**Commentary: Exploring the Perceptions of Dignity among Patients and Nurses in Hospital and Community Settings: An Integrative Literature Review**

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Dignity is recognised as a fundamental human right within the Universal Declaration of Human Rights (United Nations, 1948) and within European Union legislation (European Union [EU], 2012). The importance of dignity to people accessing healthcare is embedded in national and international professional codes for nurses (Nursing and Midwifery Council, 2018; International Council of Nurses, 2012) and is a core healthcare value (Department of Health and Social Care 2021; Care Quality Commission, 2017; World Health Organisation, 1994). As such, there is a professional expectation that nurses provide care that preserves and promotes dignity, and indeed endeavour to prevent undignified care too.

Over the last couple of decades there has been an increase in research focusing on dignity, with studies exploring perceptions of what dignity means in practice, and the barriers and facilitators to dignified care. The authors’ integrative literature review is a welcome addition to the field, reviewing and synthesising studies using different methods, and published 2008-2019. Whilst there is a body of literature about dignity from north America and Australia, and an increasing number of studies from Asia, for this review the authors focused on European literature, and papers published in English. This is a reasonable decision given that Europe shares common values, particularly amongst the European Union (EU) countries, and the European Directive on the recognition of professional qualifications and regulation (European Parliament, 2013) ensures that all nursing curricula meet core standards across the EU countries. Of the 14 papers included, most (9) are from the UK. Of the others, three were from Scandinavia and one from the Netherlands; authors from these countries commonly publish in English. The remaining paper is from Italy. It is possible that there are other relevant studies from Europe that were excluded as they were not published in English, but this exclusion was clearly a pragmatic decision.

The authors conducted a comprehensive review, following a standard approach, and they include a thorough account of their process and a detailed table summarising the papers included. Overall they found more similarities than differences in patients’ and nurses’ perspectives of dignity but interestingly point out that nurses were more likely to identify confidentiality in relation to dignity, than patients, in the studies reviewed. The themes and sub-themes generated are well-supported by the papers reviewed, and highlight the complexity of dignity, with impact from both organisational factors (structure of services, staff shortages, physical environment) and healthcare delivery factors (staff behaviours, including communication, attitudes, privacy). They also include autonomy as a major theme, with independence/dependence and choice being contributing sub-themes. Many people who access healthcare have health issues that affect their independence, thus increasing vulnerability to dignity loss, and so key for nurses is how they can support independence, even in small ways. The authors demonstrate that choice is a key strategy for supporting autonomy, enabling people to make decisions wherever possible. They reveal that while nurses in the studies reviewed often referred to choice as a way of promoting dignity, patients’ experiences conflicted with these aspirations as choices or preferences were often ignored, with organisational factors, such as poor staffing, presenting barriers. This example highlights how an integrative review can draw together findings from different studies to reveal the complexity of care from varied perspectives.

The authors suggest the review findings could inform nurse education. There are also implications for nursing management and policy, given the evident impact of organisational factors, as well as individual staff attitude and behaviour, on the dignity of people accessing healthcare. Whilst this is not a new finding, it is useful to demonstrate the growing evidence base underpinning organisational responsibility for care quality issues, including dignity.

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