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Dignity, the Voice of Elder Care: Concept Analysis

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Abstract

Introduction: The current study aimed at analyzing the concept of dignity for elderly population in Iran to provide a more accurate definition and perception of this notion. The study used a hybrid model of concept analysis, while systematic review of literature aimed at providing working definitions in the research theoretical stage.

Methods: A hybrid model of concept analysis was conducted. Definitions Dignity care for the elderly were obtained from a systematic literature review in the theoretical phase. This systematic review was conducted without any time limitation in international databases such as Pro Quest, SCOPUS, MEDLINE, Web of Sciences and Iranmedex using relevant keywords by 2 reviewers separately. Subsequent in-depth personal interviews initiated in the fieldwork phase corroborated and refined the concept. Interviews with the fifteen elder took place during December 2014 to January 2015 in Tehran. These qualitative data were integrated in the final analytical phase.

Results: The older people's dignity can be considered a complicated and dynamic mental condition leading to the improvement of internal feelings. Personal, family, as well as social components affect dignity whose formation depends on relations with other people, ensuring the individual health. Elders' dignity can be practically defined in association with the domains of dignity in older people, reflecting relative dignity that stems in cultural values and undergoes changes. Elders' dignity can be characterized by respect, integrity, independence and authority, privacy, unique support as well as engagement in the self-care. The predisposing factors as well as antecedents are dependent on the individual, family, and social dimensions to establish such features.

Conclusions: Explicit conceptualization of dignity in the context of healthcare services results in a better perception of this notion among practitioners, while also improving the contribution of moral factors to the service delivery.

INTRODUCTION

Aging is part of human evolution. The older people now comprise a one of the largest population groups [1, 2]. Distribution of elders at the age range of 65 and above is recently increasing, and as the predictions show, this trend will be dominant up to the late 21st century [3].There are more than 7 million elderly people above the age of 65 years in Iran, and it is estimated that the older people comprise one fourth of the population by 2050 [4].

The nature of old age is associated with chronic illnesses and diseases, which increases the need for palliative and supportive care in health centers, hospitals, and retirement homes [5, 6]. This population group need to more than consideration from others [7].On the other hand, Human dignity is one of the necessary values of

professional nursing and a component Code of Ethic [8]. Nurses are advised toward adequate treatment with patients while elders also desire to be dignified and welcome death with dignity [9]. There are discussions around this concept, particularly concerning elders, the healthcare research; however, no clear meaning has been provided so far [10]. Dignity mentions a state in which people feel valued and respected [11, 12].

Health in the older has physical and mental aspects. Health is not only defined as lack of physical diseases but is also associated with internal factors and personal feelings. Health cannot be achieved unless a holistic perspective of care and treatment is formed. A healthy person has a feeling of well-being and is capable of achieving his personal goals [13-15]. Attention to human dignity in the care of the patients is part of bioethics which enhances the mental health [16, 17]. The older people people's need for dignity is different from other life stages due to their age and the acquisition of certain qualities as a result of experience, logic, and rationality along with their distinct appearance changes [9, 18]. In other words, this concept affects the quality of life and health of elders and enhances the feeling they have regarding integrity and transcendence versus a feeling of despair [19, 20]. The nurses, as caregivers to the older people, need to have knowledge about this concept to provide appropriate supportive and care interventions [21, 22]. However, there is no clear definition of the older people's dignity in Iran. It is difficult to define the concept of dignity due to its abstract nature and lack of an accurate characterization of dignity, its components, as well as its features, which has not provided an exclusive comprehensible notion for nurses yet [23, 24]. This concept entirely depends on cultural and social conditions, and environmental factors are effective in its formation. Therefore, the concept of dignity in the Iranian older people may be different from this concept in other populations considering the cultural, religious, and social conditions of Iran. We decided to conduct an analysis of the notion of dignity in the older population of Iran to provide an accurate definition and perception of dignity.

METHODS

Study Design

The current research utilized a hybrid model (Schwartz-Barcott & Kim, 2000) of concept analysis to find out the definition, domains, features, and antecedents and outcomes of the of older people's dignity in Iranians. Such a model is appropriate for the exploration of the meaning of concepts used in clinical contexts with no clear definitions [25-27]. This model of concept analysis can be regarded a practice-based approach to enable healthcare professionals of understanding and measuring subjective concepts while enhancing the quality of healthcare services. The model consists of three phases, including the establishment of the initial theory, carrying out fieldwork, as well as final analysis [28]. Then, empirical data are collected and analyzed by the researcher for conceptualization and refinement of the working definition according to the practical application of the concept. A comparison of the definitions obtained from individual participants leads to the identification of categories of aspects of the working definition. Eventually, the final analysis takes plane with the integration of the results of the two prior phases to characterize the concept.

Setting and Sample

Data Collection in Theoretical Phase

At the first step of concept analysis for dignity in older people. We conducted the theoretical phase, all the literature in the fields of nursing, medicine, philosophy, and psychology were evaluated in the databases of ProQuest, SCOPUS, MEDLINE, Web of Sciences and Iranmedex with the key words of concept analysis, concept formation, dignity, respect, self-respect, older people, older adult, old citizens, pensioner, retired between 2014 and 2015.

Strategy search PubMed as follows:

Dignity OR dignified AND elder*OR frail* OR senior* OR ag* OR geriatric OR older people OR older adult OR dementia

The inclusion criteria included qualitative and quantitative studies and mixed methods conducted on elderly people over 65 years of age who lived in private homes or in nursing homes were able to do daily tasks without the help of others and in the field of dignified care of these people.

The exclusion criteria include studies conducted on people with physical and mental problems such as cancer, Alzheimer's or deafness and cognitive impairment, studying the case report and not having access to the full text.

Quality Appraisal

The analysis of the quality appraisal provides information about the selected studies' quality, and different assessment tools have been developed for the corresponding methodology design. Considering methodological and pragmatic aspects, on the one hand, the appraisal tool for qualitative and quantitative research in this research is the checklist developed by the Critical Appraisal Skills Programme (CASP), which includes ten questions; on the other hand, for mixed-method research, the appraisal tool refers to Mixed Methods Appraisal Tool (MMAT) version 2018, including two screening questions and five questions for mixed method research.

The 2 reviewers independently searched the database with mesh words and synonyms. The obtained information was entered into Endnote software and the

duplications were removed. The 2 reviewers separately reviewed the titles and abstracts of the articles based on the inclusion criteria, and the studies which did not have the required criteria were excluded. Then, the full text of the articles with inclusion criteria was reviewed and if appropriate, they were included in the study.

Eighty- five sources including 20 books, 47 research articles, and 18 review articles were evaluated. The researcher extracted most contents related to the concept analysis of the older people's dignity from qualitative papers [29]; however, due to the low number of qualitative studies, the researcher also used quantitative papers [30] related to the concept.

Data Collection in Field Work Phase

As the second step, the fieldwork phase was undertaken with the aim of strengthening and correcting the results. For this purpose, a fieldwork site was chosen and semi-structured interviews were carried out. The purpose of the fieldwork phase obtaining practical definitions for comparison with what was found in the theoretical step aimed at refinement of the working definition. Tehran was selected as the study site since it is a metropolis with multicultural for maximum variation in samples. Interviews with the fifteen participants took place during December 2014 to January 2015. Participant's' demographic characteristics are presented in Table 1. Older people persons with a mean age of 74 years who lived in personal houses, they received health insurance, could undertake their daily activities without others' help (complete or relative independence), lacked cognitive disorder, they did not suffer from cancer, and were willing to participate in the study were selected purposively and interviewed for an average of 40 minutes. Data collection took place using semi-structured interviews as well as field notes. Accordingly, after making contact with and explaining the objectives of the study to the informed people, interviews were conducted with them in the parks near their houses where they spent some time every day. The participants' consent was also taken to record their voice.

The following open-ended questions were used to collect the viewpoints of the participants about the concept of dignity: 1- What does dignity mean to you? 2- What does the concept of dignity include? 3- What are the characteristics of a dignified person? 4- What are the consequences of dignity?

The interviews were transcribed verbatim to maintain the integrity of the data. The data were collected during 1 year and data saturation was observed in the 12th interview. The data were canalized through qualitative conventional content analysis.

Finally, integration of the results of the two prior phases was performed to provide a general definition of dignity in elders both theoretically and practically. The practical application of dignity in elders was particularly taken into account to provide an effective and reliable definition consistent with the experiences of professionals. Comparison of all categories provided through the prior two phases was performed regarding relevance to yield themes which had been justified and confirmed by previous research and fieldwork data.

Data Analysis

Phase 1

The Garrard's method of systematic review was used for data analysis. For this purpose, the sources were assessed in terms of objectives, type of research, tools, data collection method, and results. Systematic review focused on the studies which had the inclusion criteria. Then, the studies were summarized in tables and notes were taken. Finally, the concept and its associated factors were determined [31].

Phase 2

Right after the interview and transferring the audio file to the computer using the MAXQDA 2007, the interviews were transcribed verbatim to maintain the integrity of the data and prevent bias from the researcher. The transcripts were evaluated line by line, and key sentences or words were coded. A set of similar codes comprised the primary categories. Following re-evaluation, the constant comparison method was used to extract the categories, leading to the emergence of themes.

Phase 3

The theoretical findings and filed work results were incorporated using the categories extracted from systematic review of the data and interviews.

RESULTS

Theoretical Phase

The findings of the theoretical phase showed that dignity care in the elderly is derived from the word dingus/dignities, meaning decent and fitting. The dignity care in the elderly means respect and is associated with words like hopefulness, self-esteem, and self-confidence. The dignity care in the elderly is a judgment about people's behavior, and is a behavior that proves respect.

There are 2 types of the dignity care in the elderly: 1- Human or absolute dignity according to which all humans have equal rights and values regardless of sex, ethnicity, age, and religion. It not subject to change, 2- Partial dignity which is a reflex of human dignity, originates from the culture and society, is subject to change in relation to others, and is determined by the educational level, and social conditions and interactions. Partial dignity has 2 domains: a) social dignity or dignity- in -relation or merit which is related to the individual's social status, income, possessions, and education, b) internal or moral dignity that is related to the internal feeling of the people about themselves, and

encompasses domains such as self-respect, self-confidence, self-esteem, integrity and transcendence, attention and support, and privacy. The domains of dignity in the older people are related to relative dignity and depend on social dignity (social, cultural, and economic conditions) and internal dignity (dignity of self, identity, and morality) (Table1 and Figure 1).

Table 1. The working definition of older people obtained during the theoretical phase

Working definition	Categories that Constitutethe Working Definition	SubCategories	Codes	Relevant References
A Subjective quality that is complex and dynamic, which has led to an increase in the sense of inner	Human dignity, Partial dignity	**Social Dignity,** Internal Dignity	The human being have some characteristic same as Freedom, Autonomy, Authority Independency, Logic,love and Creativity in human are spesific The domains of dignity in the older people are related to relative dignity and depend on social dignity (social, cultural, and economic conditions) Dignity independs on the income possesstions Dignity in older people can be change in relation to others, and is determined by the educational level, and social conditions and interactions. dignity of self, identity, and morality	14,23,27,35-13,35,54,60-7,23,45-7,15,61-19,35,52-15,19,33

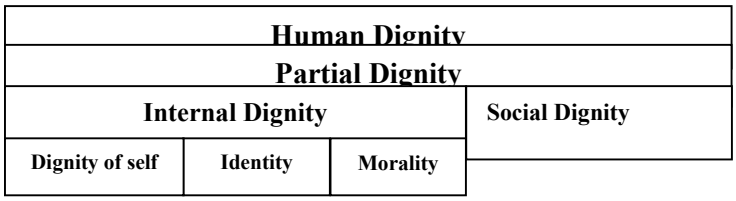

Figure 1. The results of the systematic review of the literature related to dignity in the elderly

Self-in-dignity is an internal quality related to self-value (feelings of value, respect, independence). Identity dignity is associated with integrity and transcendence, reflects the self-image of the person, and is related to the ability to perform activities (physical identity, privacy, self-esteem, self-confidence).

Moral dignity is related to moral thoughts, behaviors, and deeds of a person and is associated with virtues and piety (autonomy).

The general review of the relevant studies helped to provide a working definition of dignity in older people: A Subjective quality that is complex and dynamic, which has led to an increase in the sense of inner life That independent to human and partial dignity which is show that by value and equal of humans and obsessions same as money, house, car and job.

Field Works

Interviews with the fifteen elder took place during December 2014 to January 2015 in Tehran. Totally, the data obtained by interviews supported the meanings and features found in the related studies. As an instance, an old woman perceived dignity as a concept covering all features of the working definition specified through the theoretical step of the study:

Analytical Findings

Conceptual representation through theory and fieldwork integration. The final analytical phase was allocated to the comparison of the findings of the theoretical and fieldwork phases to provide an integrated and practical definition and indicate the complexity of the elders' dignity as a dynamic mental condition from the theoretical perspective, leading to the promotion of inner feelings, influenced by individual, family, and social factors, formed in relationship with other people, and guaranteeing the individual health. This concept is an inner need suggesting social justice and depends on the culture, politics, and regulations of the society.

The findings of the field work phase are summarized in Table 2 and 3. From our findings, 320 codes, 7 categories, 19 subcategories and 3 themes were obtained.

Table 2. Demographic Characteristics of the Elderly in the Field Work Phase

	Values
Mean age	74 years
Sex	
Male	8
Female	7
Education	
Doctorate degree	1
Master's degree	2
Bachelor's degree	3
High school diploma	5
Elementary education	5
Occupation	
Retired	10
Housewife	5
Marital status	
Married	9
Widow or widower	5
Divorced	1
Living with	
Alone	4
Spouse	9
daughter	2

Operational Definition of the Concept of Older people's Dignity

Our results showed that the features of the elderly's dignity were respect; identity; integrity and transcendence; Independence, authority, and self-control; privacy; individual advocacy; participation in self-care process; pain management; and self-care.

Table 3. Themes, categories, and subcategories obtained from codes extracted from the interview

Theme	Category	Subcategory
Antecedents of dignity in the elderly	Society characteristics, Family characteristics, Personal characteristics	Social status, Culture and beliefs, Governmental facilities, Extensive communication layers, Traditional Iranian family, Extensive relations, Experience acquisition, Logic and aging, Physical and mental status, Income and possessions, Occupational merits
Attributes of the concept of dignity in the elderly	Concept Characteristics	Respect, self-respect, privacy, independence, Autonomy, Integrity and transcendence, identity, self-esteem, Pain management and self-care, The consultant, Privacy, support, and special attention
Consequences of dignity in the elderly	Dignity enhancement, Quality of life improvement, Training professional nurses, Improvement of care quality	Decreased depression and mood disorders, Adaptability, Well-being, Consequences in the educational system, Social consequences

Antecedents of the Emergence of the Older People's Dignity Concept

Antecedents provide the grounds for the emergence of a phenomenon [32] The prerequisites of the emergence of the concept of older people's dignity depend on the characteristics of the society, person, and family. In the Iranian society, due to cultural beliefs, the older people find peace, hope, and happiness in prayer.

Amenities, green areas, social facilities for the older people provided by the government, and the culture of the society contribute significantly to the respect as well as attention received by the older people from other members of the society.

One of the important reasons for the older people's dignity in Iran is the cultural conditions of Iranian families that are still very traditional despite the transition from tradition to modernity. Living with children and grandchildren makes the older people hopeful and happy and they feel they can guide and help their children considering their physical and mental state (shopping, taking care of the grandchildren, intellectual guidance, etc). These factors result in a feeling of being of value in the older people and prevent them from feeling that they are imposing themselves on the family. Among personal characteristics acquired by age, appearance changes, experiences, failures and victories, and logic and reasoning are effective in the older people's dignity. On the other hand, occupation, economic status, and possessions and belongings affect the current status of dignity in the older people.

Attributes of the Concept of Dignity in the Elderly

The interview results, show that attributes of dignity in elderly contain to Respect, self-respect, privacy, independence, autonomy Integrity and transcendence, identity, self-esteem Pain management and self-care ,The consultant, Privacy, support, and special attention**.**

Consequences of the Concept of Older People's Dignity

The consequences of the older people's dignity are related to the outcomes of the emergence of this concept in the society that can be categorized as: 1- social outcomes including the improvement of the health status of the older people and their quality of life, 2- educational outcomes in training professional nurses and treating the older people with decency which results in the improvement of their quality of life and care practices.

Lack of attention to this concept causes insecurity, burnout and mood disorders, depression, and decreased quality of life and health status.

DISCUSSION

The concept of the older people's dignity, with all its complexities, is composed of smaller concepts. This concept had special domains and features, and morals form its basis. The concept of dignity in older peoples is one of the most important concerns of organizations providing community health services that addressing them requires an understanding of the dimensions of the older people's dignity in Iranian culture. The 2011 census indicated considerable demographic changes in the population of Iranian elders (increasing from 7.27% to 8.20% in the period of 2006 to 2011, and to 8.65% in 2016). According to predictions, the elderly population will increase to 10.5% in 2025 and double by 2050 [33]. Aging Health Indicators, in accordance with the national health indicators in Iran include items such as the elderly population in need of geriatric care, the recipient of geriatric care, health care, and the incidence of fall in the elderly, all of which emphasize the dignity of the elderly [34]. Given the fact that this concept has not yet been explained properly in Iranian society, the present study is in attempt to bridge this gap. In Iranian culture families respect the elderly, consider them a blessing for the family and use their experiences in life decisions [35]. Human dignity exists in all human beings equally and cannot be changed under special circumstances and in different periods of life such as old ag [36, 37]. As a result, the elderly has a feeling of self-value and being noticed and still feel happy despite physical problems (pain, arthritis) related to aging [38].

Barclay's synthesis emphasizes that the dignity of individuals can be preserved when they live according to their standards and values and are respected as human beings [39].

Consolidation and enhancement of this feeling depends on personal and family factors and cultural characteristics of the society [26, 29, 40]. On the other hand, this notion roots in relationships with others. The dignity of most elderly population may be violated by physical problems and diseases resulting in their dependence or hospitalization [41, 42].Jacobson (2009) emphasized that violations of dignity are more likely to happen when people are susceptible. Violation of dignity is more common when there is power relation between people, that is, when someone has more authority, awareness or asset than the other [43]. This age group has less physical energy than young people and has less ability to adapt to the environment. Furthermore, the care needs of the elderly are affected by many factors, including socio-cultural conditions [43, 44]. Attention to the independence of the elderly in its physical sense and respecting their decisions and intellectual participation in self-care related issues can have a pivotal role in planning and execution of appropriate specialized care practices [45, 46]. In Iranian society, the commitments of people to the elderly are shaped based on the national and religious traditions. Thus, special attention to the elderly, as the main guardians of society, is supposed to be a cultural and religious value. People's views about the elderly vary according to culture and the country or region they live. In one place, the elderly may be considered as esteemed and honorable people, while in another region they may be considered as burdens that are useless and burdensome. Sometimes they are treated kindly until the last moments of their life and sometimes their souls are imprisoned, as they do not have enough knowledge about the elderly [47]. In some regions, the elderly is loved and reverenced and their experience and their mature opinions and thoughts are used respectfully [48]. According to our findings, social dignity as well as the identity-related dignity is very important in Iranian society. Our findings are in line with the findings of the studies conducted in England [49], Denmark [50] and Taiwan [51].

The core of the older people's dignity is attention and respect. Respect in the elderly includes respect in relation with others and persuasion of the maintenance of traditional values even when they have become dependent [10, 45, 52].Generally, the three concepts of choice, equality and belonging are important in respecting the elderly. They like to be treated like everyone else, to choose their care, not to be discriminated against, to maintain their independence and to be useful to society which has been emphasized in many studies [53-56]. Respect should be based on the cultural viewpoints of the elderly. Many elderly people feel that their body is invaded during care or treatment stages or feel uncomfortable with removing their clothes, which could violate their dignity. Sensitivity in listening to the older people is part of communication respect [14, 57]. The principle of respect for human dignity plays an important role in extracting universal norms, biological ethics and human rights [58].

Many older persons like to talk about their daily life, needs, and limitations. Moreover, talking about their problems gives them peace of mind and sometimes makes them not feel lonely, especially in encountering their problems [59]. Since each person is a unique being, in understanding and appreciating the older people their abilities, religious beliefs, social status, and occupations should be considered [60].

Additionally, the culture and conditions of the society, which are mainly determined by the government, affect the older people's dignity. Therefore, the government can enhance the older people's dignity by providing the required facilities [57, 61, 62].

Clarity and clarity of dignity in care leads to a better understanding of it, and on the other hand, the development of the ethical scope of care is taken into consideration and improves the quality of care. Suggestions for future research include, ddesigning and psychometric evaluation of Iran's elderly dignity instrument, determining the status of Iran's elderly and comparing the dignity of the elderly in Iran with other countries.

CONCLUSION

Dignity is one of the most important needs of the elderly. This concept is very complex and is influenced by individual, family and social factors. Proper understanding of this concept in society will help to improve the situation of the elderly along with maintaining their dignity and respect.

The Limitations

Work with older people was hard because they didn't trust others easily.

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AUTHOR'S CONTRIBUTIONS

Conceptualization: Roghayeh Esmaeili, Formal analysis: Roghayeh Esmaeili and Mehrad Esmaeili
Methodology: Roghayeh Esmaeili and Zahra Kiani
Supervision: Roghayeh Esmaeili
Writing–original draft: Roghayeh Esmaeili and Zahra Kiani
Writing–review & editing: Roghayeh Esmaeili, Mehrad Esmaeili and Zahra Kiani

CONFLICT OF INTERESTS

The authors declare that there is no conflict of interest.

DATA ACCESSIBILITY

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

ETHICAL CONSIDERATION

The present project obtained approval of the Shahid Beheshti Medical Sciences University Research Ethics Board with 132 IRB number. The related guidelines and regulations of the Shahid Beheshti Medical Sciences University Research Ethics Board were observed during the study. Participants received full explanations on the purpose of the research and filled out written consent forms for participation. Participants took part in the research voluntarily and were ensured of data confidentiality.

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