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Perceptions of Dignity, Person-Centered Care, and Person-Centered Leadership in

Elder Care

A thesis

Submitted in partial fulfillment of the requirements for the

Leadership and Organizational Studies Graduate Degree

University of Southern Maine

By

Heather Kidd

2021

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Abstract: This review explores dignity as it relates to the elder-care field, specifically in the areas of person-centered care and person-centered leadership. This review analyzes literature from these three subjects: person-centered care, person-centered leadership, and dignity, attempting to find connections between them. This integrative review examined multiple articles, and found fifteen pieces of literature on those three subjects that were the most relevant. Out of the fifteen resources, four articles and two books were chosen for this review. Two studies on person-centered care, two integrated reviews on person centered leadership and two books written by renowned dignity expert Donna Hicks, PhD. Findings are as follows: Person-centered care, still considered a best care practice in aged care. Person-centered leadership is needed in order to create and implement person-centered care. Though aspects of dignity are found in literature on person-centered care and person-centered leadership, a more direct connection between dignity and person-centered approaches is hard to find. This study raised several questions related to the literature that would benefit from future study. The researcher offers recommendations for further study to explore dignity education in person-centered care and person-centered leadership.

Keywords: elder-care, person-centered care, person-centered leadership, dignity, workplace dignity, innate dignity

Problem Statement

If our understanding of dignity affects how we treat people, should not dignity be a theme of the literature on person-centered care and person-centered leadership? The researcher has a background in elder care and dignity studies. Her observation of the theory and practice of person-centered approaches, and her understanding of the importance of the human attribute of innate dignity led to her desire to explore the connection between these elements. She observed that caregivers of elders, and those who manage the caregivers lacked an understanding of how teaching and practicing dignity affects elder-care. Previous studies regarding person-centered care and person-centered leadership led to this researcher's exploration of these concepts as they relate to dignity. Through this exploration, she found differences in prevalence of the various subjects, and various common themes among them. Literature on the concept of person-centered care is prevalent in the healthcare field and is less so but growing in the field of leadership (Cardiff, McCormack, & McCance., 2018; Chenoweth L., Stein-Parbury, J., Lapkin, S., Wang, A., Liu, Z., & Williams, A., 2019). Literature on the concept of person-centered leadership is not as prevalent as literature on person-centered care. Literature on the subject of dignity is fairly prevalent and addresses relationships and the way people value themselves and others. Rarely did this researcher find literature that drew strong and direct connections between these three concepts.

Backmann et al. (2016) are one of the few researchers to draw a direct connection between person-centered care and person-centered leadership. They express the importance of a person-centered approach among leaders that in turn translates to a person-centered care approach of those being cared for (Backman, et al., 2016). Author

and dignity expert Donna Hicks states, “Honoring people’s dignity is the easiest and fastest way to bring out the best in them” (Hicks 2018, p. 66).

The researcher looked for commonalities between the three subjects: person-centered care, person-centered leadership, and dignity. The goal of supporting well-being emerged as a common theme. Person-centered approach and dignity research share this common element. Research suggests that person-centered care can improve aspects of well-being for elders (Chenoweth et al., 2019; Fazio et al., 2018). Research also suggests that affirming one’s dignity is a necessary aspect of anyone’s well-being (Hicks 2011, Hicks 2018). The lack of connections in the literature leads to questions and an opportunity for further exploration.

How does dignity factor into scenarios of person-centered approaches to care and leadership? Previous studies have focused on person-centeredness as it applies to the care of residents (Fazio et al., 2018; Chenoweth et al., 2019). Researchers have begun to explore person-centeredness as it relates to leadership, noting, “The leadership behavior of managers significantly impacts person-centered care practice and contributes to the psychosocial climate for both staff and residents in elder-care (Backman, et al., 2016, p. 766). This proposed study will focus on connections between person-centered care and dignity. It will also explore the relationship between person-centered leadership and dignity. Previous studies on dignity in the workplace have focused on various aspects of dignity: affirmation of it, the denial of it, and the definition of it and how to measure it (Tiwari & Sharma, 2019); this proposed study will focus on how dignity is viewed and practiced in elder care, specifically within person-centered care and person-centered

leadership. This researcher hopes to lay a foundation for further exploration by answering the following research questions.

Research Question 1: What connections can be drawn between the literature on dignity and the literature on both person-centered care and person-centered leadership?

Research Question 2: How is dignity viewed in person-centered care literature?

Research Question 3: How is dignity viewed in person-centered leadership literature?

Method

The connections between person-centered care, person-centered leadership, and dignity will be studied through an integrative literature review. An integrative literature review analyzes, critiques, and synthesizes the literature on a subject, in an effort to provide new perspectives on that subject and direction for going forward with additional research (Torracco, 2005). This approach is appropriate for this study in that literature from these various topics can be reviewed as the researcher seeks connections between them. Through an examination of the literature, themes will emerge and be utilized as a basis for clearer understanding of the strength of the various connections.

The connections between these topics have not yet been thoroughly explored; therefore this review is emerging knowledge. Torracco (2005), describes this type of review stating, “This is a holistic approach that can be used as a basis for future research and developmental training” (Torracco, 2005, p. 357). This researcher is conducting this review in the hopes to enrich the training of both leaders and caregivers in the field of

eldercare. Torraco explains that emerging knowledge reviews contain a synthesis to help readers gain a new perspective on the topic (2005). The synthesis in this review contains a chart that will highlight new connections made between the subjects. The researcher hopes that new perspectives based on these connections will lead to further research, ultimately enriching the field of elder-care.

To begin, to find articles on the chosen topics, six databases were searched: Annual Reviews Online, Business Source Complete, Sage Journals online, Science Direct, Taylor and Francis Online, and Wiley Online Library. Keywords used for these searches were: Person-centered care, Person-centered leadership, Dignity, and Workplace Dignity. Fifteen pieces of literature were examined. Two award-winning books by renowned international conflict expert Donna Hicks were included in the final selection: *Dignity: It's Essential Role in Resolving Conflict*, and *Leading with Dignity: How to Bring out the Best in People*.

The literature was organized by conceptual structure. Torraco explains, “Conceptual structure is organized around the main concepts of the review topic... the main concepts of the topic provide a framework around which the review can be organized” (Torraco, 2016, p. 415). This study’s literature is grouped into three concepts: person-centered care, person-centered leadership, and dignity.

The literature in each group was reviewed using a staged review. A staged review is a review that begins with an initial search for appropriate literature, followed by a review of the abstracts, and then finally a complete reading of the chosen literature (Torraco, 2005). To summarize, three bodies of literature will be analyzed, critiqued and

synthesized in this study: literature on person-centered care, person-centered leadership, and dignity. The following section will discuss the methodology of the literature review.

Literature on Person-centered Care

This review began with an exploration of person-centered care. The researcher's first learned of person-centered care as a caregiver in the field of elder-care. Through research she learned that person-centered care has become a best-care practice across the globe over recent years. Person-centered care is defined an approach "that assures the primacy of individuals' health and life goals in their care planning and in their actual care" (Person-centered, 2015, p.15). The literature on a person-centered care discusses this approach taken by caregivers as they attend to the health and well-being of the one being cared for. The literature on this topic was selected if it met the following criteria:

- Explicit use of terminology- Literature was chosen if it explicitly used person-centered care terminology.
- Health-focused care or elder-care focused- Literature was chosen if it related to the health field. Special attention was given to peer-reviewed articles that focused directly on elder-care, but articles were not excluded if that was not the specific focus.

Literature on Person-centered Leadership

As this researcher studied person-centered care, she found that the term is also used, not as commonly, to refer to a leadership approach as well. She expanded her research to cover the topic of person-centered leadership, searching for commonalities between the two person-centered approaches. Literature on person-centered leadership addresses this specific leadership approach. Person-centered leadership is "a complex,

dynamic, relational and contextualised practice that aims to enable associates and leaders to achieve self-actualisation, empowerment and well-being” (Cardiff, et al., 2018, para.

6). Criteria for this literature selection are as follows:

- Implicit use of terminology- Literature was chosen if it explicitly used person-centered leadership terminology. Due to the challenge of finding explicit terminology, literature was also chosen that implied person-centered leadership.
- Health-field focused care- Literature was chosen if it related to the health care field. Special attention was given to peer reviewed articles that focused directly on elder care, but articles were not excluded if that was not the specific focus as long as they pertained to health care.

Literature on Dignity

The researcher’s academic studies in the field of leadership, along with her interest in care-giving, led her to discovery of resources discussing the concept of dignity. The literature on the subject of dignity discusses the meaning of dignity and its application to daily living. Dr. Donna Hicks, renowned dignity expert, defines dignity as “an internal state of peace that comes with the recognition and acceptance of the value and vulnerability of all living things” (Hicks 2011, location 159). In her latest book she put it even more simply, it is our “inherent value and worth” (Hicks 2018, p. 2). The criteria that led to the selection of Dr. Hicks’ two books are as follows:

- Dignity-focused- literature needed to have dignity as its central theme
- Dignity expertise- literature was chosen based on the authors’ expertise in the field

Person-centered Care

Personal experience with the benefits of person-centered care aligned with this researcher's academic findings on the subject. Studies indicate that the practice of person-centered care has become widespread in elder care facilities across the globe (Nowaskie et al., 2018). This approach has been formally recommended in national and international guidelines such as the United States Department of Health and Human Services and the World Health Organization (Backman et al., 2016).

The two pieces of reviewed literature on person-centered care are: "The fundamentals of Person-Centered Care for Individuals with Dementia" by research team Fazio, S., Pace, D., Flinner, J., and Kallmyer, B. (2018) and "Effects of Person-Centered Care at the Organisational-Level for People with Dementia. A Systematic Review" by researchers Chenoweth, L., Stein-Parbury, J., Lapkin, S., Wang, A., Liu, Z., and Williams, A. (2019). Both pieces of literature are literature reviews. Both discuss the history of person-centered care. Fazio et al. (2018), give an overview of the care model as a major component of its review, while Chenoweth et al. (2019), give a brief history. Fazio et al., traces the origins of the practice back to psychologist, Carl Rogers and dementia care expert, Tom Kitwood. Carl Rogers (1902-1987), developed an approach to psychotherapy that centered on the person and focused on the person-relationship. The authors point to Tom Kitwood's first use of the term person-centered as he laid the foundation for this model that distinguished the traditional medical and behavioral models placing a unique emphasis on communication and relationships. The research found that Kitwood's aimed to prove that the environment had "as much effect on the brain as the brain has on a person's abilities" (Fazio et al., 2018 p. S10). The study

highlighted Kitwood's belief that "interdependence is a necessary condition of being human" (2018, p. S11). Chenworth et al., also discusses person-centered care based on Kitwood's work. He outlines Kitwood's guiding person-centered care principles: positive relationships via warm and accepting human contact, respectful communication, exhibiting human value and honor, individualism, honoring innate nature, and striving for habilitation, empathy, and social support (2019).

Each of the studies takes a slightly different approach in its aim. Fazio et al., (2018) explore the history of person-centered care, outline its components, and examine its impact in the field of elder care (2018). Chenoweth et al., is more focused on the impact, as it seeks to measure quality of life, emotional and neuropsychiatric effects (2019).

Interpersonal Relationships

The explanation of person-centered care differs between the pieces of literature but does share some common elements. Both emphasize the value of interpersonal relationships. Fazio et al. defines person-centered care as "a philosophy of care built around the needs of the individual and contingent upon knowing the unique individual through an interpersonal relationship" (Fazio et al., 2018, p. S10). Chenoweth points out that this care model is based on the psychological theory of personhood, expressing the important aspect of interpersonal relationships (Chenoweth, 2019). Throughout each of the two articles the importance of interpersonal relationships is a recurring theme (Chenoweth, 2019; Fazio et al., 2018). Each piece also emphasized the need to respond to the unique individual (Fazio et al., 2018, Chenoweth, 2019). This is in direct contrast to objectification, where a caregiver is in danger of seeing the relationship between themselves and the person with dementia as an I-it relationship instead of an I-thou

relationship. Fazio states, “Kitwood’s framework encourages staff to focus less on what is done and more on how it is done” (Fazio et al., 2018, p. S11). Chenoweth urges organizational leadership to, “demonstrate attitudes and behaviours that support [person-centered care] by placing relationships before tasks and enabling caregivers to balance the values and wished of the person (and their family/ advocates) with organizational values, in order to provide personal care delivery in daily practice (2019, para. 5).

Importance of the Individual

Person-centered care, through interpersonal relationships, highlights the importance of each individual. Fazio et al. highlighted Kitwood’s views of personhood and the need for “interpersonal care that affirms personhood; one that implies recognition, respect, and trust.” Chenoweth et al., say that person-centered care, “focuses on supporting the person’s remaining abilities... and it recognizes the importance of knowing the individual’s history, personality, and preferences, bringing the person into shared decisions on their care, and customizing care and lifestyle support accordingly” (Chenoweth et al., 2019, para.1). Fazio et al. state, “Recognizing and maintaining selfhood is a key component of person-centered care. Researchers have found intact manifestations of selfhood in spite of significant cognitive impairments” (Fazio et al., p. S11).

Despite the foundation and continued emphasis on personhood, this very important aspect of care can be neglected as Fazio et al. explain, “These prevailing caregiver attitudes serve to distance the caregiver from the person living with dementia, resulting in their diminished personhood” (Fazio et al., 2018). They go on to say that

these non-person-centered practices often happen when caregivers do not understand person-centered care principles or how to implement those principles (Fazio et al., 2018).

Organizational Culture

Though person-centered care is a best-practice ideal, it does have its challenges. The literature on person-centered care returned mixed results regarding the effects of person-centered care as it is implemented currently in organizations. The literature review done by Chenoweth et al. (2019) does not support significant reduction in neuropsychiatric symptoms of depression. Current research indicated improvement in agitation (albeit not significant improvement). It also indicated limited improvement in overall wellbeing. The improvement in quality of life was the only measured indicator that was significantly improved by current person centered care practices. The literature review by Fazio et al. found that studies did not present clear-cut results (Fazio et al., 2018). It indicates positive results regarding general quality of life but adverse results regarding falls, which actually increased in person-centered care environments (Fazio et al., 2018). Both reviews note the complexity of person-centered care in both application and evaluation (Chenoweth et al., 2019; Fazio et al., 2018). However, both literature reviews do support the continued practice of person centered care, as a best-care practice versus its counterparts, citing the overall improvements in well-being (Chenoweth et al., 2019 ; Fazio et al., 2018). More research is needed to explore the aspects of person-centered care that produced mixed results. Chenoweth expresses the importance of organizational level commitment to allocation of significant resources for full implementation of person-centered care. The next step of research on this topic could be

to investigate resource allocation amongst these organizations. A comparison of the two literature pieces can be seen below in Table 1.

Table 1: Person-centered Care (PCC)

PCC	Slightly different approaches to Background	Both agree on importance of Interpersonal Relationships	Both agree on Importance of the Individual	Person-centered Care as Best-Care Practice	Both agree on importance of Organizational Support
Fazio et al. (2018)	Comprehensive History, Overview	Emphasized knowing the individual through relationship as contrasted w/ task-centered care	Focused on the intact selfhood despite cognitive impairment	Note complexity of care in both application and evaluation. Cite overall improved well-being	Emphasized the need for continued development and training
Chenoweth et al. (2019)	Brief History	Emphasized basis of psychological theory of personhood	Focused on knowing person's history, personality and preferences	Note complexity of care in both application and evaluation. Citing overall improved well-being	Expresses the importance of organizational level commitment to allocation of significant resources to fully implement person-centered care

Person-centered Leadership

Challenges in implementation of person-centered care led this researcher to explore whether or not organizational focus on person-centered care could be expanded, and better implemented, through person-centered leadership. The two articles on person-centered leadership reviewed by this researcher were “Towards person-centredness in aged care - exploring the impact of leadership” by researcher team Backman, A., Sjögren, K., Lindkvist, M., Lövheim, H., and Edvardsson, D. (2016) and “Person-centred leadership: A relational approach to leadership derived through action research” by the researchers Cardiff, S., McCormack, B., and McCance, T. (2018). The literature on person-centered leadership agrees with the literature on person-centered care, in that it shines a light on the importance of a person-centered approach to nursing care. Backman et al. point out the importance of person-centered care as a best care practice for leaders in aged care (Backman et al., 2016). Cardiff, et al., highlighted the importance of person-centered care of healthcare employees (Cardiff, et al., 2018). Both studies support the effort to encourage leadership in the development of person-centered culture within organizations.

Each piece of literature attempts to fill a gap in previous literature in person-centered leadership. Backman et al. does so by conducting a study, using questionnaire surveys to collect relevant data. Cardiff et al. conducted a longitudinal participatory action study comparing their findings with existing nurse leadership literature. Backman et al. found the literature in person-centered care was very common, but that the literature in person-centered leadership was seriously lacking (Backman et al., 2016). Cardiff et al. found the literature on nursing leadership to be very prevalent, but that the subject of

person-centered leadership in nursing had yet to thoroughly be explored (Cardiff et al., 2018).

The Necessity of Person-centered Leadership

What little research on the subject does indicate that person-centered care benefits from person-centered leadership (Backman, 2016; Cardiff et al. 2018). The literature agrees that in order to create a culture of person-centered care within an organization, the members of leadership, specifically those that directly manage employees, are the ones who can best create that culture (Backman et al., 2016; Cardiff et al., 2018). Cardiff sees person-centered leadership as primarily relying on a relational approach (Cardiff et al., 2018). Backman et al. point out the importance of the behavior of the leader in more general terms, focusing on their engagement level, but not specifically delving into the relational aspects as does the research of Cardiff et al.

Though sparse, Backman et al. concluded the literature supports a person-centered approach to both elder-care and leadership (Backman et al., 2016). These researchers confirm that person-centered leadership supports a person-centered care approach, “thereby creating a psychosocial climate of high quality care” (Backman et al., 2016, p. 766). The Backman et al. study not only found that person-centered leadership affected care, but it also found a reciprocal result as the practice of person-centered care positively impacted the leadership’s psychosocial climate at the facility (Backman et al., 2016). Backman et al. concluded, “If aged care units or facilities struggle with implementing person-centered care, it seems that managers have an important role to promote the movement towards a person-centered care philosophy and practice” (Backman et al., 2016, p. 773).

Relation-centered Leadership

As leaders learn to promote and practice this person-centered philosophy towards their employees, the literature emphasizes relationships, aligning with the same relational focus found in person-centered care. Cardiff, et al. 2018, establishes the importance of relationship to the person-centered model, explaining that person-centered practice cultivates relationships between management and staff based on shared values (2018). They also express that the relational aspect of leadership is a component of growth for the leader (2018). Reciprocity was a focal point for Cardiff et al. in their assessment of person-centered leadership (2018). Though the Backman et al. questionnaire survey, like the Cardiff et.al study, concluded that person centered leadership was important for person centered care, Backman et al. did not provide data that was specific to relationships between leadership and staff members. Relationship importance was implicit though, as they referred more generally to the psychosocial environment and the importance of leadership engagement within it (Backman et al., 2016).

The Challenge of Hierarchy

This type of leadership engagement, researchers find, leads to complexities. The research of Cardiff, et al. indicated that effective leadership in healthcare, rather than hierarchical and unidirectional is more complex, as leaders need to take into regard the relationships and practices within each interaction, learning alongside those who lead in these shared contexts (Cardiff et al., 2018). Their research led them to conclude that “relationship focused leaders have been shown to improve nurses’ working life, care environments, productivity and patient outcomes” (2018, para. 2). They found though, despite the benefits of relational-leadership, hierarchical leadership is the predominant

norm. Backman et al. did not single out hierarchy as an obstacle to person-centered leadership. They consider the role of managers, specifically middle managers, to be that of intermediaries between “the governance and care delivery” (2016, p.767). The study neither denied nor affirmed the importance of hierarchy but shows the significance of balance as the manager seeks to uphold organizational standards while seeing to the needs of the staff and the patient (2016).

Both studies confirm the importance of person-centered care and person-centered leadership to facilitate that care. The Backman study, a survey of staff members, indicated that staff members understood the need of leadership engagement in the care environment. The Cardiff study, a longitudinal study of leadership gave more insight to the importance of the role that relationships play in that engagement. A comparison of the two literature pieces can be seen below in Table 2.

Table 2: Person-centered Leadership (PCL)

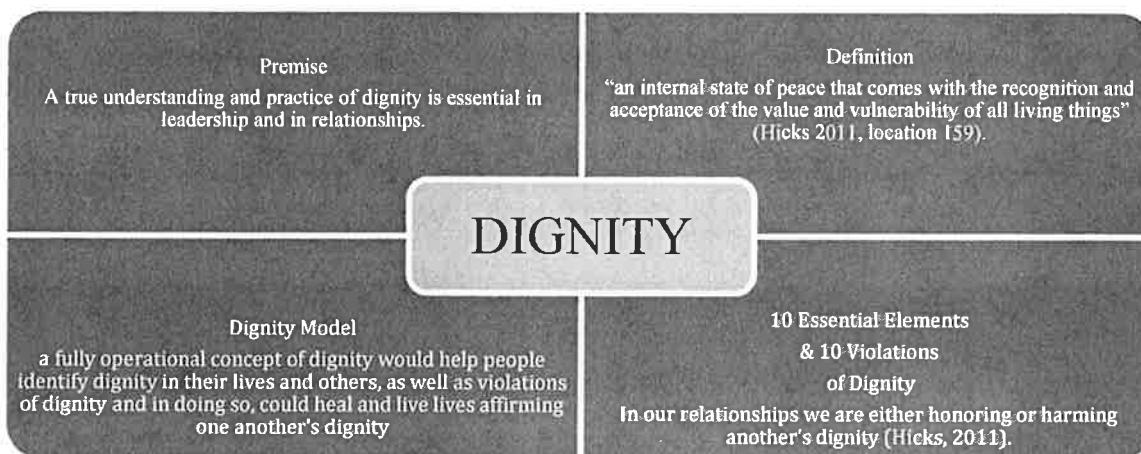
PCL	Each seek to fill a gap in the literature	Both agree on necessity of person-centered leadership.	Both agree on importance of Relationships	Both agree on Challenge of Hierarchy
Backman et al. (2016)	Found the literature in person-centered care was very common, but that the literature in person-centered leadership was seriously lacking	Emphasized role of leader with focus more on behavior: reciprocity, and psycho-social climate	Focuses more on leadership behavior and engagement level	Did not see hierarchy as obstacle, chose to see management in their position as agents of change and improvement

Cardiff et al. (2018)	Found the literature on nursing leadership to be very prevalent, but that the subject of person-centered leadership in nursing had yet to thoroughly be explored	Emphasized importance of role of leader in person-centered approach. Emphasized building relationship	Focuses on person-centered leadership as primarily relying on specific aspects of a relational approach	Found studies that did and others that did not see hierarchy as an obstacle and recommended complex approach that emphasized equality in relationships
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Dignity

As the researcher studied these person-centered approaches and the relationship between them, she drew her own connections to the concept of dignity, though her understanding of this concept was limited. She sought out literature that would provide her with a deeper understanding of dignity. She found that author, Donna Hicks, PhD has written in depth on the subject. Figure 1 below highlights four important components of Hicks' conceptualization of dignity: her premise, her definition of dignity, a brief explanation of the dignity model, and a statement regarding her ten elements and ten violations of dignity.

Figure 1: Hicks' Dignity Conceptualization



Dignity Model

Dignity Model Background

The researcher studied author Donna Hicks, PhD two bestselling books on dignity: *Dignity, the Essential Role it Plays in Resolving Conflict*,(2011) and *Leading with Dignity, How to Create a Culture that Brings Out the Best in People* (2018). Hicks defines dignity as “an internal state of peace that comes with the recognition and acceptance of the value and vulnerability of all living things” (Hicks 2011, location 159). She later stated more simply that it is our “inherent value and worth” (Hicks 2018, p. 2). Her work and writing draw on experts in the fields of psychology, biology, neuroscience, philosophy and religion. She aims to establish the premise that a true understanding and practice of dignity is essential in leadership and in relationships. Dr. Hicks trained in John Burton’s human needs theory of conflict which is based on the four ontological needs: identity, recognition, security and belonging (Hicks, 2011, p. 28). Hicks believes that many who have gone before her have not gone far enough in establishing the connection between dignity and real-life practice. She wanted to provide answers to questions like, “If I wanted to treat someone with dignity, what would I do?” and “What does it look like when I violate someone’s dignity or compromise my own?” (Hicks, 2011). Hicks sought out experts in dignity-related topics such as social psychologist Peter Coleman, whose work on humiliation and conflict improved Hicks’ understanding of the psychological dynamics of humiliation. Hicks worked alongside renowned Arch-bishop Desmond Tutu on a BBC reconciliation project, with the goal of bringing healing to victims on both sides of the conflict in Northern Ireland. In her own research, Hicks found that although there were over 2,500 studies on dignity, “No one operationalized dignity as a concept”

(2011, p. 26). Hicks sought to fill the gap by establishing “The Dignity Model”. She believed that a fully operational concept of dignity would help people identify dignity in their lives and others, as well as violations of dignity and in doing so, could heal and live lives affirming one another’s dignity (2011).

The dignity model that Hick’s developed outlines ten essential elements of dignity and ten violations against dignity. Hicks teaches that the ten elements of dignity are: “Acceptance of Identity, Inclusion, Safety, Acknowledgement, Recognition, Fairness, Benefit of the Doubt, Understanding, Independence and Accountability” (Hicks, 2011, p. 26). Hicks also teaches the ten violations of dignity are: “Taking the Bait, Saving Face, Shirking Responsibility, Seeking False Dignity, Seeking False Security, Avoiding Conflict, Being the Victim, Resisting Feedback, Blaming and Shaming Others, Engaging in False Intimacy and Demeaning Gossip” (Hicks, 2011, p. 94). She explains that these ten violations are hardwired into our genetic makeup, that they are part of every human’s evolutionary legacy (2011). Hicks believes that in our relationships we are either honoring or harming another’s dignity (2011).

In her second book, *Leading with Dignity*, Hicks applies the dignity model to leadership. She explains the importance of teaching leaders about dignity. Hicks states,

We may all be born with dignity, but we are not born knowing how to act like it...Most of the leaders I have worked with are good people with good intentions who have no education in how to be in healthy, affirming relationships built on an understanding of dignity (Hicks, 2018, pp. 213-214).

Hicks also emphasizes that dignity is differentiated from respect, explaining that respect is earned, while dignity is inherent. Hicks emphasizes relationships in dignity as she outlines three connections within dignity: “Connection to self, a connection to others, and

a connection to the world" (Hicks, 2018, p. 40). In these connections, as we have relationships with others, Hicks explains that we can either affirm or violate the dignity of others (Hicks, 2018).

Biological Factors

Biological factors are a key focus for Hicks. She explains they come into play in our relationships and act as catalysts to affirm as well as violate the dignity of others. In these instincts we choose short term preservation and only see short term consequences (Hicks 2011; Hicks 2018). Our instincts are to protect ourselves from being harmed at the hands of another person (2011; 2018). Our actions in these cases may be harmful to others and to our relationships as we do not consider long term consequences, giving no time for reflection (2011; 2018). She states, "Self-preservation comes at the expense of human connection (2011, pp. 16-17).

Conversely, Hicks explains how another biological factor helps us build relationships; mirror neurons are hardwired into us and they help us empathize with others (2011). Biologists who have studied mirror neurons explain that with them we can actually feel what another person is feeling as if it was ourselves experiencing the emotion. She states, with the discovery of mirror neurons, scientists now know that we are hardwired to feel what others are feeling without having to say a word" (2011. P. 6) Hicks makes a connection between this inherent trait and inherent dignity, "Observing others reenact painful injuries to their dignity can ignite our mirror neurons and make us feel the heartbreakening effects of their violations" (2018, p. 168).

Inherent dignity. All human beings have inherent dignity and that worth is not based on performance (Hicks, 2011). Hicks states, "We are all born worthy and will die worthy, no

matter what happens or what we do in between...The process of becoming what we are capable of being requires that we know and accept our own worth" (Hicks, 2011, p, 95).

This theoretical base of human dignity is built on such religious figures as Archbishop Desmond Tutu, political leader, and the philosopher Emanuel Kant. Hicks references philosopher Emmanuel Kant's categorical imperative to strengthen the belief in inherent value. One of Kant's principles of right action was "to act in such a way that you always treat humanity, whether in your own person or in the person of any other, never simply as a means, but always at the same time as an end" (as cited in Hicks, 2011, p. 4).

Along with Kant, Hicks sees dignity as a moral necessity. Hicks believes a person either validates or harms another's dignity by behavior towards the other person. She states, "Honoring dignity is not just about being nice... instead it is about living our lives in a way that promote each other's' well-being" (2011, p. 124). To take Hick's belief to its logical end, one would need to believe it necessary to educate all humans in the truth regarding their own and others' inherent dignity.

Applying Dignity Model to Relationships

Relationship is a key topic in Hicks' work on dignity. Hicks states, "It is impossible to lead with dignity without human connection" (Hicks 2018, p.104). She also states, "Part of the magic of honoring dignity is that it quickly becomes reciprocal" (Hicks 2011, p. 191). "We are social beings that grow and flourish when our relationships are intact; our survival is inextricably linked to the quality of our relationships and our growth and development occur in the context of our relationships" (Hicks, 2011, p.

6). Regarding reciprocity, Hick's also states "By extending dignity to others, we strengthen our own" (2011, p.41).

Dignity cannot be present without the essential element, "Mandela consciousness" (Hicks, 2018, p. 4). This phrase comes from Nelson Mandela's book, *Long Walk to Freedom*. In the book Mandela emphasizes inherent dignity and the truth that no one can take it away from another. Hicks termed the belief in this truth as Mandela consciousness (2018). With this awareness, Hicks believes we can be less defensive in our dealings with others and being more honest and vulnerable will enhance our relationships (2018).

Hicks teaches that, whether we feel positively or negatively connected, we are connected (Hicks 2018, p. 122). Relationships affect our health and the health of others; we have the power to nourish each other's wellbeing (2018). When we are aware of power to influence in a positive way, we make a significant difference in our lives and the lives of others (2018).

Applying Dignity Model to Caregiving

Both of Hicks' books connect the concepts of caring and dignity. She states, "Offering care and attention is at the heart of treating people with dignity" (2011, p. 95). She believes her work in dignity studies addresses the questions, "What do I need to do to show people I care? How do I know if I am treating them with dignity?" (Hicks, 2018, p. 10).

Although Hicks' books focus on the act of caring, the field of caregiving is not a central idea of either. She does, however, touch on aspects of caregiving. She refers to parents as caretakers and states that they can harm a child's dignity (Hicks, 2018). Hicks writes, "When we are ignorant of the effects that our behavior has on others, and if our

culture perpetuates and enables that ignorance, we will unknowingly do harm to others...Caretakers are possibly unaware of violations or ignorant of how to nurture dignity" (2011, pp.55-56).

Hicks believes in order to truly care for another person, we must have empathy. Hicks' research involving mirror neurons revolves around empathy and our ability to see situations from the other person's perspective (Hicks 2018). She states, "Empathy requires lifelong caring and loving interactions with others. Here is where I find the connection between empathy and dignity, for what a powerful demonstration of love and caring it is to honor each other's dignity" (2018, p. 102).

Applying Dignity Model to Leadership

The importance of the leader when it comes to creating a culture of care in their environment is repeated in each book. She states, "What we need above all is to create conditions for caring to emerge" (Hicks 2011, pp 111-112). She highlights the role that loving, positive relationships play in healing others and promoting their well-being (Hicks 2018). She believes love can be taught; humanity can be developed so that all people have a capacity for goodness and tenderness due to their dignity (2018).

Leader as Role Models. The starting point for Hicks is a leader's self-concept. She asks, "What is the role of a leader if not to set an example for those [she] is responsible for?" (2018. p. 64). She expresses the need for leaders to first understand one's own dignity; she explains that to lead with dignity one needs to adopt a mindset of continual growth and development (2018).

Hicks states, "Living a dignified life requires both self-knowledge and hard work" (2011, pp. 172-173). Hicks identifies the initial problem as a lack of awareness of a true

understanding of dignity (2011). Hicks further explains, “As a species we have little awareness of the importance of honoring dignity” (2011, p.118). A leader must first be assured within themselves of their own dignity and then they can teach others to honor dignity (2011).

Leading Improvement. In *Leading with Dignity*, Hicks explains a leader can help people reach their full potential; “Helping people develop their capacity to connect with one another in a way that promotes mutual growth and well-being” (Hicks 2018, p.83). Hicks points out that not understanding dignity versus indignity affects quality of life and diminishes our capacity to flourish (2011). She shows that conversely, “When people feel safe working with others, their capacity for learning and performance increases significantly” (Hicks 2018, p. 85). Being open and expressing vulnerability promotes a safe environment (2018)

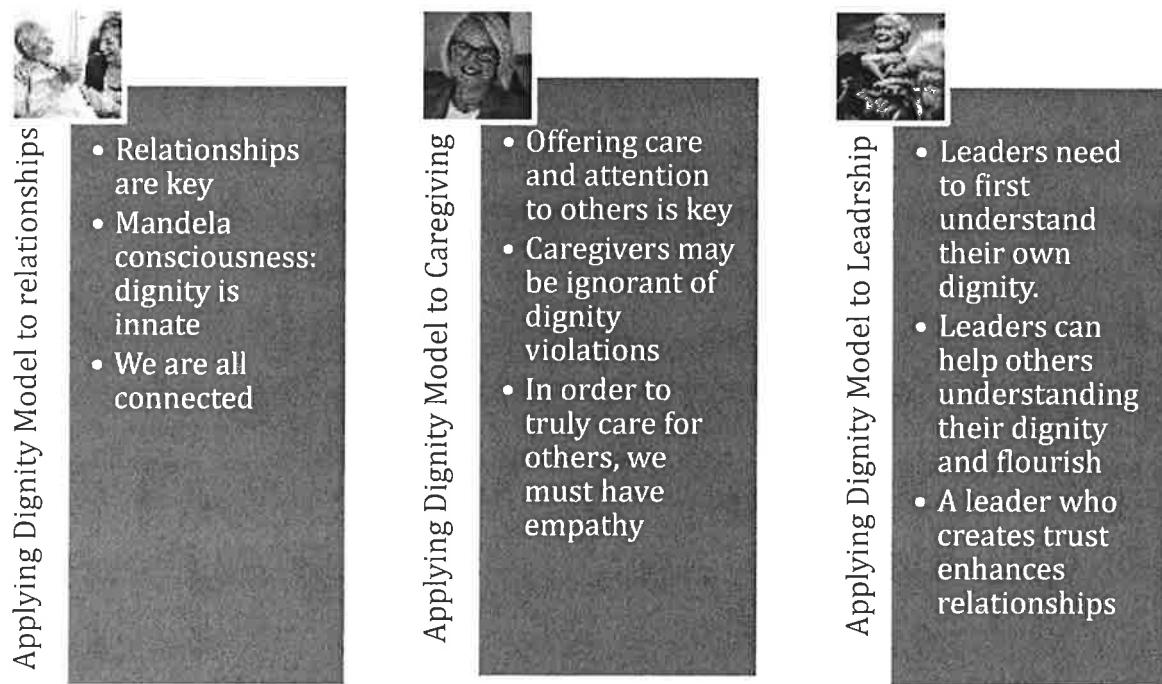
Leadership and Trust. A leader’s willingness to be vulnerable also creates trust; strong relationships build trust and also lead to better performance for organizations (Hicks 2018). Hicks cites research that pointed to both the positive effects on businesses, but also well-being of employees in an environment marked by trust “...employees who work in high-trust companies feel more engaged, more loyal, and more likely to stay with their employer” at the same time, “People also reported enjoying their jobs, feeling aligned with their purpose, and experiencing good relationships with their colleagues” (2018, p.98). Hicks adds, “...dignity resides and flourishes in strong, mutually enhancing relationships” (2018, p.98).

Critique

While Hicks referred to caretaking of children, she did not refer to dignity in the caretaking of elderly. She states that vulnerability is greatest in childhood and refers to the last stage of adult development as “interdependence” but she does not address the final cognitive stage of a person with dementia. For that matter, she did not specifically address dignity as it relates to adults with cognitive impairment at all. Her three stages do not take into account regression from mature stages due to cognitive loss. Further research on the topic of dignity, as applied to people with cognitive loss, needs to be explored.

A summary of the application of the dignity model covered in this review is below in Figure 2.

Figure 2: Summary Hicks' Dignity Model



Synthesis

Connections, more implicit than explicit, can be drawn amongst person-centered care, person-centered leadership, and dignity. The researcher hopes groundwork laid here can be the basis for more direct connections. The researcher hopes that the following synthesis can provide information that will lead to dignity based training in person-centered care and person-centered leadership.

Person-centered Care and Dignity

The researcher first compares the literature on person-centered care with the literature on dignity. Dignity is person-centered. In both books, Hicks states, “Offering care and attention is at the heart of treating people with dignity” (2011, p. 95). As expressed previously that she believes her work in dignity studies addresses the questions, “What do I need to do to show people I care? How do I know if I am treating them with dignity?” (Hicks, 2018, p. 10). Both of these questions center on the person.

Dignity, like person-centered care, is also relational. Hicks’ assertion is that dignity must be the basis of every relationship (Hicks 2011, Hicks 2018). If this assertion is correct then the caregiving relationship must be based on dignity. If the relationship is based on dignity, then it goes to follow that the caregiver, the organization’s leaders, and the organization's philosophy should demonstrate a thorough understanding of dignity. The literature review conducted by review Chenoweth et al. and Fazio et al. emphasize relationships in order to fully execute person-centered care (Chenoweth et al., 2019; Fazio et al., 2018). Chenoweth et al. state, “A coordinated and sustained cultural and structural transformation supporting person-centered care required the healthcare service to focus on respectful and positive relationships between caregivers, people living with dementia and their families, improved capacity of caregivers to provide person-

centered care through the development of knowledge and skills, supporting the dignity and autonomy living with dementia..." (Chenoweth et al., 2019, para. 7). Fazio et al. base their foundational understanding of person-centered care on the work of Tom Kitwood. They highlight the importance Kitwood placed on the social context of care. This review expressed Kitwood's philosophical belief that love was foundational to person-centered care. Though this review's summary of Kitwood's beliefs did not explicitly mention dignity, it did point out Kitwood's finding, "a need for high quality interpersonal care that affirms personhood, one that implies recognition, respect, and trust" (2018, p. S11). Dignity expert Donna Hicks recognizes trust as foundational to expressions of dignity (Hicks 2011, Hicks 2018). Though she makes a distinction between respect and dignity, she affirms that many people do not. It is unclear whether Kitwood's view of respect would align with Hick's definition of innate dignity or not. Regardless, though, Hicks and Kitwood express the central importance of trust based in healthy relationships.

Relationships need to be built on attitudes, as they affect approach to caregiving; the research indicates dignity based values align with person centered care. Chenoweth et al. found that proper attitudes regarding person-centered care are necessary to fully implement person-centered care (Chenoweth, 2019). They reference dementia expert Tom Kitwood as they state, "Kitwood developed a set of guiding person-centered care principles to help caregivers support the person's well-being, which include creating and strengthening a positive relationship with the person through warm and accepting human contact; communicating respectfully; valuing and honoring the person; treating the person as a sentient and unique human being by valuing their innate nature..." (2019,

para. 2). These researchers also focus on training and education for caregivers. In the discussion portion of the review, these researchers again refer to dignity as they note that all of the studies they reviewed required staff to engage in ways that supported the person's, "self-determination, self-respect, dignity, and wellbeing" (2019, para. 42).

While dignity is, once again mentioned explicitly, it is unclear from this study whether the researchers see dignity as foundational to the entire understanding of the relationship between the caregiver and the person with dementia, and their families.

These relationships lay the foundations to support the selfhood of the individual; Fazio et al. review the literature regarding person-centered care, they highlighted the concepts of identity and selfhood. These concepts relate to the concept of dignity. Fazio et al. expresses the central importance of selfhood. They state,

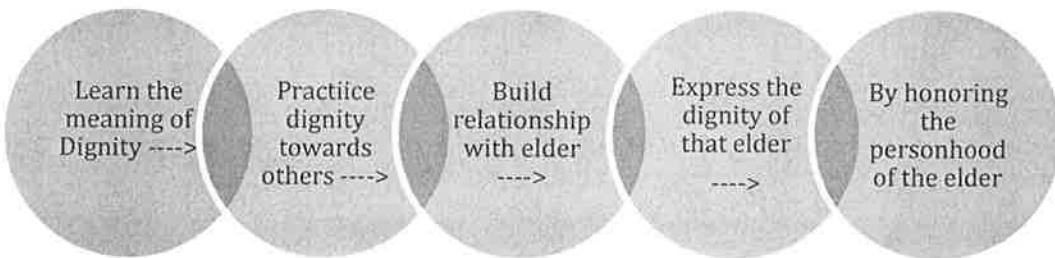
At the core of person-centered care is the self-- who we are, our values and beliefs, etc. Selfhood is much more than memory. It should not be viewed only in terms of cognitive abilities. Recognizing and maintaining selfhood is key to person-centered care" (p. S11).

Fazio et al. cited Kitwood's explanation of identity, "To have an identity is to know who one is, in cognition and in feeling..." (Fazio et al., 2018, p. S11). He expresses the importance of aiding the person with dementia, as they are no longer able to hold this identity on their own. A distinction between identity and selfhood is unclear. What is clear is the reinforcement of the idea that the person with dementia needs help from caregivers to maintain identity and selfhood. Hicks' has developed ten essential elements of dignity; the first of these is "Acceptance of Identity" (Hicks, 2011 p. 23). Though Hicks hones in on the importance of identity, and of acknowledging someone else's identity, she does not address the identity of the cognitively impaired as Kitwood did. He

not only acknowledges its fundamental importance, but also the need to help maintain it when someone is no longer able to do so on their own (2018).

In this sense, though Fazio et al. do not explicitly equate selfhood or identity with dignity, they do address a need that Hick's does not: the need to support the person with dementia in sustaining his sense of self. In regards to comprehending dignity, Hicks sees the final stage of adult development as interdependence (Hicks, 2011). Interdependence is the acceptance of one's own innate dignity coupled with the goal of personal growth based on that identity; the mature adult understands the need for others, not to affirm dignity, but to help us become more self-aware to reach our full human potential (2011). She does not account for a stage in which, regardless of one's growth, they regress in various areas of human development, as happens in the case of dementia. Though the review by Fazio et al. may not have found a clear comprehension of dignity as Hick's did, they do acknowledge the need for people with dementia for others to express innate dignity for those who cannot do this on their own (Fazio et al., 2018). The relational aspect that connects the caregiver with an elder through dignity can be seen below in Figure 3.

Figure 3: The Caregiver's Application of Dignity in Person-centered Care (Kidd, H. 2020)



Person-centered Leadership and Dignity

The researcher next compares the literature on person-centered leadership with the literature on dignity. The literature on person-centered leadership and both of Hicks' books all point to relationships, not hierarchy, as the preferred connection between leaders and staff members. Backman et al. found there are benefits in decentralizing hierarchy to create shared powers and equal partnerships within the organization (Backman et al., 2016). Cardiff et al. explain that in one study relational leadership and hierarchy were found to be incompatible, stressing authenticity and freedom to make and learn from mistakes (Cardiff et al., 2018). Another study they reviewed saw hierarchy as a means of aligning staff values with organizational values (2018). Cardiff et al. emphasize one study's focus on relationships over hierarchy placing priority on achievement of common goals between management and staff and that working alongside of each other created a sense of equity (2018). Hicks contends that though there is nothing inherently wrong with hierarchy, those in leadership need to understand that, when it comes to dignity, there is no hierarchy (Hicks 2018).

Regarding leadership and dignity, Hicks seems to boil it down to this statement, "What we need above all is to create conditions for caring to emerge" (Hicks 2011, pp 111-112). For Hicks, caring for the person was the leader's most important job. Cardiff et al. determined that person-centeredness as a "core value of an effective workplace" (Cardiff et al., 2018, para.1). They saw leadership vulnerability in relationships to be an asset, encouraging reciprocal support thereby enhancing the relationship between manager and employee. One manager noticed a positive correlation in the relationship between leadership and staff; the more the leadership gave in the relationship, the more the staff gave back in the relationship. The more the leadership focused on person

centeredness, the more the staff did in return (Cardiff et al., 2018). Hicks wants readers to grasp the value of relational reciprocity and its connection to dignity, “After treating one another with dignity repeatedly, after having multiple reciprocal experiences of recognizing another’s value and vulnerability, we will be well on our way to discovering the possibilities that lie before us” (Hicks, 2011, pp. 10-11).

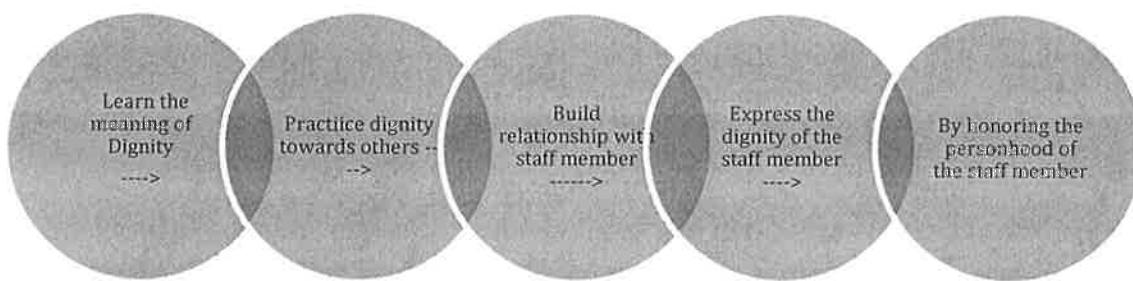
Cardiff et al. points out the positive influence that person-centered leadership has on the workforce, explaining that people are most committed and perform at their best when they feel good (Cardiff et al., 2018). Hicks found that the pleasurable feelings that expressing dignity towards one another is biologically beneficial. She concludes that, “Good relationships, then are beneficial to our wellbeing” (Hicks, 2011, p. 141). Cardiff et al. noted that as time progressed in the longitudinal study and as person-centered leadership became more the norm, although the workload and work stressors were not decreased, morale and productivity were increased (Cardiff et al., 2018). Hicks has come to a similar conclusion, she points out “the research on social support and its positive effects in mediating stressful situations is clear. People who have strong positive relationships with others recover more easily from stressful situations than those who do not” (2011, p. 140).

Cardiff et al. point to aspects of person-centeredness in leadership such as mutual respect and understanding. Just as it is not clear whether the respect that Chenoweth et al. mentioned is innate or earned respect, it is unclear here, as well. Hicks differentiated respect and dignity, but in this study, as the person-centered care study by Chenoweth et al., it may be considered interchangeable. Backman et al. refers to respect as well. They explain, “Person-centeredness entails a focus on the person instead of the disease,

respecting and including the person's experiences, values, preferences and needs in all aspects of care" (Backman et al., 2016, p. 767). The context implies innate and not earned respect, similar to how Hicks describes dignity.

Figure 4 builds on Figure 3 (p. 27). It illustrates the dignity based relationship of the person-centered leader (or employer, manager) to the staff member (caregiver). The relationship between the person-centered caregiver and the elder (Figure 3), and the relationship between the person-centered leader and person-centered staff member/caregiver (Figure 4) begin with an understanding of dignity.

Figure 4: The Leader's Application of Dignity in Person-centered Leadership (Kidd, H. 2020)



Person-centered Care and Person-centered Leadership

Thirdly, the researcher compares the two person-centered approaches, person-centered-care and person-centered leadership. Both studies on person-centered care and both studies on leadership all agree on the importance of person-centeredness. Both literature reviews on person-centered care recognized the need for organizational leadership to help staff develop person-centered care. Neither study used the term person-centered leadership. Aspects of person-centered leadership were present in both studies,

but an explicit and central focus on this concept was not. The researchers Chenoweth et al. make a connection between person-centered care and leadership. Not only do they express the importance of development of knowledge and skills, but they also advocate for a concerted effort across the board on the organizational level in order to fully integrate a person-centered approach (Chenoweth et al., 2019, para. 6). In this way they highlight the importance that leaders play in the person-centered approach. The researchers express the importance of creating a climate of understanding among the staff. There is no explicit mention of person-centered leadership, but the research does indicate its importance. Chenoweth et al. list four key elements for organizational implementation. The first of these is identified as, “Valuing: valuing service user and staff” (2019, para. 8). They express that, in order to be an organization that values person-centered care, the staff needs to feel valued as well (2019). Fazio et al. found that leaderships’ intervention was integral to developing a relational culture within the organization and discussed culture change, but only specifically emphasized the leadership role once (Fazio et al., 2018). They take a two pronged approach, as exemplified by the Eden Alternative organization stating that “The Eden Alternative was the only intervention identified in this review that articulated a framework.... for a person-centered approach to caring for older residents and improving staff working conditions” (2018, p. S16). In other statements throughout the study, leadership in culture change on the organizational level is implied, but not explicit. Person-centered leadership that focuses on a caring approach of leaders towards staff is not mentioned at all, only alluded to in statements like the one above.

Again, without explicitly mentioning person-centered leadership, Chenoweth et al. found that across the twelve studies they reviewed, there was emphasis on both valuing the person with dementia and valuing the staff members (Chenoweth et al., 2019 para. 25). They did find in these twelve studies, examples of leaders modeling person-centered care. It is unclear what is meant by this modeling, whether it means the leaders modeled person-centered care by how they treated staff themselves, or how they showed staff how to implement person-centered care by how they themselves treated people with dementia.

Chenoweth et al. pointed out the challenge of comparing twelve different organizations and their approach to person centered care, namely the lack of standardization of practice. They state, “It would be useful to standardize methods of education, training, and supervision of [person-centered care]… in order to compare outcomes” (Chenoweth, 2019, para 50). They also recommend a minimal requirement in the form of hours spent training employees in the person-centered care approach. Cardiff emphasized education and development. Cardiff et al. saw education and development as a positive outcome of person-centered leadership. They cited subjects who, after experiencing a culture of person-centered leadership, “started to see and capitalize on learning opportunities around them, matching opportunities with associate’s need and readiness to learn” (2018, para. 27). They also found that, “creating safe, critical, and creative communicative spaces… enabled deep and sometimes challenging self-inquiry (2018, para. 28). More study is needed to discover if and how the deficiency—a lack of standardize training in the field could be corrected on a large scale and how to successfully implement other improvements.

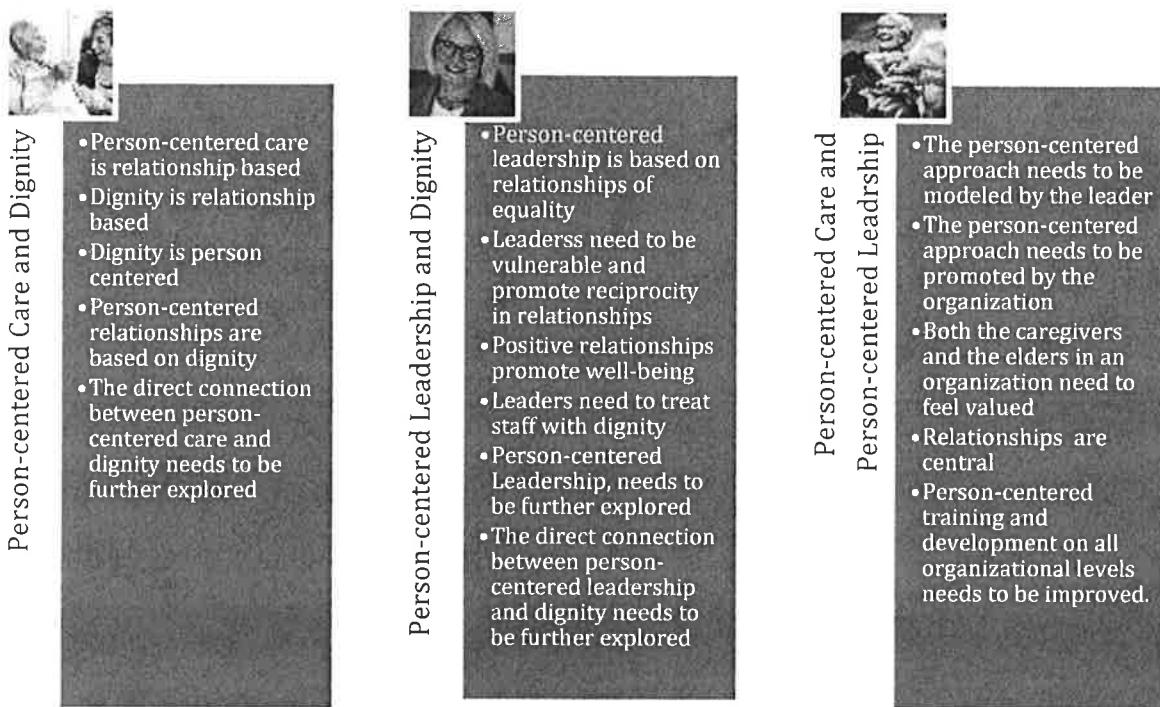
Another deficiency this researcher found was of major importance—the lack of direct connections between person-centered care and person-centered leadership. In their mixed method study, Backman et al. aimed to explore the connection between leadership behaviors and person-centered care in aged care. Though generally, the belief is that there is a connection, they found empirical evidence lacking. At the completion of their study they affirmed the significance of the connection (Backman et al., 2016). As both Chenoweth et al. and Fazio et al., Backman et al. affirmed the need for focus on relationships and environment. These researchers as, the others, also cite Tom Kitwoods' foundational work in person centeredness. They cite Kitwood and state, "Person-centeredness entails a focus on the person instead of the disease respecting and including ...values, preferences, and needs in all aspects of care, relationships, and environment" (2016, p.767). In the case of leadership, Backman et al. found that not only does leadership affect the residents, but it positively affects the staff directly, reducing staff stress and burnout (2016). Though Backman et al. did not refer to the leadership as person-centered, it is inferred throughout the study that the leadership behaviors producing positive results were ones that align with person-centered care. The survey questions listed in the study measured the psycho-social climate and explored employees' perception of middle managers' relationship to the staff. The researchers refer to the leaders' abilities to promote and support person-centered care through their leadership practices (2016). One unique finding of this study was that, when staffs' person-centered behavior was already high, the role of leadership was less essential. The study did not explore the sustainability of that finding for the long term. The study

outlines the leadership behaviors that support person-centered care practice and create a positive person-centered care environment with high quality care (2016).

Though empirical data on person-centered leadership is lacking, the researcher found that there are those who are beginning to see its importance. These researchers are laying the groundwork for future study and they are focusing on central importance relationships. Cardiff et al. address person-centered leadership and like Backman et al. and the two person-centered care studies, they focus on the importance of relationships. This longitudinal study, over the course of three years, aimed to explore how person-centered leadership is expressed in the nursing field. Unlike the Backman et al. study, this study was not limited to elder-care, but did focus more specifically on person-centered leadership. End results showed the ability of person-centered leadership to contribute to the self-fulfillment empowerment, and well-being of leaders and staff members (Cardiff et al., 2018). This study not only prioritizes relationships, but also expresses the significant impact of person-centeredness on the workplace culture noting that the conceptual framework allowed the opportunity for nurse leaders to reflect on their own leadership and to reinforce a person-centered culture (Cardiff et al., 2018). This researcher's recommendations for further study are to explore person-centered leadership as it relates specifically to elder-care organizations: assisted living homes, memory care homes, skilled nursing facilities, and independent care-giving agencies.

Below, Figure 5 is a summary of the main points of the synthesis under each of the three categories of comparison.

Figure 5: Synthesis Summary



Conclusion

The literature on person-centered care, person-centered leadership and dignity share common themes. The literature on person-centered care shares important common elements with the literature on dignity. The most prevalent of these themes are the importance of relationships and personhood. The literature on person-centered leadership also shares elements with the literature on dignity, namely, caring for others and building relationships. Both sets of person-centered literature place a great deal of importance on relationships, as does each of Hicks' books on dignity.

Literature on person-centered care is prevalent, but research on person-centered leadership is lacking. Though the literature on person-centered care and person-centered leadership allude to and sometimes specifically mention dignity, the literature does not

explicitly or systematically approach dignity in the careful way that Dr. Donna Hicks does in either of her books. Donna Hicks' books fall short of addressing the dignity of people with cognitive deficiencies. From this integrated literature review, this researcher has found that person-centered care and person-centered leadership contain elements of dignity. She postulates that further study is needed to discover if Donna Hicks' systematic approach to dignity could be improved to apply to elders of all cognitive levels, and then could be applied as a teaching method in person-centered care and in person-centered leadership development.

Implications for Research and Practice

The researcher recommends additional areas of future study: Further research is needed to determine why person-centered care, even as a best care practice, produces unclear results in several areas of wellness as well as a negative result in one area: that of increased risk of falls. Further research is also needed on how to go about improving those results. This researcher recommends dignity based research as it relates to those factors, to explore whether dignity education could improve person-centered care and thus improve previously unclear results. More research is needed on person-centered leadership, specifically how it relates to person-centered care. Further research is needed regarding cognitively deficiency and dignity. One of the goals of Dr. Hicks' books is to help people understand their own dignity. There is no explanation in the literature as to how a person with cognitive loss, such as dementia, could do that. Lastly, this researcher believes, based on this review, that dignity-based education is needed in the health care field as it pertains to person-centered care and person-centered leadership. Dignity based education could take the positive connections found in this review, and create the way for

dignity training to become a solid foundation for person-centered care and person-centered leadership.

Conflict of Interest Statement

The author declares no affiliation or involvement in any organization or entity with any financial interest, or non-financial interest in the subject matter reviewed in this manuscript.

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Appendix A

FINAL APPROVAL FORM

The University of Southern Maine

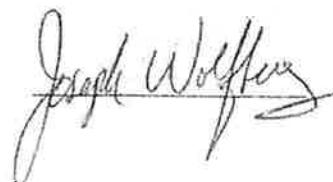
Master of Arts in Leadership Studies

May 4, 2021

We hereby recommend that the thesis of Heather Kidd entitled Perceptions of Dignity, Person-Centered Care, and Person-Centered Leadership in Elder Care be accepted in partial fulfillment of the requirements for the Leadership and Organizational Studies Graduate Degree Program.



Thesis Advisor



Second Reader

Accepted



(Signature)

Leadership and Organizational Studies Department Chair