This research addressed 5 questions: What constitutes self-neglecting behaviors? How do practitioners and other experts conceptualize elder self-neglect (ESN) based on these behaviors? Can a standardized measure of elder self-neglect be used by practitioners? What are the psychometric properties of the standardized measure? How can these findings contribute to theory of the nature of self-neglect? To answer Question 1, we conducted 2 brainstorming sessions to elicit indicators of ESN with a total of 20 participants from multiple disciplines. One hundred thirty-six non-redundant items were generated and then consolidated into a final list of 73 indicators. To answer Question 2, we used Concept Systems software; 50 participants sorted the 76 indicators into groupings based on similarity and rated each statement for importance for the concept of self-neglect and feasibility of assessing (1-5, least to most). Multidimensional scaling and hierarchical cluster analysis techniques were used to construct conceptual domains (clusters) based on aggregated sortings. We selected a 7 cluster map as most appropriate for representing the domain of ESN. The clusters were: physical health risk, mental health, personal endangerment, social network, financial issues, personal living conditions and physical living conditions. Two "regions of meaning" with theoretical implications emerged, psycho-social aspects of ESN and Environmental aspects of ESN. To answer Question 3, we refined the indicators and developed the Elder Self-Neglect Assessment instrument (ESNA) and conducted a field test with the assistance of 12 case coordination units and one social service organization in Illinois, producing 215 assessments. To address Question 4 assessment results were analyzed using Rasch methodology. Rasch methodology uses scaling properties of linear, interval measurement to establish an item hierarchy (with low severity symptoms on the bottom and high severity symptoms on the top), and distances between items to support theory building and test construct validity. The analysis showed that the 62 item ESNA is unidimensional, with a Rasch person reliability =.89, Alpha = .91 and Cronbach’s Alpha = .91. A 25 item version was generated with similar results. This confirmed our two regions of meaning identified in the conceptual development phase.

PRACTICE & POLICY IMPLICATIONS

To answer Question 5, our findings support the contention that cognitive impairment and depressive symptoms are associated with ESN and that mental health and physical health factors interact in situations of self-neglect. Our model suggests that elder self-neglect is related to declines in personal care which may precede declines in maintenance of the physical environment. This challenges the characterization of elder self-neglect as a medical syndrome. All 215 people in our sample exhibited at least one indicator of Personal/Behavioral self-neglect characteristics and one related to Environmental self-neglect. Placement of indicators on the severity hierarchy shows that behavioral indicators occur more frequently than environmental indicators, suggesting they tend to be more common but less severe and that behavioral characteristics of ESN may be precursors or risk factors for more severe environmental ESN. Hence, early intervention with persons exhibiting self-neglect associated with behavioral indicators could forestall later and more severe environmental harm.

FURTHER READING
