

Privacy and Dignity in Health and Social Care



Introduction:

The aim of this course is to enable health and social care providers to learn and utilise skills and awareness in ensuring all service users are treated fairly, equally and maintain a real sense of autonomy, to ensure that those working in health and social care understand the importance of quality healthcare

Aims:

Following completion of this module, you should;

- Be able to identify what is meant by maintaining dignity and respect the patient/service user.
- Be aware of the Legislation that safeguards the individual
- Briefly describe what defines 'patient centred care'
- Be able identify factors that threatens an individual's dignity
- Understand and identify the importance of using good communication skills
- Be aware of when to raise concerns and define what is meant by 'Whistleblowing'

WHAT IS DIGNITY?

Dignity is the everyone's right to be treated like a human being. To maintain dignity, health professionals must either expand the patient's/client's capabilities and/or improve their circumstances. In this way, where circumstances and capabilities match, those involved are likely to feel dignified. Where they do not, the reverse will be true

There have been eight identified factors that contribute and promote dignity in the healthcare sector, whether Private or NHS. These factors are;

- 1. Choice and Control:** *the ability to enable service users to make choices on how they wish to live and the care to which they receive*
- 2. Eating and Nutrition:** *ensuring that provisions are place for nutritious, appetising meals and suit the preferences of the individual's choice of food. Where assistance is required, support is given to ensure adequate nutrition intake is maintained*
- 3. Pain Management:** *to ensure that those living with conditions that cause pain and discomfort have appropriate and medical intervention include medication to reduce their suffering and improve their quality of life and optimise Activities of Daily Living (ADL)*
- 4. Assistance:** *provide additional assistance or help to those in need of same where necessary to enable them to maintain their independence*

5. **Personal Hygiene:** *enabling and assist where necessary to maintain the usual standards of personal hygiene of each individual*
6. **Privacy:** *respecting and maintaining personal space, being discreet with personal care and ensuring confidentiality of any personal information is upheld.*
7. **Communication:** *utilising good communications skills by speaking to individuals respectfully, avoiding the use of jargon, show empathy and listen to their views and opinions*
8. **Social Inclusion:** *support and encourage them to be part of their community. Maintain contact with friends and family and participate in social activities and events.*

Examples of maintaining dignity in the perception of the patient/service user.

'I'm not older than some of these young nurses you don't need to be treated as though you've lost your marbles. You need to be addressed in a manner that shows a little care and respect. I'm OK, I get it, but sometimes I've heard some of the older patients treated as if they were three years old. Respect for all patients, young or old, whatever race they are. That's the main thing. You're not a lump of meat, you're a patient.' (Nursing Times, VOL: 98, ISSUE: 43, PAGE NO: 38)

'When I'm in the A and E department, stripped naked, crucified, tied down etc. they never close the curtain, because the head of the department has to stand at the foot of the bed and say what to do next ... I feel I could be more respectful if he were aware that I am stark naked in an A and E department and

people are walking by and there's a lot of excitement. Just by closing the curtains and being more discreet would reduce my anxieties, embarrassment and maintain my dignity.'

DEFINITIONS OF DIGNITY:

Putting the person receiving care at the centre of things (Patient Centred Care).

This means that at all times the service user receiving the care decides what care they receive, how they receive it and when they receive it. Everyone has the right to plan their own lives, be at the centre of any planning of care to which they receive, preserve their rights and improve independence.

Asking what their specific wants and needs are.

Service users may not always be forthcoming in expressing their needs. If this is the case, it is for the care worker to find out what these needs are. Care workers should not presume to know what the service user might want.

Giving appropriate and concise information.

To enable service users to make an informed decision about the best way of receiving care, they need all the relevant information available.

Being addressed in an appropriate and professional manner

Staff should ask service users about the way they would like to be addressed and should not assume they want to be called by their first name. It is simply common courtesy to have good manners and politeness.

Being patient

Be mindful that some individuals may not have the mental capacity nor understanding to actively carry out tasks or respond to certain requests. Sensitivity and compassion is fundamental to meet their individual needs and making appropriate time to provide the necessary information and to explain in a manner that is clear and concise or demonstrate knowledge.

Avoid using patronising expressions.

Using terms such as 'dear', 'love', 'mate' etc. can be considered being derogative and disrespectful. Speak to them as an equal and how they wish to be addressed.

Maintaining a safe environment

Health and social care providers have a duty of care to uphold and maintain the safety of service users. This would include being mindful of any needs that may require assistance/supervision that provisions are in place to safeguard the individual.

Giving people privacy

Privacy pertains to ensuring confidential information about the patient/service user, ensuring personal hygiene is conducted discreetly whether by means of curtains if in a clinical ward or closing door in patient's own home/residency and maintaining their personal space. Clinical and social care workers also have a legal obligation to ensure confidentiality and privacy is upheld in accordance to their governing body's Code of Conduct and government legislation.

LEGISLATION

There are many standards and legislation that cover the rights of service users:

- The Care Act 2014
- Sexual Offences Act 2003
- Human Rights Act 1998
- Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Bill
- Public Interest Disclosure Act 1998
- Section 127 of the Mental Health Act (1983), which reads

Ill treatment of patients.

- (1) It shall be an offence for any person who is an officer on the staff of or otherwise employed in, or who is one of the managers of, a hospital [F1, independent hospital or care home]—*
- (a) to ill-treat or wilfully to neglect a patient for the time being receiving treatment for mental disorder as an in-patient in that hospital or home; or*
- (b) to ill-treat or wilfully to neglect, on the premises of which the hospital or home forms part, a patient for the time being receiving such treatment there as an out-patient.*

(2) It shall be an offence for any individual to ill-treat or wilfully to neglect a mentally disordered patient who is for the time being subject to his guardianship under this Act or otherwise in his custody or care (whether by virtue of any legal or moral obligation or otherwise).

- Mental Capacity 2005
- Data Protection Act 1998
- Freedom of Information Act 2000

FACTORS and BARRIERS THAT THREATEN AN INDIVIDUAL'S PRIVACY and DIGNITY:

Whilst more care providers will adhere to and uphold their standards and proficiency of delivering high and effective standards of care, some service users unfortunately do not receive optimal level of care and feel that their human rights have been breached and are not being treated with dignity and respect. Examples of where an individual may feel that their privacy and dignity have been threatened include:

- Abuse/inappropriate staff behaviour or attitude:
 - This is about the way staff treat service users. This may be neglecting the level of care that is required to promote independence and autonomy for the individual, carrying out personal hygiene needs in an exposed area, being intolerant, being impatient and poor communication

- Abuse is a wide ranging subject, of which there are many different types such as physical, psychological, financial, sexual, discrimination and neglect. Care workers must be alert to the presence of abuse.
- Discrimination:
 - the prejudicial behaviour towards or against a certain group of people. They should include the following grounds for discrimination:
 - Race
 - Political opinion
 - Birth
 - Disability
 - Marital status
 - Age
 - Health status Discrimination
 - Belief
 - Origin
 - Colour
 - Language
 - Sexual preference
 - Gender realignment
 - Religion
- Violation of Human Rights:
 - Degrading and inhumane treatment of an individual.
 - Denying them to right to choose or contribute to their delivery care plan
 - Sharing sensitive information without consent from the individual



- Negative attitudes of carers:
 - Disrespecting views and opinions of others
 - Failing to provide a standard of care that is expected
- Disrespecting Privacy
 - Personal care being conducted in view of other people
 - Walking into a patient's home without acknowledging your presence or knocking on a room door prior to entering
 - Discussing patient's needs or management of their care in an open environment
- Losing Independence:
 - Refusing to escort your patient to the park to meet up with their friends
 - Risking autonomy where the patient has no control of their money, choices of clothes, times for eating their meals, when they go to bed
 - Doing a 'service' for the patient when they should be encouraged to do tasks they have been deemed safe to conduct themselves
- Misuse of power:
 - Respect does not necessarily mean treating someone as superior or inferior, they should be treated fairly and the carer should always try to put themselves in the position of the service user/patient.
 - Failing to empower the individual or treating them as a child.

COMMUNICATION SKILLS:

'Communication relates to a two-way process that involves exchanging information; it is important for the sender of the information to establish that the receiver understands the message and that it is communicated in a way that meets any individual communication needs that the receiver may have'. (DoH, 2001)

Good communication is vital in social care. It enables us to build relationships and good rapport with service users and their family, develop relationships with fellow care staff, managers and other health and social care staff, provide clear information to service users and fellow care staff, and carry out appropriate reporting and recording in the delivery of high standard, patient centred care in the healthcare setting.

What are considered to be good communication skills?

- Speak to individuals respectfully
- Listen to their views and opinions
- Maintain dignity and respect
- Recognise the importance of consent and confidentiality
- Face the person and make eye contact, speak clearly and address them by their preferred name
- Establish rapport
- Avoid jargon

- Listen without interrupting and don't rush the service user into a response
- Give sufficient time for the conversation and take breaks to allow the service user to regroup if they become confused
- Be non judgemental
- Overseas staff should understand the cultural needs and communication requirements of the people they are caring for.
- Staff should be properly trained to communicate with people who have cognitive or communication difficulties.

WHISTLEBLOWING:

Raising concerns about the level or standards of care being delivered to service users is a vital part of safe guarding individuals. However, 'blowing the whistle' can be quite challenging for the those who raise concerns and many employers are not receptive to concerns of allegations of malpractice.

Whistleblowing is defined by the Care Quality Commission (2011) as;

'Someone directly employed by a registered provider, or someone providing a service for the provider, reports concern where there is harm, or the risk of harm, to people, or possible criminal activity.'

and

'The management have not dealt with those concerns by discussing them or by using the employer's own whistleblowing policy, or the worker does not feel confident that the management will deal with those concerns properly and contacts a 'prescribed body', such as a regulator instead'

It is expected that all public sector bodies have whistleblowing policies in place, and that relevant staff are aware of the aforementioned and are encouraged where they have concerns regarding delivery of services to notify the appropriate personnel internally initially. Where an organisation fails to respond or follow up the concerns, then it is expected that the employee will escalate this to the relevant regulatory body through blowing the whistle.

The Public Interest Disclosure Act 1998 was introduced to protect employees who blow the whistle on misconduct at work. It came into force in July 1999. The Act encourages people to come forward and expose malpractice within their organisations.

Nurses, doctors and social workers are duty bound to;

'report incidences of poor care, neglect, clinical errors and harm towards patients as part of their professional code of practice. Unfortunately, a culture exists within some NHS trusts that tends to discourage staff from reporting errors or incidents; and nurses who do report when things go wrong are sometimes blamed, bullied or ignored' RCN, 2013)

SUMMARY:

- Dignity is everyone's right to be treated like a human being
- Dignity is threatened by 'treating adults like babies' because of actual or assumed incapacity... using patronising tones of voice
- Using respectful language and gestures promotes dignity
- Showing respect acknowledges that a person has dignity
- Treat everyone fairly
- Be thoughtful and caring
- Respect their privacy
- Report any concerns or issues that may impede or threaten the dignity, respect or mismanagement of an individual's standard of care to management and where this has been denied or ignored, escalate to the external regulatory authorities.

