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ORIGINAL ARTICLE

Constructions of dignity: a pre-requisite for flourishing in the workplace?

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Aims. To explore the relationship between nurses' understanding of dignity and how it is enhanced and developed in their practice environment.

Background. Dignity is a ubiquitous concept in an era of healthcare reform yet is referred to almost exclusively in terms of the quality of care delivered to support the experience of the patient rather than the caregivers engaged in the relationships of care. This article focuses on dignity in the professional life of nurses in aged care.

Method. This is part of a doctoral study of the implementation of a palliative approach in residential aged care using emancipatory practice development methodology. Constructions of dignity were co-created with participants through creative reflective activities and subsequently analysed using reflexive methods and data from other sources within the study.

Results. Constructions of dignity and subsequent actions taken by nurses on their own behalf to articulate their experiences of transforming practice are interconnected with dignity enhancing relationships and emancipatory ways of working in practice development.

Conclusions. Dignity enhancing ways of working in an active learning group and workplace have been interlinked with actions that promote person-centredness in developing a palliative approach to care.

Key words: creative methods, dignity, nurses, personhood, practice development, workplace

Introduction

At a symposium of research in practice development, members of the aged care team presented papers on their experiences of participating in a study of the development of a palliative approach to care in a residential aged care facility in Victoria, Australia in 2009. For many nurses, this represented their first presentation in a forum of clinicians and academics. Their performance demonstrated a new professional self-consciousness and pride in their achievements. Human flourishing, the ultimate aim of practice development processes (Manley *et al.*, 2008) is underpinned by the notion of personhood that since ancient times, has been a dimension of the Aristotelian principle of *Eudaimonia* broadly meaning wellbeing, happiness or human flourishing (Tabensky, 2003). The symposium marked the end of a 3-year clinical doctoral study of the implementation of a palliative approach using an emancipatory practice

development methodology. This involved the integration of palliative care philosophy and processes within the normative patterns of care for residents from admission to end-of life care. In attempting to move towards person-centered ways of working in this study, the notion of dignity in the workplace culture was co-constructed with the nurses and is explored for convergence and relevance to developing practice. Culture is defined simply as '…the way things are done around here.' (Drennan, 1992:3). The aim of this article is to explore the relationship between the nurses' understanding of dignity and how it is enhanced and developed in mutually reinforcing relationships in their practice environment.

Dignity in healthcare

Dignity is a humanitarian concept most often associated with the espoused nature of caring and as an outcome of quality care for patients delivered in healthcare organizations. In nursing science, the concept of dignity is integral to holistic care (Fenton & Mitchell, 2002) and is embedded in the moral dimension of care, a human right that is associated with worth and value (Ford & McCormack, 1999; Gallagher, 2004). It tends to be defined according to the perceptions of its presence or absence in particular situations (Franklin *et al.*, 2006) and in the context of the patients and nurses in the provision of care in modern healthcare environments (Walsh & Kowanko, 2002).

More recently, Jacelon *et al.* (2004) have defined dignity for older people as a 'characteristic of being human' and a subjective experience that is manifested in social interaction and behaviours that demonstrate respect for self and others. Nordenfelt (2009) conceptually clarifies dignity in the care of older people. He provides a typology of four kinds of dignity; human dignity (Menschenwürde) and social forms of dignity that are embedded in human dignity but may be contingent and contextual. The latter are defined as the dignity of merit, dignity of moral status and dignity of identity and have been critiqued for application in nursing care and practice (Wainwright & Gallagher, 2008). The challenges of providing dignified care have been examined from the perspectives of nurses in the UK (Baillie *et al.*, 2009), patients within specific settings such as hospitals (Matiti & Trorey, 2008), older people living in nursing homes (Hall *et al.*, 2009) and dying in nursing homes (Pleschberger, 2007).

Dignity is at the heart of palliative care (Seymour, 2004) and the ideology of a 'good death' (deRaeve, 1996) where dignity is considered an attribute of the quality of care to maintain the physical and spiritual integrity of the person who is seriously ill and vulnerable. Dignity is interwoven in the evidence-based principles for a palliative approach in residential aged care (Department of Health & Ageing, 2006). They include models of dignity-sustaining care (Chochinov, 2002; Chochinov *et al.*, 2002) designed to enable choice, control, respect, confidentiality and comfort to people who are dying. In the environment of a nursing home, Hudson (1995:17) argues that dying is a shared experience where '… dignity is conferred rather than autonomously asserted and that responsive care derives from relationships, a community of care where residents are seen as more than their component parts….' In this respect, dignity is also understood as the outcome of relationships of care and a concern for the 'wholeness' and integrity of the person or personhood.

From a person-centered perspective, the person providing care also matters (Nolan *et al.*, 2004; McCormack & McCance, 2006). It is theoretically grounded in the relational nature of personhood (Torchia, 2008) and the 'person' in nursing (Green, 2009). It follows that personhood has relevance in the dynamics of the workplace culture where the concept of dignity may contribute to understandings of how it is experienced by healthcare professionals engaged in practice development and manifested in aged care settings.

Dignity in the workplace

Lawless and Moss (2007:228) have argued that the notion of dignity has been privileged in discourses of care and caring for others and suggest that the value of dignity in the work-life of nurses needs to be considered as a critical factor in developing and sustaining healthy workplaces and health workforces. In social science literature, Sayer (2007) provides insights into the dynamics of dignity at work where instrumental relations with others are dominant. Hodson (2001:3) provides an in depth analysis of how workers struggle to work with dignity through '…small acts of resistance against abuse and an equally strong drive to take pride in one's daily work'. From a systems perspective, a focus on dignity at the interface of clinical practice may enhance the culture of practice. It has been argued by McCormack *et al.* (2008) that the outcomes at the micro-systems level have a potential flow-on effect at the mezzo- and macro-system levels of organizations and contribute to social capital (Cohen & Prusak, 2001). This article will focus on the notion of dignity of nurses, as co-constructed with nurse participants in a practice development active learning group. Metaphors for dignity embedded in the artwork of workshop participants were subsequently analysed for convergence/divergence with the notion of personhood, dignity in the workplace and practice development processes.

Methodology

This article is part of a doctoral study of the development of a palliative approach in a residential aged care facility that was part of a large public healthcare organization. The facility offered both low level care (support with activities of daily living) and high level care (complex care to support the person with higher dependency care needs) to mainly frail, older people. Over a 3-year period of the study, members of the staff that represented the multidisciplinary aged care team formed two, facilitated practice development groups. Participants included Registered Nurses, nurse managers and each group expanded in line with the nature of projects to include General Practitioners, a physiotherapist, occupational therapist, dietician, consultant palliative care nurse, clinical educator and social and service support staff. As part of this endeavour, this article will describe the use of creative methods to deconstruct and reconstruct nurses' understandings of dignity in the context of their everyday professional practice; open these understandings to further analysis with the literature and discuss constructions of dignity-enhancing ways of working that have potential mutually influencing effects in practice.

The article is grounded in the experience of practice development facilitation and research with the staff at the residential aged care facility and others within the larger organization over a 3-year period of the study. Emancipatory practice development is located theoretically within critical social theory (Fay, 1987) and a constructivist/critical paradigm of inquiry (Guba & Lincoln, 1989). The emancipatory and transformative intent of the methodology evolves through the participative nature of the inquiry processes that are synonymous with action research and the iterative cycles of critical reflection, planning, action and evaluation. The study developmental strategies that included learning activities were guided by emergent themes from multiple sources of data; demographic, observations of the workplace culture, interviews with members of the aged care team and residents/family member, focus group/workshops, questionnaires.

Practice development, person-centredness and personhood

The purpose of practice development is '…increased effectiveness in patient-centred care…' (Garbett & McCormack, 2002) and '…a continuous process of developing person-centred cultures' (Manley *et al.*, 2008:9). Underpinned by the philosophical idea of personhood, person-centred frameworks (Nolan, 2001; Nolan *et al.*, 2004; McCormack & McCance, 2006) and person-centered systems in practice development (McCormack *et al.*, 2008) help to articulate the relatedness of persons in their world in a dialectic of self, self and others and environments. Drawing on the work of Kitwood (1997:8), personhood is a 'status' bestowed on one being by others in relationships. Person-centredness is constituted in interdependent relationships that have been expressed simply as experienced, in modes of being. McCormack (2004: 33) cites these modes as '…(i) being in relation; (ii) being in a social context; (iii) being in place; (iv) being with self..' because they inform the structures and 'relationship patterns' necessary in person-centered frameworks that enable professional and therapeutic relationships to flourish in healthcare cultures. These frameworks helped to guide decisions about ways of working with members of the aged care team as researcher/facilitator and co-participant and in considering both resident and care-giver in developing a palliative approach in harmony with the culture of residential aged care.

Method

Within the developmental processes of the inquiry, the concept of dignity was co-constructed with participants in a facilitated active learning group workshop using creative and reflexive methods. A group of five, experienced, registered nurses participated in a semi-structured workshop of 1.5 h using a variety of artistry materials for painting and collage.

The aim of the workshop was to enable the participants to make sense of dignity and followed on from a 10 topic course of structured two-weekly education sessions that focused on the planning and delivery of a palliative approach to care. The education course supported the ongoing active learning group to plan and develop clinical projects, for example, interventions to support holistic care of the dying. The course included one session on the topic of promoting 'Dignity and quality of life' for residents. The reflective and creative workshop subsequently offered an opportunity to unravel the complexity of the concept by enabling participants to draw on experiential and intuitive knowing that is valued in participatory processes of inquiry in the co-creation of knowledge (Heron & Reason, 2001).

The question

The self-reflexive question was 'Using metaphor, describe the meaning of dignity in your every day professional life as nurses.' Following a brief introduction and agreed timeframe for creative work and subsequent group reflection on the artwork, participants formed two small groups to answer the question.

Use of artistry

Creative methods (painting and collage) were used to enable the group to express their understanding of an abstract concept where its meaning is interwoven in the fabric of their everyday practice. According to Knowles and Cole (2008:59) the use of creative methods objectifies what is personal, sensitive and difficult to express in words or writing. This was a shared activity that brought together different perspectives of members of the group on the meaning of dignity presented as a unified construction in a creative piece of work. As a group, metaphors were identified and described with reference to the nurse's 'ideal' and is therefore located in the context of aged care.

Analysis

Being reflexive is a vital component in a critical inquiry because it exposes how the data has been shaped by historical and contextual factors (Denzin & Lincoln, 2008), it helps to bring the ideal closer to the reality of practice. The metaphors were described by the group with reference to their experience and practice. This data was later analysed by the researcher for convergence/divergence with theoretical concepts and perspectives on dignity in the workplace. Data from other sources subsequently supported and added to that of the workshop in tracing how dignity may manifest in the development work and the practice development work as a whole. The analysis draws attention to an interdependent and mutually influencing pattern of relations that are akin to a social ecology.

Result

Constructions of dignity by nurse participants in an active learning group were strongly linked with attributes of the workplace culture and constituted in intersubjective relations with self, self and others and groups. Figure 1 illustrates the metaphors in the following group painting/collage that express the meaning of attributes that enhance a sense of dignity for nurses in this practice environment.

Metaphors of dignity for nurses

The 'tree of dignity' (Fig. 1) illustrates metaphors that deconstruct the concept of dignity for the nurses who participated in the workshop. The descriptors by the nurses are contextualised within the workplace of aged care and are elaborated in terms of the relational features that for these nurses constituted dignity in their working lives. The

Figure 1 The tree of dignity.

descriptors are illustrated in Fig. 2 as concepts that are constituted in relationship patterns with self, self and others and the 'team' that are significant in the relational architecture of personhood. In the context of the work of nurses developing a palliative approach in residential aged care, the nature of dignity and ways in which it is enhanced converged around values and acts of respect, recognition and engagement that are explored through the broader social and micropolitics of dignity in the workplace.

Dignity as 'strength'

The notion of 'strength' (The tree trunk) was described as being perceived by others as knowledgeable, competent and reliable. At the same time, it was about having a sense of inner strength, a positive belief in themselves and their personal and professional capacity and integrity as professionals (as

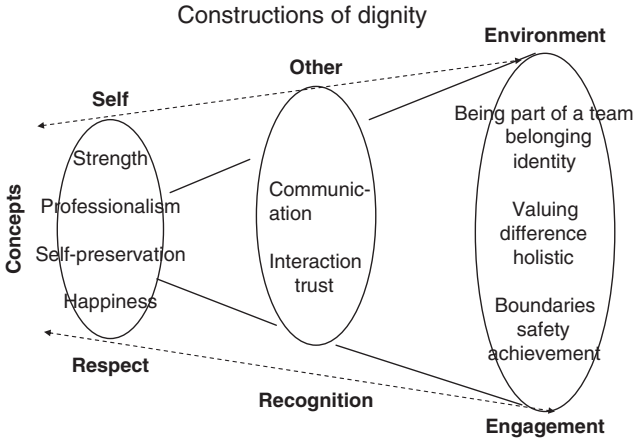

Figure 2 Constructions of dignity at work.

they explained): '… to be able to develop and continually to give good palliative care…' [Active Learning Workshop Notes (ALWN) 11/07]. These dimensions of 'strength' are constituted in an intersubjective relationship with self and between self and others. 'Strength' and dignity are interwoven and speak of self and others' perceptions about who they are as professionals and their capacity for development.

Professionalism and the metaphor of a main branch is constitutive on two levels in this work; the inner 'confrontation' of self (e.g. values, prejudices) in the attempt to attend to others (patients and team members) in their uniqueness (differences) as persons. The 'outer' level dignity was referred to in terms mutual respect (branches and leaves) for own and others' needs, for choice, privacy and freedom implying reciprocal relationships between self and others. These constructions imply participants understanding of the need for self-awareness and the human capacity for engagement with self and others that respects difference and common human needs. Conceptualization of 'person' in nursing by Green (2009) draws on the work of Sokolowski (2000) who identifies the human capacity for 'transcendence of the ego' as a characteristic of the person and emphasizes the intersubjective nature of an evolving self-conscious awareness in time and space, through actions and reflection that constitute the experience of personhood (Green, 2009).

Dignity, autonomy and respect

In the social science literature, Sayer (2007:568) argues that dignity '…is about self-command, and autonomy.' It is about exercising 'agency' (Hodson, 2001) or one's power/influence (Sayer, 2007). The metaphor of 'strength' and 'professionalism' is dependent on perceptions of competence and ways of acting and reacting to differences (for example in values and beliefs, language use, race, status) that respects autonomy that is, individual's will to be self-determining, to have their own space and privacy to make their work more meaningful. However, Sayer (2007:568) points out that as deeply social beings, autonomy is always 'fragile' because it is dependent on how others treat us, as persons, '...as ends in ourselves…' or conversely as an instrumental 'someone' who has no such capacity to exercise influence, who is vulnerable and unable to maintain dignity.

This implies a level of trust in a workers' moral and professional integrity. In this regard, Sayer (2007: 571) argues that dignity can be gained '…through knowing that others feel confident that they will use their autonomy and discretion in a way which does not take advantage of other people's vulnerability.'

According to Sayer (2007) being serious and being taken seriously is associated with self-respect. This includes being able to speak out, to be listened to without undermining own or others position. Sayer (2007:569) states 'An important aspect of dignity is being allowed to disagree (respectfully) with others without this undermining our position or inviting contempt from others.' This has relevance in the workplace where inequalities exist (Sayer, 2007). In residential aged care, inequalities can manifest for example through differences in status of healthcare workers that may impact on employees' level of autonomy to engage in clinical decision-making processes particularly in the context of hierarchical organizational systems and/or outdated modes of leadership (Conway & McMillan, 2007; Jasper, 2007). On the contrary, Sayer (2007:571) argues that 'refusal of trust' manifested in workplaces that for example use heavy surveillance or supervision of workers indicates a lack of respect for them as persons. It can be demeaning, quashing motivation for autonomous action. In this respect, dignity arises not just from autonomy and strength associated with competence and self-worth but something that is negotiated with respect to one's own and others social vulnerability and dependence.

Dignity and 'happiness' and flourishing

The metaphor 'Happiness' (Blue sky, sunshine, balloon) was described as '…being motivated/inspired in their work… and having freedom and choice.' It was also described as '…being with others…' with reference to the importance of 'the quality of relationships with others'. Happiness in this sense comments on the meaning ascribed to work in their lives. Drawing on Aristotelian thought, Tabensky (2003) has examined the relationship between Happiness as *eudaimonia* and ethics, as constitutive of personhood. He argues that the *telos* or goal of a good life (that is the ethical life) is happiness. From this philosophical position, he asserts that it is happiness that gives meaning and rationality to our lives through the organizing structures used to achieve it. In this regard, Tabensky (2003:7) argues that it is this intention and how we achieve it that is constitutive of personhood because it is '… the ultimate source (*arche*) of the meaning of our lives…'

Given the alternative emphasis of *eudaimonia* as 'flourishing' (Tabensky, 2003) as in practice development, the conditions that support the existential meanings of dignity cannot be separated from the dynamics of relationships expressed in the metaphor of 'Staff and management relationships' (branches and environment – sun, soil, flowers). In this sense, flourishing is interlinked with respect through '…transparency and two-way processes of communication and action…' The nurses talked about communica-

tion that was based on sharing and exchange of perspectives '…balanced perspectives' (CG/WN/08) goals and intentions regarding developments of practice that moved beyond an instrumental 'need to know' basis. Feedback from management on progress and performance were essential for example to staff who had delegated responsibilities for various quality portfolios and projects, as a signal of continuing support and respectful acknowledgement of effort and achievement.

Dignity and recognition

The metaphor of 'Happiness' for the nurses is associated with 'being inspired and motivated'. What inspires and motivates workers is a concern for transformational leadership (Kotter, 1990; Manley, 2000b) and workplace culture (Bate, 1994; Manley, 2000a; Wilson *et al.*, 2005). Recent research in business science indicates that what really motivates workers is having a sense of 'progress' even incremental progress. Amabile and Kramer (2010:44) state that 'When workers sense they're making headway, their drive to succeed is at its peak.' The research indicates the significance of recognition of progress for managers particularly in terms of providing instrumental support and enabling collaboration. Data from the workshop indicates that the relationships between staff and management requires 'recognition of efforts and achievements' and may be realized through 'survival and self-preservation' strategies described by the nurses that are essential to their wellbeing and dignity.

Dignity, survival and self-preservation [metaphor $$ (dollars), flowers, sunshine, moon]

To 'survive' nurses talked about the need for the energy and means to preserve their life-style and to care for themselves. Dignity was associated here with respecting and valuing self and others and was dependent on having the financial means to support self-care, to balance work and life-style. This was dependent on having an adequate income from their work. This gave some empirical meaning to their work. But, equally significant was their need for non-monetary recognition of their efforts and achievements. In particular, they described the importance of having frequent feedback from supervisors/managers on a range of issues, processes and outcomes. Observational data and experiences of working with these nurses over an extended period of time in this study, indicated considerable efforts by nurses and others members of the aged care team that were above and beyond that which was expected in their roles. This was referred to by Hodson (2003) as 'citizenship' a strategy used by workers to make their work meaningful and satisfying.

Factors that enhance dignity for nurses in residential aged care, self-preservation and self-care represent the positive strategies they take in order to be able to work effectively in their roles and to have a sense of pride in their work. These strategies eclipse what Hodson (2001) calls the 'multiple small acts' that workers take in their everyday work to overcome factors that undermine or threaten dignity. Hodson (2001) contends that dignity is essential to wellbeing and a life well lived in which meaningful work is vital. In the quest to maintain and defend dignity, strategies are used by workers to overcome 'challenges' in the workplace that he categorizes as mismanagement and abuse, overwork, limits on autonomy and contradictions of employee involvement.

Dignity and engagement

The nurses' constructions of dignity and the workplace environment diverged with social discourses that illuminated a grim view of the broader context of the aged care workplace. Peripheral references were made to what are now well documented bureaucratic, organizational, economic and professional factors that may challenge health professionals in long-term care environments such as aged care (Sherman & Ouellette, 2000; Pearson *et al.*, 2002; Nay, 2004) especially with regard to care that is associated with caring for the dying and their family in palliative care (Webster & Kristjanson, 2002; Hulbert & Morrison, 2006). Rather, their reflections focussed on the actions they needed to take to maintain a 'balance' between work and life-style, to have their voice respectfully 'heard' in matters concerning their work, and to be acknowledged and recognized for achievements or efforts. From a Kantian ethical perspective of absolutes (either or), Sayer (2007:568) argues that dignity at work is not just something that can be bought and has a price or something that has no price equivalence, and is therefore, dignity. Instead, it is something that is above this that presents as a bivalence of conditions that enables work to be meaningful in the lives of workers. This includes mutual recognition of efforts and achievements that are reciprocal within an organization (Sayer, 2007). For the nurses, dignity was interlinked with opportunities to have open communication between staff and management about work processes and issues, to have the freedom to engage with others in meaningful activities regarding their work.

Communication and interaction (movement & resource: birds, linking branches, leaves, breeze, nests)

This metaphor is interconnected with all others and has an ethical dimension in that is expresses the free-flowing nature

of communication and interaction that is dependent on thinking about and acting with others as well as self. Excerpts from the data speak of 'Free-flowing information…' Valuing views of others'….' Focussed interest on 'knowing the other person'…Giving time to listen'. The boundaries between self and relationships with residents and families becomes blurred as the dialogue shifted focus through constant analogy with communication and interaction with residents as part of the process of activities of daily living care, end-of-life and family care. Dignity was associated with intentional acts of valuing others and using self as resource in making everyday routine interactions of care meaningful. This is expressed in the value placed on being part of a group or team articulated in the metaphor of the 'garden', a place and space for human flourishing and a source of dignity.

The Garden: being part of a team

The metaphor of the garden with a variety of flowers represented the different and complementary members, their knowledge, skills in the practice development active learning group and, the multidisciplinary aged care team (Fig. 3). For these nurses, the 'garden' or group affords a level of 'safety'. Developing practice involves a level of risk, in thinking and acting outside existing conventions of care that involves all members of the aged care team. Moyer (2008) points to the risk of potential failure and subsequent threats to self and professional integrity in the workplace. In long-term palliative care, care of the dying demands physical, emotional and intellectual investment (Webster & Kristjanson, 2002). From observational and interview data in this study, end of life care impacts all members of the care team and residents

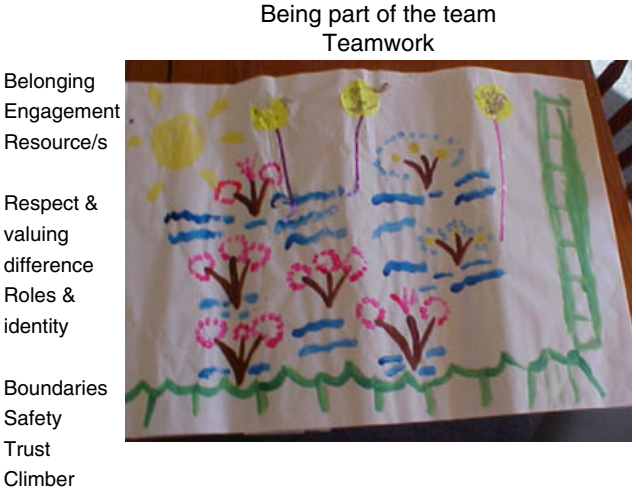

Figure 3 The Garden: being part of a group or team.

in what is considered a 'family' and community environment in residential aged care. In this study, teamwork evolved around particular projects of the practice development group and conferred a certain team identity that carried forward within the clinical arena with others to achieve particular goals.

The fence represents a garden boundary within which members of the active learning group are able to engage in open and free-flowing dialogue in a spirit of trust and mutual respect. It is a safe, non-threatening space for expressing views, using creative imagination, for challenging own and others' opinions. The garden is 'enriched' (fertile soil and sun) and is 'enriching' as a source of knowledge, skills and has the potential to encourage flourishing. Being part of a group gives a sense of belonging. The nurses described how 'being with others' and working together raised their awareness of their capacity as individuals and as a team to influence others in practice. This awareness arose partly from the evaluative component of their work within the active learning group that involved critical reflection on practice.

Discussion

The above metaphors represent co-constructions of dignity as strength, professionalism, happiness (flourishing), self-preservation, communication and interaction and being part of a group and team. The analysis revealed how dignity was constituted in relations with self, self and others and a group/team. The constructions converged with the notion of personhood and more broadly with social science constructs of dignity (Hodson, 2001; Sayer, 2007) that illuminated the meaning and interconnectedness with respect, recognition and engagement. The constructions brought to the forefront, the relational nature of dignity and in doing so also provided insights into the dynamics of those relationships and social conditions that have the potential to enhance or diminish dignity.

Personhood in terms of human being, has been the subject of philosophical debate from Pre-Socratic thinkers to contemporary understandings in the complexity of bio-medical advances, technologies of genetics and robotics (Torchia, 2008). No attempt has been made to explore its meaning but rather, it has been allowed to reveal itself as it converged with the nurses' constructions of dignity through the analysis. The holistic and intersubjective dimensions of personhood and the person (Green, 2009) are captured in the concept of *Eudaimonia* as flourishing (Tabensky, 2003) that encompasses the motivation and the manner in which it is achieved that is also constitutive of personhood. The Aristotelian, humanistic understandings of personhood espoused by

Tabensky in this analysis assumes the human capacity for reflection and rationality, for self-conscious awareness in a continuum from the past and the capacity to plan into the future in striving for the 'good' that is, moral life. It implies a freedom to act on the grounds of this rationality and as such may provide insights into the human motivation to find meaning for example in work and the work-life of nurses. Dignity, according to Hodson (2001) is essential to human wellbeing and finding meaning in work. Dignity constructed by the nurses as 'strength' and 'professionalism' was constituted intersubjectively, through respectful, controlled and fluid ways of relating and working.

The dynamics of instrumental relationships and social conditions within the workplace described by Sayer (2007) and Hodson (2001) crack open the contingency and bivalence of dignity in the workplace. For example in this analysis, constructions of dignity as 'self-preservation' and 'happiness' relied on the capacity of nurses to strike a balance between work and lifestyle. This assumes the exercise of 'agency' (Sayer, 2007). It assumes a motivation and capacity to negotiate conditions with others in higher or lower positions within the wider clinical and organizational environment. Such negotiations are based on trust, in self and others and respect for the integrity of those in unequal positions of power and status (Sayer, 2007).

Social conditions that enhanced dignity and supported the exercise of 'agency' were 'being with others' through engagement in a group and 'being part of a team'. The group conferred a professional and group identity that enhanced self-respect and identity. Being part of a group enhanced a sense of control of 'risk' to professional integrity associated with change and leadership in the workplace culture. Recognition of personal and group capacity to influence others suggests that being part of a group or team for these nurses put them in a stronger position to control conditions that supported the realization of their 'ideal' with regard to the conditions for dignity in the workplace.

These constructions expose the intersubjective and social dimensions of dignity and how they converge and diverge to form the dynamic conditions in which the nurses experience personhood. Just as the meaning of personhood changes over time and in different cultures (Reiss, 2003), the meaning of dignity also changes in the context of instrumental relationships inherent in the workplace and in the care-giving/therapeutic relationships in practice. They resonate with the subjective, behavioural and social dimensions of dignity described by Jacelon *et al.* (2004) and comment on the contingency and different kinds of dignity identified by Nordenfelt (2009) in healthcare. Constructions of dignity and subsequent actions taken by nurses on their own behalf to articulate their experiences of transforming practice are interconnected with dignity enhancing relationships and emancipatory ways of working in practice development.

Ways of working, personhood and community

Practice development is a way of being and working that is person-centered and strives to enable individual and group flourishing (McCormack & Titchen, 2006; Manley *et al.*, 2008). Ways of working are participative, inclusive and collaborative and are concerned with the values and beliefs of individuals and the organization (Schein, 1985; Manley & McCormack, 2004). This study used critical reflection methods (Schön, 1983) and tools (Mezirow, 1981; John, 2001) and an eclectic approach to learning and facilitation of groups influenced by Rogers (1961), Heron (1989) and Titchen (2001) to enable individuals and teams to work critically, creatively (McCormack & Titchen, 2006) and systematically (Garbett & McCormack, 2002).

Ways of working in the active learning groups and workshops described in this paper were based on a positive regard for others, a strong belief in the innate value and potential of all participants for growth and transformation. The work was underpinned by ethical agreements about the conduct of the group that encouraged mutual sharing and reciprocal learning. Key features included self and group reflection, enabling choice, being flexible; valuing self and others; respecting others views and valuing contributions; openness to alternative perspectives, evidence and theories; high challenge with high support; authentic engagement and commitment over time, celebration of achievement.

Happiness or flourishing is achieved through what Tabensky (2003) argues is ethical action, through virtuous habits formed through relationships or *philia* (such as friendships, collegiality) within a community. The nurses in this study exercised agency to take control over their practice through facilitated and systematic processes that resulted in their capacity to present with pride and determination, the outcomes of their work in transforming practice. The relationship between dignity and personhood has been revealed through the relational nature of personhood and the fragility of both in the dynamics and conditions of the social conditions inherent in the workplace that can enhance and diminish dignity and human flourishing. Given this interconnectedness of personhood and dignity in this analysis, ways of working in practice development can not be separated from person-centredness and person-centered models of care.

Dignity and person-centered nursing frameworks

Many of the metaphors for dignity resonate with the existential elements of the 'Senses Framework' (Nolan *et al.*, 2004) for example, staff as well as the older person having a sense of fulfillment. Similarly, the pragmatic interlinking of professional pre-requisites and the characteristics of an environment required to achieve person centred outcomes of care for patients may also provide some parallel indicators for measuring dignity (McCormack & McCance, 2006). The pre-requisites include being professionally competent, having developed interpersonal skills, commitment to the job, clarity of beliefs and values, knowing self and an environment that has an appropriate skill-mix, shared decision-making systems, effective staff relations, supportive organizational systems, power sharing, potential for involvement and risk taking (McCormack & McCance, 2006:476). Whilst these requirements are not unreasonable in a modern healthcare service, realizing them in ways that enhance dignity of workers may in practice, be a more formidable task given the grim conditions of the workplace environment portrayed by Hodson (2001) and as having correspondence in healthcare (Lawless & Moss, 2007). The constructions of dignity in this paper converge with ways of working that enable mutual respect, support and challenge, and value human potential for growth.

Manifestations of dignity in this study

Achievements in this study became evident in the innovations made to practice in implementing a palliative approach to care that commenced on admission and continued through interdisciplinary teamwork to end-of life-care. Proud presentations to clinical and academic audiences by these nurses and others about their experiences, demonstrated pride in their work and the confidence and competence gained in transforming their practice. There are many other examples of similarly authentic ways in which these nurses and other members of the aged care team demonstrated the outcomes of their work through projects aimed at developing communication and teamwork to support end-of-life care in this study. To the observer, this was an image of human 'flourishing' for these nurses and the aged care facility as a whole who had made palliative care their own and their 'ideal' come to life.

Dignity and the organization

The dissemination by the participants and researcher of the outcomes of the work in implementing a palliative approach attracted the attention of a local and wider audience over the extended period of this study. In the process, it has raised the profile of the aged care team and given an identity to participants as the 'palliative care team'. The benefits reflect favourably on the facility as a whole with flow-on effects within the larger healthcare organization of which it is a part. Wenger (2000) has established how 'communities of practice' (small groups or networks of employees) are a valuable resource that can contribute to organizational development. It is a resource that can be used like a property that belongs to a group or organization and as such may be conceptualized as 'social capital' (Bourdieu, 1990). Cohen and Prusak (2001) drawing on Bourdieu, suggest that social capital makes organizations work. Recognition of the value of groups and their work nourishes individuals and micro-level culture.

Towards a social ecology of dignity

The constructions of dignity in this article illuminate the equally complex and bivalent nature of being person-centred in the workplace. These constructions give voice to the interdependent nature of relationships that constitute dignity and as a corollary, person-centredness. Ways of working in practice development have been associated with dignity for nurses in this study. It is argued that these ways of working if embodied (such as the Aristotelian 'virtuous habits of living and relating to others) over time, expand outward from the small group and team to the larger teams in the ward or practice setting. In this way, they are carried forward into the realm of the practice culture. The interdependence and mutually influencing relations have the potential to evolve as a social ecology of dignity.

Reflection on the method

The constructions of dignity have relevance to this environment and can not therefore be generalized to others settings. This is a limitation of the method used in this paper. However, dignity is an abstract concept and as such would be challenging to use as an organizing structure without first exploring the dimensions of its meaning for individuals and groups in the particular setting. The critical, creative and reflective method used has been helpful in enabling the group to express their embodied understandings of the concept reflecting both its complexity and its familiarity without being dependent on words. In this study, the images and descriptions of dignity formed the bedrock for further exploration through critical reflection. The method has strength in bringing together deep and broad meanings of dignity and in the process opening up new understandings of and the dynamic nature of dignity in the workplace.

Conclusion

Dignity enhancing ways of working in an active learning group and workplace have been interlinked with professional commitment and actions that promote a palliative approach to care. Attention to ways of working to enhance dignity in the workplace has the potential to support the development of the professional pre-requisites for person-centeredness and provide insights into environments that support person-centered outcomes of care for patients.

Implications for practice

- The constructions of dignity framework provides the architecture to build shared meanings of dignity as a first step in planning strategies to realize them in ways that make sense in a particular area of practice.
- Engaging staff in critical and creative reflective activities has the potential to crack open what is often 'unsaid' about the value placed on being with others in relationships and interaction patterns that make people happy and flourish in the workplace.
- Dignity is associated with individual and group pride in belonging and connected in groups that work in ways that enhance dignity, that have a goal of learning and developing innovations for better healthcare outcomes for residents or patients.
- Clarifying dignity in the workplace has the potential to raise questions for individuals and organizations about the strategies and conditions that support the maintenance and enhancement of dignity.
- Positioning dignity as an organizing theme across ways of relating to working with others has the potential to evolve as a transformative force towards workplace and organizational cultures of person-centredness.

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