

Dying with Dignity: Hospice Nurses' Perceptions of Dignity in the Final Weeks of Life in Rural Ireland and Connecticut

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Purpose & Rationale:

Hospice care focuses on providing comfort measures and dignity to patients and families at the end of life. While previous studies explore terminal patients' concept of dignity, few studies examine the concept of dignity as defined by the nurse, and how differences in perceptions of dignity affect care. There are also few studies that examine the effectiveness of interventions used by nurses to promote dignity in the dying patient.

Research Questions:

The objective of this research was to assess the perceptions of registered nurses working in hospice care on the effectiveness of interventions to promote dignity in the final weeks of life and to define dignity at the end of life from the perspective of the nurse in Connecticut and rural Ireland.

Synthesis of Review of Literature:

A classic study by Chochinov et al (2002) explored dignity from the perspective of the terminal patient and constructed the Dignity Model, which describes major determinants of dignity at the end of life. While this model has been upheld in follow-up studies, there is no literature comparing the dignity concept of the patient to that of the nurse. Other studies show significant differences between the wishes of the patient and the care they receive, indicating that discrepancies in definition may exist. In Ireland, research shows a lack of access to social workers, minimal psychological intervention, and poor communication between patients and caregivers in hospice care. However, Ireland ranks significantly higher on quality of life indices than the United States, including at the end of life.

Methods/Procedures:

A descriptive phenomenological research method was used to interview ten participants from Connecticut ($n=5$) and Ireland ($n=5$) about definitions of dignity and opinions on the interventions used to promote dignity. Participating hospices were located via the Internet using purposive sampling. Tape-recorded interviews were transcribed verbatim and the Colaizzi method was used to identify common themes.

Results:

Participants' definitions of dignity universally referred to patient choice. Themes that emerged as roles of the nurse in promoting dignity included: communicating with patients about wishes; aiding patients in maintaining a sense of control; protecting privacy and humanness; managing pain appropriately; and including family in care. Though Irish nurses discussed the importance of alleviating spiritual and mental distress, few interdisciplinary teams included social workers or spiritual counselors. Connecticut nurses discussed referral to social workers and spiritual counselors, but were less likely to include other spiritual or mental health interventions.

Discussion/Application to Practice:

Nurses from Ireland and Connecticut had similar definitions of dignity. Interventions were believed to be effective by nurses and were similar between cultures. Irish nurses were more likely to personally provide holistic interventions, whereas Connecticut nurses were more likely to refer to interdisciplinary team members. Objectives of care described by nurses indicated that nurses' definitions of dignity were similar to those defined by terminal patients in previous studies. However, this study showed that nurses placed greater importance on carrying out patient wishes than identified in prior studies.