



CAREFUL NURSING PROFESSIONAL PRACTICE MODEL THEME FOR NOVEMBER/DECEMBER ISSUE 2014 – INHERENT HUMAN DIGNITY

Saint Clare's Health System Nursing has adopted Careful Nursing as the Professional Practice Model for nursing practice. Careful Nursing has three philosophical assumptions and four concepts: therapeutic milieu, practice competence and excellence, nursing management and influence in health systems, and professional authority. This issue of *Careful Nursing News* will focus on INHERENT HUMAN DIGNITY, which is one of the six dimensions of the therapeutic milieu concept. Inherent human dignity is defined as the fundamental value of the human being in which all persons are equal. However, the idea of human dignity is not straightforward and can have a range of meanings.

The Careful Nursing professional practice model has FOUR Nursing Concepts (Dimensions) and 19 accompanying Key Practice (Concepts) Dimensions.

I. Therapeutic Milieu

- a. Caritas
- b. Inherent human dignity**
- c. Nurses' care for selves and one another
- d. Intellectual engagement
- e. Contagious Calmness
- f. Safe and restorative physical environment

II. Practice Competence and Excellence

- a. Great tenderness in all things
- b. 'Perfect' skill fostering safety and comfort
- c. Watching and assessment
- d. Clinical reasoning and decision-making
- e. Patient engagement in self-care
- f. Diagnoses, outcomes, interventions
- g. Family, friends, community supportive participation in care
- h. Health education

III. Management of Practice and Influence in Health System

- a. Support of nursing practice

- b. Trustworthy collaboration
- c. Participative-authoritative management

IV. Professional Authority

- a. Professional self-confidence
- b. Professional Visibility

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WITH GREAT INFORMATION ABOUT CAREFUL
NURSING** www.carefulnursing.ie

**Ask Dr. Meehan about the Careful Nursing
Philosophy and Professional Practice Model®:
Careful Nursing Philosophy and Professional
Practice Model®:
Creating a Therapeutic Milieu – Inherent Human
Dignity**

Human dignity. As professional nurses, is this a concept that we take for granted? Surely it goes without saying that our awareness of our own dignity and respect for our patients' dignity is central in nurse-patient relationships and that mutual recognition of and respect for dignity underlies our collegial relationships. However, underlying these assumptions lurk a minefield of challenges concerning the meaning of dignity, its dismissal as a flawed and useless idea, and the practical human difficulties that can arise in fully integrating the concept in practice.

In Careful Nursing, dignity is viewed as inherent in every human person, equally and without exception. This aligns with the *Universal Declaration of Human Rights* (United Nations, 1948) (*Universal Declaration*) statement that "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world" (Preamble). Likewise,

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the American Nurses Association (2008) *Code of Ethics for Nurses* states that “The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems” (Provision 1, **page 147**). If you want to be entered to win the book the American Nurses Association (2008) *Code of Ethics for Nurses*, send an email to Sue Weaver, sueweaver@saintclares.org.

In this issue of *Careful Nursing News*, our topic is the concept of inherent human dignity, a therapeutic milieu dimension of the professional practice model. However, dignity can have a variety of meanings, thus Nordenfelt’s (2004) term, “varieties of dignity” (p. 69). We will briefly review these varieties because in the unitary person they are all interrelated. Then we will consider their implications for practice with special reference to inherent dignity and its role in creating a therapeutic milieu. Finally, we will consider claims that human dignity is a flawed and useless concept and what they mean in relation to nursing.

Dignity

Ideas about the meaning of dignity in human life reach back to Aristotle (Lebech, 2009), but have come to international attention mainly since publication of the *Universal Declaration* in 1948. Lebech defines dignity as “the fundamental value of the human being” (p. 291), the value which originally made human rights possible. Drawing from current discourses on dignity, Nordenfelt (2004) defines it as a special measure of human value worthy of respect from others and from the person him or herself. Grounded in a set of personal properties, it gives rise to rights, which are also due respect. Nordenfelt identifies four varieties of dignity which he implies are interrelated overall.

Varieties of dignity

Dignity as merit

Dignity as merit accrues to persons of rank, for

example, a president, distinguished leader or someone especially accomplished, such as an athlete (Nordenfelt, 2004). It is similar to dignity as status, or aristocratic dignity (Schroeder, 2010). Certain rights are attached to such positions. This dignity is very unevenly distributed in any given population, can range widely in degree and can be gained and lost. Nursing examples could be a hospital or health system executive director, chief nursing officer, or an internationally prominent nurse scholar.

Dignity as moral stature

Dignity as moral stature accrues to persons who exemplify dignified conduct in accordance with publically valued moral standards and can be thought of as a special type of merit (Nordenfelt, 2009). Schroeder (2010) links this dignity to leading a virtuous life. Well known examples are Mother Teresa of Calcutta or Nelson Mandela. A nursing example is Sister Consilio, a nurse who founded and operates as a charity the largest and most effective gambling, drug and alcohol rehabilitation organization in Ireland.

Respect shown to such a person is not linked to rights in the usual sense. In 2011, Sister Consilio was awarded an honorary MBE (Order of the British Empire) by the British Queen as a mark of respect for her work, but she herself is concerned with rights and respect only as they are accorded to others. Self-respect is an essential feature of this variety of dignity because the ability to respect others is dependent on having respect for oneself.

A similar but more ordinary dignity is reflective dignity which involves an inner ethical stance and is closely aligned to inherent dignity (Edlund *et al*, 2013). Another similar but more ordinary dignity is dignity as comportment (Schroeder, 2010) which accrues to persons who are gracious and respectful in accordance with social expectations of well-mannered attitudes and actions. These dignities can also vary in degree and can be gained and lost.



Dignity of identity

Dignity of identity is said not to be dependent on merit or moral stature. Rather, it is a dignity, which signifies each individual's sense of integrity of body and mind, and also in most instances their self-image (Nordenfelt, 2004). It reflects who each individual is as an autonomous human being with a history and a future, and in relationships with others.

Nordenfelt (2004) observes that most people respect their own identity, that is have self-respect. But this respect can be easily diminished or destroyed. **He emphasizes the significance that this variety of dignity can have during illness, injury and the aging process because these conditions can strip affected people of this dignity, for example, by physical disfigurement or disability.**

This dignity can also be profoundly affected by how such people are cared for. It can be supported by attentive, sensitive care but can be destroyed by humiliating, thoughtless or harsh attitudes and actions of caregivers. The truth of this is borne out by reports of disrespectful and even damaging nursing care (Milton, 2011; O'Ferrall, 2013). A red flag is raised here for our profession because the personal support and protection of sick and vulnerable persons lies at the heart of our social mandate.

Dignity of identity can be seen to have many branches that can be considered dignities of different identities related to personal characteristics and aspirations, for example, culture, nationality, special interest affiliations and occupation. These identities are very evident in the people we care for and are generally recorded in a nursing assessment. They are also evident in ourselves as nurses and include our professional identity. Each of us comes to practice as an autonomous human being with our own sense of personal and professional identity, integrity and self-respect, with our own personal history and anticipated future.

Inherent dignity

Inherent dignity is quite different from the varieties of dignities described so far, but at the same time it encompasses them. It is an "absolute inner worth" (Schroeder, 2010, p.119), a specifically human value that we all have because we are human (Nordenfelt, 2004), what Lebech (2009) calls "the fundamental value of the human being" (p. 291). Each one of us possesses inherent dignity equally. We can never lose it and it can never be taken from us. We are all due the same respect and the same human rights, as indicated in the *Universal Declaration*, quoted above.

However, there is much controversy about inherent dignity because of the explanations given for its source, that is, why we have it. One explanation is the traditional Judeo-Christian explanation that the source of our inherent dignity is in God, in His creation of us all equally in His image and likeness. He created us uniquely with the capacity to think rationally, exercise free will and to be spiritually aware, both potentially and actually. This explanation is argued at length by Thomas Aquinas and later philosophers and is drawn on by Lebech (2009). While this explanation is largely dismissed as irrelevant from a secular point of view, it is nonetheless accepted by a substantial section of society.

Another explanation is found in the philosophy of Immanuel Kant (1785/1989), as discussed by Nordenfelt (2004) and Schroeder (2010). Kant argues that the source of our inherent dignity is in our humanity alone. As human persons we are defined by our unique capacity to think rationally, act autonomously, and take responsibility for what happens to us in the end. However, Kant's understanding of capacity is generally taken to mean actual capacity (Shell, 2008) so that our dignity is conditional on this. When we do not have this capacity, for example, a child still developing capacity, a person in an irreversible coma or with Alzheimer's disease, we do not have dignity. Shell observes that there is some lack of clarity in Kant's reasoning but that it is nonetheless widely drawn on.

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These two different lines of thinking lead us to consider two descriptions of inherent human dignity:

Unconditional inherent dignity is the absolute inner worth of every human person and the fundamental human value which all persons have equally. Its source is in God's (Infinite Transcendent Reality's) creation of human persons in His image and likeness, infusing them deeply with His love and with their capacity for rational thought, free will and spiritual experience. Human persons have these capacities both potentially and actually. Their inherent dignity is inviolable in that there are no conditions under which it can be lost or taken away. **Conditional inherent dignity** is the absolute inner worth of every human person and the fundamental human value which all persons have equally. Its source is the condition of being human, in and of itself. Persons' human nature gives rise to their capacity for rational thought, autonomous action, and ability to take responsibility for what happens to them in the end. Their inherent dignity is conditional on the actual presence of these capacities. It is inviolable on condition that their distinctly human capacities can actually be implemented.

Dignities, *Universal Declaration* and nursing codes

If we look again at the passages from the *Universal Declaration* and American Nurses Association Code of Ethics for Nurses quoted above, we can see that both documents primarily and clearly refer to unconditional inherent dignity. They refer to "all members of the human family" and "every individual," without conditions. However, the *Universal Declaration* (1948) can also be quoted to suggest unspecified conditional dignity, for example, "All human beings are born free, equal in dignity and human rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood" (Article 1).

The Nursing and Midwifery Board of Ireland *Code of Professional Conduct and Ethics* (2014) refers prominently to respect for the dignity of the person, citing the *Universal Declaration* reference to inherent

dignity. But other nursing codes of ethics do not mention inherent dignity. The Canadian Nurses Association (2008) *Code of Ethics for Professional Nurses* states that nurses must uphold and maintain the dignity of all persons. Both the International Council of Nurses (2012) *Code of Ethics for Nurses* and the United Kingdom Nursing and Midwifery Council (2011) code of standards, conduct and ethics refer only secondarily to respecting the dignity of people. Overall, this trend in the codes could be viewed as a kind of 'slippery slope' of dignity in nursing: it appears closely related to the red flag raised above.

Human dignity, varieties of dignity and Careful Nursing

The varieties of human dignity can be seen to relate to the person as a unitary whole, as described in Careful Nursing. Recall the first Careful Nursing philosophical principle, the nature and inherent dignity of the human person (CNN 2013, 4(4) 2-7). Inherent dignity has its source in our inward life, is reflected in our experience as unitary persons, and particularly in our relationships with one another. It is related to our awareness of Infinite Transcendent Reality, or experience of spirituality. We experience dignities of identities and the other varieties of dignity mainly in the bio-physical and psycho-spiritual realities of our outward life. These very distinct dignities embedded within their inward life background of inherent dignity are diagrammed in Figure 1.

IMPLICATIONS FOR PRACTICE

Recall that creating a therapeutic milieu is mainly about the 'relational doing' of nursing, that is, "*how we are as nurses*" (CNN 2014, 5(5) pp. 3-4). We now highlight inherent human dignity in the therapeutic milieu dimension with its element of respect for human dignity. It joins naturally with *caritas* (pp.4-6) and its elements of kindness, compassion, joyfulness, peacefulness and empathy. Together these concepts are of fundamental importance in creating and maintaining the quality of the therapeutic milieu and its overall influence in our practice.



Inherent human dignity brings ethics into the professional practice model through the therapeutic milieu, which surrounds and guides the other dimensions and their concepts. Thus, every aspect of our practice is guided by recognition of the philosophical principle, the nature and inherent dignity of the human person, and respect for the inherent dignity of all persons. The varieties of dignity as they pertain to the people we care for and to ourselves alert us to the many ways in which we are ethically responsible to respect human dignity in our practice.

In practice all the varieties of dignity come together as diagrammed in Figure 1. Inherent dignity and dignities of identities pattern and re-pattern their relationships as we go about our daily lives on our journey of health as human flourishing.

Our dignity as professional nurses

First, it is important for us to recognize and respect our own dignity as professional nurses, which, of course, includes our personal dignity. It is also important for each of us to reflect on our personal interpretation of dignity, guided by our professional code of ethics. These activities will enable us to fully recognize and respect the dignity of persons we care for and persons we work with.

We can begin by checking on our sense of our inherent dignity. We can do this by tuning in to our inward life, particularly by taking at least five minutes of 'quiet time' each day spent in meditation, silence, prayer, stillness or mindfulness. Here is another reason why 'quiet time' is a 'must do' for Careful Nursing (see again the previous issue of *CNN*, 2014, 5(5) p. 4, bottom right column).

Then we can check on our dignities of identities. Which dignities of identity are important to us? Do we respect them? How is our self-respect? Also, which dignities of identities are important to our colleagues? Do we recognize and respect them? The extensive literature on bullying in nursing (Vessey *et al.*, 2011) suggests that this problem relates to lack of sensitivity to our own

personal and professional dignity and self-respect, and that of colleagues and assistants. We will discuss these factors in detail when we get to the therapeutic milieu concept, nurses' care for themselves and one another.

We might also ask ourselves where we and our colleagues might be on the road to dignity as merit. How might we be working toward being especially accomplished in some way? Are some of us there? How might we acknowledge and respect such journeys? And, how are we doing on reflective dignity? How are we doing on dignity as comportment? How gracious and respectful are we generally? How well-mannered are our attitudes and actions generally? Our recognition and respect for these dignities in ourselves will influence the quality of the therapeutic milieu that we create.

Dignity of people we care for

Guided by our philosophy, we are responsible to recognize and respect the inherent dignity, the fundamental value of every person we care for. Again, our five minutes of 'quiet time' each day will support us in this. Our nursing assessments and on-going relationships with patients alert and sensitize us to their dignities of identities. Research shows that when patients dignities of identities are not respected they experience many violations and losses of dignity, for example, being treated as objects, being left with obvious personal needs not attended to, feeling as though they are disgusting, being condescended to and being discriminated against (Jacobson, 2009; Baillie, 2009). Older people are especially vulnerable to such violations and losses (Nordenfelt, 2009).

However, research also shows that health care providers, including nurses, can fail to recognize and respect obvious patient dignities of identities and become defensive about this; "we don't do that," we would never do that" (Baillie & Gallagher, 2012, p.46). Such lack of awareness is obviously unacceptable. It is an example of the human failings that we are all very capable of, especially when we are anxious, tired, and practicing in stressful and short-staffed situations. Further, when we

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are aware of our failures to respect patients' dignities, we can still find it difficult to respond appropriately, for example, when we encounter someone who treats us in a snide, patronizing or angry way, or someone who is confused, abusive and frequently incontinent.

In such situations, it is important that we try to remain calm and draw on our capacity for *caritas*. In doing so, we can try to reach for our background awareness of our inherent dignity and self-respect. In turn, we can try to connect with patients' inherent dignity and try to really allow ourselves to fully respect them all. However challenging this may be, as human persons we have



to try to do it. This is a situation in which doing the 'quiet time' each day could really be depended on to help us in our efforts to connect with patients' inherent dignity.

We can also plan to have a 'dignity check' on a regular basis. This could be done by a brief, say one minute, review before or after a shift handover. Or it could be done at a standup huddle (Shermont *et al*, 2008). Questions might include how are we doing with awareness of patients' inherent dignity? What are our patients' dignities of identities? Are there patients whose dignity we have difficulty respecting? Are there things that we need to do to enhance our recognition of and respect for patients' dignity?

Creating physical surroundings which respect dignity

We may need to take time to review whether patients' physical milieu itself is therapeutic in terms of respect for human dignity. Research has identified the importance of patient's physical environment, especially the cleanliness of toilets, bathroom areas and the use of doors or privacy curtains and provision of clothing to respect patients' dignity (Jacobson, 2009; Baillie, 2009). In Careful Nursing, this links to another concept of the therapeutic milieu dimension, a safe and restorative

physical environment,

Denial of human dignity

Arguments have been made against the importance of human dignity. For example, Macklin (2003) argues that the concept is useless because it is vague, confuses the straightforward idea of respect for persons or their autonomy, and has nothing further to contribute to ethical approaches to health care. Cochrane (2009) recognizes the prevalence of dignity in healthcare ethics and arguments supporting its importance. But he claims that all such arguments are basically flawed because they are either trivial, arbitrary, reject too many people from the moral community, do not clarify moral obligations and do not contribute to the idea of human flourishing. He concludes that the idea of human dignity has no place in bioethics.

These writers focus on finding a single meaning of dignity which, taken the complexity of the concept, is widely acknowledged to be impossible. Neither addresses inherent dignity nor its source, implying that they considered this irrelevant. The overall impression implied is that the primary concern at hand is to identify objective standards for judging the worth of persons and for conducting biological research using human subjects.

Denials of the importance of human dignity are, obviously, directly opposed to the importance of human dignity in nursing, and in healthcare generally. But denials do appear in the healthcare literature. In as much as our profession is, by virtue of its mandate, at the forefront in recognizing and respecting human dignity, we can be expected to defend our position. By examining such denials we can be prepared to do this.

Conclusion

Inherent human dignity is, along with *caritas*, of fundamental importance in creating the Careful Nursing therapeutic milieu and thereby influencing the ethical aspects of the professional practice model. It is a complex concept incorporating varieties of dignity,



especially the many dignities of identities so important to people in their daily lives. As nurses, we have a special responsibility to recognize and respect peoples inherent and related dignities. This can be a challenging responsibility, which can also bring much satisfaction. In literature, dignity is often associated with strength and beauty. Having the opportunity to recognize the inherent dignity and the many-colored varieties of dignities of identities in patients allows us to be open to perceiving their amazing strength and beauty. How could we but respect it?

Because human dignity is such a complex topic, this article only skims its many aspects. The references will provide further reading for you to explore. You will have practice experiences related to human dignity on a daily basis. I encourage you to think about them. Has this article helped you to understand dignity and respect for human dignity? Are there aspects of inherent human dignities and identities that are not clear?

For nurses at Saint Clare's, it is apparent that recognizing the inherent human dignity of every patient is part of nursing practice, and this is recognized with the presentation of many DAISY awards. This month, **Anna Magliocchetti, BSN, RN**, Staff Nurse, IMCU/ Telemetry, was presented with a DAISY award because she provided caring and comfort for an elderly patient who was cold. Respect for the inherent human dignity was also shown by another DAISY nurse. When **Ellen Reggiani, BSN, RN**, Behavioral Health Admission Nurse, was driving to work, she observed an elderly woman looking dazed at the side of the road, so she pulled over and assisted this elderly woman who had advanced Alzheimer disease.

Please consider writing a few words about your reflections on human dignity for the next issue of *Careful Nursing News* or send a message in the 'Contact' section of the Careful Nursing website: <http://www.carefulnursing.ie>. We look forward to hearing from you.

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DEBBIE'S NURSING NOTES



Congratulations to all Saint Clare's nurses on achieving the coveted Pathway to Excellence® designation from the American Nurses Credentialing Center (ANCC). This designation places Saint Clare's among a select group of healthcare organizations recognized for their commitment to nurses. While the Pathway to Excellence designation represents nursing, it is truly a hospital-wide accomplishment, since every department contributes to excellence in patient care.

Our Pathway to Excellence celebration will be held on January 14, 2015, in the Denville Urban Auditorium, with a special motivational presentation "The Mission: Getting it Right Every Time" from Dr. Story Musgrave, who is a NASA astronaut. Saint Clare's Hospital nurses who attend the celebration will receive their Pathway to Excellence pin. Nurses who are unable to attend the celebration will receive their pin from their respective manager or director.

The Pathway to Excellence designation is awarded for three years. We will submit our redesignation application in 2017. As we celebrate our achievement of the Pathway to Excellence, we must continue our focus on the future. I encourage you to join a committee which may include; the Nurse Practice Council, Research Committee or the Pathway to Excellence Committee, to name a few. Additionally, the *Careful Nursing Newsletter* will be used to spotlight our work on the 12 Pathway to Excellence evidence-based standards. Please contact Sue Weaver - SueWeaver@saintclares.org if you would like to share examples of Saint Clare's nurses demonstrating any of the standards of Pathway to Excellence. We will celebrate and share them in our newsletter.

Achieving this national award validates the achievements of the Saint Clare's Nursing Department and substantiates the professional satisfaction of our