A Revised Index for Social Engagement for Long-Term Care

ABSTRACT

The objective of this study was to improve validity and reliability estimates of the Index for Social Engagement (ISE) for long-term care. After exploring content validity and internal consistency in Dutch and Canadian data, two ISE items were dropped, and two new items were added. Reliability of this Revised ISE (RISE) was tested in 189 nursing home residents. It appeared that the RISE has enhanced reliability estimates, especially in residents with cognitive impairment. The RISE for long-term care improves the existing index by including additional dimensions of social engagement and by increasing the reliability of results for residents with cognitive impairment.

Social engagement refers to being active and embedded in a social context. It is an important priority for long-term care because it is a major contributor to quality of life (Gerritsen, Steverink, Ooms, & Ribbe, 2004; Mor et al., 1995). Higher levels of social engagement have been found to be associated with higher levels of well-being (Gilbart & Hirdes, 2000) and to even have a protective effect on mortality in long-stay nursing home populations (Kiely & Flacker, 2003). The opposite—social disengagement—has been associated with cognitive impairment in older adults (Bassuk, Glass, & Berkman, 1999). Therefore, stimulating residents' social engagement in the life of the facility is crucial.

Admission to long-term care facilities often involves a significant disruption of previous relationships and implies the necessity to adapt to other people and other activities (Mor et al., 1995). Thus, low social engagement is very common in newly admitted nursing home residents (Achterberg et al., 2003). Yet, assessing and monitoring the social engagement of residents is often neglected. For example, Worden, Challis, and Pedersen (2006) found that 35% of the care facilities they investigated did not assess or monitor residents' social activities or interests.

A scale that may be a useful and practical tool for the assessment of social engagement is the Index for Social Engagement (ISE) (Mor et al., 1995). It is an observational scale that measures positive features of long-term care residents' social behavior through six dichotomous items. It is derived from the Resident Assessment Instrument/ Minimum Data Set (RAI/MDS), a comprehensive geriatric assessment instrument for long-term care, which is used in all nursing homes in the United States and in many long-term care facilities worldwide (Hirdes et al., 1999; Morris, Hawes, & Fries, 1990). Its items are:

- "At ease interacting with others."
- "At ease doing planned or structured activities."
- "At ease doing self-initiated activities."
- "Establishes own goals."
- "Pursues involvement in the life of the facility."
- "Accepts invitations to most group activities."

Since its introduction, the ISE has been used in several investigations, including studies on the effect of social engagement on mortality (Kiely & Flacker, 2003; Kiely, Simon, Jones, & Morris, 2000), the effect of depression and sensory impairments on social engagement (Achterberg et al., 2003; Resnick, Fries, & Verbrugge, 1997), and the relationship between stress, social engagement, and psychological well-being (Gilbart & Hirdes, 2000). The ISE was found to be distinct from conflict relationships, behavioral problems, and negative affective states in the development sample (Mor et al., 1995) and stable across types of residents and across nations (Schroll, Jónsson, Mor, Berg, & Sherwood, 1997). It has been shown to have an internal consistency of 0.79 in the United States (Kiely et al., 2000; Mor et al., 1995) and 0.72 in the Netherlands (Achterberg et al., 2003) and an aver-

age kappa for interrater item reliability of 0.58 (Hawes et al., 1995).

The positive evidence described above on the use of the ISE provides an indication of its validity, but a validity study using an independent sample had not yet been performed. In addition, there has been some discussion on the definition of the concept (Kiely & Flacker, 2003). The developers of the ISE (Mor et al., 1995) describe social engagement of long-term care residents as the "ability to take advantage of opportunities for social interaction and to initiate actions that engage in the life of the home" (p. P2). Kiely and Flacker (2003) added to it "a requirement that the resident has the opportunity to engage and must take action by participating in social activities" (p. 472) and put forward that the ISE does measure what they consider are four essential components of social engagement: desire, ability, opportunity, and action.

However, the items "At ease doing self-initiated activities" and "Es-

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tablishes own goals" do not seem to have the social orientation that would be expected in a scale that measures social engagement. These two items reflect the component of autonomy, whereas the other items reflect social involvement (Mor et al., 1995). Together with the fact that only one of the items is about contact with other people ("At ease interacting with others"), and three of the six items are about activities ("At ease doing planned or structured activities," "At ease doing self-initiated activities," "Accepts invitations to most group activities"), questions were raised about the validity of the scale.

This article describes a study aimed at validating and, if necessary, improving the ISE.

METHOD

Procedure

To evaluate the content validity of the existing ISE, the dimensions of the concept of social engagement were identified by studying 14 other scales for positive social behavior reported in the literature (Baum, Edwards, & Morrow-Howell, 1993; Duine, 1991; Farina, Arenberg, & Guskin, 1957; Gorissen, 1986; Harvey et al., 1997; Helmes, Csapo, & Short, 1987; Honigfeld, Gillis, & Klett, 1966; Jette et al., 1986; Liseno & Kennedy, 1975; Pattie, 1981; Peavy et al., 1996; Saxton, McGonigle-Gibson, Swihart, Miller, & Boller, 1990; Spiegel et al., 1991; Verstraten, 1988). An expert panel of 20 nursing home psychologists and physicians was asked to rate the relevance of these dimensions for measuring the social engagement of nursing home residents on a scale from 0 (*not relevant at all*) to 10 (*extremely relevant*). The dimensions that were considered were matched with the items in the ISE. The relevance of dimensions that were not represented in the ISE was compared with the relevance of the dimensions that were included in the ISE using paired *t* tests. Highly relevant dimensions that were not represented in the ISE were measured with new items that were added to the data collection in the Netherlands. This was done to examine the possibility of constructing a revision of the ISE.

Next, RAI/MDS data from Canada and the Netherlands were used to determine whether all items of the ISE were needed for it to be an internally consistent scale. Additional data were collected in the Netherlands to assess

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the interrater and intrarater reliability of the scale and its items. Factor analysis was performed with these data to determine whether a single component underlies all items. The scale's suitability for the entire nursing home population was evaluated by stratification of the residents studied into subgroups by their scores on the MDS Cognitive Performance Scale (Morris et al., 1994).

Data Collection

Two distinct RAI/MDS data sets were used. In the Netherlands, data came from a sample of 199 residents in 10 nursing homes (Gerritsen, Ooms, et al., 2004). Seventy-eight percent were female, and their average age was 80.5 (± 9.3 years). The assessments were performed by licensed practical nurses who were involved in the daily care of the residents studied. Additional data were collected; repeated assessments by the same rater and dual assessments by a second rater were available for 142 and 151 residents, respectively. Multiple assessments for 1 resident were done within 4 weeks. Data collection took place between January 2000 and June 2001.

The Canadian data came from a 2001 pilot implementation of the RAI/MDS in Ontario long-term care homes (including for-profit nursing homes and not-for-profit homes for older adults). These homes implemented the RAI/MDS as part of normal clinical practice over a 1-year period. Assessments of 1,909 residents were completed by trained professionals (usually nurses) from the facilities. The instrument is now being implemented on a provincial basis for all 650 homes in Ontario, and the initial phase began in 2005.

The data collection was approved by ethics committees in the Netherlands and Canada.

Instruments

The RAI/MDS-derived ISE (Mor et al., 1995) is a 6-item observational scale consisting of the following dichotomous items:

- "At ease interacting with others."
- "At ease doing planned or structured activities."
- "At ease doing self-initiated activities."
- "Establishes own goals."
- "Pursues involvement in the life of the facility."
- "Accepts invitations to most group activities."

Scores range from 0 to 6 with higher values representing greater social engagement.

The Cognitive Performance Scale (CPS) (Morris et al., 1994), which is also part of the RAI/MDS, is a 7-point hierarchical observational