

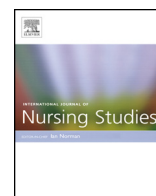


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### Maintaining dignity in vulnerability: A qualitative study of the residents' perspective on dignity in nursing homes



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#### ABSTRACT

**Background:** Older people, living in nursing homes, are exposed to diverse situations, which may be associated with loss of dignity. To help them maintain their dignity, it is important to explore, how dignity is preserved in such context. Views of dignity and factors influencing dignity have been studied from both the residents' and the care providers' perspective. However, most of these studies pertain to experiences in the dying or the illness context. Knowledge is scarce about how older people experience their dignity within their everyday lives in nursing homes.

**Aim:** To illuminate the meaning of maintaining dignity from the perspective of older people living in nursing homes.

**Method:** This qualitative study is based on individual interviews. Twenty-eight nursing home residents were included from six nursing homes in Scandinavia. A phenomenological-hermeneutic approach, inspired by Ricoeur was used to understand the meaning of the narrated text.

**Results:** The meaning of maintaining dignity was constituted in a sense of vulnerability to the self, and elucidated in three major interrelated themes: *Being involved as a human being, being involved as the person one is and strives to become, and being involved as an integrated member of the society.*

**Conclusion:** The results reveal that maintaining dignity in nursing homes from the perspective of the residents can be explained as a kind of ongoing identity process based on opportunities to be involved, and confirmed in interaction with significant others.

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#### What is already known about the topic?

- Dignity is an important goal in nursing care of older people.
- Dignity is a vague and contested concept often interpreted in a liberal way, with a focus on personal autonomy.

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- Most studies on dignity of older people in nursing homes pertain to the experiences of the dying or the ill.

### What this paper adds

- The meaning of maintaining dignity in daily life in nursing homes is constituted in the residents' very existence, a sense of vulnerability to the self, caused by threats or losses.
- The maintenance of dignity is not an issue of threats or losses per se, but can be seen as the residents' ability to be involved with one's world as a human being, as the person one is and strives to become and as an integrated member of the society.
- Maintaining dignity can be explained as a kind of ongoing identity process based on ability to handle threats and being involved and being confirmed by significant interaction with others.

## 1. Introduction

Dignity is a central concept in nursing (Jacobs, 2001; ICN, 2001; Edlund, 2002) and the maintenance of dignity has become an important goal in nursing care of older people (Jacelon et al., 2004; Anderberg et al., 2007; Gallagher et al., 2008). However, dignity is also a vague and contested concept. Most often, it is interpreted in a liberal way, with a focus on personal autonomy (Macklin 2003; Delmar et al., 2011), which might be a too narrow understanding in the context of care of older people in nursing homes. In contrast to this, we think dignity viewed as autonomy excludes the voices of older people themselves. Residents are often exposed to diverse situations and are dependent on care that meets their needs, and because of this, they might experience dignity within a context of nursing homes differently.

### 1.1. The meaning of dignity

The term dignity comes from the Latin dignitas, and it seems generally accepted that the concept is related to an individual's characteristics, an intrinsic value, and an inter-subjective value associated with being human (Gallagher et al., 2008). Theoretical dignity has two distinct kinds of meaning: human dignity (Menschenwürde) and social dignity (Jacobson, 2007; Nordenfelt and Edgar, 2005). Human dignity is the value that belongs to every human being simply by virtue of being human. This meaning is also termed the absolute aspect of dignity (Edlund, 2002), as it refers to an inner freedom for the human being to relate to himself and to his situation. As such, dignity cannot be measured or weighed or destroyed; nor is it comparative (Nordenfelt and Edgar, 2005; Jacobson, 2007). Conversely, social dignity, also called personal dignity, refers to the subjective or relative aspect of dignity (Edlund, 2002; Nordenfelt and Edgar, 2005; Jacobson, 2007). Personal dignity is something that is experienced and sensed, and in contrast to human dignity, personal dignity is contingent, comparative and contextual. Jacobson describes two intertwined aspects of

dignity: dignity-of-self and dignity-in-relation (Jacobson, 2007). Dignity-of-self is a kind of self-respect that is held by a person and reflects an individual's identity as a person. Nordenfelt (2004) calls it 'dignity of identity' and describes it as the dignity we attach to ourselves as integrated and autonomous persons with a history and a future and with all our relationships to other human beings. Dignity-in-relation refers both to a process of reflecting worth and value back to the individual through word or deed and to the way dignity is embedded in a time and a place (Jacobson, 2007). The personal dignity can be lost or gained, threatened, violated, or promoted in some settings, but not in others. Nordenfelt and Edgar (2005) acknowledge that this notion of dignity probably is the most important in the context of illness and ageing, since it is this type of dignity that can be easily altered (undermined or enhanced) in the context of care giving, and we therefore used that frame in this study.

### 1.2. Dignity of older people in nursing homes

In recent publications, issues on maintaining dignity of older people in nursing homes have been raised with reference to palliative care and dying (Pleschberger, 2007; Franklin et al., 2006; Hall et al., 2009a,b), to illness (Oosterveld-Vlug et al., 2013a,b) and to care (Tadd, 2004; Bayer et al., 2005).

Illuminating different views and factors associated with dignity. Hall and colleagues found support for the three broad themes in Chochinov's dignity model for palliative care: illness-related concerns (level of independence and symptom distress); dignity conserving repertoire (perspectives and practices); and social aspects of the illness experience (social concerns or relationship dynamics which can erode or bolster a person's sense of dignity). In the context of illness, it was shown, that dignity was protected by: good professional care (e.g., being treated with respect), a supportive social network and adequate coping capacities. Further, it was shown that two mechanisms were especially important to maintain or regain dignity: the feeling that one is in control of one's life and the feeling that one is regarded as a worthwhile person. In the context of care, three themes were identified: respect and recognition, participation, and dignity in care.

In an early study, Stabell and Lindström (2003) showed that dignity of self is a struggle between dependency and independence and a balance influenced by factors such as: sense of control, respect, accept and the ability to change life. Although these studies give some insight into maintaining dignity from the perspective of the older people, most of the studies pertain to experiences of the dying or the ill, and surprisingly little is known about the meaning and experience of maintaining dignity in older people's everyday lives in nursing homes.

### 1.3. Purpose

The purpose of this study was to illuminate the meaning of maintaining dignity as narrated by residents. The following research questions were investigated: How do nursing home residents experience dignity in

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