

# Patient Dignity

## Exploring oncology nurses' perceptions during end-of-life care

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**BACKGROUND:** Research on nurses' perceptions of dignity is limited, with much work instead focusing on patients' experiences. Maintaining the dignity of patients is considered to be an important element of nursing care; however, it is often diminished by the acts and omissions of healthcare providers.

**OBJECTIVES:** The purposes of this study were to understand oncology nurses' perceptions of care that supports patients' dignity during end-of-life hospitalization and to propose a theoretical foundation consistent with these perceptions as a guide to practice.

**METHODS:** A qualitative study using grounded theory was employed. Semistructured interviews with 11 experienced female oncology nurses generated insights into their perceptions of dignity in caring for terminally ill patients. Data were analyzed using the constant comparative method until data saturation was reached.

**FINDINGS:** This study revealed an emerging model for dignity care that uses communication, support, and facilitation in the education of nurses during end-of-life care. The proposed model could enhance the facilitation of nursing education and aid in the design of nursing course curricula and practical experiences that may improve nurses' ability to provide care supporting dignity.

### KEYWORDS

dignity; nurse perceptions; end of life; terminal illness; patient care

### DIGITAL OBJECT IDENTIFIER

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**MAINTAINING THE DIGNITY OF PATIENTS IS IMPORTANT** in the healthcare system (Lin, Watson, & Tsai, 2013). In the 21st century, providers of high-quality care, particularly palliative care, deem the dignity and respect of patients to be a necessary part of the care administered by nurses. Although research has shown that healthcare providers do not always maintain the dignity of patients during end-of-life care (Lin et al., 2013), limited knowledge exists regarding how oncology nurses believe the care they provide may support hospitalized patients' dignity at the end of life. Nurses have a central role in providing palliative and end-of-life care, and this includes helping people to die with dignity (Brown, Johnston, & Ostlund, 2011).

Dignity is a well-known concept in nursing. Sulmasy (2008) defined human dignity as having several positive aspects, including the feeling of self-worth, the belief in oneself, and the sense that others respect one's values. Preserving the dignity of the patient is one of the core concepts of nursing care, and a fundamental aspect of nursing practice is the respect for each patient's human rights, value, and dignity (American Nurses Association [ANA], 2015). Dignity during end-of-life care has become one of the most critical issues facing hospitalized patients. The emphasis on dignity in nursing reflects the professional nursing code of conduct (Matiti, Cotrel-Gibbons, & Teasdale, 2007). Care that ensures dignity offers patients honest communication about their disease, emotional support, and respect for their privacy (Lin & Tsai, 2011).

A study by Iranmanesh, Abbaszadeh, Dargahi, and Cheraghi (2009) involving 15 oncology nurses caring for patients at the end of life revealed that the nurses reported being attentive to these terminally ill patients and their families by using humor, communicating through touch, and offering support. However, Matiti et al. (2007) reported that various barriers interfered with nurses caring for and maintaining the dignity of dying patients: nursing shortages, heavy workloads, and limited time for nurse-patient interactions. In spite of these obstacles, nurses demonstrated respect to each of the patients in their care through their skilled actions, which maintained patients' dignity (Matiti et al., 2007). Nurses have long provided their patients with dignity by respecting them and their privacy (Hegge, 2011).

Care that does not preserve dignity interferes with patients' recovery and decreases their quality of life (Watson, 2012). Nurses have faced a limited context that restricts individualized care, continuity, and primary contact, all of which limit patients' feeling of self-worth, leading to a potential loss of dignity. Although nurses and other healthcare providers possess knowledge and understanding of dignity, they cannot always apply it in practice (Nåden & Eriksson, 2004). A review of the literature was important when discussing