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Abstract

Dignity, an ethical value, is a foundational block of professional nursing care. Within the healthcare system dignity can be threatened, promoted, gained, and/or lost. As medical advances have increased lifespans individuals are now being confronted with an increased threat of age-related illnesses which can threaten personal dignity. Providing evidenced-based, best-practice dignity preserving care can improve patient outcomes resulting in both a healthy and increased lifespan. In the quest to identify ways to improve the quality of patient care the author developed the Dignity Preservation Model (DPM). The model was developed through analysis and application of two models: the Model of Dignity in Illness developed in 2013 by a group of researchers from the VU University Medical Center in Amsterdam, The Netherlands, and the Dignity Model developed the psychiatrist Donna Hicks in 2011. The Interpersonal Relations Theory published by a psychiatric nurse, Hildegard Peplau in 1952 was utilized as the theoretical framework for the DPM. While data is not available for the effectiveness of the DPM within a clinical setting to date, the model is grounded in nursing theory, utilizing evidence-based nursing measures for the improvement of patient care outside medical interventions. Gaining a deeper knowledge and understanding of dignity within the nurse-patient relationship can enrich the nursing care provided. Nursing professionals possibly lack a working knowledge of the concept and the DPM may serve as a tool to guide them in the preservation of patient dignity within the healthcare environment. Future research should focus on the effectiveness of the DPM within the clinical setting as a method of expanding best practice nursing knowledge from which best-practice patient care can be realized.

Attributes of Dignity

Dignity takes center stage in any vocation including nursing where there is interaction between two or more individuals. Gaining a deeper knowledge and understanding of dignity in relationship to patient care experiences can enrich nursing care provided. While all nurses have an ethical, professional, and legal responsibility to promote patient dignity, a working knowledge of dignity is lacking in many healthcare environments thus increasing the risk of violating patients’ right to dignity (Matti, 2015). In an attempt to indirectly improve patient care and outcomes the DPM was developed based on the findings of an evidence-based literature review on the concept of dignity in relationship to patient care. Preservation of dignity must remain in the forefront of all nurse-patient relationships to enhance optimal patient outcomes.

Dignity Preservation Model

In relationship to personal dignity, detrimental consequences will never be realized when patient dignity is preserved. It is only through violation of one or more associated attributes that detrimental consequences become reality. When all attributes of dignity are present, an individual’s self-worth and self-respect are maintained and/or enhanced. Human interaction void of one or more attributes pose a threat to individual dignity. Feelings of frustration, anger, humiliation, and embarrassment may develop undermining individual perception of self-worth and self-respect. Within the professional nursing environment to abuse, neglect, and/or violate the dignity of a patient is to violate a fundamental ethical, moral, and legal responsibility entrusted of the profession. Because dignity impacts all aspects of patient care, a working knowledge of dignity preservation in patient care is required if best practice care is to be realized: thus the reasoning for development of the DPM.

Nursing Actions

- Protect the patient’s right to privacy and confidentiality
- Respect the patient’s individuality
- Equality within the nurse-patient relationship
- Safe patient environment
- Empower patient to be independent
- Reflective practice in caring for patients.
- Validate the worthiness and value of a patient
- Allow for Autonomy by engaging in effective communication insuring patients are able to make un-biased informed decisions.
- Take responsibility for own actions
- Individualized care
- Open communication approach within the nurse-patient relationship.
- Needs of patient met in timely manner

Impact on the Nursing Profession

The DPM is grounded in nursing theory utilizing evidence-based nursing measures for the improvement of patient care in conjunction with medical interventions thus contributing to the nursing knowledge base. Dignity preservation impacts all aspects of nursing care without which best-practice care could not be realized.

Discussion

In relationship to personal dignity, detrimental consequences will never be realized when patient dignity is preserved. It is only through violation of one or more associated attributes that detrimental consequences become reality. When all attributes of dignity are present, an individual’s self-worth and self-respect are maintained and/or enhanced. Human interaction void of one or more attributes pose a threat to individual dignity. Feelings of frustration, anger, humiliation, and embarrassment may develop undermining individual perception of self-worth and self-respect. Within the professional nursing environment to abuse, neglect, and/or violate the dignity of a patient is to violate a fundamental ethical, moral, and legal responsibility entrusted of the profession. Because dignity impacts all aspects of patient care, a working knowledge of dignity preservation in patient care is required if best practice care is to be realized: thus the reasoning for development of the DPM.

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