

Dignity in Health Services: Proposal of a Model from a Systematic Literature Review

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Introdução

There is a growing body of empirical and theoretical literature on dignity to increase attention to the lack of dignity and public health policy responses. However, despite the extensive literature devoted to the topic of dignity, it does research that clarifies what promotes and what violates the dignity of healthcare users is increasingly necessary, given the everyday evidence of situations violating patients' dignity. Furthermore, there is a paucity in the literature regarding the different conceptions of health care users and providers to the conception of dignity in health care.

Problema de Pesquisa e Objetivo

The relationship between these issues and theoretical and empirical perspectives on dignity is not direct. This study aims to identify the different stakeholders covered in the literature and involved in healthcare, factors affecting dignity in health, and to provide a general thematic overview with the identification of the most addressed issues in the studies in order to expand the knowledge about dignity in health and identify gaps for suggestions for future studies. To achieve this purpose, a systematic literature review was conducted.

Fundamentação Teórica

Different stakeholders involved in healthcare, factors affecting dignity in healthcare, patient-centred dignity, dignity and healthcare professionals, concepts, conceptions of dignity in healthcare.

Metodologia

Following the PRISMA 2020 checklist, mapping and summarizing study results from Web of Science (WoS), SCOPUS, and EBSCO databases was performed. The SLR protocol was developed with registration in INPLASY. A guiding matrix for study quality (ROBINS-L) was developed to conduct the SLR. To ensure the quality of the review, the process of inclusion and exclusion of articles is conducted by two researchers. Use is made of VOSviewer software for bibliometric analysis.

Análise dos Resultados

The analysis of 235 studies from 1973 to 2023 produced three thematic groups: "patient-centered dignity", "dignity and health care professionals", and "concepts, conceptions of dignity in health care". The factors that promote or affect dignity in healthcare should not be limited because human needs, although conceptualized generally, have particularities and individualities that do not allow us to 'standardize' the concept of dignity in healthcare.

Conclusão

In summary, one should not limit the factors that promote or affect dignity in health, because human needs, although generally conceptualized, have particularities and individualities that do not allow us to 'standardize' the concept of dignity in health.

Referências Bibliográficas

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