What is dignity in prehospital emergency care?

Anna Abelsson* RN, RNT, CCRN, SAN, PhD student
Karlstad University
Department of Health Sciences
Faculty of Health, Science and Technology
651 88 Karlstad, Sweden

Lillemor Lindwall, RN, Professor
Karlstad University
Department of Health Sciences
Faculty of Health, Science and Technology
651 88 Karlstad, Sweden

* Corresponding author
Anna Abelsson
Department of Health Sciences
Faculty of Health, Science and Technology
Karlstad University
651 88 Karlstad, Sweden
Email: anna.abelsson@kau.se
Telephone number: +46703367636

Abstract

Background: Ethics and dignity in prehospital emergency care are important due to vulnerability and suffering. Patients can lose control of their body and encounter unfamiliar faces in an emergency situation.

Objective: To describe what specialist ambulance nurse students experienced as preserved and humiliated dignity in prehospital emergency care.

Research design: The study had a qualitative approach.

Method: Data were collected by Flanagan's critical incident technique. The participants were 26 specialist ambulance nurse students who described two critical incidents of preserved and humiliated dignity, from pre-hospital emergency care. Data consist of 52 critical incidents and were analyzed with interpretive content analysis. The study followed the ethical principals in accordance with the Declaration of Helsinki.

Findings: The result showed how human dignity in prehospital emergency care can be preserved by the ambulance nurse being there for the patient. The ambulance nurses meet the patient in the patient's world and make professional decisions. The ambulance nurse respects the patient's will and protects the patient's body from the gaze of others. Humiliated dignity was described through the ambulance nurse abandoning the patient; by healthcare professionals failing, disrespecting and ignoring the patient.

Discussion: It is a unique situation when a nurse meets a patient face to face in a critical life or death moment. The discussion describes courage and the ethical vision to see another human.

Conclusion: Dignity was preserved when the ambulance nurse showed respected and protected the patient in prehospital emergency care. The ambulance nurse students' ethical obligation results in the courage to see when a patient's dignity is in jeopardy of being humiliated. Humiliated dignity occurs when patients are ignored and left unprotected. This ethical dilemma affects the ambulance nurse students badly due to the fact that the ambulance nurses morals and attitudes are reflected in their actions towards the patient.

Introduction

This study focuses on ethics and human dignity in prehospital emergency care. In this context, an ambulance nurse is dispatched to a patient with emergency need for care, a patient suffering from an accident. ” *We received a call about a cyclist that had been run over. When we arrived at the scene, there was chaos. Lots of cars and people everywhere. The man who had been injured lay in the middle of this chaos.”*

In the past decades, there has been an increased interest in exploring the essence of human dignity and its relevance to healthcare practice. When a human being, young or old, comes in contact with prehospital emergency care, the person has been exposed to a sudden trauma or illness. The unexpected situation can be experienced as suffering. In some prehospital emergency situations, the patient experiences feelings of vulnerability and loss of dignity.[1] Dignity is a part of the core of caring.[2-5] According to Edlund et al,[6] human dignity can be described as absolute or relative. Absolute dignity is inviolable. Relative dignity, on the other hand, is changeable and violable, influenced by external social and cultural factors. Levinas[7] describes the link between dignity and responsibility others as seeing the other person’s face. According to Gallagher,[8] dignity is related to respect. In prehospital emergency care, as in all other care, preserved dignity means the alleviation of suffering and the facilitation of the sense well-being.[5] Showing respect for patient privacy becomes important in prehospital care because the care often is carried out in public places.[1] The respect becomes especially important when patients lose control of their bodies and encounter unfamiliar faces in an emergency situation. The preservation of dignity in prehospital emergency care implies that the ambulance nurse is responsive and reliable and takes responsibility for the patient's unique situation and vulnerability.[9] For all personnel in prehospital emergency care it is inevitable to witness misfortune and the suffering of other human beings. A nurse in emergency care must

therefore act with respect for the patient's unique human value and the individual's right to privacy.[10] But even when the nurse is anxious to relieve suffering by minimizing the patient's feeling of being exposed, both in body and soul, the person's integrity risks being violated because of the emergency in the caring situation.[11] Emergency care endangers the patient's dignity when the person's survival is in focus and the individual behind the injury is forgotten.[12,13] When a patient is suffering and losing his or her dignity, the caring staff must have the courage to be a fellow man. The patients need someone with the courage to do the best for them in the sudden and unexpected situation. Through their presence, the nurses convey hope and help the patients to give meaning to what has happened. But the nurses also need courage and the ability to see when action is no longer meaningful; when the patient's life cannot be saved. The patient then deserves a peaceful death.[14]

The aim of this study was to describe what specialist ambulance nurse students experienced as preserved or humiliated dignity in prehospital emergency care.

Method

This study had a qualitative design. Data were collected through critical incident technique according to Flanagan[15] and analyzed with a text- riven, interpretive content analysis inspired by Krippendorff.[16] The study did not need ethical approval according to Swedish law.[17] The study followed the ethical principles in accordance with the Declaration of Helsinki[18], about anonymity, integrity and maintaining public confidence. Students received oral and written information about the study and were then asked to voluntary participate.

Participants

A strategic sample of a total of 26 students, registered nurses, aged 25 to 54 years were used. The participants attended a master's program at a university. They had between 3 and 25 years

of professional experience of hospital and prehospital emergency care. Moreover, the inclusion criteria were ambulance nurse students, participating in a course on ethics and human dignity. The specific focus in the present study was on human dignity in prehospital emergency care. Written informed consent was obtained from each participant.

Data collection

Data were collected through critical incident technique according to Flanagan[15], a self-reporting technique that focuses on critical incidents that have affected the participants positively or negatively. The purpose of the method is to achieve a varied and truthful representation of reality. The representation should focus only on the events experienced by the participants involved in the incident and that only they can explain. A critical incident is an observable human activity that is possible to draw conclusions from and to predict from. For the incident to be critical, the purpose of the act and the consequences of the behavior are to be clear to the viewer. Flanagan[15] defines a critical incident as a detailed description of an event that had a significant impact on the person concerned. The critical incident in this study involves situations of preserved or humiliated dignity as they represent themselves in prehospital care. The critical incidents are therefore credible, as the participants themselves have experienced them.[15] The students were asked to provide two different written critical incidents, one situation with perserved dignity and one situation with humiliated dignity. The critical incidents were described using the following steps: *It all started like this, and developed like this. I thought and acted like this.* In this article, the data include 26 critical incidents from the students' clinical studies in which students felt that the patient's dignity was preserved. Additionally, 26 critical incidents include students feeling that the patient's dignity was humiliated.

Data analysis

The text was analyzed using interpretive content analysis inspired by Krippendorff.[16] In the interpretive analysis, suitable for narrative data, the material was read through in order to grasp a sense of the whole, and the preserved and humiliated dignity was discussed by the authors. By reading with an open mind, the text could be interpreted neutrally.[16] This required an awareness of the author's professional pre-understanding that made it possible to see beyond the already known and to reflect on the text.[19,20] After the first part, text regarding preserved and humiliated dignity were analyzed separately. The text regarding preserved dignity was read closely in order to identify meaning units that represented situations where the patients' dignity had been preserved. The next step was to derive codes from the meaning units. Thereafter, the codes were abstracted to subcategories based on similarities and differences and sorted into preliminary categories. The same process was repeated with text from the written critical incidents regarding humiliated dignity. When both analyses were done, a comparison was performed to identify how well the two groups synchronized in the analysis. The comparison led to that the subcategories were divided into two categories, preserved and humiliated dignity. The relevance of the results was finally verified by the correlation between the aim of the research and the categories.[16]

Findings

The results showed what specialist ambulance nurse students experienced as dignity during their clinical practice in prehospital emergency care. Two categories emerged; **Preserved dignity** – *to be there for the patient* and **Humiliated dignity** – *to abandon the patient, the suffering human being.* The categories are described in seven subcategories (see figure 1). Selected quotes from the 52 written critical incidents are presented in the result.

Preserved dignity *– to be there for the patient*	**Humiliated dignity** *– to abandon the patient, the suffering human being*
The ambulance nurse meets the patient in the patient's world ***The ambulance nurse makes professional decisions*** ***The ambulance nurse shows respect for the patient's will*** ***The ambulance nurse protects the patient's body from the gaze of others.***	***Healthcare professionals and the surrounding world fail the patient*** ***Healthcare professionals disrespect the patient*** ***Healthcare professionals ignore the patient***

Figure 1. Specialist ambulance nurse students' experiences of dignity.

Preserved dignity – to be there for the patient

Being there for the patient in the patient's reality and respecting the patient as a unique human being promotes the patient's dignity. The sub-themes were: *The ambulance nurse meets the patient in the patient's world; The ambulance nurse makes professional decisions; The ambulance nurse respects the patient's will* and *The ambulance nurse protects the patient's body from the gaze of others.*

The ambulance nurse meets the patient in the patient's world

The students described how they were dispatched to different locations, such as to the patient's home, care homes, refugee centers or to the scene of accidents. They never knew what awaited them. Was the patient living in a world of ill-health or in a world of prosperity, alone or in a community? Sometimes there was a relative who could show them to the patient.

> *When we arrive we are greeted by the husband who says that the patient is very poorly. She is upstairs and cannot make it down herself. When the patient awoke, she went up to the bathroom. There, she vomited and collapsed. Now she lies in bed and is very dizzy and nauseous.*

But it could also be a landlord who unlocked the door to the patient's home. When the students arrived, they found the patient lying on the floor, unable to protect her body from unknown people's gazes. It took courage to enter into the degrading environment surrounding the patient and be willing to help the patient without being caught up in the reality that surrounded the patient.

> *The landlord waited to unlock the apartment with the master key. Inside the apartment, we found the old lady lying on the floor. Her injuries were not serious, but she lay on the floor and had both urinated and defecated on herself. The balcony door was ajar, so she was very cold and frozen. ... We helped her to change clothes and wrapped her in warm blankets on the stretcher. After looking around the apartment for ID cards, we understood that she could not take care of herself. There was clearly a month's worth of dishes in the kitchen. Full of flies and larvae. ... The old lady was ashamed of not being able to take care of herself.*

One student described a situation that she will never forget, where she and the ambulance nurse had the courage to observe and the power to report neglect of a suffering patient to the responsible authority.

> *We are alerted about a woman with diabetes... In the apartment there is an indescribable odor of rotten food and feces. Once we get into the bedroom, we see a woman obviously emaciated. The woman is lying in a bed that has only three legs, so the bed is in an inclined position. The woman says that she has not been out of bed for the past four weeks. She has accomplished all of her needs in the bed when no one helped her. I ask where home care services are, as they should have met up with us when we arrived. Whereupon she answers that they went when they were told that we were coming. I ask the woman how*

> *she had taken her insulin, whereupon she says that a district nurse comes to her three times a day and gives injections. I get very upset and say that she should come with us to the hospital. We do a quick check of her body to try to find wounds or the like, whereupon she asks us not to look at her back or buttocks for it must look so ugly. She says in a trembling voice that her back is probably one single wound. The ambulance nurse and I are trying to turn her in bed and realize that the mattress and sheets are ingrained in the wound extending from the scapula down to the buttocks. We must lift her with pillow top mattresses and sheets to the stretcher... The violation and neglect was so rough that it was not difficult to act upon the frustration you felt.... We reported the district nurses as well as the home care services that were responsible for the woman.*

The students watched as ambulance nurses preserved the patient's dignity. They wanted to see the patient, the suffering human being, as unique. They chose to not judge people by the poverty they lived in; the patient's situation concerned the students. When they along with the ambulance nurses came to the patient who was in a vulnerable situation, the reality was quite different from what they expected. It took courage and will-power to see the patient's vulnerability without humiliating the patient. They chose to do what was best for the patient without making the humiliation worse.

The ambulance nurse makes professional decisions

The students experienced that the ambulance nurses and doctors made professional decisions based on the patient's current state of health and decided what was best for the patient. Sometimes this concerned giving the patient time and convincing the patient to go to the hospital.

> *We were given a category 1 call to an ice rink concerning a head injury. A man had fallen backwards on the ice and was bleeding from the ear. The patient was fully awake and did not want to come with us to the hospital. ...After a long discussion, he agreed to come along, which proved to be good. After a short time inside the emergency room, his condition worsened. Afterwards, we were told that it was an epidural hematoma.*

The student described how the ambulance nurse in a professional manner convinced the patient to come along to the hospital.

> *It was minus 21 degrees. When we arrived, the front door was open and the man was sitting inside in just a t-shirt and jeans. He had chest pain and breathing difficulties. He was intoxicated and had dried blood on his face. It was cold and messy inside the apartment ... He repeatedly said that he wanted to die. He did not go to the emergency room because he had been badly treated there. We started chatting about everything to distract him. Helped him to wash his face clean and got cleaner clothes to put on... After a bit of persuasion, he accompanied us to the community health center.*

The students experienced how a professional caregiver cared about the patients who tried to commit suicide when they did not have the strength to live any longer.

> *We get a call about an ongoing suicide attempt. The patient has attempted to hang himself with a noose around his neck, but has been cut down by a neighbor. He is lying on a bed. My ambulance nurse asks the patient about the incident. The patient is difficult to establish contact with and responds reluctantly to questions. A dialogue develops and the patient opens up and allows himself to be examined. He hides his neck, but after a while we can inspect the area and find serious signs of injury. He*

> *does not want to come with us to the hospital. The ambulance nurse is clear and concise with the patient.*

In front of one patient, the student and the ambulance nurse were made aware that the patient was not going to survive the journey to the hospital. Therefore, the ambulance nurse contacted the doctor on call, who arrived on the site.

> *We expect that the patient probably will not survive transport to the hospital. The patient had very irregular breathing. We contacted the duty doctor, who went directly to the residence where we were. The doctor confirmed our view that the patient would perish at the accommodation. Shortly thereafter the patient died.*

Another student wrote:

> *On the way out we learn that a woman has taken her own life. Home care services helping an ailing husband found the woman when they got there. When we arrive, there is a woman in late middle age on the stairs. She has a noose around her neck. She is cyanotic, cold and stiff. No resuscitation attempts are made. We inform the ailing husband. We remove the noose and put her in an orderly way on the bed. We let the family have the time they need to say goodbye.*

Examples of professional decisions that preserve the dignity of the patient could be saving lives, deciding upon appropriate measures or taking care of a patient's body when the patient chooses to end his or her life. But it could also concern giving the families the time they need to take leave of the deceased.

The ambulance nurse shows respect for the patient's will

The students experienced that the ambulance nurses showed respect for the seriously ill patient's will to end her days at home and not go to the hospital. They adapted the care according to the patient's wishes.

> *We asked her to go along to the hospital. The lady shook her head and told us that she did not want to go to a hospital. She wanted to end her days at home. We respected her wishes.*

The students described that the patient who was treated at a retirement home at the end stages of life did not want to come with the ambulance to the hospital and was indulged. They arranged things so that the patient did not need to go to the hospital.

> *The call was to a retirement home in the evening. When we arrive, the patient is unresponsive in bed with irregular breathing and seizures. We estimate that the patient will die soon. Beside the patient is a member of staff who knows the patient well and informs us that the patient's wish is to die at the home. We call relatives to confirm that the patient does not want to go to hospital. Later in the evening, we go back to check on the patient.*

It might feel unethical to go against the patient's innermost desire to end his or her life at home or at a retirement home. The ambulance nurses did everything possible to give dignified care, while at the same time striving to meet the patient's last wish. When the ambulance nurses had the courage to show respect for the patient's last wish, they felt satisfied with their effort and death was experienced as worthy.

The ambulance nurse protects the patient's body from the gaze of others.

The students experienced that when an ambulance was called to a patient who had been critically ill and could not protect her body against the gaze of outsiders, it was their responsibility to ensure that the patient's body was not exposed.

> *The patient was given a blanket over her when she took off her clothes to cover her and preserve her integrity. When the electrodes were deployed on the body, this was done under the blanket.*

When accidents occurred in the community, the ambulance nurses protected the patient from prying eyes. The reason for protecting the patient in a vulnerable situation was so that no one could see what had happened or who was injured.

> *We were on site at the same time as the firefighters. While we started taking care of the patient, the firefighters stood around us with big blankets that shielded us from public view and newspaper photographers.*

When the ambulance arrived at the accident site, it was not unusual that the patient was surrounded by curious gazes that could violate patient privacy and prevent the patient from remaining private. Protecting the patient from prying eyes was an important task that had to be done quickly when the ambulance nurse arrived at the accident site.

Humiliated dignity – Healthcare professionals abandon the patient, the suffering human being

Healthcare professionals abandon the patient when they do not take care of the suffering human being. There are stories about people who, as strangers, meet closely in time and space. Sometimes, in emergency care, the patients are unable to protect themselves. The subthemes found in this study were: *Healthcare professionals and the surrounding world fail the patient, Healthcare professionals disrespect the patient* and *Healthcare professionals ignore the patient.*

Healthcare professionals and the surrounding world fail the patient

The students wrote that other healthcare professionals and the surrounding world seemed offensive and over-confident and failed the patient in different contexts. A student experienced at one point that the receiving nurse and the ambulance nurse did not agree on how the patient should be handled. This created a bad atmosphere and affected the treatment of the patient. The patient's severe illness made her not want to live anymore. This was something that was difficult for the receiving caregivers to accept. As a result, they allowed themselves to make fun of the patient.

> *What emerged recently is that she does not want to live anymore and she has spoken about this to both her partner and her children. At the community health center, there is a nurse who works with refugees. When we got there, she stuck her hands in the air and said "that patient I know so well so I do not need a report." We reported to the receiving doctor. He sat down and smirked at us and wondered why we had come. "And what should I do about it?" he said.*

At an accident site in a public place, where the patient was not in any danger, the students experienced that the surrounding world as well as ambulance and rescue teams found it difficult not to laugh at the tragicomedy of the event. Laughter meant that the patient felt betrayed.

> *The guy was 15-16 years old. He had his leg stuck in a climbing frame. A bunch of drunken teenagers quickly closed in around him. Everyone laughed and hooted. Many of those who participated in the rescue effort found it difficult to keep from laughing too.*

The students experienced how the police could be offensive in some situations. Sometimes the police brutalized the patient.

> *Instead of talking to the man and quietly trying to get him to the car, they jumped on him, wrestled him down and sprayed pepper spray.*

When outsiders appeared in an insulting manner which meant that the patient was not protected, the students felt powerless and distressed. Being let down by professionals meant that the patient felt betrayed.

Healthcare professionals disrespect the patient

The students felt that staff sometimes did not show respect in their actions. In some situations, the patient could be treated nonchalantly. A patient was visibly annoyed at being accused of attempted suicide.

> *We arrived at the site. There we were met by a stressed nurse who said she found the empty medicine bottles that the patient had certainly taken and that she probably planned to take her life. ... The patient was lethargic but easily aroused. The patient perked up and wondered what we were doing in her bedroom. When we told her that it was believed that she had taken too many tablets, the patient became very upset and annoyed. The patient wondered if she was not allowed to be tired in the morning, but the nurse continued to be opinionated about the empty tablet jars.*

Some students saw that the ambulance nurse was not respectful when making offensive comments about the patients they were dispatched to.

> *On the way to the refugee family, I discuss with the two ambulance nurses what it could be and what we should do. One answers me, "This is a typical call that we often get from refugee families. They have probably been threatened with deportation and now play sick so that they can stay. It is not at all certain that we will take the patient with us ".*

Students experienced other caregivers' acts as unethical, such as when they were forced to transport old and seriously ill patients to hospital against the patients' will. Other caregivers'

unprofessional actions even violated the student's dignity. When patients are violated, they may be acting out, showing malaise or becoming silent and enclosed in their humiliation. Students who learned to respect patient dignity often found themselves in a conflict of values, a personal inner conflict. A conflict they could carry with them for a long time.

Healthcare professionals ignore the patient

There were incidents when the patients were neglected and the healthcare professionals did not care for the suffering human being. The absence of care meant that patients could not maintain self-esteem. A patient who was transported to and left in the hospital in filthy conditions was ashamed of her appearance.

> *It was disgraceful for the woman to have to come to the emergency room dressed in a dirty nightgown and with loads of dried mucus in her hair.*

The students also experienced that even the deceased who looked grotesque could be violated.

> *Children should not have to see that their mother lay like that ... but the ambulance nurse did nothing.*

The smell of bodily fluids and the patients' physical appearance was described by students as violating and uncaring to the suffering human. When patients were infringed by other people talking badly about them or laughing at them, the students experienced powerlessness and became negatively affected.

Discussion

In this study, the aim was to describe the ambulance nurse students' experiences of dignity in prehospital emergency care. The findings show that preserved dignity was experienced as being there for the patient. When the ambulance nurses were there and cared for the patient, they preserved human dignity. The ambulance nurses met many challenges in a prehospital context

and made professional decisions regarding the patient and the situation. The nurse respected the patient's will or protected the patient from being stared at. The ambulance nurses meet the patients face-to-face in an exposed and unique situation. They never know what to expect, so therefore they need to be aware of the ethical position. Healthcare professionals who had the courage to act with what was best for the patient in mind stopped and listened to the patient, something which has been described by Blomberg et al[21] and Jiménez-Herrera and Axelsson.[22] They made a point of seeing the human being and listening to them.[5] Levinas[7] describes this as the ethical vision, that one cannot face another human being without saying, *I see you*. Seeing and acknowledging the other creates an atmosphere that allows the healthcare professionals to receive the patient's trust. It is the healthcare professionals' ethos that makes it possible to see all, hear all and get close to the patient.[5]

Loss of dignity was experienced when the ambulance nurse failed the patient through abandonment, neglect or disrespect; when the ambulance nurse did not protect the patient's body by standing by his or her side and seeing the patient. This has previously been described in perioperative practice.[23] It can be described as the healthcare professionals' ethical obligation to see what appears, even if it is what they do not want to see. In the study, the ethical obligation resulted in the ambulance nurse students having the courage to acknowledge what they did not want to see; when healthcare professionals behaved rudely towards the patient or treated the patient like he or she was invisible. The vulnerable patients were humiliated and lost their dignity and the ambulance nurse students were affected badly, which is understood as an internal conflict or an ethical dilemma.[5] Whatever they do, they will feel guilty for what they have seen. Healthcare professionals' morals and attitudes are reflected in their actions towards the patients.[8,24-26] So when the patient loses his or her dignity, the healthcare professionals let go of all ethical values.[24] Being treated with rudeness is not only humiliating for the patient, but

also for the other healthcare professionals around the patient.[5] The purpose of care should be to alleviate suffering and preserve human dignity.[27]

We believe that this research has provided some substance on preserved and humiliated dignity in prehospital emergency care. The study may indicate a need for intervention in ethics and how to promote dignified care in prehospital practices. Remedial measures that may be required are, for example, strengthening the ethical education[28] of ambulance nurse students and instructing them in how to give dignified care. The result can be used for discussion in both national and international prehospital emergency care with a view to promoting and strengthening an ethical and dignified caring climate.

Limitations

In this study, the ambulance nurse students were asked to describe one situation where the patient's dignity was preserved and one where it was humiliated. The stories were everyday occurrences with a diverted and multi-faceted picture of what dignity in prehospital emergency care can be. Stories that through the participants' own words create the world in which reality appears and can be interpreted. Our desire was to capture the patients' own stories of preserved and humiliated dignity. But because patients in prehospital emergency care are exposed and vulnerable, their dependency risks resulting in a not entirely true presentation of their experiences.

Conclusion

In a prehospital emergency care situation, the ambulance nurse students' ethical obligation results in the courage to see when a patient's dignity is in jeopardy of being humiliated. Preserved dignity was described as being there for the patient in the patient's reality and respecting the patient as a unique human being, thus promoting patient dignity. *The*

ambulance nurse makes professional decisions, respects the patient's will and *protects the patient's body from the gaze of others.* Humiliated dignity occurs when patients are ignored and left unprotected. Healthcare professionals and the surrounding world abandon the patient when they do not care for the suffering human being. Sometimes *Healthcare professionals fail the patient, disrespect the patient* and also *ignore the patient.* This ethical dilemma affected the ambulance nurse students badly due to the fact that the ambulance nurses' morals and attitudes are reflected in their actions towards the patient.

Acknowledgements

We would like to thank all the ambulance nurse students who took part and told their stories to help further clinical caring research.

Conflict of interest

The authors declare that there is no conflict of interest.

Funding

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

References

1. Baillie L. Patient dignity in an acute hospital setting: a case study. *Int J Nurs Stud* 2009; 46: 23-36.
2. Ahl C, Nyström M and Jansson L. Making up one`s mind: experience of calling an ambulance. *Accid Emerg Nurs* 2006; 14: 11-9.
3. Eriksson K. Becoming through suffering – the path to health and holiness. *Int J Hum Caring* 2007; 11: 8-16.
4. Gastmans C. Dignity-enhancing nursing care: A foundational ethical framework. *Nurs Ethics* 2013; 20: 142-9.
5. Lindwall L and von Post I. Preserved and violated dignity in surgical practice – nurse`s experiences. *Nurs Ethics* 2014; 21: 335-46.
6. Edlund M, Lindwall L, von Post I and Lindström UA. Concept determination of Human dignity. *Nurs Ethics* 2013; 20: 851-60.
7. Lévinas E. *Ethics and Infinity: Conversations with Philippe Nemo.* Pittsburgh: Duquesne University Press, 1985.
8. Gallagher A. Editorial: what do we know about dignity in care. *Nurs Ethics* 2011; 18: 471-3.

9. Abelsson A and Lindwall L. The Prehospital assessment of severe trauma patients` performed by the specialist ambulance nurse in Sweden – a phenomenographic study. *Scand J Trauma Resusc Emerg Med* 2012; 20: 1-8.
10. Emergency Nurses Association (ENA) Code of Ethics. Assessed 20150308 http://www.ena.org/about/ethics/Pages/Default.aspx
11. Walsh K and Kowanko I. Nurses' and patients' perceptions of dignity. *Int J Nurs Pract* 2002; 8: 143-51.
12. Bagheri H, Yaghmaei F, Yshktorab T and Zayeri F. Patient dignity and its related factors in heart failure patients. *Nurs Ethics* 2012; 19: 316-27.
13. Heijkenskjöld KB, Ekstedt M and Lindwall L. The patient's dignity from the nurse's perspective. *Nurs Ethics* 2010; 17: 313-24.
14. Henderson V. *Basic principles of nursing care*. USA: Amer Nurses Pub, 1997.
15. Flanagan JC. The Critical Incident Technique. Psychol Bull. 1954; 54: 327-28.
16. Krippendorff, K. *Content analysis. An introduction to its methodology.* Los Angeles: Sage, 2012.
17. SFS 2008:192. *Act amending the Act (2003: 460) concerning the ethical review of research involving humans.* (In Swedish) Stockholm: Swedish Parliament.
18. Declaration of Helsinki (2008). - *Ethical Principles for Medical Research Involving Human Subjects*. Finland: World Medical Association.
19. Søndergaard DM. *Destabilizing discourse analysis: approaches to poststructuralist empirical research.* Copenhagen: Copenhagen University, 1999.
20. Winther Jørgensen M and Phillips L. Discourse analysis as theory and method. London: Sage, 2002.
21. Blomberg AC, Willassen E, von Post I and Lindwall L. Student nurses' experiences of preserved dignity in perioperative practice - Part I. *Nurs Ethics* 2014; Doi 10.1177/0969733014542675
22. Jiménez-Herrera MF and Axelsson C. Some ethical conflicts in emergency care. *Nurs Ethics* 2014; doi: 10.1177/0969733014549880
23. Willassen E, Blomberg AC, von Post I and Lindwall L. Student nurses' experiences of undignified caring in perioperative practice - Part II. *Nurs Ethics* 2014; doi 10.1177/0969733014542678
24. Eriksson K. Caring science in a new key. *Nurs Sci Q* 2002; 15: 61-5.
25. Lindwall L and von Post I. Habits in perioperative nursing culture. *Nurs Ethics* 2008; 15: 670–681.
26. Nåden D and Eriksson K. Understanding the importance of values and moral attitudes in nursing care in preserving human dignity. *Nurs Sci Q* 2004; 17: 86–91.
27. Levy-Malmberg R, Eriksson K and Lindholm L. Caritas – caring as an ethical conduct. *Scand J Caring Sci* 2008; 22: 662–7.
28. Gallagher A. The teaching of nursing ethics: content and method. Promoting ethical competence. In: Davis AJ, Tschudin V, de Raeve L (eds) *Essentials of teaching and learning in nursing ethics.* Edinburgh: Churchill Livingstone/Elsevier, 2006.