



UNIVERSITI PUTRA MALAYSIA

**CARING BEHAVIORS FOR THE ELDERLY IN PRIMARY HEALTH CARE
CENTERS IN URBAN ISFAHAN, IRAN**

FIROOZEH MOSTAFAVI DARANI

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By

FIROOZEH MOSTAFAVI DARANI

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia
in Fulfilment of the Requirements for the Degree of Doctor of Philosophy**

January 2010

Dedicated to

My dearest mother Afsar, the symbol of kindness, patience, devotion, and an infinite ocean of love. And to the soul of my beloved deceased father, by remaining close to me. I call on God to bless his soul and have mercy on him



**Abstract of Thesis presented to the Senate of Universiti Putra Malaysia in
Fulfillment of the Requirement for the Degree of Doctor of Philosophy**

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Chairman : Haliza Mohd. Riji, PhD

Faculty : Medicine and Health Sciences

Against the background of increasing proportion of older persons in Iran, a qualitative research with a purpose of exploring the nature of caring behaviors among the elderly at urban health care centers in Isfahan was undertaken. Using a grounded theory approach, the study was guided by three questions: 1) - What is the nature of caring behaviors? 2- What are the conditions that contribute to the present state of caring behaviors?, and 3- What possible intervening conditions may improve the state of caring behaviors? Twenty five elderly respondents, their family members, and health care providers and managers were interviewed in-depth using topics related to issues affecting caring behaviors. Observations, focus group discussions, official documents, and researcher's field notes and memos formed other sources of the data. The researcher used constant comparative method of data analysis to discover the reality of behaviors of individuals, family members and health care providers, and processes involved.

From the data analysis a so-called theory of "Walking a Line between Despair and Hope" had emerged. This theory adequately explains reasons for the elderly's negative attitude toward the health care system, their family's barriers in supporting their older parents, and the health care providers' constraints in delivery of services for the elderly primary health care. As a result of macro and micro conditions (contributing conditions), elderly, their families and health care providers were in reality were making adjustments to what they felt about health care. Despite their desperations at the state of services available, they were hopeful that things would improve. The internal responses included categories depicting 'accepting conditions as the only way', 'feeling of being at the end of the way', 'death expectation in spite of potential abilities', and 'motivational weakness'. There were also categories that reflected relational-societal processes such as 'accepting reduction and interruption of communications in old age', 'reaction to losing of one's roles', 'conformity with others' in order to establish communication', and 'accepting others' disinterest to have relations with the elderly'. External responses manifested as behaviors of elderly participants were 'non-adoption of healthy lifestyle' and 'non-adoption of proper caring behaviors'.

Internal responses of elderly families consisted of 'considering the elderly as children', 'emotional escape' and 'feeling of inability to care'. 'Pseudo care' and 'imperfect care' were the external responses of elderly families to conditions. Health care providers' internal response included 'feeling of distress and incapability in offering services', 'motivational weaknesses', 'considering offering services to the elderly as an additional task', and 'compassion and compulsion in offering services'. 'Perfunctory care' was manifested as external response of health care providers to

conditions. Despite the strong effect of macro and micro conditions on elderly primary health care process, the presence of some factors could be interpreted as signs of despair in some elderly, their families and health care providers. Nevertheless, there were intervening factors such as ‘reinforcing factors’, ‘individuals’ characteristics’, ‘perceived concepts of health’, and ‘adaptation mechanisms’ that acted to either mitigate the negative state or influence a positive orientation. This qualitative study has gathered data that could be used by policy makers and health care providers and researchers concerned with elderly health and their quality of life. Particularly for researchers, this study can be used to develop theories on elderly primary health care.

**Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia
sebagai memenuhi keperluan untuk ijazah Doktor Falsafah**

**PERLAKUAN PENJAGAAN BAGI WARGATUA DI PUSAT PENJAGAAN
KESIHATAN PRIMER PERBANDARAN ISFAHAN, IRAN**

Oleh

FIROOZEH MOSTAFAVI DARANI

January 2010

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Berlatarbelakangkan peningkatan bilangan penduduk warga tua di Iran, sebuah penyelidikan kualitatif yang bertujuan untuk mencungkil tentang perlakuan penjagaan kesihatan di kalangan warga tua telah dijalankan di pusat-pusat kesihatan di Isfahan. Dengan menggunakan teori sandaran (*grounded theory*), penyelidikan dipandu oleh tiga soalan: 1) Apakah bentuk perlakuan penjagaan 2) Apakah keadaan yang menyumbang kepada keadaan sekarang perlakuan penjagaan?, dan 3) Apakah keadaan perantara yang mungkin mempertingkatkan perlakuan penjagaan? Dua puluh lima orang responden warga tua, keluarga mereka dan kakitangan penjagaan kesihatan serta pengurus telah ditemu bual secara mendalam menggunakan topik yang berhubung dengan isu-isu yang memberi kesan terhadap perlakuan penjagaan. Pemerhatian, perbincangan kumpulan berfokus, dokumen rasmi, dan catatan dan memo penyelidikan merupakan lain-lain sumber data. Penyelidik menggunakan kaedah perbandingan konstan untuk menganalisis data untuk mengkaji realiti

perlakuan individu, ahli keluarga dan kakitangan penjagaan kesihatan, dan proses terlibat.

Daripada analisis data teori digelar "Menjalani Garisan Antara Putus Asa dan Harapan" tercetus. Teori ini menjelaskan secukupnya sebab-sebab kenapa warga tua bersikap negatif terhadap sistem penjagaan kesihatan, halangan dihadapi ahli keluarga dalam sokongan kepada ibubapa yang tua, dan kekangan penjaga kesihatan dalam menyampaikan khidmat untuk penjagaan kesihatan warga tua. Disebabkan keadaan-keadaan makro dan mikro (keadaan-keadaan penyumbang), warga tua, keluarga mereka dan penjaga kesihatan pada realitinya membuat penyesuaian terhadap apa yang mereka rasakan tentang penjagaan kesihatan. Meskipun mereka putus asa terhadap keadaan perkhidmatan sedia ada, mereka mengharap bahawa keadaan akan menjadi bertambah baik. Respons dalaman di warga tua termasuk 'menerima keadaan sebagai hanya satu jalan', 'merasakan berada di hujung jalan', 'menjangkakan kematian walaupun terdapat potensi keupayaan', dan 'kelemahan motivasi'. Terdapat juga kategori-kategori yang mencerminkan proses hubungan sosial seperti 'menerima kekurangan dan gangguan komunikasi pada usia tua', 'tindakbalas terhadap kehilangan peranan seseorang', 'pematuhan dengan orang lain untuk menjalin komunikasi', dan 'menerima sikap orang lain yang tidak berminat untuk berkomunikasi dengan warga tua'. Respons luaran peserta tua kepada keadaan dilahirkan sebagai 'tidak menerima gaya hidup sihat dan perlakuan penjagaan'.

Respons dalaman keluarga warga tua terdiri daripada 'menganggap warga tua sebagai kanak-kanak', 'pelarian emosi', dan 'merasa kurang berupaya untuk menjaga'. 'Penjagaan pseudo' dan 'penjagaan tidak sempurna' ialah respons

keluarga warga tua terhadap keadaan. Respons dalaman di kalangan kakitangan penjagaan kesihatan termasuk 'merasai tekanan dan ketidakupayaan memberi perkhidmatan', 'kelemahan motivasi', 'mempertimbang memberi perkhidmatan kepada warga tua sebagai tugas tambahan', dan 'belas kesihan dan keterpaksaan memberikan perkhidmatan'. 'Penjagaan wajib' dilahirkan sebagai respons luaran kakitangan penjagaan kesihatan kepada keadaan. Walaupun terdapat kesan kuat keadaan-keadaan makro dan mikro ke atas proses penjagaan kesihatan primer warga tua, kewujudan beberapa faktor yang boleh ditafsirkan sebagai petanda putus asa di kalangan warga tua, keluarga mereka dan penjaga kesihatan. Sungguhpun begitu, terdapat faktor-faktor perantaraan seperti 'faktor-faktor pengukuhan', ciri-ciri perseorangan', 'tanggapan konsep-konsep kesihatan', dan 'mekanisme penyesuaian' yang bertindak sama ada untuk meringan keadaan negatif atau mempengaruhi orientasi positif. Kajian kualitatif ini telah mengumpul data yang boleh digunakan oleh pembuat dasar dan kakitangan penjagaan kesihatan dan penyelidik yang mengambil berat tentang kesihatan dan kualiti hidup warga tua. Terutamanya bagi penyelidik, kajian ini boleh dijadikan asas untuk membangunkan teori dalam bidang penjagaan primer warga tua.

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(از صمیم قلب از همه شما متشکرم)

To my incredible friends Parvin and Sahar who traveled this journey with me thank you for your friendship and the great memories that we created together.

I certify that an Examination Committee has met on 8 January 2010 to conduct the final examination of Firoozeh Mostafavi Darani on her Doctor of Philosophy thesis entitled “A Substantive Theory of the Elderly Primary Health Care in Isfahan, Iran” in accordance with Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U. (A) 106] 15 March 1998. The Committee recommends that the student be awarded the Doctor of Philosophy.

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DECLARATION

I hereby declare that the thesis is based on my original work except for quotation and citations which have been duly acknowledged. I also declare that it has not been previously or concurrently submitted for any other degree at University Putra Malaysia or other institute.



FIROOZEH MOSTAFAVI DARANI

Date:

TABLE OF CONTENTS

	Page
DEDICATION	ii
ABSTRACT	iii
ABSTRAK	vi
ACKNOWLEDGEMENTS	ix
APPROVAL	x
DECLARATION	xii
LIST OF TABLES	xvi
LIST OF FIGURES	xvii
LIST OF ABBREVIATIONS	xviii

CHAPTER

1	INTRODUCTION	
	Background of the study	1
	World Population Aging	1
	Population Aging and its Issues in Asia	2
	Population Aging in Islamic Republic of Iran	5
	Elderly Health Care Issues in the world	6
	Elderly Health Care Issues In Iran	10
	Problem Statement	13
	Purpose of the Study and Research Questions	15
	Significant of the Study	16
	Definition of Terms	17
	Limitation of Study	20
2	LIRERATURE REVIEW	
	Introduction	22
	Relevant Key Concepts	22
	Concept of Aging and Elderly	22
	The Definition of Caring	25
	Elderly Health and Health Care in Islamic Republic of Iran	26
	Health Care Network in Islamic Republic of Iran	30
	Implementation of the Elderly Primary Health Care in Urban Health Care Centers in Isfahan	34
	Elderly Care Models and Approaches	36
	Self-Care	37
	Social-Network Care	39
	Agency and Institution-Based Care	40
	Community Health Care	40
	Primary Health Care and Influencing Factors	44
	Studies on Elderly Primary Health Care Issues and Problems	56
	Conceptual Orientation and Theoretical Framework of the Study	83
	Donadedian's Theory of Quality Health care	84
	Ecological Model of Health and well-being	89
	Symbolic Interactionism	92

	Summary	96
3	METHODOLOGY	
	Introduction	98
	Study Design	98
	Methodological Assumptions of Grounded Theory	100
	Grounded Theory and its Aims	101
	Sampling	103
	Participants	103
	Sampling Method	105
	Location of Study	107
	Data Collection Methods	109
	In-depth interview	109
	Observation	111
	Focus group Discussion	112
	Documents	114
	Memos	115
	Data Management and Analysis	116
	Coding	118
	Memoing	131
	Rigor of the Study	132
	Ethical Issues	135
	Researcher as an Instrument	137
4	FINDINGS	
	Introduction	141
	Overview	141
	Characteristics of Respondents	145
	The Nature of Caring Behaviors	147
	Elderly Internal Responses	149
	Elderly Social Relational Responses	152
	Elderly External Responses	155
	Family Internal Responses	167
	Family External Responses	170
	Health Care Provider Internal Responses	176
	Health Care Providers External Responses	179
	The Contributing Conditions to the State of the Caring Behaviors	185
	Macro Conditions (Ultra-organizational Conditions)	185
	Social Issues and Problems	185
	Economical Issues and Problems	196
	Cultural issues	201
	Micro Conditions (Inter-Organizational Conditions)	205
	Health Care Planning Related Issues	207
	Human Resources Related Issues	213
	Fundamental Problems in Health Care System	216
	Conditions Related to Possibilities and Facilities	219
	Access Related Factors	221
	The Intervening Conditions that May Improve the State of Caring Behaviors	224
	Reinforcing Factors	224

	Individuals Characteristics	230
	Perceived Concepts of Health	234
	Adaptation Mechanisms	235
	The Theory of Walking a Line between Despair and Hope	237
	Summary	243
5	DISCUSSION	
	Introduction	244
	Discussion	244
	Findings and Related Theories	244
	Integrating the Literature	255
	The contributing conditions to the state of caring behaviors	286
	The intervening conditions	309
6	SUMMARY/CONCLUSION IMPLICATIONS, RECOMMENDATION FOR FUTURE RESEARCHES AND LIMITATION OF STUDY	
	Introduction	325
	Summary of the Study	325
	Conclusion	328
	Implication of Study	329
	Implication for Elderly Health Care Theory	329
	Implication for Practice	330
	Recommendation for Future Researches	332
	BIBLIOGRAPHY	334
	APPENDIXES	371
	BIODATA OF STUDENT	399