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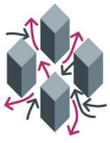


Inter-professional dynamics are crucial to leveraging nursing's professional dignity: perspectives from palliative care in community settings

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The concept of dignity can be divided into two main attributes: absolute dignity that calls for recognition of an inner worth of persons and social dignity that can be changeable and can be lost as a result of different social factors and moral behaviours. In this light, the nursing profession has a professional dignity that is to be continually constructed and re-constructed and involves both main attributes of dignity.



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It is generally accepted that there is a direct and critical relationship between nurses' work, nursing work environments and dignity, constituting the social part of dignity.

An ethical work environment is defined by the respect of human dignity¹ in the interprofessional relations^{2,3} with all health professionals in clinical workplaces.



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Aims of the research

The aim of this study was to describe and evaluate nurses' perceptions and experiences of professional dignity in the context of palliative care environments.



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Specific aims

The purpose of this qualitative study was to analyze nurses' professional dignity in their everyday working lives in hospices and home-care. We explored the factors that affect **nursing's professional dignity** in practice and that emerge in relationships with other health professionals.



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The target group consisted of a purposive, convenience, non-probability sampling of clinical nurses working in palliative care centres (hospices and home-care) in 2 Italian regions. In all we had a total of 12 FGs and 69 nurses were involved.

The initial pilot focus group question asked participants to point out some indicators of nursing's professional dignity and underpin the main elements that compose it in that particular setting.



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Inclusion and exclusion criteria for the sample

The **inclusion criteria** for participation were as follows:

(a) clinical registered nurses and (b) working in palliative care for more than 1 year on a stable basis.

Exclusion criteria were as follows: (a) to have managerial roles in palliative care environments.



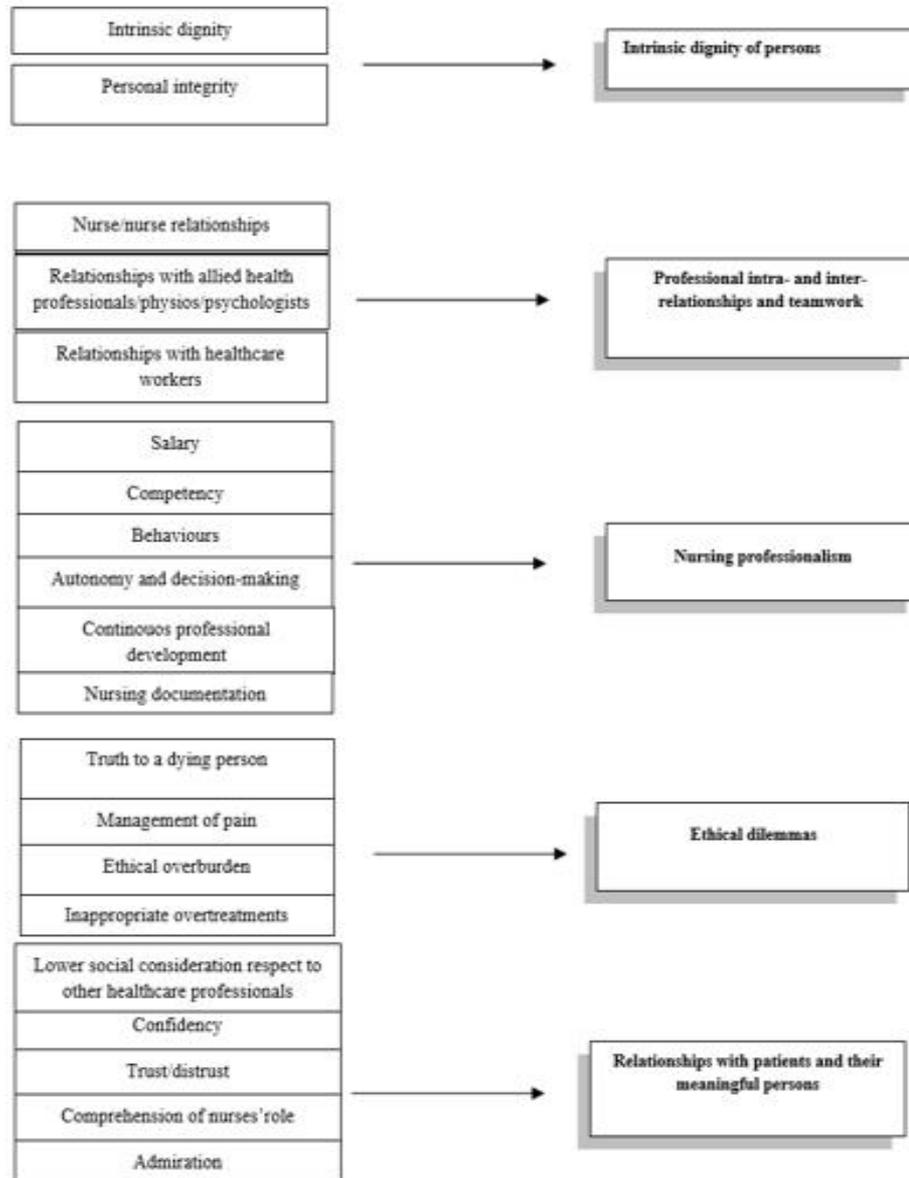
Data analysis

The data were transcribed and consisted of 108 A4 pages with 1.5 line spaces. A total of 612 codes were reduced, connected together based on their similarities and differences, and abstracted to 49 sub-categories and 17 main categories. Five connecting themes were found.

The categories reflected the perceptions about nursing's professional dignity and constituted the manifest content. The latent themes¹ that emerged through abstraction were contextualized to the data and surmised on the basis of reflective reasoning.²

1. Morse J. Constructing qualitatively derived theory: concept construction and concept typologies. *Qual Health Res* 2004; 14: 1387–1395.

2. Lipscomb M. Abductive reasoning and qualitative research. *Nurs Philos* 2012; 13(4): 244–256.





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Findings

The following five overarching main themes were identified and used to explain and describe significant features of nursing's professional dignity in palliative care:

- (a) Intrinsic dignity of persons.
- (b) Nursing professionalism.
- (c) Professional intra- and inter-relationships and teamwork in palliative care.
- (d) Ethical dilemmas.
- (e) Relationships with patients and their meaningful persons.



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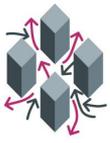


Discussion

This study provided insights into understanding nursing's professional dignity in palliative care and enabled basic beliefs about it to be described. The construct examined was deeply embedded in the ontological concept of being a person, connected with the very essence of humanity, which is where the basis of dignity for every individual resides.

Concerning social environmental aspects of dignity,¹ great importance was given to the palliative care setting and on nurses' workplace experiences. Nurses interviewed claimed that were more respected than in hospitals. This dignity was mainly based on mutual relationships with other professionals, and this was perceived more in home-care than in hospices.

1. Jacobson N. Dignity and health: a review. Soc Sci Med 2007; 64: 292–302.



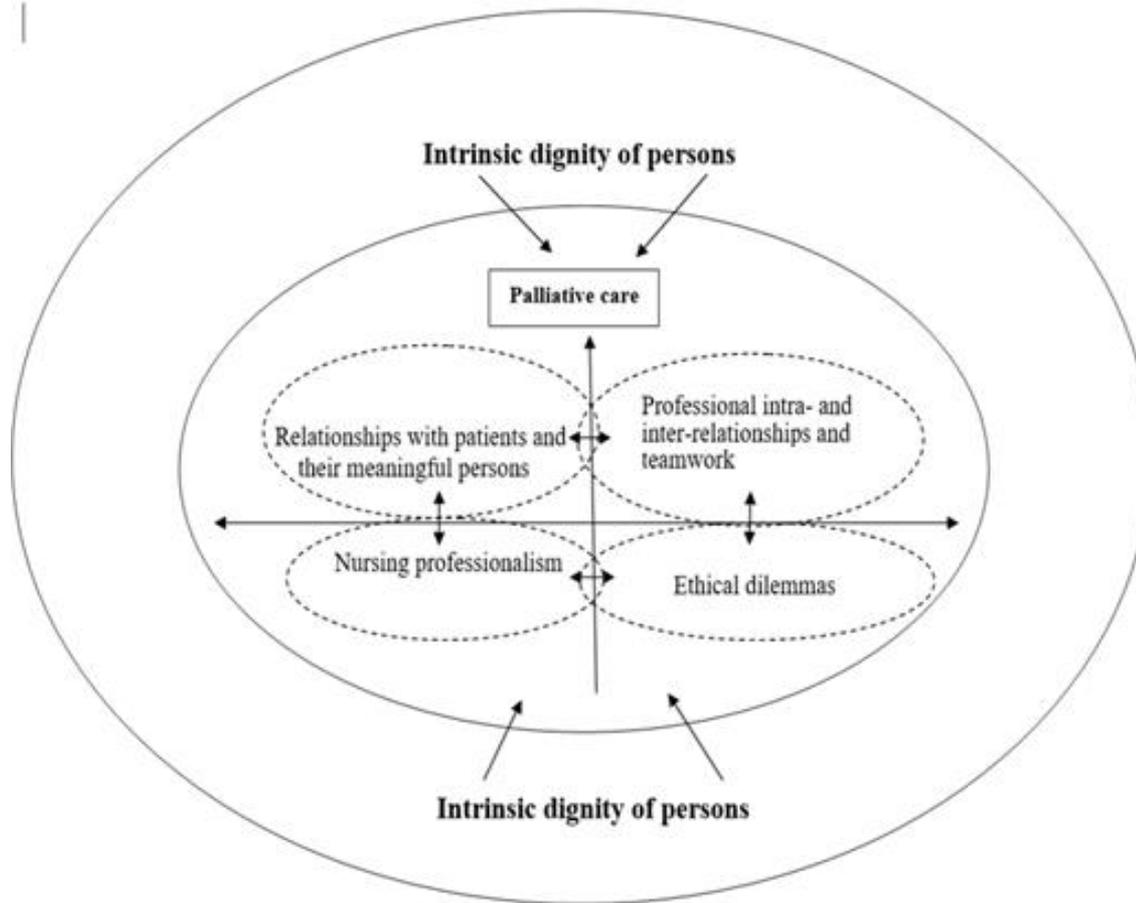
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Discussion

Teamwork enhanced dignity when nurses reported being listened to and trusted as an equal. The relations with patients and their families were based on a common respect even if, sometimes, especially at the beginning of these interactions, were present some incomprehension with families who hardly accepted the major illness of their loved ones. Many ethical dilemmas were lived by nurses especially regarding the overtreatment of patients or the ambiguity to communicate their state of health. This study shows that effective intra- and inter-professional relations are essential to have a good quality care.

Figure 1. Nursing's professional dignity in palliative care. A theoretical framework.



'Intrinsic dignity of persons' was embedded in the essence of palliative care. Several corollary themes underscored this central theme: (b) Professional (intra- and inter) relationships and teamwork; (c) Nursing professionalism; (d) Ethical dilemmas, and (e) Relationships with patients and their significant persons.



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What this paper contributes to the wider global clinical community

- The concept of nursing's professional dignity is complex and widely underexplored and has to be in-depth analyzed in the different socio-economic and political patterns of evolution of the nursing profession in different geographical regions. With this study, for the first time, the research team has shed light on this topic in community settings and precisely in a very peculiar environment such as palliative care.
- This study showed that nurses perceived to be more respected in their inner dignity as persons in palliative care settings; the relationships among peers and physicians also showed interesting aspects of team-working. In general, nurses who were working in palliative care felt acknowledged and esteemed by the terminally ill patients and their families.
- Community settings that guarantee a strong sense of teamwork among the different healthcare professionals, professional decision-making and independence are driving forces for retaining nurses in those environments. To confirm this, our study identified less feelings of dissatisfaction about nurses' work in the palliative care ambience.



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Thank you

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