

Dignity models in healthcare. A review of the literature

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INTRODUCTION

- Nowadays some meanings of dignity extend their exclusive link to the idea that it is an intrinsic quality of the human beings¹.
- Social dignity, that is based on the ontological dignity and which is a consequence of its recognition it is a fundamental aspect of the care for both, health care professionals and patients².
- The acknowledgement of dignity is specially important in the care of terminally ill persons because they are particularly vulnerable.
- Dignity conserving care is essential for palliative care professionals².

AIM

- To identify the dignity models elaborated in different healthcare contexts and the essential aspects that may influence in the patients' personal sense of dignity.

METHODS

A review of the literature was carried out on January of 2013

Table 1. Search strategy

Keywords	"Dignity Model"		
	PubMed	CINAHL	PsycINFO
Databases			
Limits: lenguaje (english & spanish)	153	23	29
Application of inclusion and exclusion criteria	5		

Inclusion criteria:

- Primary empiric studies that propose dignity models

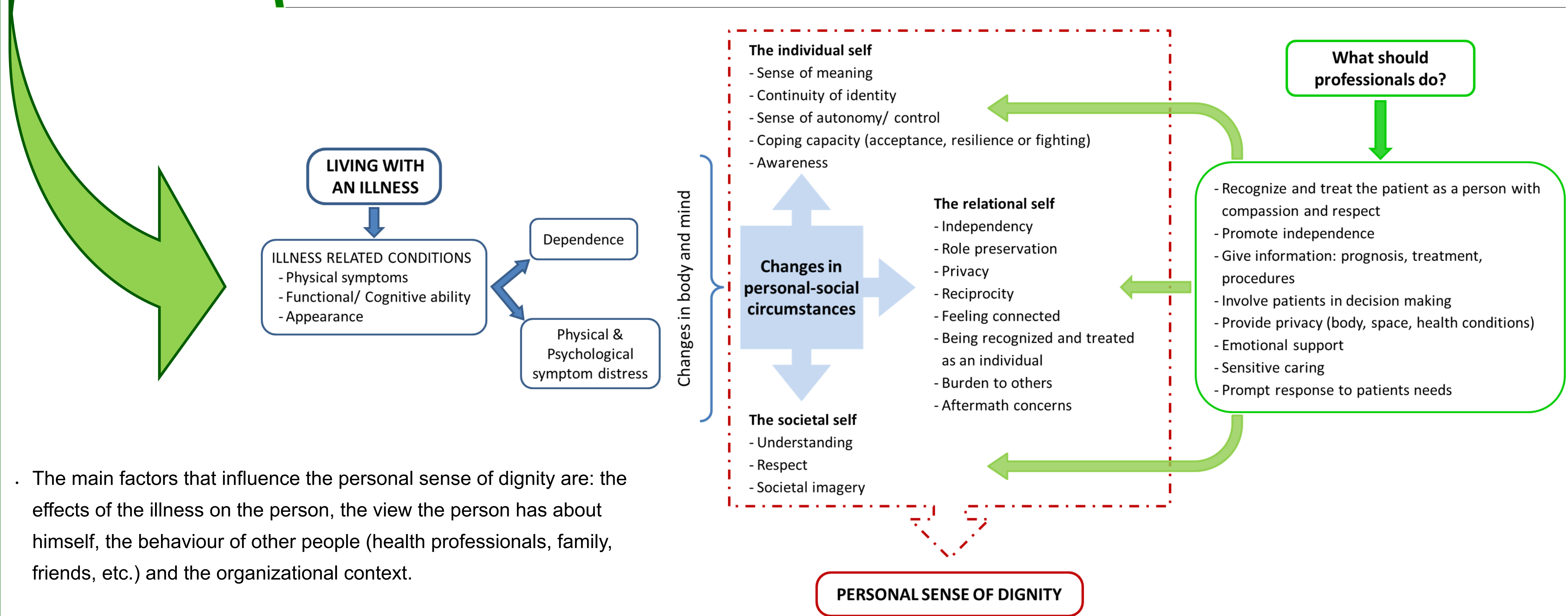
Exclusion criteria:

- Studies in children
- Books, grey literature and publications in congresses

RESULTS

- The personal sense of dignity is the result of the presence and interplay between different factors.

Study (Country)	Aim	Study design (Method)	Sample	Main results	Model
Baillie (2009) ³ <i>United Kingdom</i>	To investigate in an acute hospital setting: 1) The meaning of patient dignity. 2) 'How patients' dignity is threatened and promoted.	A multimethod qualitative study. A single case study (unstructured interviews, thematic analysis, observations).	One ward and its staff and 24 patients.	Staff behaviour, patient factors and hospital environment are the main factors that can promote or threaten patients sense of dignity. Patients are vulnerable to the loss of the personal sense of dignity during the hospitalization.	How patients' dignity is promoted or threatened in hospital.
Chochinov et al. (2002) ⁴ <i>Canada</i>	To determine how dying patients understand and define the term dignity, in order to develop a model of dignity in the terminally ill.	Qualitative study (semi-structure interview; content analysis and constant comparison).	50 patients in an advanced stage of terminal cancer.	There are 3 broad areas of influence on individual perceptions of dignity: illness-related concerns (things that directly result from the illness), the dignity-conserving repertoire (influences related to the patient's psychological and spiritual resources) and the social dignity inventory (environmental influences that can affect dignity).	Dignity conserving model of care.
Lin & Tsai (2011) ⁵ <i>Taiwan</i>	To understand how nurses in Taiwan maintain patients' dignity in clinical practice.	Qualitative study (in-depth interviews; content analysis).	30 nurses working in internal medicine or surgery departments.	Nurses try to maintain patients' dignity considering five main aspects: respect, protection of privacy, maintenance of body image, treatment of all patients alike and emotional support.	Maintaining patient dignity.
Lin, Tsai & Chen (2011) ⁶ <i>Taiwan</i>	To explore dignity in care from patients' perspectives in Taiwan.	Qualitative study (in-depth interviews; content analysis).	40 medical and surgical patients of a teaching hospital.	Patients perceive dignity in care through six main aspects: having a sense of control and autonomy, being respected as a person, avoiding body exposure, being cared from nurses, having confidentiality of their disease and with the prompt response to their needs.	Patients' perspectives of dignity in care.
Van Gennip et al. (2013) ⁷ <i>The Netherlands</i>	To develop a conceptual model of dignity, applicable to a wide patient population, that illuminates the process by which serious illness can undermine the patient's sense of dignity throughout the illness trajectory, from diagnosis onward.	Qualitative study (in-depth interviews; thematic analysis).	34 patients with either cancer, early stage dementia, or a severe chronic illness.	The personal sense of dignity of a seriously ill person is shaped within the personal experience of the patient himself, and in the relationships with other people. The changes in the body and mind of the patient as a consequence of the illness may affect to the patient's personal and social circumstances that so forth can affect to the patient's sense of dignity.	Dignity in illness.



- The main factors that influence the personal sense of dignity are: the effects of the illness on the person, the view the person has about himself, the behaviour of other people (health professionals, family, friends, etc.) and the organizational context.

CONCLUSIONS

- Five empiric models of social dignity elaborated from different contexts and with different perspectives were identified.
- All the models consider dignity as an intrinsic aspect of the human being, but at the same time they take into account a subjective dimension of dignity that it is closely bounded to the persons' live experience.
- Illness related conditions are which can lessen the personal sense of dignity, not the illness itself.
- The essential aspects identified in the models provide to health professionals a starting point to reflect and to incorporate practices that may preserve the dignity of terminally ill patients.

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