

Dignity and privacy in health care: literature review



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Annotated Bibliography

To complete this assignment I am going to complete an Annotated Bibliography. An annotated bibliography is a bibliography of sources of information such as: books, websites, journals, articles. However under each source is an evaluation paragraph that is a brief description about the source that has been used. During this assignment the sources used will be based upon on the subject of privacy and dignity, and overall 15 sources will be used including one national policy. Finally the evaluation paragraph of each source will focus on a few points: 1) what the main points of the source are. 2) Are the main points of the source clearly presented to the reader? 3) Who is the source directed at- who is the audience? 4)Is the information in the source supported by someone or is the source unsupported.

Alaszewski, H, Holdsworth, L, Billings, J, Dr Wagg (2009) ' Privacy and dignity in continence care: research review' Nursing & Residential Care. 11 (8) pp 393-396. <http://internurse.com>[Accessed 5th December 2009]

This article is written by three health professionals who specialise in research two of whom are research associates and one who is a researcher and one health professional who is a senior lecturer at a university. Therefore due to the nature of the authors the article is primarily based to health professionals. More specifically as it was published in Nursing and Residential care the health care professionals who work in nursing and residential homes. The layout of this article is very simple and the information is presented clearly with the use of subheadings to describe the different parts of the study. This article reviews a study that was carried out in relation to privacy and dignity in continence care. This review highlights that there four <https://assignbuster.com/dignity-and-privacy-in-health-care-literature-review/>

major themes identified from the study one of them being privacy. With the review commenting that maintaining privacy during toileting and continence care is vital to maintaining dignity. In addition that it was easier to maintain privacy in care homes that provided en-suite bathrooms for the residents. This article is not supported as it only gives reference to what the Health Care commission report caring for dignity says about dignity.

Foss, T D (2006) ' Grave Bearing: how dignity will be dealt with on wards.' British Journal of Nursing. 15 (9) pp 481 <http://www.internurse.com> [Accessed 5th December 2009]

This article is written by the editor of the British Journal of Nursing and bases the article around the new duty that the government has imposed on nurses, the new duty of the Dignity nurse. In the article the author argues that nurses simply have too many duties and adding another will make the nurses even more overstretched. In addition it is pointed out that nurses already show the patients respect and dignity in basic care as nurses play an important role in keeping up dignity in mixed wards, so why does it need to be actually stated as a new duty. The article concludes with the view that the government cannot deal with this with continuing learning courses as the nurses do not have the time nor do the trust have the money to send the nurses on them. As this article is published in the British Journal of Nursing and written by the editor of the journal this article is aimed at Health Care professionals especially who work on wards. As no reference is made to anyone else or any other publications this article is unsupported.

McParland J, Scott, PA, Dassen, T , Gasull, M, Lemonidou, C, Valimaki, M , Leino-Kilpi, H (2000) ‘ Atonomy and clinical practice 2: patient privacy and nursing practice.’ British Journal of Nursing. 9 (9) pp 556-559. <http://www.internurse.com>[Accessed 5th December 2009]

This article is written by a number of health lecturers and outlines privacy and the nursing practices to enable the policy of privacy is adhered to. The article is presented clearly with an abstract box at the beginning of the article to inform the reader what information the article is going to contain, and all the information under sub headings. The article begins with a number of definitions of privacy and then informs the reader of patient privacy. A number of situations and examples of patient privacy are given in the article with it also stating how nurses can maintain patient privacy. This article is primarily aimed at the nursing profession as it was published in the British Journal of Nursing. This article may be extremely useful to student nurses to enable them to learn about privacy to maintain a good understanding of it and how to make sure it is maintained why they are on placement.

Throughout this article many references are made to many people who have researched this area before, therefore this article is supported.

Charles- Edward, I, Brotchie, J (2005) ‘ Privacy: what does it mean for children’s nurses?’ Paediatric Nursing. 17 (5) pp 38-44. <http://www.proquest.com>[Accessed 6th December 2009]

Although this article is appropriate for paediatric health professionals due to where it was published and the authors. Imelda Charles- Edward being the programme director for the Bsc (Hons) in child health nursing and it being

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published in the Paediatric Nursing journal, it is most appropriate for Paediatric Nursing students. The main reason for this being that includes a number of activities that could be completed in order to gain a good understanding of the subject of privacy and dignity while undertaking training. Due to this being aimed at paediatric nursing students the layout is very clear as it includes tables and is sectioned off with what the author calls 'Time outs' at the end of each section for the reader to complete. This article covers many issues to do with privacy and dignity including: the different definitions of privacy, physical privacy, privacy of information and adult secrets. Throughout the article the author makes reference to many other health professionals and authors who have their own views on this subject and who have carried out studies on the subject previous, therefore this article is supported.

Matiti, M R, Trorey, G M (2008) ' Patients' expectations of the maintenance of their dignity' Journal of clinical nursing. 17 (20) pp 2709- 2971.

<http://www3.interscience.wiley.com>[Accessed 6th December 2009]

This study was carried out to research into patient's expectations of dignity while they were in hospital and how it was maintained. Due to both the authors being health lecturers at universities in England and the article being printed in a nursing journal this article is aimed at any health professional who works in a hospital setting as this is where the study was carried out. The information about the study is clearly presented in this article as the information is divided into the different sections of the study. For example the article provides information background to dignity, information on the methodology of the study, the study population, data collection and

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information on the findings of the study. As this is a study that was conducted it is not supported in the traditional sense as it only makes reference to what other people perceive privacy and dignity to be.

Nazarko, L, (2007) ' Bathing Patients with care and dignity.' British Journal of Health Care Assistants. 1 (2) pp 73-76. <http://www.internurse.com>[Accessed 6th December 2009]

An abstract box at the beginning of this article informs the reader that healthcare assistants play an important role in maintaining the hygiene of clients in their care and this role should be carried out with sensitivity to maintain the client's dignity. The article comments on this in more depth informing the reader that one of the main ways of respecting the client's dignity is to assess the risk of the client of getting in the bath/shower as if they can complete the task themselves then they should be left to do so. This article was written by a nursing consultant for older people and was published in the British Journal of Healthcare Assistants; therefore it is aimed more specifically at Healthcare Assistants. Nursing students however may find this useful as the article is simply written and explains what needs to be done to bath a client, therefore a student nurse may find it useful to use to find out how to bath a patient. As the article is like a guide to bathing clients no reference is made to any other publications therefore this article is unsupported.

Thomas, S, (2008) ' RCN: Lets get political for patient dignity.' British Journal of Neuroscience Nursing. 4 (5) pp 243-244. <http://www.internurse.com>[Accessed 6th December 2009]

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The author of this article Sue Thomas a nurse policy adviser for the Royal College of Nursing writes this article to inform health professionals about the barriers that face nurses when trying to make policy changes and how maintaining patient dignity can bring about policy change. The information is clearly presented with sub headings and quotations being easily distinguished by being in bold. The article highlights the barriers to dignity such as the obstacles that stop the nurses providing the dignity that the patients want. The article then provides recommendations that the RCN would like to see in place in order for the nurses to provide the dignity the patients want such as: no more mixed wards and curtains around beds that actually close. Although this was published in the neuroscience journal this article is aimed at all health professionals especially them in the Royal college of Nursing. Throughout this article there are many quotations by health professionals and results of a survey carried out therefore this article is supported.

Pownall, M, (2009) ' Privacy and dignity: eliminating mixed sex accommodation in hospitals.' Nursing Times. 105 (44) pp 15. <http://www.proquest.com>[Accessed 6th December 2009]

This article is written by a freelance health journalist who uses the issue of mixed sex wards as an example of how individual trusts can monitor how they are maintaining privacy and dignity in relation to overall performance. The author states that this is achieved in three ways: 1) A committed board of directors e. g. providing the senior management with the right information and recourses to ensure privacy and dignity is maintained to patients in their care. 2) The care environment e. g. separated sleeping areas and washing

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facilities for men and women on mixed sex wards. 3) Individual action e. g. if it is unavoidable for a patient to be placed on a mixed ward try to relocate the patient as soon as possible and apologise for any inconvenience. The article is clearly presented and uses sub-headings to categorise the information. As it is printed in a nursing journal nurses and health care professionals may find this article beneficial.

Walsh, K, Kowanko, I (2002) ' Nurses' and patients' perceptions of dignity' International Journal of Nursing. 8 (3) pp143-145. <http://www3.interscience.com>[Accessed 7th December 2009]

The authors of this article, one being a senior lecturer and another being a senior researcher explains in depth the study and the results of the study they carried out in order to obtain nurses' and patients' perceptions of dignity. This article highlights that after carrying out the study nurses believe that there are many aspects and many different characteristics of dignity, the most important ones being aspects such as privacy and respect. With the study also concluding that the characteristics the patients associated with dignity were very similar to the nurses'. Although the article is of length it is clearly presented with the use of sub-headings and the use of quotations in italics. As the authors have used quotations of the participants in the study and have related to other health professionals during this study this article is supported. As it was published in the International Journal of Nursing this article is not only aimed at audiences here in the United Kingdom but health professionals all over the world.

Ashurst, A (2007) ' Palliative Care: maintaining dignity.' Nursing and residential care. 9 (1) pp22-24. <http://www.internurse.com>[Accessed 7th December 2009]

This article has been specifically written for palliative care staff in nursing or residential care specifically for the care of the elderly and terminally ill. The author- a consultant editor for the journal highlights guidelines to follow to ensure dignity is maintained for the care of the terminally ill during their stay at residential homes. Ashurst states to maintain privacy and dignity towards the end of the patient's life emotional support must be obtainable which may include respecting the relatives wishes- this may include involving themselves in the care of their relative. He also states that respect for the patient's wishes should be at the forefront of the care for the patient regardless of what the nursing staff believes to be the best course of treatment. Ashurst clearly presents the main points of this article to the reader by using a simple layout with the uses of sub-headings, pictures, columns and quotations in bold and inverted comers. As this is not legislation but merely guidelines it is not supported in the traditional sense as the author only uses the opinions of members of the health profession.

NHS Executive- Safety, Privacy and dignity in mental health units- guidance on mixed sex accommodation for mental health services. (2000). <http://www.dh.gov.uk>[Accessed 9th December 2009]

This policy is a National Health Service policy for all NHS trusts in England written by the NHS Executives. It provides guidance for the practical steps that need to be taken out by all NHS staff to ensure that safety, privacy and

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dignity are maintained for the patients in mental health units with regards to mixed sex accommodation. It is split into two main sections. Section A being operation policy. This provides the audience with guidelines to meet the overall objects of providing a safe environment and safe facilities for mentally ill patients which maintain their privacy and dignity. Section B being design guidance. This section elaborates on the guidelines given in the previous section by specifically relating it to mental health facilities. As this is a NHS policy and is therefore legislation it is not supported as it is not a matter of opinion. Although this policy is long in length it is clearly presented with the use of sections and sub-sections being clearly numbered. The policy also includes models as a guidance to possible accommodation arrangements for new/existing accommodation in order to maintain privacy and dignity in mental health facilities.

Professor Ian Philip, National Director for old people, Department of health- A new ambition for old age- next steps in implementing the national service framework for older people. (2006)<http://www.dh.gov.uk>[Accessed on 9th December 2009]

This report written by the national director for old people outlines the next steps for implementing the national service framework for older people and follows on from a previous report on 'Better Health in old age'. The author states that it is the department of health's ambition that within five years all older people will be treated with respect and dignity and in all care settings. He believes this will be achieved by following 10 programmes of activity. An example being: improving dignity in care by strengthen activities such as ensuring the dignity towards and at the end of a person's life. As it is a

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government policy this report is primarily aimed at everyone in the United Kingdom, however more specifically those who work with older people and those in the health sector. The layout is easy to understand with each programme easy to identify by the use of sub headings in a different colour. Bullet points are also used to keep the text short and direct in some areas with the use of pictures also to brake down the writing.