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RELIABILITY AND VALIDITY OF THE PERCEPTION OF DIGNITY SCALE FOR HOSPITALIZED OLDER ADULTS: THE TURKISH VERSION

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Abstract

Objective: The purpose of this study is to evaluate the validity and reliability of the "Honor Scale that can be used to determine the perceptions of dignity of elderly hospital patients in Türkiye.

Methods: The Sociodemographic Information Form and the Honor Scale were used to collect data. The study was completed with 165 patients aged 65–91 who were hospitalized.

Results: Factor loadings of the scale fell within the acceptable range of 0.517–0.872, with internal consistency (Cronbach's alpha) of 0.763.

Conclusions: Outcomes Results support the validity and reliability of the Turkish version of Honor Scale for older patients in Türkiye. In conclusion, the Honor Scale can be used nurse and other healthcare professionals to evaluate the perception of dignity among hospitalized older adults.

Keywords: *Older adult, Nurses, Dignity, Scale, Validity.*

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Introduction

Dignity is an inherent value that exists in the essence of all humanity and is unique to each individual.[1] Human dignity, considered a fundamental value of human existence, is an innate, universal, immutable, and inviolable concept, yet it is also complex and multifaceted.[2-4] All people want to live a dignified life under all circumstances, to be valued effectively and humanely, and to preserve and strengthen their sense of worth.[5] Respecting patients' autonomy and privacy, obtaining voluntary and informed consent, protecting their confidentiality, and avoiding discriminatory and abusive practices are some of the practices that ensure the protection of their dignity.[4] In the hospital environment, situations such as other patients hearing about a person's information, the presence of third parties during hygiene care, inadequate shared toilets, neglect of the patient by healthcare personnel, and disbelief in what is said can reduce the sense of dignity.[6] One of the factors that reduces the sense of dignity of hospitalized patients is age.[7-9] Because older patients may feel that they are not respected or valued by healthcare professionals and their families due to the perception that they are a burden to others. For example, one study concluded that cancer patients aged 65 and over are lower sense of dignity.[10.] Another study showed that older patients feel vulnerable, worthless, and unable to control their care decisions due to reasons such as inappropriate hospital infrastructure and poor healthcare professional-patient communication.[11] It has been identified that there are many factors that constitute barriers to the dignity of older individuals in acute care settings in Ghana.[12] A study conducted in China showed that older patients with more chronic diseases, who used more medications, and who stayed in long-term care facilities had the lowest sense of dignity.[13] In another study, older people with an underlying illness felt less dignified.[14] When patients' dignity is violated, they may conceal some of their medical information, refuse medical examination, experience increased anxiety and stress levels, and exhibit aggressive, unacceptable behavior and may lose your self respect. The loss of dignity can also affect the lives of older patients after they leave the hospital.[15-16] It is claimed that preserving the dignity of hospitalized older individuals is difficult due to factors such as age, economic status, the characteristics of the clinics where they receive treatment and the attitudes of health professionals.[17-19] However, protecting dignity is a human right under all circumstances. All people possess dignity simply because they are human. Even when older patients are unable to make independent decisions, their dignity must be protected.[20] Providing dignified treatment and care to patients increases satisfaction.[21]

Studies on patient dignity are generally qualitative studies.[22,23,8] When the literature in Turkey was examined, no measurement tool was found that investigated the perception of dignity of older patients. There is a need for a specific measurement tool to measure the dignity of hospitalized patients in Turkey. Therefore, this study was conducted to evaluate the Turkish validity and reliability of the "Hospitalized Older Adults' Dignity Scale (HOADS)" developed by Fuseini et al.[24]

Methods

Study Design

This cross-sectional and descriptive study aimed to determine whether the HOADS scale is a reliable and valid measurement tool in Türkiye.

Study Settings, Participants and Procedures

The study was undertaken at a University Hospital in a province in the northwestern part of Turkiye between October 2023 and January 2024. The literature suggests that, for validity and reliability analyses, the sample size should correspond to at least five to ten times the total number of scale items.[25] Guided by this criterion, the study population consisted of 165 patients aged 65 years or older, hospitalized for a minimum of three days, who consented to participate and could be contacted. Participants fulfilling the study's inclusion criteria were selected through a non-random sampling approach. The Turkish adaptation of HOADS proceeded in three steps: (a) establishing linguistic validity, (b) determining scale validity, and (c) assessing scale reliability.

Data Collection Tools

"Sociodemographic Information Form" and the "Honor Scale (HOADS) were used to collect data. Data were collected through face-to-face interviews conducted by the researcher with patients who provided informed consent. The completion time for the survey averaged 15 minutes across the sample.

The Sociodemographic Information Form

The sociodemographic information form was constructed by the authors using various literature sources. This form consists of nine questions.

The HOADS

The original HOADS developed by Fuseini and colleagues consists of 15 items and five factors: "Shared decision-making," "HCP—patient communication," "Patient autonomy," "Patient privacy," and "Respectful care." The scale has a five-factor structure consisting of the items (1) Never, (2) Rarely, (3) Sometimes, (4) Often, (5) Always. The Cronbach α reliability coefficient of the original scale was α=.763 and for its sub-factors it ranged from α=0.474 to 0.7. HOADS scores ≤27 indicate low dignity, 28-57 indicate medium dignity, and ≥58 indicate high dignity.[24]

Subfactors of the original scale

The scale, developed by Fuseini et al. in 2023, originally consisted of five subdimensions and 15 items: The first subdimension, shared decision-making (items 1–3), the second subdimension, HCP—patient communication (items 4 –6), the third subdimension, patient autonomy (items 7–10), the fourth subdimension, patient privacy (items 11–12) and the fifth subdimension, respectful care (items 13–15).

Language validity

In the process of adapting the scale to Turkish, the original English form was translated into Turkish separately by three independent translators. The resulting translated texts were evaluated by the researchers and brought into a common form. Then, the ethical suitability and linguistic consistency of the translation was reviewed by three faculty members who are experts in their field. As a result of these reviews, the necessary changes were taken into account and the necessary arrangements were made, and the edited text was back-translated into English by three faculty members who are also experts in their fields. Orijinal ölçek ile When the original scale and the back translation were compared, it was determined that there were no differences in meaning at the item level and the Turkish translation process of the scale was completed accordingly.

Statistical Analysis

The collected data were analysed using IBM SPSS 29.0 (IBM Corp, Armonk, NY) package program. To examine whether the numerical variables were normally distributed, the

Kolmogorov–Smirnov test was applied. For numerical variables, results were given as mean ± standard deviation, median (25th–75th percentile), and frequency (percentages). The relationship between Hospitalized Older Adults' Dignity Scale and subscales was evaluated by Pearson Correlation Analysis. Cronbach α coefficient was calculated separately for the internal consistency of Hospitalized Older Adults' Dignity Scale and subscales. The validity of the scale's structural construct in Turkish culture was examined using exploratory factor analysis (EFA). Factor extraction was performed using the principal components method, followed by Varimax rotation to determine the appropriate factors. Sample adequacy was assessed with the Kaiser–Meyer–Olkin (KMO) coefficient. Bartlett's test of sphericity was used to evaluate whether the data were appropriate for factor analysis. In two-tailed tests, <0.05 was adopted as statistically meaningful.

Results

Sample characteristics

The average age of the participants was 72.96±6.47, and more than half (55.8%) were male patients. It was determined that the majority of the participants were married (78.8%), 55.2% were primary school graduates, almost all were unemployed (93.9%) and 60% had a medium income level. It was determined that most of the participants (72.1%) received treatment in internal medicine clinics, 42.5% had been hospitalized for more than five days, and half of the participants (50.3%) had been hospitalized for three or more days (Table 1).

Table 1. Descriptive characteristics (n=165).

Introductory characteristics	n (%)
Gender	
Female	73(44.2)
Male	92(55.8)
Medini situation	
Married	130(78.8)
Single	35(21.2)
Educational Status	
Uneducated	24(14.5)
Primary school	91(55.2)
Middle school	16(9.7)
High school	19(11.5)
University	15(9.1)
Working status	
It Works	10(6.1)
Doesn't work	155(93.9)
Income level	
Low	64(38.8)
Middle	99(60.0)
High	2(1.2)
The clinic where she was treated	
Internal Medicine	119(72.1)
Surgery	46 (27.9)
Length of hospital stay	
<5 day	70(42.5)
5-10 day	54(32.7)
≥ 11day	41(24.8)
Number of hospitalizations	
1	39(23.6)
2	43 (26.1)
≥ 3	83(50.3)

Reliability analysis

Cronbach's α internal consistency coefficient method was suggested to evaluate the reliability of Likert-type scales. In this regard, Cronbach's α coefficient was calculated for the Hospitalized Older Adults' Dignity Scale (HOADS). Item-total correlation coefficients were examined to determine the relationship between scale items and total scores. As a result of the study, the Cronbach α value showing the internal consistency of the scale was found to be .808 (Table 2).

Validity analysis

The structural integrity of the HOADS scale was scrutinized through Exploratory Factor Analysis (EFA). The results indicated that the five-factor structure with 15 items accounted for 62.66% of the overall variance. According to EFA findings regarding the validity of the scale, while the factor loadings in the original study ranged from a minimum of 0.591 to a maximum of 0.876, the factor loadings obtained in this study were found to be between 0.517 and 0.872.

The sample adequacy was confirmed by a Kaiser-Meyer-Olkin (KMO) value of 0.797, indicating that the data were highly suitable for factor extraction. Simultaneously, Bartlett's test of sphericity yielded a statistically significant result ($\chi 2 = 922.331$; P<.001), and the scale was divided into four subfactors to explain the dignity of hospitalized older adults. The rotated matrix, which clarifies the relationship between items is detailed in Table 2.

Table 2. Factor loadings matrix.

	Factor 1 Respectful Care	Factor 2 Patient Communication	Factor 3 Patient autonomy	Factor 4 Patient Privacy
Article 3	0.517			
Article 9	0.597			
Article 10	0.764			
Article 12	0.577			
Article 13	0.713			
Article 14	0.685			
Article 15	0.579			
Article 4		0.757		
Article 5		0.857		
Article 6		0.742		
Article 7		0.561		
Article 1			0.789	
Article 2			0.870	
Article 8			0.722	
Article 11				0.872
Explanatory percentages (%)	33.233	12.459	9.927	7.039

Abbreviation: EFA, exploratory factor analysis.

Exploratory factor analysis (EFA) was applied to the data set with 165 participants to test the compatibility of the factor structure of the adapted scale with the factorial composition of the origina instrument. According to EFA, a structural equation model consisting of four sub-factors was created. Table 3 provides a detailed overview of the item-level statistics, sub-scale distributions, and aggregate scores for the HOADS. (Table 3).

The inter-dimensional associations were quantified using Pearson correlation coefficients, with the results—alongside the Cronbach's alpha internal consistency indices—presented in Table 4. An evaluation of these psychometric parameters indicated that the "Patient Autonomy" sub-dimension demonstrated a relatively lower contribution to the overall scale compared to the other factors." (Table 4).

The original scale sub-factors and the newly created scale sub-factors and items are given in Table 5.

Table 3. Dignity scale items and item statistics for hospitalized older adults.

		Item correlation		
Factor	**Our Study**	**Mean± SD**	**TSS**	**SFS**
Respectful care (Factor 1)	3. HCPs respect my choices about my care.	4.41±0.83	0.642	0.727
	9. HCPs respect my choice for my family to be involved in my care (e.g. bathing and toileting).	4.73±0.58	0.375	0.514
	10 HCPs provide satisfactory assistance when I need help.	4.57±0.73	0.557	0.720
	12. HCPs provide privacy when providing care.	4.79±0.54	0.281	0.468
	13. HCPs treat me with compassion	4.62±0.76	0.463	0.524
	14. HCPs show respect for my religious beliefs	4.87±0.42	0.397	0.476
	15. HCPs respond to my needs in a timely way.	4.52±0.85	0.463	0.672
HCP—patient Communication (Factor 2)	4. HCPs provide me with adequate information about my health condition.	4.16±1.01	0.310	0.730
	5. HCP provide me with adequate information about my treatment.	4.45±0.92	0.535	0.743
	6. HCPs provide me with adequate information about my medications	4.46±0.87	0.456	0.676
	7. HCPs pay attention to me when I speak.	4.53±0.81	0.637	0.599
Patient autonomy (Factor 3)	1. HCPs include me in discussions about my care.	2.96±1.59	0.589	0.730
	2. HCPs involve me in decisions about my care.	3.52±1.50	0.737	0.743
	8. HCPs seek my permission before performing any procedures on me.	4.27±1.08	0.670	0.676
Patient privacy (Factor 4)	11. HCPs provide privacy when discussing issues about me	4.60±0.66	0.346	ℑ

Abbreviations: SD, standard deviation; SFS, Subfactor Score; TSS, Total Scale Score. Could not be calculated due to lack of data.

Table 4. Correlations and cronbach values regarding the dignity scale subfactors of hospitalized older adults.

r (p)[a]		**Factor 1** Respectful care	**Factor 2** HCP—patient communication	**Factor 3** Patient autonomy	**Factor 4** Patient privacy	**Cronbach α**
Factor 1 Respectful care	r	-	0.394	0.334	0.414	0.790
	p		p<0.001	p<0.001	p<0.001	
Factor 2 HCP—patient communication	r		-	0.139	0.237	0.796
	p			0.075	0.002	
Factor 3 Patient autonomy	r			-	0.072	0.731
	p				0.358	
Factor 4 Patient privacy	r				-	ℑ
	p					

[a]Pearson correlation analysis, ℑ: Could not be calculated due to lack of data.

Table 5. Sub-factors and items of the dignity scale for hospitalized older adults.

English Version		**Turkish Version**	
Factor	**Article**	**Factor**	**Article**
Factor 1 Shared decision-making	1.HCPs include me in discussions about my care.	**Factor 3** Patient autonomy	1. HCPs include me in discussions about my care.
	2.HCPs involve me in decisions about my care.		2. HCPs involve me in decisions about my care.
	3. HCPs respect my choices about my care.	**Factor 1** Respectful care	3. HCPs respect my choices about my care.
Factor 2 HCP—patient communication	4.HCPs provide me with adequate information about my health condition.	**Factor 2** HCP—patient communication	4. HCPs provide me with adequate information about my health condition.
	5.HCP provide me with adequate information about my treatment.		5. HCP provide me with adequate information about my treatment.
	6.HCPs provide me with adequate information about my medications.		6. HCPs provide me with adequate information about my medications.
Factor 3 Patient autonomy	7. HCPs pay attention to me when I speak.		7. HCPs pay attention to me when I speak.
	8. HCPs seek my permission before performing any procedures on me.	**Factor 3** Patient autonomy	8. HCPs seek my permission before performing any procedures on me.
	9. HCPs respect my choice for my family to be involved in my care (e.g. bathing and toileting).	**Factor 1** Respectful care	9. HCPs respect my choice for my family to be involved in my care (e.g. bathing and toileting).
	10.HCPs provide satisfactory assistance when I need help.		10. HCPs provide satisfactory assistance when I need help.
Factor 4 Patient privacy	11.HCPs provide privacy when discussing issues about me		12. HCPs provide privacy when providing care.
	12. HCPs provide privacy when providing care.	**Factor 4** Patient privacy	11 HCPs provide privacy when discussing issues about me.
Factor 5 Respectful care	13. HCPs treat me with compassion.	**Factor 1** Respectful care	13. HCPs treat me with compassion.
	14. HCPs show respect for my religious beliefs.		14. HCPs show respect for my religious beliefs.
	15. HCPs respond to my needs in a timely way.		15. HCPs respond to my needs in a timely way.

Abbreviations: SD, standard deviation; SFS, Subfactor Score; TSS, Total Scale Score: Could not be calculated due to lack of data.

Discussions

The present research was conducted to provide a cross-cultural adaptation and evaluate the psychometric robustness of the HOAD scale within the Turkish context. Originally established as a global instrument for assessing dignity in hospitalized older patients, our findings substantiate that the Turkish version maintains its structural integrity and provides valid and reliable data for the measurement of dignity of hospitalized older adults. Consequently, the Turkish adaptation of the scale presents itself as a viable tool for clinical assessment. To further clarify these psychometric findings, the following sections provide a detailed discussion of the results regarding the reliability and validity of the HOADS.

Discussion of the results on the reliability of the HOADS

In reliability analyses, in order for a scale to be considered reliably usable in research, the Cronbach alpha coefficient must be in the range of 0.60–0.80 (fairly reliable) or 0.80–1.00 (highly reliable).[26] In this study, the reliability of HOADS was found to be 0.808 with Cronbach's alpha, confirming that HOADS is a very reliable scale for measuring the dignity of hospitalized patients. In the original study, Fuseini et al. found that HOADS showed acceptable internal consistency reliability with a Cronbach's alpha value of .763.[24] When the reliability of the subscales was examined, in the study by Fuseini et al., the subfactor "Shared decision-making" was found to be α=.718 and the subfactor "Patient autonomy" was found to be α=.544, while in this study, the subfactor combined as "Patient Autonomy" was found to be α=.731. In the original study, "Health Professional-Patient Communication" was found to be α=.706 and in this study, α=.796; the "Respectful Care" sub-factor was found to be α=.474 and in this study, α=.790.[24] The "Patient Privacy" sub-factor was α=.703, and in this study, Cronbach's alpha value could not be calculated because there was only one item in this sub-factor.

Discussion of the results on the validity of the HOADS

In this study, the EFA analysis for the construct validity of the scale was applied: The KMO measure was found to be 0.797, indicating that the data were suitable for factor analysis. Bartlett's test of sphericity yielded statistically significant results (χ^2=922.331; p<.001). In the original study, the adequacy of the sample was indicated by a KMO value of .736, suggesting that the data were suitable for factor analysis. Bartlett's test of sphericity was reported to be significant, χ^2 (n=270, df=153)=996.203, p<.001.

In this study, the scale was structured into four subfactors, unlike the original scale. The items constituting the subfactors in the parent scale were changed in this study. Two of the items constituting the "Shared decision-making" subfactor (items 1, 2) and one item of the "Patient autonomy" subfactor (item 8) constituted the "Patient autonomy" subfactor in this study. The items from the "Health Professional-Patient Communication" subfactor of the original scale (items 4, 5, 6) and one item of the "Patient autonomy" subfactor (item 7) constituted the "Health Professional-Patient Communication" subfactor in this study. The item "Health professionals ensure the confidentiality of my information when discussing issues that concern me," which constituted the "Patient privacy" factor in the original scale, constituted the "Patient privacy" subfactor in this study. The items of the "Respectful care" subfactor in the original scale (items 13, 14, 15) and "Healthcare professionals respect my choices regarding my care," which are in the "Shared decision-making" subfactor, were changed to "Patient autonomy." The item and three items of the "Patient Autonomy" subfactor (items 9, 10, and 12) constituted the "Respectful Care" subfactor in this study.

The EFA performed to determine the construct validity of the HOADS revealed that the scale was in the form of a structure explaining 62.66% of the total variance. In the EFA, the scale was structured into four subfactors named "Respectful Care," "HCP—Patient Communication," "Patient Autonomy," and "Patient Privacy." The explanatory value of the variances of the subfactors was found to be 33.233%, 12.459%, 9.927% and 7.039%, respectively. The significant contribution of all items to the overall scale confirmed that the data structure was suitable for factor analysis. In the study by Fuseini et al., the scale was structured into five subfactors. In our study, the subfactors were labeled "Respectful care", "HCP—patient communication", "Shared decision-making", "Patient autonomy" and "Patient privacy". The validity and reliability results for the HOADS indicated that it is a highly valid and reliable measurement tool. Adapted to Turkish, the scale can be an important assessment tool for determining differences in the dignity levels of hospitalized older adults.

Limitations of the study

Data for this study were collected from a tertiary hospital in a province in northwestern Türkiye. Therefore, the study findings may not be representative of all older adults receiving inpatient treatment in all hospitals in Turkey. Future studies with larger samples would be appropriate.

Conclusion

Conclusion and Recommendations

This scale, the reliability and validity of which has been studied to measure the perceived dignity of hospitalized older individuals in Turkey, consists of four factors and 15 items. Turkish HOADS was found to be a valid and reliable measurement tool as a result of the evaluation conducted on older patients in Türkiye. This scale can be used by health professionals to determine the perception of dignity of hospitalized older individuals. It is anticipated that HOADS will be an important resource for future research on older patients in Turkiye.

Implications

The results obtained from this scale's validity and reliability study may be useful for (1) determining the perception of dignity in hospitalized older individuals, (2) conducting studies to enhance the dignity of older individuals, and (3) comparing the results of different studies on the subject. This study was conducted with patients in only one hospital. Further studies with a larger number of older individuals are needed to determine the perception of dignity in more older patients.

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Conflicting interests

The authors have no conflicts of interest to disclose.

Ethical considerations

Permission to use the scale, whose validity and reliability were studied in this research, was obtained from the correspondence author Fuseini AG. Furthermore, ethics committee approvalfrom the non-invasive clinical studies ethics committee of astate university (Kocaeli University Non-Interventional EthicsCommittee-2023/12.17) and

written consent from the hospital where the study would be conductedwere received. Additionally, the research was conducted in line with the Principles of the Declaration of Helsinki and by getting written consent from the patients with an "Participant Consent Form".

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Author Contributions

P.S.: Concept and design; Obtaining permission for the scale; P.S., S.E.E.: Data collection; Manuscript writing; C.B.: Data analysis and interpretation; P.S., S.E.E., C.B.: Critical review.

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