GENDER DIFFERENCES IN THE PERCEPTION OF DIGNITY AMONG HOSPITALIZED OLDER ADULTS

Renáta Váverková[1], Helena Kisvetrová[1], Jana Bermellová[1,2]

Abstract

Background: Given the ageing of the population, it is important to examine the perception of dignity and the factors that may influence it among older adults.
Aim: To determine how the perception of dignity and the factors that influence it differ in hospitalized older adult men and women.
Methods: A quantitative cross-sectional study was used with a battery of the following questionnaires in their Czech versions: Patient Dignity Questionnaire (PDI-CZ), Geriatric Depression Scale, Attitudes to Ageing Questionnaire, Barthel's Index and Mini-Mental State Examination.
Results and discussion: 294 hospitalized older adults participated in the study. In the overall assessment of dignity, men and women did not differ. Differences were confirmed in two PDI-CZ items which were more often perceived as a problem by men, namely: Feeling that I do not have control over my life ($p = 0.019$) and Feeling that I am not being treated with respect and understanding by others ($p = 0.048$). It was also shown that the men with higher depression ($ß = 2.337$, $p < 0.0001$), a more negative attitude to ageing ($ß = -0.481$, $p = 0.002$) and those who did not live alone ($ß = 8.379$, $p = 0.008$) had a worse perception of dignity. In women, a lower perception of dignity was associated only with higher depression ($ß = 1.99$, $p < 0.0001$) and lower age ($ß = -0.311$, $p = 0.012$).
Conclusion: The results showed that the only common factor influencing the perception of dignity in both men and women was the level of depression.

Keywords

dignity; older adult; hospitalization; gender; depression; attitude to ageing, self-sufficiency

[1] Science and Research Centre, Faculty of Health Sciences, Palacký University Olomouc
[2] Second Department of Internal Medicine – Gastroenterologic and Geriatric, University Hospital Olomouc

INTRODUCTION

The Czech Republic is among the countries with the oldest population, ranking 16th globally (PRB, 2021). In 2020, the ratio of women and men aged 70 in the Czech Republic was 1.21 (IHIS, 2021). This corresponds to the global trend of ageing populations with an increasing proportion of women (Steinmayr, Weichselbaumer & Winter-Ebmer, 2020; Boerma et al., 2016; Kalfoss, 2016). Women often spend more years of their lives with functional limitations on the activities of daily life, have a worse assessment of their overall wellbeing (Steinmayr, Weichselbaumer & Winter-Ebmer, 2020) and have more fears associated with ageing (Apesoa-Varano et al., 2015) as well as more negative attitudes towards old age (Kalfoss, 2016).

Old age, as the final stage of a person's life, represents a very vulnerable period (Burton-Jeangros & Zimmermann-Sloutskis, 2016). Older adults suffer more often from a chronic course of diseases and are hospitalized more often (Riviere et al., 2019). Dependence on other persons puts them into the loss of dignity risk group (Oosterveld-Vlug et al., 2016).

Dignity is just difficult to define in its complexity (Ostaszkiewicz et al., 2020). It refers to personal values and is associated with self-esteem and a sense of respect on the part of others (Zirak et al., 2017). Contemporary philosophical trends define dignity as a universal concept with a multidimensional approach (Franco, Caldeira & Nunes, 2021). In current research, dignity is becoming an important topic because it represents an important predictor of the quality of life in the older adult age of both men and women (Kisvetrová et al., 2021).

Gender can be described as a complex pattern of roles, responsibilities, norms, values, freedoms and limitations that defines what is considered "masculine" and "feminine". It can have a significant impact on an individual's dignity, motivation, well-being and attitudes towards ageing (Ferretti et al., 2019; Kalfoss, 2016; Matud et al., 2020). In order to fully understand the factors related to the perception of an individual's personal dignity, the gender perspective should also be taken into account (Bai et al., 2018). In geriatric research and practice, gender still plays a rather marginal role, although it represents an important social determinant of health (Matud et al., 2020). Although a significant part of the changes in old age is common to both men and women, there are some psychological differences or differences in the attitudes of society to an individual on the basis of their gender (Bai et al., 2018; Ferretti et al., 2019). For example, in the context of male identity, it may be more difficult for older men to talk about their concerns related to threats to their dignity. Identifying the factors that may influence men's and women's perception of dignity in old age is therefore important (Staats et al., 2021).

AIM OF THE STUDY

The aim of this study was to determine how the perception of dignity and the factors that influence it differ in older hospitalized men and women.

METHODOLOGY

Characteristics of the sample of respondents

The research sample included older adults hospitalized in standard geriatric wards. The inclusion criteria were: age 65 years and older, hospitalized for at least two days and signed informed consent before inclusion in the study. The exclusion criteria were: terminal stage of disease, severe sensory deficit (vision or hearing) and the presence of dementia. The respondents were acquainted in advance with the aim of the research and instructed on how to fill in the questionnaires.

Data collection

The research was conducted in 2020–2021 at the University Hospital Olomouc and was approved by the Ethics Committee of the Faculty of Health Sciences at Palacký University Olomouc (protocol No. UPOL-1701/1040-2020) and the management of the University Hospital Olomouc. The respondents were invited to complete the questionnaire separately or in the form of a structured interview with a researcher.

Research Design

A quantitative approach was implemented: a cross-sectional study using a set of standardized questionnaires in their Czech versions.

The Patient Dignity Questionnaire (PDI-CZ) is a screening tool that allows the identification of a wide range of problems that may cause concerns related to the threat to dignity. It has 25 items with a five-point Likert scale (a value of three or more points means that the respondent rates this item as a problem). The total score of the questionnaire is from 25 to 125 points. A higher score indicates a higher threat to dignity (Chochinov et al., 2008). The Czech version of PDI-CZ was validated in 2017 and has very good psychometric properties (Kisvetrová et al., 2018).

The Attitudes to Ageing Questionnaire (AAQ) contains 24 items divided into three domains (psychosocial loss; physical change; psychological growth). The individual items are complemented by a five-point Likert scale. The total AAQ score is from 24 to 120 points. A higher score indicates a more positive attitude towards ageing (Laidlaw et al., 2007; Dragomirecká & Prajsová, 2009).

The Barthel's Index (BI) evaluates ten activities of daily living in terms of motor functions. Each item is allotted zero, five, or ten points. The overall score of the questionnaire is from zero to100 points and a high loss of self-sufficiency is 40 points or less (IHIS, 2018).

The Geriatric Depression Scale (GDS) is a screening tool to detect the presence of depressive symptoms in older adults. It contains 15 self-assessment items (rating of zero or one point). The total GDS score is from zero to 15 points. As the number of points increases, the severity of depression increases as well (Conradsson et al., 2013).

Data analysis

Descriptive statistics were used for basic data analysis. To evaluate the influence of depression, self-sufficiency levels, attitudes towards ageing, cognition and basic

sociodemographic characteristics on the perception of dignity among older adults, a multivariable linear regression performed by the stepwise method was used. The assumptions of the multivariable linear regression were verified using the Durbin-Watson test and the variance inflation factor (VIF). The quality of the model was evaluated by the coefficient of determination R2. All of the tests were performed at a statistical significance level of <0.05. The statistical program SPSS 25.0 (SPSS, Chicago, IL, USA) was used for statistical data processing.

RESULTS

Sample characteristics

The research involved 294 older adults hospitalized in the geriatric department of the University Hospital Olomouc (average age 78.4 years ± 7.6 years; 92 [31.3%] men; length of hospitalization 9.8 ± 7.0 days). Statistically significant differences between men and women were demonstrated only in age (women were significantly older; p = 0.005), in the level of education (men were more likely to have higher education; p = 0.001) and living arrangement (women lived alone more often; p <0.0001). An overview of the socio-demographic and clinical characteristics and differences between men and women is shown in Table 1.

Tab. 1 Sociodemographic and clinical characteristics

		Entire group *N* = 294 -100%	**Males** *N* = 92 -31.30%	**Females** *N* = 202 -68.70%	*p*
age, average, SD		78.4±7.6	76.6±7.7	79.3±7.4	**0.005**
education, *n (%)*	basic	49 (16.7)	5 (5.4)	44 (21.8)	**0.001**
	vocational certificate	115 (39.1)	46 (50.0)	69 (34.2)	
	secondary	92 (31.3)	27 (29.3)	65 (32.2)	
	higher	38 (12.9)	14 (15.2)	24 (11.9)	
living arrangement, *n (%)*	lives alone	103 (35.0)	28 (30.4)	75 (37.1)	**<0.0001**
	lives with a partner	112 (38.1)	52 (56.5)	60 (29.1)	
	lives with other people	79 (26.9)	12 (13.0)	67 (33.2)	
hospitalization, average, SD		9.8±7.0	9.7±7.1	9.9±6.9	0.464
BI, *n (%)*	light dependence	180 (61.2)	5 (5.4)	21 (10.4)	0.399
	medium dependence	88 (29.9)	28 (30.4)	60 (29.7)	
	high dependence	26 (8.8)	59 (64.1)	121 (59.9)	
GDS, *n (%)*	no depression	178 (60.5)	55 (59.8)	123 (60.9)	0.884
	mild depression	94 (32.0)	31 (33.7)	63 (31.2)	
	manifest depression	22 (7.5)	6 (6.5)	16 (7.9)	
MMSE, average, SD		27.7±1. 9	27.5±2.2	27.7±1.8	0.812
AAQ, overall score, average, SD		76.9±11.4	76.2±11.4	77.3±11.4	0.356
PDI, total score average, SD		44.7±15.6	46.6±17.9	43.9 (14.5)	0.358

Evaluation of dignity

In the overall assessment of dignity (PDI-CZ score), there was no significant difference between men and women (46.6 ± 17.9 vs. 43.9 ± 14.5; p = 0.358). However, statistically significant differences were found in the perception of the severity of the problem within two items: Feeling that I do not have control over my life (p = 0.019) and Feeling that I am not being treated with respect and understanding on the part of others (p = 0.048). These items were perceived as a problem by a higher percentage of men (Table 2).

Tab. 2 Gender differences in the evaluation of the individual items of PDI-CZ

PDI-CZ Items	**Men (n = 92)** number (%)	**Women (n = 202)** number (%)	***p***
1: Not able to perform tasks of daily living	27 (29.3)	49 (24.3)	0.39
2: Not able to attend to bodily functions	30 (32.6)	47 (23.3)	0.115
3: Physically distressing symptoms	38 (41.3)	71(35.1)	0.362
4: Feeling how you look has changed	15 (16.3)	34 (16.8)	1
5: Feeling depressed	13 (14.1)	30 (14.9)	1
6: Feeling anxious	13 (14.1)	33 (16.3)	0.73
7: Feeling uncertain	36 (39.1)	80 (39.6)	1
8: Worried about future	31(33.7)	69 (34.2)	1
9: Not being able to think clearly	21(22.8)	30 (14.9)	0.099
10: Not being able to continue usual routines	47 (51.1)	90 (44.6)	0.315
11: Feeling no longer who I was	24 (26.1)	50 (24.8)	0.885
12: Not feeling worthwhile or valued	26 (28.3)	47 (23.3)	0.384
13: Not able to carry out important roles	17 (18.5)	41 (20.3)	0.755
14: Feeling life no longer has meaning or purpose	15 (16.3)	21 (10.4)	0.179
15: Feeling have not made meaningful contribution	26 (28.3)	39 (19.3)	0.096
16: Feeling of unfinished business	22 (23.9)	41 (20.3)	0.54
17: Concerns regarding spiritual life	11 (12.0)	17 (8.4)	0.392
18: Feeling a burden to others	26 (28.3)	51(25.2)	0.668
19: Not feeling in control	23 (25.0)	27 (13.4)	0.019
20: Reduced privacy	35 (38.0)	74 (36.6)	0.896
21: Not feeling supported by friends	10 (10.9)	10 (5.0)	0.08
22: Not feeling supported by health care providers	10 (10.9)	13 (6.4)	0.241
23: Not being able to fight the challenges of illness	21 (22.8)	34 (16.8)	0.259
24: Not being able to accept the way things are	12 (13.0)	18 (8.9)	0.302
25: Not being treated with respect	11 (12.0)	10 (5.0)	0.048

Factors influencing the perception of dignity

To determine the influence of the selected factors on the perception of personal dignity in men and women, a multivariable linear regression (stepwise method) with the PDI-CZ score (overall dignity rating) as a dependent variable was used. Prior to the actual analysis, a regression diagnosis of linearity, multicollinearity and homogeneity as well as normality and independence of residues was carried out. Linearity was verified by visual inspection of scatter charts. Multicollinearity was verified by a matrix of correlations (no correlation was higher than 0.8) and VIF values (all values were lower than 2). Independence of residues was verified by the Durbin-Watson test (1.37-2.09) which did not indicate a more serious violation of the model assumptions. Normality was verified by the Shapiro-Wilk test and homogeneity was monitored by a scatter graph of standardized residues and predicted Y values. The highest value ($R2 = 0.529$) was observed for the model for all respondents, the lowest ($R2 = 0.232$) for the model for women. The model was built using the stepwise method. Only those predictors that had a statistically significant influence on the predicted dependent variable (dignity) were selected for the model. Their influence was expressed in terms of regression coefficients (ß). The model created for men explained 45% of the variability of the dependent variable. In men, depression ($ß = 2.337$, $p < 0.0001$), attitudes towards ageing ($ß = -0.481$, $p = 0.002$) and living arrangement ($ß = 8.379$, $p = 0.008$) had a significant impact on dignity. Those men with a higher degree of depression and a more negative attitude towards ageing and those who did not live alone gave their dignity a worse rating. The model created for women explained 23% of the variability of the dependent variable. Only depression ($ß = 1.99$, $p < 0.0001$) and age ($ß = -0.311$, $p = 0.012$) had a significant impact on dignity. Those women with higher depression and a lower age gave their dignity a worse rating. The results for the models for the whole sample and for men and women are presented in Table 3.

Tab. 3 Linear stepwise regression (dignity as dependent variable)

Factor	Entire file		males		females	
	ß (95% CI)	***p***	**ß (95% CI)**	***p***	**ß (95% CI)**	***p***
Depression (GDS)	I.99 (1.440-2.540)	**<0.0001**	2.337 (1.268-3.406)	**<0.0001**	1.989 (1.475-2.503)	**<0.0001**
Attitude to Ageing (AAQ)	-0.202 (-0.366-0.037)	**0.017**	-0.481 (-0.782-0.181)	**0.002**		
Age	-0.321 (-0.526-0.116)	**0.002**			-0.311 (-0.533-0.069)	**0.012**
Living arrangement (lives alone vs. no)			8.379 (2.246-14.511)	**0.008**		
R2	0.529		0.448		0.232	
VIF	1.333		1.324		1.025	
D-W test	1.666		2,09		1.367	

DISCUSSION

The results of our study showed that there was no significant difference in the overall perception of dignity between men and women. However, men were more likely than women to rate Feeling that I do not have control over my life and Feeling that I'm not being treated with respect and understanding by others as problems. The lower ratings for these items among men could be related to the specific features of male identity. The male role, understood as productivity, self-control and material success, provides men with a certain social status. Therefore, ageing men may be at an increased risk of inadequate adaptation to the decline in their physical abilities, loss of control over their body and the emotions that accompany ageing (Apesoa-Varano et al., 2015). Our assumption has been confirmed by a Dutch study focused on older adults which claims that a change in the state of health requiring hospitalization, staying in multi-bed rooms and dependence on other people, especially women, can endanger the dignity of men (Oosterveld-Vlug et al., 2016).

The factors that were confirmed as having an effect on men's perception of dignity were attitudes towards ageing and social situations. Those men with a more positive attitude to ageing and those who lived alone perceived their dignity as better. Several studies have confirmed that men tend to rate their health, the course of ageing and overall well-

being better (Pan et al., 2019; Boerma et al., 2016; Steinmayr, Weichselbaumer, Winter-Ebmer, 2020). Positive attitudes towards one's own ageing are associated with a higher level of life satisfaction (which is mostly also associated with personal dignity) and help protect an older adult from negative reactions to stimuli and stressors (Bellingtier & Neupert, 2018). Those that may appear in the case of hospitalization are impaired health, progression of the disease or a loss of self-sufficiency and autonomy (Bryant et al., 2012).
The other factor that significantly influences the assessment of dignity exclusively in men was living arrangement; those men who lived alone perceived their dignity more positively. Although this finding may seem illogical at first glance, it is consistent with the conclusions of the study by Djundeva et al. (2019). The authors state that it is important to distinguish between older adults who live alone. Most (up to two-thirds) are not vulnerable and helpless, but they do as well as, or even better than, their peers who do not live alone. Older men, regardless of their social status, usually do not wish to be passive. Living alone does not in itself mean the absence of family and other sources of support and contacts (Larsson & Silverstein, 2004) which fulfil their need for mutual affection and belonging (Steverink et al., 2011).
Age had a significant influence on the assessment of dignity only in women, as women of older age reported less of a problem with dignity. It would seem that poorer health, a greater incidence of chronic diseases, limitations on physical strength, loss of independence or the death of a lifelong partner must have a negative effect on biological, emotional and existential needs with increasing age (Silva et al., 2021; Staats et al., 2020). Women, as more social beings, often maintain friendships and close ties with children or other relatives and friends even at an older age and thus have sources of social support even at an older age (Schaan, 2013). In the case of hospitalization, a caring environment and staff they can trust are very important for the dignity of older women. The possibility of participating in the care and awareness of their state of health provide women with a sense of control, security and dignity even at an older age (Clancy et al., 2021).
The only factor influencing the perception of personal dignity in both men and women was the rate of depression. The relationship between the construct of dignity and clinical depression was also confirmed by an Italian study (Grassi et al., 2017). Person with depression often perceive themselves negatively, which can have an impact on their self-esteem as part of the dignity that the individuals attribute to themselves. Conversely, respect for dignity among hospitalized patients plays an important role in reducing stress and depression (Salehi et al., 2020).

CONCLUSION

The findings of our study show that different factors influence older men's and women's perception of dignity, except for depression for which a gender gap has not been confirmed. The knowledge of the factors influencing the dignity of hospitalized older men and women can help nurses provide individualized nursing care that preserves the dignity of older adults, taking into account the gender-specific features.

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Contact

Mgr. Renáta Váverková
Faculty of Health Sciences, Palacký University Olomouci
Hněvotínská 3, 775 15, Olomouc, Czech Republic
renata.vaverkova@upol.cz