



**(Review Article)**

## **Analysis of Geriatric Dignity as an Ethical Component by the Rodgers Evolutionary Approach**

**\*Nazila Vosughi <sup>a</sup>, Farahnaz Mohammadi-Shahboulaghi <sup>b</sup>, Hamidreza Khankeh <sup>c</sup>, Ghasem Abotalebi-Daryasari <sup>d</sup>**

*a) Dept. of Nursing, School of Nursing and Midwifery, Ardabil University of Medical Sciences, Ardabil, Iran.*

*b) Dept. of Nursing education, Center of Aging Researches, University of Social Welfare and Rehabilitation Sciences*

*c) Health in Emergency and Disaster Research Center, USWR, Dept. of Clinical Science and Education, Karolinska Institute, Stockholm, Sweden*

*d) Dept. of Nursing, Islamic Azad University, Ardabil Branch, Ardabil, Iran*

### **Abstract**

**Background:** One of the most fundamental principles that should be considered in the care of the elderly is dignity. This study aims to analyze the concept of dignity in elderly by the Rogers' evolutionary approach. The most relevant concepts to dignity were included respect, independence and privacy of the elderly. There are four types of dignity. One of them is inherent dignity that everyone has it. Merit, moral and personal identity are the other types of dignity. Maintenance of privacy, personal information, proper communication and sensitivity to the needs of the elderly are the precedent of dignity. Identity preservation, personal participation, feeling of security, achieving the satisfaction by old adults, improving the quality of life, happiness, elderly prosperity, and so on are the antecedents of dignity.

**Conclusion:** Dignity is a complex, abstractive, multidimensional, and evolutionary concept that should be considered as part of careers' thinking in order to provide appropriate nursing care. In this study, some of its most relevant dimensions were clarified in the nursing context, reflecting changes in some of the relevant features and concepts in recent decades. It is necessary that nurses consider them in their daily action.

**Keywords:** Dignity, Elderly, Rodgers' approach

**\* Corresponding Author:** Email: [vosoghi2015@gmail.com](mailto:vosoghi2015@gmail.com)

Received: 14 Aug 2018,

Accepted: 21 Nov 2018

## Introduction

Human being is a creature who believed the other creatures created for him. Human being is the agent of God on the earth. The great Quran advised the maintenance of dignity in seniors (1). The term of dignity is resulted from the Latin word of “dingus” and “dignitus” (1). Some of the scientist believed that it is derived from the term “decent” and “fitting” (2). Others stated that dignity is the valuable quality (3). The concept of human dignity is derived from the “dignitas hominis” (4). Related studies to dignity back to the Aristotle and Kant. In view point of Aristotle and Kant, the value of some terms like dignity is more and it is not exchangeable (5). Therefore, dignity is a para-valuable concept and it can not valued and priced. One of the oldest references about dignity is the “Eudemian ethics Aristotle”. Aristotle stated that dignity is one of the 14 parts of the virtues and it is a middle state of personality in adaptation –mal adaptation continuum. If a person feels less value than himself, he will be flattered and if he overestimates himself, he will be arrogant. Historical evidences showed that the concept of dignity derived from the ancient Greek words and it was considered about human against animal. Plato said that human being is differed from animals by logical thinking. Logical thinking is along with speech and it differentiates human being and animals. Caesar (in ancient Rome) is also discussed the concept of dignity and its origin. He believed that dignity is related to society. During medieval, the concept of dignity was related to individual and personality, therefore it was unchangeable (4). In Renaissance, an anthropologist named Picodella Mirandola stressed on unlimited human being. After that Descartes divides the human into soul and body. In 17<sup>th</sup> century, concept of dignity has some clear changes and it is showed in existing drawings (4). Definition that presented by Goffman back to the self-imagination and it is related to concepts like honor, pride and serenity (6).

Progressive increase of elderly population is more attended because of several healthy problems. Studies showed that about two third of hospital

beds are occupied by people over the age of 65 and more than 70 percent of hospital services are for elderly (7). Hospitals and rehabilitation centers have several ethical challenges, undoubtedly (8). Regardless of the physical, psychological, and social interventions provided to the elderly, one of the most basic principles that must be observed in the care of the elderly is their human dignity (7). Dignity is one of the main concerns of the elderly (9). They face dignity problems due to illness and care needs (10). Therefore, medical and caring decisions of elderly should be such that their dignity remains intact (1). Older people deserve respect and dignity because of their experience of living more than the younger generation (4). Regarding dignity is one of the most important ethical codes and is one of the important goals of care for the elderly (3, 11). Respect to dignity is the heart of nursing (12) and it is the central concept in this profession (11). Attention to dignity and respect to elders prevents inhuman behaviors and It will create a sense of pleasure and satisfaction, and this is not just a talent, it is learned, and it is the duty of nursing directors to support the elderly careers to preserve the dignity in elderly (4).

In order to provide proper nursing care, the concept of dignity should be considered as part of the care dimension (4). Respect to dignity in the elderly is discussed in health literature and studies but their meanings is not proper and clear (3). Due to professional conditions, nurses have the greatest role to play in the care of the elderly and they must understand the care needs of the elderly. For optimal care, there is a need for common understanding about dignity in the elderly (2). In a general look at the literature, it turns out that research in the field of dignity is not a new category (13). Despite the wide range of related texts and articles, it seems that the conventional use of dignity causes confusion among people then it needs to be clarified and analyzed (14). In order to achieve a unitary semantic understanding, it is necessary to clarify the concept of dignity in nursing context.

### **Rodgers' concept analysis**

Concept analysis is a means for clarifying the concept and provides a perspective that distinguishes a concept from another one. There are different perspectives for concept analysis (15). Some of these methods are: Walker and Avant, Wilson, Koort, Rodger (16). In Rodger's concept analysis, due to the nature of the concept, emphasis has been placed on the context and context of the concept. This background includes social and cultural context (17). In Rodger's approach, characteristics, antecedents, and implications of the concept are examined over time and context and different fields (15). In this approach, dynamic and field-dependent concepts can be analyzed (17). Rogers believed that the inductive approach to conceptual (16) and non-linear analysis has led to more analytic and analytical robustness than other approaches (15). Meaning of dignity is complex in human and nursing studies (9, 18, 19). The concept of dignity is always changed during the time (20). In other word, dignity is a dynamic believe and it is not stable (21). Overall, modern nursing believed that the truth of human being and all its related phenomena are always changing and concepts are interpretable in their context (22). Such attention to dignity matched with Rodgers' evolutionary approach. Therefore, this study focused on Rodgers' concept analyzing.

Rodgers' evolutionary approach has six stages. The study process has a rotating, non-linear, and flexible nature. Defining the characteristics of the concept is the first step of Rodgers' analysis of six stages. In the first step, the definition of the concept and the expression of alternative words and terms are provided, and equivalent terms or synonyms are determined. In the next step, which is the selection of the environment and the sample, it means the time and the type of the study in concept analysis (23). Third stage contains gathering and managing data, fourth stage is for analyzing data. Fifth stage is for providing examples about concept and the last stage contain the application and interpretation of results (15, 23). In this study, Rogers' evolutionary approach is used

for concept analyzing because of its strength and its dynamic nature.

### **Which concepts have relationship and overlap with dignity?**

The concept of dignity in the elderly is complex and dependent on the process of aging and the analysis of their physical and psychological powers (4). The results show that dignity is expressed by different interpretations, and other concepts are synonymous and replace this concept. The concept of respect is along with dignity in 86 percent of studies. This concept is overlapped with dignity in elderly (2). In some researches, respect is mentioned as a parameter of dignity (1). The concept of respect has two features: respect for self and respect for others (3).

Another concept that is used as synonym for dignity is the independence and autonomy (1). Over 30% of studies classified the independence as a part of dignity (1, 5, 13, 24). A scientist stated that the dignity is not used in clinical environments and if this concept is removed, there is no problem with the content (25). A researcher distinguishes between the moral character of dignity and the moral character of independence in long-term care centers, and states that autonomy is an integral part of dignity, but it should not be confused with the whole. He also distinguishes between the individual and basic dignity, and states that basic dignity is permanent and stable and it is for all human beings. Everyone has its own dignity. Individual dignity is a social concept and it is related to the position of each one in the society, worthwhile feeling can be related to independence (26). In spite of communication between dignity and independence, there are differences between these concepts. Dignity means personal respect and worthwhile by others, but independent points to the control of individual decisions (27).

Other features mentioned for the dignity of the elderly are the concept of "others." Over 60% of studies about dignity in the elderly have been described not only in relation to themselves, but also in relation to others, and have not expressed solely as an individual concept (1-4, 22, 27). Dignity is defined as respect to self and others, in-

sight to needs of others, respect to believe of others and so on. Dignity is a mutual behavior and it acts like a mirror. When someone treats with dignity, others treat so with him. Therefore, nurses are responsible for keeping and improving dignity of the elders who cannot keep their dignity. In fact humans can make or destroy the dignity of others (3). Most of the studies focus on the related concepts to others as concepts of dignity (2, 5). In recent decades, related concept to dignity focused on individual concepts like self-imagination and pride (6).

A researcher state in his paper that dignity has two types: absolute and relative. Absolute dignity back to the real values of human and it includes freedom and responsibility. Relative dignity is in opposite absolute dignity. It affects by culture. It changes by situation for adaptation. Relative dignity has also two types: internal dimension and external dimension (4).

Another concept that is related to dignity is the privacy. Understanding the dignity is related to understanding the privacy. These are all similar but not the same (13). When we are talking about the privacy, we implicitly speak of dignity. In more than 75% of studies, dignity is pointed as a part of privacy. Some of the studies determined that disregarding the privacy of elderly is a reason for dignity violation. They also focused on information privacy and maintenance of information in secret (5). Some of the scientists stated that dignity and privacy are interlinking concepts. They are designed for improving basic rights of human being and all old adults need them (13). Sadeghi and Dehghan Nayeri stated that privacy is the important parameter that explains the dignity (1). Some of the researchers believed that privacy is a part of dignity in caring old adults in hospital and society (28). Different strategies of communication between nurses and seniors could improve or weaken the dignity. How to address correctly, listening to the words and being sensitive to the needs, and respecting the privacy of the elderly and creating a sense of value in them are factors that make self-sufficient and dignity in the elderly. Lack of staff time, lack of resources, and inadequate knowledge are the bar-

riers to the promotion dignity of the elderly (29). Jaslon as one of the researcher and active nurses of dignity in aging stated that self-esteem, goodness and politeness, are dimensions dignity (3).

### ***Antecedents***

Antecedents are events and phenomenon that happened before or in relation with the concept (31). Being sensitive to needs and interests of elders (1), attention to basic and vital needs of elders like eating, personal health, listening to their needs especially those who are with dementia (12), ability to promote autonomy for independence selection, providing a clean environment, providing a private room for speaking, attention to culture, values and believes of elders, having sufficient resources (28), regarding legal gap with patient, eye contact, understanding the face posture of patient (19), regarding privacy (information and environmental), help the patient for eating, providing facilities like bathroom and toilet, addressing elders with polite terms, dividing sections for each gender (5), professional knowledge about aging, stress on patient based approaches, keeping and promoting values (2) and providing a patient based environment for seniors are antecedents for providing care in order to keep and maintain dignity of seniors (4).

### ***Implications***

In an environment where professional staffs like nurses provide dignity care for seniors, dignity of seniors is not decreased but it improves and has sufficient results for seniors and nurses. Empowerment of seniors, improving the quality of health care (27), ideal connection with seniors and therapeutic team, reduce the length of stay in the hospital, polite behavior with seniors without compliance by seniors, positive image of self, increase self esteem and respecting self and others, reduce depression and increase self-control, increase confidence and security in environment, autonomy, encouraging the participation of seniors, happiness and self actualization (5), hope and confidence, retrieving values, creating the sense of success and adopting with situation, strengthening the spirit of seniors and increasing the sense of freedom and responsi-

bility (4), following diet, achieving healthy results, preventing unnecessary costs (30), promoting therapeutic care for seniors (21) are some results and implication of respecting dignity for seniors.

### ***Examples about the concept of dignity***

Providing some examples about concept is an applicable ad tradition stage in concept analysis (31). While dignity is a silence concept, providing some examples about dignity make it clear and comprehensible (4). For example, you are entering as a nurse into the section room, you see a woman with 70 years old. When you enter the room, you say hello and of course say "how are you?" She communicates with you and answer hello with smile. In other words, you communicate satisfactory. She seems calm and done her own work. Appendectomy dressing is changed and putting the Paravan after getting permission. When you finish, you can help her to close the buttons of your clothes. He takes part in his care decisions and asks you how he will use his medications. She declares that the use of one drug is better than others and you promise to check it again. She has relationship with her roommate and she wants you do not say anything to others about her. Such scenario shows a care with dignity of seniors. If you have an elderly care experience or just as an observer in the nursing home, you've often encountered scenes in which you need to wear patient drops to carry out a series of therapies then the senior feel low valuable and dignity. It is while, we can use patient drops that have side cuts and seniors will be relax on them (5). Some simple behaviors like saying hello and how are you provide dignity for seniors (32). Calling seniors with other names and titles like "patient, grand mama, grand papa and darling" and do not look at the eyes of seniors are not dignity cares. Another example was a 78-year-old man who suffered from cerebrovascular accident and was hospitalized, unable to control parts of his body due to a sensory disorder, and could not move his bedding. The nurse realizes the laughter of the students when they arrive on a daily visit when nursing students attend the patient's bedside. The nurse finds that the genital area of the

old man is exposed due to his clothing rupture, so he quickly draws the bedding on the patient and wears the right dress. In this example, failure to observe the dignity of the elderly by students and respecting the dignity of the elderly by the nurse is a case that occurred in the clinical and real environment.

### ***Application and interpretation of results for developing the concept***

The present study suggests that the senility of the elderly in the care settings is a complex concept dependent on the aging process and the analysis of their physical and psychological powers. In other words, when seniors have medical problems, they feel threatened and exposed to negative attitudes due to their vulnerability (especially in care settings). Therefore, keeping their dignity is necessary (4). Current study in compare to last studies shows a clear feature of dignity by nurses. It determines that keeping dignity as a general concept can be attended. For example, respect privacy is not only assigning a private room, but it includes respect information. In area of education, it is better that the role of nurses on improving dignity in elderly stressed. Creating classroom situations where students can learn and carry out interactions that help promote dignity of the elderly. It is recommended that experts and seniors be considered. It is better that more studies conducted in fields of clinical practices. It is suggested that some studies clear the boundaries of common concepts. Concept of dignity has discovered in detail in recent studies and we see new concept like dignity health in elderly studies.

### **Conclusion**

Due to the new medical effects and the tremendous impact of IT on human life and the increase in age and population aging, the problems of the elderly have already increased. There is currently no clear definition of dignity, along with practical standards for it. It can be said that they have an umbrella term in which there are several features. Due to the definitions of dignity in elderly, previ-

ously associated with concepts such as self-image, pride and honor, the current concept of dignity correlated with respect, independence. Before modern medical services, the population of old adults were lower and human life were shorter. Today, with the advanced technologies and existence of senior care centers, the concept of dignity is moved from self-centered to other-centered images. Particularly it is focused on attention to the needs of elderly and keeping their information that it is an example for respecting dignity. It can be concluded that dignity is a complex, multidimensional and internal state that it is the heart of nursing. Attention to dignity is important for all stages of life but it is more important for elderly. Nurses could destroy or improve the dignity during care of patients (33). Nurses should be aware of the concept in career environment and they have to improve it in their profession. Current study show the wide range uses and application of the concept in career environment.

## Ethical consideration

In this research, ethical issues related to trusteeship and plagiarism is respected.

## References

1. Sadeghi T, Dehghan Nayyeri N (2009). Patients' dignity: patients' and nurses' perspectives. *Iranian Journal of Medical Ethics and History of Medicine*, 3(1): 9-20.
2. Esmaeili R, Abed SJ, Ashktorab T, Esmaeili M (2014). Concept of elderly dignity in nursing perspective: a systematic review. *Medical History*, 5(17):11-36.
3. Jacelon CS, Connelly TW, Brown R, Proulx K, Vo T (2004). A concept analysis of dignity for older adults. *Journal of Advanced Nursing*, 48(1):76-83.
4. Anderberg P, Lepp M, Berglund AL, Segesten K (2007). Preserving dignity in caring for older adults: a concept analysis. *Journal of Advanced Nursing*, 59(6):635-643.
5. Gallagher A, Li S, Wainwright P, Jones IR, Lee D (2008). Dignity in the care of older people - a review of the theoretical and empirical literature. *BMC Nurs*, 11:7-11.
6. Christiansen D (1978). Dignity in aging: notes on geriatric ethics. *Journal of Humanistic Psychology*, 18(2).
7. Sabeghi H, Nasiri A, Zarei M, Tabar AK, Golbaf D (2017). Respecting for human dignity in elders caring in perspective of nurses and elderly patients. *Medical Ethics*, 9(32).
8. Jakobsen R, Sordie V (2010). Dignity of older people in a nursing home: narratives of care providers. *Nursing Ethics*, 17(3): 289-300.
9. Woolhead G, Calnan M, Dieppe P, Tadd W (2004). Dignity in older age: what do older people in the United Kingdom think? *Age and Ageing*, 33(2):165-70.
10. Pleschberger S (2007). Dignity and the challenge of dying in nursing homes: the residents' view. *Age and Ageing*, 36(2):197-202.
11. Høy B, Lillestø B, Slettebo Å, Sæteren B, Heggstad AKT, Caspary S, et al (2016). Maintaining dignity in vulnerability: A qualitative study of the residents' perspective on dignity in nursing homes. *International Journal of Nursing Studies*, 60: 91-98.
12. Cairns D, Williams V, Victor C, Richards S, Le May A, Martin W, et al (2013). The meaning and importance of dignified care: findings from a survey of health and social care professionals. *BMC Geriatrics*, 13 (1):1.
13. Whitehead J, Wheeler H (2008). Patients' experiences of privacy and dignity. Part 1: a literature review. *British Journal of Nursing*, 17(6).
14. Gallagher A, Li S, Wainwright P, Jones IR, Lee D (2008). Dignity in the care of older people—a review of the theoretical and empirical literature. *BMC Nursing*, 7(1):1.
15. Zeigham R, Rafiee F (2012). Concept analysis of empathy in nursing. *Journal of Qualitative Research in Health Sciences*, 1(1): 27-33.
16. Tofthagen R, Fagerstrøm LM (2010). Rodgers' evolutionary concept analysis—a valid method for developing knowledge in nursing science. *Scandinavian Journal of Caring Sciences*, 24(1):21-31.
17. Knafl KA, Rodgers BL (2000). *Concept development in nursing foundation. Techniques, and Applications* Book, USA.
18. Chochinov HM, Hack T, McClement S, Kristjansson L, Harlos M (2002). Dignity in the termini-

nally ill: a developing empirical model. *Social Science & Medicine*, 54(3):433-443.

19. Shotton L, Seedhouse D (1998). Practical dignity in caring. *Nurs Ethics*, 5(3):246-255.

20. Piltz R (1991). *Human dignity and riddle in European tradition*. Alfabeta Bokforlag, UK.

21. Franklin LL, Ternestedt BM, Nordenfelt L (2006). Views on dignity of elderly nursing home residents. *Nursing Ethics*, 13(2):130-146.

22. Rafiee F (2012). Concept analysis of transition from nursing student to clinical nurse: Rodgers' evolutionary concept analysis. *Journal of Urmia Nursing & Midwifery Faculty*, 10(3).

23. Broome M, Rodgers B, Knafl K (2000). *Concept development in nursing: foundations, techniques and applications*. Techniques and Applications Book, USA.

24. Webster C, Bryan K (2009). Older people's views of dignity and how it can be promoted in a hospital environment. *Journal of Clinical Nursing*, 18(12):1784-1792.

25. Currie C (2003). Dignity is a useless concept. *BMJ*, 327:1419-1420.

26. Pullman D (1999). The ethics of autonomy and dignity in long-term care. *Canadian Journal on Aging*, 18(1):26-46.

27. Lothian K, Philp I (2001). Care of older people: Maintaining the dignity and autonomy of older people in the healthcare setting. *BMJ*, 322(7287):668-670.

28. Kinnear D, Victor C, Williams V (2015). What facilitates the delivery of dignified care to older people? A survey of health care professionals geriatrics. *BMC Res Notes*, 8: 826.

29. Woolhead G, Tadd W, Boix FA, Krajcik S, Schmid-Pfahler B, Spjuth B, et al (2006). "Tu" or "Vous": A European qualitative study of dignity and communication with older people in health and social care settings. *Patient Education and Counseling*, 61(3):363-71.

30. Kinnear D, Williams V, Victor C (2014). The meaning of dignified care: an exploration of health and social care professionals' perspectives working with older people. *BMC Research Notes*, 7(1):854.

31. Rodgers Bl, Knafl K (2000). *Concept development in nursing foundations, techniques, and applications*. WB. Saunders Company: USA.

32. Kinnear D, Williams V, Victor C (2014). The meaning of dignified care: an exploration of health and social care professionals' perspectives working with older people. *BMC Research Notes*, 7(1):854.

33. Berglund B, Anne CM, Randers I (2010). Dignity not fully upheld when seeking health care: Experiences expressed by individuals suffering from Ehlers-Danlos syndrome. *Disability and Rehabilitation*, 32(1):1-7.