Author's response to reviews

Title: Validation of a Needed Measure of Multiethnic Older Women's Social Health: Two Cross-Sectional Studies

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Author's response to reviews: see over
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Dear Dr. Harriman,

Thank you very much for the great news regarding our manuscript (now entitled "Validation of a New Measure of Multiethnic Older Women’s Social Quality of Life: Two Cross-Sectional Studies"), which you found suitable for publication in BMC Geriatrics pending our addressing your reviewers’ comments. We would certainly like to be published in this BMC journal and hope that you will be pleased with all our revisions.

As you requested, we have addressed the reviewers’ comments by providing a point-by-point response to them. Moreover, we have revised our manuscript and indicated edits in Italics. We thank the two referees for their detailed feedback on how to improve the quality of this article, and have implemented all their suggestions, as listed below.

**Reviewer 1**

- In the abstract and throughout the article, to address the suggestion of defining social health as “the social aspects of quality of life,” we are now using the term “social quality of life” instead of “social health.” The two reviewers were in agreement on this point.
- On page 15, we have provided more information regarding our rationale for conducting two studies. We explained the rationale of Study 2 as a furthering of both the general psychometric validation of the scale, as well as a check of external validity/generalization.
- On page 10 and page 15, we have included information that addresses the request to specify the time of data collection. Also, to address the comment on why 3 and 4 years were needed to collect the data, we have now specified that data collection took 2 and 3 years, respectively, and that the last year of each grant was dedicated to data entry, verification, and analyses. Moreover, on page 10, to address the question regarding whether recruitment was difficult, we have added information on this issue.
- On page 12, to answer the question on whether older women without children were excluded, we have clarified that responses contingent upon having children were entered as non-applicable and where therefore not included in any scale product, following the common pairwise deletion process. The same procedure was followed for participants who reported that they had no friends.
- On page 13, we did our best to address this reviewer’s comment: (verbatim) “Is there only ONE factor in the scale? Forty two percent of the variance explained by this factor is not a high proportion of the total variance. Have the authors tried to eliminate some of the items with lower reliability such as satisfaction with life or an active social life with friends and community? Would it be possible to identify a shorter set of items explaining as much as the 22 items included here?” We have added additional statistical rationale in support of a one-factor solution. We appreciate the reviewer’s comment and understand the concern; however, the total variance is but one criterion by which to determine which factor solution is most salient. The absolute Eigen value of the first factor and its comparative size relative to the Eigen values of the remaining extracted factors (as often illustrated via a Scree plot) can also be taken into account to address this point. Finally, the interpretability of the
items determined to constitute the final scale is critical and cannot trump minor (single-digit) additional gains in total variance percentages.

- On page 14, to address reviewer 1’s statement that “the notion of respect appears in the items that have the highest loadings in the scale, thus a comment of the importance of respect and role in the family in old age could be included in the discussion”, we have cited literature on this issue relating role within the family to mortality in older age (i.e., Okamoto & Tanaka, 2007; Gruenewald et al., 2007; and Zunzunegui et al, 2009), as suggested by this reviewer.

We also addressed other revisions pointed out by this reviewer.

Minor essential revision of reviewer 1:
- On pages 9 (Study 1) and 15 (Study 2), we have provided the total and interquartile range of the age distributions.

Reviewer 1’s discretionary revision:
- On page 17, we have addressed the following suggestion: (verbatim) “A stratified analysis by European ancestry (yes/no) combining both samples (Study 1 and Study 2) may help to unveil different social relationships patterns given that almost 40% of the sample is of European ancestry. This analysis would contribute to better understanding the difference in the meanings of family versus community roles in old age between the European (probably Northern European, excluding Mediterranean countries which have a strong familial culture) and Non-European cultures.” The sample characteristics, specifically the very low number of cases in some ethnic groups, did not allow for any detailed analysis based upon specific national-ethnic groups. Furthermore, removal of so-called “Mediterranean” groups in order to determine changes in the collectivistically-oriented family items of the scale was not possible, given the small number of European-American participants. However, we believe that the reviewer raised an important issue, and therefore we conducted additional analysis in order to address what we deem to be the spirit of the recommendation. Specifically, we combined the samples from Study 1 and 2, as suggested, and compared mean scores on the OWSQLI across 4 pan-ethnic groups (European-American, Latino/Hispanic, Asian-American, and African American) in order to determine any significant variation by group. None was found.

Reviewer 2
- On the title page and throughout the article, to address the comments on the first weakness of the article, we have used the term “social quality of life” instead of “social health.” This reviewer pointed out that the original “social health” concept seemed to be referring at times to social support, to quality of life, or to social quality of life, and also that social connections are particularly important for health and life satisfaction. Given that the items of the tool cover all the four aforementioned concepts, we selected “social quality of life” as the declared focus of the measure, because it comprises elements of the other three concepts and because it was chosen by reviewer 1. Also, we considered the last comments of reviewer 2 regarding the fact that deference, honor, love, and power are the focus of this scale. All these concepts fit quite well within the new name of the new measure.
- In the abstract and on page 8, to address the comment on the second weakness of the article, we have pointed out (as noted by this reviewer) that the items of the OWSQLI primarily assess the extent to which others surrounding the respondent understand, respect, and value her, as well as about her perceived power within her family and community.
Reviewer 2 raised two additional points that we have now covered in the “limitation of the study” section. The first point was that some of the questions were worded in a somewhat peculiar way, especially given that the scale was designed for women as young as 60, many of whom were still working. For instance, the meaning of “…regardless of my age?” could be unclear; we meant that, no matter how old the participant was, she felt respected (or not) by the people in the community and by her family members. We also specified in the limitations section that including a few items with words that could be assigned different meanings is a shortcoming of most of the aforementioned tools. Moreover, we pointed out that special attention should be paid to clarifying the meaning of unclear items and encourage research participants to raise questions if items are unclear (although, in our study, nobody asked to clarify the meaning of any of the scale’s items). The last point raised by this reviewer was that the meaning of having power in one’s family could vary across different ethnic groups. We took this comment into account by pointing out in the “limitations” that concepts such as having power in one’s family may mean different things in different cultures. We have also added that, ideally, these issues should be explored more in-depth in qualitative interviews (in addition to administering paper-and-pencil measures) to clarify item comprehension and assignment of meaning to complex concepts such as power.

In a separate email to the Editor, reviewer 2 gave us additional feedback. Specifically, this reviewer suggested considering that “social power” is indeed an important aspect of the scale, so that we could best determine the main focus of this measure. We have integrated this comment with this reviewer’s prior comments on the different components of this scale and have now stated the importance of this new measure of social quality of life as a novel tool that covers issues of power, respect, love, and understanding. Only minor text modifications throughout the article were necessary to shift focus from social health to social quality of life, especially given that, although we referred to it as social health, we were talking mostly about social quality of life in the first place.

Thank you very much for your consideration and feedback. We are looking forward to hearing back from you.

Sincerely,

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