self-reported likelihood of seeking social workers’ help among older men.

## **Background: Social Work With Older Adults in Israel**

Gerontological social work is an area of expertise that recognizes the unique characteristics and needs of the older population. Social work with older adults aims to ensure their independence, optimizing their physical, mental, and social functioning while maintaining proper quality of life. A guiding principle of social work involvement is to help older adults continue to “age in place,” meaning that older people continue to live independently at home in the community for as long as possible, which is the preference of most people (Scharlach, 2015).

Social workers who practice with older adults in the community provide services in Israel mainly via the social services departments. In 2015, 37% of all women aged 65 and over and 25% of all men aged 65 and over were registered in social services departments (Ministry of Social Affairs and Social Services, MSASS, 2016). Notably, there is no publicly available information as to whether they applied for help independently or were contacted by others, or regarding the percentage of older adults who receive help from social workers in other institutions, such as hospitals. The intervention areas of social workers with older adults include individual therapy, support group intervention, and counseling older adults and their families, as well as community social work interventions. The main issues with which older adults receive help from the social services are: assistance in managing the household or supervision at home for their own safety; medical reasons, including acute diseases, chronic illness, or physical disability; poverty and low income; and suffering from abuse and neglect (CBS, 2016; MSASS, 2016). Community social work intervention at social services departments includes developing services such as social clubs and ‘supportive community’ programs that provide solutions for older adults who prefer to continue living at home in the community (MSASS, 2016).

## **Seeking Help From Social Workers**

Previous studies conceptualized the act of seeking professional help as being an approach/avoidance conflict (Kushner & Sher, 1989; Rickwood, Deane, Wilson, & Ciarrochi, 2005). Approach factors, such as the desire to reduce levels of psychological distress, increase the likelihood of seeking professional help, while avoidance factors, such as social stigma and negative feelings such as embarrassment and guilt, decrease the likelihood of seeking professional help (Vogel, Wade, & Hackler, 2007).

The issue of seeking help from social workers has received fairly limited research attention, focusing mainly on the general population (Barwick et al., 2009; Kagan &

Zychlinski, 2016) and on populations with specific characteristics, such as people with physical disabilities (Kagan, Itzick, & Tal-Katz, 2017). Very few studies have been conducted with regard to seeking social workers' help among older adults in general (e.g., Manthorpe, Moriarty, Rapaport, Clough, & Cornes, 2008) and older men in particular. In order to enhance the understanding of factors associated with the likelihood of seeking social workers' help among older men, the current study adopts an integrative approach which combines a variety of factors that could contribute to explaining the studied phenomenon (Larkin, 2006). Based on this approach, the current study addresses the following dimensions: (a) demographic factors (age, relationship status, and education); (b) psychosocial factors (self-rated health and self-reported loneliness); and (c) factors related to attitudes and behaviors associated with seeking help (prior experience with social workers, attitudes toward social workers, and the stigma attached to seeking help from social workers).

## Demographic Factors

### Age

Studies demonstrate an ambivalence concerning the association between age and seeking professional help. Most studies (e.g., Barwick et al., 2009; Kagan & Zychlinski, 2016) report that old age is associated with more positive attitudes toward seeking professional help due to the fact that older age is accompanied by objective difficulties, such as health problems and difficulty with managing the household. Other studies have reported that older adults (aged 65+) were less likely to have actually sought psychological help than younger adults (aged 30+) due to lack of information regarding their rights and available services, and also because people in this age group are more likely to think that their distress is linked to physical problems, and thus tend to seek medical care (Alea & Cunningham, 2003; Vogel, Wester, & Larson, 2007)

### Relationship Status

Studies indicate an ambivalence concerning the association between relationship status and seeking professional help. Lam (2013) reported that single, divorced, and widowed older adults were more likely to seek help than married / in a relationship older adults. Possible explanations are that being in a relationship provides support in states of stress, crisis, and vulnerability, and enhances well-being and health. The existence of this source of support may reduce the likelihood of seeking professional help. Another study (Kagan & Zychlinski, 2016) reported opposite results, such that married people/in a relationship reported a higher likelihood of seeking help from

social workers than single respondents. A possible explanation is that people may be in a relationship in which they experience different problems and conflicts that hamper the quality of the spousal relationship, the capacity for spousal support, and even spousal or familial functioning, increasing the need for professional help and intervention. Yet another study identified that marriage or being in a relationship had no effect on older adults' accessing of mental health care (Quijano, 2005).

### Education

Most studies indicate that a higher level of education is associated with more favorable attitudes toward help seeking (e.g., Gonzales, Alegria, & Prihoda, 2005; Hammer et al., 2013). According to Hammer et al. (2013), more educated men tend to have more positive attitudes toward therapy and are also less likely to internalize negative aspects of seeking help and less likely to view help seeking as incompatible with masculine norms and with how they see themselves as men. Another study (Kagan & Zychlinski, 2016) reported the opposite, such that more educated people perceive social workers as less professional and less effective. Yet, most of these studies were conducted among young college students or the general population and did not necessarily distinguish between men and women, and therefore their results cannot be generalized to older men. One of the few studies regarding the possible association between education and help seeking among older men, conducted among 90 older Korean clergymen in Northern California, identified that as participants' level of education increases they tend to have a more positive attitude toward seeking professional help (Ahn, 2012).

## Psychosocial Factors

### Self-Rated Health

Self-rated health provides a subjective evaluation of a person's health status. It refers to people's physical health, as well as to their mental health perception. Appraisals of health appear to be no less important to continued health and survival than the actual state of one's physical and mental health (Bombak, 2013). Previous studies indicate that self-rated health can be a health outcome and also a function of the cultural and social context, as well as of one's psychological and socioeconomic characteristics (Ogden, 2012; Sen, 2002; Subramanian, Huijts, & Avendano, 2010). Despite its subjective nature, it is very important to explore the concept of self-rated health, since this might affect the well-being of older adults, as well as their functioning and their intention to seek professional help. Auslander, Soskolne, and Ben-Shahar (2005)

reported that the positive self-rated health status of older adults positively predicts help seeking for medical and psychological problems. Yet, in exploring the association between self-rated health and help seeking attitudes and behaviors it is important to consider gender differences. Previous studies (e.g., Addis & Mahalik, 2003; Read & Gorman, 2010) indicate that women take care of themselves more intensively, seek more medical information, utilize physical and mental health services more often, and perceive health as a more pronounced problem than men. Due to the masculine norms of self-sufficiency and invulnerability, men are more likely to be exposed to the stigma attached to talking about their health condition and to help seeking.

### *Loneliness*

Loneliness is thought to result from perceived deficiencies in one's social world. It is a subjective state, and is often unpleasant and distressing (Koydemir, 2010). Some studies indicate that feeling lonely is associated with more positive attitudes toward seeking professional help (e.g., Koydemir, 2010). Auslander, Soffer, and Auslander (2003) reported that older adults with smaller informal social networks, who experience more loneliness, are more likely to seek professional help.

## **Factors Related to Attitudes and Behaviors Associated With Seeking Help**

### *Prior Experience With Social Workers*

The effect of prior experiences on help seeking provides a salient example of the particularized and process-oriented nature of help seeking. Studies indicate that past experiences of help-seeking (such as psychological help) have a significant effect on the likelihood of seeking such help in the future (Gonzalez, Alegria, & Prihoda, 2005; Rickwood et al., 2005). It was identified that most of those who had prior experience with social workers remained satisfied with the services they received, and also had more knowledge and less uncertainty about the process of receiving social workers' help, and accordingly reported a higher likelihood of seeking their help in the future (Kagan & Zychlinski, 2017).

### *Attitudes Toward Social Workers*

Studies (e.g., Rickwood et al., 2005) have emphasized that positive attitudes toward seeking professional help are positively associated with a higher intention of seeking such help. Mackenzie et al. (2007) reported that older men hold negative attitudes toward professional help and

this might contribute to their underutilization of mental health services. With regard to social workers, studies report that public attitudes toward them are inadequate. Fall, Levitov, Jennings, and Eberts (2000) identified that, with regard to public trust in professionals' ability to treat psychological and emotional problems, social workers were ranked the lowest of four mental health related professions in the US: psychiatrists, psychologists, counselors, and social workers. Another study conducted in Israel reported that social workers were ranked lowest among psychologists, psychiatrists, and nurses with regard to public appreciation for them, professionalism, and the effectiveness of their work (Kagan, 2016). These attitudes might lead to a lower likelihood of seeking social workers' help (Kagan & Zychlinski, 2016).

### *Stigma and Seeking Social Worker Help*

The social stigma attached to seeking professional help has been considered an important barrier to seeking such help among men (Hammer et al., 2012). This stigma is based on traditional social norms according to which a man who seeks help is socially unacceptable, or even deviant, because of his overt violation of the socialized gender role (Heath, Vogel, & Al-Darmaki, 2016).

Although the issue of stigma regarding help seeking from social workers among older men has not been adequately studied, a few studies have indicated that the negative effect of stigma on seeking professional help is particularly strong (e.g., Sirey et al., 2001). In seeking care for mental health, older adults must combat societal stereotypes about aging (e.g., depression is a "normal" and "understandable" response to losses experienced in old age), in addition to confronting the typical stigma associated with mental health-care utilization.

## **Research Hypotheses**

Based on the literature reviewed, the research hypotheses are:

### *Demographic Factors*

**Hypothesis 1:** *Age—The older the respondents, the greater the self-reported likelihood of seeking social workers' help.*

**Hypothesis 2:** *Relationship status—Older men who are married or in a relationship will report a lower likelihood of seeking social workers' help than those who are unmarried or not in a relationship.*

**Hypothesis 3:** *Education—Older men with a higher education level will report a lower likelihood of seeking social workers' help than those with a lower education level.*

## Psychosocial Factors

**Hypothesis 4:** *Self-rated health—Older men with higher self-rated health will report a greater likelihood of seeking social workers' help than those with lower self-rated health.*

**Hypothesis 5:** *Loneliness—Older men with higher self-rated loneliness will report a greater likelihood of seeking social workers' help than those with lower self-rated loneliness.*

## Factors Related to Attitudes and Behaviors Associated With Seeking Help

**Hypothesis 6:** *Prior experience with social workers—Older men who have had prior experience with social workers will report a greater likelihood of seeking social workers' help than those who have had no prior experience with social workers.*

**Hypothesis 7:** *Attitudes toward social workers—The more positive older men's general attitude toward social workers, the greater their self-reported likelihood of seeking social workers' help.*

**Hypothesis 8:** *Stigma—The less older men would be willing for others to know that they had sought the help of social workers (due to the stigma attached), the lower their self-reported likelihood of seeking social workers' help.*

## Methods

### Research Population and Sample

The current study focused on men aged 65 and older who reside in the community (and not in nursing homes or in continuing care retirement communities) in Israel. For the purpose of the current study 256 men were sampled, with an average age of 72.79 ( $SD = 6.43$ ), most of them (73.3%) were married or in a relationship. Their mean education consisted of 13.42 years ( $SD = 3.46$ ), and 61.1% of them had no prior experience with receiving professional help from social workers. For the distribution of the research variables (see Table 1).

### Sampling Method and Data Collection

The current study received the approval of the institutional ethics committee for nonclinical research in humans at the Ariel University. The data were collected by research assistants, third year social work students, using structured questionnaires. The guideline for sampling respondents was to reach men aged 65 and older who speak Hebrew and who are physically and mentally competent to complete the questionnaire, as well as residing in the community. Since information about

older adults, including their contact details, is not accessible to the general public, it was not possible to randomly sample respondents, and therefore the current study used a convenience sample. Older men were located in all regions of Israel, using a wide variety of methods such as approaching older men in the community through personal acquaintance or acquaintance with family and friends, approaching them through various settings such as social services, workplaces, and volunteer sites, daycare centers, classes, and even in parks and medical clinics. Older men residing in nursing homes or continuing care retirement communities were not approached as part of the current study, since social workers are employed in these settings and are in regular contact with the residents, and therefore the likelihood of seeking social workers' professional help is not as relevant as among older men who reside in the community.

Prior to completing the questionnaire, the research assistants provided all the respondents with a verbal explanation about the study and how to complete the questionnaire, and the respondents were requested to sign an informed consent form. All the questionnaires were completed in the presence of the research assistants, who were instructed by the primary investigators on how to answer possible questions posed by the respondents. For example, they could only explain the meaning of a question if its wording was insufficiently clear to the respondents. The completed questionnaires were sealed in unmarked opaque envelopes in order to maintain the respondents' confidentiality. The response rate in the current study was fairly high, consisting of some 85% of all older men approached by the research assistants.

## Research Tools

### Independent Variables

*Self-rated health* was assessed by a Self-Rated Health scale (Lorig, Stewart, Ritter, González, Laurent, & Lynch, 1996). The respondents were asked to complete the sentence "In general, would you say your health is...". The response scale ranged from 1 to 5, where a higher score indicated better self-rated health.

*Loneliness* was assessed by a three-item scale (Hughes, Waite, Hawkey, & Cacioppo, 2004) designed to measure feelings of social isolation. Respondents were asked how often do they feel that they lack companionship, how often do they feel left out, and how often do they feel isolated from others. The response options were: (a) hardly ever, (b) some of the time, or (c) often. Each participant's responses to the three questions were totaled, with higher scores indicating greater loneliness. Cronbach's  $\alpha$  for this study was 0.82.

**Table 1.** Descriptive Statistics of the Research Variables.

Sample of older men ( <i>n</i> = 256)				
Variables	Statistics			
	<i>N</i>	%	Mean	<i>SD</i>
Age			72.79	6.43
Relationship status				
Married/In relationship	187	73.3%		
Not married/Not in a relationship	69	26.7%		
Education			13.42	3.46
Self-rated health <sup>a</sup>			3.24	0.99
Loneliness <sup>b</sup>			4.19	1.67
Prior experience with receiving professional help from social workers				
No	167	65.1%		
Yes	89	34.9%		
Attitudes towards SWs <sup>c</sup>			3.39	0.53
Willingness for others to know about seeking help from SW (stigma) <sup>d</sup>			3.03	1.22
Strongly disagree	36	14.1%		
Disagree	56	21.9%		
Moderately agree	60	23.2%		
Agree	79	31.2%		
Strongly agree	25	9.6%		
Likelihood of seeking help from SWs <sup>e</sup>			2.99	1.24
Not at all likely	47	18.2%		
Low likelihood	53	20.8%		
Medium likelihood	68	26.4%		
High likelihood	62	24.2%		
Very high likelihood	26	10.4%		

Note. <sup>a</sup>Scores on this item range from 1 to 5, with higher scores indicating higher self-rated health; <sup>b</sup>Scores on this item range from 3 to 9, with higher scores indicating greater levels of loneliness; <sup>c</sup>Scores on this item range from 1 to 5, with higher scores indicating more positive attitudes towards social workers; <sup>d</sup>Scores on this item range from 1 to 5, with higher scores indicating less stigma attached to seeking help from SWs; <sup>e</sup>Scores on this item range from 1 to 5, with higher scores indicating a greater self-reported likelihood of seeking help from a SW.

*Respondents' attitudes toward social workers* were examined by the 'Public attitudes toward social workers' updated inventory (revised), designed by Kagan (2016). Respondents were asked to rate their agreement with 16 statements regarding social workers, such as "The work of social workers is based on professional ethics," "Sometimes social workers only aggravate the situation under their care," and "Social workers do not manage to perform their work professionally and objectively." The response scale ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). This measure was generated by calculating the mean of respondents' replies to all items in the questionnaire on attitudes toward social workers (Kagan, 2016). A higher score on this measure indicated a more positive attitude toward social workers. In the present sample, Cronbach's  $\alpha$  was 0.80.

*The stigma attached to seeking help from social workers*, manifested among other things in respondents' embarrassment and reluctance to reveal to their social environment that they had contacted a social worker for professional help, was assessed by a single-item scale

(Kagan, 2016). Respondents were asked whether they would be willing for people in their environment to know that they had sought help from a social worker if they were to do so. Replies to this question were given on a response scale of 1 (*strongly disagree*) to 5 (*strongly agree*), where a higher score indicated less stigma attached to seeking help from social workers.

In addition, respondents were asked to note their demographic characteristics (age, relationship status, and education), residential arrangements (in the community, nursing home, or continuing care retirement community), and whether they had prior experience with social workers, i.e., whether they were currently receiving or had ever received social worker help.

### Dependent Variable

*The likelihood that a respondent would seek help from a social worker* was assessed by a single-item scale based on a scale measuring the likelihood of seeking help (Kagan, 2016). The respondents were requested to answer the

question: If you or your family were to have a problem that requires social worker treatment, help, or counseling, what is the likelihood that you would seek help from a social worker? The response scale ranged from 1 to 5, with a higher score indicating a greater likelihood.

### Findings

Respondents' attitude toward social workers was quite moderate ( $M = 3.39$ ,  $SD = 0.53$ ). The stigma involved in seeking the help of social workers was evident in the reports of 36% of the respondents, who said that if they were to seek the help of a social worker they would be reluctant for people in their environment to know about it; 40.8% percent of the respondents reported that they would have no problem letting their environment know, and about one quarter of the respondents (23.2%) reported a medium degree of willingness. With regard to the likelihood of seeking help from social workers if the respondent or a family member were to have a problem that requires social worker help, only 34.6% of the respondents reported a high or very high likelihood of doing so, 31% percent of the respondents claimed that it was not at all likely or that there was a low likelihood that they would seek the help of a social worker, and 26.4% of the respondents reported a medium likelihood. Furthermore, the respondents in the current study reported quite moderate self-rated health ( $M = 3.24$ ,  $SD = 0.99$ ) and relatively low levels of loneliness ( $M = 4.19$ ,  $SD = 1.67$ ) (see Table 1).

### Examination of the Research Hypotheses

To predict the self-reported likelihood of seeking help from social workers among older men, a three-step multiple hierarchical regression was performed (Table 2). Initial analyses were conducted to ensure no violation of the assumptions of normality and linearity. In addition, the multicollinearity assumption was rejected, with the maximal VIF measure of predictors being 1.34 (Tabachnick & Fidell, 2007).

Demographic variables (age, relationship status, and education) were entered in the first step ( $F_{(3,252)} = 4.88$ ,  $p < .01$ ), and they explained 5.5% of the variance in the dependent variable. Respondents' self-rated health and loneliness were entered in the second step ( $F_{(5,250)} = 3.97$ ,  $p < .01$ ), after controlling for the demographic variables in the first step, and contributed another 1.9% to explaining respondents' self-reported likelihood of seeking social workers' help. Prior experience with social workers, attitudes toward social workers, and the stigma component were entered in the third step ( $F_{(8,247)} = 12.11$ ,  $p < .001$ ), and they explained 20.8% of the variance in the dependent variable.

The hierarchical regression analysis indicated that a majority of the predictors entered in the regression model (aside from age and relationship status) had a significant contribution to the variance in the dependent variable (25.9% explained variance in the final model). Most of the research hypotheses were confirmed, aside from the hypotheses related to age and relationship status, which did not contribute to explaining the respondents' likelihood of seeking help from social workers ( $p > .05$ ). Higher education was negatively associated with seeking social workers' help ( $\beta = -.263$ ,  $p < .001$ ). Respondents' self-reported loneliness ( $\beta = .123$ ,  $p < .05$ ) and self-rated health ( $\beta = .124$ ,  $p < .05$ ) were positively associated with their reported likelihood of seeking social workers' help. This implies that respondents with higher levels of self-reported loneliness and respondents with better self-rated health, reported a greater likelihood of seeking help from social workers. Respondents' attitudes toward social workers ( $\beta = .218$ ,  $p < .001$ ), their prior experience with receiving professional help from social workers ( $\beta = .170$ ,  $p < .001$ ), and the stigma component ( $\beta = .334$ ,  $p < .001$ ) were also positively associated with the likelihood of seeking social workers' help. Thus, respondents with more positive attitudes toward social workers and respondents who were currently receiving or had ever received professional social worker help reported a greater likelihood of seeking help from social workers. Also, the lower respondents' willingness for others to know that they had contacted a social worker (the stigma component), the lower their reported likelihood of seeking help from a social worker. Among the statistically significant independent variables, the stigma component had the strongest standardized  $\beta$  coefficient, implying the strongest effect on the dependent variable. According to Field (2009), standardized  $\beta$  coefficients are not dependent on the variables' units of measurement and they provide the number of standard deviations that the outcome variable will change as a result of one standard deviation change in the predictor variable. Since the standardized  $\beta$  values are all measured in standard deviation units they are all directly comparable and can indicate which of the independent variables have a greater effect on the dependent variable.

Adding each variable individually to the regression produced the following coefficients:  $R^2 = .00$ , adj.  $R^2 = .003$ ,  $\Delta R^2 = .00$  ( $p > .05$ ) for age (VIF = 1.14);  $R^2 = .01$ , adj.  $R^2 = .002$ ,  $\Delta R^2 = .01$  ( $p > .05$ ) for relationship status (VIF = 1.14);  $R^2 = .055$ , adj.  $R^2 = .044$ ,  $\Delta R^2 = .045$  ( $p < .01$ ) for education (VIF = 1.17);  $R^2 = .066$ , adj.  $R^2 = .051$ ,  $\Delta R^2 = .011$  ( $p < .01$ ) for self-rated health (VIF = 1.34),  $R^2 = .074$ , adj.  $R^2 = .055$ ,  $\Delta R^2 = .008$  ( $p < .01$ ) for loneliness (VIF = 1.22);  $R^2 = .107$ , adj.  $R^2 = .086$ ,  $\Delta R^2 = .034$  ( $p < .001$ ) for prior experience with social workers (VIF = 1.21);  $R^2 = .178$ , adj.  $R^2 = .155$ ,  $\Delta R^2 = .071$

**Table 2.** Summary of the Hierarchical Regression Analysis for Variables Explaining the Likelihood of Seeking Help From SWs Among Older Men in Israel ( $n = 256$ ).

Variables	B	SE	$\beta$	T	R	Adj. $R^2$	$\Delta R^2$	F
Step 1					.234	.044	.055	$F_{(3,252)} = 4.88^{**}$
Age	-.010	.012	-.051	-.82				
Relationship status	.178	.174	.064	1.02				
Education	-.077	.022	-.215	-3.46 <sup>***</sup>				
Step 2					.271	.055	.019	$F_{(5,250)} = 3.97^{**}$
Age	-.005	.012	-.027	-.42				
Relationship status	.173	.177	.062	.98				
Education	-.086	.023	-.240	-3.79 <sup>***</sup>				
Self-rated health	.179	.087	.142	2.06 <sup>*</sup>				
Loneliness	.071	.049	.096	1.46				
Step 3					.531	.259	.208	$F_{(8,247)} = 12.11^{***}$
Age	-.013	.011	-.066	-1.16				
Relationship status	.157	.159	.057	.98				
Education	-.094	.021	-.263	-4.51 <sup>***</sup>				
Self-rated health	.155	.079	.124	1.98 <sup>*</sup>				
Loneliness	.091	.044	.123	2.06 <sup>*</sup>				
Prior experience with receiving professional help from SWs	.436	.152	.170	2.87 <sup>**</sup>				
Attitudes towards SWs	.507	.133	.218	3.80 <sup>***</sup>				
Willingness for others to know about seeking help from SWs (stigma)	.340	.057	.334	5.97 <sup>***</sup>				

Note. Relationship status (dummy): 0—married/in relationship; 1—not married/not in a relationship; prior experience with SWs (dummy): 0—no, 1—yes.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

( $p < .001$ ) for attitudes toward social workers (VIF = 1.12); and  $R^2 = .282$ , adj.  $R^2 = .259$ ,  $\Delta R^2 = .104$  ( $p < .001$ ) for stigma (VIF = 1.08).

## Discussion

Social workers can provide older men with necessary assistance aimed at improving and preserving their psychosocial functioning, such as counseling and guidance regarding individual and family problems and coping with old age-related issues. In addition, social workers can mediate between the older men and various social institutions in order to help them realize their rights and connect them to social activities such as volunteer work and daycare centers (Makaros, 2006; Scharlach, 2015). Since previous studies have indicated possible barriers to seeking help from social workers by men, the current study sought to explore the association between several demographic factors, psychosocial factors, and factors related to attitudes and behaviors associated with seeking help, and the self-reported likelihood of seeking social worker help among older men.

Inconsistent with other studies (e.g., Barwick et al., 2009; Kagan & Zychlinski, 2016), the current findings suggest that age and relationship status did not contribute

to explaining older men's likelihood of seeking help from social workers. With regard to age, a possible explanation is that older men might face a variety of needs and problems regardless of their specific age, such as coping with health problems, lack of employment, and economic difficulties, since in Israel in many cases one's pension is significantly lower than one's former salary. In addition, this generation was raised on traditional values of masculine behavior and gender roles that encourage men to cope with difficulties and problems independently, thus seeking help is frequently perceived as a weakness and male incompetence. Yet, this preliminary explanation is based on mere assumptions and should be further examined in future research.

Regarding relationship status, a possible explanation is that even in a relationship one can have a lack of support and feel lonely, because this is not an issue that is necessarily related to the existence of a social network, but rather a subjective, perceived issue. Sometimes older men need to cope with their spouse's illness and with financial difficulties. In addition, older men in a relationship will not always want or be able to turn to their spouses for help, either because they perceive the relationship as deficient or because their spouse does not have the knowledge, will, ability, and other resources to help and might be in need of help herself.



In other words, being in a relationship does not always constitute a safe place that protects older men from a variety of problems. On the contrary, it may be a setting with a variety of predicaments (economic, health-related, social, and emotional) that require assistance. Thus, in the case of older men, age and relationship status can't serve social workers as effective indicators of people who are less likely to seek their help. Therefore, efforts should be made to reach out to older men regardless of their age and relationship status, and to provide them with information about the role of social workers with older adults, as well as about the value and usefulness of social workers' interventions.

Inconsistent with most research findings (e.g., Hammer et al., 2013), higher education was reported to be negatively associated with older men's seeking of social workers' help. One possible explanation is that more educated older men in Israel are less likely to seek social workers' help because they might perceive them as professionals who provide services mainly to people of low socioeconomic status and to those on the margins of society (Kagan & Zychlinski, 2016). Therefore, it is important to provide information concerning social workers' roles and practice in places with which educated men tend to be associated, such as courses preparing for retirement.

With regard to psychosocial factors, consistent with some previous studies (e.g., Auslander et al., 2005) the current study identified that older men with better self-rated health and higher levels of self-reported loneliness reported a greater likelihood of seeking help from social workers. The finding on loneliness is encouraging, since people who experience loneliness are most in need of help and support (Auslander et al., 2005). As for self-rated health, on the one hand it is encouraging that older men with better self-rated health are more likely to seek social workers' help for themselves and possibly also for others. On the other hand, older men with lower self-rated health are less likely to seek social workers' help, and this might perpetuate their problems or exacerbate them. Since older adults are significant consumers of medical services (Barwick et al., 2009), it is suggested that social workers cooperate with medical teams to reach out to older men with poor objective or self-perceived health, since they are less likely to appeal for help of their own initiative (Miller & Rollnick, 2002). It is recommended that information brochures adjusted for older adults, regarding the social services and the type of services they provide, be available in various medical settings. It is also recommended to promote community activities in these facilities, such as providing unique attention to older men while waiting for the doctor, as a means of increasing their motivation to seek social workers' help (Miller & Rollnick, 2002).

With regard to factors related to attitudes and behaviors associated with seeking help, the current study identified that older men who had ever received social workers' help reported a greater likelihood of seeking their help in the future. People with prior experience with social workers are familiar with the process of seeking help and receiving assistance and may have had a positive experience with social workers (Kagan & Zychlinski, 2016) in which they felt that their needs were partially or fully met. Therefore, it is important to carry out outreach activities in the community to make people aware of the social work services for which they may be eligible and from which they could benefit, via social welfare departments and other services.

The current study also reported that older adults with positive attitudes toward social workers are more likely to seek social workers' help. This finding indicates the importance of social workers' public image, which is in need of enhancement (Kagan, 2016). In order to improve this image, it is recommended that social workers, the Ministry of Social Affairs, and other social services (such as the welfare departments) act to inform people regarding social workers' roles and practices from an early age, as a means of developing a positive attitude toward social workers.

The current study identified that the stigma component had the strongest effect on older men's self-reported likelihood of seeking social workers' help. Thirty-six percent of the respondents claimed that they would be unwilling to let others know that they had contacted a social worker for professional help. This may be based on the dominant masculinity ideologies that emphasize independence, self-reliance, and emotional stoicism, and may mean that the masculine gender role might hinder help seeking by creating a perceived threat to a man's "competitive edge" (Wester, Vogel, O'Neil, & Danforth, 2012). This finding highlights the importance of reaching out to older men through their acquaintances in the community and in organizations providing help to older men, such as the National Insurance Institute, to help them learn how to overcome the negative effects of the stigma associated with seeking social worker help. In addition, reaching out to older men might help them become more flexible in relation to masculinity ideologies so that they will have a wider array of coping strategies to choose from as they encounter challenges in their life (Wester et al., 2012). It is important that social workers combine outreach practices with teaching older men the proactive behavior of seeking help, as well as practicing stigma bypassing actions, such as informing men that they are not required to let other people know that they have received professional help in general and a social worker's help in particular.

Based on the current research findings, it may be concluded that there are certain avoidance factors among older men that might discourage them from seeking professional social worker help, namely being more educated, experiencing less loneliness, reporting lower self-rated health, having no prior experience with social workers, having less positive attitudes toward social workers, and higher stigma attached to seeking social workers' help. Therefore, it is important that social workers be trained to identify these characteristics and to recognize older men's unique predicaments and needs and be aware of the proactive approach and different ways of implementing it. In addition, it is important to develop tools and interventions aimed at helping older men deal with such avoidance factors, as well as to develop practices adapted to their unique needs.

### Limitations and Suggestions for Future Research

The current study has several limitations. First, since the guideline for sampling respondents was to reach men who are physically and mentally competent to complete the questionnaires, the results could involve potential bias. Older men with serious functioning problems who could not fill out the questionnaire were not included in the sample, so it is not possible to generalize the findings to the entire population of older men. In addition, since the current study examined only the self-reported likelihood of seeking social workers' help, it is important to explore whether this likelihood is associated with actual utilization of social workers' services.

Also, the study focused on the contribution of a limited set of variables to explaining the self-reported likelihood of seeking social worker help among older men. Therefore, it is suggested that other demographic factors (such as religiosity, socioeconomic status, and ethnic origin), psychosocial factors (such as social support, concern about life, and well-being), and other factors related to attitudes and behaviors associated with seeking help (such as encouragement from close people to seek professional help) be examined as well.

Another limitation is that the current study focuses only on the Hebrew speaking population in Israel. In light of the diverse ethnic, religious, and cultural composition of Israeli society it is suggested to include a broader representation of population groups in future studies (e.g., immigrants and the local Arabic-speaking population). It is also suggested that future research explore the self-reported likelihood of older men to seek other professionals' help, such as that of psychologists and psychiatrists. The current study was conducted in Israel, but it might be relevant for other countries as well. Raising awareness of the issue of help seeking

among older men might inspire other researchers to explore this issue in their countries, taking into consideration each country's unique culture, welfare system, and legislation with regard to older adults.

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