Dignity, humanity and equality: Principle of Nursing Practice A


Summary
This is the second article in a nine-part series describing the Principles of Nursing Practice developed by the Royal College of Nursing (RCN) in collaboration with patient and service organisations, the Department of Health, the Nursing and Midwifery Council, nurses and other healthcare professionals. This article discusses Principle A, the provision of nursing care in a way that maximises the dignity and humanity of patients.

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Dignity, humanity and equality is universal to all individuals in all settings. The Human Rights Act 1998 and the Equality Act 2010 provide a comprehensive legislative framework to protect individuals from all forms of discrimination. Evidence that patients have experienced loss of dignity (Patients Association 2010) and that nurses as a professional group feel concerned and frustrated about violations of dignity (Royal College of Nursing (RCN) 2008). Research carried out by the RCN (2009a) campaign, Dignity: At The Heart of Everything We Do, led to the development of a number of practice-based resources described in this article.

The RCN’s (2008) definition of dignity (Box 1) is central to the promotion of Principle A as the foundation of excellence in nursing practice. The definition is concerned essentially with how nurses care about and with individuals, supporting patient autonomy and choice (Barker 2000). Further, patients’ right to dignity is a responsibility of all nurses, which is outlined in their professional code of practice: ‘make the care of people your first concern, treating them as individuals and respecting their dignity’ (Nursing and Midwifery Council (NMC) 2008).

It is accepted that effective caring is a complex and skilled nursing craft. The first article in this series (Manley et al 2011) described the threefold measures – person-centred care, safe and effective care, and context of care – that have been developed to support nurses in articulating their contribution to promoting quality care (RCN 2009b). The RCN is particularly interested in supporting nurses to be explicit about what good care involves.

Principle A
The right to dignity, humanity and equality is universal to all individuals in all settings. The Human Rights Act 1998 and the Equality Act 2010 provide a comprehensive legislative framework to protect individuals from all forms
of discrimination and to promote equity and fairness in the provision of all public services.

Under the Equality Act 2010, individuals are formally protected against the harm of discrimination on the grounds of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity status, race, religion or belief, and sex and sexual orientation. Much has been written about the meaning of dignity in practice, with contested definitions and variation of theories and concepts used to underpin a general agreement, for example by Clark (2010). However, it is important that the behaviours of nurses and the nursing team are consistent with achieving these rights in practice.

Resources and tools are available to support practical improvements in rights-based practice (Department of Health (DH) 2008, Brap 2010).

Nurses are ideally placed to lead improvements in care that uphold the dignity, equality and humanity of all patients at all times. In particular, nurses and the nursing team work with people across the ‘protected characteristics’ described under the Equality Act 2010 and therefore engage with individuals, groups and communities.

Nurses should appreciate potential health inequalities and anticipate and assess specific concerns to meet health needs fully.

To achieve this, nurses should be supported in developing the knowledge and skills to undertake robust assessment, demonstrate understanding and provide individualised care and services.

Too often patients have reported that little or no attempt has been made to identify their individual needs in a way that is sensitive and compassionate (Goodrich and Cornwell 2008).

This is particularly important where people may have experienced stigma and prejudice. Everyone has a right to care of an equally high standard and care that respects the individual as having unique qualities, unique lived experience of their health condition and, therefore, unique nursing care needs.

Nutrition is an example of an area of nursing required by all patients that requires a combination of general and specific assessment to underpin person-centred care that is safe and effective. It also demands the involvement of the whole multidisciplinary team to ensure optimal care. This area of care requires attention to the preservation of dignity and is covered by human rights legislation. For example, providing accessible water and food as a ‘right to life’ (Article 2), and providing culturally appropriate food (Article 9) are emphasised in the Human Rights Act 1988. A useful resource is an observational tool developed jointly by the Care Quality Commission and the RCN (2010) to determine whether regulator-derived outcomes for hydration and nutrition are met.

Resources to support Principle A

The RCN has developed resources to support nurses and nursing teams to deliver care that supports dignity. These resources have been widely used and are available to download online (RCN 2010a) or to buy ‘offline’ as a package.

The package consists of a practice support pack for workshop facilitators and a DVD, *Loss of Dignity – How Would You Feel?*, in addition to a number of practice-based resources to support discussion and reflection. A broad approach is taken to achieving dignity and the resources are easily adaptable as bespoke tools for specific specialties, including care of older people, children and young people, and those with learning disabilities, mental health issues, human immunodeficiency virus and physical disabilities. These tools can also be adapted for hospital-based and community providers, including health provision in prison services or local authorities. This list is not exhaustive, and Appendix D in the *Defending Dignity* (RCN 2008) document provides a comprehensive list of nursing activities and specific procedures which potentially compromise dignity.

Useful resources in supporting nurses and the nursing team to achieve dignity, humanity and equality include the Diversity Toolkit (RCN 2007) and the associated Diversity Champions Programme. The toolkit has been designed to support nurses and healthcare assistants in improving their personal practice.

**BOX 1**

**Definition of dignity**

‘Dignity is concerned with how people feel, think and behave in relation to the worth or value to themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals. In care situations, dignity may be promoted or diminished by: the physical environment; organisational culture; the attitudes and behaviour of the nursing team and others; and by the way in which care activities are carried out. When dignity is present people feel in control, valued, confident, comfortable and able to make decisions for themselves. When dignity is absent people feel devalued, lacking in control and comfort. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed. Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value. The nursing team should, therefore, treat all people in all settings and of any health status with dignity; and dignified care should continue after death.’

(Royal College of Nursing 2008)
and confidence in diversity, equality and human rights issues in healthcare. It provides up-to-date information on the equality and human rights legislation in England, Scotland, Wales and Northern Ireland. It includes information on a wide range of resources dealing with domestic abuse, female genital mutilation, implications of faith for nursing practice and guidance on human rights issues around disability and migrant communities. The toolkit also provides information on communication styles and can be requested by emailing the diversityteam@rcn.org.uk. For more information about the RCN’s diversity, equality and human rights work visit www.rcn.org.uk/diversity.

Development of measures

Learning how to meaningfully measure dignity, diversity, equality and humanity has attracted the interest of a number of policy makers and there is still work to be done in creating a set of appropriate indicators. Many NHS organisations will already have a set of equality objectives in their equality schemes. Equality schemes are a statement of how organisations intend to meet the requirements of equality legislation such as the Equality Act 2010. These measures may focus on how nurses extend the capability of patients to participate in and exercise choice in care decisions. Such measures may also explore the kinds of inclusive behaviours and attitudes that develop trust and confidence. For example, one measure to support Principle A would be the attainment of an understanding of the extent to which people feel that their privacy and dignity has been maintained.

Quality monitoring will increasingly include qualitative measures of ‘patient experience’, for example how patients feel staff interact with them (NHS Confederation 2010). It is recognised that further work needs to be done to create a coherent set of nursing-specific measures, and the RCN welcomes the opportunity to share and endorse good practice in this area.

Case study

Principle A is well illustrated by a case study highlighting good practice from Wakefield Integrated Substance Misuse Service. This initiative has developed a ‘one stop shop’ for individuals overcoming drug dependency to enable access to a range of key primary care services. Care pathways have been developed to maximise individualised assessment of need and early intervention. This service has been developed to support the specific needs of a traditionally vulnerable and excluded group.

Conclusion

The right to dignity, equality and humanity is universal, and nurses are well placed to provide improvements that uphold these rights. These rights underpin Principle A and the RCN has produced a number of resources to support nurses in delivering respectful care, and is developing nursing-specific outcome measures to assist with the provision of best practice.

References


