Managing Dignity in Later Life: Global Influences, Personal Strategies, Cellular Effects

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Introduction to Symposium

- Dignity Matters: A Society-to-Cells Perspective on Physiological & Cellular Effects of Threats to Dignity in Later Life

- Modeling the Relationship Between Attributed Dignity and Health

- Personal Strategies for Managing Dignity in the Course of Human Interaction
Dignity Matters: A Society-to-Cells Perspective on Physiological & Cellular Effects of Threats to Dignity in Later Life

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Objectives

By the end of this presentation, attendees should be able to:

1. Discuss the role of dignity as a form of resilience
2. Identify factors at multiple levels of the environment that can impact the dignity of older adults
3. Describe a mechanism that connects dignity preservation or loss to physiological & cellular changes
4. Generate ideas about potential targets for nursing interventions to promote dignity in later life
Initial Focus was on Health Disparities

Threats

DIGNITY

(loss of dignity)

Physiological & Cellular Effects

(health disparities)
Dignity as a Form of Resilience

- **Personal Dignity** *(van Gennip et al., 2013)*
  - Merit
  - Identity
  - Moral Stature

- **Attributed Dignity** *(Jacelon et al., 2004)*

- These definitions are distinct from *dignity in care*:
  - Practical Dignity *(Shotton & Seedhouse, 1998)*
  - Dignitas *(Pols, 2013)*
  - Dignity-conserving care *(Chochinov, 2002)*
  - Dignity therapy *(Chochinov et al., 2005)*
Dignity as a Form of Resilience

Figure 1, adapted from Szanton & Gill, 2010
Stressors

Appraisal
- Primary Appraisal
- Secondary Appraisal: Is it a threat? Can I cope?

Physiological & Cellular Effects

DIGNITY

(Lazarus & Folkman, 1984)
Stressors

Appraisal
- Primary Appraisal
- Secondary Appraisal:
  - Is it a threat?
  - Can I cope?

**DIGNITY**
(resilient health potential)

**Acute Stress Response(s):**
- Epinephrine
- Cortisol

**Chronic Stress Response:**
- Epinephrine, Cortisol (chronically elevated)
- Inflammatory processes

**Physiological & Cellular Effects**

**Stress Response System**
- Hypothalamus
- Pituitary Gland
- Adrenal Gland
- Kidney
- Brain Stem
- Immune System
Impacts of Chronic Stressors

Physiological
- Neurochemical Imbalances
- Hormone Imbalance
- Glucose dysregulation, insulin resistance, & metabolic syndrome
- Systemic Inflammation

Cellular
- Epigenetic modifications
- DNA damage & telomere shortening
- Cellular replication abnormalities
So what factors influence dignity in later life?

DIGNITY (resilient health potential)

Stressors → Appraisal → Physiological & Cellular Effects
Society-to-Cells Perspective on Factors Influencing Dignity through Person/Environment ‘Fit’

- Safety in Environment
- Race/Ethnicity/Nationality
- Built Environment/Accessibility/Walkability
- Opportunities to Use Knowledge & Skills
- Social Support
- Sense of Safety & Protection
- Feeding Valued/Respected
- View of Self/Identity
- Neurochemical Activity
- Epigenetics

- Attitudes towards Aging
- Diversity
- Institutions/Programs
- Gender
- Transportation
- Roles & Responsibilities
- Connectedness
- View of World
- Social Support
- Sense of Safety & Protection
- Roles & Responsibilities

- Autonomy
- Dignity-conserving care
- Cognition & Senses
- Metabolism & Glucose Regulation
- Cardiorespiratory Function
- Muscle Strength

- Spirituality
- Generativity
- View of Self/Identity
- Sense of Meaning
- Autonomy
- Dignity-conserving & coping strategies
- Generativity
- View of World
- Sex
- Neurochemical Activity
- Epigenetics
- DNA Repair
- Oxidative Stress
- Tumorogenesis/Cell Death

(Adapted from Szanton & Gill, 2010)
Stressors

Appraisal
- Primary Appraisal: Is it a threat?
- Secondary Appraisal: Can I cope?

Acute & Chronic Stress Reaction Processes
HPA Axis activation
Inflammatory cascade

Person/Environment Fit:
- Societal Self
- Relational Self
- Individual Self
  - autonomy/capability
  - use of strategies

Physiological & Cellular Effects
- neurochemistry
- hormonal balance
- metabolism
- inflammation/healing
- epigenetics
- DNA repair/cellular aging/tumorogenesis

(Jacelon, 2014; Lawton, 1997; van Gennip et al., 2013; Vlug et al., 2011)
Examples of Stressors
- aging-related changes
- illness aspects
- impairment/injury
- loss or isolation
- financial strain
- role changes
- food insecurity
- discrimination

Appraisal
- Primary Appraisal
- Secondary Appraisal: Is it a threat? Can I cope?

Acute & Chronic Stress Reaction Processes
HPA Axis activation
Inflammatory cascade

Physiological & Cellular Effects
- neurochemistry
- hormonal balance
- metabolism
- inflammation/healing
- epigenetics
- DNA repair/cellular aging/tumorogenesis

Person/Environment Fit:
- Potential targets for nursing interventions to promote dignity at each level of the environment
Conclusions

- Later life involves potential for **growth** as well as new types of **vulnerability**

- Dignity can be conceptualized as a **resource** & form of **resilience** to both internal & external stressors

- Dignity is a product of interactions between persons & **multiple levels** of their environments
What This Model Adds

- Potentially-testable mechanism linking dignity (not as an event such as loss, but as a resource & form of resilience) to physiological & cellular changes

- Direction for dignity-promoting interventions at societal, community, family/interpersonal, & individual levels, by improving person/environment ‘fit’
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Modeling the Relationship Between Attributed Dignity and Health

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Dignity is:

• Critical for successful aging (Erikson, Erikson, & Kivnick, 1986)

• Related to health status (Walsh & Kowanko, 2002) and quality of life (George, 1998)

• Important for mental health (Cassity-Caywood & Huber, 2003)

• Important for independence (Jacelon, 2003; Tadd, Bayer, & Deppe, 2002)

• Helps individuals adjust to declining health (Jacelon, 2001)
Jacelon Attributed Dignity Scale (JADS)

- “An attributed, dynamic sense of self value, self in relation to others, perceived value from others, and behavior that demonstrates respect toward others” (2012)

- “Attributed dignity is gained or lost in one’s own eyes during interactions with self and others” (2009)
JADS Factors

- **Self-value (SV)**
  - perceived self value
  - individual’s relative importance

- **Perceived Value from Others (PVO)**
  - “the value an individual perceives he or she is attributed from other people”

- **Self in Relation to Others (SRO)**
  - “self reflection on how an individual interacts with others.”

- **Behavior that Demonstrates Respect to Others (BRO)**
  - is self explanatory, with the caveat that the behavior can be directed at self or others (2014)
Attributed Dignity (Path Analysis)

Intrinsic Dignity

Attributed Dignity
Factors of the JADS

Perceived Value from Other (PVO)

Self Value (SV)

Self in Relation to Others (SRO)

Behavioral Respect - Others (BRO)

Human Dignity

Manifested by
Purpose

Evaluate Theoretical Model of Attributed Dignity
Methods

Sample
- 229 older adults (65-95, Mean =76.6, SD = 7.6)
- Quota sampling
- 74% women

Setting
- Senior Centers in Western New England

Measures
- JADS
- SF12v2 (Physical Health & Mental Health)
- Demographics (e.g., age, race, education, income, living situation)
Methods

Data Analysis

- Structural Equation Modeling (Lisrel 9.1)
- Theoretical model used to identify starting model
- Modification indices suggested alternative paths
- Alternative models evaluated
Final Model: The Influence of Dignity on Physical and Mental Health

\[ \chi^2 = 388.46 \text{ df} = 325, \ p < .01 \]
RMSEA = 0.029
All paths significant

- Direct path
- Indirect path

Variables:
- PVO
- SRO
- BRO
- SV
- SF12 Mental
- SF12 Physical
- Age
- Live with?

Path Coefficients:
- PVO to SRO: 0.90
- SRO to SV: 0.83
- SV to SF12 Mental: 0.41
- SF12 Mental to SF12 Physical: -0.21
- Live with? to SF12 Physical: -0.29
- Sex to SV: -0.014
- Sex to SF12 Mental
- Age to SRO
- Age to SV
- Age to SF12 Mental
- Age to SF12 Physical

Model Details:
- Final Model: The Influence of Dignity on Physical and Mental Health
Comparing Models

Path Analysis Model

- Intrinsic Dignity
  - Manifested by
  - Perceived Value from Other (PVO)
  - Self Value (SV)
  - Self In Relation to Others (SRO)
  - Behavioral Respect to Others (BRO)

SEM Model

- Intrinsic Dignity
  - Manifested by
  - Perceived Value from Other (PVO)
  - Self Value (SV)
  - Self In Relation to Others (SRO)
  - Behavioral Respect to Others (BRO)

Differences could be due to inclusion of outcome variables!
Implications

- Perceived value from others is critical to maintaining dignity
- Improving SV can improve mental health
  - Women may benefit more from interventions that increase SV
  - Influence of behavior on others
- Physical health influences mental health
Conclusions

• Interventions to support/ enhance attributed dignity
  - Great potential to improve health
  - Most likely to enhance both social and physical role function

• Although not assessed
  - Potential to increase overall well being

• Future directions
  - Validate on more diverse population
Thank you!
Questions?


Personal Strategies for Managing Dignity in the Course of Human Interaction

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Purpose & Background

- **Purpose:** To discover how older adults manage their attributed dignity

- **Many aspects of dignity have been studied**
  - Experience of Care and hospitalization (Bridges & Nugus 2010; Matiti & Trorey 2008; Baillie 2009; Jacelon, 2003)
  - End of Life (Brown et al. 2011; Chochinov et al. 2006)
  - Community (Tadd 2004; Calnan et al. 2006; Jacelon et al., 2009)

- Little is known about the management of dignity by older individuals
Research Questions

1. What are the characteristics of situations in which the dignity of older adults is threatened?

2. What strategies are employed by older adults to protect, restore, or maintain their dignity when it is threatened?

3. How do the strategies vary according to the characteristics of the older adult?

4. What are the similarities between strategies used by community and hospitalized older adults?
Methods

- **Grounded theory** (Corbin & Strauss, 2008)
- **Constant comparative method using NVivo**
  - Open coding, Axial Coding, Theoretical Coding
- **Comparing findings to previous work**
- **Trustworthiness**
  - Interviews audio recorded and transcribed verbatim
  - Researcher logs, Audit trail, Participant checking

**Data Collection**
- Interviews: In person, audio recorded interviews in elder’s home or place of choice
  - Elders were asked to talk about a situation in which he or she felt that his or her dignity was threatened
Participants

• 19 participants: 8 black women, 9 white women, 2 white men
• Age: average 76.68 (68-90)
• Martial status: 2 women and 1 man were married
• Living in the community in western Massachusetts, urban, suburban, and rural
• Income range: < $10,000 - >$59,000
• Education: Some High School – PhD
• Living situation included: alone, with children, with spouse
• Housing: single family homes, multi family homes, HUD housing
Findings: Question 1

- What are the characteristics of situations that adversely affected elder’s dignity?
  - All situations affected the elder’s perceived value from others or their self value
  - All situations demonstrated, racism, classism, or ageism

- Perceived value from others:
  - “One thing I cannot stand about a doctor is they’ll say, “well at your age” -- what do you mean at my age? Don’t tell me at my age I shouldn’t want certain things. Now that upsets me. I don’t understand why people think that the older you get that you don’t want the same things that younger people want. And that makes me mad.”
Findings: Question 1 (con’t)

• Situations affecting self value:

“Being in that environment [senior center] with the very poor and doing what I would call doing a kind of menial work -- it feels to me undignified, but I’m doing it.

If I were in a situation where there were six people in a room being assigned tasks and there were tasks of varying sophistication levels, and they said ‘ok Jack you’re going to do the filing and the vegetable counting and the whatever.’ My dignity might be insulted”
Findings: Question 2

- What strategies are employed to protect, restore, or maintain dignity when it is threatened?
  - Strategies were aimed at improving the elder’s self value and included:
    - Introspective Strategies aimed at restoring self value:
      - Considering the source
      - Taking it to God
    - Interactive strategies:
      - Getting mad
      - Maintaining one’s position
    - Active strategies:
      - Removing one’s self from the situation
      - Reporting the behavior
Findings: Introspective Strategies

- **Considering the Source**
  - I don’t usually speak back. My mother taught us to consider the source and consider what you want to fight for and what you want back off of. I kind of think about – is this going to bother me down the road, do I need to address this, do I need react or do I just respond and say ok.

- **Taking it to God**
  - “I take it to God in prayer”
Findings: Interactive Strategies

- **Getting mad:**

  There was this one time where, this woman was sitting at a table, and I was trying to explain to her what I needed, or what I wanted, and she was just looking at me as if, you know, ‘why don’t you just go away old lady, and leave the time to us?’ I mean, you know, she was just disgusted with me. My comment to her was, ‘May you live a long, long time.’
Findings: Interactive Strategies

- **Maintaining One’s position:**
  Depending on the seriousness of the situation, I try to refrain from ugly outbursts, but I speak up. If I’m among strangers or something, I will try to intercede on my own behalf, speak calmly and rationally, and let them see a little bit of me and explain if I disagree why I disagree.
Findings: Taking Action

- **Removing oneself from the situation**
  I might walk away, I might say something and then walk away. You know, or say, “Well I don’t think that’s right.” and then walk away. But just stand there and fuss and argue? I don’t think I would do that. Because that’s not being respectable to me or to the person.

- **Reporting the behavior**
  I think I would go to the head of...if it was a church, I would speak to the Minister or maybe the president of the organization that I was in. I wouldn’t talk to that person, the person that did that [offended my dignity]. I don’t think that would be nice, maybe somebody else might, but I would go to my president or maybe my pastor talk with him.
Findings: Question 3

- How do the strategies vary according to the characteristics of the elder?
  - Most participants had a usual style of maintaining dignity
  - No obvious relationship to demographic characteristics
  - Only black participants mentioned “taking it to God”
Findings: Question 4

- **Comparing the findings to previous work**
  - The three types of responses (introspective, interactive, and active) were similar to earlier work (Jacelon, 2003)
  - Individual strategies varied

- **Strategies identified earlier:**
  - Introspective: Life reviewing, Adjusting attitude
  - Interactive: Making meaning out of interactions with others, Managing image, Managing information
  - Active: No active strategies to maintain dignity were identified in this population
Process of Managing Attributed Dignity

- Interactions that Enhance Attributed Dignity

Jacelon, 2014
Process of Managing Attributed Dignity

- Interactions that Diminish Attributed Dignity

Appraisal

Self in Relation to Others

Neg. effect

Perceived Value from Others

Self Value

Neg. effect

Behave with Respect for Others

Action

Positive effect

Positive effect

Strategies

Introspective

Active

interactive

Jacelon, 2014
Discussion, Next Steps & Conclusions

• Developing an intervention
  • Based on the participant’s responses, an intervention focused on teaching and encouraging introspective, interactive, and active strategies to maintain dignity can be developed
  • The efficacy of the intervention can be evaluated by using the JADS pre & post intervention

• In conclusion
  • There is evidence that attributed dignity is important for health and wellbeing of elders as indicated by Jordon’s presentation
  • Many situations, particularly interactions with healthcare professionals threaten elder’s dignity
  • Vulnerable elders, like those with chronic health problems, are more at risk for alterations in their dignity than healthier counterparts
  • Have a repertoire of strategies to protect or restore attributed dignity may enhance the health and well being of community dwelling elders


Symposium Conclusion

- In all of the models presented in this symposium, dignity is a product of the interaction between humans and their social and ecological environment
  - Dr. Walker demonstrated how dignity is a form of resilience and how the concept fits into an ecological model spanning the distance from cellular to societal levels
  - Mr. Bosse used path analysis to explore relationships among attribute dignity as measured by the JADS, sex, age, health, and living status
  - I demonstrated how older adults appraise threats to dignity and respond to restore their dignity
- There is increasing evidence that dignity does matter for wellbeing in older adults
Thank you!

Questions?