**Aged Care Ethical Values: A Content Analysis of the Literature**

**First author’s name and the short title: Hosseinabadi R, Aged Care Ethical Values**

Reza Hosseinabadi1, Yadollah Abolfathi Momtaz2, Farahnaz Mohammdi Shahboulagh\*i3, Abbas Abbaszadeh4, Ahmad Ali Ahmadi Kamrani, Yadollah Pournia5

1.Iranian Research Center on Aging, Department of Aging, University of Social Welfare and Rehabilitation Sciences,Tehran, Iran.

2. Iranian Research Center on Aging, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran. Malaysian Research Institute on Ageing (MyAgeing), Universiti Putra Malaysia, Serdang, Selangor, Malaysia.

3. Iranian Research Center on Aging, Nursing Department, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.

4. School of Nursing and Midwifery, ShahidBeheshti University of Medical Sciences, Tehran, Iran.

5. School of Medicine, Lorestan University of Medical Sciences, Khorramabad, Iran.

\*Corresponding Author: Professor of Iranian Research Center on Aging , Nursing Department, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran; *Email:*[mohammadifarahnaz@gmail.com](mailto:mohammadifarahnaz@gmail.com)

*Phone (Office): +98 21180004*

Abstract

Ethical values have a significant role in health care. This study aims to explain ethical values in aged care.In this review, major data bases including PubMed, Scopus, Ovid, ProQuest, Web of Science, and Google Scholar were searched from January 2000 to June 2018 using specific keywords, and a total of 43 articles were included considering the inclusion criteriaof the study. The texts of the results of the articles were studied repeatedly and the data ­were coded and classified using the method presented by Graneheim and Lundman. Six main categories of ethical values including preserving dignity, preserving integrity, establishing human relationships, justice, encouraging participation, and providing professional care, along with 19 subcategories, were identified. Ethical values in agedcare include providing professional care, and paying more attention to human aspects of care. Providing ethical care requires better understanding of older adults, awareness of their needs, and efforts to solve their problems.

**Keywords:** Older adults, Care, Ethical values, Literature review

**Introduction**

Ethics include principles and values that govern individual and collective behaviors. Shared values can be incorporated into professional ethics codes as a source for ethical decision making and ethical practice (1).Professional care staff are engaged in care in their daily routine, and their experience in care is dependent on their thoughts, feelings, and values (2).Thesevalues are particularly more important in agedcare. Today, older adultswho are admitted to health care centers are much older, do not have good physical health, and are dependent on others (3, 4). These individuals have physical limitations, chronic conditions, and sometimes cognitive problems which affect their decision-making capacity. This condition is suggestive of higher vulnerability of older adults in care settings (3, 4, 5). Also, presences of discriminatory opinions about older adults complicate their vulnerable condition. These conditions reveal the necessity of addressing ethical issues in aged care (3, 6). Four ethical principles of autonomy, beneficence, non-maleficence,­and justice, generally and theoretically, have specified the dos and don’ts, appropriateness, and inappropriateness of actions. These are the general principles of ethics in medical care, and they are not enough for aged care. Ethical aged care requires knowledge, appropriate attitude, and ethical values to guide professional caregivers (7). Although ethical values such as respect and preserving dignity ofolder adults,preserving autonomy, and self-determination have been the subject of many articles ­(4, 8), no comprehensive study was found on ethical values in aged care. Introducing ethical values is useful in developing ethical codes in the field of agedcare. Introducing these values is not useless forthe quality of careprovision and the development ofempirical ethics in agedcare. Therefore, this study was conducted to explain ethical values in aged care.

**Methodology**

This review was conducted in 2018. First, based on the research question, the keywords and search strategies were identified. For this literature review, a systematic search was conducted (Fig. 1). The key words included *value*, *right*, *ethic*, *moral*, *autonomy*, *justice*, *beneficence*, *maleficence*, *dignity*, *elder*, *older*, *senior*, *geriatric*, *aged*, *aging*, and *care*, which were combined using the words *AND* and *OR* and were searched in the databases of PubMed, Scopus, Ovid, ProQuest, Web of Science, and Google Scholar.

The syntax was first defined in the PubMed database (Box 1), and the same syntax was used in the other databases by applying the necessary changes proportionate to the format of each database. To get access to relevant articles, the references of the selected articles were also searched manually.

The search included all­ theses and types of articles including reviews, systematic reviews as well as qualitative and quantitative articles published in Persian or English between January 2000 to June 2018. The result of the search was a total of 2890 articles,out of which the full texts of 191 articles were investigated for one of the following inclusion criteria: 1. Expressing ethical values in agedcare directly or indirectly; 2. Providing ethical codes of aged care based on ethical values; 3. Addressing ethical values in aged care; 4. Addressing the human rights of older adults in care; 5. Addressing inter-professional ethical values in aged care; and 6. Studying the population of older adults and their relatives, or professional caregivers. Finally, 43 articles were included in the study. The analyses of the results of the studies ­were conducted manually by two of the authors using the method presented by Graneheim & Lundman (9). The results of the studies were reviewed word by word several times and the initial codes were extracted.Theinformation units included related words, phrases, andsentences. To validate the results, the data was obtained through the results of similar analyses by the two researchers. The two researchers first analyzed the data independently, and then they discussed and agreed upon the differences. The main researcher was engaged in the issue and its dimensions in advance, and the articles and particularly their results were reviewed several times.

Box1: The strategy used for the PubMed database

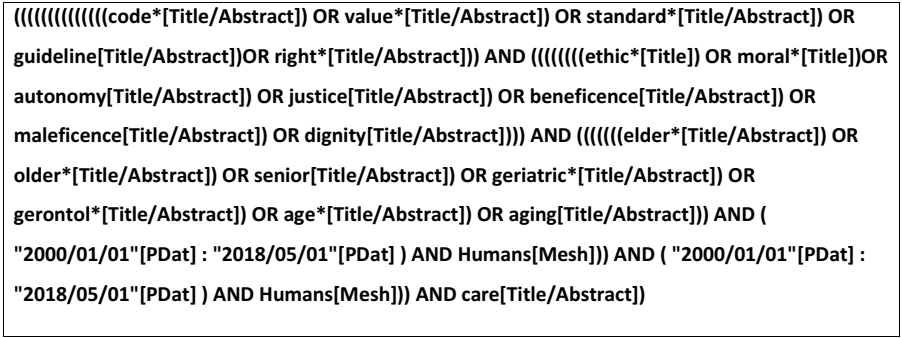


Figure1:Study screening and **flow of the articles through the review** process

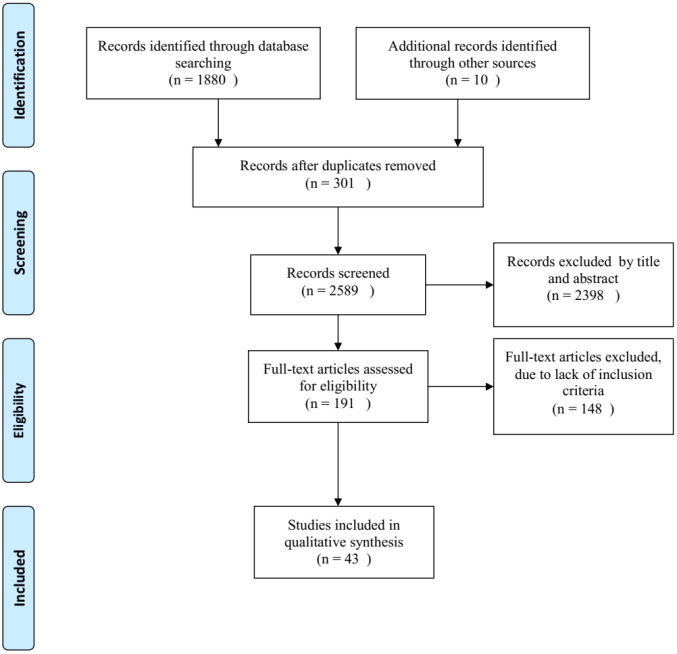


Table 1: The information related to the studied articles and identified values

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified values** | **Participants** | **Study type** | **Authors, Year** |
| Respect for autonomy, flexibility, respect for patient’s values, encouraging participation | - | Concept analysis | (13)-Welford, 2009 |
| Trusting relationships, autonomy, participation, respectful behavior, privacy | Nurses | Phenomenology | (11)-Hedman, 2017 |
| Preserving self-determination, living without pain, having control over everyday function, relationship with others, respectful treatment, positive attitude | Seniors | Content analysis (CA) | (33)-Black & Dobbs, 2014 |
| Polite behavior, patience, providing information, assistance basic needs, pain relief, advocacy, positive attitude | Elderly patients and their relatives | CA | (7)-Koskenniemi, 2012 |
| Respecting autonomy, encouraging participation | Elderly persons, relatives, assistant nurses and physicians | CA | (6)-Zhai&ZongQiu, 2007 |
| Preserving self-determination, giving information, physical integrity, individualized care, preserving psychological and social integrity | Elderly patients, relatives, nurses | CA | (8)-Teeri, 2006 |
| Preserving dignity, considering patient preferences, autonomy and independence, individualized care, respect, sensitive listening | - | Literature Review (LR) | (39)Anderberg, 2007 |
| Respectful behavior | Social workers | Descriptive | (11)-Sung, 2009 |
| Preserving dignity, giving information, involving decision making, confidentiality, spiritual assistance | - | LR | (19)-Daher, 2013 |
| Preserving autonomy and integrity, compassion, respectful communication, respect for values, positive attitude,encouraging social participation | - | Metasynthesis | (21)-Tranvag, 2013 |
| Reliving pain and suffering, and encouraging relatives to be with the patient | Residents and interdisciplinary teams | CA | (10)-Pleschberger, 2007 |
| Encouraging social interaction and participation, relationship with the patient, respect for privacy and autonomy | Residents and relatives | CA | (48) -Bollig, 2016 |
| Respect, observing privacy and autonomy | Older persons | CA | (49)-Woolhead, 2004 |
| Showing respect, friendly behavior, facilitating participation, empathy, being amenable | Patient relatives | CA | (36)-Jonasson, 2010 |
| Considering habits in care, giving information, honesty, relieving pain, being with the family, safe care, involving family in decision-making | Residents | Qualitative | (22)-Mezey, 2011 |
| Respect, knowledge, maintaining physical integrity, respect for autonomy, positive attitude, providing information, effective communication,promoting privacy | - | LR | (16)-Tracy &Skillings, 2007 |
| Corroborating, knowledge, experience, showing consideration, presence, kindness, spending time | Nurses | CA | (30)-Jonasson, 2011 |
| Considering patient preferences, respect, safe care | - | LR | (14)-Das, 2017 |
| Respect to integrity and privacy | Nurses | CA | (18)-Randers, 2003 |
| Respect, patient involvement in decision-making, privacy, pain relief, paying attention, encouraging participation | Older people and health team members | CA | (17)-Tadd, 2010 |
| Compassion, empathy, respect, autonomy, independence, kindness, safe care, preserving integrity | Residents | CA | (31)-Bolmsjo, 2006 |
| Preserving autonomy,paying attention | Residents | Phenomenology | (34)-Tuominen, 2016 |
| Respect, patient advocacy, respect for autonomy, listening, trust, observing privacy, equal treatment, flexibility,meeting basic needs | Case-mangers | CA | (50) -Corvol, 2012 |
| Considering patient preferences, justice, knowledge, respect to patient’s religious values | - | LR | (3)-Maile, 2016 |
| Preserving physical integrity and self-determination, respect | Physiotherapists, nurses and social workers | Phenomenology | (26)-Jakobsen, 2010 |
| Respect, polite behavior,listening patiently,response to information needs,assistance in basic needs, pain relief | - | LR | (23)-Tuckett, 2005 |
| Justice, positive attitude, knowledge, respect, good communication, promoting self-determination,providing information | Nurses | Phenomenology | (51)-Nordam, 2005 |
| Protecting confidentiality and autonomy | - | Not obvious | (52)-Blass, 2006 |
| Respect, and kindness | Relatives | Phenomenology | (53)-Rehnsfeldt, 2014 |
| Respect, compassion, inviting participation, appropriate attitude, showing consideration, respect for values, safe care, equality,preserving self-determination | - | CA | (2)-Jonasson, 2011 |
| Respect for autonomy, safe care | Nurses | Descriptive | (54)-Choe, 2018 |
| Paying attention, flexibility, involving patients and relatives in care, protecting integrity and respect | Professional caregivers | Descriptive | -Frilund, 2014 |
| Presence in caring encounter, empathy, knowledge, gaining patient confidence | Nurses | CA | (32)-Marchesoni, 2015 |
| Preserving privacy, confidentiality, clean environment, control over situations | Older people | CA | (24)-Webster & Bryan, 2008 |
| Respect, politeness, preserving autonomy, promoting wellbeing,preserving physical integrity, promoting self-reliance, active communication, encouraging participation and physical activity | - | LR | (29)-Gastmans&Milisen, 2014 |
| Politeness, respect, observing privacy, kindness, effective communication, including older person in decision-making | Older people | CA | (37)-Woolhead, 2006 |
| Respect, empathy, preserving dignity | Nurses | Descriptive | (55)-Frilund, 2013 |
| Promoting autonomy and independence, respect, encouraging participation, effective communication, preserving privacy | Professional team | CA | (28)-Arino-Blasco, 2005 |
| Preserving dignity and autonomy, giving information, positive attitude | - | LR | (27)-Lothian & Philp, 2001 |
| Protecting physical and psychological integrity, preserving dignity, justice | Nurses | CA | (25)-Goethals, 2013 |
| Respect, giving information, autonomy, privacy | Nurses | CA | (5)-Rees, 2009 |
| Greeting, clean environment, preserving privacy and confidentiality, relieving pain, experience, promoting positive attitude | - | LR | (38)-Birrell, 2006 |
| Preserving privacy, cleanness, relieving pain, politeness, kindness, providing information and having control over decisions | Older people | CA | (41)-Bayer, 2005 |

**Results**

Out of the 43 selected studies, 29 were qualitative studies, 9 were reviews, 4 were descriptive studies, and one was unclear (Table 1). The samples of most of the studies were nurses and older adults. A review of these studies points to the importance of ethics in care, particularly in long-term care centers. Nurses had paid more attention to ethical issues, and most of the studies had been carried out in European countries, and then the United States and Asian countries.

The results of analyzing the articles showed sixmain categories of preserving dignity, preserving integrity, establishing human relationships, justice, encouraging participation of older adults in care, and providing professional care, along with19 subcategories(Table2).

**Preserving dignity**

Preserving dignity is an important ethical valuein care.It probably can be said that many ethical values in care are forpreservingthe dignity ofolder adults. This category included the subcategories of respectful behavior, autonomy, preserving privacy and confidentiality, respect for values, and flexibility.   
 Preserving respect as an ethical value can be possible byshowing respect through greetings, saying hello, being careful in choosing words, having appropriateway of expression, having appropriate voice tone while interacting and communicating with older adults, and having respectful touching and gentleness at the time of patient examination and handling (8,10, 11).Autonomy as an ethical value is one important aspect of life for every human being including older adults. Preserving autonomy requires giving an opportunity to make decisions in everyday affairs and care, supporting independence and autonomy, and trying to promote them(12, 13, 6, 14). Paying attention to older people’s preferences, sharing the preferences with other staff, and giving them the right to choose care are also among the examples of preserving autonomy(15, 8 , 16). Preserving privacy is one of the most important ethical duties. Preserving privacy needs separation of care setting, providing care by the same gender, preserving privacy through controlling access to the older person’s room, getting permission to enter, preserving bodily privacy, and preserving the boundaries during the care procedures and cleaning (12, 17, 18). In addition, all patients’ information is confidential and should not be discussed about publicly and without their permission (19, 20). Preserving dignity of older persons also requires flexibility,notadhering too much to routines, and trying to solve their problems (8, 21). Paying attention to older persons’ habits, and coordinating the care schedule and time with them are among other flexibility-based measures­(8, 22, 23).

For most older patients, spirituality, and cultural and local beliefs are parts of integrity.Therefore, one of the values of care is paying attention to the cultural, social, religious, and spiritual backgrounds of patients. Providing culturally appropriate care, respecting spiritual values, and providing the conditions for meeting a clergyman show respect for patients and their rights(13, 22, 11). Also, the staff must be aware of their own values, and their values must be person-centered and non-paternalistic (13, 3, 15).

**Preserving integrity**

Preserving integrity is one of the prerequisites ofgood care.This category included the subcategories of preserving physical integrity, preserving psychological integrity, promoting social interaction, safe care, and fulfilling information needs.

Preserving the physical integrity of older adults is a duty and an ethical value (24, 25, 2). Patients’ physical independence, physical safety, continuity of medical care, not limiting freedom of movement, and providing the possibility of doing everyday activities lead to physical integrity (25, 27). Restricting older people indoors with the use of a physical restraint or a drug invades physical integrity.Promoting independence, and engaging and encouraging older adults to perform everyday activities ­cause physical integrity, and reduce the need to restrict older adults (28, 14, 21, 16). Having bodily integrity and access to a variety of activities ­and sports, and also cleanliness of older personsand their environments are among the examples of preserving physical integrity in nursing homes (20, 17, 29, 24).  ­

 Preserving human integrity requires paying attention to psychological integrity throughapproving of older patients’ human experiences and values, and respecting themas persons with unique personalities, habits and needs (15, 18). Timely and unasked fulfillment of older adults'needs andnot being angry about patients’ questions and requests can result in their mental comfort (4, 8). Affirmingthe patient as a unique person, helping the older person to accept his or her capacity to promote self-confidence, and encouraging through speech,behaviors and eventouching with reassurance and safety are useful in restoring the older person’spsychological integrity (12, 21, 30, 31, 23, 32).

Social integrity covers the family, friends, and community.Olderpeople need to interact with other human beings.Social interactions play an important role in their feeling of worthiness (21). Transfer of an older person to a nursing home influences his or her wellbeing through reducing the resources of social interaction. In this regard, preserving social integrity is one of the values that have to be considered by the staff. Regular visits and interactions with older people, encouraging the family and relatives to meet them, and encouraging them to interact with other older people are among the determinants of social integrity (12, 33, 8, 21, 34, 23, 29).Non-maleficence is one of the four principles of ethics. Care staff should be aware of the vulnerability and frailty of older patients, and protect them from damaging factors. Safe care is possible throughproviding professional care, providing a safe environment, and protecting older adults from mistreatment (18, 22, 8, 23, 35).

Fulfilling the information needs about the disease and treatment options is one of the prerequisites of decision-making in care. Failure to present sufficient information threatens autonomy and care choice, and leads to disempowering the older person (27). The information should be presented timely, clearly, comprehensibly, and with sufficient explanations. The correct flow of information between the team members is important, and must be ensured, and the patients and relatives’ information needs in this regard should be addressed (4, 5, 16, 27, 36).

**3.** **Establishing human relationships**

One important ethical value identified in the study is establishing human relationships. Gaining trust and confidence, truth and honesty, empathy, compassion and kindness, and patience are the subcategories of this category.

Establishing trust-based relationships with older patients is very important from nurses' point of view (12, 37). Showing attention and respect for older people, treating them as human beings not as objects or children, being happy with them and their relatives when meeting them and spending time with them, and being responsive to the relatives are among the actions which lead to gaining older patients and their relatives’ trust and confidence. Gaining patients’ confidence to get life stories, interests, habits, and values, and providing person-centered care are essential (12, 4, 6, 22, 37, 30). Honesty is an important ethical value in care. Patients expect honesty from the staff in health care. Existing facts about the disease, health status, treatment options, and their positive and negative outcomes should be honestly presented to patients (4, 35).  Mezey & Mitty consider honest response as a right of older patients (22).

Empathy is the ability to put yourself in place of others and to understand their feelings and experiences. Paying attention to the needs and values of older adults specifically in dementia patients  requires empathy and sensitivity to nonverbal language (33, 23, 32). According to Tranvag et al., knowledge and empathy together help professional caregivers ­to attribute unintended behaviors such as aggression in patients with dementia to their disease (21).Compassion is possible through attention and efforts to solve the patient’s problems, pain and suffering (22, 19). Compassion requires professional knowledge about the patient’s needs, and knowing the individual sufficiently (6, 4, 38). Getting attention and affection is a human need, which is particularly highlighted in older age. Kindness, behavior warmth, showing friendship, smiling, sitting next to the older person and pressing his or her hands, and kneeling in front of the patient in a friendly way were among the behaviors indicative of warmth and kindness (4, 15, 3, 25, 32).

It goes without saying that interacting with older people requires patience. Physical problems, slowness of movements, and memory and language problems are some of the factors in older adults that necessitate patience and tolerance in aged care. Patience in listening, not hurrying while providing care, and giving opportunityfor comments and discussions on everyday issues are among the examples of patience in aged care (16, 6, 4). Patience and tolerance in agedcare make an older person think that his or her existence is important for the nurses (4).

**Justice**

Justice in care refers to valuing humans equally, not discriminating against them in care, and trying to preserve their human rights. Older people similar to other age groups have equal rights in receiving treatment and care facilities, and the staff must provide medical and care services to them regardless of their age, culture, religion, and medical conditions. Justice as an ethical value has been reported in the statements of older people and professional staff (17, 20, 23).

**Encouraging participation**

The quality of aged care is largely dependent on theparticipation of older adults and their families. Engaging older people in care through the active exchange of ideas, and encouraging their participation in power are possible (13). Family members are the best source of accessing patients’information, contributing to optimal care, and participating in care and treatment decision-making (36). Accepting and supporting the older person’s companions, permitting the companion’s presence in the ward, having friendly attitude, showing respectful behavior, valuing the patient’s relatives, focusing on the patient’s wellbeing, fulfilling the duties for the patient in the best way, inviting the patient and companion to participate in care and decisions and giving the necessary information to the companionare some ways to attract their participation (4, 12, 36).

**Providing professional care**

Another major category of the study was professional care, which included four subcategories of presence in caring encounter, team care, professional competence, and promoting a positive attitude.

Presence means paying full attention to the patient during interactions with him or her in the care setting. Presence means open-mindedness, usefulness, being here and at the present time, and worrying about the patient (30). Attention requires engaging the older person in relationships, and listening and paying attention to his or her relatives’ remarks. Attention to the patient requires being aware of one’s own behaviors, avoiding talking with others during the time of the procedures, and avoiding talking to the older person’s relatives in his or her presence and ignoring him or her (12, 39, 33). Attention includes speaking in the patient’s language, paying attention to his or her gestures and verbal language, and trying to understand his or her thoughts and feelings in a careful setting (30).

Due to chronic and complex problems, aged care is multi-professional. Diagnosing the patient’s problems and prioritizing the care plan necessitateeffective communicationamong the team members (16). The outcome of this cooperation is an improvement in the quality of patient care and wellbeing (12, 35).The basis of professional competence is the possession of basic clinical skills, scientific knowledge, and ethical development. Due to physiological, cognitive, functional, and social changes related to old age, providing care to this group requires sufficient expertise and updated knowledge in the field of geriatrics as well as experience of care and decision-making in complex situations (3, 22, 35, 30).

Positive attitude to old age is introduced as a value for preserving older patients’ dignity. Negative and unprofessional attitudes influence the process and the quality of aged care (39). Some are aware of their own negative attitude while others are not. Not preserving older persons’ privacy, treating them as incompetent individuals, and not being sensitive to their needs and requests are among the behavioral manifestations of these attitudes (16).

Table 2: The categories and subcategories of ethical values in aged care

|  |  |
| --- | --- |
| Categories | Subcategories |
| Preserving dignity | Respectful behavior |
| Preserving autonomy |
| Preserving privacy and confidentiality |
| Flexibility in care |
| Respect for values |
| Preserving integrity | Preserving physical integrity |
| Preserving psychological integrity |
| Promoting social interaction |
| Safe care |
| Fulfilling information needs |
| Establishing human relationships | Gaining trust and confidence |
| Honesty |
| Empathy |
| Compassion and kindness |
| Patience |
| Providing professional care | Presence in caring encounter |
|  | Effective cooperation with the care team members |
|  | Professional competence |
|  | Positive attitude to old age |
| Justice |  |
| Encouraging participation |  |

**Discussion**

This study aimed to investigate the ethical values of agedcare.Based on the results, preserving human dignity was one of the most common ethical value in the reviewed articles (40). The feeling of dignity leads to the promotion of self-confidence, worthiness, and wellbeing in older adults (41). In this study, preserving respect, autonomy, privacy, and confidentiality were among the values which provided the dignity of older adults. Various studies conducted on older adults, their relatives, and professional caregivers have pointed to the importance of respect (2, 36). In line with the present study, different studies have introduced the aspects of dignity as autonomy, involvement in decision-making, and preserving privacy (41). Preserving respect, privacy, and confidentiality areamong the ethical values introduced in the nursing ethical codes in Iran (42). For many older people, preserving privacy is an integral component of preserving dignity, and ignoring it leads to their feelings of shame and humiliation (24, 41). Strong belief in values can have an effective role in the formation of care process. Therefore, careand servicesshould be in the context of the patients’ values and beliefs. The review of literature points to a tendency towards spirituality and significance of religious beliefs in old age (43). Also, the Charter of Patients’ Rights has referred to providing care on the basis of patients’ beliefs and values (44). Another value presented in this study was flexibility. Flexibility in habits leads to patients’ satisfaction and happiness, and they benefit more from the provided care (18).

One dimension of human communication is communication based on trust as an ethical value, which has been referred to by several studies (12, 30). Establishment of human relationships was also the result of a study by Shahriari et al. (42). Not being able to trust the care staff causes feelings of insecurity and stress in patients (32). Compassion and kindness are considered as one of the dimensions of human care in Jormsri et al.'s study (45). Also, kindness and calmness in behavior indicates the professional caregiver’s interest in the patient’s wellbeing, and leads to the older person’s feelings of dignity, worthiness, and self-confidence (12, 21, 35). Another component in establishing human relationships is truth and honesty as an ethical value. Honesty in words and actions is essential in establishing trust-based relationships, and paves the way for the patient’s comfort (42). Preserving integrity was one of the findings of this study. Horton et al. refer to integrity as a value in their study (46). Preserving physical and psychological integrity was reported as a value in Goethals et al.’s study (25). Another introduced value was safe care. Preserving safety was among the nursing ethical values in the ethical codes of the Canadian Nursing Association and other studies (47). Providing clear information is a patient’s right which is vital for informed choosing and decision-making in treatment and care (16, 40). In this study, having sufficient knowledge and experience in providing care to older adults was very important. Shahriari et al. in their studies have introduced professional competence and its enhancement as an ethical value (40, 42). 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 aged care (35). Maile et al. introduced equal care without discrimination based on religion, culture, age, and medical conditions as one of the criteria of good care (3). One value introduced in this study was positive attitude toward old age.Staff’s positive attitude to old age has an important impact on older adults’ autonomy, and guarantees respect and good care. The outcome of positive attitude is the feeling of safety and confidence in the care provider and the care receiver (35, 27).

It should be noted that one of the limitations of this  
study was our inability to use literaturepublished in non-English languages, and this mayhave resulted in presenting an incomplete image ofthe examined concept.

**Conclusion**

In addition to the ethical principles of medical care, ethical values in aged care are focused on providing professional care and paying more attention to human aspects of care including preserving integrity, establishing human relationships, and preserving dignity of older people. Providing ethical care requires better understanding of older adults, awareness of their needs, and efforts to solve their problems.

**Acknowledgements**

We appreciate the kind help of Dr Mohammad Gholami and Dr Mojgan Khademi.

**Conflict of interest:** None declared

**References**

1.Ranjbaran M, Vakilian K, Tajik R, Almasi-Hashiani A. Nursing’s code of ethics: a survey of respecting the code among nursing students. Iran J Med Ethics Hist Med. 2014;6(6):45-55.

2.Jonasson LL. A comprehensive picture of ethical values in caring encounters, based on experiences of those involved: Analysis of concepts developed from empirical studies. 2011, Linkoping University Electronic Press.

3. Mail E, Harroson JK, Chikura G, Russ K, Conroy SP. Ethical issues for older people in the emergency department. Eur Geriatr Med. 2016;7(4):372-378.

4. Koskenniemi JH, Leino-Kilpi R. Suhonen R. Respect in the care of older patients in acute hospitals. Nurs Ethics. 2013;20(1):5-17.

5. Rees J, King L, Schmitz K. Nurses' perceptions of ethical issues in the care of older people. NursEthics. 2009;16(4):436-452.

6. ZhaiX, Qiu RZ. Perceptions of long-term care, autonomy, and dignity, by residents, family and caregivers: the Beijing experience. J MedPhilo. 2007;32(5):425-445.

7. Beauchamp TL, Childress JF. Principles of biomedical ethics. 2001: Oxford University Press, USA.

8. Teeri S, Leino-Kilpi H, Valimaki M.Long-term nursing care of elderly people: identifying ethically problematic experiences among patients, relatives and nurses in Finland. Nurs Ethics. 2006;13(2):116-129.

9. GraneheimUH, Lundman,B.Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Educ Today. 2004;24(2):105-112.

10. Pleschberger S.Dignity and the challenge of dying in nursing homes: the residents' view. Age Ageing. 2007;36(2):197-202.

11. Sung KT, Dunkle RE. How social workers demonstrate respect for elderly clients. J Gerontoll Soc work. 2009;52(3):250-260.

12. Hedman M, Haggestrom E, Mamhidr AG, Puder U. Caring in nursing homes to promote autonomy and participation. Nurs ethics. 2017;0969733017703698.

13. WelfordC,Murphy K, Wallace M, Casey D. A concept analysis of autonomy for older people in residential care. J Clinic nurs. 2010;19(9‐10):1226-1235.

14. Das MM. Autonomy in long-term elderly care. Laurea University of Applied Sciences. 2017.

15. Tranvag O, Dignity-preserving care for persons living with dementia.University of Bergen.2015.

16. Tracy MF, Skillings K, Upholding dignity in hospitalized elders. Crit Care Nurs Clin. 2007;19(3):303-312.

17. Tadd W, Vanlaere L, Gastmans C. Clarifying the concept of human dignity in the care of the elderly: a dialoge between emprical and philosophical approaches . Wales and katholieke university leuven. 2010.

18. Randers I, Mattiasson AC. Autonomy and integrity: upholding older adult patients’ dignity. J Advanc Nurs. 2004;45(1):63-71.

19. Daher M, Ethical issues in the geriatric patient with advanced cancer ‘living to the end’. Ann Oncol. 2013;24(7):55-8.

20. Tuominen L, Leino-Kilpi H, SuhonenR. Older people’s experiences of their free will in nursing homes. Nurs Ethics. 2016;23(1):22-35.

21.Tranvag O, Petersen KA, Naden D. Dignity-preserving dementia care: a metasynthesis. Nurs Ethics. 2013;20(8): 861-880.

22. Mezey MD, Mitty E. A bill of rights for hospitalized older adults. J Nurs Adm. 2011;41(3):115-121.

23. Tuckett AG. Residents’ rights and nurses’ ethics in the Australian nursing home. Int Nurs Rev. 2005;52(3):219-224.

24. Webster C, Bryan K.Older people’s views of dignity and how it can be promoted in a hospital environment. J Clinic Nurs. 2009;18(12):1784-1792.

25.Goethals S, De Casterle BD, GastmansC.Nurses’ ethical reasoning in cases of physical restraint in acute elderly care: a qualitative study. Med Health Care Phil. 2013;16(4):983-991

26. Jakobsen R, Sorlie V. Dignity of older people in a nursing home: narratives of care providers. Nurs Ethics. 2010;17(3):289-300.

27. Lothian K, Philp I. Care of older people: Maintaining the dignity and autonomy of older people in the healthcare setting. BMJ. 2001;322(7287): 668.

28. Arino-Blasco S, Tadd W, Boix-Ferrer J. Dignity and older people: The voice of professionals. Qual Age Older Adults. 2005; 6(1):30-6.

29. Gastmans C, Milisen K. Use of physical restraint in nursing homes: clinical-ethical considerations. J Med Ethics. 2006;32(3):148-152.

30. Jonasson LL, Liss PE, WestrlinB, Bertero C.Corroborating indicates nurses’ ethical values in a geriatric ward. Int J Qual Stud Heal. 2011;6(3):7291.

31. Bolmsjo IA, Sandman L, Andersson E. Everyday ethics in the care of elderly people. Nurs Ethics. 2006;13(3):249-263.

32. Marchesoni MA, Axelsson YF, Lindberg l. Technologies in older people’s care: Values related to a caring rationality. NursEthics. 2017;24(2):125-137.

33. BlackK, Dobbs D. Community-dwelling older adults' perceptions of dignity: core meanings, challenges, supports and opportunities. Ageing Soc. 2014;34(8):1292-1313.

34. Tuominen L, Leino-Kilpi H, Suhonen R. Older people’s experiences of their free will in nursing homes. Nurs Ethics. 2016;23(1):22-35.

35. Jonasson LL, Liss PE, WestrlinB, Bertero C. Empirical and normative ethics: A synthesis relating to the care of older patients. Nurs Ethics. 2011;18(6):814-824.

36. Jonasson LL, Liss PE, WestrlinB, Bertero C. Ethical values in caring encounters on a geriatric ward from the next of kin's perspective: An interview study. Int J Nurs Prac. 2010;16(1):20-26.

37.Woolhead G, Tadd W, Boix-Ferrer GA, Stefan Krajcik S,  
Schmid P, fahler B, Spjuth B, Stratton D, Dieppe P.“Tu” or “Vous?”: A European qualitative study of dignity and communication with older people in health and social care settings. Patient Educ Couns. 2006;61(3):363-371.

38. Birrell J, Thomas D, Jones CA. Promoting privacy and dignity for older patients in hospital. Nurs stand. 2006;20(18):41-6.

39. Anderberg P, Lepp M, Berglund AL, Segesten K. Preserving dignity in caring for older adults: a concept analysis. J Advanc Nurs. 2007;59(6):635-643.

40. Shahriari M, [Mohammadi](https://www.ncbi.nlm.nih.gov/pubmed/?term=Mohammadi%20E%5BAuthor%5D&cauthor=true&cauthor_uid=23983720) E, [Abbaszadeh](https://www.ncbi.nlm.nih.gov/pubmed/?term=Abbaszadeh%20A%5BAuthor%5D&cauthor=true&cauthor_uid=23983720) A, [Bahrami](https://www.ncbi.nlm.nih.gov/pubmed/?term=Bahrami%20M%5BAuthor%5D&cauthor=true&cauthor_uid=23983720) M. Nursing ethical values and definitions: A literature review. Iran J Nurs Midwifey Res. 2013;18(1): 1-8.

41. Bayer T, Tadd W, Krajcik S. Dignity: the voice of older people. Qual Ageing Older Adults. 2005;6(1):22-29.

42. ShahriariM, [Mohammadi](https://www.ncbi.nlm.nih.gov/pubmed/?term=Mohammadi%20E%5BAuthor%5D&cauthor=true&cauthor_uid=23983720) E, [Abbaszadeh](https://www.ncbi.nlm.nih.gov/pubmed/?term=Abbaszadeh%20A%5BAuthor%5D&cauthor=true&cauthor_uid=23983720) A,[Bahrami](https://www.ncbi.nlm.nih.gov/pubmed/?term=Bahrami%20M%5BAuthor%5D&cauthor=true&cauthor_uid=23983720) M, Fooladi MM, Perceived ethical values by Iranian nurses. Nurs Ethics. 2012;19(1):30-44.

43.Markides KS, Levin JS, Ray LA. Religion, aging, and life satisfaction: An eight-year, three-wave longitudinal study. Gerontol. 1987;27(5):660-5.

44. Bagheri A, and Larijani B. Review of revolution of patient’s right charter. Iran J Med Ethics His Med. 2010;3(1):39-47.

45. [Jormsri P](https://www.ncbi.nlm.nih.gov/pubmed/?term=Jormsri%20P%5BAuthor%5D&cauthor=true&cauthor_uid=16312087), [Kunaviktikul W](https://www.ncbi.nlm.nih.gov/pubmed/?term=Kunaviktikul%20W%5BAuthor%5D&cauthor=true&cauthor_uid=16312087), [Ketefian S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Ketefian%20S%5BAuthor%5D&cauthor=true&cauthor_uid=16312087), [Chaowalit A](https://www.ncbi.nlm.nih.gov/pubmed/?term=Chaowalit%20A%5BAuthor%5D&cauthor=true&cauthor_uid=16312087). Moral competence in nursing practice. Nurs Ethics, 2005;12(6):582-594.

46. Horton K, Tschudin V, Forget A. The value of nursing: a literature review. Nurs Ethics. 2007;14(6):716-740.

47. RassinM. Nurses' professional and personal values. Nurs Ethics. 2008;15(5):614-630.

48. Bollig G, Gjengedal E, Rosland JH.Nothing to complain about? Residents’ and relatives’ views on a “good life” and ethical challenges in nursing homes. Nurs Ethics. 2016;23(2):142-153.

49. Woolhead G, Calnan M, Dieppe P, Tadd W. Dignity in older age: what do older people in the United Kingdom think? Age Ageing. 2004;33(2):165-170.

50. Corvol A, Moutel G, Gagnon D, Nugue M, Saint-Jean O, Somme D. Ethical issues in the introduction of case management for elderly people. Nurs Ethics. 2013;20(1):83-95.

51. Nordam A, Torjuul K, Sorlie V. Ethical challenges in the care of older people and risk of being burned out among male nurses. J Clinic Nurs. 2005;14(10):1248-1256.

52. Blass DM, Rye RM, Robbins BM, Aprn BC, Mier M, Handel S, Carroll JL, Rabins PV. Ethical issues in mobile psychiatric treatment with homebound elderly patients: The psychogeriatric assessment and treatment in city housing experience. J Am Geriatr Soc. 2006;54(5): 843-848.

53. Rehnsfeldt A, Lindwall L, Lohne V, Lillesto B, Slettebo A, Heggestad AKT. The meaning of dignity in nursing home care as seen by relatives. Nurs Ethics. 2014;21(5):507-17.

54.Choe K, Kang H, Lee A. Barriers to ethical nursing practice for older adults in long‐term care facilities. J Clinic Nurs. 2018;27(5-6):1063-72.

55. Frilund M,Fagerstrom L, Eriksson K, Eklund P. Assessment of ethical ideals and ethical manners in care of older people. Nurs Res Prac. 2013; 374132.