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Poszanowanie godności pacjentów umierających w opiece pielęgniarstwie.

Streszczenie

Wprowadzenie do problemu: Opieka pielęgniarstwa dla umierających pacjentów jest bardzo wymagająca i niesie duże obciążenie fizyczne i psychiczne. Trzeba wiedzieć, jak najlepiej zbliżyć się do tych osób, aby opieka nie straciła wymiaru ludzkiego. Podstawowym warunkiem wstępnym zapewnienia opieki nad ludźmi jest poszanowanie pacjentów do godności pacjenta. Zasadą pracy jest podkreślenie problemów i dylematów, które są narażone na śmierć klientów, ich bliskich, jak i uczestniczących pracowników. **Cele:** Celem badań było określenie, czy i w jaki sposób podważana godność pacjentów w terminalnej fazie choroby, jak personel medyczny podchodzi do umierających i ich rodzin. **Material i metody:** Wybraliśmy technikę kwestionariusza, który został utworzony za pośrednictwem serwisu internetowego Survio i który był rozprowadzany za pośrednictwem łącza internetowego. Ważność kwestionariusza ustalono od 01.02.2017 r. do 20.03.2017 r. Grupa badawcza składała się z 191 respondentów, niemedycznych pracowników służby zdrowia i studentów zawodu opieki zdrowotnej. **Wyniki:** Wyniki badania kwestionariuszowego pokazują, że 50,79 % respondentów znajdowało się w sytuacji, w której godność umierającego pacjenta była zakłócana przez innych pracowników opieki zdrowotnej podczas opieki pielęgniarstwa. Respondenci twierdzą, że był to np. brak szacunku dla intymności pacjenta, nieodpowiednia lub niewystarczająca komunikacja, niewłaściwa manipulacja z pacjentem i zaniedbanie jego potrzeb. Pozytywne jest stwierdzenie, że respondenci zajmują wobec umierających empatię, profesjonalizm i opiekuńczą postawę, a najczęściej traktowani są z szacunkiem, zrozumieniem i odpowiedzialnością podczas opieki nad umierającym. Istnieje podejście empatyczne i troskliwe dla rodziny chorych na etapie końcowym. **Wnioski:** Zagadnienie śmierci i godności ludzkiej jest nadal jednym z tematów tabu. Można jednak powiedzieć, że obecnie jest niewielka poprawa sytuacji w tym sensie, że o śmierci zaczyna mówić się jako o naturalnej części życia. Jednym z celów współczesnego pielęgniarstwa jest złagodzenie cierpienia chorej osoby, aby zapewnić pokojową śmierć i godność śmierci. W interakcji z umierającym i jego bliskimi współpracownik musi dążyć do osiągnięcia tych celów.

Słowa kluczowe: umierający, pielęgniarka, personel medyczny, godność, opieka pielęgniarstwa.

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Respect for the dignity of dying in nursing care

Abstract

Introduction: Nursing care for dying patients is very demanding and carries a great physical and mental burden. It is necessary to know how to approach these people in the best way so that care does not lose the human dimension. The basic prerequisite for the provision of human care is the respect of health care professionals to the dignity of patients. The merit of the paper is to highlight the problems and dilemmas that are dying clients exposed to, their close relatives, as well as medical staff. **Aim:** The aim of research was to determine whether and how dignity of hospital patients in the terminal stage of disease is undermined, how medical staff approaches to the dying and their families. **Material and research methods:** A questionnaire technique was used that was made via the Survio internet service and distributed through an internet link. Validity of the questionnaire was set from 01 February, 2017 to 20 March 2017. The research group consists of 191 respondents, paramedical practitioners and students of health care professions. **Results:** Questionnaire survey results show that 50.79% of the respondents were in a situation where the dignity of a dying patient was disturbed by other healthcare workers during nursing care. Respondents state that it was e.g. disrespect for patient intimacy, inappropriate or inadequate communication, inappropriate handling of the patient and neglect of his / her needs. There is a positive finding that the respondents have empathic, professional and caring attitude to the dying, and most often feel respect, understanding, and responsibility during care of the dying. There is an empathic and caring approach to the family of patients in a terminal stage of disease. **Conclusions:** The issues of dying and human dignity still belong to taboo topics. However, we can say that today there is a slight improvement in the situation in the sense that death begins to be discussed as a natural part of life. One of the goals of contemporary nursing is to alleviate the suffering of the sick person, to ensure a peaceful dying and dignified death. In an interacting with the dying and his / her loved ones, the medical staff must try to achieve these aims.

Key words dying, nurse, medical staff, dignity, nursing care

Introduction

Nursing care for dying patients is very demanding and carries a great physical and psychological stress for treating staff. It is necessary to know how to approach these people in the best way so that care does not lose the human dimension. We currently understand human care as "client-centered" care. The basic prerequisite for the provision of human care is the respect of health care professionals for the dignity of the patient, his values and needs. Human dignity is a universal matter of human beings, we can say that it is something that belongs to every human being. *"Dignity is one of the fundamental values of human existence and is considered to be the highest value related to quality of life, conditional to health, disability and the provision of health or social services"* (Kalvach, 2010, p. 25). The traditional model of human dignity comes from many sources. Each philosophical school had its own interpretation and determination of the concept of human dignity. Interpretation varies also depending on the culture (Heřmanová et al., 2012, p. 72). These days, the combination of words human dignity is understood by many people as respect. We describe the four basic types of dignity according to the project "Dignity and Old Europeans", which originated in 2003. The first three types - the dignity of merit, the dignity of moral strength and the dignity of personal identity are described as part of daily experiences and feelings of individuals. The fourth type of *Menschenwürde* is described as the value of human beings (Kalvach, 2010, p.25; *Respecting human dignity*, 2004, p. 13). ***Dignity of merit*** is what people have achieved during their lives, including their social status. Dignity in this context forms the functions or roles that a person performs (for example, if one is a physician, people value his position and recognize it) (Benešová, 2016, p. 13). Dignity of merit is very important for everyone, especially for the elderly and the dying, who usually look back at the end of life and need to see that their life was and is meaningful. ***Dignity of moral power*** - the basis of this type of dignity is the moral autonomy and integrity of man. This type of dignity is especially felt by people who have been guided by their moral principles during their lives. If a person, for some reason, behaves contrary to his own moral principles, he may lose self-respect. This type of dignity is a reflection of man's behavior. ***The dignity of personal identity*** - this is how one perceives himself, most especially in relation to old age, is related to self-respect. This type of dignity can interfere with the inappropriate behavior of the surroundings to the subject, we talk about the damage done to man (physical and mental). In the case of dignity of personal identity, we place emphasis on integrity, especially on the self's consciousness. Other articles of integrity are: physical identity, the ability to find the meaning of one's own life, and the ability to integrate into collectives. If the dignity of human identity is present in us, it tells us about the completeness of our person. The result of a complete human being is an easier way to find the meaning of a person's life. Another ability that a person possesses with the dignity of personal identity is the ability to form a meaningful image of one's own life and the ability to tell about his life on a positive level. ***The value of human beings*** (*Menschenwürde*) appeals to the inalienability of values of human existence and creates demands for respect among all human beings, regardless of their social, psychological and physical condition. The cornerstone of this type of dignity is therefore the the word humanity. Humanity is characterized in this context as something that we can not be prepared for or can not lose (Kalvach, 2010, p. 25; *Respecting human dignity*, 2004, p. 12-13). From the above it is shown how important is the respect of nursing staff for the dignity of the patient (client), especially in palliative and hospice care. But the main assumption is that dignity should be properly understood, preferably before the care begins. According to Kutnohorská (2013, p. 56), human dignity is understood as respecting the value of a man. The definition of

dignity is defined by each person and client in several aspects, according to: moral principles; the traditions of the culture we are part of; attitudes towards life; attitudes towards respect for

life; empathic behaviour. The attitude of healthcare workers to dying clients and their loved ones is primarily based on the dignity of these people as human beings.

We approach them authentically with a sufficient degree of empathy. We act professionally, because these people expect such an approach from us. A direct approach to the dying and his family is undesirable (Sláma, Kabelka and Vorlíček et al., 2007, p. 33). In other words, if we care about a dying person, we always remember that there is a person who is precious and irreplaceable to someone, a person who has his own worth and dignity. What is the reality in nursing practice? What are the problems and dilemmas that are dying clients exposed to, also their close and caretaking staff? We seek to find answers to these questions in our research, the partial aims of which we present in this paper.

Aim

The main objective of the research was to find out whether and how the dignity of patients in the terminal stage of the illness is disturbed in hospitals, as the medical personnel approach to the dying person and his family. This goal was fulfilled through partial goals. For the presented part of the research, the following objectives are:

Sub-objective 1: Identify what respondents imagine when we say human dignity

Sub-objective 2: Identify whether and how the human dignity of a dying person is disturbed in nursing care

Sub-objective 3: Identify how health care professionals (respondents) approach to the dying person and his / her family.

Material and research methods

A questionnaire technique was chosen that was performed via the Survio internet service and distributed through an internet link. One of the reasons was to guarantee the anonymity of the respondents because we regard human dignity and dying as a very sensitive issue. All respondents responded voluntarily and were informed about the purpose of the survey in the opening text of the questionnaire. The questionnaire was valid from 01 February 2017 to 20 March 2017. The research group consists of 191 respondents, paramedical practitioners (139) and medical students (52). The examined sample was predominantly female sex, which consisted of up to 180 respondents. The male representation complements the total number of respondents. Our questionnaire then mostly addressed the age group of 21-30 years.

The data obtained from closed questions has been summed up via the Survio internet service. In this case, only the data was transferred to the frequency tables so that it was readable and the most frequent answer could be identified at first glance. The process of retrieving data from open responses was done by using pencil paper, otherwise we can also refer to it as coding in hand. All the respondents' free answers were divided according to the circumstances in words, phrases or even paragraphs. Subsequently, code was added to characterize the created category.

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Results

The first sub-goal was to find out what respondents imagine under the term of human dignity.

The most represented characteristics of human dignity is respect and esteem. This response was present in 91 respondents, which is 29.54% of the total surveyed sample. The second place is taken by moral behaviour, which is represented by 16.83% (52 respondents). Third, human rights are represented by 13.59% (42 respondents). In addition, 34 respondents (11.40%) responded to the saturation of human needs, but also the value of human life (28 respondents, 9.06%). Among other answers we find eg: I do not know, the pride and the subjective feeling of every person. This is an open answer, the absolute frequency in this case is the number of answers.

The second sub-goal was to find out whether and how the human dignity of dying patients is disturbed in nursing care. The results of the questionnaire survey show that 143 respondents (74.87%) think that the human dignity of a dying person is being disrupted during hospitalization in the hospital and that dignity is violated primarily by disrespecting intimacy (privacy); inappropriate or inadequate communication with the client; neglecting the needs of the patient; inappropriate notes to the client's address; roughness during

manipulation with a client, etc. (ranging from the most recent answers). A total of 50.79% (97) of respondents were even present when the dignity of a dying patient was disturbed by other healthcare workers during nursing care. Respondents report inappropriate or inadequate communication with the client in the first place (comments to the client's address, inappropriate health commentary); followed by inappropriate manipulation; neglect of care; violation of intimacy; undignified treatment. Of these respondents (97) who were experiencing a disruption of the patient's dignity 67 of them pointed out inappropriate behaviour, namely: those who behaved inappropriately (43); a staff nurse and a nursing officer (19); a doctor; a director of the hospital (5).

The third objective was to find out how health workers (respondents) approach to the dying person and his family. A positive finding is that the attitude towards the patient is described by 67 respondents as empathic; 65 as professional; caring 40 respondents; 12 neutral and 7 of the total number of respondents answered distance. They feel respect to a patient during the nursing care (53); understanding (48); responsibility (44); regret (42); nervousness (3) and impatience (1).

The attitude towards families of the dying patients is described by 101 respondents as empathic; 72 defines it as caring and 18 of the respondents consider their relationship to families of the dying patients as neutral.

Conclusions

The issues of dying and human dignity still belong to taboo topics (CZ). Although today there is a slight improvement in the situation in the sense that death begins to be spoken

of as a natural part of life, we still have reserves in nursing care. By appropriately chosen approach and communication, we show the patient our respect and recognition of his dignity,

above all the dignity of merit. The basis is to prefer a common *human approach*. It must be remembered that the person in front of us is a loved one and irreplaceable for somebody

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