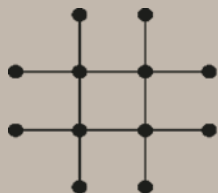

Creating a conscious caring culture: reinstating the fundamentals: dignity and spirituality

Dr Wilfred McSherry Professor in Nursing, Department of Nursing,
School of Health and Social Care, Staffordshire University,
University Hospitals of North Midlands NHS Trust, England, United
Kingdom, ST18 0YB

Part-time Professor VID University College (Haraldsplass) Bergen,
Norway

10th December 2022



VID



THE
CONNECTED
UNIVERSITY

Objectives

- Demonstrate that these altruistic and humanistic aspects of the person are central to the development of caring cultures
- Highlight that dignity and spirituality are central to identity – an individual's own sense of purpose, values and beliefs
- Reinforce that these concepts are fundamental aspects of caring and compassionate care, integral to the concept of holistic practice and person-centred care

Types of Dignity

Dignity of the Human Being

- Conventions and Laws
- Right to Life
- No Abuse
- Justice
- Privacy
- No discrimination
- Freedoms/Respect

Conscience

Religion

Expression

Association

Dignity of Personal Identity

- Personal Identity
- Self Respect
- Self-esteem
- Resilience
- Personal Relationships

Dignity of Merit

- Achievements
- Rank and Seniority
- Place in Society
- Honours awarded
- Employment
- Knowledge & Skills
- Experience
- Qualifications
- Financial Worth
- Success in Life
- Independence

Dignity of Moral Status

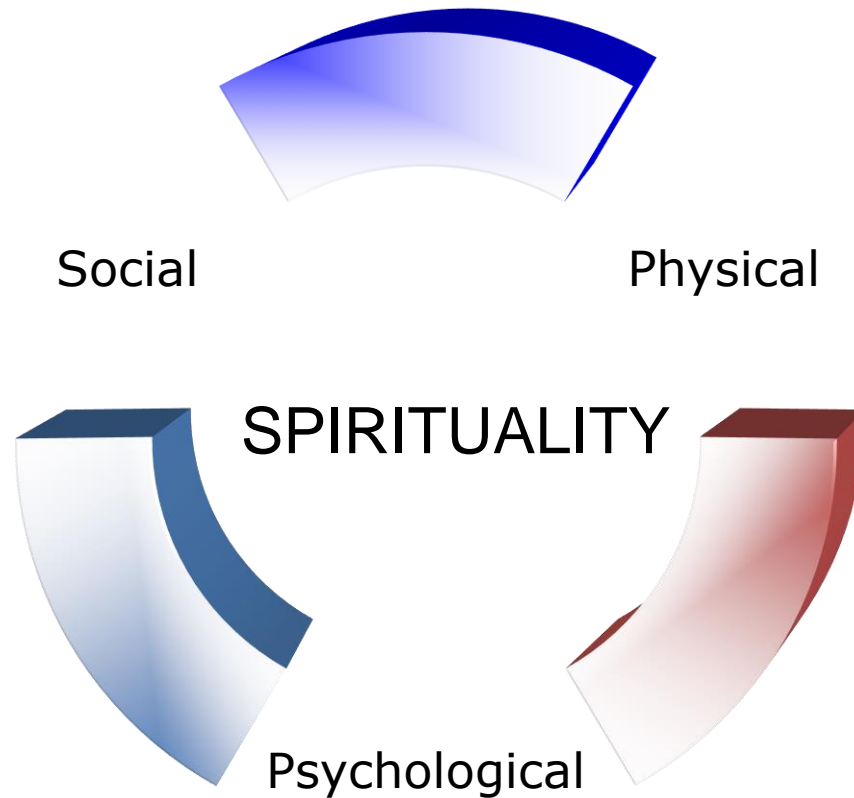
- Peoples' Moral Principles
- Religious Faith
- Community Membership
- Leadership
- Recognised roles

Nordenfelt, L., Edgar, A. (2005) The four notions of dignity *Quality in Ageing* 6 (1) 17 – 21

10 Dignity Do's

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

Holistic person-centered care



Spirituality:

“The **dynamic** dimension of human life that relates to the way persons (individual and community) experience, express and/or seek **meaning, purpose** and **transcendence**, and the way they **connect** to the moment, to self, to others, to nature, to the significant and/or the sacred.”

The spiritual field is multidimensional:

1. **Existential challenges** (e.g., questions concerning identity, meaning, suffering and death, guilt and shame, reconciliation and forgiveness, freedom and responsibility, hope and despair, love and joy).
2. Value-based considerations and attitudes (e.g., **what is most important** for each person, such as relations to oneself, family, friends, work, aspects of nature, art and culture, ethics and morals, and life itself).
3. **Religious** considerations and foundations (e.g., faith, beliefs and practices, the relationship with God or the ultimate).999



Spiritual care:

‘Care which **recognises and responds to the human spirit when faced with life-changing events** (such as birth, trauma, ill health, loss) or sadness, and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging human contact in **compassionate relationship** and **moves** in whatever direction need requires’

EPICC Network Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care

<https://blogs.staffs.ac.uk/epicc/>

“We get treatment in the
hospital and care in the
hospice”

Treatment

Scientific

Proficient

Technical Competence

Detached

Robotic

Cold

Care or more precisely caring

Warm

Time

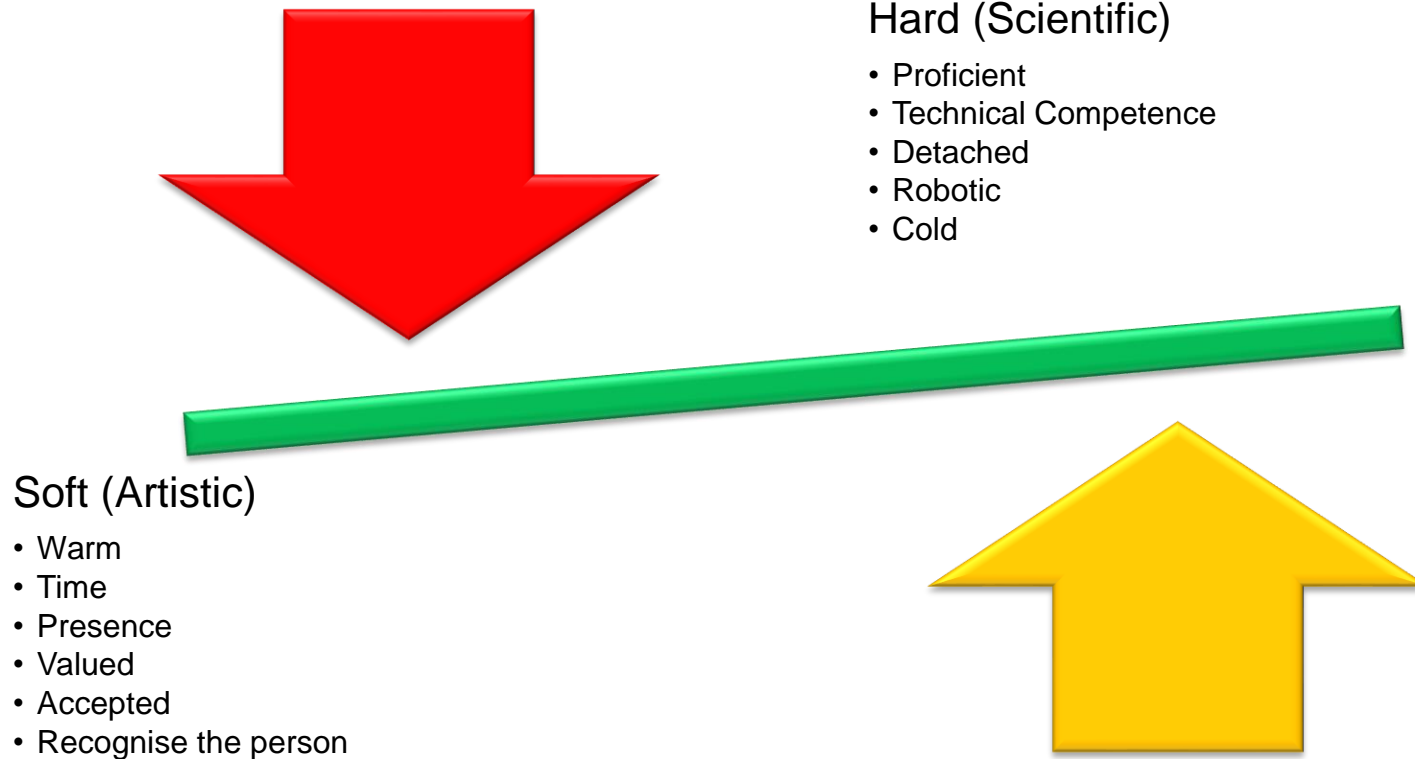
Presence

Valued

Accepted

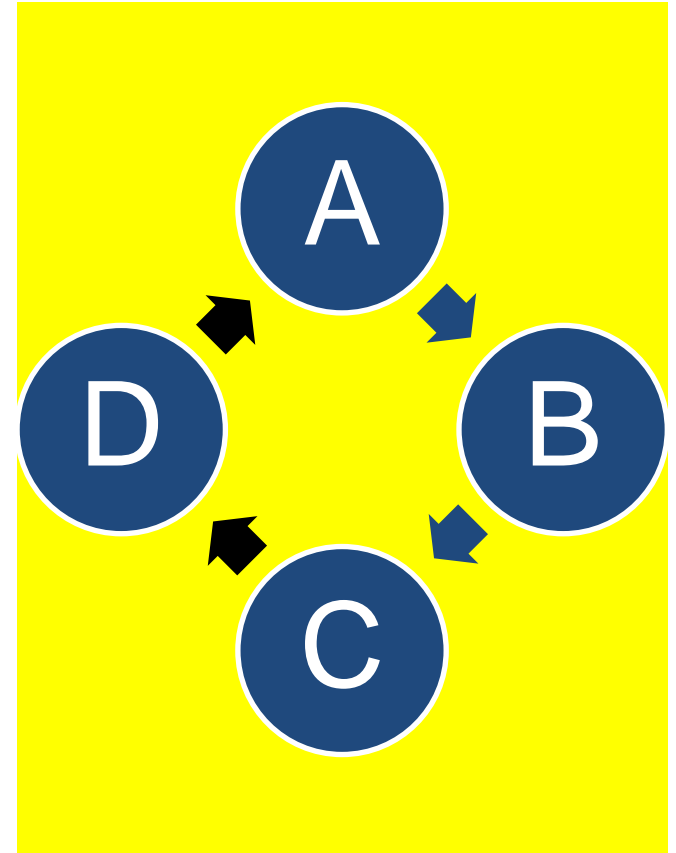
Recognise the person

Hard and Soft Nurse



Dignity conserving care

Chochinov H, M (2007)
Dignity and the essence
of medicine: the A, B, C,
and D of dignity
conserving care British
Medical Journal 335,
184-187



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
-



THE
CONNECTED
UNIVERSITY