

Dignity and respect matter

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Abstract

This article examines the notions of dignity and respect in the care of older people in hospitals. It considers the legal implications of the Human Rights Act, and show how basic human rights are routinely denied because of undignified and disrespectful care. The reader is challenged to reflect on these examples, and encouraged to examine their own conscience and practice in relation to the care they provide, considering the role that healthcare support workers can have in dignified care.

Key words

■ Dignity ■ Respect ■ Vulnerability ■ Communication
■ Compassion

In 1998 Dr Harold Moody wrote an article for the *Journal of Gerontological Social Work*, entitled 'Why Dignity in Old Age Matters' (Moody, 1998). He described an experience relevant to us all:

'after struggling from infantile dependency to achieve adult dignity, we may once again, in the twilight of life, find ourselves degraded. Whether by stroke, by Alzheimer's, or by whatever cause, we stand at risk of losing everything achieved over a lifetime'

For many older people hospitalization will be distressing. It is not just dependency, disease and ageing that can degrade or humiliate, but also the conduct of those who are charged with a duty of care.

The lack of respect shown to vulnerable and sick older people in NHS hospital wards is often in the news. As caring people, we must examine what is happening in hospitals across the UK. Take some time to ask yourself:

- Why does dignity matter?
- Why does respect matter?
- Why read or write about it?
- Why are older people often treated differently?
- Are we guilty of inherent ageism
- Do we lack of respect for older people?
- Is it hard to give people their basic human rights?

Finding time to ponder over these questions is important. The fact that we may be one of these vulnerable and helpless people in our own old age may be a difficult idea, and perhaps this is why we might view the patient as an 'object', not the same as us, and not experiencing things like us.

Dignity and respect in the UK

The issue of dignity in healthcare is currently high on the UK Government agenda. The Department of Health (DH) launched a dignity campaign in 2006 (DH, 2006), and the importance of these issues was reinforced in the recent publication of the English Government's NHS Constitution (2009), which includes the values of respect, dignity and compassion.

The Scottish government launched a public consultation in 2008 to seek views on possible content of a Patients Rights bill to be introduced in 2010. The report (Scottish Government, 2009) includes the right to be treated with dignity and respect. Also in 2008, Welsh Assembly Government (WAG) launched a dignity campaign focused on older people in care settings (WAG, 2008).

Last year, the Royal College of Nursing (RCN) encouraged its members to uphold dignity in care by launching its own campaign. It provides nurses with resources to raise awareness in the workplace (RCN, 2009).

A great deal of media attention is currently focused on the needs of vulnerable older people. Distressing experiences regularly feature in the media. Families who have been traumatized by their elderly relatives' experiences have made their stories public.

There have been shocking exposures of neglectful practice in NHS trusts around the country, the most recent being the Mid Staffordshire NHS Foundation Trust (Healthcare Commission, 2009). This was closely followed by the alarming cases exposed in the Patients Association report (Mullen, 2009).

Examples

These are some examples of inappropriate practice taken from the Patient's Association report (Mullen, 2009). One comes from a son's account of his mother's experience, while waiting to have repair of a hip fracture:

'my mother was also told that, because of being unable to use the toilet facilities through being immobile, she should wet the bed. This was highly embarrassing for her. Even worse, on one occasion, a night nurse told her off for doing this severely enough to reduce her to tears and cause her to ask me if she could go home.'

A daughter's observations:

'I saw an elderly confused lady brought a meal without any interaction at all. The poor soul didn't

even know it had arrived. It was then taken away without a word spoken to her. Whilst staying with my mother on this and another ward I realised this was a common occurrence’.

A daughter’s account of her father’s care:

‘The nurse failed to provide incontinence pads as had been done during the evening and night before. My father was bleeding rectally and he ended up laying in urine and blood. He also wet the floor and my elderly mother wiped this up while the nurse and assistant nurse watched on and did nothing to help. They did not even bring a mop and bucket afterwards to disinfect the floor’.

A husband talking about his wife’s (formerly a nurse) care:

‘Ann couldn’t relate the attitude and actions of some of the nurses with how she had been trained to look after people. Her legs were raw and covered in bandages both to protect her wounds, and the fragile skin surrounding them as she had developed blisters and lesions from deep vein thrombosis and other problems. The dressings were supposed to be changed regularly, every few days, but the nurses didn’t bother. One night two nurses were hoisting her into bed and one handled her very roughly, knocking her legs. She gasped in pain and the nurse said “Oh, we’ve got a drama queen here.” That description didn’t match my wife in the slightest’.

These are just a few examples, there are many more. This kind of care is probably happening right now.

Out of mind, out of care

Staff shortages, government targets and routine or familiarity within the working environment can affect the care we provide. In the chaos of a busy ward it is possible to unintentionally neglect those who need the most care. ‘I’ll be there in a minute’ has become a common mantra among healthcare staff.

We can become impervious to the patient and their suffering; we may only see age, disease, incontinence and relentless needs. Often, the individuals who require the greatest care are most deprived of it (Crisci 2008). Empathizing, and so imagining our own infirmity and dependence on others, may be painful and is possibly part of the problem.

What is meant by dignity and respect?

Empathy and respect for others are fundamental values. The ability to empathize with others is what makes us

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human. If I am hurt by harsh actions or words, others will be. If I need food and drink to survive, so too will others. If my self-respect is damaged by lying in my own faeces or urine, dependent on others for help, so too will yours be.

Everyone, irrespective of age or social status, has the right to be respected. It is easy for healthcare workers to become complacent about the nature of their work and environment.

Every healthcare worker should consider what it is like to be admitted to hospital. Fear of the unknown and loss of control accompany a nagging doubt that you might never return home. These people have no choice but to put their trust in those who are there to care for them, and in return they anticipate and deserve kindness, consideration, competence and compassion.

A Dignified Revolution (www.dignifiedrevolution.org.uk) was established in 2008 to promote the dignity and respect of older people in hospital. It does not separate dignity and respect from human rights.

Respect

Respect is something that we give others; it means ‘consideration’ for them and their needs as individuals. We should show respect in every interaction. It is about being polite and gentle during physical contact, giving appropriate information, telling a person when their loved ones have telephoned, and ensuring that people are not ‘frightened to ring the bell’ (Meade, 2006).

Respect means that people are not treated as objects; they are not spoken over, or about, as if they were invisible. They are acknowledged as people with a life history that existed before they came to hospital. The poem ‘Look Closer’, in Box 2 is a fitting reminder of this (McCormack, unpublished).

The golden rule, ‘do unto others, as you would have them do unto you’ should be applied in every exchange between patient and healthcare worker.

Dignity

Having dignity is associated with self-respect and the feelings that we have about ourselves. People have dignity when they believe that their life has value and meaning for others. Demonstrating respect for a person helps to preserve their dignity.

Webster and Bryan (2009) believe that communication is the mediating factor in maintaining control, independence and dignity. Their research demonstrates that older people value being included in discussions and decisions about their care. This not only enables them to feel more in control of the situation, but also helps to maintain their independence and, consequently, their



dignity. A respectful, thoughtful and considerate nurse was of great importance.

This is also a finding in a study by Baillie (2009). Interestingly, in Baillie's work, the respectful nurse was considered to be a far more important issue to the patient than it was among the nurses themselves. It is extraordinary that nurses in this study were often unaware of how their interactions could affect people's dignity! A sense of self-worth can be very fragile and is easily damaged, particularly in a healthcare setting, where individuals are 'on show', and subject to abuses of power.

Common abuse of human rights

Dignity and respect are key principles of the Human Rights Act, to which everyone is entitled under UK law (Her Majesty's Stationary Office, 1998). When a

Box 1. Duty of care

Healthcare workers owe a duty of care to:

- Society under the public law
- Their employer under contract law
- The profession through the Nursing and Midwifery Order
- The resident through the civil law.

Source: Griffith, 2008

person's dignity is compromised through lack of respect, intentional or not, it is an abuse of their human rights and is punishable by law. Despite this, there are numerous examples of people's human rights being abused in hospital wards across the country every day.

Specific examples include:

- Not being supported by healthcare staff to maintain adequate food and drink intake
- Lack of respect for privacy on a hospital ward, including mixed-sex wards, and disregard for nudity and modesty during examinations or other care interventions
- Leaving people to lie in urine or faeces, or telling people to 'go in the bed' because it is more convenient for staff
- Leaving people without the means to attract attention; call bells or buzzers out of reach, or switched off
- Not answering bells or buzzers
- Not attending to fundamental care needs; for example, ensuring spectacles are clean and to hand, teeth or dentures are cleaned every day and people are dressed in their own clothes
- Excluding the patient during care interventions; not talking to them, or explaining what is happening
- Speaking to people in an inconsiderate manner; not taking into account their individual communication needs, such as hearing, speech, cognitive understanding and interpretative ability
- Making assumptions about people, without undertaking any real assessment of need; that fact that someone experiences hearing, speech or cognitive impairments does not mean they cannot understand and do not need to be involved
- Communicating in a way that conveys disrespect and a lack of concern for them as individuals
- Not recognizing the knowledge, understanding and skills of the patient's unpaid 'carer', and no appreciation of the contribution they can make to the treatment and care
- Failing to keep accurate records and care plans.

When people talk about abuse they tend to think of rare and dramatic instances where people are subject to appalling suffering. However, the most common incidents of abuse relate to poor practice, neglect of care and management, like those listed above.

These occurrences represent a breach of the duty of care expected from all healthcare workers, as outlined in Box 1. Criminal charges can be made if a violation of

the duty of care through negligent practice is sufficient to cause the death of a resident or patient. A registered staff member is also required to adhere to their statutory professional body's expectations for the interest of patients. (Unison, 2003).

Abuse has many guises. A very sick, elderly person's hold on life is fragile, and that is why the fundamental aspects of care are crucial. Medical interventions are of little use if the patient is literally dying for a drink (Steane, 2007). It can be impossible for a patient to eat if they are not helped with oral care. Simple things, like keeping dentures clean and fresh, are essential.

Superbugs also continue to thrive in hospitals. Many older people have suffered and died after contracting *Clostridium difficile*. Poor hygiene practice and neglect by care workers have been shown to exacerbate the problem. In 2003, two nurses were convicted of killing an elderly person in a nursing home, through negligence. The resident had died from septicemia, which had resulted from a large pressure ulcer (Griffiths, 2009).

The healthcare support worker's role in dignified care

Healthcare support workers (HCSW) play a significant role in maintaining dignified care. Increasingly, it is the HCSW who is charged with providing the individual's fundamental care needs.

Fundamental care, which is seen by many as 'basic', is in fact the very essence of nursing. The effect on patients' welfare when such nursing care is neglected or shunned is catastrophic (Henderson, 1977).

However, it can be a challenge for HCSWs to provide care for the patient properly. The environment may not lend itself to a person-centered approach; it could be increasingly task-orientated and target-driven, to the detriment of those being cared for. Such environments can cause stress and anxiety among those trying to provide quality care.

Following the publication of the recent Patients Association report (2009), which once again drew attention to the serious shortfalls in care, some HCSWs contacted the association to voice their concerns about the limited training they were receiving, and the technical tasks they were expected to carry out (Templeton, 2009). This not only compromises patient safety, it also places unreasonable pressures on HCSWs.

Healthcare workers, including HCSWs, owe a duty of care to those in their charge. This places a responsibility on them to speak out if they feel they are being asked to perform tasks they are not trained to do, and if they believe they cannot provide the essential and fundamental care required. If the HCSW belongs to a union or a professional body, they should enlist the help of that organisation. It is imperative to raise, document and keep copies of concerns, with full dates and details of events (Unison, 2003).

Box 2. 'Look Closer' P McCormack

What do you see nurse, what do you see?
What are you thinking when you look at me?
A crabbit old woman, not very wise,
Uncertain of habit with far away eyes.
Who dribbles her food and makes no reply:
When you say in a loud voice, "I do wish you'd try."
Who seems not to notice the things that you do,
And forever is losing a stocking or shoe.
Who quite unresisting lets you do as you will;
With bathing or feeding the long day to fill.
Is that what you're thinking, is that what you see?
Then open your eyes nurse, you're not looking at me.
I'll tell you who I am, as I sit here so still,
As I move at your bidding, as I eat at your will.
I'm a small child of ten... with a father and mother,
And brothers and sisters who love one another.
A girl of sixteen with wings on her feet,
Dreaming that soon a true lover she'll meet.
A bride soon at twenty... my heart gives a leap;
Remembering the vows that I promised to keep.
At twenty five, I have young of my own,
Who need me to build a secure and happy home.
A woman of thirty, my young now grow fast,
Bound to each other with ties that should last.
At forty, my young ones have grown up and gone;
But my man stays beside me to see I don't mourn.
At fifty, once more babies play round my knees;
Again we know children, my loved one and me.
Dark days are upon me, my husband is dead...
I look at the future, I shudder with dread;
For my young are all busy with young of their own,
And I think of the years and the love that I've known.
I am an old woman now, and nature is cruel,
'Tis her jest to make old age look like a fool.
The body, it crumbles, grace and vigour depart,
There is now a stone where I once had a heart.
But inside this old carcass a young girl still dwells,
And now and again my battered heart swells.
I remember the joys, I remember the pain,
And I'm loving and living life over again.
I think of the years... all too few, gone too fast,
And accept the stark fact that nothing can last.
So open your eyes nurse, open and see...
Not a crabbit old woman,
Look closer... see ME.

Conclusion

Dignity is a standard by which we measure conduct, both our own and others. It is not an 'ideal'. If we do not provide care with respect, then we lack dignity. In our hearts we all know what is required of us, the challenge is being brave enough to do it. In the words of Martin Luther King:

"Our lives begin to end the day we become silent about the things that matter"

Key Points

- Dignity is a standard by which we measure our own conduct, and the conduct of others.
- If we do not provide dignified care then we ourselves lack dignity and behave in ways that are unworthy of us.
- Good communication and involvement helps maintain an individual's independence and dignity.
- All healthcare workers have a moral and statutory duty of care to protect patients from abuse and neglect.
- Healthcare support workers should be trained and well supported in order to carry out their role and should not be expected to compromise their position with unreasonable expectations of their capabilities.

Dignity in care matters, and healthcare workers, both qualified and unqualified, must acknowledge their privileged position: vulnerable and sick people place their trust in us when they are most in need. Healthcare workers determine standards of care. The Bombay Hospital motto, drawn from a quote by Mahatma Gandhi, is a useful statement on which to reflect:

'The patient is the most important person in the hospital. He is not an interruption to our work, he is the purpose of it. He is not an outsider in our hospital, he is a part of it. We are not doing a favour by serving him, he is doing us a favour by giving us an opportunity to do so'

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Further Information

A Dignified Revolution produces and circulates a monthly newsletter for anyone interested in maintaining and promoting dignified care. Email info@dignifiedrevolution.org.uk to subscribe.

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