

# Dignified death: a concept analysis and implications for nursing

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**Summary Background.** Dignified death represents the essence of palliative care, and maintaining dignity, especially in the final moments of life, has particular importance.

**Objectives.** This study aimed to analyze the concept of a dignified death and its implications in the nursing field. Rodgers' evolutionary method was provided to conduct the analysis.

**Material and methods.** The literature search was carried out in October 2015. Sampling was performed by reviewing articles in nursing and searching Google scholar, Science direct, Sid, PubMed, ProQuest, Magiran, and Springer databases. Keyword "death" alone or in combination with dignity and elegance was used for studying the related literature during 1998–2014. Therefore, 205 cases were retrieved and finally, 41 ones were analyzed.

**Results.** In this study, the characteristics of dignified death were identified in physical, social, and spiritual aspects. The antecedents were independence, social support, and readiness to die. Besides, the consequences of the concept consisted of two areas related to the family and the health team.

**Conclusions.** The concept of dignified death has been referred to in many contexts. However, considering the dignity of dying patients commensurate with their condition, nurses are required to assess the needs of these patients and their families. They should also develop a nursing program for the creation of dignified death.

**Key words:** death, respect, nursing.

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## Background

Death is a complete cessation of vital functions, end of life, and loss of life. In terms of life sciences and medicine, death is: shutting off the human body that is the guardian of one's life [1]. Dignity is derived from the Latin word "dignities" meaning value, merit, and originality [2]. It is a complex, subjective, and ambiguous concept [3] and a controversial issue [4, 5]. Due to the critical debates about the complexity and ambiguity of dignity, this concept was unused [6, 7], but it was interpreted and defined in various ways in some cases. This concept is viewed differently by different people as life, honor, and dignity are the result of the difference in cultural properties, religious beliefs, and way of personal thinking [8–10]. Also, dignity means value, quality of being worthy of esteem or respect [11]. Dignity is a significant concept in clinical ethics [12], the main concepts in the healthcare system [1, 12], and the essence of nursing care. Moreover, it is a crucial part of human rights [13, 14], which is often used in-patient care in the end stages of life [11, 15]. According to American Nurses Association, nurses and all the related disciplines must work with patients with compassion, respect their values, and provide care regardless of economic, social, and personality status [8]. Lack of dignity in end-of-life care leads to social death before physical death [6, 16].

A dignified death is one of the basic principles of palliative care. It is also the emphasized dignity in the final stages of life [17, 18]. Dignified death means maintenance of human dignity

and compassion in care, reduction of physical and emotional stress, maintenance of privacy and relationship, problem-solving and access to spiritual support, a sense of excitement to achieving perfection, reduce hard life, sense of control, and preparation for death [19]. Hence, dignified death is a complex and ambiguous concept, which needs to be considered from different viewpoints [3, 11]. Analyzing this concept is required for clear conceptualization and, subsequently, its difference with other similar notions [20]. In many cases, the philosophical basis of analytical approaches is implicit, but at the same time, they have significant effects on the performance, interpretation, and application of analytical results [21]. Rodgers's evolutionary perspective is an inductive approach based on constantly evolving and changing ideas and concepts. According to Rodgers, contextual aspects of concepts lead to a correct understanding of the situation in which the concept is used, especially in cases where they are used in different contexts and by individuals with diverse perspectives [22]. Thus, the present study researchers pursue Rodgers' evolutionary approach to analyze the concept of a dignified death. In other words, this study aims to clarify dignified death in nursing studies and activities and to identify its characterization, antecedents, consequences, and changes over time. Because human reality and related phenomena are constantly changing, interdependent elements are considered about multiple factors. Concepts are also dynamic and evolving in nature and need constant clarification. Given that this view is consistent with Rodgers's evolution approach, this approach has been used to analyze the concept in the present study [22].



## Material and methods

In this study, the researchers used Rodgers' evolutionary approach (2000). Six preliminary activities in this study were applied based on recommendations. This research was non-linear, rotation-based, and flexible. Accordingly, Rodgers's inductive approach, careful analysis of benefits, and focus of the study were based on the collection and analysis of raw data and social, cultural, and professional-specific concepts [22].

### Steps of Rodgers' evolutionary concept analysis

Desired concepts, opinions, expressions, and alternative words were chosen, and, accordingly, the limitations of data collection were determined. Then, the data were collected and analyzed. After that, the related concepts were provided. Finally, the researcher determined the implications of the analysis for further development [21].

Generally, the main focus of the analysis is to identify the desired concept. In this study, the desired concept was dignified death along with peaceful death, a good death, and happy death. The study context was, thus, dignified death at the end of life.

### Samples for data collection

Sampling was performed by reviewing articles in the nursing field and searching in Google scholar, Science direct, Sid, PubMed, ProQuest, Magiran, and Springer databases. Keywords included dignity, death, and dignified death. The samples were selected using the snowball method. All Published English articles between 1998 to 2014 were included in the study. The desired keywords should be used in the title and abstract and relevant to the field of nursing. These keywords were investigated in the context of nursing because the concept of dignity was further explored in this period. Due to a shortage of related Iranian papers, international literature was covered. We excluded the lack of access to the full-text articles, peer review articles, narrative reviews, thesis, editorials, protocols, letters to the editor, and conference papers.

As a result, 205 cases were retrieved. Rodgers believed that 20 percent of the studies found in the samples would suffice for the study [22]. Therefore, 41 published articles were considered.

### Collection of the related data on characteristics of the concept

The samples were reviewed twice, first briefly and second precisely for summarizing and coding the related alternative concepts.

### Data analysis

Data analysis was performed to compare the data and define the concept, its antecedents, and consequences. The primary themes were extracted and classified as concept features using thematic analysis. Also, the data were examined in terms of agreement or disagreement in the field.

### Ethical considerations

Permission for this study was obtained from the ethics committee of Shiraz University of Medical Sciences (No. IR.SUMS.REC.1399.055).

## Result

Features, antecedents, and consequences related to the concept of dignified death were studied in this part of the study. And then, the related concepts, alternative words, and examples were mentioned.

## Attributes of dignified death

Identifying the concept characteristics is the first stage of analysis leading to its actual definition [20, 22] and providing main features for the related definition [23]. Properties and characteristics of the concept are the heart of descriptive analysis. In this regard, explanations must be based on the highest frequency characteristics of this concept [24]. In the present study, features of dignified death were divided based on the analysis of texts in three physical, social, and spiritual aspects.

### Attributes of the physical aspect of dignified death

The attribute of dignified death in the physical dimension is that the patient is cared for by compassionate people. He also gets rid of physical pain and overcomes his illness, and has a good sense of control over the body, is independent in performing daily activities, and he does not need medical tools to survive; his physical appearance will not change due to the prolonged illness as well [3, 4, 11, 25, 26].

### Attributes of the social aspect of dignified death

The results show that the attributes of dignified death in its social dimension includes having a good and appropriate relationship with family and other members of the health team. A person has a good sense of completeness in life, being in a calm environment and not having financial problems. On the other hand, the individual will be involved in treatment decisions. He is not pitied and is supported by his family and enjoys being with them and being respected [20, 27, 28].

### Attributes of the spiritual aspect of dignified death

In the psychological dimension of the attributes of dignified death, a person has peace of mind, hopes for life, and feels proud. He is grateful to others, has a good sense of perfection, is ready to die, and does not feel any breakdown [28, 29].

## Antecedents of dignified death

Antecedents and analysis requirements influence concept occurrence [30]. Rodgers (2000) suggests that the review should contribute to identifying antecedents and consequences of a concept because both lead to greater transparency [22]. Independence, social support, preparation for death, and value are antecedents of a dignified death.

### Independence

This theme has been mentioned as some degrees of independence from others. It is the ability to maintain mental and functional capacity for performing daily tasks and activities [2]. In general, mental ability is directly associated with performance with a sense of dignity. The more the patients feel independent, the more their dignity is displayed [11, 12]. People tend to focus on mental abilities and control them until death [4, 19, 25, 31]. Therefore, they can participate in treatment and diagnosis decisions [32, 33].

### Social support

Social support was another antecedent of a dignified death. Social support means the availability of support from family members, friends, health team, and other related individuals [4, 12, 34]. The patient is not left alone. He and his family actively participate in treatment, and they are friendly interrelated at the ending stages of life. Furthermore, physical contact, such as touching hands, plays a significant role in the sense of social support [27, 34].

### Preparation for death

Assurance of control in morbidity and death is one of the concept requirements [35]. People can make important decisions at their final stages of life when they are medically treated

by nurses. Most of them have time for death preparation [11, 36, 37]. Relief from pain and other symptoms that alleviate accepting death. Preparation for death, in turn, creates a sense of comfort, peace of mind, and control over the conditions in the patient and his relatives [14]. Also, avoidance of stress is one of the requirements for accepting death [28, 36].

### Value

Along with the dignity and dignified care in the end stages of life, patients should be respected [38] and have comfort, peace, joy, lack of concern, and a sense of well-being [39]. Dignity and care for patients increase safety concerning individuality and uniqueness. Caring for patients in the end stages of life leads to relief from pain without avoidance of death [40] and a sense of completeness in the final stages of life [14].

## Outcomes of dignified death

Outcomes of dignified death can be generally divided into two categories: Effects on survivors and family members and impacts on the health team members.

### Outcomes of dignified death within the family

Studies have indicated that the presence of family members and those having close relationships with patients in the end stages of life creates a good memory in their minds [34, 41]. The literature review showed that family members tended to be in touch with patients in the end stages of life. Some studies have also revealed that the absence of relatives caused a feeling of guilt in them [12, 35, 42].

### Outcomes of dignified death within the health team

The study revealed the impact of dignified death on the health system with increased job satisfaction among healthcare personnel. This, in turn, strengthened the provision of dignified death in the health system [14].

## Alternative terms and concepts related to dignified death

Alternative terms are concepts that may be used instead of the original concept, but the concepts are not the same [23].

### Alternative words

Good death means a sense of comfort and tranquility at the final stages of life with respect for the true mission of death [7, 41]. Also, a good death is fulfilling people's expectations for death and a sense of comfort in them in the final stages of life because acceptance of death reality alleviates suffering [14]. Dignified life closure, appropriate death [34], meaningful death [42], natural death [29], peaceful death [34], and beautiful death [43] are among the alternative words for a dignified death.

## Related concepts

Related concepts include only a part of the essential theme relationships and dependencies. Consequently, they do not contain all the features of the intended notion [23]. Euthanasia is a related concept meaning an easy and pleasant acceleration to death. Death and dying with good quality [33], and good life [44] are also related.

## References

The clinical environment, including intensive care units, nursing homes, palliative care centers, and long-life care centers, is a chief source using the concept of a dignified death. It is also beneficial for the elderly, cancer patients, the disabled, and retarded. This concept is known as one of the most significant phenomena of nursing [35]. In the U.S., more than two and

a half million deaths occur annually, 80% of which occur in hospitals, which is sometimes abnormal [27]. Having high-quality death involves the participation of the family and other members of the healthcare system [11]. Nurses should also be aware of the patients' needs, desires, habits, and demands in the final stages of life to guarantee their dignified death.

## Exemplar of dignified death

A middle-aged woman with acute myelogenous leukemia was referred for chemotherapy. She was informed that she would die if she refused chemotherapy. She was disappointed because she suffered much. Her relatives wanted her to accept the treatment but at the same time respected her choice. She was sure about her definite, painful, long, and unexpected death. Therefore, she requested barbiturates to end her life.

## Discussion

The present study intended to clarify dignified death using Rodgers' concept analysis (2000). The words death and dignity refer to the death process and the feeling of contemplation, respectively. On the other hand, disrespect is described as insulting humans and ignoring their dignity, including unacceptable prevention and intervention. Nowadays, with increased mortality and incidence of deaths, most deaths likely occur without control and taking patients' dignity into account [32].

When caring for the end-of-life stages is taken, nurses must be aware of the importance of quality of life in the later stages and provide a positive experience in the later stages of life.

Nurses must be aware of the concept of dignified death in their specific context and focus on death as a process and meet the needs and priorities of the patient [45]. They should also consider the patient in the later stages of life as an individual involved in the end-of-life events [46].

Disrespect is anything against a person's human dignity, such as severe pain or leaving the patient with the decision-making about their affairs. Health care providers should avoid this disgrace and minimize it wherever possible [47, 48].

The obtained results will help understand dignified death in nursing, education, and research. They can also be beneficial to improve routine clinical models and theories. It is noteworthy that the concept analysis is temporary and non-linear with nature; therefore, new questions may be raised [49]. This study attempted to analyze the concept of dignified death, hoping that the findings would add to the richness of the notion, especially in nursing.

Attributed dignified death was divided into physical, social, and spiritual aspects. Besides, its antecedents included independence, social support, preparation for death, and value.

When a dignified death occurs, it leads to increased family and job satisfaction among health team members [50, 51]. A dignified death is a concept in nursing, but due to cultural diversity in medical settings, its accurate understanding must be achieved by nurses [52].

The findings of this review were limited, but they can clarify the concept and increase the quality of care. A dignified death is not a universal definition. Understanding the antecedents and consequences of this concept enables nurses to explore viewpoints of patients and their family members about dignified death. Nurses should also be aware of their own beliefs and opinions about this concept. In this regard, nurses have to evaluate the patients' and their family's needs. Also, an appropriate nursing program should be developed for a dignified death.

## Limitations of the study

Due to the nature of this study, the researchers could only benefit from 20% of the articles. That could consequently result in the omission of some of them. Although the present analysis

was carried out systematically, some articles were not included in the study due to their language. This, in effect, can be another limitation of this study. Therefore, further studies should cover the literature of other languages.

## Conclusions

Features of dignified death were divided into physical, social, and spiritual aspects. Besides, its antecedents included independence, social support, and preparation for death. Dignified death provides family members and healthcare professionals with satisfaction. A dignified death is a concept in nursing whose accurate understating is essential for nurses due to cul-

tural variations in healthcare environments.

The findings of this study are limited, but the clarification of the concept can increase the quality of care. Understanding the characteristics, antecedents, and consequences of this concept enables nurses to explore patients' and their family members' views on dignified death.

Nurses should also be aware of their beliefs and opinions about this concept. With this information, nurses hope to assess the needs of dying patients and their families and develop an appropriate nursing program to create a dignified death.

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