Social Science & Medicine 174 (2017) 1–8

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Revealing student nurses' perceptions of human dignity through curriculum co-design

Sarah-Anne Munoz [a, *], Leah Macaden [b], Richard Kyle [c], Elaine Webster [d]

[a] Division of Health Research, University of the Highlands and Islands, An Lochran, 10 Inverness Campus, Inverness, IV2 NB, United Kingdom
[b] School of Health Sciences, University of Stirling, United Kingdom
[c] School of Nursing, Midwifery and Social Care, Edinburgh Napier University, United Kingdom
[d] School of Law, University of Strathclyde, United Kingdom

ARTICLE INFO

Article history:
Received 12 July 2016
Received in revised form
14 October 2016
Accepted 7 December 2016
Available online 8 December 2016

Keywords:
UK
Nursing
Dignity
Care
Education
Co-design

ABSTRACT

Dignity is a slippery concept to define – yet it has been at the heart of media and policy debates around the provision of health and social care in recent years; particularly in the United Kingdom following the Mid-Staffordshire scandal and subsequent Francis Inquiry. This paper considers the concept of dignity in care from the perspective of student nurses. Thus, it allows us to discuss how professional nurses-to-be conceptualise dignity and also how they consider it should/could be taught at undergraduate and postgraduate levels of training, and as part of their Continuing Professional Development. It is only through understanding how student nurses conceptualise and experience human dignity, and the giving and receiving of dignity in care, that it will be possible to support its facilitation in the preparation of practitioners. This paper reports on findings from a series of participatory research workshops held with undergraduate nursing students in Scotland in 2013–14 that were designed to engage the students in the development of educational resources to support the teaching of dignity in care within the nursing curriculum. The outputs from each workshop, along with analysis of transcripts of the workshop discussions, demonstrate the value of co-design as a methodology for involving students in the development of interdisciplinary resources. We observed a desire from students to actively enhance their understandings of dignity – to be able to recognise it; to see dignity in care being practiced; to experience providing such care and to have the appropriate tools to reflect on their own experience. Overall, the research revealed a rich understanding of the ways in which human dignity is conceptualised by nursing students as an embodied practice, associated with memory and personal to an individual. It was understood by the students as shifting, experiential and fragile.

1. Introduction

Dignity is an idea that runs deep in social sciences literature on practices of care and in particular that of nursing, which is the focus of this paper. Nursing research has been at the forefront of a substantial body of empirical work on perceptions of dignity (Jacobs, 2001; Jacobson, 2012, p. 159–60). Theoretical research is perhaps more readily associated with the dignity idea. As Barilan (2012) shows through his hermeneutic reading of its history, dignity has theological and philosophical roots, in claims about the normative dimension of human nature. Dignity is an 'ethos' rooted in the value accorded to human life, in the identification of shared qualities, and in interrelationships (Barilan, 2012, in particular p. 5, 28–52). Theoretical scholarship constitutes the majority of a longstanding, vast, and unremitting literature in theology, history, ethics, moral philosophy, political philosophy, legal philosophy, and combinations thereof (some examples are Andorno, 2009; Barak, 2015; Barilan, 2012; Beitz, 2013; Beyleveld and Brownsword, 2001; Calo, 2012; Cancik, 2002; Dilley and Palpant, 2013; Donnelly, 2015; Jackson, 2003; Kateb, 2011; Kaufman et al., 2011; Khaitan, 2012; Kirchhoffer, 2013; Neal, 2014; Punt, 2010, Pullman, 2002; Rosen, 2012; Waldron, 2012; two recent anthologies to give a sense of the breadth of the literature are Düwell et al., 2014, and McCrudden, 2013, and in the health-related context, two recent works which provide an overview of different taxonomies of dignity are Foster, 2011, and Jacobson, 2012). To these more theoretical conceptualisations of dignity as a normative value, empirical research has contributed understandings of individual perceptions

* Corresponding author.
E-mail address: sarah-anne.munoz@uhi.ac.uk (S.-A. Munoz).

http://dx.doi.org/10.1016/j.socscimed.2016.12.011
0277-9536/

of the experience of dignity violation and promotion, revealing the multi-faceted strands of the 'webs of meaning' around the dignity idea (Barilan, 2012, p. 89). The nursing context prominently reflects both perspectives: from the ethical, arguably inspired by the nineteenth-century embrace of ideas of 'humanity' and 'solidarity' within conceptualisations of dignity (Barilan, 2012, p. 82–87), to the practice-based, reflected in current nursing policy (Foster, 2011, p. 72–73). The combined perspective is pertinent to the delivery and study of health and care. Jacobsen (2007, 2012) captures this in her convincing conceptualisation of dignity: drawing upon wide-ranging and multiple sources – both theoretical and empirical – to help understand dignity specifically in the health context, she identifies two facets of dignity: those of "human" and "social" dignity. She defines human dignity as the "inherent and inalienable value that belongs to every human being" and social dignity as the enactment of this "notion of universal value [through] behaviour, perception and expectation" p. 294.

As understandings of dignity are bound up with experiences of human being, dignity is equally illuminated by exploring individual perceptions of dignity, and it is at a social and interpersonal level that dignity 'happens' most immediately. In recent social sciences health research, dignity has been seen as an inherently important concept that sits at the heart of what it means to provide appropriate care to individuals. Often, dignity is something that is seen to be in need of "preservation" (Oosterveld-Vlug et al., 2015) in the face of a hospital stay or care home residency. There are undertones that dignity is something that can be damaged when an individual is placed in a vulnerable position, such as being ill or faced with loss of function or death (Hall et al., 2014). Alongside this, therefore, is the suggestion that it is the place of the healthcare system and the healthcare professional in particular to maintain the dignity of the individual. Indeed, it has been defined as follows:

> "Dignity in care shows how recipient dignity is maintained and enhanced through the respectful behaviour of care-givers." (Jacobson, 2007, p. 7)

Dignity is a 'recipient-centered' idea, in general theoretical perspective (Barilan, 2012, p. 98 and 296) as well as in the health context. Much research, therefore, that considers dignity within the healthcare setting, focuses on exploring how different types of patients understand and conceptualise dignity, with a view to informing healthcare professionals about what needs to be "preserved" and how. This research has recognised that dignity is a personally experienced concept; often within the context of how it is conceptualised and experienced by older people, the terminally ill (Chochinov et al., 2002 Chochinov et. al., 2002a; Chochinov, et. al., 2002b; Street and Love, 2005), people with disabilities (Gibson et al., 2012) or other "vulnerable" groups (Jacobson, 2007, 2012). General themes that run throughout this literature point to dignity (in care) being a multi-faceted concept that is about individuals' sense of self and self-control. It is also about how they are treated by care-giving staff, in terms of both medical intervention and the manner in which it is delivered (Jacobson, 2007; Oosterveld-Vlug et al., 2015). Thus, much research on dignity in health and care contexts within the social sciences considers the relational dimensions of dignity or, as Jacobson describes it, "social dignity" (2007):

> "… the ways in which dignity is either maintained or threatened through social interaction in specific health-related situations" (p. 299)

In recognition of this inter-relational feature of dignity-respecting care, this paper adds to the literature by considering dignity from the perspective of one group of future health care professionals – nurses in training. Nursing has been called the "philosophy and science of caring" (Watson, 2006) implying that nursing education involves being taught how to provide care. Often it is nurses that are seen to be the primary providers of dignity within a healthcare/hospital setting. Some work has considered what dignity means to the nurse and how s/he can implement dignity in care, e.g. Soderberg et al. (1997). The question of whether dignity, as a concept, can be taught, as opposed to being an inherently held or intuitively grasped perspective of the nurse, has not been addressed in the literature. Although Matiti (2015) has called for the promotion of patient dignity to be included in nursing education in order to address perceived deficits, dignity education for student nurses is an under-researched area. More commonly, researchers have considered areas such as the teaching of concepts such as "empathy" (e.g. Richardson et al., 2015), "ethics" (e.g. Numminen et al., 2010) and "compassion" (e.g. Adam and Taylor, 2014).

We consider student nurses in this paper, as they have been particularly under-represented in research relating to human dignity. It has been suggested that student nurses may feel particularly challenged in some areas pertinent to maintenance of dignity such as provision of intimate care (Crossan and Mathew, 2013). By considering the student nurse, we are able to understand perceptions of human dignity at the start of nursing careers, how these may shift over time, and address the question of whether, and if so how, dignity in care can be taught. Nurses in their advocacy role assume responsibility for the manner in which the patient's human dignity and other significant human values are respected and protected during illness (Morra, 2000). If there have been failings in provision of dignity in care, how can these be rectified? Should we include the consideration of the concept of dignity right at the beginning and throughout nursing training and professional practice? There are several reasons for wanting to do this – not least a moral argument for patient-centred care. Chochinov et al., (2002: 2029 report that "one of the most compelling reasons for addressing the issue of dignity lies in the fact that prior studies have documented loss of dignity as the most common response given by physicians when asked why their patients had selected euthanasia or some form of self-assisted suicide." This places the concept, and maintenance of, dignity at the heart of life itself.

As noted above, Matiti (2015: p. 109) calls for dignity to be included in the nursing curriculum through inter-professional education that exposes nursing students to concepts of dignity beyond "the eyes of their own profession". The research reported in this paper formed part of a wider project, which tested such an idea with students from each year of an undergraduate nursing programme in Scotland. It did so by exposing students to non-familiar discourses around the concept of dignity. Students participated in workshops led by researchers interested in dignity from a legal (including human rights) perspective. These workshops confronted students with dignity narratives from, for example, Holocaust testimony and European human rights case-law. By allowing students to engage with resources, not only from beyond their own profession but from beyond a healthcare context, the workshops aimed to provoke deep reflection on students' own conceptualisations of human dignity. The research project then gave students an opportunity to channel these conceptualisations of dignity, in light of their own experiences of dignity in care and their nursing instruction to date, into decision-making about effective resources for dignity education.

2. Methods

A participatory research approach was deemed appropriate to answering the research question of whether, and if so how, dignity