

The Relationship Between Healthcare Professionals' Service Ethics And Psychological Well-Being Among Older Adults

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ABSTRACT

Purpose: This study aims to analyze the relationship between older adults' perceptions of healthcare service ethics, encompassing autonomy, beneficence, non-maleficence, and justice, and their psychological well-being at Panti Werdha Dharma Bakti KM Seven in Palembang. **Design, Methodology, and Approach:** A quantitative analytical study with a cross-sectional design was conducted between May and June two thousand twenty six. Participants were residents aged sixty to seventy years who met the inclusion criteria. Data were collected using a Service Ethics Questionnaire and the forty two item Ryff's Scales of Psychological Well-Being. Following the Shapiro Wilk test, which indicated non-normal data distributions, Spearman Rank correlation analysis was performed at a significance level of zero point zero five. **Findings:** The analysis yielded a significance value of zero point two four zero, a correlation coefficient of rho equal to zero point two zero seven, indicating a very weak positive association, and a coefficient of determination of four point two percent. The findings indicate no statistically significant relationship between older adults' perceptions of healthcare service ethics and their overall psychological well-being. **Research Implications:** Psychological well-being among institutionalized older adults is multidimensional and cannot be explained solely by healthcare service ethics. Future studies should involve larger samples and examine additional factors, including social connectedness, loneliness, family support, functional independence, and spirituality. **Practical Implications:** Nursing home administrators and healthcare staff should maintain ethical care standards while promoting social engagement, group activities, peer interactions, and spiritual support to improve residents' quality of life. **Originality and Value:** This study contributes evidence to gerontological nursing and bioethics in Indonesia, particularly in Palembang, emphasizing the importance of combining ethical healthcare with comprehensive social and emotional support.

Keywords: healthcare service ethics, psychological well-being, older adults, nursing home, gerontological nursing.

1. INTRODUCTION

The global increase in the older adult population represents a major demographic shift. The World Health Organization projects that by 2030, one in six people worldwide will be aged 60 years or older. In Indonesia, the proportion of older adults has exceeded 10% of the national population, signaling a transition toward an ageing society. In South Sumatra and Palembang, this demographic trend has led to an increased demand for institutional long-term care facilities, such as nursing homes (panti werdha), for seniors requiring specialized care or lacking family support.

Older adults residing in nursing homes face unique adaptation challenges, including relocation, reduced family interactions, and role changes. Healthcare professionals play a vital role in providing daily clinical care and interpersonal interaction. According to Beauchamp and Childress's biomedical ethics framework (2019), healthcare ethics rests on four core principles: respect for autonomy, beneficence, non-maleficence, and justice. Initial observations at Panti Werdha KM 7 revealed

challenges such as high staff workloads and instructive communication patterns, which could influence residents' perceptions of service ethics. Meanwhile, Carol D. Ryff (1989) defines psychological well-being as a multidimensional construct encompassing six core dimensions: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. This study investigated whether residents' perceptions of healthcare service ethics directly correlate with their psychological well-being in an institutional nursing home setting

2. LITERATURE REVIEW / THEORETICAL FRAMEWORK

CONCEPT OF OLDER ADULTS AND INSTITUTIONAL CARE

Aging Process: Aging is the final stage of the human lifecycle, defined by the World Health Organization as individuals aged 60 years and older. It is characterized by natural, irreversible biological, psychological, and social changes. **Biological aspect:** Systemic decline across cardiovascular, musculoskeletal, nervous, and immune functions. **Psychological aspect:** Shifts in mood, memory changes, and heightened vulnerability to conditions such as depression and anxiety. **Social aspect:** Role transitions stemming from retirement, bereavement/loss of a spouse, and diminished social circles. **Institutional Living (Panti Werdha):** Older adults residing in long-term care facilities encounter unique adaptation stressors, including separation from family, adjustment to communal rules, and altered daily routines. These environmental and emotional shifts significantly shape how residents perceive caregiver interactions and healthcare service quality

PERCEPTION IN HEALTHCARE SERVICE DELIVERY

Cognitive Definition: Perception is a cognitive process through which individuals receive, organize, and interpret environmental stimuli to assign meaning. It is shaped by external input as well as personal experience, expectations, values, and emotional states. **Relevance to Caregiver Interactions:** In healthcare, patient perception serves as a vital indicator of care quality. Older adults are particularly sensitive to interpersonal approaches, needing safety, respect, and empathetic understanding. Caregiver attitudes, communication clarity, and respect for dignity directly form residents' perception of service ethics

BIOETHICAL FRAMEWORK & SERVICE ETHICS

Beauchamp and Childress's Bioethical Principles: Healthcare service ethics relies on four foundational principles formulated by Tom L. Beauchamp and James F. Childress (2019): **Respect for Autonomy:** Honoring patient self-determination and decision-making rights regarding their own care. **Beneficence:** Acting in ways that actively promote patient well-being and provide benefit. **Non-Maleficence:** Avoiding actions that cause harm, injury, or distress. **Justice:** Delivering equitable care without bias or discrimination. **Gerontological Care Ethics:** Ethical care for older adults requires patience, simple and clear communication, respect for privacy, and adequate time allocation during examinations. High caregiver workloads and instructive communication risk undermining autonomy and creating perceptions of unfairness. **Core Indicators:** Key indicators of ethical service perception include respect and empathy, honesty and transparency, fairness in care delivery, professional accountability, and patient confidentiality

CAROL RYFF'S PSYCHOLOGICAL WELL-BEING (PWB) FRAMEWORK

Conceptual Foundation: Developed by Carol D. Ryff (1989), Psychological Well-Being emphasizes optimal psychological functioning and self-actualization rather than the mere absence of mental illness or temporary hedonic happiness. **Six Dimensions of Psychological Well-Being:** **Self-Acceptance:** Possessing a positive attitude toward oneself, acknowledging both strengths and past

limitations. Positive Relations with Others: Cultivating warm, trusting, and empathetic interpersonal relationships. Autonomy: Maintaining self-determination, independence, and internal locus of evaluation against social pressures. Environmental Mastery: Managing surrounding contexts, daily activities, and life opportunities effectively. Purpose in Life: Holding clear goals, intentions, and a sense of directedness and meaning in existence. Personal Growth: Seeing oneself as continuously developing, learning, and expanding potential over time.

3. RESEARCH METHOD

The growing population of older adults is a global demographic trend that is also reflected across Indonesia, including South Sumatra Province and Palembang. This shift toward an aging population has increased the demand for institutional long-term care facilities, such as nursing homes (panti werdha), particularly for seniors who require specialized care or lack adequate family support. At Panti Werdha Dharma Bakti KM 7 Palembang, residents face relocation, biological decline, and shifts in social roles that can impact their emotional health and psychological well-being. At the same time, high staff workloads and instructive communication patterns at the facility have raised concerns regarding residents' perceptions of healthcare service ethics. From a theoretical standpoint, ethical healthcare delivery rests on four biomedical principles formulated by Beauchamp and Childress: respect for autonomy, beneficence, non-maleficence, and justice. In gerontological care, applying these ethical principles is intended to foster feelings of safety and personal worth among residents. Meanwhile, Carol D. Ryff defines psychological well-being as optimal psychological functioning encompassing six core dimensions: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Empathetic and respectful interaction with healthcare staff is thought to serve as a vital external support mechanism that sustains these dimensions of well-being. To evaluate this relationship empirically, a research team from Universitas Katolik Misi Charitas (UKMC) conducted a quantitative study with a cross-sectional design between May and June 2026 at Panti Werdha Dharma Bakti KM 7 Palembang.

The study involved 34 residents aged 60–70 years who met all inclusion criteria, including being communicative, cooperative, and passing a preliminary cognitive screening test. Data were gathered using a Service Ethics Questionnaire and the 42-item Indonesian version of Ryff's Scales of Psychological Well-Being. Prior to primary data collection, a cognitive interviewing pilot test was conducted with 3–5 seniors to refine item phrasing, confirm font size readability, and monitor completion time to prevent cognitive fatigue. Statistical analysis using the Shapiro-Wilk test revealed that data for both Service Ethics Perception ($p = 0.0055$) and Psychological Well-Being ($p = 0.0377$) were non-normally distributed ($p < 0.05$). Consequently, non-parametric Spearman Rank correlation testing was applied at a significance level of $\alpha = 0.05$. The test yielded a significance value of $p = 0.240$, a correlation coefficient of $\rho = 0.207$, and a coefficient of determination of $R = 0.042$ (4.2%). Because the p -value exceeded 0.05, the study concluded that there is no statistically significant relationship between older adults' perceptions of healthcare service ethics and their psychological well-being. These findings demonstrate that while residents' perceptions of service ethics showed a positive directional trend, the correlation was very weak and not statistically significant. This indicates that psychological well-being among institutionalized seniors is inherently multidimensional and not solely determined by perceptions of clinical service ethics.

Broader internal and external factors including social connectedness, self-acceptance regarding the aging process, family relations, peer interactions within the facility, and spiritual peace exert a far more substantial influence on residents' overall psychological health. Additionally, methodological constraints such as the small sample size ($n = 34$) and the single-point cross-sectional design limited statistical power to detect weak associations. As a practical implication, healthcare workers and facility administrators at Panti Werdha KM 7 should maintain professional, empathetic, and fair care standards while actively strengthening social engagement programs, group activities, and spiritual care facilities. For future research, expanding sample sizes and investigating additional variables such as loneliness,

physical independence, family support, and religious copingis recommended to gain a more holistic understanding of older adult well-being

4. RESULTS

Determining the appropriate inferential statistical test (parametric vs. non-parametric) required evaluating the distribution of data for both variables. Because the total sample size was $n = 34$ ($n < 50$), the Shapiro-Wilk test was utilized as the primary test of normality.

Variable	Statistik <i>Shapiro-Wilk</i> (W)	<i>p-value</i> (Sig.)	Statistik Kolmogorov-Smirnov
Perception of Service Ethics	0,903	0,0055	0,205
Psychological Well-being	0,933	0,0377	0,151

The Shapiro-Wilk significance values for both Healthcare Service Ethics Perception ($p = 0.0055$) and Psychological Well-Being ($p = 0.0377$) fell below the significance threshold of $\alpha = 0.05$. Consequently, the null hypothesis of normality was rejected, and non-parametric bivariate analysis using the Spearman Rank correlation test was conducted

The hypothesis test evaluated whether a statistically significant relationship exists between older adults' perceptions of healthcare service ethics and their psychological well-being at Panti Werdha KM 73. The significance level was set at $\alpha = 0.05$ (2-tailed)

Uji Statistik	Koefisien Korelasi	Nilai Signifikansi (p-value)	Koefisien Determinasi (R^2)
Spearman Rank (rho)	0,207	0,240	0,042 (4,2%)

5. DISCUSSION

The empirical analysis among 34 residents at Panti Werdha KM 7 demonstrated that perceptions of healthcare service ethics do not hold a statistically significant correlation with psychological well-being ($\rho = 0.207$, $p = 0.240$, $R^2 = 0.042$). Although the positive correlation coefficient indicates a slight trend where favorable perceptions of service ethics coincide with higher well-being scores, this association is statistically weak and lacks significance. From a theoretical bioethics perspective, delivering ethical healthcare encompassing autonomy, beneficence, non-maleficence, and justice is essential for preserving human dignity in long-term care settings. As Sherwin and Winsby (2011) explain, autonomy among nursing home residents must be understood as relational, heavily constrained by institutional environments, health status, and social dynamics. While ethical practices allow residents to feel respected and involved in personal choices, these clinical interactions do not automatically or directly translate into overall psychological well-being. According to Carol D. Ryff (1989), psychological well-being is a multidimensional construct spanning six distinct domains: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. For institutionalized older adults, achieving well-being depends on adapting to physical changes, coming to terms with aging, adjusting to communal living, and deriving personal meaning. Perceptions of staff service ethics form only one part of the broader institutional environment and may not act as the primary determinant of a resident's internal emotional state. These findings align with prior research on long-term care populations.

A systematic review by Mikkelsen et al. (2019) demonstrated that social interventions focusing on interpersonal relationships and social connectivity yield significant benefits for nursing home residents' life satisfaction¹. This highlights that resident well-being is driven more strongly by peer interactions and social participation than by clinical care quality alone. Similarly, Lim et al. (2023) emphasized that social connectedness including peer bonds and ongoing family communication serves as a vital foundation for holistic health in long-term care settings.

Furthermore, Ryff's model underscores that positive relations with others are a core pillar of psychological health. While older adults may evaluate healthcare staff favorably, their overall psychological well-being may remain low if they experience loneliness, loss of a spouse, functional dependence, or adjustment difficulties. Methodologically, statistical factors must also be considered when interpreting these results. The sample size of $n = 34$ limits statistical power, making it difficult to detect weak correlations. Additionally, the cross-sectional design captures measurements at a single point in time, precluding any conclusions regarding causal direction. Despite the absence of a direct statistical correlation, healthcare staff and facility managers at Panti Werdha KM 7 should continue upholding ethical care standards. Concurrently, strategies to enhance resident well-being should incorporate emotional counseling, social activities, meaningful group engagements, and spiritual support

6. CONCLUSION

Psychological well-being among institutionalized older adults is an inherently multidimensional construct encompassing self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Although older adults' perceptions of ethical care (respect for autonomy, beneficence, non-maleficence, and justice) represent a relevant aspect of the institutional environment, they do not serve as the primary or sole determinant of an individual's emotional state. An older adult's emotional health and life satisfaction in long-term care settings are predominantly shaped by broader internal and external factors, including social connectedness, peer interactions within the facility, ongoing family ties, physical independence, personal coping mechanisms, and spiritual peace

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this article.

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