Dignity and spirituality: do they have a place in contemporary healthcare?

Prof. Wilf McSherry
Professor in Dignity of Care for Older People
Objectives

• Demonstrate that these altruistic and humanistic aspects of the person are central to nursing care

• Highlight that dignity and spirituality are central to identity – individual’s own personal values and beliefs

• Reinforce that these concepts are fundamental aspects of caring and compassionate nursing, integral to the concept of holistic practice
Response

- 4054 respondents

- Approximately 1.0% of RCN membership

- Members from all 3 countries (Scotland, Northern Ireland, Wales) participated

- All 9 English regions involved

- Biggest response to the survey South East 17.0%
Demographic profile

- 41% respondents from NHS hospitals
- All health sectors included
- 25.4% Staff nurses
- Only 0.3% HCA/HCSW
- 0.9% students
- All main specialities/branches of nursing represented
- Age range - < 20 years - > 60 years represented largest age groups
  40 – 59 years 74% of all respondents
- Males 12% and females 88%
- 92.1% identified themselves as White and 4.3% of respondents classified themselves against National Census Criteria – 3.1% not stated
Spirituality and nursing

10.1 I believe that spirituality and spiritual care are fundamental aspects of nursing

- Strongly Disagree: 2.3%
- Disagree: 4%
- Uncertain: 10.3%
- Agree: 40.4%
- Strongly Agree: 43%
Spirituality and quality of care

10.8 I believe that providing spiritual care enhances the overall quality of nursing care

- Strongly Disagree: 2.1%
- Disagree: 2.1%
- Uncertain: 5.7%
- Agree: 34%
- Strongly Agree: 56%
A scenario

• Question to consider as I am reading:
  • What is the model of care evident in the scenario

• Piles, C. 1990
  Providing spiritual care Nurse Educator
  15 (1) 36 – 41
Medical Model?

TRAUMA NURSING CARE MANIKIN, Clinical Training Model, medical model, anatomical model

The Shrewsbury and Telford Hospital NHS Trust
Frequently used terms in nursing

- Individualized care
- Holistic care
- Spiritual care
- Dignity in care
- Person-centred care
- Integrated care
Debate in context

• “Eighty percent of respondents reported that, overall, they were “always” treated with respect and dignity while they were in hospital, up from 79% in 2011. There was a corresponding decrease in the proportion who said this was “sometimes” the case from 18% in 2011 to 17% in 2012. Three percent said they did not feel they were treated with respect and dignity.

• Over three quarters of respondents (76%) said that they “always” had confidence and trust in the nurses treating them, an improvement from 74% in 2011. There had been a corresponding decrease in the proportion who respond “sometimes” (22% in 2011 and 20% in 2012) or “no” (4% in 2011 and 3% in 2012).

The National summary of the results for the 2012 Inpatients survey (http://www.cqc.org.uk/sites/default/files/media/documents/20130411_ip12_national_summary_final_0.pdf)
Extract from the award winning short film:

What do you see?

- Film produced by Amanda Waring based on the poem ‘Crabbit Old Women’ by Phylis McCormack.

- [https://www.youtube.com/watch?v=MTcopj6dYWQ](https://www.youtube.com/watch?v=MTcopj6dYWQ)

For more information about the poem see:
Introduction to the Dignity Government Initiatives

- Dignity in Care Campaign aims to stimulate a national debate around dignity in care and create a care system where there is zero tolerance of abuse and disrespect of older people. *(Launched in November 2006)*

- It is led by Government in partnership with many organizations.

- Lays out the national expectations of what a care service that respects dignity should value.

- Introduced Dignity Champions Scheme.

- Focuses on ten Dignity Challenges.
### 10 Dignity Challenges *(Summary)*

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Have a zero tolerance of all forms of abuse.</th>
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</thead>
<tbody>
<tr>
<td>Respect</td>
<td>Support people with same respect you would want for yourself or a member of your family.</td>
</tr>
<tr>
<td>Privacy</td>
<td>Respect people’s right to privacy.</td>
</tr>
<tr>
<td>Autonomy</td>
<td>Maintain the maximum possible level of independence, choice and control.</td>
</tr>
<tr>
<td>Person-centered Care</td>
<td>Treat each person as an individual by offering a personalised service.</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>Assist people to maintain confidence and a positive self-esteem.</td>
</tr>
<tr>
<td>Loneliness &amp; Isolation</td>
<td>Act to alleviate people’s loneliness and isolation.</td>
</tr>
<tr>
<td>Communication</td>
<td>Listen and support people to express their needs and wants.</td>
</tr>
<tr>
<td>Complaints</td>
<td>Ensure people feel able to complain without fear of retribution.</td>
</tr>
<tr>
<td>Care Partners</td>
<td>Engage with family members and carers as care partners.</td>
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</tbody>
</table>
Fenton’s and Mitchell’s definition (2002 p 21)

“Dignity is a state of physical, emotional and spiritual comfort, with each individual valued for his or her uniqueness and his or her individuality celebrated. Dignity is promoted when individuals are enabled to do the best within their capabilities, exercise control, make choices and feel involved in the decision-making that underpins their care.”

Standard representation of holistic care

- Spiritual
- Physical
- Social
- Psychological
Spiritual and dignity preserving nursing care

SPIRITUALITY

Social

Physical

Psychological
Model of Dignity – Adapted from Dignity and Older Europeans (2004)
Older Peoples’ Personal Needs

Maslow’s Hierarchy of Needs

SELF-ACTUALIZATION NEEDS
Creativity, problem solving, morality, PERSONAL IDENTITY

ESTEEM NEEDS
SELF-ESTEEM, SELF-RESPECT, RESPECT OF OTHERS

LOVE & BELONGING NEEDS
Family and Friendship

SAFETY NEEDS
Security of: health, family, property, beliefs & employment etc

PHYSIOLOGICAL NEEDS
Air, Water, Food, Sleep, System Equilibrium, Excretion, Sex
Dignity Domains

- Autonomy
- Privacy
- Social Inclusion
- Communication
- Personal Hygiene
- End of Life Care
- Eating and Drinking
- Pain
- Safety

The Shrewsbury and Telford Hospital

NHS Trust
Dignity in Care Indicator Tool

Q20. Have staff enquired about your religious and spiritual beliefs?
- Yes
- No
- Don’t know / Can’t remember

Q21. Have you been given sufficient support to practice your religious or spiritual beliefs?
- I do not want or need to practice my religious or spiritual beliefs whilst in hospital
- Yes, always
- Yes, to some extent
- No
- Don’t know / Can’t remember

Q22. How clean were the ward bathrooms and toilets that you used?
- Very clean
- Fairly clean

If YES, what was the cause of this noise?

The Shrewsbury and Telford Hospital NHS Trust
McSherry (2009)
Definition of Spirituality

Spirituality is universal, deeply personal and individual; it goes beyond formal notions of ritual or religious practice to encompass the unique capacity of each individual. It is at the core and essence of who we are, that spark which permeates the entire fabric of the person and demands that we are all worthy of dignity and respect. It transcends intellectual capability, elevating the status of all of humanity.

RCN (2010) Spirituality is about:

- Hope and strength
- Trust
- Meaning and purpose
- Forgiveness
- Belief and faith in self, others and for some this includes a belief in a deity/higher power
- Peoples values
- Love and relationships
- Morality
- Creativity and self expression
“We get treatment in the hospital and care in the hospice”
Treatment

Scientific
Proficient
Technical Competence
Detached
Robotic
Cold
Care

Warm
Time
Presence
Valued
Accepted
Recognise the person
Hard and Soft Nurse

Hard
- Proficient
- Technical Competence
- Detached
- Robotic
- Cold

Soft
- Warm
- Time
- Presence
- Valued
- Accepted
- Recognise the person
### Affective and instrumental aspects of care and caring

<table>
<thead>
<tr>
<th>Instrumentally good care</th>
<th>Good affective care</th>
<th>Bad affective care</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>Instrumentally poor care</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

Relational model

- Spirituality
- Dignity
- Identity
  - Attitudes/values
  - Approach
  - Quality and experience of care
Conclusion

• Continue in our drive to re-establish and safeguard, our core values and principles of caring

• Spirituality and dignity remind us to focus our attention on the individual – the person, not the medical condition or treatment

• Institutions and organisations and indeed wider society must value the contribution of our health and social care workforce

• There must be a open, honest and transparent culture where integrity, honesty and sensitivity flourish
Care in Nursing

Principles, Values and Skills

Edited by Wilfred McSherry, Staffordshire University, UK, Robert MSherry, Teesside University, UK, and Roger Watson, Professor of Nursing, University of Western Sydney, Australia

- Explores how care underpins every element of nursing
- Demonstrates how to transform practice through the use of practice examples, tips and reflective activities

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