

Inter-professional ethical values in Iranian aged care: a qualitative study

Reza Hosseinabadi¹, Yadollah Abolfathi Momtaz^{1,2}, Farahnaz Mohammadi Shahboulaghi³, Abbas Abbaszadeh⁴, Ahmad Ali Akbari Kamrani¹, Yadollah Pournia⁵

¹Iranian Research Center on Aging, Department of Aging, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran, ²Malaysian Research Institute on Ageing (MyAgeing), Universiti Putra Malaysia, Serdang, Selangor, Malaysia, ³Nursing Department, Iranian Research Center on Aging, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran ⁴School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran ⁵Faculty of Medicine, Lorestan University of Medical Sciences, Khorramabad, Iran

ABSTRACT

Aim Ethical values are the basis of the behaviour and performance of professional care staff. This study aimed to identify inter-professional ethical values in aged care.

Methods This qualitative thematic content analysis study was conducted in Khorramabad, Iran, from September 2018 to June 2019, and 36 core members of the aged care team (including 24 nurses, 5 physicians, 3 physiotherapists, and 4 social workers) were selected through the purposive sampling method and interviewed in depth. The data were analysed using the directed content analysis and the method of Zhang and Wildemuth.

Results Four main themes of providing professional care, preserving the integrity of the aged, observing the dignity of the aged, establishing human relationship, along with 21 subthemes were extracted as ethical values in aged care.

Conclusion The results of this study indicate that providing ethical aged care is influenced by the specific conditions of this age group. In addition to general ethical values such as providing professional care, providing ethical aged care is based on ethical values such as promoting social interaction, promoting peace and comfort, preserving and promoting independence, and autonomy in aged care. Promoting collaborative care and paying more attention to the human dimensions of communication and interaction were other emphasized values.

Key words: elderly, ethical aspects, Islamic Republic of Iran, medical ethics, nursing ethics

Corresponding author:

Yadollah Abolfathi Momtaz
Iranian Research Center on Aging,
University of Social Welfare and
Rehabilitation Sciences
Koodakyar Alley, Daneshjoo Blv., Evin,
Tehran, Iran
Phone/fax: +98 22 180 154;
Email: yabolfathi@gmail.com
Reza Hosseinabadi ORCID ID [https://
orcid.org/0000-0001-7409-6779](https://orcid.org/0000-0001-7409-6779)

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INTRODUCTION

An increase in the population of older adults is a global issue (1). Iran, an ancient country 2500 years old and rich in culture with a population of about 80 million, is not an exception in this regard. Currently, the population of older adults is 6.1% and it is estimated to exceed 11% of the total population by 2036 (2). Older adults need more care due to the higher prevalence of chronic diseases (3). Caring behaviour contains all the functions, recognitions, feelings, thoughts, conceptions, movements, gestures, looks, and actions through which care is provided to the care receiver, and this caring behaviour has to be based on ethics (4). Providing ethical caring is also based on values. Every person has personal, socio-cultural and professional values which form his or her life and make his or her life meaningful. These values interact with one another, and influence the ethical decisions of the person (5,6). These values originate mainly from cultural environment, groups and social systems, religion, and experiences of the individual over many years (7). Values are general and main laws of guiding actions, and a basis for valuing performances, intentions, and motivations (8). Professional care staff are involved daily in the ethical issues of patient rights, autonomy, informed consents, and decision-making problems (9). These difficulties and problems are far more in aged care since older people are more vulnerable due to discriminatory perspective against older adults, and their physical and cognitive problems (10-12). Ethical values can have a significant impact on care activities and responding to these questions and difficulties (13). Although the issues of respect, dignity and autonomy in aged care have been dealt with in the literature (14), little attention has been paid to the issue of ethical values in aged care. The four basic principles of ethics, as the general guideline of performance, have specified the dos and don'ts in general (15); therefore, they are not sufficient to provide ethical care for the aged. On the other hand, ethical values are influenced by social and cultural systems (7), and particular societies need their own particular ethical values to provide ethical care.

Therefore, the present study was conducted to investigate inter-professional ethical values in Iranian aged care.

EXAMINEES AND METHODS

Study design

This qualitative thematic content analysis study investigated inter-professional ethical values in aged care from the perspective of the core members of the aged care team including general practitioners (GPs), nurses, social workers and physiotherapists. The study was conducted from September 2018 to June 2019 in the nursing homes and educational hospitals affiliated to Lorestan University of Medical Sciences and the University of Social Welfare and Rehabilitation Sciences. The sampling was obtained from the nurses working in the nursing homes and some wards of the hospitals (internal, surgery, orthopaedics, neurology, and emergency department), who had more experience working with older adults. The participating social workers and physiotherapists were selected from the hospitals, and the doctors from the clinics.

The purposive sampling method was used, and attempts were made to use individuals who would provide the researchers with the best and most information due to their work experience.

The sampling was continued to the point of data saturation. The criteria for entering the study included willingness to enter the study and work experience in aged care for at least one year.

The necessary permission to conduct the study was obtained from the Ethics Committee of the University of Social Welfare and Rehabilitation Sciences.

Methods

The data were collected through semi-structured in-deep interviews both individually and using focused group discussions. The total number of 22 interviews were conducted by the physicians, nurses, social workers or physiotherapists. Three of them were group interviews, and other 19 interviews were performed individually.

The interviews took 25 to 90 minutes. Before the group discussion sessions, necessary arrangements were made about the time of the sessions. The necessary permission to record the voices of the participants was obtained, and they were ensured about the confidentiality of the data.

The interview started with these general questions: ‘Based on your experience, what ethical issues do you face in providing aged care?’ ‘Have you ever been in a situation in which your professional judgment about care decisions has been challenged?’ ‘What decision did you make in that situation?’ ‘What was the basis of your decision?’

The interview was continued based on the participants’ answers through asking questions such as ‘Based on your experience in providing aged care, what ethical considerations are needed to be respected?’, and this was continued to the time that no new data would be recognized. The data saturation was obtained through interviews with a total of 36 individuals.

Statistical analysis

According to the review of the literature conducted on ethical values in aged care before the study, the directed content analysis was used. The direct content analysis method is used when there are previous studies and theories about the intended phenomenon, but the phenomenon needs to be developed further. In this case, the existing research helps the researcher to focus more on the research question, and helps the initial codification and the determination of the relationship between the codes (16).

This study was part of a larger research, and before conducting the present study, a review was carried out based on the content analysis of the literature, and ethical values in aged care were extracted in 6 categories and 19 subcategories. The ethical values categories and subcategories of the review study were considered as the framework of the present study.

The data analysis was conducted manually and using the Zhang and Wildemuth method (17). After the interviews were listened to several times, they were transcribed verbatim and recorded in Word files. The data analysis was performed by two of the main researchers of the study. To ensure the data credibility, in addition to considering the long-term involvement of the researchers in the subject of the study, various methods including individual interviews, focused group discussions, and field notes were applied. Also, to examine similar understanding and to find possible errors in the interpretation and identification of the themes, the external observer method was

used. Furthermore, to confirm the data, they were given to some of the participants of the study. The dependability of the findings was validated by the similar results obtained by the two researchers involved in the study. To examine transferability, attempts were made to provide a rich description of the findings.

RESULTS

A total of 36 individuals participated in the study (including 24 nurses, 5 GPs, 3 physiotherapists, and 4 social workers), out of whom ten individuals were males. The age range of the participants was 24 to 50 years (mean of 33 years), and their work experience ranged from 2 to 18 years (mean of 9 years). Out of all the interviews, 1,116 initial codes, 4 main themes and 21 subthemes emerged. The themes and their relevant subthemes have been explained in details (Table 1).

Table 1. The themes and subthemes of ethical values in aged care

Themes	Subthemes
Providing professional care	Knowledge and skills
	Commitment and working conscience
	Promoting collaborative care
Preserving integrity of the aged	Justice
	Beneficence
	Promoting social interaction
	Promoting peace and comfort
Observing the dignity of the aged	Preserving safety
	Respect
	Positive attitude toward old age
	Preserving and promoting independence
	Observing autonomy
	Observing privacy and confidentiality
Establishing human relationship	Respecting values
	Flexibility in providing care
	Gaining confidence and trust
	Honesty and truth
	Empathy
	Compassion and kindness
	Patience
	Altruism

Providing professional care

According to the participants, one important value in aged care is providing professional care. The subthemes were ‘knowledge and skills’, ‘commitment and working conscience’, ‘promoting collaborative care’, ‘justice’, and ‘beneficence’ as ethical values.

Knowledge and skills. Providing aged care requires specialized medical knowledge, and knowledge of various social and psychological dimensions. From the perspective of the partici-

pants, professional competence needs to be up to date scientifically.

“The doctor should know that communicating with older adults is more different The doctor should know that diseases and signs of the onset of diseases in older adults are different from those in other persons in the community” (Interview 13, physician).

Commitment and working conscience. Commitment and working conscience as an ethical value requires the accurate and timely performance of professional duties, responsibility, availability, and accountability. God’s surveillance over actions and complete performance of duties based on the call of conscience were considered by the participants as a stimulus for the follow-up of further patient care affairs.

“The doctor should be a careful person, be disciplined, come on time, do the visit on time, go on time, and be available at any time of day and night” (Interview 7, nurse).

Promoting collaborative care. Providing effective treatment and care is not possible without the participation of care team members and the cooperation of older adults and their families, considering the chronic and numerous problems of older adults. Therefore, members of health care team should interact continuously in managing patients’ problems and treatment, consult each other, and share their experiences with the other members of the team.

“Well, anyway, treatment is teamwork in itself. ... It demands various specialties; it demands various people” (Interview 13, physician).

Older adults have high care load, and providing high-quality and satisfactory care requires the cooperation of older adults and their companions. Older adults feel more comfortable with their family members, especially in meeting their basic needs. The cooperation of families is also important in better understanding older adults and their problems, preparing them for invasive procedures, following their adherence to treatment, and receiving better care.

“Most of them like to have companions, someone to visit them and help them in their affairs” (Interview 15, nurse).

Given the role of families and companions in care, permitting companions’ presence, intimacy,

and providing their comfort to encourage cooperation are effective.

Justice. Another subtheme in providing professional care to the aged is justice as an ethical value. According to the participants, providing care to older adults regardless of age, culture, religion, ethnicity, financial status, residence (urban or rural) and even appearance is an ethical value.

“I say when you are a caregiver, it shouldn’t make any difference for us. A care receiver is a care receiver, whether young, middle-aged or old, no difference” (Interview 8, social worker).

Beneficence. Beneficence as an ethical value was another subtheme of the study. Dealing with the treatment of older patients requires special attention to treatment course, its usefulness, and its costs. Beneficence as an ethical value from the perspective of the participants of the study was presented as the introduction of the best treatment course with the fewest side effects and the highest usefulness for improving the health and life quality of older adults. Also, given the financial concerns of the most older adults, their economic benefits should be taken into account, and imposing additional costs on them should be avoided.

“In my opinion, this is the art of a doctor to choose priorities, to deal with those issues that help the patient most, and to ignore some other issues” (Interview 22, physician).

Preserving integrity

Preserving integrity is considered as a prerequisite for good care and treatment. The theme included subthemes of “promoting social interaction”, “promoting peace and comfort”, and “preserving the safety of the aged”.

Promoting social interaction. Social interactions have a tremendous effect on the health and well-being of older adults. Therefore, any effort to promote the social interaction of older adults is considered as a value. Older adults’ interaction is promoted through encouraging the family and the public to have continuous meetings with intimate talking with them, having continuous communication and interaction with them even during cares and procedures, and also encouraging them to interact with one another. From the perspective of the participants, losing social interaction is equal to the feeling of inefficiency in older adults.

“Older adults feel inefficiency when they lose their social interactions” (Interview 16, nurse).

Promoting peace and comfort. Promoting peace and comfort as an ethical value is, in fact, paying attention to the physical and mental dimensions of older adults. Reducing older patients' concerns about the disease and the treatment process, paying more attention to anxious and worried older adults, reassuring, relieving pain and suffering, and providing a comfortable and relaxing care atmosphere and environment were among the codes suggesting this theme.

“Pain has to be controlled at any cost because it severely worsens the patient's quality of life” (Interview 20, physician).

Preserving safety. Being aware of older adults' vulnerability, knowing safe care, preventing falls and bed sores, being careful in treatment and drug prescription, and also protecting older adults against abuses are among the emphasized measures related to this theme. From the perspective of the participants, preserving the safety of the aged is important since damages to older adults may be irreparable.

“If something happens to older adults, their treatment will take longer and will be harder... So, safety is more important in these people” (Interview 6, physiotherapist).

Observing dignity

Observing the dignity of the aged was introduced, based on the experience of the participants, in the form of the subthemes of ‘respect’, ‘preserving and promoting independence’, ‘observing autonomy’, ‘observing privacy and confidentiality’, ‘respecting values’, and ‘flexibility in providing care’.

Respect. Respect for the older is rooted in the Iranian culture and religious instructions, and all the participants strongly emphasized respect of the aged as an ethical value. The participants paid special attention to age differences between older adults and staff, and the child-like look of the older adults at the staff. Having respectful behaviour, carefully choosing words while talking to them, using proper words to call them, respecting their personality, standing up in front of them, asking them to sit down, not seeing them as an object or impaired device, respecting their social identity,

and applying religious orders to observe their respect are all suggestive of respect in aged care.

“We should be careful about the sentences and words we use for these people. And calling them is important” (Interview 2, nurse).

Positive attitude toward old age. One important ethical value which, from the participants' perspective, has an important role in providing aged care is attitude toward older adults. In their view, older adults are not dependent and disabled individuals, but they are beneficial persons and the spiritual wealth of the community, and negative attitudes toward older adults lead to providing lower-than-necessary care to them. Therefore, awareness of their own viewpoint about older adults is important, and having positive attitude is considered as a value.

“Socially, what we have learned in the community may affect our professional behaviour. Because we know that the therapeutic outcome is weaker, we may be less willing to admit the older adult” (Interview 18, physician).

Observing autonomy. According to the participants, although older adults may be dependent on others in various aspects, this dependence does not violate the principle of autonomy and, like other age groups, all therapeutic and care interventions should be based on the choice and priority of older patients.

“We should let the patient choose treatment procedures and other things freely” (Interviews 18, physician). Awareness of the disease, treatment process, and other related issues is the patient's right. Information needs should be fulfilled sufficiently and at the right time on the request of older patients and their companions.

“The treatment process should be explained well for the patient... This is really a part of patient's right” (Interviews 20, physician).

Preserving privacy and confidentiality. Not violating the privacy of older adults, observing their physical privacy, not touching their belongings, making a private environment at the time of visits, not exposing their body too much, and providing care by a caregiver of the same sex were some of the codes suggestive of observing privacy.

“I think it (privacy) is not only important but also more important compared to other ages” (Interview 5, nurse).

The experience of the participants referred to the importance of preserving the information of older adults' diseases even from some family members and companions. Obtaining patients' consent to give their information to others, not writing patients' names above their beds, providing the necessary conditions for sharing private matters with the practitioner, not talking about older adults' diseases in the presence of visiting people or other care receivers were some of the behaviours associated with confidentiality as an ethical value.

"Patients being visited by their relatives don't like others talking about their diseases at that time." (Interview 1, nurse).

Preserving and promoting independence. An important subtheme is preserving and promoting the dependence of the aged from various aspects, especially physically and functionally, as an ethical value. From the perspective of the participants, staff should have sufficient knowledge of the degree of independence of older adults, and care measures should be directed toward preserving and promoting independence of older adults particularly in activities of daily living.

"If the old patient is a completely independent person and you take that independence, the patient doesn't really want you to be the nurse. He'll have a bad feeling toward you, feeling that you've come to take his power" (Interview 17, nurse).

Respecting values. Respecting values is a subtheme to preserve the dignity of the aged. Most of the participants of the study referred to the necessity of professional care staff's awareness of older adults' beliefs, culture, values, and cultural and generational differences, and providing conditions for fulfilling their spiritual and religious needs. Lack of paying attention to values leads to interferences in communication, creation of a gap between the practitioner and the patient, and a negative impact on the treatment process.

"When the patient feels that we do not believe in the things that he believes in, ...for example, we ridicule those things, actually, the desired communication is not made ... I think the treatment process in this case will be slower, if not ineffective" (Interview 22, physician).

Flexibility in providing care. A subtheme which indicates preserving the dignity of the aged is

flexibility in providing care as an ethical value. According to the participants, professional care staff, particularly in hospitals and nursing homes should have a good understanding of older adults in terms of personality characteristics, habits, spirits, and expectations, avoid high adherence to routines, and possibly have the necessary flexibility for the requests and needs of older adults in accordance with their habits and spirits.

"Because we have lived with these habits, we have to respect the habits and try to prepare the previous conditions..., so that they won't feel that they are imprisoned" (Interview 12, nurse).

Establishing human relationship

Establishing human relationship as a main theme includes the subthemes of "gaining confidence and trust", "honesty and truth", "empathy", "compassion and kindness", "patience", and "altruism".

Gaining confidence and trust. Professional care staff, due to their understanding of older adults and their companions, should behave in practice, actions and speech in such a way they gain the trust of older adults and their companions. Gaining patient's trust is a factor in accepting the treatment, cooperating in the care process, and advancing the therapeutic goal.

"The best thing is that she trusts you. She presents her body as her best divine gift. She should know that you're a good trustee" (Interview 16, nurse).

Honesty. Based on the experience of the participants, honesty as a known ethical value is facilitated by establishing human communication with older care receivers through honesty in words and deeds with older adults and their companions, and saying the facts of the disease and treatment, of course by considering special aspects to prevent discouragement.

"I give information to them as far as possible, and say that they have the possibility of not getting better. But I don't disappoint them. In my opinion, false hope shouldn't be given" (Interview 7, physiotherapist).

Empathy. The experience of the participants in the study indicated the strong need of older adults to have intimate talks and chats with care staff about problems. Empathy naturally requires un-

derstanding older adults and their conditions, and spending time for them. This position was evident in the statements of most of the participants.

“In ethical issues, attention, empathy, and companionship mean that he will talk first” (Interview 21, physician).

Compassion and kindness. According to the participants of the study, professional caregivers can provide older adults with good and high-quality care when they like older adults and show this friendship and intimacy in their speech and actions. Showing attention and kindness to older adults was evident in the statements of the participants. The need of older adults for attention and affection, and the appropriate response to this need lead to their recovery.

“They felt I was someone who liked them. Everybody can give drugs to them, but the care beyond giving drugs is the care at home provided by mothers who do it for the person they like” (Interview 10, nurse).

Patience. Taking care of older patients requires more patience due to the physical, mental and emotional problems that they have. Spending more time for older adults, having patience and tolerance against their aggression, not nagging, listening to them patiently, and answering their repeated questions patiently are among the examples of patience as an ethical value.

“When he visits a doctor, he might speak freely, talking about his sight problems and poor hearing. The doctor should be open-hearted and tolerant, and is expected to listen to the older adult eagerly” (Interview 22, physician).

Altruism. In this study, another theme is altruism as an ethical value. Accordingly, professional caregivers try hard to help older people as human beings needing help and support, without any financial gain, even during non-working shifts. This ethical value requires dedication in providing care, and providing low-level care to satisfy basic needs, and this is not even the professional duty of the individual. An altruist dedicates himself or herself to patients and looks at older adults as valuable human beings and not as commercial commodities. This view contributes to the further advancement of therapeutic goals.

“His philanthropic feeling should be more than others to be able to work with them (older adults),

otherwise they can't be provided with good care” (Interview 5, nurse).

DISCUSSION

This study aimed to obtain ethical values in aged care in Iranian population. Based on the results, providing professional care is an ethical value. Having knowledge, skills and experience was emphasized by many of the participants in the study. Having knowledge and skills has been considered as an ethical value in the development of nursing ethical codes in some studies (7,18). Lack of knowledge in providing aged care was an ethical challenge in Nordam et al. study, and a factor of nurses' disinterest in aged care and their feeling of irresponsibility for older adults' unusual behaviours (12). Jonasson et al. consider knowledge and experience as an important factor in performing care duties, providing safe care, beneficence, and not harming the aged (19). Adequate knowledge is a prerequisite for providing ethical care to provide care and interaction with older adults (20). Also, commitment and accepting responsibility have been highlighted by many studies as an ethical value. Professional commitment, accountability, conscientiousness and accepting responsibility were among the ethical values in Shahriari et al. study (21). This finding suggests that belief in God's surveillance over human actions and working conscience is influenced by culture, and not only nurses but other health care providing staff in Iran have a favourable opinion about working conscience as an ethical value. Commitment and working conscience as an ethical value has been proposed alongside other topics such as accepting responsibility in various countries of the world (7,22,23). In analysing the concept of responsibility, Ghasemi et al. introduced commitment to professional duties as an ethical value (24). Promoting collaborative care is one unique value in providing aged care in this study, which has been dealt with less in studies related to ethical values. Based on the results of a study by Pullonet al. teamwork has useful effects including paying more attention to patients, increase in care quality, and staff's better performance in a team framework. In their study, the patients considered themselves as they are a part of the team and requested to play roles in their health care (25). The professional care

staff in Vyt's study reported a significant value for good teamwork (26). One of the criteria for good and professional care is justice. Because of the prevalence of discriminatory views against older people, the ethical value of justice plays a more important role in elderly care (19). Maile et al. introduce equal care without discrimination based on religion, culture, age, and medical conditions as one of the criteria of good care (27).

Preserving integrity requires attention to all the psychological and social aspects of older adults as human beings. Randers and Mattiasson in their study have pointed to respect for older adults' integrity (28). In this study, promoting social interaction is a unique and specific ethical value in aged care which has less been addressed in the literature and professional ethical codes. Older people suffer from loneliness in the end of their lives due to the losses that they experience. On the other hand, hospitalization or transfer to nursing homes complicates their situation. Therefore, they feel the need for social interaction more. Considering human beings as social beings with social needs has been defined as one of the central values in the development of ethical codes for aged care in nursing homes in Australia (29). The literature review has not referred to promoting peace and comfort as an ethical value. However, looking at the indicators of this theme suggests its similarity with preserving physical and psychological integrity which has been reported by some studies (30). Lin refers to convenience as a forgotten central value and one of the main components of nursing care. Quoting from Kolcaba and Wykle, Lin considers providing comfort and convenience as a factor for faster recovery, better coping with the disease, faster rehabilitation and even calm death (31). Preserving safety and preventing damage in aged care is also important in that they are more vulnerable physically and subject to abuses due to their dependency on care providers and possibly due to having more cognitive problems. Preserving safety is among the ethical codes introduced in the Canadian Nurses Association and in Rassin's study (22, 32). This value is in line with the ethical value of non-maleficence.

Respecting older people in interactions has been emphasized in Iranian culture and Islam. It seems that respecting older people is also important in

other cultures (33, 34) because many studies have referred to respecting older adults in interactions and also when handling and examining them (20). Another finding of this study was positive attitude toward old age as an ethical value. As the literature shows that behaviours are directly or indirectly influenced by attitudes (35), the participants of the study referred to the effect of negative attitudes on the quality of care providing. Nordam et al. reported the presence of negative attitude toward older adults in the community and in care staff, and staff's disinterest in older patients (12). Positive attitude influences the quality of providing care and the observance of other values including respect, autonomy, justice in providing care, and allocation of resources to older adults (20, 36). Autonomy as one important aspect of human life is also a main ethical value in this study. Shahriari et al. have pointed to nurses' lack of attention to care receivers' autonomy, which is not consistent with the results of this study (21). The difference in the results may be due to the difference between the participants. In this study, most of the GPs referred to observing autonomy. In the health system of Iran, most care and therapeutic decisions are made by physicians. Autonomy is one of the four principles of ethics, and many studies have addressed observing autonomy in aged care (33, 34). Based on the results of this study, promoting the independence of older adults, particularly in nursing homes, is important for them, and many studies have pointed to the value of independence for older adults (37-38). According to the participants, observing the physical privacy of older adults is even more important than that for young people. Observing privacy and confidentiality is an ethical value in nursing ethical codes and in related studies (21, 39). Given the significance of religious beliefs in old age, particularly in Iranian elderly, respecting religious values and fulfilling spiritual needs have been highlighted by some studies, being similar to the results of the present study (40). Concerning establishing human communication, studies, in line with the results of the present study, have also referred to gaining confidence and trust, empathy with older adults, and patience and kindness in behaving as the necessities of providing aged care (19, 41). Attention and kindness lead to a feeling of reco-

very and health in older adults. Koskenniemi et al. consider behaving in a friendly way and using words kindly as favourable to older adults (14). Establishing human communication is an ethical value in providing nursing care (21).

One of the limitations of this study is the sampling from all the main members of the aged care team; therefore, there is a possibility of a challenge to the generalization of the results to all care team members. Another limitation is the possibility of some of the participants' inconvenience in the presence of others, and thus not revealing their experiences in group discussions. Some of the participants expressed their opinions and comments instead of their experiences, and the researchers tried to become aware of their experiences by asking more questions.

In conclusion, the results of this study indicate that providing ethical aged care is influenced by the specific conditions of this age group. In addition to general ethical values such as providing professional care, providing ethical aged care is

based on ethical values such as promoting social interaction, promoting peace and comfort, preserving and promoting independence, and autonomy in aged care. Promoting collaborative care and paying more attention to the human dimensions of communication and interaction were other emphasized values. The findings of this study are applicable in providing aged care and developing ethical codes in aged care. It is recommended that Iranian aged care providers consider these values in providing aged care.

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