Promoting patient dignity in nursing care

By Beth Fahlberg, PhD, MN, BS, RN

I RECENTLY MET a remarkable woman named Patricia,* who at age 80 remains staunchly independent despite a body that’s growing old and frail and a world growing smaller each day due to the limitations imposed by her health problems. I’ve learned a lot from Patricia about how to promote dignity in caring for patients.

Dignity has been defined as “an inherent characteristic of being human, it can be felt as an attribute of the self, and is made manifest through behaviour that demonstrates respect for self and others...”[A]n individual’s dignity is affected by the treatment received from others.” It’s a complex concept that means different things to different people, and it can be deeply embedded in culture.

A person’s sense of dignity is influenced by many things—level of independence, perceived control, symptom management, and attitudes of care providers to name a few. Most important is how our patients see themselves, and how they believe others see them.

Living life to the fullest

For 50 years, Patricia enjoyed living by herself in an apartment near a large university, participating in the arts community and attending many cultural events. She traveled extensively and shares pictures of her travels with those she meets. My favorite shows her with penguins in Antarctica, a trip she took at the age of 70.

Patricia had a long and influential professional career in healthcare. She was involved in developing practice and policies in her healthcare specialty; many are still used today. She worked with many people who developed the theories that guide my own practice, including Elisabeth Kübler-Ross, author of the groundbreaking theory on the five stages of grief. Patricia’s clinical wisdom and experience provide valuable lessons to those who take the time to learn from her. Yet she often feels that her healthcare providers treat her like a child.

For years, Patricia could manage her health problems on her own. However, when she turned 80, she fell, and her life hasn’t been the same since. When she was in the hospital, a social worker said she couldn’t return to her apartment; she needed a safer environment. She also lost the ability to drive, a very difficult change for this intrepid explorer. But hardest of all have been the many assaults on her sense of dignity.

Threats to Patricia’s dignity were often unintentional, coming from well-meaning friends and providers who wanted only to help her. However, when we helped in such a way that her independence and freedom to make decisions were threatened, we compromised her dignity. At times we were too quick to talk about her rather than taking the time to talk with her. Patricia has taught us by saying “I’m the patient, I need to be included.” As nurses, we can do better at promoting dignity. I can do better.

How to promote dignity

Think about what dignity means to you. How would you define it? For Patricia, dignity was deeply rooted in how she felt people saw and treated her and in her feelings of independence and control. We promoted her dignity by including her in conversations, by giving her choices, by listening to her, and by allowing her to teach us.

So, how can you promote dignity in the care you give to your patients? Here are a few principles:

• Treat all patients with kindness, humanity, respect, and compassion. As adults. As individuals. As we ourselves want to be treated.
• Look beyond the failing body, the walker, the oxygen tank, to see the person.
• Get to know the whole person you’re caring for, body, mind and spirit, and consciously incorporate that knowledge into your care.
• Include the patient in conversations and decisions, both large and small.

Another simple idea to promote dignity in your daily nursing practice is to ask the simple yet powerful Patient Dignity Question: “What do I need to know about you as a person to give you the best care possible?” Follow up by finding a consistent way to communicate this information to other providers. Collaborate with them to achieve mutually valued health goals that maximize the patient’s sense of independence. More information about promoting dignity in care and toolkit of resources is available at http://dignityincare.ca/en.

REFERENCES

Beth Fahlberg is a clinical associate professor at the University of Wisconsin-Madison School of Nursing.

DOI-10.1097/01.NURSE.0000450788.72731.82

*Patricia is a pseudonym.