Dignity is prioritised may be different for different people. For example, research shows that there are variations in how people like intimate and personal care to be carried out. Mirfin-Veitch et al (2004) found that people with intellectual disabilities wanted carers to take time during intimate care to interact with them. However, as a wheelchair user, Vasey (1996) described how she liked intimate care to be completed quickly and efficiently. This shows how some people may find the experience of relying on others to provide such care degrading and want it to be over as soon as possible, while others may feel valued if caregivers take their time, and as though they are being treated as a person rather than an object.

These accounts suggest the amount of time taken for intimate care is important for maintaining dignity, but whether it is more dignified to carry it out quickly or slowly depends on individual preferences. It is probably not just speed but also the manner in which it is done that people prefer an aspect of care, such as brushing teeth, to be carried out quickly, this might have a detrimental effect on their health and hygiene. This also has implications for maintaining dignity, because of the way that other people regard someone who does not have a clean, healthy and hygienic mouth.

Because dignity is a multidimensional concept comprised of different properties, a single interaction could maintain dignity in some ways but not others. Caregivers must consult those receiving care and weigh up the advantages and disadvantages of various courses of action, and find a solution that meets health needs while maintaining dignity as far as possible.

**Dignity and dependency**

There is significant variation in what people regard as undignified in relation to dependency. Some people who are disabled have said they experienced indignity and shame in having to depend on others (Buckley et al, 2007; Franklin et al, 2006). However, Rock (1988) found from her own experience as a disabled person, and from discussion with other disabled people, that independence can be seen as a variable self concept that relates to control and choice rather than any absolute measure of competence. It might therefore be concluded that loss of dignity is not an inevitable consequence of dependency; this is because dignity can be maintained by providing opportunity for control and choice.

**Humour and dignity**

Those providing care need to consider that an action perceived as maintaining self regarding dignity may not maintain other regarding dignity. For example, while the positive value of humour for relieving anxiety and discomfort in nurse–patient interactions has been documented, White et al (2003) pointed out that joking and teasing may be misunderstood by recipients and cause distress and humiliation. Therefore, carers must consider the impact of their actions from recipients’ perspective, and not make assumptions without checking with them.

**Why is dignity so important?**

As service providers and caregivers can give priority to dignity, they should be aware of the devastating impact that its loss can have.

Studies on dignity in healthcare settings have given some indications about the kinds of emotional reactions people experience when their dignity is compromised, including anger, anxiety, humiliation and embarrassment (Lundqvist and Nilstum, 2007; Franklin et al, 2006).

Another study showed that faecal and urinary incontinence affected emotional wellbeing, and the authors argued that the negative impact should not be underestimated (Buckley et al, 2007).

According to Haddock (1996), dignity is connected to the self concept and self esteem, and Burns (1979) suggested self esteem can be measured as an indication of whether a person possesses dignity. The extent to which a person is treated with dignity can therefore not only give rise to an immediate emotional response but also have a more profound and enduring effect. This means the subjective experience of dignity includes how the person is made to feel at the time, as well as how they are made to feel on a longer term basis.

**Dignity, self esteem and health**

The impact of dignity on self esteem is important because the latter is thought to

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**FIG 2. MODEL OF DIGNITY**

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Self regarding dignity</th>
<th>Intersubjective dignity</th>
<th>Other regarding dignity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Feeling like a person, not an object</td>
<td>Feeling like a whole person</td>
<td>Feeling like an individual</td>
</tr>
<tr>
<td></td>
<td>Having a sense of equal worth</td>
<td>Having a sense of belonging</td>
<td>Having control and autonomy</td>
</tr>
<tr>
<td></td>
<td>Having a sense of competencies being realistically acknowledged</td>
<td>Not feeling foolish, embarrassed, degraded</td>
<td>Having a sense of belonging</td>
</tr>
<tr>
<td></td>
<td>Having a state of physical, emotional and spiritual comfort</td>
<td>Draw upon cultural and social norms to maintain other regarding dignity</td>
<td></td>
</tr>
</tbody>
</table>

**LEVELS OF DIGNITY**

- Maintained
- Lost in a trivial way
- Lost in a serious way
- Lost in a devastating way

**Positive experience**

**Positive effect on self esteem**

**Negative experience**

**Negative effect on self esteem**