

Promoting dignity in long-term care

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1. Introduction

Human dignity is a core value of nursing education (American Nurses Association, 2001). It is generally agreed in the literature that nurses committed to enhancing patients and residents' dignity are able to promote better health outcomes (Fenton & Mitchell, 2002; Jacelon, Conelly, Brown, Proulx & Vo, 2004). This paper is an integrative review of the nursing literature on the concept and practice of promoting the dignity of older people who live in a nursing care facility. The objective is to examine the concept of "dignity" in the nursing science literature and to formulate a comprehensive and pragmatic concept of "promoting dignity." We used Walker and Avant's (1995) method for developing this concept analysis by determining its aims and purposes, identifying its uses, determining its defining attributes, constructing a model, creating a borderline case and a contrary case, and identifying the antecedents and consequences. The method used is further described below, step by step. A stepwise description of this approach is presented in the methods section.

2. Literature review

Data were collected from several databases, including CINAHL, Medline, Pub Med and Blackwell Synergy. We searched using the following terms: "dignity" and "human dignity" combined with "elderly" AND related to "nursing" OR "Long-term care". Definitions were collected via the literature search and the analysis has shown the complexity of the concept. Therefore, we summarized three major dimensions relating to the definitions of the concept of dignity. The following three dimensions are philosophical, dictionary and empirical references to the concept of dignity.

2.1 Definition from a philosophical perspective

A study by Nordenfelt (2003), examining "dignity and the care of the elderly", proposed four categories of human dignity with a focus on older people: (1) dignity as *Human Rights*, meaning that all humans have the same value and the same rights independent of their gender, age, race or religion; (2) the dignity of *Merit*, which includes a rank in society, earned or inherited, entailing a set of rights and honors installed in this position; (3) the dignity of *Moral Stature*, which includes respect for oneself as a moral human being and respect from others related to performance and attitudes; and (4) the *dignity of personal identity*, which focuses on human beings' self-respect, including notions of integrity and autonomy, and may be violated when a person is prevented from doing what he/she wants/is entitled to do.

2.2 Dictionary definitions

The term 'dignity' comes from the Latin word *dignitas/dignus*, meaning 'to be worthy', and also the word *decet*, meaning 'decent' or 'fitting' (The Oxford Dictionary of English Etymology, 1966). Further, dignity may be associated with a person's trustworthiness, prestige and esteem within a particular society (Webster's New Collegiate Dictionary, 1973).

2.3 Definition from the empirical references

A participant observation from 6-12 months follow-up of the teaching of ethics to health care professionals working with older people stressed the intrinsic value of autonomy and integrity (Randers & Mattiasson, 2004). A phenomenological study identified the characteristics that patients attributed to dignity, and the themes that emerged from the patient interviews were similar to the findings from the interviews with the nurses. These factors included respect, privacy, control, choice, humour and matter-of-factness (Walsh & Kowanko, 2002).

Volicer (1997) asserted that nurses have a responsibility to maintain a patient's or resident's dignity after he/she lacks the ability to do so. Whilst hospitalized or living in a long-term care facility,

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older people who move from home into an institution may struggle with a foreign new identity within their new environment and sometimes their dignity is compromised by the institutional rules (Franklin, Ternstedt, & Nordenfelt, 2006).

Dignity is reciprocal. When one behaves with dignity, others respond in a similar manner; when one is treated without dignity, one's dignity is diminished. The patient or resident's dignity is grounded in self-respect and self-esteem and in relation to others' behavior (Nystrom & Anderson-Segesten, 1990). Therefore, treating patients or residents with dignity can be viewed as an integral part of a positive caregiver-patient relationship. The promotion of dignity should be integrated into nursing practice, especially in eldercare facilities.

3. Result

3.1 Constructing a conceptual model for promoting dignity

As previously noted, the nursing literature frequently cites the concept of dignity but few studies attempt to define dignity. Nurses and patients view dignity as important but the nursing literature says little about how patient dignity may be achieved in the practice setting (Walsh & Kowanko, 2002). Paley (1996) questioned whether a concept analysis is a successful way of achieving a deeper and more coherent collegial understanding of the concepts in the caring context. Despite the fact that comprehensive definitions of dignity were identified in the literature review, it does not provide a clear or practical conceptual model for nurses to follow. A number of researchers have conducted studies connecting the concept of 'dignity' to nursing activities (Fenton & Mitchell, 2002; Jacelon et al., 2004). However, focusing on promoting dignity moves the concept closer to practice. According to Rodgers (1993), a concept must not only relate to the concept itself, but should also include the use and behaviors that make it possible. In this paper, Walker and Avant's (1995) method of clarifying the concept of dignity and constructing a conceptual model (Figure 1) was used potentially to assist in the

development of nursing interventions. The following three elements will explain the conceptual model by defining the antecedents, attributes and consequences.

3.2 Attributes of promoting dignity

The following four attributes are commonly highlighted in this literature: individualized care, respect, advocacy and sensitive listening.

Individualized care is focused on older

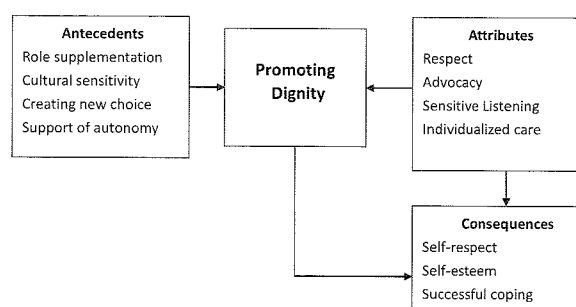


Figure 1 Concept analysis of Promoting Dignity in Long-term Care

people's individual needs and choices. Confirming individuality in caring implies encouraging the older person to take an active part in the decision making. Nurses consider older elderly people as important and unique persons and serve them in different ways. Individuality is further confirmed when the nurses listen carefully to the older person's life experiences, life stories and views about the future. For example, reminiscence can be used as a nursing intervention to encourage older people to talk about their life experiences. For older people with memory loss, the process of reminiscence must be tailored to suit their individual needs.

Showing respect for older people includes preserving self-respect through the respect communicated by people around them and encouraging the maintenance of traditional values, even in a situation of dependency. The respect should be based on a cultural view of the elderly. For example, nurses can provide a private space for older and familiar cultural symbols that can help the elderly to feel at home.

Performing advocacy implies nurses protecting the elderly's rights and self-esteem, especially if they cannot easily express their rights or asserts their needs themselves. Walsh & Kowanko (2002) pointed out that many older people mentioned a sense of being rushed, experienced their bodies as being treated as objects,

and being uncomfortably exposed, all of which made them feel that their dignity had been compromised.

Sensitive listening includes the entire realm of communication. Several studies have revealed that older people want to talk about their daily life, needs and limitations in their own way. Nurses need to be aware of the fact that older people may find it difficult to express themselves well, particularly if in the process of reorientation and adaptation to being dependent on care. Nurses can foster older people's dignity by sensitive listening and helping them to express themselves.

3.3 Antecedent conditions of promoting dignity

Antecedent conditions are necessary circumstances that occur before promoting dignity.

In order to provide good nursing care, the caregivers should understand and be able to apply the concept of "promoting dignity," which is composed of four components of nurses' behavior: (1) role supplementation, (2) cultural sensitivity, (3) creating new choices, and (4) support of autonomy (Figure 1).

Role supplementation is the first component. It refers to a nurse's actions in strengthening the residents' residual ability to complete a task. Nurses should be aware of the limitations of the residents, which include knowing the older people's physical and cognitive functioning. Nurses should provide the support needed to revise the skills and capabilities continuously as demands evolve in new surroundings (Schumacher, Jones, & Meleis, 1999; Woolhead, Calnan, Dieppe, & Tadd, 2004). Culture sensitivity is the second component, and refers to those supportive, facilitative or enabling creative professional actions that help older people to retain their values so that they can maintain their well-being (Leininger, 1991). If care providers do not consider cultural factors, it often leads to communication problems and might evolve into allegations of abuse, neglect or mistreatment. A lack of cultural sensitivity often causes older people to experience feelings of anger, frustration and low self-worth. Creating new choices is the third component. Older people often associate the transition from home to institution with a sense of loss (Schumacher et al.,

1999). Nurses provide the elderly with opportunities for self-control by creating new choices that can help them to re-establish their self-esteem in the transition process. For the purpose of promoting dignity, maintaining self-esteem is a substantial characteristic. The support of autonomy is the last component. Nurses need to respect older adults' ability to choose, decide, and take responsibility for their own lives. People feel valued and value themselves more when they can assert their self-worth through independent action and thought (Randers & Mattiasson, 2004). The environment and daily activities must allow the elderly to engage in self-autonomous acts. Nurses can endeavor to create a safe and secure environment so that elderly autonomy, including at least the semi-autonomous completion of their daily routines, can be achieved and, thereby, older people's dignity is enhanced.

3.4 Consequences of promoting dignity

Consequences refer to the outcomes of the process of promoting dignity in long-term care (Figure 1). Treating older people in ways that will promote their dignity, through respect, advocacy, sensitive listening and individualized care, can enhance their self-respect and self-esteem. If older people are given support by nurses, it can help them to overcome their vulnerability and limitations in daily life. Furthermore, older people can feel more successful about coping with the transition into a long-term care facility (Anderberg, Lepp, Berglund, & Segesten, 2007). The attributes, antecedent conditions and consequences discussed above constitute a primary conceptual framework for "promoting dignity" in long-term care.

4. Discussion

This paper analyzed the concepts of "dignity" in the nursing science literature and formulated a comprehensive and pragmatic concept of "promoting dignity." This could help nurse educationalists to develop programs in ethical care and policy-making to empower residents in long care facilities to achieve better health outcomes. The limitations of this concept

analysis are related to the different perceptions of dignity. Furthermore, the dignity of the older person is unrelated to the concept itself, but also concerns social connections and social identities. It is, moreover, not simply about individual perception, but includes communal relationships and care (Chan & Pang, 2007). In future studies, we need various approaches to the perceptions of dignity by qualitative research on institutionalized elderly people, especially from a cultural perspective. The conceptual model developed in this paper also needs to be tested as well, which could be done by undertaking an intervention study of nursing activities. The model we present can be used in nursing management as a starting point for making the promotion of dignity more visible and applicable in long-term care settings.

5. Conclusion

Promoting dignity demands attention in nursing policy-making and ethical educational programs. It can foster nurses' professional knowledge, behaviour and responsibility. The literature on promoting dignity points out that dignity is not simply individual but, rather, must be understood in relation to others' behavior. In order to improve the ethical care of older people by promoting dignity in long-term care, caregivers can use the attributes of dignity-respect, advocacy, sensitive listening, and individualized care as a conceptual foundation for their actions. The nursing activities that will promote dignity in a health care environment and the daily care of residents will include role supplementation, cultural sensitivity, creating new choices and the support of autonomy. This also means that health care professionals have to respect elderly people's personalities as well as their personal capabilities in different care situations. Promoting dignity for older people will lead, ideally, to greater self-respect, self-esteem and successful coping in the long-term care facilities. Therefore, this concept analysis may contribute to the development and visibility of dignity-promoting professional nursing behaviors as they care for elderly people. The results of this concept analysis also may be used as

an instrument when evaluating the quality of care for elderly people in long-term care facilities.

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長期照護尊嚴促進之概念分析

韋淑玲 吳淑貞

本文以縱合文獻回顧的方式，以關鍵詞「尊嚴」或「人性尊嚴」結合「老年人」、「護理」或「長期照護」廣泛查證此概念定義。並以Walker和Avant's (1995)所提方法進行尊嚴促進於長期照護之概念分析。經分析結果顯示「尊嚴促進於長期照護之概念」定義性特徵為：(1)尊重(2)維護(3)有感受性的傾聽(4)個別性的照護。前置因素包含角色補足、文化敏感度、創造新選擇及支持自主。結果指標為自我尊重的能力、自尊感及成功的調適。希望藉此概念分析提供護理人員尊嚴照護教育的參考，進而在實務中運用此概念架構以增進長期照護機構老年人的身心健康。

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新加坡模式對澳門的醫療融資制度的啟發

黃敏靜

澳門醫療保健費用的支出在日漸增加，受到老齡化問題的困擾，如何控制醫療費用的快速增長成一個緊迫的問題。在過去二十年中，澳門政府衛生支出平均每年迅速增長8.0%。本文將世界上四種主要的醫療保險制度作比較。研究了它們的優缺點將對發展和改革澳門的醫療保健制度有所啟發。