



Assessment Component 1

Written Report

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1.0 Introduction to the Research

1.1 Introduction

Philosophical schools and numerous religions have emphasised dignity throughout history. The idea has its origins in ancient schools and faiths, as well as the Middle Ages and modern times. Human dignity adheres to all biological norms. On the one hand, maintaining dignity is one of humanity's fundamental rights. Dignity is, in fact, an innate value that people have been given because they are human (Kadivar et al., 2018). Dignity in care is the delivery of care that tends to reinforce the worth or self-respect of the person while giving recognition to their capacities and aspirations and taking no action to diminish it (Social Care Institute for Excellence, 2020). When one hears the words "dignity", one thinks of deserving respect and honour (Merriam-Webster, 2021)

1.2 Background to the problem

1 Globalisation, immigration, and colonialism have given rise to a situation where there are people of different socio-cultural backgrounds forced to dwell together and the perceptions and experiences of service users are different in care settings. Based on current evidence people from black and minority ethnic groups have unfulfilled care needs, and they are faced with several barriers in accessing care (Care Quality Commission, 2016) there are intercultural situations that are present due to this, however the NHS claims to be a fair, personal, and diverse health care system where everyone counts and there is equality in opportunities and treatment (NHS England, 2016). There are existing inequalities in health in the UK (Gov.UK, 2018). Even though dignity has been prioritised, a number of recent studies have revealed a lack of respect, privacy, and dignity in health-care settings (Zirak et al., 2017). The voices of research papers and studies have attempted over the years to highlight these differences in opinion for the populace and stakeholders to understand if indeed there is dignity in care in the United Kingdom, this is important to be able to identify the problem areas and take action to address them however Service users continue to differ in relation to health outcomes and degree of vulnerability in health care settings. The **rational** for this systematic review is to explore the topic of dignity from a health and social care perspective because it is relevant for health and social care.

1.3 Research question

The research question is Do service users get the same dignity in care? Is there dignity in care?

1.4 Aims and objectives

The purpose of this study is to look into and investigate the concept of dignity in care. The objective of this paper is to look at the different perspectives of service users from various backgrounds.

2.0 Research Methodology

2.1 Search terms

Search terms or keywords of this research paper are dignity in care, BAME dignity in care, minority patient perspectives, racism in care settings, and inequality.

2.2 Data sources

This study's sources are PubMed, Google Scholar, ProQuest, EbScoHost, Wiley Online Library, BMC Public Health, Sage journals

2.3 Data collection methods

A secondary research method with a systematic literature review of 15 articles with 16 references and general reading of 50 articles to improve my knowledge of the problem.

2.4 Inclusion and exclusion criteria

Articles from 2009 forward were included, and articles from 2008 downwards were excluded from the study. The research year was influenced by the Health and Social Care Act 2008, the Health and Social Care Act 2012 which brought about the first legal duties relating to health inequalities, and the Care Act 2014, on that basis I was not looking at anything before because the concept of dignity in care had not been pencilled in specifically with guidelines.

2.5 Data summary table of journal articles (title removed as per lecturer's instructions)

Author and Title	Research questions or Research objective	Methods and Sample	Evaluation of the Article
Baillie (2009)	The investigation of patient dignity, its threats and promotion.	Interviews of older patients	The approach was appropriate for the objective. The larger sample would be more beneficial.

Baillie and Gallagher (2011)	How do nurses treat patients with dignity?	Interviews of care context participants	The approach was appropriate. Participants' voices should have been recorded
Busolo and Woodgate (2015)	To synthesise palliative care experiences from various ethno cultural groupings.	Systematic review of articles	The approach was suitable. The sample size was excessively large.
Castle et al., (2018)	Assess the extent to which public health currently confronts structural racism.	Systematic review of databases	The method was suitable. The sample size was excessively large.
Chauhan et al., (2020)	Ethnic minority groups' conceptualization and safety in health-care settings.	Systematic review of databases	The method was suitable. The sample size was insufficient.

De Souza et al., (2016)	How are end of life conversations handled in black and ethnic minorities?	Review of articles	Appropriate Approach The authors skipped a few samples.
Dwyer et al., (2009)	What does dignity in end-of-life care mean to older people and nursing home staff members?	Interviews of nursing home participants	The approach was appropriate for the aim. The sample was suitable as well.
Hackett et al., (2020)	The relationship between racism and health problems	Reviews of articles	The methodology was appropriate. Some samples were not reliable

Hardeman et al., (2018)	To analyse that the concept of systemic racism was only	Systematic literature review of articles	The methodology was suitable for the aim. The sample was suitable as well.
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	mentioned in the article, or it was a central theme.		The methodology was suitable for the aim. The sample was suitable as well.
Hasegawa and Ota (2019)	The concept of dignity in elderly individuals' care from a practical point of view.	Interviews of elderly residents and literature review	Appropriate approach The sample size was excessively large.

Author and Title	Research Questions or Research Objectives	Methods and Sample	Evaluation of the Article
Munoz et al., (2017)	How far is human dignity significant from the viewpoint of student nurses?	Participatory research via workshops	The methodology was appropriate. The viewpoints of patients would have been helpful
Schill and Caxaj (2019)	How can cultural safety be implemented to assist communities and indigenous people?	Review of articles	The method was suitable. The research question was not fulfilled by the sample evidence.
Soderman et al., (2020)	What outcomes have been investigated in the context of dignity-preserving care and how they have been operationalized?	Integrative review	The method was suitable. The sample size was insufficient.

Tauber-Gilmore et al., (2018)	The evaluation of a patient's dignity in a hospital setting.	Surveys, observations and interviews	Appropriate Methodology. Only one hospital was included in the sample, which was insufficient.
Zahran et al., (2016)	Is it possible to increase	Search of databases (articles)	The approach was appropriate

	dignity by looking at the outcomes of interventions?	articles)	The research question was not answered by the sample evidence.
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3.0 Literature Review

3.1 Existing literature on the topic and gaps

In Baillie (2009) the conclusion was that patients are conscious and vulnerable regarding the loss of dignity in hospital and the environment in the hospital has a huge influence on whether the dignity of a patient is lost or not. A **limitation** of the study was that it took place in only one hospital setting and a **gap** is the fact that the sample size was not sufficient to arrive at a more effective conclusion that gives a balanced view of the issues. In Baillie and Gallagher (2011) the article examines how nurses in various UK health-care settings see issues of dignity. The nurses stressed how they strived to maintain dignity in their health settings. Zahran et al., (2016) stated that studies that tested interventions aimed at improving the lives of elderly service users are lacking.. The **gap** in the study was that all the evidence presented in the review did not answer the question of the review, this **limitation** makes the aims of the research vague and unattainable. In Munoz et al., (2017) the conclusion was that there were management, professional and organisational barriers that affect the implementation of dignity in care. A **gap** in the study is that the service user's perspective was not considered and taking the views of the nurses alone is a **limitation**. According to research by Dwyer et al., (2009) nursing staff are faced with a **moral conflict** relating to what they can implement in comparison to what they would like to contribute in the care of older service users. A gap in the research is that it was based on interviews with

twenty one hospital staff of four different hospitals which is an insufficient sample size. Not including the service users' opinions is a **limitation** as this would have been beneficial to the research. In a **research paper** by **Chauhan et al., (2020)** the findings from the studies indicated that: those from ethnic minority groups were visualised differently, suffered a higher degree of infections acquired from the hospital, had unfavourable drug occurrences and medication administration mistakes in comparison to the greater population. Contributory factors like language difficulty, long held beliefs about sickness and care, the use of interpreters formally and informally, public engagement and interaction with health care personal contributed largely to the heightened risk of safety amongst minority groups. The study **concluded** that ethnic minorities are at a higher risk in relation to patient safety. Some of the **gaps** identified in this study is that the number of studies (45) was insufficient to draw a conclusion. A further **gap** was that it was too broad as it did not focus on a particular country. The sample size is not enough for statistical measurement.

In **Busolo and Woodgate (2015)** the sentiments of culture affecting communication and dignity of care was highlighted. Response given to symptoms, the choices of treatment and the expression of emotion at the end of palliative care can be influenced by culture. The authors stated the receipt and provision of palliative care has a close relationship to cultural values than to the age, socio economic factors and other factors. some of the **challenges that was encountered were because of cultural incompetence of the health care personnel**. The authors highlighted the fact that no systematic review that compiled all findings related to ethnocultural service users have been carried out after searching existing data bases like the Cochrane database of systematic reviews. The research was **limited** because it was not specific to a particular country. A **gap** in the study is that more data basis may have been reviewed to better understand the challenges and the **limitations** of the study was that the search base was too wide, it was from 1960 until the date of publication. The hand of racism has been described as responsible for the undignified care perception amongst ethnic minorities in the USA and in the UK. In **Hackett et al., (2020)** the authors stated that racial discrimination has been associated with poor state of health in the United States while not much is known about the link in the UK. The authors **concluded** that adults in the UK that perceive racial discrimination within and outside of care settings have been found to undergo substandard physical and mental health and wellbeing than those who do not perceive it. The **gap** in the research is that they based their study on reports that was based on a sample that was not up to date, some of the reports was from 2009. According to the authors their research was the **first study based in the UK to look at the effects of racism on the mental and physical wellbeing of ethnic minorities**. The **limitation** of the research is that a larger sample of participants should have been collected.

Danso and Danso, (2021) stressed that racism is the origin of the health inequalities suffered by ethnic minorities and should be classified as a public health matter of concern. The pandemic has brought to focus the damaging effect of racism, it stated that historically carried stereotypes, attitudes that are implicit, feelings and thoughts etc tend to cover the frame of the lens by which minorities are interacted with and identified in health care settings. **The limitation** of the study is that the study focussed mainly on the practitioners and not the service users. **Agarwal and Watson, (2021)** concluded that implicit unconscious bias may impact the way minorities are treated in health care settings and that the bias is the product of the environment and upbringing of the practitioners. The **gap** was that service users were not consulted in the report. **Schill and Caxaj, (2019)** advised on categorising care as either cultural competence or cultural safety. It has also examined the practical ramifications and considerations for implementing these solutions in the research. **Singh et al., (2018)** stated that the act of compassion was related to the virtues of the provider of the health care like honesty, kindness, being non-judgemental, touching, smiling, flexibility etc. They **concluded** that demonstrating these values will improve culturally sensitive care and health outcomes amid diverse ethnic groups. A **gap** of the study was that the search period from 1946 to 2017 was too large, it might have been better if a shorter number of years was considered.

Research was carried out to explore notions **about pain management through interviews with Asian members of the community in the UK**. Snowball sampling system was utilized for in choosing 10 members of a South Asian community background, the interviews centred on various aspects including treatment expectations and perceptions relating to self-management. **The conclusion** was that gender and generational dichotomies exist in the beliefs and perceptions about pain. It highlighted the importance of practices and preferences that can influence approaches to care (**Burton et al., 2019**). A **gap** was that the number of participants was too small, 10 members of the south Asian community is not conclusive enough to draw an effective conclusion. in **research to explore the significance of dignified care considering the perspectives of social care and health professionals with older service users**, the conclusion highlighted the differences in opinion between the service user, staff and the family carers belief and expectations as to what constitutes the act of dignified care. They also highlighted the importance of proactive measures and 'hands on' approach to care for older people in NHS trusts (**Kinnear et al., 2014**). The **gap** in this research is that it was the practitioners and professionals' opinion that was taken into consideration and not the service user. Another **gap** was that majority of the participants were female members of staff.

In another research paper on the **perspectives of adult children and elders of black and ethnic minority background in relation to end of life conversations**, databases were

searched for articles between 2005 to 2019 in the United States and the United Kingdom. The **conclusion** was that the influence of adult children was complex, and it influenced the preparatory end of life discussions of their parents and there is little discussion in relation to the older persons perspectives or opinions. Some **gaps** were that some studies were missed by the authors out of the large data base that was used as acknowledged by the authors and the interpretation of the results of the searches by the review team had **its limitations** as regards the evaluation of the reliability and integrity of the data (De Souza et al., 2020). Lessons could be learnt from a research study on **the improvement of health-related equity among African ethnic minorities by reinforcing health systems to secure improved outcomes** for them. The finding was that **literature on African health outcomes was in short supply**. The conclusion was that an improvement in health information system was important in the quest to meet the needs of African service users (Kanengoni et al., 2020). In another research on **the experiences of midwives and migrant women from Pakistan**, a focussed ethnographic approach was used to collect data from a discreet community, the **conclusion** was that there was differing expectations of maternity care between the migrants and the midwives. A **gap** in this study was that it was carried out within a discreet community and within a specific health region which makes the findings difficult to accept as a generalisation. (Goodwin et al., 2017).

Simkhada et al., (2020) highlighted the language and cultural barriers that hinder health and social care equality in the UK. A **gap** in the research was that it was carried out in Greenwich and did not consider the wider Nepali community's opinion in the UK. Tauber-Gilmore et al., (2018) concluded from interviews that majority of participants that responded electronically indicated that they **received dignified care in hospital**. A **gap** is that electronic responses through surveys might be unreliable. Another **gap** was that it was conducted in a single hospital rather in multiple hospitals to get a clearer and more reliable data that brings an equilibrium to the findings. **Ward staff also collected the data on behalf of the respondents** and the ward staff were aware that dignity was being measured they may have influenced the responses of the patients. **A study of homeless women and their perceptions on healthcare services**, the conclusion was that homeless women live on the fringes of society, and they go through multiple experiences of being excluded and a loss of dignity by healthcare services (Kneck et al., 2021). A **gap** in the study is the use of monetary incentives to stimulate a response from the participants. Another **gap** is that only 26 women were interviewed. In another paper Salway et al., (2016) noted that there was limited attention given to inequity and ethnic diversity, they **concluded** that there are several factors that harm ethnic health care equity. The **gap** in the study was that respondents were practitioners and little focus was on the service user. According to Castle et al., (2018) it is necessary to examine the impact of historical systemic racism on the

determinants of health and the social impact on populations that are marginalised. A similar line was echoed in **Hardeman et al., (2018)** where the authors highlighted the fact that institutionalised racism was rarely mentioned in the titles of peer reviewed published papers. According to **Hasegawa and Ota (2019)** the role or duties of the care system, family, facility, and the public in the provision of care with dignity must be considered. **Soderman et al., (2020)** concluded that there should be more focus on communication outcomes in dignity conserving care, this approach will assist in the improvement of care in related to palliative care.

3.2 Identify gaps

Several gaps were identified in the review of the papers; there is a lack of research materials about BAME experiences in the UK, whilst there seems to be a greater focus on concerns of service user perspectives in the United States. The quantity of evaluated studies was insufficient to form a conclusion in many of the papers.

3.3 Limitations of the research

This systematic literature review considered the experiences of service users and practitioners in health care settings in the United Kingdom, as well as some study material from outside the United Kingdom. One possible drawback is that synthesising qualitative data is difficult since each paper had a different methodology, contributors, and settings. Balancing the results from the journals without departing from the authors' conclusions proved tough. To arrive at advanced notions, the critical appraisal skills programme (CASP) was applied after careful thought. Another drawback of this study could be the inclusion of studies that did not contain bedside encounters but did involve subjective views of care. Another disadvantage could be that there were insufficient perspectives from service users from black ethnic minority groups in the UK. Moreover, the practitioners' professions were not precisely defined, as there may be discrepancies in how support workers, doctors, and nurses give care. This systematic review's strength is that it aimed to analyse the topic of dignity from a broad viewpoint, considering cultural tensions and their impact on the delivery of dignified care in the United Kingdom.

4.0 Secondary data analysis

4.1 Findings: Thematic analysis

This study focuses on two themes: cultural incompetence by practitioners and lack of person-centred care. The findings of the research articles indicate that BAME groups are disproportionately impacted by the care given to them in care settings. **Chauhan et al., 2020**, concluded through their research that there is a gulf in the quality of care received by ethnic minorities because of socio-cultural reasons while **Tauber-Gilmore et al., 2018**

disagrees and says their research indicates that majority of patients received dignified care however **Busolo and Woodgate, 2015** contrasted this view by stating that cultural incompetence among health care practitioners impacted the dignity of care of minority groups. **Hackett et al., 2020** acknowledges that racism is responsible for the deplorable state of health of some minorities which affects their dignity in care settings and **Danso and Danso, 2021** held similar views by stating that the current coronavirus pandemic has brought into focus the damaging effect of racism and that it was the origin of health inequalities encountered by minorities. **Agarwal and Watson, 2021** described the issue in a different way by stating that implicit and unconscious bias was responsible for the unequal treatment, and this might be due to the upbringing of the practitioners. **Singh et al., 2018** agreed that health inequalities exist, and that demonstrating compassion will enhance care that is sensitive to the culture of participants and can lead to a satisfactory health outcome. Cultural competence is necessary for the enhancement of cultural interactions between patients and health care practitioners. To promote equitable access and patient safety, health care practitioners must acknowledge and respect the demands of a diverse population. Cultural competency is a broad notion with many different perspectives on what it entails and how it should be presented. Furthermore, a wide range of measures for assessing cultural competence have been developed, each with its own assumptions about what cultural competence means (Watt et al., 2016).

4.2 Synthesis of the findings to the research questions or research aim and objectives

Undignified care affects people of all races and ethnicities, but there is a level of racism in the care provided, and BAME people may be subjected to more of it. BAME communities were treated unfairly in particular because of their colour. In terms of how practitioners approach some service users, there is cultural inadequacy.

5 Conclusion

The concept of dignity is like that of love in that it is universally recognised, difficult to describe, and cannot be taught in black-and-white terms but legislation must be a guide. Because dignity is a subjective experience and each person's needs are unique, it is essential to take an open approach to assess and meet each person's needs and be conscious as to what is appropriate when showing concern for people of various ages, cultures, and religions. care providers should adhere to legislation and employ tools that

allow them to promote dignity and address needs that might otherwise go unnoticed. Moreover, cultural competency training, anti-racism training, and critical self-reflectiveness training, should be given more attention.

Reference list

- Agarwal, S. and Watson, S. (2021). BAME women and health inequality. *Anaesthesia*, [online] 76(S4), pp.10–13. Available at: <https://associationofanaesthetists-publications-onlinelibrary-wiley-com.ezproxy.uwtsd.ac.uk/doi/full/10.1111/anae.15362> [Accessed 3 Aug. 2021].
- Baillie, L. (2009). Patient dignity in an acute hospital setting: A case study. *International Journal of Nursing Studies*, [online] 46(1), pp.23–37. Available at: <https://www.sciencedirect.com/science/article/pii/S0020748908002083> [Accessed 22 Aug. 2021].
- Baillie, L. and Gallagher, A. (2011). Respecting dignity in care in diverse care settings: Strategies of UK nurses. *International Journal of Nursing Practice*, [online] 17(4), pp.336–341. Available at: <https://onlinelibrary-wiley-com.ezproxy.uwtsd.ac.uk/doi/full/10.1111/j.1440-172X.2011.01944.x> [Accessed 9 Aug. 2021].
- Burton, A.E., Hissey, L. and Milgate, S. (2019). Exploring thoughts about pain and pain management: Interviews with South Asian community members in the UK. *Musculoskeletal Care*, [online] 17(2), pp.242–252. Available at: <https://onlinelibrary-wiley-com.ezproxy.uwtsd.ac.uk/doi/full/10.1002/msc.1400> [Accessed 6 Jul. 2021].
- Busolo, D. and Woodgate, R. (2015). Palliative care experiences of adult cancer patients from ethnocultural groups: a qualitative systematic review protocol. *JBI Database of Systematic Reviews and Implementation Reports*, [online] 13(1), pp.99–111. Available at: <https://pubmed.ncbi.nlm.nih.gov/26447011/> [Accessed 6 Jul. 2021].

Care Quality Commission (2016). *People from Black and minority ethnic communities A DIFFERENT ENDING: ADDRESSING INEQUALITIES IN END OF LIFE CARE*. [online] Available at: https://www.cqc.org.uk/sites/default/files/20160505%20CQC_EOLC_BAME_FINAL_2.pdf [Accessed 30 Jul. 2021].

Castle, B., Wendel, M., Kerr, J., Brooms, D. and Rollins, A. (2018). Public Health's Approach to Systemic Racism: a Systematic Literature Review. *Journal of Racial and Ethnic Health Disparities*, [online] 6(1), pp.27–36. Available at: <https://link-springer-com.ezproxy.uwtsd.ac.uk/article/10.1007/s40615-018-0494-x> [Accessed 26 Aug. 2021].

Chauhan, A., Walton, M., Manias, E., Walpola, R.L., Seale, H., Latanik, M., Leone, D., Mears, S. and Harrison, R. (2020). The safety of health care for ethnic minority patients: a systematic review. *International Journal for Equity in Health*, [online] 19(1). Available at: <https://www-proquest-com.ezproxy.uwtsd.ac.uk/docview/2424746126?accountid=130472&pq-origsite=primo> [Accessed 8 Aug. 2021].

Danso, A. and Danso, Y. (2021). The complexities of race and health. *Future Healthcare Journal*, [online] 8(1), pp.22–27. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8004317/> [Accessed 17 Jul. 2021].

De Souza, J., Gillett, K., Froggatt, K. and Walshe, C. (2020). Perspectives of elders and their adult children of Black and minority ethnic heritage on end-of-life conversations: A meta-ethnography. *Palliative Medicine*, [online] 34(2), pp.195–208. Available at: <https://journals-sagepub-com.ezproxy.uwtsd.ac.uk/doi/full/10.1177/0269216319887070> [Accessed 7 Aug. 2021].

Dwyer, L.-L., Andershed, B., Nordenfelt, L. and Ternestedt, B.-M. (2009). Dignity as experienced by nursing home staff. *International Journal of Older People Nursing*, [online] 4(3), pp.185–193. Available at: <https://onlinelibrary-wiley-com.ezproxy.uwtsd.ac.uk/doi/full/10.1111/j.1748-3743.2008.00153.x> [Accessed 23 Aug. 2021].

Goodwin, L., Hunter, B. and Jones, A. (2017). The midwife-woman relationship in a South Wales community: Experiences of midwives and migrant Pakistani women in early pregnancy. *Health Expectations*, [online] 21(1), pp.347–357. Available at: <https://www-proquest-com.ezproxy.uwtsd.ac.uk/docview/2300227731?pq-origsite=primo&accountid=130472> [Accessed 6 Jul. 2021].

Gov.UK (2018). *Chapter 5: inequalities in health*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-5-inequalities-in-health> [Accessed 7 Aug. 2021].

Hackett, R.A., Ronaldson, A., Bhui, K., Steptoe, A. and Jackson, S.E. (2020). Racial discrimination and health: a prospective study of ethnic minorities in the United Kingdom. *BMC Public Health*, [online] 20(1). Available at: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09792-1> [Accessed 17 Jul. 2021].

Hardeman, R.R., Murphy, K.A., Karbeah, J. and Kozhimannil, K.B. (2018). Naming Institutionalized Racism in the Public Health Literature: A Systematic Literature Review. *Public Health Reports*, [online] 133(3), pp.240–249. Available at: https://www-jstor-org.ezproxy.uwtsd.ac.uk/stable/26504303?seq=2#metadata_info_tab_contents [Accessed 26 Aug. 2021].

Hasegawa, N. and Ota, K. (2019). Concept synthesis of dignity in care for elderly facility residents. *Nursing Ethics*, [online] 26(7-8), pp.2016–2034. Available at: <https://journals-sagepub-com.ezproxy.uwtsd.ac.uk/doi/full/10.1177/0969733018824763> [Accessed 26 Aug. 2021].

Kinnear, D., Williams, V. and Victor, C. (2014). The meaning of dignified care: an exploration of health and social care professionals' perspectives working with older people. *BMC Research Notes*, [online] 7(1), p.854. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4289061/> [Accessed 7 Aug. 2021].

Kneck, Å., Mattsson, E., Salzmänn-Erikson, M. and Klarare, A. (2021). “Stripped of dignity” – Women in homelessness and their perspectives of healthcare services: A qualitative study. *International Journal of Nursing Studies*, [online] 120, p.103974. Available at: <https://www.sciencedirect.com/science/article/pii/S002074892100119X> [Accessed 7 Aug. 2021].

Merriam-Webster (2021). *Definition of DIGNITY*. [online] Merriam-webster.com. Available at: <https://www.merriam-webster.com/dictionary/dignity> [Accessed 17 Jul. 2021].

Munoz, S.-A., Macaden, L., Kyle, R. and Webster, E. (2017). Revealing student nurses' perceptions of human dignity through curriculum co-design. *Social Science & Medicine*, [online] 174, pp.1–8. Available at: <https://www.sciencedirect.com/science/article/pii/S0277953616306815> [Accessed 22 Aug. 2021].

NHS England (2016). *NHS England» A personal, fair and diverse health and care system*. [online] England.nhs.uk. Available at: <https://www.england.nhs.uk/about/equality/equality-hub/edc/pfd/> [Accessed 8 Aug. 2021].

Salway, S., Mir, G., Turner, D., Ellison, G.T.H., Carter, L. and Gerrish, K. (2016). Obstacles to “race equality” in the English National Health Service: Insights from the healthcare commissioning arena. *Social Science & Medicine*, [online] 152, pp.102–110. Available at:

<https://www.sciencedirect.com/science/article/pii/S0277953616300326> [Accessed 7 Aug. 2021].

Schill, K. and Caxaj, S. (2019). Cultural safety strategies for rural Indigenous palliative care: a scoping review. *BMC Palliative Care*, [online] 18(1). Available at: <https://www-proquest-com.ezproxy.uwtsd.ac.uk/docview/2183564520?pq-origsite=primo&accountid=130472> [Accessed 26 Aug. 2021].

Simkhada, B., Sah, R.K., Mercel-Sanca, A., van Teijlingen, E., Bhurtyal, Y.M. and Regmi, P. (2020). Perceptions and Experiences of Health and Social Care Utilisation of the UK-Nepali Population. *Journal of Immigrant and Minority Health*, [online] 23(2). Available at: <https://link-springer-com.ezproxy.uwtsd.ac.uk/article/10.1007/s10903-020-00976-w> [Accessed 7 Aug. 2021].

Singh, P., King-Shier, K. and Sinclair, S. (2018). The colours and contours of compassion: A systematic review of the perspectives of compassion among ethnically diverse patients and healthcare providers. *PLOS ONE*, [online] 13(5), p.e0197261. Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0197261> [Accessed 30 Jul. 2021].

Social Care Institute For Excellence (2020). *Dignity in care*. [online] Social Care Institute for Excellence (SCIE). Available at: <https://www.scie.org.uk/dignity/care> [Accessed 5 Aug. 2021].

Söderman, A., Östlund, U., Werkander Harståde, C. and Blomberg, K. (2020). Dignity-conserving care for persons with palliative care needs — identifying outcomes studied in research: An integrative review. *Palliative and Supportive Care*, [online] 18(6), pp.1–19. Available at: <https://www-cambridge-org.ezproxy.uwtsd.ac.uk/core/journals/palliative-and-supportive-care/article/dignityconserving-care-for-persons-with-palliative-care-needs-identifying-outcomes-studied-in-research-an-integrative-review/39199B619EB6B67C6EE0C57B945A0B56> [Accessed 26 Aug. 2021].

Tauber-Gilmore, M., Norton, C., Procter, S., Murrells, T., Addis, G., Baillie, L., Velasco, P., Athwal, P., Kayani, S. and Zahran, Z. (2018). Development of tools to measure dignity for older people in acute hospitals. *Journal of Clinical Nursing*, [online] 27(19-20), pp.3706–3718. Available at: <https://onlinelibrary-wiley-com.ezproxy.uwtsd.ac.uk/doi/full/10.1111/jocn.14490> [Accessed 7 Aug. 2021].

Watt, K., Abbott, P. and Reath, J. (2016). Developing cultural competence in general practitioners: an integrative review of the literature. *BMC Family Practice*, [online] 17(1). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5111200/> [Accessed 26 Aug. 2021].

Zahran, Z., Tauber, M., Watson, H.H., Coghlan, P., White, S., Procter, S., Addis, G. and Norton, C. (2016). Systematic review: what interventions improve dignity for older patients in

hospital? *Journal of Clinical Nursing*, [online] 25(3-4), pp.311–321. Available at:
<https://onlinelibrary-wiley-com.ezproxy.uwtsd.ac.uk/doi/full/10.1111/jocn.13052> [Accessed 22
Aug. 2021].

Zirak, M., Ghafourifard, M. and Aliafsari Mamaghani, E. (2017). Patients' Dignity and Its
Relationship with Contextual Variables: A Cross-Sectional Study. *Journal of Caring
Sciences*, [online] 6(1), pp.49–51. Available at:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5348662/> [Accessed 1 Aug. 2021].

