Dignity is defined as a person’s worth or value, which is respected and acknowledged, promoting people’s self-esteem and personal dignity. Dignity is a key concept in healthcare, and it is essential that nurses and healthcare professionals recognize the importance of maintaining dignity in all interactions with patients.

The nurse should treat all people in all settings and of any health status with dignity, and dignified care should continue after death. 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. They may feel humiliated, embarrassed, or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think, and behave in relation to their own worth or value.

Resources and further information
Royal College of Nursing (2008) Dignity is concerned with how people feel, think, and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals. In care situations, dignity may be promoted or diminished by the physical environment; organisational culture; by the attitudes and behaviour of the nursing team and others; and by the way in which care activities are carried out.

The nursing team should, therefore, treat all people in all settings and of any health status with dignity, and dignified care should continue after death (RCN 2008). 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. They may feel humiliated, embarrassed, or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think, and behave in relation to their own worth or value.
In relation to the physical environment:
• do you ensure physical privacy and dignity, that client information kept private, are there well-fitting curtains and screens, lockable doors, private rooms for consultations?
• are there pegs or clips for curtains and signs for doors to remind people not to enter without warning?
• is the environment clean?
• is there sufficient space?
• is the decoration appropriate?
• is there single sex accommodation, toilet and washing facilities?

In relation to the organisation, do you:
• maintain positive staff attitudes, awareness and knowledge?
• ensure that leadership and role modelling supports dignity in care?
• engage in collaborative teamwork?
• ensure that there are sufficient resources (human and material)?
• contribute to the development of positive cultures and philosophy?

In relation to the people (this includes staff, patients, clients, relatives and significant others), do you:
• demonstrate respectful verbal and non-verbal communication: active listening, politeness, allowing time, providing information and explanations?
• introduce yourself when meeting patients or clients and address them by their preferred name?
• reflect critically on your own behaviour and request feedback from others?
• role model dignity – are you personally accountable and do you promote positive behaviours in others?
• report practices that diminish dignity in care via the appropriate complaint and reporting systems?
• hold people to account for dignity – do you challenge and provide support to others and request feedback?

In relation to the organisation, do you:
• keep patients or clients unnecessarily during procedures?
• maintain patient or client confidentiality by getting consent before sharing information, do you expose others unless in exceptional circumstances?
• ensure that care pathways are quality assured so that they engender respect and inclusion as well as actively avoid discriminating against patients and clients on the grounds of their age, disability, gender, gender identity, race or ethnicity, religious belief, sexual orientation or other socio-economic factors?
Place
In relation to the physical environment:
• do you ensure physical privacy and dignity, keep private, are there well-fitting curtains and screens, lockable doors, private rooms for consultations?
• are there pegs or clips for curtains and signs for doors to remind people not to enter without warning?
• is the environment clean?
• is there sufficient space?
• is the decoration appropriate?
• is there single sex accommodation, toilet and washing facilities?

People
In relation to people (this includes staff, patients, clients, relatives and significant others), do you:
• demonstrate respectful verbal and non-verbal communication: active listening, politeness, allowing time, providing information and explanations?
• introduce yourself when meeting patients or clients and address them by their preferred name?
• reflect critically on your own behaviour and request feedback from others?
• role model dignity – are you personally accountable and do you promote positive behaviours in others?
• report practices that diminish dignity in care via the appropriate complaint and reporting systems?
• hold people to account for dignity – do you challenge and provide support to others and request feedback?
• maintain patient or client confidentiality by getting consent before sharing information with others unless in exceptional circumstances?
• ensure that care pathways are quality assured so that they engender respect and inclusion as well as actively avoid discriminating against patients and clients on the grounds of their age, disability, gender, gender identity, race or ethnicity, religious belief, sexual orientation or other socio-economic factors?

In relation to the organisation, do you:
• maintain positive staff attitudes, awareness and knowledge?
• ensure that leadership and role modelling supports dignity in care?
• engage in collaborative teamwork?
• ensure that there are sufficient resources (human and material)?
• contribute to the development of positive cultures and philosophy?

In relation to the physical environment:
• do you ensure physical privacy and dignity, keep private, are there well-fitting curtains and screens, lockable doors, private rooms for consultations?
• are there pegs or clips for curtains and signs for doors to remind people not to enter without warning?
• is the environment clean?
• is there sufficient space?
• is the decoration appropriate?
• is there single sex accommodation, toilet and washing facilities?
In relation to the physical environment:

- do you ensure physical privacy and dignity, is patient/client information kept private, are there well-fitting curtains and screens, lockable doors, private rooms for consultations?
- are there pegs or clips for curtains and signs for doors to remind people not to enter without warning?
- is the environment clean?
- is there sufficient space?
- is the decoration appropriate?
- is there single sex accommodation, toilet and washing facilities?

In relation to the organisation, do you:

- maintain positive staff attitudes, awareness and knowledge?
- ensure that leadership and role modelling supports dignity in care?
- engage in collaborative teamwork?
- ensure that there are sufficient resources (human and material)?
- contribute to the development of positive cultures and philosophy?

In relation to people (this includes staff, patients, clients, relatives and significant others), do you:

- demonstrate respectful verbal and non-verbal communication: active listening, politeness, allowing time, providing information and explanations?
- introduce yourself when meeting patients or clients and address them by their preferred name?
- reflect critically on your own behaviour and request feedback from others?
- role model dignity – are you personally accountable and do you promote positive behaviours in others?
- report practices that diminish dignity in care via the appropriate complaint and reporting systems?
- hold people to account for dignity – do you challenge and provide support to others and request feedback?

In relation to the process, do you:

- remember that many care activities are invasive or intrusive leaving patients and clients feeling vulnerable physically, emotionally and/or psychologically?
- protect dignity during care processes through careful planning and positive communication and attitude?
- respect privacy by pulling curtains (ensuring there are no gaps), shutting doors, assisting people to the toilet or bathroom when possible, checking or knocking before entering curtained rooms and by not exposing patients or clients unnecessarily during procedures?
- maintain patient or client confidentiality by getting consent before sharing information, especially when others are present, unless in exceptional circumstances?
- ensure that care pathways are quality assured so that they accurately reflect the needs of patients and clients on the grounds of their age, disability, gender, gender identity, race or ethnicity, religion, sexual orientation or other socio-economic factors?

In relation to the process, do you:

- do you sensitively provide patient guidance and options in relation to the physical environment?
- do you protect dignity during care processes through careful planning and positive communication and attitude?
- respect privacy by pulling curtains (ensuring there are no gaps), shutting doors, assisting people to the toilet or bathroom when possible, checking or knocking before entering curtained rooms and by not exposing patients or clients unnecessarily during procedures?
- maintain patient or client confidentiality by getting consent before sharing information, especially when others may be present, unless in exceptional circumstances?
- ensure that care pathways are quality assured so that they accurately reflect the needs of patients and clients on the grounds of their age, disability, gender, gender identity, race or ethnicity, religion, sexual orientation or other socio-economic factors?
Place

In relation to the physical environment:

- do you ensure physical privacy and dignity, is patient/client information kept private, are there well-fitting curtains and screens, lockable doors, private rooms for consultations?
- are there pegs or clips for curtains and signs for doors to remind people not to enter without warning?
- is the environment clean?
- is there sufficient space?
- is the decoration appropriate?
- is there single sex accommodation, toilet and washing facilities?

People

In relation to people (this includes staff, patients, clients, relatives and significant others), do you:

- demonstrate respectful verbal and non-verbal communication: active listening, politeness, allowing time, providing information and explanations?
- introduce yourself when meeting patients or clients and address them by their preferred name?
- reflect critically on your own behaviour and request feedback from others?
- role model dignity – are you personally accountable and do you promote positive behaviours in others?
- report practices that diminish dignity in care via the appropriate complaint and reporting systems?
- hold people to account for dignity – do you challenge and provide support to others and request feedback?

Process

In relation to process, do you:

- remember that many care activities are invasive or intrusive leaving patients and clients feeling vulnerable physically, emotionally and/or psychologically?
- protect dignity during care processes through careful planning and positive communication and attitude?
- respect privacy by pulling curtains (ensuring there are no gaps), shutting doors, assisting people to the toilet or bathroom when possible, checking or knocking before entering curtains and rooms and by not exposing patients or clients unnecessarily during procedures?
- maintain patient or client confidentiality by getting consent before sharing information, do not disclose others unless in exceptional circumstances?
- ensure that care pathways are quality assured so that they engender respect and inclusion as well as actively avoid discriminating against patients and clients on the grounds of their age, disability, gender, gender identity, race or ethnicity, religious belief, sexual orientation or other socio-economic factors?
In relation to the physical environment:
- do you ensure physical privacy and dignity, is patient/client information kept private, are there well-fitting curtains and screens, lockable doors, private rooms for consultations?
- are there pegs or clips for curtains and signs for doors to remind people not to enter without warning?
- is the environment clean?
- is there sufficient space?
- is the decoration appropriate?
- is there single sex accommodation, toilet and washing facilities?

In relation to the organisation, do you:
- maintain positive staff attitudes, awareness and knowledge?
- ensure that leadership and role modelling supports dignity in care?
- engage in collaborative teamwork?
- ensure that there are sufficient resources (human and material)?
- contribute to the development of positive cultures and philosophy?

In relation to people (this includes staff, patients, clients, relatives and significant others), do you:
- demonstrate respectful verbal and non-verbal communication: active listening, politeness, allowing time, providing information and explanations?
- reflect critically on your own behaviour and request feedback from others?
- role model dignity – are you personally accountable and do you promote positive behaviours in others?
- introduce yourself when meeting patients or clients and address them by their preferred name?
- report practices that diminish dignity in care via the appropriate complaint and reporting systems?
- respect privacy by pulling curtains (ensuring there are no gaps), shutting doors, assisting people to the toilet or bathroom when possible, checking or knocking before entering curtains and rooms and by not exposing patients or clients unnecessarily during procedures?
- maintain patient or client confidentiality by getting consent before sharing information on others unless in exceptional circumstances?
- ensure that care pathways are quality assured so that they engender respect and inclusion as well as actively avoid discriminating against patients and clients on the grounds of their age, disability, gender, gender identity, race or ethnicity, religious belief, sexual orientation or other socio-economic factors?

In relation to process, do you:
- remember that many care activities are invasive or intrusive leaving patients and clients feeling vulnerable physically, emotionally and/or psychologically?
- protect dignity during care processes through careful planning and positive communication and attitude?
- respect privacy by pulling curtains (ensuring there are no gaps), shutting doors, assisting people to the toilet or bathroom when possible, checking or knocking before entering curtains and rooms and by not exposing patients or clients unnecessarily during procedures?
- maintain patient or client confidentiality by getting consent before sharing information on others unless in exceptional circumstances?
- ensure that care pathways are quality assured so that they engender respect and inclusion as well as actively avoid discriminating against patients and clients on the grounds of their age, disability, gender, gender identity, race or ethnicity, religious belief, sexual orientation or other socio-economic factors?

People

In relation to people (this includes staff, patients, clients, relatives and significant others), do you:
- model dignity – are you personally accountable and do you promote positive behaviours in others?
- practice dignity in care via the appropriate complaint and reporting systems?
- help people to accent for dignity – do you challenge and provide support to others and request feedback?

In relation to place:
- do you ensure physical privacy and dignity, is patient/client information kept private, are there well-fitting curtains and screens, lockable doors, private rooms for consultations?
- are there pegs or clips for curtains and signs for doors to remind people not to enter without warning?
- is the environment clean?
- is there sufficient space?
- is the decoration appropriate?
- is there single sex accommodation, toilet and washing facilities?
Place
In relation to the physical environment:
- do you ensure physical privacy and dignity, is patient/client information kept private, are there well-fitting curtains and screens, lockable doors, private rooms for consultations?
- are there pegs or clips for curtains and signs for doors to remind people not to enter without warning?
- is the environment clean?
- is there sufficient space?
- is there single sex accommodation, toilet and washing facilities?

People
In relation to people (this includes staff, patients, clients, relatives and significant others), do you:
- demonstrate respectful verbal and non-verbal communication: active listening, politeness, allowing time, providing information and explanations?
- engage in collaborative teamwork?
- maintain positive staff attitudes, awareness and knowledge?
- ensure that leadership and role modelling supports dignity in care?
- reflect critically on your own behaviour and request feedback from others?

Process
In relation to process, do you:
- remember that many care activities are invasive or intrusive leaving patients and clients feeling vulnerable physically, emotionally and/or psychologically?
- respect privacy by pulling curtains (ensuring there are no gaps), shutting doors, assisting people to the toilet or bathroom when possible, checking or knocking before entering curtains and rooms and by not exposing patients or clients unnecessarily during procedures?
- maintain patient or client confidentiality by getting consent before sharing information, do not share it with others unless in exceptional circumstances?
- ensure that care pathways are quality assured so they engage respect and inclusion as well as actively avoid discriminating against patients and clients on the grounds of their age, disability, gender, gender identity, race or ethnicity, religious belief, sexual orientation or other socio-economic factors?
Place
In relation to the physical environment, do you:
• do you ensure physical privacy and dignity, that client information kept private, are there well-fitting curtains and screens, lockable doors, private rooms for consultations?
• are there pegs or clips for curtains and signs for doors to remind people not to enter without warning?
• is the environment clean?
• is there sufficient space?
• is the decoration appropriate?
• is there single sex accommodation, toilet and washing facilities?

People
In relation to people (this includes staff, patients, clients, relatives and significant others), do you:
• demonstrate respectful verbal and non-verbal communication: active listening, politeness, allowing time, providing information and explanations?
• reflect critically on your own behaviour and request feedback from others?

Process
In relation to process, do you:
• remember that many care activities are invasive or intrusive leaving patients and clients feeling vulnerable physically, emotionally and/or psychologically?
• protect dignity during care processes through careful planning and positive communication and attitude?
• ensure that care pathways are quality assured so that they engender respect and inclusion as well as actively avoid discriminating against patients and clients on the grounds of their age, disability, gender, gender identity, race or ethnicity, religious belief, sexual orientation or other socio-economic factors?
Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals. In care situations, dignity may be promoted or diminished by: the physical environment; organisational culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out.

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. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

The nursing team should, therefore, treat all people in all settings and of any health status with dignity, and dignity should continue after death (RCN 2008).

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. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

The nursing team should, therefore, treat all people in all settings and of any health status with dignity, and dignity should continue after death (RCN 2008).
Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.

In care situations, dignity may be promoted or diminished by: the physical environment; organisational culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out.

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. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

The nursing team should, therefore, treat all people in all settings and of any health status with dignity, and dignity care should continue after death (RCN 2008).

When dignity is present people feel in control, valued, confi dent, comfortable and able to make decisions for themselves. When dignity is absent people feel devalued, lacking control and comfort. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.
Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals. In care situations, dignity may be promoted or diminished by: the physical environment; organisational culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out.

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. They may feel humiliated, embarrassed or ashamed. Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

The nursing team should, therefore, treat all people in all settings and of any health status with dignity, and dignity should continue after death (RCN 2008). 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. They may feel humiliated, embarrassed or ashamed. Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.
Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.

In care situations, dignity may be promoted or diminished by: the physical environment; organisational culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out.

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. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.
Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.

In care situations, dignity may be promoted or diminished by: the physical environment; organisational culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out.

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. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

The nursing team should, therefore, treat all people in all settings and of any health status with dignity, and dignity should continue after death (RCN 2008). 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. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

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. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

Royal College of Nursing (2008) Dignity: a pocket guide Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.

In care situations, dignity may be promoted or diminished by: the physical environment; organisational culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out.

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. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies. October 2008

Published by the Royal College of Nursing
20 Cavendish Square
London W1G 0RN
RCN Direct 0845 772 6100
RCN Online www.rcn.org.uk
Publication code 003 292

Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.

In care situations, dignity may be promoted or diminished by: the physical environment; organisational culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out.

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. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

The nursing team should, therefore, treat all people in all settings and of any health status with dignity, and dignity should continue after death (RCN 2008). 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. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

The nursing team should, therefore, treat all people in all settings and of any health status with dignity, and dignity should continue after death (RCN 2008).
Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.

In care situations, dignity may be promoted or diminished by: the physical environment; organisational culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out.

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. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

The nursing team should, therefore, treat all people in all settings and of any health status with dignity, and dignity should continue after death (RCN 2008).

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. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

The nursing team should, therefore, treat all people in all settings and of any health status with dignity, and dignity should continue after death (RCN 2008).

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. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

The nursing team should, therefore, treat all people in all settings and of any health status with dignity, and dignity should continue after death (RCN 2008).