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Dignity in psychiatric care

A literature review

Leonora Tiilikka

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Abstract:

Dignity is a vast topic which can be difficult to pin down. The term 'dignity' is often connected to respect, self-worth, pride and uniqueness. Dignity is a concept often connected to both mental health care and health. Dignity is also related to human rights. In psychiatric care, where patients sometimes need to be restricted, or their choices are limited, shattered dignity can occur. Parse's theory of human becoming and the human becoming perspective on quality of life was used as theoretical framework. The aim of this thesis was to discuss dignity in psychiatric nursing, investigate how a dignity preserving approach could be used and to promote the importance of using a dignity-preserving approach in psychiatric care. A literature review was conducted for this thesis, using an inductive approach. Data was collected by qualitative research. Through inclusion and exclusion criteria, six (6) articles were chosen from peer-reviewed databases Academic Search Elite EBSCO and Sage journals. In the results chapter, the findings of the six (6) articles were brought forward, and in the discussion chapters the results were discussed in light of the chosen theoretical framework. The results concluded that dignity can be both shattered and preserved by both words and actions from both nurses and other persons, as well as factors one cannot control, such as age and illness. Acting ethically, giving the patient the time they need, and truly being present and allowing oneself to be touched by the patients' stories helps preserving dignity and strengthens the nurse-patient relationship.

Keywords:	Dignity, psychiatry, nursing, psychiatric nursing, respect, human dignity, mental health, human becoming, relationship
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Figure 1. A figure illustrating Parse's theory of human becoming1**Error!   Bookmark not defined.**

FOREWORD

I would like to thank all the wonderful teachers at Arcada for providing an excellent education and for being an inspiration for so many students, myself included.

I would also like to thank my family for their neverending patience and support.

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Leonora Tiilikka

1   INTRODUCTION

"Nursing is a scientific discipline, the practice of which is a preforming art. Nursing's body of basic knowledge has been created by nurses from the time of Florence Nightingale" (Parse, 1991). The nursing profession is both ever-changing and constant. Due to new inventions and conducted research, the nursing profession is at all times improved by new ideas and inventions. The core values of nursing still have correlations to the values from the time of Florence Nightingale. Several ethical guidelines for nurses have been published by different organizations, in different languages. Thus, one can conclude that ethics is an important core value of the nursing profession.

Respect and dignity are terms that are often connected (Milton, 2008). Respect and dignity are key elements in ethical nursing. "The nurse respects the autonomy and self-determination of the patient and gives him an opportunity to participate in decisions concerning his own care" (Assembly of the Finnish Nurses Association, 1996).

In this thesis the author will conduct a literature review in which dignity in psychiatric care will be discussed. The author chose the topic to gain a better understanding of how dignity is perceived in psychiatric care.

The aim of this thesis is to discuss dignity in psychiatric settings and to bring more awareness to, and highlight the importance of using a dignity-preserving approach when interacting with patients. The aim is also to conduct research on how using a dignity-approach in psychiatric nursing could help preserve the patients' sense of dignity.

2   BACKGROUND

The Cambridge dictionary defines dignity as 1. "Calm, serious, and controlled behavior that makes people respect you", and 2. "The importance and value that a person has, that makes other people respect them or makes them respect themselves". The Oxford dictionary refers to dignity as 1. "The state or quality of being worthy of honour or respect" and 2.1 "A sense of pride in oneself; self-respect."

"Disciplinary and professional ethical codes use the phrase freely in conjunction with terms like respect, worth, integrity, uniqueness, and human rights. The notion of dignity has assumed a central place of global importance for healthcare disciplines, and the behavioral sciences, and it even appears in the philosophy and religious literature. "(Milton, 2008).

Dignity is a concept connected to both mental health care and health. Dignity is also related to human rights (Lindwall et al 2012).

The very first article in the Universal Declaration of Human Rights declares that all human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood. Whereas 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. (United Nations General Assembly, 1948)

All patients have a need and a right to be cared for with dignity. Dignity is something deeper than an ideal, moral or intrapersonal relation (Eriksson 2007, cited in Lindwall et al 2012).
The goal for nursing should include integrity and respect for human dignity. Professional nursing care based on human dignity, charity and love makes caring something else than a human state, affect, or a nursing intervention. Experiences of dignity are related to being seen, being heard and being understood as a credible person. Caring is the moral idea of nursing whereby the end is protection, enhancement and preservation of human dignity. (Watson 2010 & 2007 cited in Lindwall et al 2012).

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The nurse- patient relationship could be seen as an "ongoing, meaningful communication that fosters honesty, humility, and mutual respect and is based on a negotiated partnership between the patient and the practitioner" (Krauss, 2000 cited in Perraud et al 2006). Psychiatric nursing has claimed that the nurse- patient relationship is the primary vehicle of care. The impact of a nurses' attitude, use of touch, exposure to psychoanalysis among other nursing interventions can potentially impact patient outcome. The one-to-one relationship (which can be seen as a nurse-patient relationship) is according to Lego, a "cornerstone upon which other modalities rest and from which other modalities rise" (Lego, 1995 cited in Perraud et al 2006).

In general, many nurses feel that their behavior might safeguard or violate a patient's dignity, and that could lead to patient suffering, due to certain treatment or illness (von Post 1998 & Kasén et al 2008 cited in Lindwall 2012).

2.1 Shattered dignity

Some define dignity in terms of matching one's capabilities to the circumstances. If one's decision making capabilities, or capability to perform a certain activity are not present, that person's dignity is lost. Other views describe dignity as something that is attached to self-respect for identity. From this view, self-respect is something that can be shattered. A sense of dignity can be taken from persons by actions of others, specific events, or by illness, injury or old age. When healthcare professionals are asked about upholding dignity, the needs of those who are considered as members of groups or categories called vulnerable populations (for instance the elderly, the very young) often come up, and are identified as persons and groups of individuals who may have dignity that is lost, shattered, or torn (Seedhouse, 2000 and Lundqvist& Nilstun, 2007, cited in Milton, C. L. 2008).

"Hörberg (2008) shows that patients in the forensic psychiatry care experience uncaring, characterized by humiliation when staff neglected them." (Lindwall et al 2012).

Therefore, shattered or offended dignity can be seen as a powerlessness experienced by the patient, when a healthcare professional creates an atmosphere of negligence.

Healthcare professionals can give rise to helplessness or powerlessness if they misuse their power and choose to do insulting actions rather than listening to the patients. Patients are especially vulnerable when they are cared for by a staff member who has no respect for the actions and decision the patient has a right to decide for themselves. A healthcare professional can help preserve patients' dignity by acting ethically responsibly. Compulsory psychiatric nursing can be experienced as powerlessness when two caregivers have different ideas about how the nursing should be carried out. One wants to talk to the patient, while the other caregivers want to punish and restrain the patient by force and give sedatives. Powerlessness can also be created both consciously and subconsciously. By punishing, abusing their power or by creating a space of waiting (a sensation of not knowing what is going to happen next), for instance by withholding information from a patient or choosing to delay a decision concerning the patients' future creates a feeling of helplessness (Lindwall et al 2012).

When a patient's dignity is offended, it creates an inner value conflict for the healthcare professional, who has been part of it against their will. "A value conflict is something that the nurses may become part of against their own will and they may find it

difficult to provide the kind of care they believe is appropriate. Where value conflicts exist, these may lead to conflict in the human being and result in guilt and shame for the nurses "(von Post 1998, cited in Lindwall et al 2012).

Healthcare professionals who deliberately exclude caring, disregard the intentions of the law relating to health care and nursing as well (Johansson & Eklund 2003, cited in Lindwall et al 2012).

2.2 Preserving dignity

Previous research shows that dignity in psychiatric practice emerges through caregivers' words and actions in care (Hopkins *et al*. 2009, cited in Lindwall et al 2012). Mental health professionals might need to advocate for patients, to speak for them

and make sure that their wishes will be fulfilled if possible. This helps promoting dignity. When patients' show confidence and trust, mental health professionals need courage to meet the patient's spiritual needs. Dignity will be preserved when mental health professionals have the courage to speak for the patient if they are mistreated or their dignity is violated. This may strengthen the bond between the caregiver and caretaker, as well as create a sensation of trust (Lindwall et al 2012).

In Skorpen et al.'s (2016) research he found that relatives to patients in psychiatric care see dignity as something important for the quality of care. They thought that competent, well-trained staff, who possessed empathy, self-knowledge, humor and involvement helps both relatives and patients reduce the feelings of shame, and therefore confirms them as equal to all others. This had a positive influence on both relatives' and patient's experience of dignity. (Skorpen et al., 2016)

Biomedical ethicists amongst other professionals believe that "certain interventions may restore dignity through measures designed to master their emotions and self-respect. From this philosophical view, certain actions may affirm a sense of dignity, while other chosen actions may cause a lack of self-esteem or shatter self-respect. These notions place importance on the healthcare practitioner's expert thoughts and actions as paramount to ensure that human dignity remains intact for persons who are considered dependent or vulnerable in various healthcare settings". (Milton, 2008)

3   THEORETICAL FRAMEWORK

In this thesis Parse's theories of human becoming, and the human becoming prespective on quality of life has been chosen as theoretical frameworks.

Parse's theory of human becoming (1991) guides nurses in their practie to focus on quality of life as it is lived and described. The human becoming theory presents an alternative to the conventional bio- psycho- social – spiritual, and bio-medical approaches used in most other nursing theories.

Dignity is an abstract and ethical concept, which can be difficult to pin down. It can be freely used in conjunction with terms like respect, worth, integrity, uniqueness, and human rights (Milton, 2008). Thus, the author thought that a theory which acts as an alternative to most conventional approaches used, seemed like a good fit for the subject of this thesis.

Human becoming is freely choosing personal meaning in situation in the intersubjective process of living value priorities. It is concreating rythmical patterns of relating in mutual process with the universe and contrascending multidimensionally with emerging possibles. From the human becoming prespective a human-universe process is unpredictable, indivisible and everchangeing (Parse, 2007). People with universe structure their "personal meaning from infinite possibilities, cocreating paradoxical patterns with hopes and dreams known explicitly-tacitly only in the moment. Basic ideas from the ontology (the assumptions and principles) of the human becoming school of thought (Parse 1981,1990, 1994, 1998) focus on human freedom and dignity. Freedom and dignity incarnate notions of reverence and respect." (Parse, 2007).

This perspective on quality of life encourages to respect and honor patients' wishes and choices without judgement. Only the patient his/herself can truly judge their quality of life. "Quality of life as the incarnation of lived experiences is indivisible human's view on living moment to moment as the changing patterns of shifting perspectives weave the fabric of life through the human-universe interconnectedness" (Parse, 1991). Life, quality of life and dignity can all be described as everchanging patterns, full of conflicts and

opposites. "Confirming-not confirming of cherished choices lived explicitly-tacitly in meaning moments, as changing patterns shift opportunities and restrictions for viewing the familiar-unfamiliar. Quality of life is disclosed and not disclosed in speaking-being silent and moving-being still, while being with and away from others, ideas, objects, and events. It is formed with the pushing-resisting force of living conformity-nonconformity with the certainty-uncertainty of everydayness." (Parse, 2007)

A major goal for healthcare is improving quality of life. Parse's theory (2007) suggests using the art of human becoming, the different aspects of "(illuminating meaning, synchronizing rhythms, and mobilizing transcendence) is lived with the principles (structuring meaning, cocreating rhythmical patterns, and cotranscending with possibles) as guides, thus human freedom and dignity are in the forefront." (Parse 1981, 1990, 1994, 1998 cited in Parse 2007).

Parse's theory focuses on the human science, which focuses on the human being's participative experiences with the world. (Parse 1981, cited in Parse 1991). The aim of the human science is "understanding the connectedness of life itself which can never become wholly accessible to the understanding" (Dilthey, 1961, cited in Parse 1991). The different human-universe experiences are all connected uniquely to give meaning to an individual's life. (Parse, 1991).

"The essence of Parse's theory is embedded in meanings, patterns in relationships, and in hopes and dreams. This is consistent with the essence of human science. Yet it is unique in that it synthesizes ideas from other conceptual systems (Parse, 1981)" (Parse, 1991).
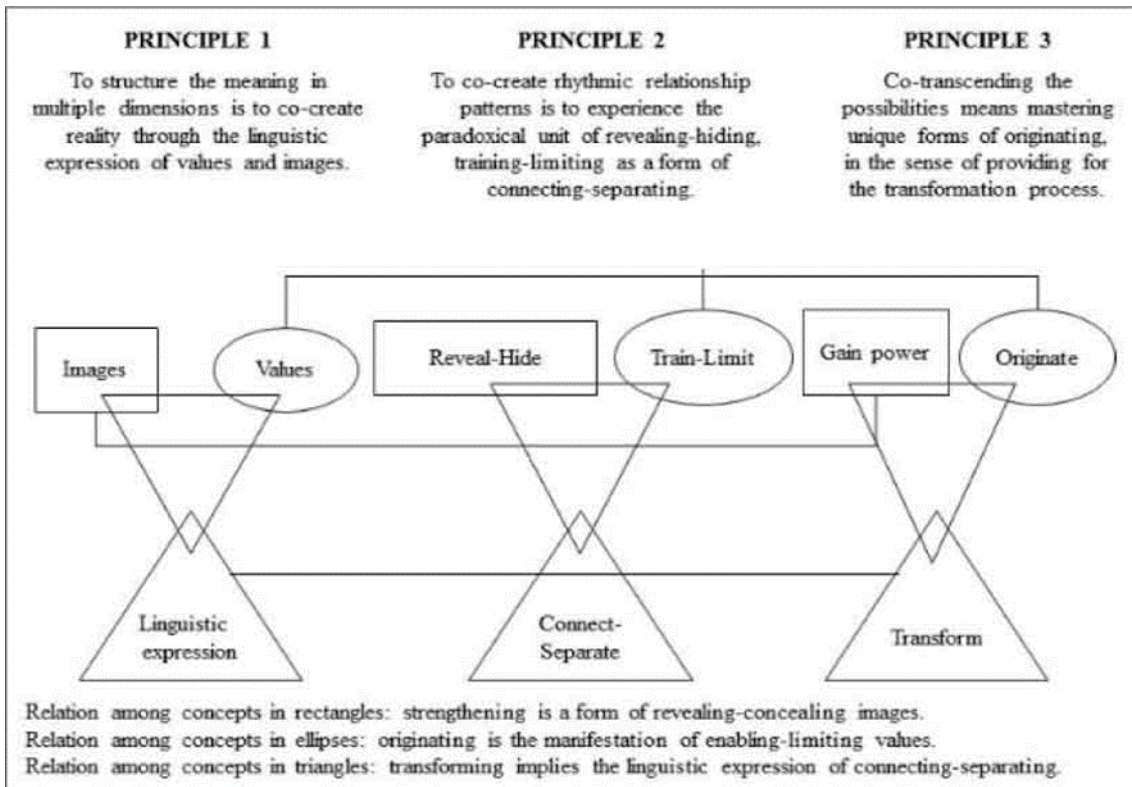
PRINCIPLE 1

To structure the meaning in multiple dimensions is to co-create reality through the linguistic expression of values and images.

PRINCIPLE 2

To co-create rhythmic relationship patterns is to experience the paradoxical unit of revealing-hiding, training-limiting as a form of connecting-separating.

PRINCIPLE 3

Co-transcending the possibilities means mastering unique forms of originating, in the sense of providing for the transformation process.

Images — Values — Reveal-Hide — Train-Limit — Gain power — Originate

Linguistic expression — Connect-Separate — Transform

Relation among concepts in rectangles: strengthening is a form of revealing-concealing images.
Relation among concepts in ellipses: originating is the manifestation of enabling-limiting values.
Relation among concepts in triangles: transforming implies the linguistic expression of connecting-separating.

Figure 1 - Relation among the principles, concepts and theoretical structures of the Theory of Human Becoming[10]

Figure 1 – Illustrating Parse's principle of human becoming, Source:Google images

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4   AIM AND RESEARCH QUESTIONS

The aim of this thesis is to discuss dignity in nursing, more precise in psychiatric care. By researching previous literature, the author wishes to promote dignity in patient encounters and bring more awareness to, and highlight the importance of using a dignity-preserving approach when interacting with patients. The aim of this thesis is also to conduct research on how using a dignity-ensuring approach in psychiatric nursing could help preserve the patients' sense of dignity.

Research questions:

1. What is dignity, and how is dignity seen in psychiatric care?
2. How can healthcare professionals ensure patient dignity?

5 METHODOLOGY

This thesis was conducted as a literature review, using an inductive approach. Data was collected by qualitative research.

"Over the past twenty years in nursing, literature reviews have become an increasingly popular form of synthesising evidence and information relevant to the profession. Along with this there has been a proliferation of publications regarding the processes and practicalities of reviewing" (Aveyard & Bradbury-Jones, 2019)

 "A literature review is both a summary and explanation of the complete and current state of knowledge on a limited topic as found in academic books and journal articles" (UOGUELPH, 2019). A literature review gives readers easy access on specific topics by selecting relevant, meaningful and valid studies and articles of high quality, which are summarized into one complete report. It highlights key findings and brings forth inconsistencies, contradictions and gaps in the literature. It provides a constructive analysis of the methodologies and approaches of other researchers (UOGUELPH, 2019).

Qualitative and quantitative research differ in respect to data analysis, data collection and outcome. Qualitative research is considered to be suitable for "gaining an in-depth understanding of underlying reasons and motivations." (Atlas.ti, 2019). It generates ideas and hypotheses for later quantitative research and provides insight to the setting of a problem. Data collection is done in methodologically flexible techniques, e.g. group discussions or interviews conducted individually and in depth, that are suited to elicit great detail and a comprehensive view. Quantitative research uses rigid, highly structured techniques, and data is often presented numerically, while qualitative research gives respondents' more freedom in answering and unlimited expressions. When conducting qualitative research, sample selection is usually based on a smaller number of not-necessarily representative cases, while in quantitative research a larger number of cases is usually selected at random to best represent the population of interest (Atlas.ti, 2019).

A qualitative research method was chosen to better answer the presented research questions. Dignity is a vast concept, with multiple definitions.

Data collected by the qualitative method develops a deep understanding of the given thematic complex and sound rationale for further research. (Atlas.ti, 2019).

5.1 Data collection

Articles used for background information was found from esteemed and peer-reviewed databases Academic Search Elite (EBSCO) and SAGE Journals. Search key-words included: 'dignity', 'psychiatry', 'psychiatric nursing', 'mental health care'. Articles written in English were chosen, excluding articles written in any other language. Articles had to be coherent with the subjects of dignity and psychiatric or mental health care. All articles had to be peer-reviewed, available in full length and free of charge. Six articles were chosen.

Inclusion criteria:

 I. Articles regarding the subject of dignity and/or psychiatry or mental health care

 II. Articles written in English

 III. Articles available in full length

 IV. Articles free of charge

 V. Peer-reviewed articles

Exclusion criteria:

 I. Articles that didn't focus on dignity and/or psychiatric care or mental health

 II. Articles in other languages than English

 III. Articles only available in abstract

 IV. Articles which would have required purchase

 V. Articles which were not peer-reviewed

List of articles used:

Lindwall, L. et al (2012) 'Patient dignity in psychiatric nursing practice', *Journal of Psychiatric and Mental Health Nursing*, 2012, (**19**, pp. 569–576) Accessed from Academic search elite (EBSCO)

Milton, C. L. (2008) 'The Ethics of Human Dignity: A Nursing Theoretical Perspective', *Nursing Science Quarterly,* 2008 (**Vol. 21** No. 3, pp. 207-210). Accessed from Sage journals

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Parse, R.R. (2007) A Human Becoming Perspective on life, *Nursing science quarterly*, (**Vol 20 issue 3** p. 217) Accessed from academic search elite (EBSCO)

Perraud, S. et al (2006) 'Advanced Practice Psychiatric Mental Health Nursing, Finding Our Core: The Therapeutic Relationship in 21st Century', *Perspectives in Psychiatric Care* (**Vol. 42**, No. 4, pp. 215-226). Accessed from Academic search elite (EBSCO)

Skorpen, F. et al (2016) 'Views concerning patient dignity among relatives to patients experiencing psychosis' *Scandinavian Journal of Caring Sciences* (**2016; 30;** pp. 117-128). Accessed at academic search elite (EBSCO)

5.2 Data analysis

"Reasoning is the process of using existing knowledge to draw conclusions, make predictions, or construct explanations" (Butte College [BC], 2016)

An inductive approach was used when conducting research for this literature review.

"Inductive reasoning begins with observations that are specific and limited in scope, and proceeds to a generalized conclusion that is likely, but not certain, in light of accumulated evidence" (BC, 2016). An Inductive approach moves from specifics to general knowledge. The scientific research is carried out by gathering evidence, seeking patterns, and forming a hypothesis or theory to explain the findings (BC, 2016).

Though the authors intention was to conduct this literature review as systematic as possible, due to lack of experience and time, the results seem quite narrative. Narrative re-

views, where a body of literature is summed up qualitatively, are in many cases popular among students, but they have been criticised for not having the used methods articulated, and for the "lack of systematic approach and consequently significant potential for bias in the findings" (Aveyard & Bradbury-Jones, 2019).

5.3 Ethical aspects of the research study

Dignity and ethics are phrases frequently used together. "The notion of dignity has assumed a central place of global importance for healthcare disciplines, and the behavioral sciences" (Milton, 2008). Dignity is a central concept in this thesis, and since dignity is so often connected to the concept of ethics, one could state that ethics has a key-role throughout this whole study.

To give credit to the original authors, and to avoid plagiarism, all sources used in this thesis are referenced and cited according to Arcada's guidelines and Harvard referencing system. Harvard referencing ensures that the intellectual property of others is used correctly and is accredited for.

The Finnish Advisory Board on Research Integrity's guide for responsible conduct of research (2012), states in their 3rd paragraph that "The researcher takes due account of the work and achievements of other researchers by respecting their work, citing their publications appropriately, and by giving their achievements the credit and weight they deserve in carrying out the researcher's own research and publishing its results" , which has been noted in the writing of this thesis.

6   RESULTS

In Lindwall et al 's (2012) study, the findings show preserved dignity when healthcare professionals have the courage to be present, and shattered dignity when healthcare professionals create powerlessness for the patient. The patient's dignity can be preserved when healthcare professionals act on their ethical responsibility. When a patients' dignity has been offended, the healthcare professional has become an inner value conflict. The patients' dignity will be preserved when professionals have the courage to be present and allowing patient's stories touch them. When nurses show that they have time for the patient, by sitting down and listening, the patient's feel empowered, and the nurse-patient relationship can strengthen. When patients are allowed to share their fear, worry and anxiety with a nurse, their suffering can be alleviated. The nurse perceives that they are two people who strive to understand each other. (Lindwall et al, 2012) "These findings show that patients' dignity in a psychiatric nursing practice can be preserved when caregivers act on their ethical responsibility. When patients' dignity is offended, the caregiver has become an inner value conflict, something they have been a part of against their own will" (Lindwall et al, 2012).

Milton (2008) brings forth that dignity can be described as closely attached to self-respect from ones' identity. Thus, dignity can be shattered by actions of other people, certain events, illness or injury. When nurses are asked about preserving dignity, the needs of the 'vulnerable populations' (the young, the old) came to mind. These patients' may not be able to uphold their dignity, and thus dignity can be shattered, lost or torn (Lundqvist& Nilstun, 2007 cited in Milton 2008). Similar labels and categories are ascribed to the elderly and those who exhibit altered thought patterns. Nurses may view dignity as shattered when practitioners provide services based on the healthcare professionals' (nurses') priorities rather than on the recipient's (patients') priorities. "From the nursing theoretical perspective of humanbecoming in previous published writings, the concepts of respect and dignity have been inextricably linked.". "Acknowledging dignity and worth is an unconditional honoring of another without exception. It is a reverence for others and a chosen way to demonstrate *mattering,* that is, an affirmation that other persons matter in the same way as oneself matters" (Milton, 2008).

Perraud et al (2006) suggests that the therapeutic relationship (here seen as the nurse-patient relationship) has been at the heart of psychiatric care for the last 50 years. The nurse-patient relationship could be seen as an "ongoing, meaningful communication that fosters honesty, humility, and mutual respect and is based on a negotiated partnership between the patient and the practitioner" (Krauss, 2000, cited in Perraud et al 2006). The relationship elements described for PMH (psychiatric mental health) nursing were abstracted largely from non-nursing texts. "On an intellectual level this objection is specious, since of course no single profession can claim to "own" the relationship. Indeed elements such as empathy, the alliance, and congruence are found in PMH nursing, psychology, counseling and psychiatry" (Perraud et al, 2006)

An APA task force (American Psychological Association) had determined that the most studied relationship factors included congruence (the genuine and non-defensive stance a therapist takes within a relationship), empathy (warmth and positive regard) and goal collaboration. Several investigations present findings that patients who were asked about what they thought was most helpful about their psychotherapy experiences, first cite that their therapist, or the relationship with the therapist was the most helpful. Using exacting criteria, three elements of relationships had the strongest empirical link to successful outcomes; empathy, the therapeutic alliance and goal consensus and collaboration. (Norcross, 2002, cited in Perraud et al 2006).
"Empathy can be considered a facilitative condition of the relationship, along with warmth and positive regard (Norcross, 2002). Empathy has been identified as having affective (feeling the feelings of the other) and cognitive (understanding the perspective of the other) elements (Bohart, Elliot, Greenberg, & Watson, 2002)". (Perraud et al, 2006)

Parse's theory of human becoming and the provided perspective of quality of life (Parse, 1991 & 2007), which were used as theoretical framework in this thesis states that: "quality of life as the incarnation of lived experiences is indivisible human's view on living moment to moment as the changing patterns of shifting perspectives weave the fabric of life through the human-universe interconnectedness" (Parse, 1991).

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"Basic ideas from the ontology (the assumptions and principles) of the human becoming school of thought (Parse 1981,1990, 1994, 1998) focus on human freedom and dignity. Freedom and dignity incarnate notions of reverence and respect." (Parse, 2007).

By being truly present, a nurse invites the person (patient) or family to relate to the meaning of the situation and planning together on hopes and dreams. "True presence is a special way of 'being with' in which the nurse bears witness to the person's or family's own living of value priorities". (Parse, 1991). Parse continues explaining that true presence is a form of art grounded in a strong knowledge base. Each human lives their life in their own 'way', which is both similar and different from others. A nurses' role in true presence is not to beacon or guide, but to be attentive, supportive and shed a light on the matter discussed (Parse, 1991).

"True presence is a powerful human-universe cocreation that flows from the assumptions and principles of human becoming and honors the beliefs that individuals know the way and live personal value priorities (1981, 1990, 1994, 1998)" (Parse, 2007).

" Synchronizing rhythms happens in dwelling with the pitch, yaw, and roll of the interhuman cadence. Dwelling with is giving self over to the flow of the struggle in connecting-separating."

Synchronizing rhythms is lived as the nurse in true presence stays with the person or family while the person or family describes the struggles of life, the ups and downs as well as moments of joy, and the unevenness of day-to-day living in the moment. "The nurse practicing from the human becoming theory does not try to calm uneven rhythms but rather goes with the rhythms set by the person or family. The nurse in true presence moves with the flow of the rhythm as the person or family discusses and recognizes the struggle of the situation (Parse, 1987). Dwelling with the rhythm is like treading water; while one *appears* to remain in the same place, different waves arise to create subtle movement and often gigantic leaps." (Parse, 1991).

" The essence of Parse's theory is embedded in meanings, patterns in relationships, and in hopes and dreams. This is consistent with the essence of human science. Yet it is unique in that it synthesizes ideas from other conceptual systems (Parse, 1981)" (Parse, 1991).

7   DISCUSSION

Dignity can be used in conjunction with terms like worth, respect, human rights, integrity and uniqueness. It is a vast concept that can be hard to pin down. The literature review conducted in this thesis brings forth several ways in which a health care professional can preserve, as well as shatter a patients' sense of dignity.

A patients' sense of dignity can be lost due to lost decision-making capabilities or lost self-respect for identity (Perraud et al 2006).

"Healthcare professionals may view dignity as shattered when practitioners provide services based on the healthcare professionals' priorities rather than on the recipient's priorities" (Milton, 2008). Dignity can be shattered by the actions of the nurse, for instance if the nurse chooses to prioritize his/her own priorities above the patient's. Patients' "experience uncaring, characterized by humiliation when staff neglected them." (Lindwall et al 2012). Shattered dignity can be seen as a powerlessness experienced by the patient, when a healthcare professional creates an atmosphere of negligence. If healthcare professionals misuse their power, they can shatter patient dignity by purposefully creating a space of waiting, not respecting the patients' right of choice when they have a possibility to choose, choosing to delay a decision or simply by ignoring a patients' wish that could easily be fulfilled. Powerlessness, seen as shattered dignity, could be created consciously or subconsciously. Sometimes a nurse can deliberately do something that offends a patients' dignity, for instance if the nurse feels that the patient should be punished. This is against good ethics and good conduct, it can also be illegal. A nurse can be put in this situation against his/her own will if, for instance, two nurses have different thoughts on how to handle a patient situation (Lindwall et al, 2012). This could for instance be seen in psychiatric care, with an aggressive or anxious patient, if one nurse would want to try to talk to the patient and descale the situation, while the other would want to restrain the patient and give sedatives. Dignity could also be shattered due to external factors, such as prejudice or stigma, or by factors one cannot control, such as age or illness.

"Biomedical ethicists and professionals also believe that certain interventions may restore dignity through measures designed to master their emotions and self-respect. From

this philosophical view, certain actions may affirm a sense of dignity, while other chosen actions may cause a lack of self-esteem or shatter self-respect. These notions place importance on the healthcare practitioner's expert thoughts and actions as paramount to ensure that human dignity remains intact for persons who are considered dependent or vulnerable in various healthcare settings" (Milton, 2008).

Lindwall et al (2012) also lays weight on the importance of healthcare practitioners (nurses') thoughts and actions in preserving dignity. Dignity can emerge when the courage and will to be there for someone is present and allowed to permeate the caring acts. Words and actions can both preserve and shatter dignity. Psychiatric nurses might need to advocate for patients, speak up for them to make sure that their rights are preserved and wishes could be fulfilled. Speaking up for someone else takes courage, and there needs to be a genuine will to help the patient. This could strengthen the bond between the nurse and the patient (nurse-patient relationship).

Skorpen et al (2016) found that relative to patients' in psychiatric care see dignity as something important for the good quality of care. The saw that competent and well-trained staff who possessed humor, empathy, self-knowledge and wanted to be involved helped both patients and relatives. This reduced anxiety and shame, and made both patients' and relatives feel dignified and equal to all others.

One of the most important aspects of preserving dignity is acting ethically. "Basic ideas from the ontology (the assumptions and principles) of the human becoming school of thought (Parse 1981,1990, 1994, 1998) focus on human freedom and dignity. Freedom and dignity incarnate notions of reverence and respect." (Parse, 2007). Parse's theory of human becoming (1991) guides nurses in their practie to focus on quality of life as it is lived and described. This perspective on quality of life encourages to respect and honor patients' choises and wishes without judgement, which is dignity-preserving. "Quality of life as the incarnation of lived experiences is indivisible human's view on living moment to moment as the changing patterns of shifting perspectives weave the fabric of life through the human-universe interconnectedness" (Parse, 1991). Life, quality of life and dignity can all be described as everchanging patterns in life.

8 CONCLUSION

Dignity is a vast concept that can be hard to grasp. It is often connected to terms like respect, self-worth, pride and human rights. Dignity can be shattered by the words, actions or choices of nurses or other people, as well as by factors that cannot be influenced, such as age and illness. Dignity is something that can be preserved and restored by acting ethically, being truly present for the patients, listening to them, giving them time and truly wanting to understand and connect, and by letting oneself be touched by the stories the patient shares.

8.1 Critical analysis

When writing this thesis, more articles could have been included than the chosen six (6). This would have given the thesis more depth, credibility and nuance. More databases and key-words could have been considered to give a larger range of articles to choose from. The methodology chapter should have been expanded and backed up by more commonly used and reliable sources than those used.

9 REFERENCES

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APPENDICES

1.

Figure illustrating Parse's theory of Human Becoming. Source: Google images Availabe at:
https://www.google.com/search?q=parse%27s+theory+of+human+becoming&source=lnms&tbm=isch&sa=X&ved=0ahUKEwjv6IrNi4XiAhWk2aYKHfhvDvgQ_AUIDigB&biw=1280&bih=610#imgrc=z5bwuMOkdcCISM:
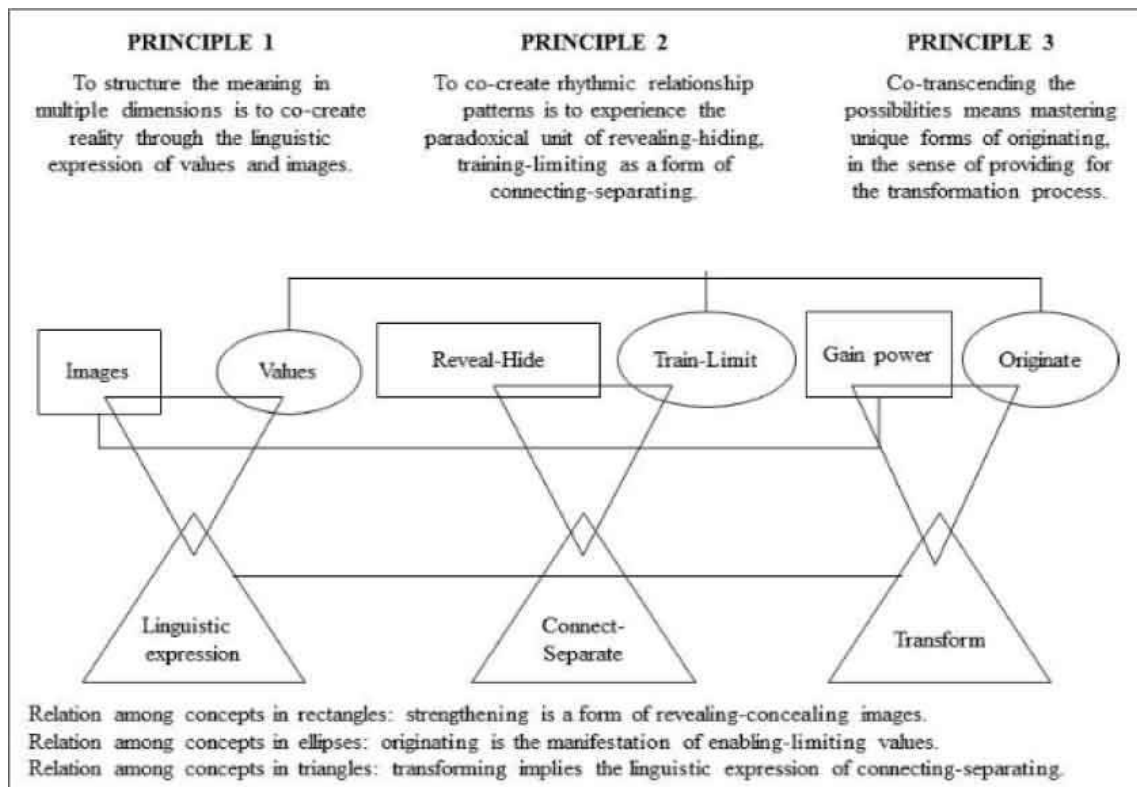

PRINCIPLE 1	PRINCIPLE 2	PRINCIPLE 3
To structure the meaning in multiple dimensions is to co-create reality through the linguistic expression of values and images.	To co-create rhythmic relationship patterns is to experience the paradoxical unit of revealing-hiding, training-limiting as a form of connecting-separating.	Co-transcending the possibilities means mastering unique forms of originating, in the sense of providing for the transformation process.

Images — Values — Reveal-Hide — Train-Limit — Gain power — Originate

Linguistic expression — Connect-Separate — Transform

Relation among concepts in rectangles: strengthening is a form of revealing-concealing images.
Relation among concepts in ellipses: originating is the manifestation of enabling-limiting values.
Relation among concepts in triangles: transforming implies the linguistic expression of connecting-separating.

Figure 1 - Relation among the principles, concepts and theoretical structures of the Theory of Human Becoming[10]