Promoting Patient Dignity

Most nurses have heard patients’ stories involving loss of dignity while in the hospital. Whether it had to do with exposing specific parts of their anatomy while in a hospital gown or lack of privacy during a bath or consult with a doctor, these kinds of incidents happen during hospital stays. In more extreme cases, patients are made to feel like they are a disease being treated rather than a person with feelings, hopes, and fears; they may even feel as though they are a bother to the staff.

It is extremely important to remember that nurses care for people on what are most likely some of their worst days. So, while you are assessing their physical and mental status, you should also consider how you are caring for them, and ask yourself this: Am I treating them the way I would want a loved one treated, with respect and dignity?

Research shows that dignity is important and can affect patient satisfaction. Fahlberg (2014) reports that some patients feel “dignity is deeply rooted in how they feel people see and treat them along with their feelings of independence and control” (p. 14). Research done by Walsh & Kowanko (2002) indicates that “patient dignity involves an acknowledgement of a person as a unique human being who is more than a diagnosis or a number. It also entailed the ability to minimize embarrassment through the use of humor and the knack of making the extraordinary seem ordinary” (p. 150).

How Lack of Respect Makes Them Feel

How do patients feel when their dignity has been violated, and how do nurses feel when they see it happen? Patients’ emotional reactions can include anger, anxiety, and embarrassment. Some nurses express anger when a patient’s dignity is compromised; others feel ashamed to be a part of a team that has compromised someone’s dignity. On the other hand, nurses feel a sense of satisfaction and pride when patient dignity is maintained, especially in difficult circumstances. Walsh & Kowanko (2002) found that both patients and nurses felt that the hospital environment made a degree of loss of dignity inevitable.

Why Compromised Dignity Happens

Some of the reasons nurses give as to why patient dignity is compromised include:

- job pressures, such as lack of time and resources
- lack of interpersonal skills on the part of the health-care professionals
- poor communication skills of hospital staff
- seeing patients as objects to be cared for rather than people to keep from getting too emotionally invested in them

Regardless of the reasons behind the lack of attention to patient dignity, it’s an important issue in health-care delivery; it affects outcomes and patient satisfaction. Today’s patient-centered care has changed the expectations of quality health care and service delivery; patients

Never take a person’s dignity: it is worth everything to them, and nothing to you.  
- Frank Barron

I’m not concerned with your liking or disliking me... All I ask is that you respect me as a human being. 
- Jackie Robinson
demand individualized and empathetic care and want to be involved in decisions about their treatment (Walsh & Kowanko, 2002).

**Behaviors That Promote Patient Dignity**

While each patient may have their own idea of what they consider to be respectful treatment and care, according to Fahlberg (2014) and Lin & Tsai (2011) there are some things nurses can do to promote patient dignity. They include:

- treating them with kindness, humanity, respect, and compassion
- including them in decisions and conversations no matter how big or small
- giving them choices when possible
- protecting their privacy and confidentiality
- listening to them rather than just hearing what they say
- giving them as much time with you as possible
- providing emotional support
- using humor in embarrassing situations
- communicating in a factual, matter-of-fact way about care and treatment
- seeing the person inside the deteriorating body, getting to know him or her, and then consciously incorporating this knowledge into your care
- creating an environment where each patient and his or her family members feel cared for and valued

Fahlberg (2014) also suggests you ask the simple question: “What do I need to know about you as a person to give you the best care possible?” (p. 14). Once this has been determined, develop a consistent way to communicate this information to other providers, and work with them to set up and achieve health goals that maximize the patient’s sense of independence (Fahlberg, 2014).

Lin & Tsai (2011) discuss beneficence, an action that is done for the benefit of others, as it relates to patient dignity. Beneficent actions are taken to help prevent or remove harm or to simply improve the situation of others. They say that this is a crucial element achieved through the professional care of nurses that can enhance the recovery of patients and which shows respect and concern for them.

According to Walsh & Kowanko (2002), nurses are in the best position to promote patient dignity and make their patients feel cared for, respected, and valued. They can accomplish this by seeing the patient as an individual, allowing the patient time to consider and make decisions, providing emotional and physical space, providing privacy (both in terms of the body and information the patient may wish to keep confidential), and giving as much control to the patient as the patient wants and feels comfortable with (Walsh & Kowanko, 2002).

As Somerville (2014) writes, nurses are “privileged to encounter patients at times of vulnerability and joy, to suspend all judgment and approach each person entrusted to our care with curiosity, with authentic presence, and with a genuine intention to understand his or her story, to understand what holds meaning and value for each individual, and to understand his or her hopes and goals of care” (para. 10). As nurses, doing this promotes the dignity of your patients because, as the “Hokey Pokey” song says, “that’s what it’s all about.”

**References**


