UNIVERSITI PUTRA MALAYSIA

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

FIROOZEH MOSTAFAVI DARANI

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

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

Pengerusi : Haliza Mohd. Riji, PhD
Fakulti : Perubatan dan Sains Kesihatan

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.


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
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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.
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.

Members of the Examination Committee were as follows:

Jamaliah Abd. Hamid, PhD  
Associate Professor  
Faculty of Educational Studies  
Universiti Putra Malaysia  
(Chairman)

Azimi Hamzah, PhD  
Professor  
Faculty of Educational Studies  
Universiti Putra Malaysia  
(Internal Examiner)

Abd. Hafiz Omar, PhD  
Associate Professor  
Faculty of Biomedical Engineering and Health Sciences  
Universiti Teknologi Malaysia  
(External Examiner)

Wendy Hall, PhD  
Professor  
School of Nursing  
University of British Colombia  
Canada  
(External Examiner)

BUJANG KIM HUAT, Ph.D  
Professor and Deputy of Dean  
School of Graduate Studies  
Universiti Putra Malaysia

Date:
This thesis submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Doctor of Philosophy. The members of the Supervisory Committee were as follows:

**Haliza Mohd. Riji.**  
Associate Professor, PhD.  
Faculty of Medicine and Health sciences  
Universiti Putra Malaysia  
(Chairman)

**Shamsuddin Ahmad**  
Associate Professor, Ph.D.  
Faculty of Educational Studies  
Universiti Putra Malaysia  
(Member)

**Latiffah A Latiff**  
Associate Professor, M. D. M. Med. Public Health  
Faculty of Medicine and Health sciences  
Universiti Putra Malaysia  
(Member)

**Heidar Ali Abedi**  
Associate Professor, Ph.D.  
Faculty of Nursing and Midwifery  
Isfahan University of Medical Sciences (Iran)  
(Member)

---

**HASANAH MOHD GHAZALI, Ph.D**  
Professor and dean  
School of Graduate Studies  
Universiti Putra Malaysia

Date: 15 July 2010
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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FIROOZEH MOSTAFAVI DARANI

Date:
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