

Promoting Dignity in Care: Toileting, Bathing, and Hygiene

The following resources and peer-reviewed article describe practices to promote dignity, compassion, and respect and reduce suffering among hospitalized patients when responding to personal care needs, including toileting, bathing, and hygiene. Citations are linked to full-text articles [*] when available.

| Resource | Objective | Highlights |
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| Geller, G., Branyon, E., Forbes, L., Rushton, C. H., Beach, M. C., Carrese, J., . . . Sugarman, J. (2015). Health care professionals' perceptions and experiences of respect and dignity in the intensive care unit . <i>Narrative Inquiry in Bioethics</i> , 5(1A), 27A-42A. | To identify health care professionals' perceptions regarding what it means to treat patients and families with respect and dignity in the intensive care unit (ICU) setting. | <ul style="list-style-type: none"> ■ Treatment with respect and dignity is fundamental to high-quality, ethical medical care and patient experience. ■ Three major domains (intrapersonal, interpersonal, and systems factors) influence treatment with respect and dignity. Each of these domains includes several subthemes. ■ Respectful behaviors—making the effort to educate patients, honoring bodily concerns, giving patients choices, being sensitive to patients' experiences and listening to patients—are consistent with the “ABCDs” (attitudes, behaviors, compassion, and dialog) of “dignity-conserving care.” |
| [*] Johnston, B., Pringle, J., Gaffney, M., Narayanasamy, M., McGuire, M., & Buchanan, D. (2015). The dignified approach to care: A pilot study using the patient dignity question as an intervention to enhance dignity and person-centred care for people with palliative care needs in the acute hospital setting . <i>BMC Palliative Care</i> , 14(9). | To evaluate the effectiveness of an intervention to improve patient-centered care and caregiver empathy. | <ul style="list-style-type: none"> ■ Providing patient-centered, dignity-conserving care for hospitalized patients is essential to the provision of effective palliative care. ■ The Patient Dignity Question (PDQ) "What do I need to know about you as a person to take the best care of you that I can?" was designed to help health care professionals understand the patient as a person. ■ The PDQ provides information that may not be available through routine processes and procedures. It can be incorporated into clinical practice to promote personalized care, caregiver empathy, and patient dignity. |
| Royal College of Nursing (2015). Dignity Resources . [Website] | To highlight the vital role that dignity plays in nursing care and to share resources to inspire improvements in practice. | <ul style="list-style-type: none"> ■ When dignity is absent from care, people feel devalued, lacking control and comfort. ■ Providing dignity in care requires respect, compassion, and sensitivity. In practice, this means: <ul style="list-style-type: none"> – Respecting patients' diversity and cultural needs, their privacy, and the decisions they make – Being compassionate when patients and families need emotional support, rather than just delivering technical nursing care – Demonstrating sensitivity to patients' needs and ensuring their comfort |

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| Andrews, J. (2013). Maintaining continence in people with dementia . <i>Nursing Times</i> , 109(27), 20-21. | To explore steps that can be taken to preserve the dignity of people with dementia if they become incontinent. | <ul style="list-style-type: none"> ▪ Maintaining dignity is paramount in continence management but can be particularly challenging when working with people with dementia. ▪ Nurses should ask patients about their regular toilet habits and the words they use to describe them. ▪ Toilet regimens should be tailored to the needs of the individual patient. |
| Petras, D. M., Dudjak, L. A., & Bender, C. M. (2013). Piloting patient rounding as a quality improvement initiative . <i>Nursing Management</i> , 44(7), 19-23. | To describe a pilot rounding program in a long-term, acute care hospital. | <ul style="list-style-type: none"> ▪ Toileting need is the primary reason for call-light use. ▪ During the rounding process, the nurse assessed the patient's need for toileting, positioning, and pain management and ensured the close proximity of personal items (4 Ps). ▪ During the pilot program, call-light frequency and patient grievances declined, but help with toileting remained the most frequent request. |
| [*] Commission on Dignity in Care for Older People. (2012). Delivering dignity: Securing dignity in care for older people in hospitals and care homes . NHS Federation. | To address the underlying causes of poor care for older patients in the UK. | <ul style="list-style-type: none"> ▪ Develop "always" events for dignity (e.g., Always treat those in your care as they wish to be treated—with respect, dignity, and courtesy). Checklists are not the answer to dignified care, but they can be useful tools. ▪ Assess needs. To uphold the rights of patients, detailed assessment is key for everyone receiving care. If needs are not known, they cannot be met. ▪ Ensure that every member of staff is responsible for dignity. |
| Dean, E. (2012). Dignity in toileting . <i>Nursing Standard</i> , 26(24), 18-20. | To discuss barriers to dignified toileting and identify examples of good practice. | <ul style="list-style-type: none"> ▪ Failure to meet the toileting needs of patients is one of the top causes of complaints about hospital care. ▪ It is important that nurses, patients, and families have discussions so nurses know what the patient's needs are and can intervene to relieve anxiety. ▪ The Care campaign is intended to improve fundamental patient care across the UK. "Care" stands for C – communicate with compassion; A – assist with toileting, ensuring dignity; R – relieve pain effectively; E – encourage adequate nutrition. |
| Logan, K. (2012). Toilet privacy in hospital . <i>Nursing Times</i> , 108(5), 12-13. | To highlight the issues important to patients and nurses in terms of improving privacy and dignity for inpatients using the toilet. | <ul style="list-style-type: none"> ▪ Dignity is about small things that are extremely important. ▪ Good practice in toilet management and continence promotion can help hospital patients to maintain their dignity. ▪ Ensuring patients have privacy when using the toilet is crucial. |
| Baillie, L. (2009). Patient dignity in an acute hospital setting: A case study . <i>International Journal of Nursing Studies</i> , 46(1), 23-36. | To investigate the meaning of patient dignity, threats to patients' dignity, and how patient dignity can be promoted. | <ul style="list-style-type: none"> ▪ Nurses have a professional duty to respect patients' dignity. ▪ Staff behavior and the hospital environment can influence whether patients' dignity is lost or upheld. |

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| | | <ul style="list-style-type: none"> Staff promote dignity by providing privacy and interactions that make patients feel comfortable, in control, and valued. Figure 1 is an interesting model of how patient dignity is promoted or threatened in hospitals. |
| <p>Centre for Health Services Studies. (2009). <i>Privacy and dignity in continence care: Reflective guidelines for health and social care settings</i>. University of Kent.</p> | <p>To highlight five key domains related to toileting and hygiene: dignity, communication and relationships, choice, privacy, and hygiene.</p> | <ul style="list-style-type: none"> However good the care, people with continence problems have a high chance of suffering loss of dignity because they need help with very intimate care, and this can have a long-term effect on self-esteem and self-respect. Dignity is based on peoples' feelings, emotions and perceptions and other people's reactions to them. To maintain dignity, it is important that we have both self-respect and respect from others. Being in care can upset this balance and cause a loss of dignity. Facilitated discussions with reflective questions, such as "How would you like to be cared for if you were in care and needed help to use the toilet?", can improve caregiver empathy and promote patient dignity. |
| <p>[*] Halm, M. A. (2009). <i>Hourly rounds: What does the evidence indicate?</i> <i>American Journal of Critical Care</i>, 18(6), 581-584.</p> | <p>To review available evidence about the effects of hourly rounds on clinical outcomes in inpatient settings.</p> | <ul style="list-style-type: none"> Attending to patients' comfort, safety, and environmental needs (4 Ps) during rounding can prevent adverse events like falls, pressure ulcers, and unrelieved pain. Prompted toileting promotes safety through timed toileting. By contracting with patients to call for assistance before getting up or by offering scheduled toileting, falls can be averted. |
| <p>Downey, L., & Lloyd, H. (2008). <i>Bed bathing patients in hospital</i>. <i>Nursing Standard</i>, 22(34), 35-40.</p> | <p>To discuss the importance of maintaining patient dignity and respect in clinical practice.</p> | <ul style="list-style-type: none"> Assisting patients to maintain personal hygiene is a fundamental aspect of nursing care. However, it is a task often delegated to junior or newly qualified staff. Hospitalized patients should be assisted to maintain personal hygiene to promote comfort and dignity and to prevent the spread of infection. Bed bathing should be carried out with competence and sensitivity to the patient's individual preferences and cultural and religious needs. |
| <p>[*] Sofaer, S., Crofton, C., Goldstein, E., Hoy, E., & Crabb, J. (2005). <i>What do consumers want to know about the quality of care in hospitals?</i> <i>Health Services Research</i>, 40(6 Pt 2), 2018-2036.</p> | <p>To identify the domains of hospital quality that are of greatest interest to consumers and patients.</p> | <ul style="list-style-type: none"> Several patients noted that a person's need to use the bathroom immediately may increase because of childbirth, surgery, or medications. Having help with toileting is a matter of "personal dignity." Rapid toileting is important. Patients thought it was fair to demand responsiveness to requests for medication, assistance with bathing, and most of all, assistance with toileting. "[E]ven the most technically competent hospital staff need to be organized or empathetic enough to respond quickly to a request for assistance, especially with a function as basic as toileting" (p. 2032). |

