It is true that many people enjoy their later life as a period of freedom and opportunity. However there are also significant numbers of individuals who are not so fortunate, beset by financial concerns, health problems and a lack of support within society at large. It can become difficult to hold on to dignity when facing onslaughts to your way of life from all directions.

‘I tire of the struggle to keep up an interest in all that goes on about me when I am offered no place in the society in which to live my life, no part to play, no justification for my continued existence and, in the cold economic climate in which we live, no value’ (Margaret Simey, Help the Aged, 2008).

Described by some as a sense of self worth, ‘a state or manner worthy of esteem or respect; and (by extension) self-respect’ dignity is a fundamental part of what it means to be human (SCIE, 2006). When dignity is present people feel in control, valued, confident, comfortable and able to make decisions for themselves. When dignity is absent people feel devalued, lacking control and comfort (RCN, 2008).

It is not something that can be given or done; rather it is something which must not be compromised. The dignity of older people is therefore vulnerable as they are more likely to find themselves in positions of reduced control. Attention has rightly been focused on older people using health and social care services because these are the individuals who are less in charge of their independence and wellbeing, and more reliant on the actions of others to preserve their dignity.

The statistics speak for themselves. Fifty percent of people over 75 have a chronic long term, life limiting, illness. Nearly 700,000 people are estimated to be suffering from dementia in the UK. Two-thirds of hospital admissions are for those aged over 65. However numbers only tell a partial story. While increased dependence and frailty may be associated with the ageing process, this should not be accompanied by a tacit erosion of rights and respect. Dignity exists where people are treated as individuals, where attention is paid to the whole person and not simply the condition or physical need and where there is appropriate balance of control between the care-giver and beneficiary.

Older people in receipt of care, whether in hospital, in the community or in a care home, need to be assured that asking for help does not equate to a loss of any of these things. Dignity thrives where high-quality, relationship-centred care is maintained.

The problem
Unfortunately, stories of older people left in pain, ignored or distressed by a lack of privacy in health and social care settings emerge at such a frequency that they cannot be dismissed as isolated cases. This is in spite of years of policy guidance on care quality, culminating in the Government’s Dignity in Care campaign, announced in late 2006.

There are of course many examples of excellent practice, however people are unique, systems are complex and progress is not universal. Therefore it remains relevant to consider exactly what contributes to the maintenance of dignity in care settings, with recognition of the fact that increasingly this does not simply mean a hospital ward but includes individuals’ own homes or care homes.

Enriched care environments
The concept of an enriched care environment emerged from research carried out in 2006 which suggested that the most effective care considers the well-being of not only older people and their families, but also those working with them. It proposed that the factors creating such environments can be considered in terms of six ‘senses’. These senses (Nolan et al, 2006) are outlined in Table 1.

The need to look out for the wellbeing of staff has been highlighted elsewhere. ‘If staff feel their own dignity is respected, they are more likely to provide care that respects

ABSTRACT
Everyone has a different understanding of what it means to have dignity, however, it is commonly associated with being in control and valued. The dignity of older people is therefore vulnerable as they are likely to be in positions of reduced control over their wellbeing. The six senses framework describes the characteristics of a health and social care environment which can promote dignity. The dignity of older people with dementia or near the end of life can be particularly at risk, however there are practical steps which can make a difference. Help the Aged has produced a series of guides to help medical practitioners and hospital staff care for vulnerable older people in the right way.
the dignity of patients’ (Healthcare Commission, 2007). The structure of care teams will vary, however paying attention to the six ‘senses’ will remain important whatever the setting, as they describe the characteristics of care, both from the user and staff perspective, which will ultimately contribute to the maintenance of dignity.

However, there are myriad scenarios in which practitioners will be challenged to deliver high quality care as defined by the six-senses. The most vulnerable people will present complex needs and high dependency where dignity is most at risk of being compromised. To assist in thinking through what is appropriate care for maintaining dignity in some of the toughest scenarios, Help the Aged has published a series of practice guides. The following highlights some of the key messages for practitioners working with dementia sufferers and those at the end of life in particular.

**Dementia**

Alzheimer’s disease affects one person in four over the age of 85 rising to one in three over 90. Two thirds of care home residents have some form of dementia.

Clearly as people are less able to perceive, understand and interact with people and the environment, it becomes increasingly difficult to manage care. It is therefore especially important that staff understand the usual level of functioning for that individual: how do they usually present themselves and behave and what do they usually do for themselves? Where possible family should be consulted.

Communication remains vital and can be aided by pictures and words. Reaffirm who you are and where the person is every time you interact with them. An appropriate environment is also important. Correct lighting, comfortable and steady temperatures, signs and other memory aids on display can all make a difference.

It should never be assumed that a person can eat and drink without help, even if they say they can. Fluid and food intake should be monitored and help should be available when needed.

‘To begin with, the staff used to leave her food by her bedside because my sister said she would get it or she just nodded sweetly at the staff and said she’d eaten. Then, after a while, someone noticed she wasn’t eating… I had started to think she wasn’t getting enough to drink. After this, the staff asked me what could be done. Since then I come in at lunchtime or tea-time to see she eats and drinks. We share this part of her care.’ (Dignity on the Ward: Working with hospital patients with dementia or confusion, 2006)

The routine use of tranquilizing or sedative drugs should be avoided while the use of restraints including bed rails or bucket chairs is unacceptable unless all other forms of intervention have failed and the person is a danger to themselves or others, as identified by a risk assessment. It is worth noting that the inappropriate use of restraint is against the law (CSCI, 2007).’

Clearly the dignity of individuals suffering from dementia is at risk as they become less able to care for themselves, however it is unacceptable that loss of dignity is inevitable. Paying attention to the care environment, careful planning involving relatives and carers, and gentle but regular engagement with the individual can all make a difference. Inability to provide the appropriate level of care should be discussed with a manager.

**End of life**

Death is inevitable for everyone but more likely in older age. 83.5% of deaths occur among people aged over 65 and that older people tend to have a worse experience of dying than younger people (Help the Aged, 2005). Instances of over and under-treatment, poor communication and uncoordinated care are not uncommon (Help the Aged, 2008). There are therefore a number of practical steps that can contribute to a person maintaining dignity at the end of life.

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**Table 1. The six senses used in maintaining dignity**

<table>
<thead>
<tr>
<th>Sense of security</th>
<th>Feel free from pain, discomfort, threat or harm</th>
<th>Feel free from threat or harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of continuity</td>
<td>Provision of seamless care, particularly at transition points.</td>
<td>Sense of teamwork, good working relationships and career progression.</td>
</tr>
<tr>
<td>Sense of belonging</td>
<td>Maintaining key relationships, including family ties.</td>
<td>Feeling part of coherent team, with defined and valued role</td>
</tr>
<tr>
<td>Sense of purpose</td>
<td>Have clear and agreed goals of care and involvement in meaningful activity.</td>
<td>Clear and shared therapeutic rationale providing directions of care</td>
</tr>
<tr>
<td>Sense of achievement</td>
<td>Meet important goals and be satisfied with efforts of self and others</td>
<td>Meet therapeutic goals and deliver best possible care</td>
</tr>
<tr>
<td>Sense of significance</td>
<td>Feel recognized as a person of worth</td>
<td>Feel work with older people is valued and important</td>
</tr>
</tbody>
</table>

Source: Promoting Dignity in Hospital. a guide for hospital staff (Dignity on the Ward), help the Aged, 2007
Recognition that an older person is nearing the end of life is essential. Signs may include reduced appetite and thirst, repeated infections or withdrawing from family, friends and others around them. Once this phase has been identified, it is important to try and ensure a calm, respectful environment. In addition, looking out for the personal comfort of the individual is vital. This may include relieving stiffness by helping to turn the patient or watching for pressure points damage on bony prominences. Regularly changing the sheets and pillowcases along with tepid bathing may help to relieve discomfort if the individual is very hot.

Communication is essential: many will welcome death but some will be frightened and would appreciate talking through their concerns. Relatives should also be offered the opportunity to say goodbye, with support where necessary.

The Government recently published a strategy for end-of-life care which is a welcome step in the right direction. However the everyday practical matters remain equally vital to ensure an individual maintains dignity at the end of life.

Conclusion

Everyone will have a different understanding of what it means to have dignity however it is commonly associated with being in control and valued. When older people turn to health and social care services they become vulnerable to losing their dignity, often in correlation to their increasing dependency. Efforts therefore need to be redoubled to ensure that care is both high quality and personalized, no matter the complexity of the needs of the individual.

There is no easy answer and maintaining dignity through high quality care depends on a complex interaction between staff, management processes, the physical environment and the older people themselves.

However, there are identifiable characteristics of a care environment which promote dignity which may be replicated regardless of setting. Equally there are practical ways in which dignity may be supported even when presented with the most challenging cases.

It is true that a system-wide approach is required to support a practitioner in delivering high quality care. Practitioners do not operate in a vacuum: without training, adequate staffing levels, management support and co-ordination between services it will be difficult to achieve the highest quality care. However nothing happens without action at the level of the individual practitioner, whose interactions with the older patient can contribute to or undermine dignity. Through producing our Dignity on the Ward guides, Help the Aged seeks to highlight some of the practice which promotes the dignity of older people despite often complex and challenging scenarios.

Further information: New dignity guides

Help the Aged has launched a pioneering series of guides to help medical practitioners and hospital staff approach and care for vulnerable older people in the right way. The 'Dignity on the Ward' series covers six distinct themes:

1. Promoting dignity in hospital: a guide for hospital staff
2. Bereavement and loss: a guide for hospital staff
3. Working with hospital patients with dementia or confusion
4. Pain and older people: a guide for hospital staff
5. Dying: a guide for hospital staff
6. Working with older people from ethnic minorities: a guide for hospital staff

The guides can be ordered from Help the Aged Publishing on 020 7239 1946. Find out more about our other publications at: www.helptheaged.org.uk/en-gb/what-we-do/publications