Delivering Dignity Conference
Responses to pre-conference questionnaires

We asked delegates for their thoughts on five questions relating to dignity in care. This document identifies the key words coming from the responses and includes some individual quotes that give a flavour of the comments we received.
What does dignity mean to you?
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“Being treated with respect, being asked my opinion, being included in any arrangements made, being listened to and feeling my contribution is worthwhile and meaningful.”

“Treating people with respect and in the same way as you would wish to be treated. Ensuring I would not be placed in a situation or be treated in such a way as to cause embarrassment or upset.”

“Being treated with respect and not feeling humiliated because of needing help.”

“It’s about being respectful and treating people as individuals, not being judgemental.”

“Dignity guarantees a feeling of comfort in any situation. It does not discriminate on grounds of age. It results from treating others as you would wish to be treated yourself.”

“Respect and maintaining a person's stature. Maintaining who they are in society.”

“A core feeling of self worth, that is a basic human right, but can be so easily removed and its removal has a devastating impact on a person’s health and wellbeing.”

“To be treated with respect at all times. It is an innate right to ethical treatment, especially those people who are vulnerable. To be treated with dignity means to protect life, health and integrity of an individual and the right to self determination, privacy and confidentiality whatever your status.”

“Being respected - treating others in the way I would like to be treated. To be seen, treated and respected as an individual. To ensure privacy is maintained, rights and choices are adhered to. To be listened to. Inclusion, a voice heard and respected. To include the whole person and not a condition or disability.”
If services could do one thing that would make a difference to dignity what would it be?
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“Always talk to me as a competent adult, never as a child or as an idiot.”

“By understanding dignity not as a meaningless concept but as respect for the individual as an inherent characteristic of the healthcare provider.”

“Not to assume.”

“Develop Dignity charter for all staff.”

“There is no single action because 'the thing' it is to respect the client’s usual way of living that will be widely different between individuals.”

“Value the person first not what they can do/ not do and try to put yourself in their shoes.”

“Better privacy around beds in 4 bedded (or 6) rooms. Curtains do not offer a high level of dignity.”

“Taking time to listen.”

“All staff in frontline service provision should be given the opportunity to be in the service user’s shoes for a day and experience the care and treatment they receive.”

“Stop age discrimination, do not belittle older people. Don't presume senility in everyone over 50.”

“One person dealing with all your needs, not having to negotiate every system.”

“Involve patients and carers FULLY in all care decisions and discussions.”

“Regular observance that dignity in care is constantly delivered. Training staff to treat people with respect.”
Can you describe one thing you do well to deliver dignity?
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“Listen to people to establish what they want as an individual.”

“Dignity and respect champion for the ward. Fundamentals of care link nurse - responsible for talking with patients regularly to ensure that they receive dignity in all aspects of their care.”

“Try to put yourself in the older person’s position and see it from their perspective… don’t make assumptions about people”

“Challenge someone being disrespectful - scenarios.”

“Listen to patient stories and use the powerful messages to change the hearts and minds of staff.”

“Ensure we have a resident’s life history to assist with treating them as individuals.”

“Value people, include them in decision making.”

“Put people at ease in awkward or embarrassing situations.”

“As an educationalist, I work with students to consider what we mean by dignity and how respect can underpin their practice.”

“Gain family/carer insight into the person with Dementia.”

“Treat people as I would like to be treated.”

“Including people in their long-term care planning.”

“Offer a language choice – Welsh and English in Wales is particularly vital when working with people with dementia. To be able to communicate in chosen language can be the key to successfully understanding views, wishes and choices of an individual.”
Can you describe a circumstance where you’d like to be able to deliver dignity better?
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“Having sufficient time to behave as I know I should.”

“Patients with dementia who are being nursed on a general ward.”

“It is often difficult to manage sensitive conversations with patients given the physical layout/environments of care and the clinical condition of the patient.”

“Provision of education and awareness in residential/nursing homes. Giving people a choice.”

“Sometimes there are limited options in regards to services that are available – simply because sometimes we do not offer the service that an individual would like or that the service they have requested is currently full to capacity.”

“When I am assisting a service user I would like to not feel under pressure of time. This may be the only contact time that person has.”

“All instances of nursing care.”

“Meeting the toileting needs of patients who are waiting for entry to Emergency Departments.”

“Having more time to sit and engage with patients and their families.”

“Most of my contact is targeted and time limited - I would like a support group where I could signpost some to get longer term input.”

“A lot of care homes still work to the impersonal 'hotel' model - I would like to see less so called 'professional detachment' and more 'love'.”
Is there a particular barrier that stops you always treating people with the dignity you’d like to?
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“I am no longer front line staff. But I recognise that bed pressures, government targets, lack of staff and resources may seriously impede staff in providing good care. However, I believe that a kind word and a smile costs nothing and there is no excuse for unprofessional behaviour.”

“Environmental constraints/ ward layouts/costs.”

“The infrastructure in which we work is sometimes a barrier to providing a dignified service e.g. bathrooms which empower and enable people who would like to be to be independent.”

“Personally no, but there are financial barriers and misleading statements that confuse older people and their relatives/carers like top-up fees.”

“I would like to think that I always treat people with dignity, however I know that when people are stretched this doesn’t always happen.”

“Time constraints coupled with high caseload.”

“Sometimes the pressures of work do intervene and restrictions placed on me by the nature of the job.”

“Maybe when I feel busy or stressed I may not properly appreciate other people’s positions.”

“Risk aversion - both physical and emotional.”

“The response of families, relatives, regulators, etc., if anything goes amiss e.g. accident.”

“The only barrier would be my own hesitation.”