

**SOCIAL ISOLATION IN LONG TERM CARE:
IMPROVING ASSESSMENT AND DECISION MAKING SKILLS**

by

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Abstract

The purpose of this project was to evaluate the effect of a quality improvement project with a multicomponent intervention on assessment and decision-making skills for healthcare professionals who are responsible for the care of elderly residents at risk for social isolation. A group of 20 healthcare professionals working in a small long term care facility participated in the project. A quasi-experimental with a pretest and posttest design was used to collect and compare scores achieved on each exam. A matched *t*-test statistical procedure was utilized to determine whether a quality improvement project with a multicomponent intervention had significant impact on assessment and clinical decision-making skills of healthcare professionals. Following the implementation of the quality improvement project, healthcare professionals scored significantly higher on the posttest (with a mean of 94.5%) than on the pretest (with a mean of 55.75%). The quality improvement project with a multicomponent intervention had a significant impact on assessment and clinical decision-making skills. These results concluded that healthcare professionals responsible for the care of elderly residents at risk for or currently experiencing social isolation should implement quality improvement projects as a continuous method to improve assessment and clinical decision-making skills.

Key Words: *(Social Isolation, Quality Improvement Projects, Elderly Population)*

Social Isolation in Long Term Care: Improving Assessment and Decision Making Skills

Social isolation among the elderly population continues to be a clinical issue that requires a systematic clinical pathway for healthcare professionals to deliver optimal evidence-based care. The quality improvement project focused on improving assessment and clinical decision-making skills of healthcare professionals who are responsible for the care of elderly residents at risk for or currently suffering from social isolation. Social isolation impedes positive health outcomes for those who do not have effective ways to increase social integration and participation in socially productive events.¹ Many elderly residents living in long-term care facilities experience an overwhelming feeling of loss. These feelings often transition into sadness and loneliness. If not promptly and thoroughly addressed by healthcare professionals, such feelings of loneliness may become unrecognized and worsening residents' current physical, emotional, and mental status. Healthcare providers have a sole responsible to ensure that elderly residents appropriately assessed for signs and symptoms of mental and social distress and detachment. Experiencing this type of detachment, elders are at higher risk for disease progression and overall, extremely poor health outcomes.

The current problem in many long term care facilities is the critical need for more healthcare professionals to implement quality improvement projects to improve social isolation and have access continuous access to the most updated, evidence-based interventions and education on social isolation. As with any other healthcare facility, healthcare professionals must develop and maintain a systematic approach to effectively assess, diagnose, and make evidence-based clinical decisions in the care of elderly residents at risk for or currently suffering from

social isolation. To obtain the best results, a quality improvement project with a multicomponent intervention provides healthcare professionals tools and skills required to properly care for these types of residents living in long term care facilities. Socially isolated older adults are at increased risk for negative health outcomes including cardiovascular risk, decreased quality of life, and all-cause mortality and it is projected that the number of adults 65 and older will double by 2040.²

All 20 of the healthcare professionals that participated in the project agreed that social isolation existed in over half of the elderly residents living in the facility and a need for updated, evidence-based interventions are required to improve care provided to residents.

During several informal discussions about the care of socially isolated residents, several healthcare professionals identified inconsistencies in current assessment practice and clinical decision-making skills (Annette Nelson, personal communication, December 12, 2016). A critical need for healthcare professionals who have updated knowledge and education of the negative impact of social isolation on elderly lives and effective ways to improve the impact are key players toward improving the quality of care in long term care facilities. The assessment of the extent of social isolation amongst the aged for various dimensions of social isolation, reveals that the males and females experienced social isolation in comparable proportions and degrees, across various dimensions of social isolation (family, friends, neighbors and coping mechanisms) and at all socio-economic levels (high, middle and low).³ To effectively improve the negative impact of social isolation, the development and implementation of a systematic clinical pathway provides the stable foundation required for healthcare professional to assess and make good clinical decisions. Many elderly residents slip through the cracks and go undiagnosed of social isolation and loneliness for years (Annette Nelson, personal communication, August 1, 2015).

Social isolation and loneliness negatively impact older men and women and leads increased disease progression.⁴

Methods

Design

The project was a quasi-experimental with a pretest and posttest design. Data were collected over a one-month time period using a multi-choice pre and posttest. This design was selected to test the feasibility of and evaluate the effects of a multicomponent intervention for healthcare professionals responsible for the care of socially isolated elderly residents. Twenty healthcare professionals were pretested before implementation of the multicomponent intervention, experienced the same interventions over a one-month eight-hour workshop, and then re-tested after the multicomponent intervention was completed. Healthcare professionals; scores on the pretest established baseline knowledge of social isolation and current assessment and clinical-decision making skills. already retained by the HCPs. Based on baseline knowledge, the multicomponent intervention was tailored to target specific areas of knowledge deficits.

Sample

The target sample included twenty healthcare professionals working in a small long term care facility. Healthcare professionals consisted of the Social Director, Director of Nurses, Assistant Director of Nurses, Administrator, Activity Director, registered nurse supervisors, licensed practice nurses, and certified nursing assistants. The inclusion criteria included healthcare professionals who were responsible for the direct care of elderly residents, speak English, twenty years of age or older, employed at the facility for 6 months or more, and are licensed or certified in the nursing, healthcare, or mental health field. The exclusion criteria included registered nurses, licensed practice nurses, social workers and certified nurse assistants who were agency-hired or employed on as needed basis, not responsible for the direct care of elderly residents and unlicensed and non-certified employees. Strategies to evaluate the rigor or

human subjects' protection while planning, designing, and implementing the project included reading and discussing the risks and benefits to each participant, protection against risks, and the importance of following rules and regulations as it relates to human subjects. Before signing the consent, each of the twenty participants were allotted additional time to read the consent and asked questions. The project was reviewed and approved through Capella University's Institutional Review Board.

Procedure

The project included a multicomponent intervention with four proposed initiatives. The proposed initiatives consisted of (a) a needs assessment discussion panel, (b) the development and administration of a pre and posttest, (c) an educational workshop, and (d) the integration of the LSNS-R Social Isolation Assessment Tool as a standard practice of care. The needs assessment discussion panel consisted of specific questions that targeted specific concerns related to the assessment and clinical decisions of residents at risk for social isolation. Each question allowed opportunities for healthcare professionals to discuss feelings, concerns, care practices and current knowledge about social isolation.

The first intervention included the needs assessment discussion panel. The needs assessment discussion panel offered an excellent method to obtain additional information to be integrated into the educational workshop for training purposes. The second intervention included the development and administration of pretest and posttest. The pretest and posttest were administered to each healthcare professional at two different time points. The pretest was used to collect baseline data and the posttest was used collect data at the completion of the project. Data obtained from scores on the pretest were later use to compare with data obtained from scores on the posttest. The pretest was administered before the implementation of the project and again as

the posttest at the completion of the project.

The third intervention an educational workshop. The educational workshop included two sessions. A morning session and an afternoon session was held every Saturday for four Saturdays, in hopes to increase attendance and participation. Each session was 4-hours long. The morning session included an overview of social isolation and its negative impact on the elderly population, current evidence-based interventions being used to improve social isolation, effective strategies to improve assessment and clinical decision-making skills in the care of socially isolated residents. The afternoon session included an overview of the Lubben Social Network Scale-Revised (LSNS-R) Social Isolation Assessment Tool and specific training such as simulated case scenarios with active interactions, role play, and return demonstration as educational methods on how to effectively use the LSNS-R Social Isolation Assessment Tool in clinical practice.

The fourth intervention included the integration of the LSNS-R Social Isolation Assessment Tool as standard practice to assess and diagnose elderly residents at risk for or currently suffering from social isolation. Specifically used to assess the elderly population, the LSNS-R Social Isolation Assessment Tool provided healthcare professionals working in a long term care facility a systematic method to guide assessment skills, make evidence-based clinical decisions, and select individualized interventions for residents highly suspected of loneliness and isolation. If used as standard practice by healthcare professionals, the LSNS-R Social Isolation Assessment Tool is designed to improve the social, emotional, and physical health outcomes of elderly residents. by reducing the signs and symptoms of social isolation.

Outcome Measures

Outcome measures were collected before implementation of the quality improvement

project and after completion included healthcare professionals' baseline and retention of knowledge on social isolation and its negative consequences on the elderly population and performance skills on appropriately using the LSNS-R Social Isolation Assessment Tool. The pretest and posttest (20 questions) was validated in a sample of 20 healthcare professionals by testing knowledge retention and appropriate use of the LSNS-R Social Isolation Scale. All 20 healthcare professionals completed the pretest and the posttest. by to test knowledge retention and appropriate use of the LSNS-R Social Isolation Scale. Pretest and posttest reliability from all 20 questions resulted in alpha reliability coefficients of between .83 and .91. The pretest was also used as the posttest. Each pre- and post-test question was written and aligned with each project learning objective. As a result of aligned test questions with project objectives, content validity and item analysis recognized each was good or bad question.

Data Analysis

A matched t-test statistical procedure was used to measure changes in pretest and the posttest scores. The mean was calculated by adding all the scores on the pretest and the posttest. The distribution of the scores on the pretest and the posttest were analyzed with descriptive statistics such as the median, mean, standard deviation. The difference in mean score on pretest and posttest were tested using a t test statistical procedure. The P value of ≤ 0.05 was considered statistically significant.

Results of the Project

The mean of the pretest (55.75, $SD = 8.1556$) was compared to the mean of the posttest (94.5) and were found to be significantly different ($t = 16.6481$, $p \leq 0.05$, $SD = 6.4685$), with healthcare professionals scoring significantly higher on the posttest than on the pretest. The variance on the pretest scores was 66.5132 and the posttest scores was 41.8421 with degrees of

freedom resulting in 38 and the critical value being 2.024. The absolute value of the calculated t exceeds the critical value $16.6481 > 2.024$, so the means are significantly different. Overall, twenty healthcare professionals participated in the project. Each healthcare professionals' results on the posttest indicated knowledge retention and an improvement in clinical performance. The posttest scores improved significantly ($p < 0.05$) from the pretest scores after the quality improvement project. All twenty of healthcare professionals were pleased with the overall project, mainly the educational workshop. Positive ratings in relevance to organization of content, instructional materials, performance check-list, time management, and thoroughness of expertise knowledge of social isolation were submitted by each healthcare professional. All healthcare professionals reported feelings of not performing well on the pretest and desires to learn more about social.

Discussion of Findings

All twenty of healthcare professionals were pleased with the overall project, mainly the educational workshop. Positive ratings in relevance to organization of content, instructional materials, performance check-list, time management, and thoroughness of expertise knowledge of social isolation were submitted by each healthcare professional. All healthcare professionals reported feelings of not performing well on the pretest and desires to learn more about social. The multicomponent intervention had a significant impact on healthcare professionals' posttest scores. A group discussions panel allowed an open floor plan to discuss shared and individual feelings and concerns about social isolation, and several of the common, every day practices used to assess and plan the care of elderly residents at risk for social isolation.

At the beginning of the project, healthcare professionals lacked a systematic clinical method to effectively assess, diagnose, and make evidence-based clinical decisions for the care

of elderly residents suffering from social isolation. A multicomponent of interventions were used as educational methods to explore, address, and develop the healthcare professionals' clinical competencies. After completion of the project, healthcare professionals were equipped with updated educational awareness of the negative impact of social isolation and evidence-based methods and tools to improve residents' health outcomes through assessment and effective decision-making skills. Healthcare professionals reported that the project provided a thorough foundation to improve social isolation through evidence-based assessment and clinical decision-making skills.

Conclusion

The quality improvement project provided an avenue for healthcare professionals to develop and coordinate additional improvement initiatives to improve social isolation in long term care. Although social isolation is a difficult clinical issue to assess and diagnose in elders, the use of a validated assessment tool and updated evidence-based improvement strategies are required to increase positive social and mental outcomes of elders living in long term care facilities. The project opened doors on the ongoing need for healthcare professionals to continuously integrate quality improvement projects in efforts to improve the quality of care and health outcomes.

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