Exploring Nurses' Perceptions of Dignity during End-of-Life Care

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Introduction

Background: Interest in the topic as a new APN working in Hematology/Oncology, while sitting in my office reviewing charts, I heard a loud cry and went to investigate. Upon approaching the Nurses Station I saw a young man strapped in a recliner chair in a delirious state and people passing by ignoring him. I asked the nurse why was the individual being restrained in the hallway, and her response was that there was not enough staff to manage him. I called the pharmacy, and for safety purposes he was put in restraint and placed across from the nursing station. This was a 42 year old man with advanced Hepatocellular Carcinoma near the end of life in delirium.

The question, I posed at the time, how the dignity of terminally ill patients is compromised for other reasons, and how can we preserve dignity?

Problem

General Problem

Although dignity is necessary for every person, patients' dignity is not always preserved (Seethode & Gallagher, 2002; Matti et al., 2007; Lin et al., 2013).

Specific Problem:

Research indicates that healthcare providers doing acute admissions into hospitals do not always respect patients' dignity (Lin et al., 2013; Matti et al., 2007;Seethode & Gallagher, 2002).

There is limited knowledge about how nurses perceive care that supports patients' dignity during hospitalization at the end-of-life.

Literature Review

Research on nurses' perceptions of dignity is limited, and the focus of past research seems limited to patients' experiences, not nurses' perceptions.

A greater number of studies related to dignity and end-of-life care were conducted in the United Kingdom in comparison to the United States. The Royal College of Nursing launched a dignity campaign in response to concerns in the media and the findings from several studies (RCN, 2008).

Lin et al. (2013) conducted a study to explore nurses' perceptions of dignity in caring for patients with terminal illness. Trustworthiness of the study, triangulation of data, member checking, and data analysis were examined.

Findings of the Study

The ultimate finding of this study revealed an emerging model for dignity care through nurses' perception of care that supports patients' dignity during hospitalization at the end-of-life.

Methodology/Population

Methodological Approach: Baseline research is based on the categories of information and qualitative axial coding theory throughout the process of open, axial, and selective coding linked to other categories (Creswell, 2013). (tells the whole story)

Theoretical framework: An emerging model for dignity care through nurses' perception of care that supports patients' dignity during hospitalization at the end-of-life. (tells the whole story)

Theoretical framework

Post-positivist interpretive framework, exemplified in the systematic procedures of grounded theory developed by Corbin and Strauss (2008).

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Terms

Open coding: Process of taking data, such as interviews and transcriptions, and separating them into categories of Information

Axial coding: The process of relating codes to each other

Selective coding: The final phase of coding where the information is systematically linked to other categories.

Memo writing: Involves the researcher writing down ideas about the evolving theory throughout the process of open, axial, and selective coding.

Triangulation of data: The point of termination of data collection because no new descriptions or interpretations of lived experiences are emerging from the study participants (Corbin & Strauss, 2008).

Methodology/Population

Research Method: Baseline research is based on the categories of information and qualitative axial coding theory throughout the process of open, axial, and selective coding linked to other categories (Creswell, 2013). (tells the whole story)

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