



## DIGNITY IN OLDER PEOPLE: A SYSTEMATIC REVIEW OF STUDIES

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### ABSTRACT

**Introduction:** With aging, preserving the dignity of our seniors as they succumb to aging has turned into an important concept in life. This concept was primarily formed in communication with others and guarantees personal health. Given the importance of this issue, this study examines the attributes of dignity in older people.

**Methods:** This study is a type of systematic review. A comprehensive search in databases such as SID, Iranmedex, Magiran, Pubmed, Science Direct, Scopus, Ovid, Google Scholar was performed using the keywords of Dignity, Dignified care, Aged, Older people, Senior Citizen, Pensionary, Retired, Elderly from 2006 to 2016.

**Results:** After searching the databases, screening and qualitative assessments of studies were performed on 4 articles during the systematic review. Based on the findings, seven major concepts (respect, privacy, independence, social and family relationships, pain management, integrity, participation in self-care) and three sub concepts (social participation, unique treatment, and value) were identified which are indicative of the dignity of the elderly.

**Discussion:** One of the important demands of the elderly is the need for dignity. This concept is very complex and is influenced by a wide variety of features. As one of the care providers to the client, nurses need to be aware of the dignity of the elderly. Improving the status of the elderly requires the provision of living conditions along with dignity, respect, and reverence for them.

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### Introduction

Today, with ageing, the maintenance of dignity in aging has been changed into an important concept in life (1). Dignity is influenced by a wide range of individual, cultural, social and spiritual attributes (2). In the elderly, this process has received a special place due to age-related increase and the acquisition of specific skills and experience compared to other age groups (3). Dignity has a subjective, complex, and dynamic nature that can enhance the inner sense and a host of the individual, family and social factors contribute to its formation. This concept was formed in communication to others and is a guarantee of personal health (4). Dignity is a social construct that reflects the values and norms of the community (5). Dignity is at the heart of nursing care and everything they can do. To treat someone with dignity is to treat them as a being of worth, in a way that is

respectful of them as valued individuals. The nursing team should therefore treat all people in all settings and of any health status with dignity, and dignified care should continue after death (6). The dignity of the elderly is closely related with the life quality (7). When dignity is present people feel in control, valued, confident, comfortable and able to make decisions for themselves. They can have more control and power in their lives, and this leads to more individual satisfaction and more personal involvement in self-care leading to increased quality of life (8). Due to physical, psychological, social conditions and rapid changes in information technology and customs, the older people may feel incompetent and become vulnerable and live at risk because of endangering their dignity (9). According to the International Council of Nurses (ICN), respect for human rights, including the right to life, to dignity and to be treated with respect is inherent in nursing and is the heart of nursing care (10). In dignified nursing care, the nurse is familiar with this concept and perceives needs and requirements of the elderly for care as well as pays more attention to the elderly as a valuable person who have human rights in care. Several studies show that nurses lack the necessary knowledge regarding the dignity concept in the elderly's care and do not have an adequate understanding of it during care (11). Therefore, this study was conducted with the aim of reviewing the qualities of dignity in older people in order to become familiar with the features of this concept in plain language.

#### Method:

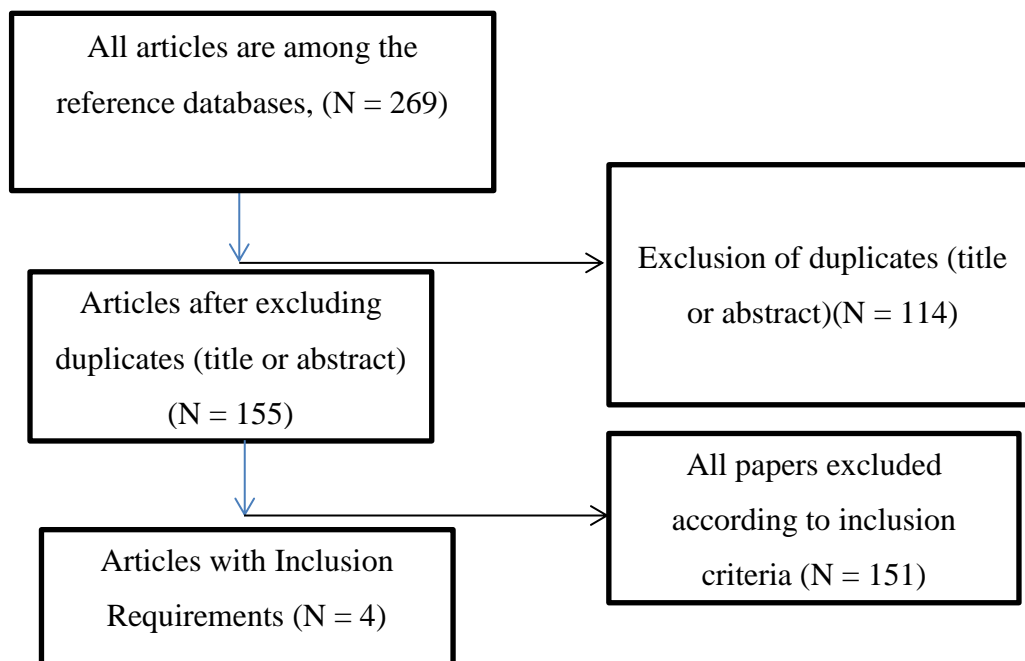
This study is a type of systematic review. Accordingly, articles published in research journals inside and outside Iran were searched using the keywords of "Dignified care", "Dignity", "Aged", "Older people", "Senior Citizen", " Pensionary ", " Retired ", " Elderly ". In order to find Persian articles, internal databases including Database Information Scientific (SID), the Iranmedex, Magiran were searched. For finding articles from English languages, foreign databases such as Pubmed, Science Direct, Scopus, Ovid, Google Scholar were reviewed.

#### Inclusion and exclusion criteria for the articles

The criteria for selecting articles were: A- Being relevant to the purpose of the research: in this section, the articles that have been reviewed the attributes of the dignity of the elderly and the articles related to the factors affecting the dignity of care are taken into account. B) The possibility of access to the full text of the articles. C- The time period from 2006 to 2016 was taken into consideration for the search for papers. D - English and Persian language. Exclusion criteria included: A. Articles focusing on children, youth, palliative care, euthanasia, patients being at the point of death. B. Studies with overviews, letters to the secretary and books were excluded.

#### Strategy for searching articles:

In the first step, the search was carried out according to the purpose of the research and using the selected keywords. While searching, Boolean logical operators such as "AND" and "OR" were used to restrict the search. 269 articles were extracted at this point. In the second stage, the articles with duplicated headings and outside this time frame were excluded from the study after the first screening and 155 articles were included in the second screening stage. The screening criterion at this stage was being relevant to the subject of the study. At this stage, 4 studies were remained. It should be noted that in the first stage of screening, the titles and in the second phase, abstract were reviewed. Of the total of 269 articles, 4 articles that were consistent with the subject and purpose of this study, were reviewed (Figure 1). In the next step, the text of the articles was reviewed and their results were extracted.



**Figure 1: The flow of identified studies, assessment for eligibility and inclusion in the study**

## Results

After a search, screening and qualitative assessment of studies during a systematic review, a review was conducted on 4 articles. Information on these studies and their results are summarized in the table below.

**Table 1: Summary of articles related to the attributes of *older people's dignity***

Title	Authors	Year of publication	Method	Sample	Dignity Features
The meaning and importance of dignified care: findings from a survey of health and social care professionals	Cairns et al.	2013	A survey of health and social care professionals from the elderly with a researcher-made questionnaire on the understanding and status of nursing care	192	Respect, unique treatment, participation in decision making and privacy
“Tu” or “Vous?”: A European qualitative study of dignity and communication with older people in health	Woolhead et al.	2006	Focus groups including nursing groups and health and social care professionals from elderly people, then comparing both groups	Elderly groups (91 focus groups, 391 participants), and health and social care professionals (85 focus	The right to choose, listening, respect for privacy and politeness, a sense of value

and social care settings				groups, 424 participants).	
Measuring dignity <i>in care for older people.</i> a research report for help the aged.	Magee et al.	2008	Interviews with Focus Groups including: 1. Caring for home residents. 2. Home care users. 3. people who came home from the hospital after hospitalization. 4. Caregivers.	11 telephone interviews	Power, communication, eating and nourishment, end-of-life care, pain, personal care, personal hygiene, privacy and social participation
Preserving Dignity for the Older Adult: A Lesson from a Rabbit.	Donatelli et al.	2016	One report	Interview with a 92 year old elder	Selection and control, communication, nutrition and nutritional care, pain management, personal

					hygiene, practical assistances, privacy and social participation
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Several features were identified according to the data extracted from these articles and seven main concepts and three sub concepts were identified through the tabling and combining of these data. Sub concepts include: social participation, unique treatment, sense of value, and the main concepts are:

### 1. Respect

Respect is one of the important attributes of maintaining dignity (12) which includes two dimensions: respect for the dignity of others and respect for one's own dignity. When a vulnerable older patient is ignored, has their privacy invaded, or is physically or psychologically harmed by those who have a duty to care, humiliation occurs (13).

Respect is the key word used to describe dignity by older people. The three things that stand out in relation to treating older people with respect are: Equality, Choice and Belonging. Older people want to be treated the same as everyone else, they want to have choices about their care and they want to feel that they have something to contribute to society. They do not want to be discriminated against, have their independence undermined or be thrown out on the scrap heap (14). Showing respect toward the elderly is at least something that elders attach value for themselves (15). Nurses' behavior and respect for autonomy are care actions of major importance for maintenance of dignity. When the nurse is polite, friendly, helpful, empathic, respectful, and takes time for an individual human being, it preserves dignity. (16). Nurses often ignore their power and ability in treating patients with respect and care for *patients' personality*. It is very important for all nurses to be sensitive to how they look, talk, and communicate through touch with patients and colleagues. The more vulnerable patients and the patients whose sense of self-awareness are threatened, are greatly influenced by effective nursing messages (17).

Person-centered care champions compassion and respect, and puts the individual at the heart of all decisions. The focus is on the relationship with the person behind the task, not on the task for its own sake. From the moment when an older person first has contact with a hospital or care home, it is vital that they are seen as an individual and patients should not be seen as a diagnosis but cared for as an individual with unique beliefs, values, capabilities and life histories. However assisting patients in maintaining dignity is not always achievable owing to restricted time, lack of resources and priority of symptom management. Professional nurses face the challenge to focus on the identification of individual needs and preferences and on patients own perspective and interpretation of dignity and respect (18, 19). Maintenance and respects for the dignity of the patients promote nursing to a high degree of quality because the presence of an illness threatens and endangers the dignity and integrity of the person and leads to vulnerability (20, 21). In addition, disrespect for dignity can mean retention of sick role, loss of self-care and control, decreased participation and therefore influence healing. (22).

### 2- Privacy:

Studies have shown that the terms privacy and dignity are linked to each other (12, 23). Everyone's privacy has been defined as the feeling that every mature man has over his / her identity, dignity, independence, and personal space (24). Dignity is a core concept in nursing care and maintaining patients' dignity is critical to their recovery (25). Respecting patient privacy is considered one of the essential obligations of health care providers and the main responsibility of health centers (26).

Loneliness and privacy are important aspects of spiritual events and activities. People in their privacy may worship, contemplate, or wait for a response from the source of power. Nurses should provide this privacy to those in need and respect it (27). In accordance with the Supreme Court of the United States, privacy violation and *individual's fundamental rights* is considered offensive. The fourth amendment to the law states that every citizen should have privacy and no one can violate it. All patient information either in writing or orally is considered confidential information (17).

Unfortunately, evidence suggests that the privacy of patients is not supported well. The lack of attention to the appearance of people, gender differences in the nurse – patient relationship, mixed-sex *wards*, the use of inappropriate words for naming the patient, lack of attention to *cover* the patient's body, the lack of respect for the patient's privacy and the inappropriate

communication of caregivers with the patient are among the factors that threaten and jeopardize at the dignity of patients (17, 28). Each culture has its own particular beliefs about concepts such as privacy, dignity and expectations of individuals about how their dignity is fulfilled are different (29, 30).

Nurses as care providers entering the privacy of people, should be aware that non-compliance with the information privacy can lead to patient's discomfort and stress, hiding some parts of the disease's history, refusing physical examination, increasing anxiety, stress and the emergence of aggressive and violent behaviors. In contrast, observance of patient privacy helps to maintain the patient's independence and feeling of value, lowered costs and increased motivation in the staff (31-34).

### **3. Independence:**

Respect for independence or autonomy is a part of dignity maintenance principles in all situations. *Older people have the right to make decisions* and choose (12, 35). Independence is a multidimensional concept which includes self-management, independence, financial autonomy, and having an independent living in ageing (9). Independence reflects the nurse's respect for the rights of patients so that they can decide on their own health care (11).

Generally, with increasing age, the likelihood of an *aging-associated diseases* and the prevalence of disabilities in the last years of life is increased and its negative effect on the ability to maintain independence increases the need for help. These numerous degenerative problems occurring physiologically in the old ages have an impact on the quality of life during an aging period (36, 37).

### **4. Social and Family Relationships:**

Communication skills are essential for effective communication and maintenance of dignity (38, 39). Communication is an essential principle for understanding the needs of the individual, supporting the health and well-being of the elderly (40, 41). When communicating with an elderly person, the nurse must listen carefully to the individual to identify the main idea of the elderly person who tries to express or ask. He must also understand his thoughts and feelings (42). Visual impairment, hearing loss and cognitive functioning impairment are among the interaction and communication barriers in the elderly (40, 43). One of the key determinants of dignity is the sensitivity of listening to elderly speeches. Elderly people tend to talk and share their everyday activities, needs, limitations, thoughts, future, and death. Thus, listening attentively creates a mutual relation between the care giver and the elderly. The way they are treated and the attention given to them help them to modify their internal values for their situation and also preserve self-dignity (44).

The support from family also develops more self-confidence in people, helps them solve problems better and faster, and supports the self-concept. Especially in old age, a supportive family is reassuring, because people feel it as a strong shelter where they do not feel alone, too. At elderly, gaining support from others gives people a sense of value and attention (45).

### **5- Pain management:**

Pain management is important in caring for the elderly (46). Pain is a multidimensional phenomenon which encompasses physical, psychological, social, and spiritual domains and, in fact, is considered to be an unpleasant sensory and emotional experience that is associated with actual or potential tissue damage by a series of words from people who experience it (47). The severity of pain in the elderly group can interfere with pain in daily life and increases the level of support and dependence on the spouse or important members of their life. On the other hand, it seems that in the old people with chronic pain, the effect of chronic pain was more on outdoor activities, social and general activities than the usual elderly with chronic pain (48).

Lack of management of chronic pain influences the physical and mental conditions of the elderly; it decreases quality of life of the elderly and the family, and on the other hand, along with the physical and psychological disabilities, imposes a significant cost on the economic resources of the countries, therapeutic and insurance systems (49, 50).

### **6- Integrity**

Integrity is directly dependent on the elderly's autonomy and consequently may damage the personal integrity (51). Paying attention to the maintenance of integrity in care for the elderly is of utmost importance. *According to Erikson's theory of psychosocial development*, mental health at an elderly age depends upon the sense of integrity. This integration originates from a belief in a certain sense of all the good or bad experiences of their lives and pursuing a particular objective (27).

### **7. Participation in self-care**

*Self-care is a multidimensional concept* and refers to the ability to adapt to the effects of aging (52, 53). The inability of people to self-care leads to a decrease in quality of life. The quality of life is a value that occurs when it comes to health and leads to satisfaction (4). Elderly support is vital in maintaining normal functioning and quality of life. Lonely older people in the community have less willingness to participate in self-care activities (54).

### **Discussion:**

The need for dignity is considered one of the important demands of the elderly which needs to be taken into account by caregivers, because they have a special status due to increase in age and the acquisition of specific experiences and skills for other people in the community. In this regard, nurses as one of the care providers are need to gain awareness of the dignity of the elderly for proper care and support interventions (55). Baillie has shown that maintaining human dignity is an integral part of nursing care (56) and the elderly should be treated equally, regardless of their gender, position, race and religion (57, 58).

This concept is very complex and has several features that affect it. Overall, dignity is a value that is associated with integrity, respect and sense of value (59). The dignity is the need for time, empathy and mutual trust (60).

In the care process, dignity encompasses values of independence, integrity, justice and accountability to human rights (61). In a study, the attributes of the dignity of older people included respect, integrity, identity, independence and empowerment, power, participation, privacy, support, uniqueness, attention to inner feelings, pain management, and participation in the self-care process (4). In a qualitative study conducted by Manookian et al., using a purposeful sampling method and during a deep, individual and semi-structured interview, 14 participants were selected and the results showed that the factors affecting the dignity of the patients included the personality (personal beliefs, personal traits), communication behaviors (verbal engagement, body language, affectionate behavior, adequate time allocation) (62). Furthermore, the right to choose, listen to, respect for privacy and politeness and feeling valuable are among the factors affecting the self-esteem and dignity of the elderly (23). Increasing privacy, improving communication between employees and patients / families, and interaction, improving the care environment, and addressing issues that are important for individuals are among the elements that contribute to the promotion of dignity (63).

The nursing team should therefore treat all people in all settings and of any health status with dignity, and dignified care should continue after death. According to the findings of this study, the characteristics of the elderly's dignity encompass respect, discretion, self-esteem and self-confidence, integrity, identity, accountability, support and social participation and privacy. In addition, by establishing interactions and appropriate communication with patients, listening to them, giving them the right to make decisions and unique caring, nurses can contribute to maintaining their dignity. It seems that there is a need for an aging cultural movement due to age problems such as population growth, vulnerability and undesirability of the older people. In order to improve the position of the elderly and empower them, and along with scientific endeavors to increase longevity with health, today's society must provide the living conditions with dignity, respect, and reverence for them. Due to the limited research in this field in Iran, prospective studies are proposed to quantitatively or qualitatively examine the factors and characteristics of maintaining the dignity of the elderly.

## References

1. Junger S, Payne S, Brearley S, Ploenes V, Radbruch L. Consensus building in palliative care: a Europe-wide delphi study on common understandings and conceptual differences. *Journal of pain and symptom management*. 2012;44(2):192-205.
2. Periyakoil V, Noda A, Chmura Kraemer H. Assessment of factors influencing preservation of dignity at life's end: creation and the cross-cultural validation of the preservation of dignity card-sort tool. *Journal of palliative medicine*. 2010;13(5):495-500.
3. Nordenfelt L. The varieties of dignity. *Health care analysis*. 2004;12(2):69-81.
4. Esmaili R, Abed Saeedi Z, Ashk Torab T. Dignity of Senior Citizen from Nursing Viewpoint; A Review of Studies. *Advensed in Enviromental Biology*. 2014;8(17):949-53.
5. Matiti M. Learning to promote patient dignity: An inter-professional approach. 2015 15(2):108-10.
6. Nursing RCo. Dignity in health care for people with learning disabilities. RCN guidance (second edition). 2013.
7. Anderberg P, Berglund A. Elderly persons' experiences of striving to receive care on their own terms in nursing homes. *International journal of nursing practice*. 2010;16(1):64-8.
8. Hardy S. Dignity in health care for people with learning disabilities. Royal College of Nursing 2013.
9. Darvishpoor Kakhki A, Abed Saeedi J, Delavar A, Saeed-O-Zakerin M. Autonomy in the Elderly: A Phenomenological Study. *Hakim Research Journal*. 2010;12(4):1-10.
10. Nurses ICo. The ICN Code of Ethics for Nurses. 2012 .
11. Sadeghi T, Dehghan Nayyeri N. Patients' dignity: patients' and nurses' perspectives. *Iranian Journal of Medical Ethics and History of Medicine*. 2009;3(1):9-20.
12. Cairns D, Williams V, Victor C, Richards S, Le May A, Martin W, et al. The meaning and importance of dignified care: findings from a survey of health and social care professionals. *BMC geriatrics*. 2013;13:28.-
13. Tadd W, Hillman A, Calnan S, Calnan M, Bayer T, Simon R. Dignity in practice: An exploration of the care of older adults in acute NHS Trusts. 2011.
14. Stratton D. Dignity in healthcare .Age Action Ireland. 2005.
15. Jacelon C, Connelly T, Brown R, Proulx K, Vo T. A concept analysis of dignity for older adults. *Journal of Advanced Nursing*. 2004;48(1):76-83.
16. Rasmussen T, Delmar C. Dignity as an empirical lifeworld construction—In the field of surgery in Denmark. *International journal of qualitative studies on health and well-being*. 2014;9.
17. Taylor C, Lillis C, LeMone P. *Fundamentals of nursing : the art and science of nursing care* 2013.
18. Dignity D. Securing dignity in care for older people in hospitals and care homes. A Report for Consultation Local Government Association, NHS Confederation, Age UK London [https://docs google com/viewer](https://docs.google.com/viewer). 2012.
19. Papastavrou E. Respecting Human Dignity through Individualized Care. *J Nurs Care*. 201.(4)1;2
20. Morris J. Ensuring dignity in the care of older people. *BMJ*. 2012;344.
21. Sprinks J. Respect and dignity are vital to quality care provision. *Nursing Older People*. 2011;23(3):6-7.

22. Rasmussen TS, Delmar C. Dignity as an empirical lifeworld construction—In the field of surgery in Denmark. *International Journal of Qualitative Studies on Health and Well-being*. 2014;9:10.3402/qhw.v9.24849.
23. Woolhead G, Tadd W, Boix-Ferrer JA, Krajcik S, Schmid-Pfahler B, Spjuth B, et al. "Tu" or "Vous?" A European qualitative study of dignity and communication with older people in health and social care settings. *Patient Educ Couns*. 2006;61(3):363-71.
24. Leino-Kilpi H, Valimaki M, Dassen T, Gasull M, Lemonidou C, Scott P, et al. Perceptions of autonomy, privacy and informed consent in the care of elderly people in five European countries: comparison and implications for the future. *Nursing Ethics*. 2003;10(1):58-66.
25. Lin Y, Tsai Y. Maintaining patients' dignity during clinical care: a qualitative interview study. *Journal of Advanced Nursing*. 2011;67(2):340-8.
26. Geiderman J, Moskop J, Derse A. Privacy and confidentiality in emergency medicine: obligations and challenges. *Emergency medicine clinics of North America*. 2006;24(3).
27. Eliopoulos C. *Gerontological Nursing / Edition 7* 2010.
28. Birrell J, Thomas D, Jones C. Promoting privacy and dignity for older patients in hospital. *Nursing Standard*. 2006;20(18):41-6.
29. Kemp R, Moore A. Privacy" Library High Tech. 2007;25(1):58-78.
30. Torabizadeh C, Ebrahimi H, Mohamad E. The Relationship between Patients' Privacy and Dignity. *Iranian Journal of Medical Ethics*. 2012;19(6).
31. Morris Z, Boyle A, Beniuk K, Robinson S. Emergency department crowding: towards an agenda for evidencebased intervention. *Emergency Medicine Journal*. 2012;29(1):460-6.
32. Vaskooei Eshkevari K, Karimi M, Asnaashari H, Kohan N. The assessment of observing patients' right in Tehran University of Medical Sciences' hospitals. *International Journal of Middle East Studies*. 2009;2(4): 47-54.
33. Bagheri H, Yaghmaei F, Ashktorab T. Patient Dignity and Related Factors: A Qualitative Meta-Synthesis Study. *Knowledge & Health*. 2011;6(1):49-56.
34. Yaghmaei M, Dashipour E. Evaluation of the knowledge of Hazrat Ali ibn Abi Talib patients were hospital staff to patient rights and professional ethics in 1386. 2th International Congress of Medical Ethics Iran Tehran. 2008.
35. Pearson S, Jeffrey D, Rogers C. Delivering Dignity: Securing dignity in care for older people in hospitals and care homes. A report for consultation. Commission on Dignity in Care for Older People. 2011; 24(7):44-56.
36. Habibi A, Nikpour S, Seiedoshohadaei M, Haghani H. Quality of life and status of physical functioning among elderly people in west region of Tehran: a cross-sectional survey. *Iran Journal of Nursing*. 2008;21(53):29-39.
37. Alipour F, Sajadi H, Forouzan A, Biglarian A. The role of social support in elderly quality of life. *SOCIAL WELFARE SUMMER 2009*, Volume 9, Number 33; Page(s) 2009;9(33):147-65.
38. Lindberg E, Hörberg U, Persson E, Ekebergh M. "It made me feel human"—a phenomenological study of older patients' experiences of participating in a team meeting. *International Journal of Qualitative Studies on Health and Well-being*. 2013;8:10.3402/qhw.v8i0.2071.4
39. Magee H, Parsons S, Askham J. Measuring dignity in care for older people. 2008.
40. Hafskjold L, Eide T, Holmstrom IK, Sundling V, van Dulmen S, Eide H. Older persons' worries expressed during home care visits: Exploring the content of cues and concerns identified by the Verona coding definitions of emotional sequences. *Patient Education and Counseling*. 2016;99(12):1955-63.
41. Street R, Makoul G, Arora N, Epstein R. How does communication heal? Pathways linking clinician-patient communication to health outcomes. *Patient Education and Counseling*. 2009;74(3):295-301.
42. Farrell J. *Nursing Care of the Older Person* 2011.
43. Sundler A, Eide H, Van Dulmen S, Holmstrom I. Communicative challenges in the home care of older persons - a qualitative exploration. *J Adv Nurs*. 2016;72(10):2435-44.
44. Magee H, Parsons S, Askham J. Measuring Dignity in Care for Older People. *Help the Aged*. 2008.
45. Golshahi T, Moradi A, Mobasheri M, Mirzaeian R, Yousefi Z. Exploring the Effect of Social Support and Religious Beliefs on the Life Satisfaction of the Elderly Living in the Town of Borujen. *J Clin Res Paramed Sci*. 2014;3(1):47 - 55.
46. Donatelli NS, Simes J. Preserving Dignity for the Older Adult: A Lesson from a Rabbit. *Journal of Emergency Nursing*. 2016;42(3):266.8-
47. Pizzo P, Clark N, Carter-Pokras O, Christopher M, Farrar J, Follett K, et al. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research* OIM (Institute of Medicine). 2011;Pizzo P A, Clark NM, Carter-Pokras O, Christopher M, Farrar JT, Follett KA et al (2011) IOM (Institute of Medicine). (*Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington, DC: The National Academies.Press: 3- 33.
48. Mirzamani M, Helisaz M, Sadidi A, Safar A. The impact of pain on different aspects of life among older people with chronic pain. *Iranian Journal of Ageing*. 2008;3(1):48-57.
49. Gran S, Festvag L, Landmark B. A lone with my pain—it can't be explained, it has to be experienced'. A Norwegian in-depth interview study of pain in nursing home residents. *International journal of older people nursing*. 2010;5(1):25-33.



50. Taverner T, Closs S, Briggs M. The journey to chronic pain: a grounded theory of older adults' experiences of pain associated with leg ulceration. *Pain Management Nursing*. 2014;15(1):186-98.
51. Gallagher A, Zoboli E, Ventura C. Dignity in care: where next for nursing ethics scholarship and research? . *Rev Esc Enferm USP* 2012;46:51-7.
52. Chan A, Matchar DB ,Tsao MA, Harding S, Chiu CT, Tay B, et al. Self-Care for Older People (SCOPE): a cluster randomized controlled trial of self-care training and health outcomes in low-income elderly in Singapore. *Contemporary clinical trials*. 2015;41:313-24.
53. Dale B, Soderhamn U, Soderhamn O. Self-care ability among home-dwelling older people in rural areas in southern Norway. *Scand J Caring Sci*. 2012;26(1):113-22.
54. Rabie T, Klopper H. Guidelines to facilitate self-care among older persons in South Africa. *Health SA Gesondheid*. 2015;20(1):33-44.
55. Nordenfelt L. The Concept of Dignity 2. Dignity in care for older people. 2009:26.
56. Baillie L. Patient dignity in an acute hospital setting: a case study. *International journal of nursing studies*. 2009;46(1):23-37.
57. Cheraghi M, Manookian A, Nikbakht-Nasrabadi A. Patients' lived experiences regarding maintaining dignity. *Journal of Medical Ethics and History of Medicine*. 2015;8.
58. Lin Y, Watson R, Tsai Y. Dignity in care in the clinical setting: a narrative review .*nurse ethics journal*. 2013 20(2):168-77.
59. Hall E, Hoy B. Re-establishing dignity: nurses' experiences of caring for older hospital patients. *Scand J Caring Sci* 2012;26:287-94.
60. Lohne V, Aasgaard T, Caspari S, Slettebo A, Naden D. The lonely battle for dignity: individuals struggling with multiple sclerosis. *Nurs Ethics*. 2010;17(3):301-11.
61. Coventry M. Care with dignity: a concept analysis. *Journal of gerontological nursing*. 2006;32(5):42-8.
62. Manookian A, Cheraghi M, Nikbakht Nasrabadi A, Peiravi H, Shali M. Nurses' lived experiences of preservation of patients' dignity. *Iranian Journal of Medical Ethics and History of Medicine*. 2014;7(1):22-33.
63. Baillie L, Gallagher A. Respecting dignity in care in diverse care settings: strategies of UK nurses. *International journal of nursing practice*. 2011;17(4):336-41.