University of Texas at Arlington

## MavMatrix

5-1-2021

# FUTURE TIME PERSPECTIVE AND PARTICIPATION IN GROUP ACTIVITIES IN ASSISTED LIVING COMMUNITIES USING SOCIOEMOTIONAL SELECTIVITY THEORY

Rebecca Stewart

FUTURE TIME PERSPECTIVE AND PARTICIPATION IN GROUP

ACTIVITIES IN ASSISTED LIVING COMMUNITIES USING

SOCIOEMOTIONAL SELECTIVITY THEORY


by


REBECCA STEWART


Presented to the Faculty of the Honors College of

The University of Texas at Arlington in Partial Fulfillment

of the Requirements

for the Degree of


HONORS BACHELOR OF SOCIAL WORK


THE UNIVERSITY OF TEXAS AT ARLINGTON

May 2021

ACKNOWLEDGMENTS

ABSTRACT


FUTURE TIME PERSPECTIVE AND PARTICIPATION IN GROUP

ACTIVITIES IN ASSISTED LIVING FACILITIES USING

SOCIOEMOTIONAL SELECTIVITY THEORY


Rebecca Stewart, B.S.W.


The University of Texas at Arlington, 2021


Faculty Mentor:  Rebecca Mauldin

In assisted living communities (ALCs), participation in group activities is promoted and encouraged due to the knowledge we have thus far on the benefits of social engagement. Socioemotional selectivity theory, a popular social engagement theory, suggests that how long a person feels they have left to live (also known as their future time perspective) determines how they utilize their remaining time. Using this theory, it is presumed that an assisted living resident with a low future time perspective will participate in fewer group activities offered within the ALC. After controlling for participants without cognitive impairments, a quantitative secondary data analysis was conducted on data collected by Dr. Rebecca Mauldin for residents *(n=32)* of a Houston, Texas ALC. Upon completion of a multiple linear regression, it was found that the relationship between the

residents' future time perspective, tenure, and participation in group activities was not significant.

TABLE OF CONTENTS

# LIST OF ILLUSTRATIONS

LIST OF TABLES

CHAPTER 1

INTRODUCTION

In our advances in research and technology, we are seeing our generations living longer than ever before. During the years 2000-2009 there were 524 million older adults worldwide (adults aged 65 and older; World Health Organization, 2011). In the most recent decade (2010-2019) this number had grown to approximately 727 million, or 9.3% of the population (United Nations Department of Economic and Social Affairs, Population Division, 2020). Within this same decade, the United States had around 2.5 million of these older adults residing in long-term care communities (e.g., nursing homes and assisted living communities; Pray et al., 2010) with approximately 800,000-1 million in assisted living communities alone (ALCs; Harris-Kojetin et al., 2019; Stevenson & Grabowski, 2010). By 2050, this population is expected to near-double in size to 83.7 million in the United States, coming up from the 43.1 million in 2012 (Ortman, Velkoff, & Hogan, 2014), and become 16% of the global population (United Nations Department of Economic and Social Affairs, 2020). It seems warranted to say that with a growing aging population, the number of older adults residing in assisted living communities is going to rise as well.

In the same time-frame as the growing older population, professionals and researchers alike have been involved in a cultural change that shifts focus surrounding long term care communities to move to a more person-centered care (Crandall et al., 2007;

Redfoot, 2003; Weiner & Ronch, 2003; Jansson et al., 2021). Due to this shift becoming "less about care tasks and more about caring for people and the relationships between people" (Weiner & Ronch, 2003, p. xiii), these settings must employ a number of professions from different disciplines that aim to aide in the overall well-being of their residents. One of these disciplines is Social Work.

## 1.1 Social Work

In assisted living communities, social workers undertake many tasks including connecting families to resources and focusing on the social engagement of the residents. As a profession, Social Work in the United States follows a model of person-centered care (Park et al., 2012). Using this, among other things, the National Association of Social Work (NASW) has created a list of values, competencies, and a code of ethics for social workers to follow. Included in these are dignity and worth of a person (autonomy), engagement in practice-informed research and research-informed practice, and the importance of human relationships (National Association of Social Work, n.d.). Beginning in 2013, the American Academy of Social Work and Social Welfare (AASWSW) created a list of the 12 Grand Challenges for Social Work that would help social workers and other professions deal with challenges efficiently while working together. Among the chosen challenges is the hope to "Eradicate Social Isolation" (AASWSW, 2018).

## 1.2 Social Isolation

Over the past two decades, there has been a rise in research concerning the well-being of older adults. One of the greatest issues discovered during this research is what they are calling the 'social isolation epidemic'. The Health Resources and Services Administration (HRSA) states that 43% of elders in the United States experience feelings

2

of loneliness on a regular basis. The HRSA is calling this a "loneliness epidemic" due to the fact that the older population is not the only group to be affected by this. As a matter of fact, one in five Americans reported feeling either lonely or socially isolated. This has the ability to spread into public health problems.

It is believed that there are rising cases of adults becoming socially isolated as they age, including in long-term care communities (Park et al., 2012). These communities promote social engagement between the residents because social isolation is seen as a danger to the benefits of social engagement. Social engagement in these settings includes participation in group activities (Jang et al., 2014; Zimmerman, 2003), having social relationships (Kelly et al., 2017), and social interaction (Park et al., 2012). A lack of social engagement in long-term care facilities can result in depression (Cummings, 2002; Fessman & Lester, 2000; Lou et al., 2013; Watson et al., 2003), loneliness (Fessman & Lester, 2000; Winningham & Pike, 2007), and an increased risk of mortality (Holt-Lunstad et al., 2010; Kiely et al., 2015; Rowe & Kahn, 1997; Zimmerman, 2003).

As the population in these communities increases, the need for reducing social disengagement and social isolation becomes more urgent. It is important to look further into the empirical data we have thus far on the well-being, social isolation, and social engagement of older adults in assisted living communities.

CHAPTER 2

LITERATURE REVIEW

2.1 Successful Aging

Nearing the end of the 20th century, gerontology had seen a growth in awareness for the lack of research involving older adults, especially those in these long-term care facilities. It was during this time that there was also a noticeable shift from what we thought to be "usual aging" into something they started calling "successful aging". In 1997, Rowe and Kahn created a scholarly article over what successful aging was thought to be. Using previous studies from earlier years, it was concluded that successful aging had three important components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life. All three are said to be relative to each other, and you cannot have successful aging without one (Rowe & Kahn, 1997). Active engagement with life has been seen to involve having social relationships. It has been found that these social relationships, as well as engagement in social activities, can be a powerful component for successful aging (Lang & Carstensen 2002; Rowe & Kahn, 1997).

2.2 Social Engagement

Social engagement has been defined as maintaining participation in activities (Bassuk, Glass, & Berkman, 1999), making social and emotional connections, and has been said to be related to social interaction, social integration, and social support (Park et

al., 2012). A meta-analytical review was done over 148 different studies world-wide. This found a 50% increase in the rate of survival when assessing social relationships, as well as a more impactful 91% increase in survival when considering social integration (Holt-Lunstad et al., 2010).

As social engagement has a debatable definition, for the purpose of this research it will be conceptualized to include social interaction, social integration, social relationships, and participation in group activities within an assisted living community.

### 2.2.1 Participation in Group Activities

Participation in group activities has been defined in a variety of ways (Levasseur, Richard, Gauvin, & Raymond, 2010), but it is known that an important part of participation lies with social engagement (Polenick & Flora, 2011). In assisted living communities, group activities facilitate social interaction (Kelly et al., 2017; Knight & Mellor, 2007; Park et al., 2012; Winningham & Pike, 2007), social relationships (Berkman et al., 2000; Kelly et al., 2017), and social integration (Holt-Lunstad et al., 2010) making participation in group activities an important element of social engagement.

Group activity participation in long-term care settings has been associated with greater life-satisfaction (Park, 2009; Park et al., 2012; Street et al., 2007) and longer survival (Kiely & Flacker, 2003). In a study done of 57 residents inside an assisted living community in the southeastern United States, a moderately low depression score and a higher life-satisfaction was found when an average of four activities were attended per week (Cummings, 2002). Conversely, a lack of participation in group activities can lead to social isolation (Holt-Lunstad et al., 2010) risking poor health outcomes and mortality (Fessman & Lester, 2000; Rowe & Kahn, 1997).

*2.2.2. Assisted Living Communities and Social Engagement*

Assisted living communities have placed relationships between residents at a high importance (Fessman & Lester, 2000) and formal caregivers emphasize the availability of group activities to promote these social engagements (Acello, 2003; Knight & Mellor, 2007). Owing to this, recreational services and activities in ALCs have become prominent in order to promote the physical, cognitive, psychosocial, and spiritual well-being of the residents (Acello, 2003).

Although activities are offered in assisted living, residents are still choosing not to participate (Baur et al., 2013; Knight & Mellor, 2007; Plys, 2019). One study found that residents chose to spend 65% of their time in socially isolated activities such as sitting alone or watching television (Ice, 2002). A popular social engagement theory that could help us understand the decisions to stay socially isolated in assisted living is socioemotional selectivity theory.

## 2.3 Socioemotional Selectivity Theory

Socioemotional selectivity theory (SST) states that a person's future time perspective (how long they feel they have left to live; FTP) plays a fundamental role in the decision of how they spend their remaining time (Carstensen et al., 1999). SST suggests that social interaction is core to survival and the selection of goals is a precursor to the actions they take (Carstensen et. al, 1999). Using this theory, those with an open-ended FTP are expected to place their energies into long-term goals, whereas those with a close-ended FTP are expected to place their energies into more in-the-present goals. It has been suggested that a more close-ended future time perspective heightens with age (Carstensen et al., 1999; Lang & Carstensen, 2002; Park et al., 2012). This leads to a focus on the

continuation of pre-existing relationships, as they will likely prefer to associate themselves with those familiar to them rather than form new connections (Carstensen et al., 1999; Lang & Carstensen, 2002).

As the transition takes place for older adults moving into an assisted living community (ALC), it has been suggested that they may find it difficult to develop new social relationships in an unfamiliar environment (Park et al., 2012). A qualitative study done of 29 residents of four assisted living communities found that most of the residents maintained their closest relationships with people outside of the ALC (Park et al., 2012). Their findings supported SST in that the participants' future time perspective had influenced motivation and efforts that were put into building new relationships.

Along with the findings that already exist, there is little research seeking the correlation between one of the most prominent theories in practice (socioemotional selectivity theory) and ALC residents' participation in activities. Applying socioemotional selectivity theory, it was believed that future time perspective would be directly correlated with participation in activities while accounting for tenure. The hypothesis was that a resident with a close-ended future time perspective would participate in fewer activities because they would be less interested in forming new social interactions and relationships.

CHAPTER 3

METHODOLOGY

A secondary data analysis was conducted on data gathered from a social network analysis called the SEAL study (Social Experiences in Assisted Living; Mauldin, 2020). The utilized data included the characteristics of the residents, their future time perspective scores, their tenure in the community, and their group activity participation. The dates of collection for the participants' demographics, future time perspective scores, and tenure were between August 17, 2017 and September 04, 2017.

The University of Texas at Arlington Institutional Review Board determined that this analysis was exempt from review because it is a secondary data analysis and the data were not personally identifiable (see appendix A). The SEAL study was originally approved by the University of Houston Institutional Review Board.

### 3.1 Methods

*3.1.1 Recruitment Site*

The research site for the original study was a medium to large assisted living community (ALC) in Houston, Texas. This ALC was comprised of approximately 85 residents occupying the assisted living section (excluding those in the memory care unit) who were within the age range of 58 to 100, with the median age of approximately 85 years old.

*3.1.2 Sample*

The sample for this study was a non-probability sample, indicating that the

population chosen was not random and was chosen due to location and availability. Of the 85 total residents, 64 *(N=64)* agreed to take a cognitive assessment to determine eligibility and ensure that each individual was able to give informed consent to participate. Those not screened were due to a cognitive inability to complete the screening or they did not wish to be screened. In order to be seen as cognitively sound to give consent, the residents had to score a 4 or higher on the Six-Item Screener, a research tool designed from the Mini-Mental State Exam (MMSE). These questions included a three-item recall and a three-item temporal orientation of day, week, and month (Callahan, et al., 2002).

At the end of the screening period, a total of 35 residents *(N=35)* had passed the screener and consented to participate, with 91.7% *(N=33)* completing the necessary data surveys. One resident was excluded from this secondary data analysis because they left the community during the collection period for participation in group activities, bringing this research to a sample size of 32 *(N=32)*.

<div align="center">3.2 Measurements</div>

Some of the data below were collected by surveys using a standardized instrument, and some were given to the head researcher of the SEAL study by the ALC with permission of the research participants. Additional details about the ways in which the data were collected may be found on the Texas Data Depository for the SEAL study (Mauldin, 2020).

*3.2.1 Future Time Perspective*

The residents' future time perspectives were assessed using the Future Time Perspective Scale (FTPS; Mauldin, 2020). This scale is tailored toward assessing the perspective in which an individual views how long they have left to live. It is comprised of 10 -items scored with a five-point Likert scale ranging from 1 to 5, with 1 being 'Not true

at all' and 5 being 'Exactly true'. Sample statements of this scale are "I have the sense that time is running out" and "Many opportunities await me in the future" (reverse coded). The higher numbered options are said to reveal an open-ended future time perspective (Kozik, et al., 2015), meaning the participants more than likely feel as though they have a longer time to live, with the lower scores on the scale indicating a close-ended future time perspective. The 10-item FTPS has demonstrated a Cronbach's alpha reliability coefficient of 0.86 to 0.88 (Carstensen & Lang, 1996; Kozik, et al., 2015). The Cronbach's alpha reliability scale measures the validity of a particular survey, scale, or questionnaire and takes into consideration the number of items and dimensions. This reliability scale ranges from 0 to 1 and the closer the coefficient of the survey is to 1, the greater internal consistency it has, or the more reliable it is considered (Gliem & Gliem, 2003).

### 3.2.2 Tenure

The move-in date for each participant was gathered from the assisted living administrator. Tenure was conceptualized as months. A month was operationalized as twenty-eight days to keep it consistent with four-week periods. To calculate tenure, the move-in date was subtracted from the last day surveys were administered. The number of days established from this were then divided by twenty-eight (7 days per week*4 weeks per month=28).

### 3.2.3 Group Activity Participation

Each participant signed a consent form previous to the collection of data for their participation in group activities. Group activity participation started being collected the day after the last surveys were given, Tuesday, September 05, 2017, and lasted until Monday, October 9, 2017, coming to six weeks of participation in total. Upon arrival of the activity

calendars from the ALC, an attendance sheet was created for each activity offered during these six weeks and included the names of each study participant. Group activities that were chosen for this analysis consisted of exercise, arts and crafts, games and puzzles, and educational. Religious activities were excluded because they were not held consistent with the variety of religions existing in the community and may not have been applicable to all residents. Group activities held outside the community were also excluded because physical limitations were not accounted for.

### 3.3 Data Analysis

A variety of methods were used for this secondary data analysis. A popular statistics computer program (Statistical Package for Social Sciences; SPSS) was used to run descriptive statistics and data analysis using the future time perspective scores, tenure, and participation in group activities. Preliminary analysis included finding the mean and standard deviation for the descriptive statistics using Microsoft Excel for age, race, and gender (see Table 4.1). It also included a correlation matrix between all three variables (see Table 4.3) and a bivariate correlation scatter plot to witness any relationship between the participants' future time perspective scores and participation in group activities by themselves (see Figure 4.1). Over and above this, tenure was added to create a multiple linear regression $(\hat{y} = \beta_0 + \beta_1(Tenure) + \beta_2(FTPS\ score))$ and a multiple linear regression chart was generated using partial plots (see Figures 4.2 and 4.3). Partial regression plots are applicable because they allow for one of the independent variables to be held at a constant without eliminating its influence completely.

In the next chapter, the results, tables, and charts from this analysis will be presented.

CHAPTER 4

RESULTS

4.1 Preliminary Analysis

Demographic analysis of the sample showed a mean age of 82.72 years and a standard deviation of 8.39 years. It also found that 96.88% were Caucasian and 68.75% identified as female (see Table 4.1).

Table 4.1: Sample Demographics

| Age | | Race | | Gender | |
|---|---|---|---|---|---|
| Mean: | 82.72 | Caucasian: | 96.88% | Female: | 68.75% |
| Standard Deviation: | 8.39 | Asian: | 3.12% | Male: | 31.25% |

Descriptive statistics found that the mean for participation in activities was 14.03 ($S.D.$ = 17.814), tenure was 25.21 ($S.D.$ = 20.608), and FTPS score was 28.47 ($S.D.$ = 8.020) (see Table 4.2).

Table 4.2: Descriptive Statistics

| | Mean | Std. Deviation | N |
|---|---|---|---|
| Participation in Activities | 14.03 | 17.814 | 32 |
| Tenure | 25.21 | 20.608 | 32 |
| FTPS_Score | 29.47 | 8.020 | 32 |

The bivariate correlation chart between FTPS score and participation in group activities showed data points with varied distances from the regression line (see Figure 4.1).

Figure 4.1: Bivariate Scatter Plot
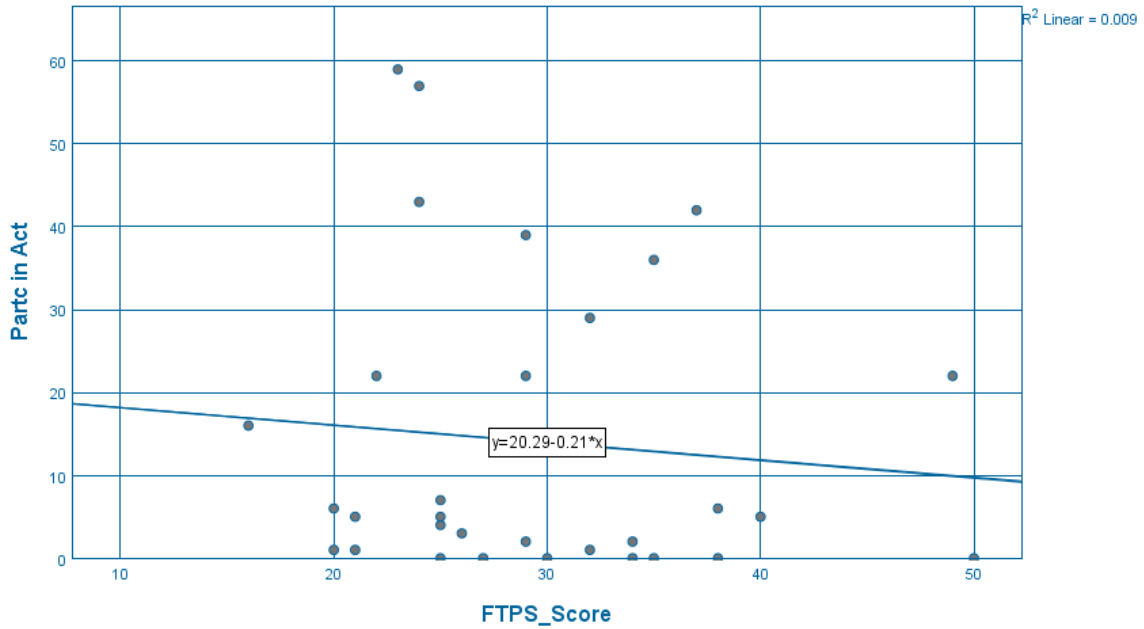


In the correlation matrix (see Table 4.3), tenure and FTPS scores showed to be the most correlated out of the three variables with a -.159 Pearson correlation. Although, this correlation was not statistically significant ($p=.192$).

Table 4.3: Correlation Matrix

| | | Participation in Activities | Tenure | FTPS_Score |
|---|---|---|---|---|
| Pearson Correlation | Participation in Activities | -- | | |
| | Tenure | -.024 | -- | |
| | FTPS_Score | -.096 | -.159 | -- |

## 4.2 Multiple Linear Regression

The unstandardized coefficients showed negative coefficients for tenure (B = -.035) and for FTPS score (B= -.227) indicating both are negatively associated with participation in group activities (see Table 4.4).

Table 4.4: Results table of multiple regression model for number of activities attended by residents of an assisted living community (N = 32)

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 21.592 | 13.890 | | 1.555 | .131 |
| | Tenure | -.035 | .162 | -.040 | -.216 | .830 |
| | FTPS_Score | -.227 | .416 | -.102 | -.545 | .590 |

The B-value for tenure says that, on average, participants went to .035 less activities for every "1" increase of a four-week period they had lived in the community (see Figure 4.2).

Figure 4.2: Partial Regression Plot Holding FTPS_Score Constant
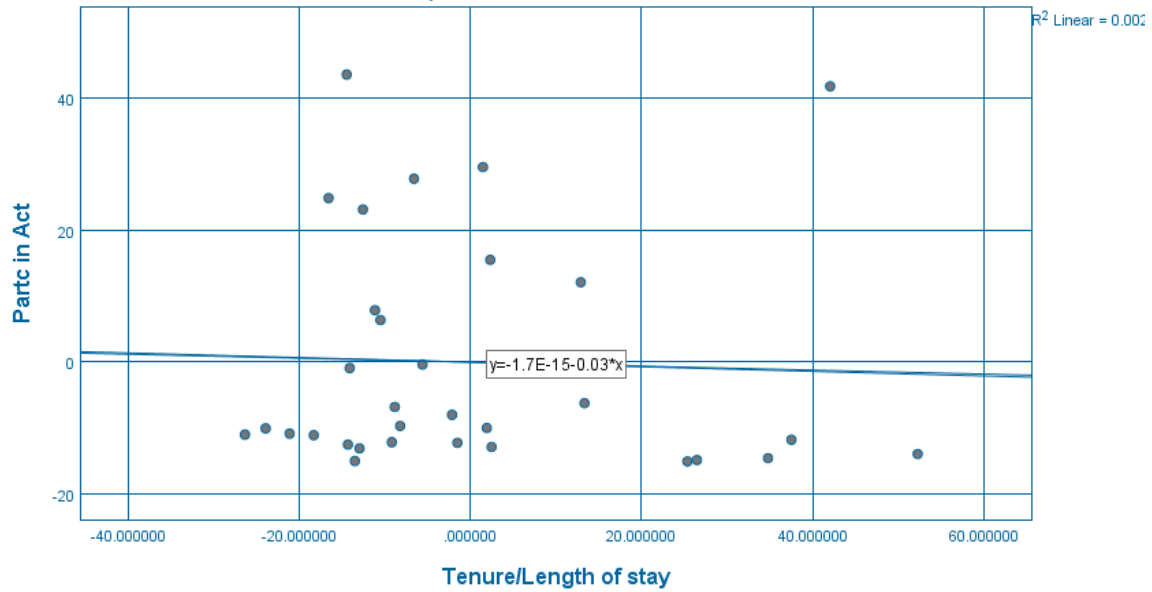


The B-value for future time perspective scores states that, on average, participants went to .227 less activities for every "1" increase in FTPS score (see Figure 4.3).

Figure 4.3: Partial Regression Plot Holding Tenure Constant
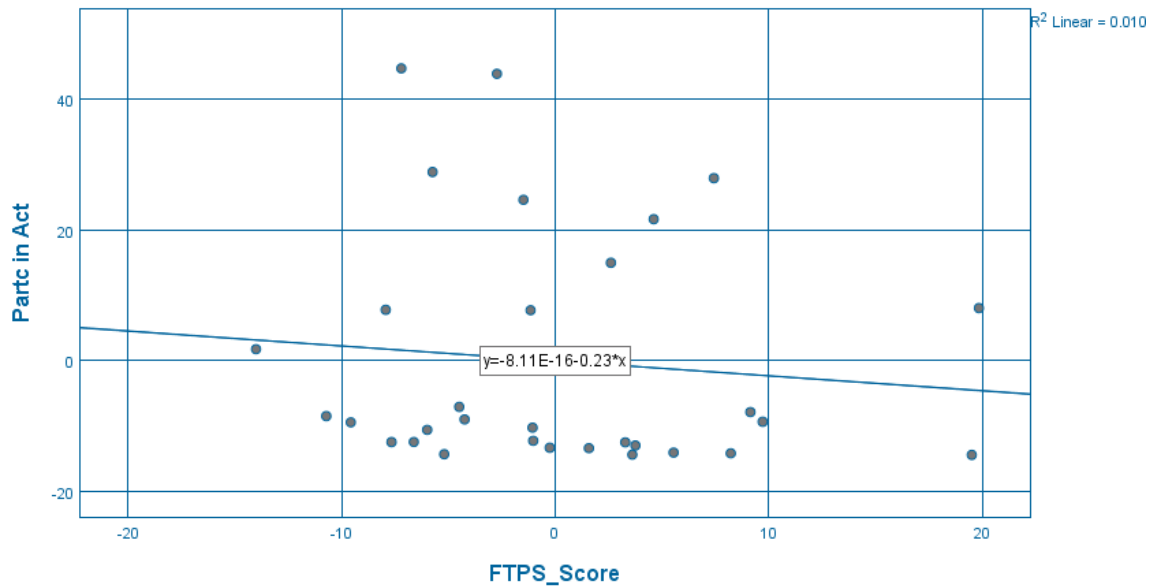


However, the results were not statistically significant. The significance was revealed at .830 for tenure and .590 for FTPS score. This shows that FTPS scores have a

better chance of predicting participation in group activities than tenure does, but neither

results are significant enough to make any assumptions. In the Model Summary table, an

R square of .011 shows that 1.1% of the variation of participation in activities can be

explained by tenure and FTPS scores in this study (see Table 4.5), showing again that this

analysis is not statistically significant.

Table 4.5: Modified model summary for multiple regression model of
participation in group activities of residents of an assisted
living community (N=32) with tenure in community and
future time perspective as predictor variables

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|------|----------|-------------------|----------------------------|
| 1 | .104[a] | .011 | -.057 | 18.318 |

Though the results led to findings of no significance, this analysis was not

invaluable. In the next chapter, we will talk about the implications for why this is.

CHAPTER 5

DISCUSSION

Although previous studies have found that future time perspective has an effect on the desire to create new relationships (Carstensen, 1999; Lang and Carstensen, 2002; Park et al., 2012), the statistical results of this secondary data analysis showed that future time perspective did not significantly affect the number of activities the residents participated in. Although the results showed a negative regression line, the lack of significance shows that this, more than likely, did not happen by chance.

One thing that should be pointed out is the negative regression lines in the results. These negative lines show that the results were opposite of the hypothesis by stating when tenure and FTPS scores went up, the number of activities attended went down (on average). Given this, it was considered that future time perspective may not be a predictive variable in the participation of group activities inside an assisted living community. Due to this, social engagement motivations inside these communities are still being questioned. This was grounds to further investigate something that can be called the "bucket-list effect."

This hypothetical theory is quite opposite of socioemotional selectivity theory. In this conception, the bucket-list effect suggests that an individual who does not think they have a lot of time left to live (low FTPS score; close-ended FTP) would acquire some sort of motivation to cross things off of their "bucket-list" (things they wish to achieve before

they pass). It is theorized that individuals who move into an assisted living community may be struck with the realization that their life is nearing the end. This would motivate them into engaging in as many experiences as they are able to before death comes. This is an untested theory, but an important one to consider in future research.

## 5.1 Limitations

It's important to recognize some limitations about this analysis. The sample size is small *(n=32)* meaning the results cannot infer anything about this population. The demographics also pose a limitation because the sample was almost 97% Caucasian, keeping it from being inclusive to the overall older population.

## 5.2 Implications

Though the findings resulted in being seen as more chance than not, the research was not invaluable. Current empirical research surrounding the proposed theory is miniscule, if it exists at all. It was an innovative theory based on research that has been found significant in other cases (Carstensen, 1999; Lang and Carstensen, 2002; Park et al., 2012). So although the mathematics did not support the research question, the direction is still relevant.

### 5.2.1 Practice

Social work places great emphasis on autonomy: the decisions and freedoms that a person has over their own life. Yet, when social workers are employed by these communities, they tend to urge participation in group activities because of the known benefits. As both ideas focus on the well-being of a person, this research leans more toward the person's right to choose. Considering a person's future time perspective and where they wish to expend their energies is a part of that autonomy. As the helping profession wishes

to eradicate social isolation, more research on these subjects is crucial; not only for Social Work, but for the population as a whole.

*5.2.2 Future Research*

In order to gain more understanding of the data, post-hoc analysis could change the predictive variables into categories to dichotomize future time perspective into low, medium, and high and tenure into new residents versus familiar residents in assisted living communities. Also in future research, perhaps activities held outside of the community could be included as research has shown that residents welcome outings (if they are able to go) because it brings a change to, what they feel of as, monotonous days (Park et al., 2012). Also, a larger sample size could be used to make the research more generalizable. These changes may provide more significant results.

*5.2.3 Policy*

Though assisted living communities offer group activities, it is not common for them to take attendance at these activities. It is proposed that assisted living communities start to track attendance to allow for further research. Doing so may also allow different disciplines employed by the community to hold a better understanding of their residents. As done in the SEAL study, the facilitator could be given an attendance sheet (whether paper or computerized) to account for the residents there.

## 5.3 Conclusion

As the older population is growing at a much faster pace than we've seen before, deeper understanding on the benefits of participation in group activities, and how it correlates with one's future time perspective inside an assisted living community is greatly needed. Along with the findings that already exist, there is little research seeking the

correlation between one of the most prominent theories in practice in assisted living communities (socioemotional selectivity theory) and residents' participation in activities. Applying socioemotional selectivity theory, it was believed that future time perspective would be directly correlated with participation in activities while accounting for tenure. The hypothesis was that a resident with a low future time perspective would participate in fewer activities because they would be less interested in forming new social relationships.

However, this secondary analysis of future time perspective, tenure, and participation in activities resulted in findings that were not significant, but only with a sample size of 32 *(n=32)*. Although the results did not support the hypothesis, it was not invaluable. The purpose was to analyze the emphasis that assisted living communities place on participation in activities using SST, so we may have a more pronounced understanding of older adults who may not wish to engage in group activities. It was an innovative theory based on research that has been found significant in other studies. So, although the mathematics did not support it, the direction is still relevant.

Though this study is not generalizable, it goes beyond the established framework to challenge old ways of thinking. As stated above, continuing research on alleviating social isolation in assisted living communities is imperative to the well-being of assisted living residents. Yet, as the evidence above also suggests, considering their autonomy is also important. Such research could further this theory in that the findings would grant us a better understanding of whether or not these older adults would benefit from becoming more socially engaged in later life when considering individuality and help eradicate one of Social Work's grand challenges.

APPENDIX A

UNIVERSITY OF TEXAS AT ARLINGTON IRB EXEMPTION FORM

February 21, 2020

Rebecca Stewart
Faculty Advisor: Dr. Rebecca Mauldin
School of Social Work
The University of Texas at Arlington

**IRB Submission Inquiry & Project Determination of Non-HSR**

Dear Rebecca,

Thank you for contacting the UT Arlington Office of Research Administration; Regulatory Services regarding your planned use of de-identified data from Dr. Mauldin's study on the health and well-being of assisted living residents.

Upon further review, it appears this would not meet the definition of, "research with human subjects" as defined by the Office for Human Research Protections (OHRP) and would therefore not be subject to review or approval by the Institutional Review Board (IRB) at UT Arlington. Per the federal regulations at 45 CFR 46:

- *Research* is defined as, "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge."
- A *human subject* in research is defined as, "a living individual about whom an investigator conducting research: obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens."

From the information provided, it appears that this data use does not meet the definition of human subject research, as the data will not be identifiable. The PI/research team will not have access to identifiers. 45 CFR 46.102 (e)(1) Human subject means a living individual about whom an investigator (whether professional or student) conducting research:

(ii) Obtains, uses, studies, analyzes, or generates *identifiable* private information or identifiable biospecimens.

Therefore, this project is not subject to review or approval from the UTA IRB, and you do not need to submit a protocol to our office at this time.

Please note that although IRB review is not required for this study, there may be other institutional requirements or agreements such as Data Use Agreements that pertain to this project. I believe Dr. Mauldin already has such an agreement in place. Please contact Dan Vincenzo, UT Arlington's Agreements Manager, at vincenzo@uta.edu for assistance in processing any other study-related legal agreements. In addition, it is your responsibility to abide by the UT Arlington Standards of Conduct and the ethical standards within your field for all projects and activities, even when IRB review is not required.

**UNIVERSITY OF TEXAS ARLINGTON** | OFFICE OF RESEARCH ADMINISTRATION
REGULATORY SERVICES

I have included the link for decision charts provided from OHRP from which this determination is made for your reference below. If the procedures that have been outlined and provided to our office change such that IRB approval might be necessary or you have any questions regarding this determination, please do not hesitate to contact us at RegulatoryServices@uta.edu .

Thank You,

Lisa Alvarez
IRB Specialist
Office of Research Administration;
Regulatory Services

OHRP reference: http://www.hhs.gov/ohrp/policy/checklists/decisioncharts.html

**REGULATORY SERVICES**
**SERVICES**

The University of Texas at Arlington, Center for Innovation
202 E. Border Street, Ste. 201, Arlington, Texas 76010, Box#19188
(T) 817-272-3723  (F) 817-272-5808  (E) regulatoryservices@uta.edu  (W) www.uta.edu/rs

23

REFERENCES

Acello, B. (2003). *The OBRA guidelines for quality improvement (4th ed.).* Clifton Park,

NY: Delmar Learning.

https://books.google.com/books?hl=en&lr=&id=3ploVlCS754C&oi=fnd&pg=PR9&

dq=+The+OBRA+guidelines+for+quality+improvement+(4th+ed.)&ots=tTr0cVmXF

R&sig=kr3YgIsaUGFsCHHWjzZEhlA9Nl4#v=onepage&q&f=false

American Academy of Social Work and Social Welfare. (2021, January 22). *Eradicate*

*Social Isolation-Five Year Impact.* Grand Challenges of Social Work. Retrieved from

https://grandchallengesforsocialwork.org/resources/eradicate-social-isolation-five-

year-impact/

Bassuk, S. S., Glass, T. A., & Berkman, L. F. (1999). Social disengagement and incident

cognitive decline in community-dwelling elderly persons. *Annals of Internal Medicine*,

*131*(3), 165-173.

Baur, V. E., Abma, T. A., Boelsma, F., & Woelders, S. (2013). Pioneering partnerships:

Resident involvement from multiple perspectives. *Journal of Aging Studies, 27*(4),

358-367. doi:10.1016/j.jaging.2013.08.003

Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to

health: Durkheim in the new millennium. *Social Science & Medicine*, *51*(6), 843–857.

https://doi-org.ezproxy.uta.edu/10.1016/S0277-9536(00)00065-4

Callahan, C. M., Unverzagt, F. W., Hui, S. L., Perkins, A. J., & Hendrie, H. C. (2002). Six-item screener to identify cognitive impairment among potential subjects for clinical research. *Medical Care, 40*(9), 771-781. https://doi.org/10.1097/01.mlr.0000024610.33213.c8

Carstensen, L. L., Isaacowitz, D. M., & Charles, S. T. (1999). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist., 54*(3), 165-181. https://doi.org/10.1037/0003-066X.54.3.165

Carstensen, L. L., & Lang, F. R. (1996). Future orientation scale. *Unpublished manuscript, Stanford University*.

Choi, N. G., Ransome, S., & Wyllie, R. J. (2008). Depressions in older nursing home residents: The influence of nursing home environmental stressors, coping, and acceptance of group and individual therapy. *Aging and Mental Health, 12*(5), 536-547. doi: 10.1080/13607860802343001

Cuijpers, P. & Van Lammeren, P. (1999). Depressive symptoms in chronically ill elderly people in residential homes. *Aging & Mental Health, 3*(3), 221-226. doi:10.1080/13607869956172

Cummings, S. M. (2002). Predictors of psychological well-being among assisted-living residents. *Health and Social Work, 27*(4), 293-302. doi: 10.1093/hsw/27.4.293

Fessman, N., & Lester, D. (2000). Loneliness and depression among elderly nursing home patients. *International Journal of Aging & Human Development*, *51*(2), 137. https://doi-org.ezproxy.uta.edu/10.2190/5VY9-N1VT-VBFX-50RG

Gliem, J. A., & Gliem, R. R. (2003). Calculating, interpreting, and reporting cronbach's

    alpha reliability coefficient for likert-type scales. *Midwest Research-to-Practice*

    *Conference in Adult, Continuing, and Community Education*, 82-88.

    https://scholarworks.iupui.edu/bitstream/handle/1805/344/gliem+&+gliem.pdf?seque

    nce=1

Hanson, H. M., Hoppmann, C. A., Condon, K., Davis, J., Feldman, F., Friesen, M.,

    Leung, P. M., White, A. D., Sims-Gould, J., & Ashe, M. C. (2014). Characterizing

    social and recreational programming in assisted living. *Canadian Journal on Aging,*

    *33*(3), 285. https://doi.org/https://doi.org/10.1017/S0714980814000178

Harris-Kojetin, L.D., Sengupta M, Lendon JP, Rome V, Valverde R, & Caffrey C (2019).

    *Long-term care providers and services users in the United States, 2015-2016: Data*

    *from the national study of long-term care providers.* U. S. Department of Health and

    Human Services, Centers for Disease Control and Prevention, National Center for

    Health Statistics. Retrieved from https://stacks.cdc.gov/view/cdc/76253

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality

    risk: A meta-analytic review. *PLoS Medicine, 7*(7), e1000316.

    doi:10.1371/journal.pmed.1000316

Ice, G. H. (2002). Daily life in a nursing home: Has it changed in 25 years? *Journal of*

    *Aging Studies, 16*(4), 345–359.

    https://doi-org.ezproxy.uta.edu/10.1016/S0890-4065(02)00069-5

Jang, Y., Park, N. S., Dominguez, D. D., & Molinari, V. (2014). Social engagement in

    older residents of assisted living facilities. *Aging & Mental Health, 18*(5), 642-647.

    doi:10.1080/13607863.2013.866634

Jongenelis, K., Pot, A. M., Eisses, A. M. H., Beekman, A. T. F., Kluiter, H., & Ribbe, M. W. (2004). Prevalence and risk indicators of depression in elderly nursing home patients: The AGED study. *Journal of Affective Disorders, 83*(2–3), 135–142. https://doi-org.ezproxy.uta.edu/10.1016/j.jad.2004.06.001

Kelly, M. E., Duff, H., Kelly, S., McHugh Power, J. E., Brennan, S., Lawlor, B. A., & Loughrey, D. G. (2017). The impact of social activities, social networks, social support and social relationships on the cognitive functioning of healthy older adults: A systematic review. *Systematic Reviews, 6*(1), 259-18.

doi:10.1186/s13643-017-0632-2

Kiely, D. K., & Flacker, J. M. (2003). The protective effects of social engagement on 1-year mortality in a long-stay nursing home. *Journal of Clinical Epidemiology, 56*, 472-478. doi:10.1016/S0895-4356(03)00030-1

Kiely, D. K., Simon, S. E., Jones, R. N., & Morris, J. N. (2015). The protective effect of social engagement on mortality in long-term care. *Journal of the American Geriatrics Society*, *48*(11), 1367–1372.

https://doi-org.ezproxy.uta.edu/10.1111/j.1532-5415.2000.tb02624.x

Knight, T., & Mellor, D. (2007). Social inclusion of older adults in care: Is it just a question of providing activities? *International Journal of Qualitative Studies on Health and Well-Being, 2*(2), 76-85. https://doi.org/10.1080/17482620701320802

Kozik, P., Hoppmann, C. A., & Gerstorf, D. (2015). Future time perspective: Opportunities and limitations are differentially associated with subjective well-being and hair cortisol concentration. *Gerontology, 61*(2), 166-174.

http://dx.doi.org/10.1159/000368716

Lang, F. R., & Carstensen, L. L. (2002). Time counts: Future time perspective, goals, and

    social relationships. *Psychology and Aging, 17*(1), 125-139.

    doi:10.1037/0882-7974.17.1.125

Levasseur, M., Richard, L., Gauvin, L., & Raymond, E. (2010). Inventory and analysis of

    definitions of social participation found in the aging literature: Proposed taxonomy of

    social activities. *Social Science and Medicine, 71*, 2141-2149.

    doi:10.1016/j.socscimed.2010.09.041

Lou, V. W. Q., Chi, I., Kwan, C. W., & Leung, A. Y. M. (2013). Trajectories of social

    engagement and depressive symptoms among long-term care facility residents in hong

    kong. *Age and Ageing, 42*(2), 215-222. https://doi.org/10.1093/ageing/afs159

Mauldin, R. L. (2020). SEAL, Social experiences in assisted living: Social network

    analysis data [dataset]. Arlington, TX: Texas Data Repository Dataverse, Social

    Networks for Social Good. https://doi.org/10.18738/T8/SYHXPZ

National Association of Social Work. (n.d.). *Read the code of ethics*. Retrieved April 23,

    2021 from

    https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-

    English#:~:text=The%20following%20broad%20ethical%20principles,all%20social

    %20workers%20should%20aspire.

Park, N. S. (2009). The relationship of social engagement to psychological well-being of

    older adults in assisted living facilities. *Journal of Applied Gerontology, 28*, 461-481.

    doi:10.1177/0733464808328606

Park, N. S., Zimmerman, S., Kinslow, K., Shin, H. J., & Roff, L. L. (2012). Social engagement in assisted living and implications for practice. *Journal of Applied Gerontology, 31*(2), 215-238. doi:10.1177/0733464810384480

Pinquart, M., & Sörensen, S. (2001). Influences on loneliness in older adults: A meta-analysis. *Basic & Applied Social Psychology*, *23*(4), 245–266. https://doi-org.ezproxy.uta.edu/10.1207/153248301753225702

Plys, E. (2019). Recreational activity in assisted living communities: A critical review and theoretical model. *The Gerontologist, 59*(3), e207-e222. https://doi.org/10.1093/geront/gnx138

Pray, L., Boon, C., Miller, E. A., & Pillsbury, L. (2010). Providing health and safe foods as we age: Workshop summary. *Washington (DC): National Academies Press (US),* 17-37. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK51847/pdf/Bookshelf_NBK51847.pdf

Rowe, J.W., & Kahn, R.L. (1997). Successful aging. *The Gerontologist, 37*(4), 433–440. https://doi.org/10.1093/geront/37.4.433

Stevenson, D. G., & Grabowski, D. C. (2010). Sizing up the market for assisted living. *Health Affairs, 29*(1), 35-43. doi:10.1377/hlthaff.2009.0527

Street, D., Burge, S., Quadagno, J., & Barrett, A. (2007). The salience of social relationships for resident well being in assisted living. *Journal of Gerontology: Social Sciences, 62B*, S129-S134.

Watson, L. C., Garrett, J. M., Sloane, P. D., Gruber-Baldini, A. L., & Zimmerman, S. (2003). Depression in assisted living: Results from a four-state study. *The American Journal of Geriatric Psychiatry, 11*(5), 534-542. doi:10.1097/00019442-200309000-00008

Winningham, R. G., & Pike, N. L. (2007). A cognitive intervention to enhance institutionalized older adults' social support networks and decrease loneliness. *Aging and Mental Health, 11*(6), 716-721. doi:10.1080/13607860701366228

World Health Organization. (2011, October). *Global health and aging.* National Institute of Health Publication, no. 11-7737. Retrieved from https://www.who.int/ageing/publications/global_health.pdf

Zimmerman, S., Scott, A. C., Park, N. S., Hall, S. A., Wetherby, M. M., Gruber-Baldini, A. L., & Morgan, L. A. (2003). Social engagement and its relationship to service provision in residential care and assisted living. *Social Work Research, 27*(1), 6-18. doi:10.1093/swr/27.1.6

BIOGRAPHICAL INFORMATION

Rebecca Stewart is a resident of Fort Worth, Texas. She holds an Associate of Science from Weatherford College and an Honors Bachelor of Social Work from the University of Texas at Arlington with added distinctions in Magna Cum Laude honors and Maverick Advantage. She is certified in suicide prevention and holds racial justice continuing education credits. She is a member of the National Association of Social Work and the Climate Reality Project. Rebecca has experience working in hospice, studying abroad in Belize, and volunteering for many different agencies and disciplines, such as the Youth Education Town of the Salvation Army in Arlington. Her research interests encompass the older adult population in both the United States and globally, the human mind including addiction and mental health, and the disposition of cultures around the world. In the future, Rebecca plans to apply for the Fulbright Scholarship in hopes of teaching English in Kenya prior to attaining her Master of Social Work. It is her hope that further experience in social work-related fields will aide in choosing a specialization for her Master's in social work since her interests are broad. It is possible that a Doctorate could be in her future as well, depending on the path that life brings her down.