

UNIVERSITI PUTRA MALAYSIA

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

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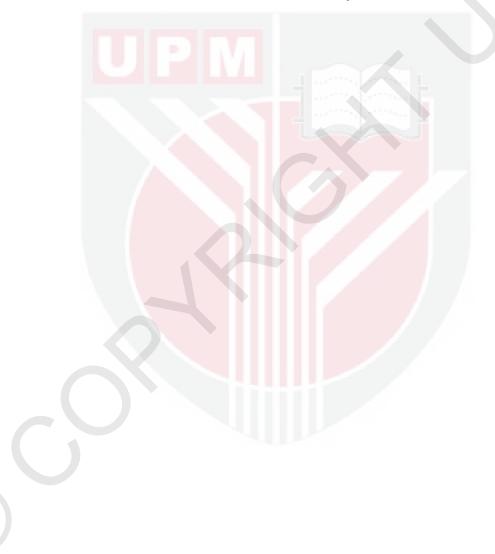
CARING BEHAVIORS FOR THE ELDERLY IN PRIMARY HEALTH CARE CENTERS IN URBAN ISFAHAN, IRAN



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

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

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

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By

January 2010

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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.

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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 mempertingkat 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 negatif terhadap sistem penjagaan kesihatan, halangan dihadapi ahli bersikap keluarga dalam sokongan kepada ibubapa yang tua, dan kekangan penjaga kesihatan dalam menyampaikan khidmat untuk penjagaan kesihatan warga tua. Disebabkan keadaan-keadan 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 Terdapat juga kategori-kategori yang mencerminkan proses hubungan sosial seperti 'menerima kekurangan dan gangguan komunikasi pada usia tua', 'tindakbalss 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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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.

(از صمیم قلب از همه شما متشکرم)

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.

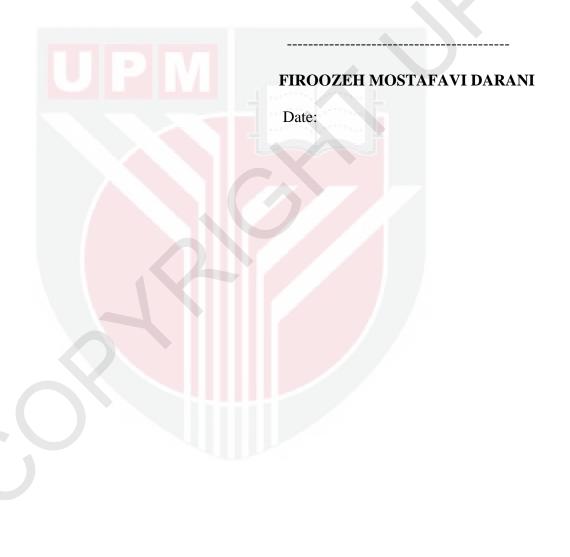


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