



# Measuring dignity: ask an older person

A new report highlights key issues, says **Les Bright**

**D**ignity is fundamental and, as has been argued in these pages on many occasions over the past few years, is about the daily practice that each of us engages in, as well as high-level policy initiatives, national campaigns and structural changes aimed at embedding high quality. It seems especially relevant to be highlighting practice issues at a time when the new Care Quality Commission is close to taking on responsibility for the regulation and inspection of services with the intention of becoming, in the words of the Chair, the best-ever regulator of health and care.

Twelve months ago Help the Aged (HtA) published a report suggesting that, despite major investment in staffing and services, too often older people's dignity is eroded or undermined when using health and care services (Levenson 2007). That report proposed nine domains of dignity, in the context of using health and social care services. They are: autonomy, communication, eating and nutrition, end-of-life care, pain, personal care, personal hygiene, privacy, and social inclusion.

## Insight offered

Subsequently HtA commissioned the Picker Institute Europe to carry out a study, aimed at developing a set of indicators that could be used to measure the extent to which older people feel that their dignity is maintained (Magee *et al* 2008). Although the authors discussed their work with managers and practitioners from a variety of organisations, and drew on other work, such as the national inpatient survey, their principal focus was on hearing what older people had to say. To this end they conducted face-to-face interviews and focus groups with older people in a range of settings where they received care.

A number of overarching messages emerged that may not be surprising, and go on to display shrewdness and insight – suggesting that

wisdom is as prevalent among older people using services as it is claimed to be among those who plan or deliver them.

## Compassion sacrificed

The authors knew that they were not starting from a blank sheet of paper as dignity is a feature of many existing regular or one-off surveys of people's experiences and is well positioned on the political and policy agenda. While this may ensure that due regard is paid to elements of dignified and respectful care, older people still considered maintaining dignity to be problematic in the context of a target-driven culture where budget management is important. They felt that compassion may be sacrificed as nurses strive to develop technical skills; and that ageism in wider society and among staff also causes difficulties. Older people may also have low expectations of the treatment they will receive, and this can lead to some providing more positive responses to surveys than their actual experience merits – or alternatively reveals weaknesses in the ways that they are asked to comment, and the interpretations then put on their answers.

## 'Older people still considered maintaining dignity to be problematic in the context of a target-driven culture'

People participating in this research felt that the domains satisfactorily covered the main aspects of care, but felt that greater emphasis should be given to money matters and personal financial control. Aspects of care differ between settings and it was noted that more work is needed to develop meaningful indicators relating to the provision of care at home. It was also recognised that there are real challenges to ensuring that the views and experiences of care

home residents are included, as a significant number of them have some degree of cognitive impairment.

The end result is that the report outlines more than 60 indicators, with allied questions, that they recommend for use in surveys and regulatory inspections.

In thinking about measuring each of the domains, four cross-cutting themes emerged that could act as a personal checklist to inform your own good practice.

- **Choice:** support to make choices – both information and practical support; tailoring care to meet individual needs.
- **Control:** respect for lifestyle and preferences; involvement in decision making.
- **Staff attitudes:** respectful in relation to all aspects of care; courtesy and sensitivity in all forms of communication.
- **Facilities:** availability of, and access to, appropriate facilities and equipment; cleanliness of facilities.

Although there is scope for discussing the merits of particular indicators, and the weight given to them, it is clear that there are some simple enduring 'truths' that ought to govern our practice – enabling people to express their views, be listened to and then to act on their wishes seems uncontroversial to me. In the words of an old song that spans the generations: 'It ain't what you do, it's the way that you do it.'

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## References

- Levenson R (2007) *The Challenge of Dignity in Care*. Help the Aged, London.
- Magee H, Parsons S, Askham J (2008) *Measuring Dignity in Care for Older People: A research report for Help the Aged Help the Aged*. London. <http://policy.helptheaged.org.uk/NR/rdonlyres/4EEDFA38-D850-4C53-81DE-C0D2664B50FE/0/MeasuringDignityinCareID8041.pdf> (Last accessed: January 7, 2009.)