

Dignity for nursing students and nurses: a contribution from social representation theory

Dignidade para os estudantes de enfermagem e enfermeiros: uma contribuição da teoria das representações sociais

Dignidad para estudiantes de enfermería y enfermeros: un aporte desde la teoría de las representaciones sociales

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ABSTRACT

Objective: to identify consensus and divergence in the social representations about the dignity of nursing students and nurses. **Method:** this qualitative, descriptive study was conducted with the support of the structural approach of social representation theory. Data were collected using a questionnaire on the Google Forms® platform, which was answered by 47 nurses and 214 students from a Nursing School in Portugal. The study was approved by the ethics committee. **Results:** respect emerged as a central term in both the groups as two semantic dimensions: one conceptual and the other relational. The latter, in connection with care practices, was stronger in the group of nurses, who also included the idea of humanity. **Conclusions:** the results suggest that professional experiences of, and thinking about, care practices afforded to the group of nurses, expanded and nuanced their representations of dignity, emphasizing relational aspects, which can have repercussions on the quality of professional practice.

Descriptors: Nurses; Students, Nursing; Education; Respect; Social Representations.

RESUMO

Objetivo: identificar consensos e divergências nas representações sociais sobre dignidade de estudantes de enfermagem e enfermeiros. **Método:** estudo descritivo, com abordagem qualitativa, desenvolvido com o suporte da teoria das representações sociais por meio de sua abordagem estrutural. Os dados foram coletados por um questionário numa plataforma *Google Forms*®, respondido por 47 enfermeiros e 214 estudantes de uma Escola Superior de Enfermagem de Portugal. O estudo foi aprovado pela comissão de ética. **Resultados:** o respeito emergiu como termo central em ambos os grupos como duas dimensões semânticas: conceitual e relacional. Esta, vinculada às práticas de cuidado, foi mais forte no grupo de enfermeiros, que incluiu também a ideia de humanidade. **Conclusões:** os resultados sugerem que as vivências profissionais e as reflexões sobre as práticas de cuidado, oportunizadas ao grupo de enfermeiros, ampliaram e matizaram as representações da dignidade, acentuando aspectos relacionais, o que pode repercutir na qualidade das práticas profissionais.

Descritores: Enfermeiros e Enfermeiras; Estudantes de Enfermagem; Educação; Respeito; Representações Sociais.

RESUMEN

Objetivo: identificar consensos y divergencias en las representaciones sociales sobre la dignidad de los estudiantes de enfermería y enfermeros. **Método:** estudio descriptivo, con enfoque cualitativo, desarrollado con el apoyo de la teoría de las representaciones sociales a través de su enfoque estructural. Los datos fueron recolectados a través de un cuestionario en la plataforma *Google Forms*®, respondido por 47 enfermeros y 214 estudiantes de una Escuela de Enfermería en Portugal. El estudio fue aprobado por el comité de ética. **Resultados:** el respeto surgió como término central en ambos grupos como dos dimensiones semánticas: conceptual y relacional. Esto, ligado a las prácticas de cuidado, fue más fuerte en el grupo de enfermeros, que también incluía la idea de *humanidad*. **Conclusiones:** los resultados sugieren que las experiencias profesionales y las reflexiones sobre las prácticas de cuidado, proporcionadas al grupo de enfermeros, ampliaron y matizaron las representaciones de la dignidad, enfatizando aspectos relacionales, que pueden repercutir en la calidad de las prácticas profesionales.

Descritores: Enfermeros y Enfermeras; Estudiantes de Enfermería; Educación; Respeto; Representaciones Sociales.

INTRODUCTION

Since its origin, nursing understands dignified care as essential to its practices. According to the Order of Nurses¹, and the Brazilian code of ethics CFE resolution 211/1998, it is the duty of nurses to respect life, human dignity, health and well-being of the population. Thus, the concept of human dignity permeates the daily activities of the profession, often with different contents.

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According to the National Council of Ethics for Life Sciences², Dignity is an intrinsic and inseparable attribute of each and every human being, being a characteristic, which defines it as such. In this sense, Dignity is one of the “supreme values” invoked in the Charter of the United Nations and in the Universal Declaration of Human Rights³. However, as a discipline, several specialists have explored metaparadigms of different models, and have not conceived a single theorization about this concept⁴. However, as defended by Immanuel Kant (1724-1804), the concept of dignity as being ontologically inherent to the human being, which should always be treated as an end and not as a means, prevails until today in the various areas of theorization and application of this concept.

One study in the health area on preserving dignity at the end of life stands out; it sought to identify the elements that are constituents of dignity preservation from the perspective of health professionals. Authors proposed to organize these elements in two dimensions. The first, called intrinsic dignity “*is considered an innate property/possession of the individual...*”, meaning they are attributes inherent to the person themselves, which they can secure and develop to consider themselves and to be considered by others as a worthy person. The second, called extrinsic dignity “*is external to the person and can be greatly influenced by the way others (...) treat the person*”⁵. In other words, the second dimension, which can affect the first, concerns the elements which must be present in the actions of others to guarantee/enhance the dignity of the person, which we could consider as relational attributes.

As an object of representation, dignity is influenced by the set of shared ideas, being affected by norms, ways of seeing the world, education, culture, and ideologies, among many other factors. Nursing practices are not only justified by the profession’s specific knowledge, but by the ideas, values, and beliefs that circulate in society, and more specifically in the spaces where these practices are performed.

Therefore, Dignity is a complex, multidimensional and polysemic concept resulting from the circulation of different contents and meanings, and which constitutes a huge challenge for nursing students and professionals in its appropriation and operationalization in care practice. Given its centrality in Nursing care, it is essential that this concept be the object of focused training and requires dedication on the part of students and nurses to avoid its trivialization⁶. Thus, it is important that the trainers of these professionals are aware of this diversity of contents and are able to understand how they are generated and transformed in practices and exchanges in training and professional practice contexts.

Thus, the Theory of Social Representations (TSR), proposed by Moscovici in 1961, constitutes a precious tool for investigating the contents and dynamics of ideas related to this theme. Social Representations (SRs) are phenomena that circulate and crystallize through gestures, attitudes, words, ways of thinking in the everyday world and that permeate the relationships established in social practices⁷. Therefore, dignity can be considered an object of social representation whose knowledge is fundamental to guide the professional training of nurses.

The relevance of this study lies in the possibility of the influence of the SR of dignity in practices that dignify the person being cared for, compromising or improving the care quality. On the other hand, these are social practices which frequently occur in “situations with strong restrictions”, which means that they also have the potential to provoke transformations in representations⁸. This is a descriptive study with a qualitative approach, developed with the support of the theory of social representations through its structural approach, which is called the Central Core Theory⁹.

The structural approach was formulated by Abric in 1976, and argues that the SR content is organized in a structure consisting of a central core and a peripheral system. The central core, or figurative core, brings together the most stable elements, and therefore most resistant to change. It is these elements that give meaning to the object⁸. According to Machado and Aniceto, two groups have different SRs on the same object when the contents of the central core of these SRs are different¹⁰. On the other hand, the peripheral system is composed of elements which are more dependent on the historical and social context and on the subjects’ particular experiences; and its function is to protect the central core, making familiar those contents which are not familiar¹⁰.

Thus, identifying the SR content and its organization enables knowing which elements are more crystallized, and therefore those which are more resistant to change. This knowledge is very important for training programs because these programs frequently aim to change the practices of certain groups. Thus, it is essential to seek to know the ideas that can objectively affect the practices and identify those that prevail even when facing information and proposals for practices that put them into play, as well as detecting possible changes in the representations from the exercise of these practices and their reflections about them.

In this sense, this article aims to identify consensus and divergence in social representations about the dignity of nursing students and nurses. It is hoped that the data presented herein will contribute to understanding the dialectic

between reflection and practice in construction and transformation of the representation of dignity, in turn supporting the work of trainers of nursing professionals.

METHOD

This article presents an excerpt from a broader study which was conducted within the scope of a Nursing School in Portugal and which had one of its purposes being to contribute to improve the training courses. Therefore, the research participants were students at the beginning and end of graduation, as well as postgraduate students of the courses offered by this institution.

This clipping includes two studies: the first (study 1) involved 214 undergraduate students (65 from the fourth year and 149 from the second year), 28 males and 186 females, with a mean age of 20.9 years. The second study (study 2) had the participation of 47 professional Master's degree students in the following areas: Rehabilitation Nursing, Maternal Health and Midwifery Nursing and Care Unit Management, 42 women and 5 men, with a mean age of 34.6 years (min. 25; max. 52). These students were already nursing professionals and worked in Continuous Care Units, Hospitals and Health Centers. The participating groups in both studies was constituted by convenience, since it included all students who agreed to answer the questionnaire when it was presented to them during the time of an online class.

The questionnaire was made available on the Google Forms® platform, and consisted of closed questions to characterize the participants, open questions (not analyzed in this article), and one question in which the free word association technique (FWAT) was used with the following statement: "Write 5 words that you immediately associate with the concept of dignity". Data were collected during the first half of 2021. FWAT was used to provide access to the semantic field of SRs with a minimum of conscious control in order to prevent academic concepts and precepts from predominating or even causing some kind of censorship and inhibiting expression of common sense. As this was just one more among the various techniques used in this study and the main interest was to minimize the domain of consciousness, only the evocation order was considered and not the order of importance of the words produced before the inducing term DIGNITY.

The evocations produced in FWAT before the inducing term DIGNITY were submitted to two analyses: the prototypical¹¹ and the similarity¹². In the first, we sought to understand the association between the evoked elements (cognems) and the inducing term, highlighting those which are more significant, that most characterize it and which are more cognitively accessible. In the second, we sought to clarify the meanings attributed to the inductor term based on the connectivity between the elements of the semantic field. The Iramuteq® (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*)¹³ software program was used to perform these analyses.

The corpus in each study was organized in a spreadsheet according to the procedures required for the correct performance of the software program¹⁴. The study was approved by the Ethics Committee of the Coimbra Nursing School, Portugal.

RESULTS

The statistical analysis of the evoked words showed that the average occurrence of each cognem in the first study with the group of students was equal to six. Therefore, it was decided that this would be the defining minimum frequency cut-off.

Then in the second study (represented by the group of professionals), an average of approximately three repetitions of each word was recorded, and therefore this was the minimum frequency adopted as the cut-off point.

In turn, the corpus in the study with students which was considered in both the prototypical analysis and in the similarity analysis corresponded to 78% of all evocations produced, while this percentage in the study with professionals was 68.7%. It is important to mention that the number of participants in this second study was very small, which forced us to consider all the results of this group with caution and interpret them more as indications than as clear evidence with regard to the SR structure.

The corpus diversity index¹⁵ calculation showed that the semantic field of the first study presented a lower diversity than that of the second (0.05 and 0.15, respectively), which may be related to age, professional experience and academic training, which were higher in the participants of this study. As mentioned above, data from each study underwent prototypical analysis. The results of the first study are shown in Figure 1.

	MEO ≤ 2.78			MEO > 2.78		
	Central core zone			Primary periphery		
F>=19.79	respect	180	1.7	privacy	53	2.8
	right	32	2.7	care	44	3.3
	person	24	2.0	values	39	2.9
				integrity	32	3.2
				individuality	26	3.2
				honor	23	3.3
				empathy	21	3.7
	Contrast zone			Secondary periphery		
F<19.79	autonomy	19	2.7	honesty	18	3.3
	ethics	12	2.7	justice	17	3.0
	understanding	12	2.1	freedom	16	3.5
	moral value	10	2.5	equality	13	3.2
	independence	7	2.4	intimacy	13	2.8
				consideration	12	3.5
				recognition	12	3.0
				desires	12	2.3
				trust	10	3.9
				care	10	3.7
				humanity	10	3.5
				attitude	9	3.1
				secrecy	8	4.1
				human being	8	3.4
				valuation	8	3.2
				beliefs	8	3.4
				virtue	7	4.0
				to look	7	3.9
				interaction	7	4.6
				equity	7	3.4
			self-esteem	7	3.1	
			affection	7	3.1	
			comfort	7	3.7	

Note: MEO: mean evocation order.

FIGURE 1: Chart with four sections resulting from the prototypical analysis of the evocations produced by the group of students. Coimbra, Portugal, 2021.

The analysis of the students' evocations showed that DIGNITY is strongly associated with the idea of respect for the vast majority (n=180) of the respondents. This word not only has a much higher frequency than the other words, but it is also the most accessible, meaning it is activated more quickly, as can be seen by the low mean evocation order (MEO = 1.7).

The cognems located in the first periphery and in the contrast zone suggest that respect is simultaneously related to intrinsic and extrinsic dignity. The first is expressed in the words *integrity*, *individuality* and *honor* in the first periphery, and *autonomy* and *independence* in the contrast zone. On the other hand, extrinsic dignity is expressed by the words *respect* and *right* in the central core zone; *privacy*, *care*, and *empathy* in the first periphery; and *understanding* in the contrast zone. This refers to both respect for what the person is and for what the person has. The Similitude analysis corroborates the centrality of the word *respect*, in such a way that it constitutes a node as it connects to all the others, suggesting that DIGNITY practically becomes a synonym of respect.

As can be seen in Figure 1, all the cognems which compose the central core zone and the first periphery are strongly associated with the word *respect* (the minimum percentage of co-occurrence is 0.08, referring to the word *person*, and the maximum is of 0.23, referring to the word *privacy*), suggesting that the idea of respect aggregates the different SR meanings and dimensions of DIGNITY and does not only refer to intrinsic dignity⁵.

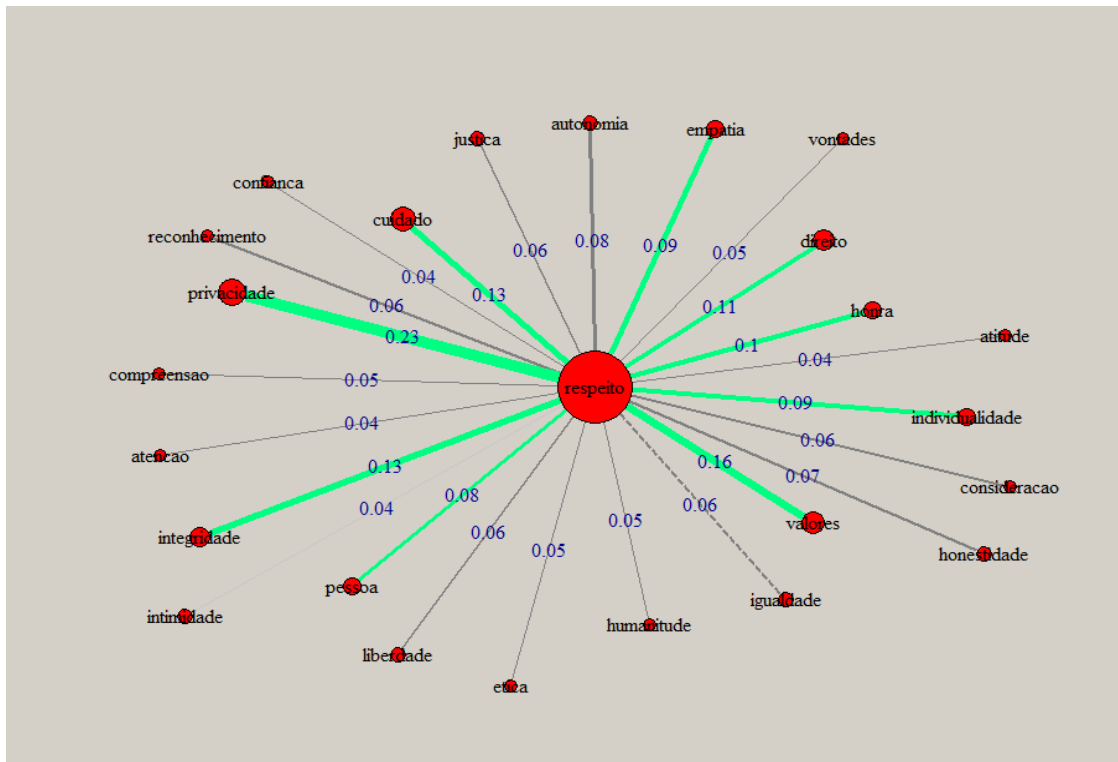


FIGURE 2: Similarity analysis of the words evoked by the group of students. Coimbra, Portugal, 2021.

As mentioned above, the prototypical analysis of the evocations produced by the group of professionals must be considered with caution, as the number of participants in this group is very small and does not allow for conclusions about the SR structure. Thus, the four-point chart (Figure 3) was only used in this analysis as a data organization tool which facilitates comparison between the groups of the two studies and raises assumptions to be confirmed in future studies.

	MEO ≤ 2.78			MEO > 2.78		
	Central core zone			Primary periphery		
F ≥ 19.79	respect	37	1.8	care	16	3.0
	humanity	14	2.1	privacy	12	3.3
	empathy	8	2.8	right	7	2.9
				autonomy	7	3.7
F < 19.79	Contrast zone			Secondary periphery		
	freedom	6	2.7	ethics	6	3.3
	person	5	2.4	equality	6	3.2
	integrity	5	2.4	valuation	5	4.2
	intimacy	3	1.7	quality	5	3.6
	moral value	3	2.7	humanity	5	3.0
				values	4	4.5
				humanization	4	3.2
				awareness	4	3.5
				justice	4	4.2
				protection	3	4.7
				honor	3	3.3
				individuality	3	3.3
				to care	3	3.0
			recognition	3	4.0	
			desires	3	4.0	

Note: MEO: mean evocation order.

FIGURE 3: Chart with four sections resulting from the prototypical analysis of the evocations produced by the group of professionals. Coimbra, Portugal, 2021.

As in study 1, the word *respect* stands out in both terms of frequency (37 of the 47 participants evoked it) and in terms of mean evocation order (MEO = 1.8). The semantic content is also very similar in the two studies. However, the presence of the word *humanity* in the central core zone is highlighted, evoked by 14 participants (30%). This word was only evoked by 10 students in study 1, being located in the second periphery. Thus, the idea of humanity became associated with DIGNITY in this group of professionals, which may be an indication of some change in SR.

Evocations can also be found in this study which refer to the intrinsic and extrinsic dimensions of dignity. However, most of the cognems that we could include with intrinsic dignity had a lower frequency (only *autonomy* has a frequency higher than the average). Thus, the results suggest that contents related to extrinsic dignity seem to have greater importance for professionals in representing DIGNITY than other contents. In addition, the word *care* was mentioned by 34% of professionals, versus 21% of students in study 1, suggesting that it is more common for the representation of dignity to be anchored in care practices.

The result of the similarity analysis, represented in Figure 4, shows that the word *respect* also constitutes a node which connects all the others in the group of professionals (as happened in study 1), suggesting that respect is an absolute cognem for both groups surveyed, and therefore non-negotiable¹⁶. The idea of *respect* is strongly associated with the idea of *privacy* in both studies (the co-occurrence percentage is equal to 0.23).

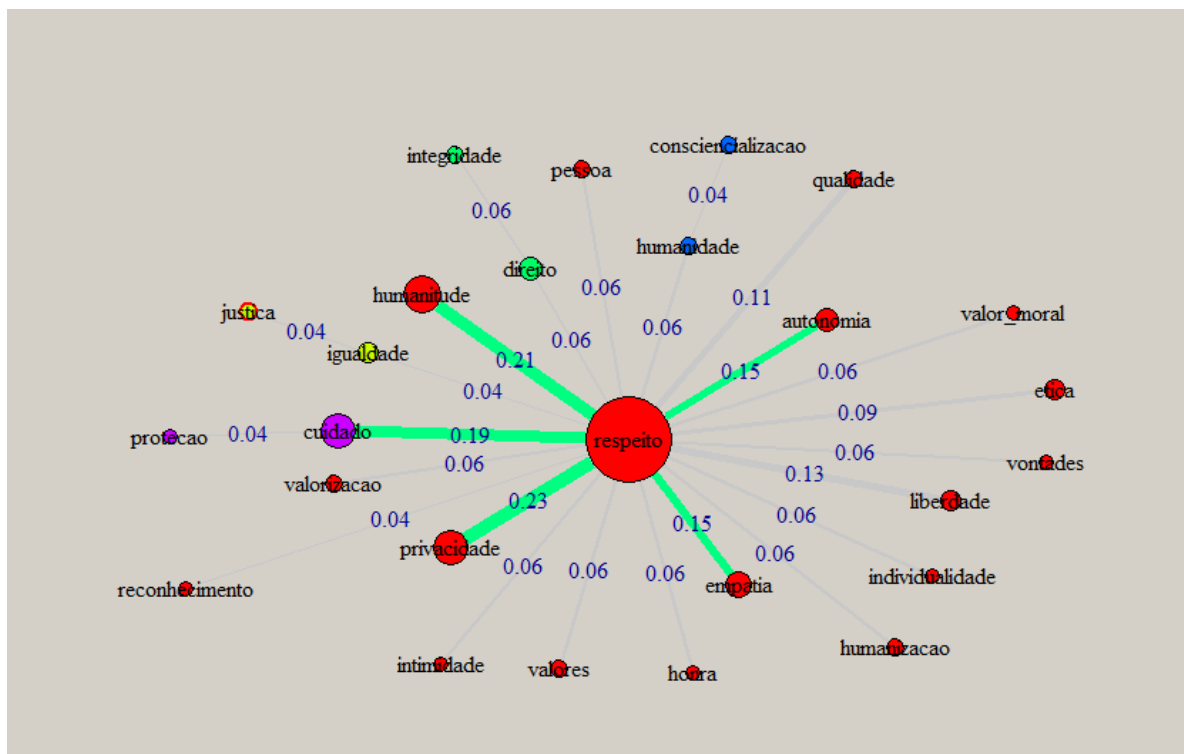


FIGURE 4: Similarity analysis of the words evoked by the group of professionals. Coimbra, Portugal, 2021.

For professionals, *respect* is also strongly associated with *humanity*, and 10 of the 14 participants who evoked humanity did so together with the word *respect*, resulting in a co-occurrence percentage equal to 0.21. It should be noted that the few students who evoked the word in study 1 also did so along with the word *respect*.

These associations and the strong connection between *respect* and *care* (co-occurrence percentage equal to 0.19) suggest that the representation of DIGNITY expressed in the idea of *respect* is anchored in professional care practices more frequently (relative) for nurses than for students. In this sense, it is interesting to see that another element which is more frequent and more associated with the word *respect* is *empathy*, which also refers to the care relationship. On the other hand, *autonomy* refers to an element of intrinsic dignity, but is fundamental in the relationship with the patient so that *respect* for their dignity is maintained.

DISCUSSION

The issue of dignity goes beyond the philosophical level when discussing professional practice in the health area, as it is a structuring concept of care practices. Thus, dignity is not thought of in the abstract, but rather as “respect for the dignity of the person”, in this case the patient. This explains why the word *respect* appeared in this study as the central node of the representation of Dignity, which is the most evident convergent aspect between the groups surveyed in both studies. Other studies corroborate the presented results, such as the one developed by Wolter¹⁷ with 130 participants (84 students and 46 nurses). In this study, the term respect was associated with the concept of dignity, and was evoked by 86.15% of the participants.

Thinking about dignity based on the imperative “respect for dignity” highlights the importance of moving the focus of deepening this theme from philosophical definitions to everyday practices, as observed in a study that identified extrinsic dignity as the dimension which concerns the elements that must be present in the actions of others to guarantee/enhance the dignity of the person⁵. Other authors in the health area have also defined the sense of dignity as a relational attribute¹⁸, and it is above all this sense which appears in different studies in the area, and in which relational dignity is described as a fundamental dimension¹⁹, giving particular emphasis to interactions, which further emphasizes that the quality of interaction influences dignity²⁰. The participants of this study stated that nursing proposes to strengthen and consider the opinions and choices of individuals, without denying the freedom to decide about what implies them, respecting the unique Human Being in all of their dimensions.

Privacy is highlighted as a practice which dignifies the person being cared for, including it as a fundamental component of the extrinsic dimension of dignity¹⁷⁻²¹. Privacy was also highlighted by students and professionals in the studies reported herein, probably as a result of the importance attributed to it throughout the theoretical and practical training, in which it is presented as an ethical imperative of care.

Respect, autonomy and communication were identified as being fundamental in nursing care^{22,23}. Previous study demonstrated that students emphasized person-centered care, empathy and respect for autonomy as practices which dignify the person being cared for²⁴. They considered respect as an element of extrinsic dignity, while autonomy would be a constituent of intrinsic dignity. For the participants of the studies reported herein, the idea of dignity as “respect for...” seems to include the attributes of both dimensions, since the word respect is connected with all other words, including autonomy, honor and integrity (the latter with a weaker connection). This suggests that the SR of dignity is objectified in a respectful relationship that humanizes the subject (patient).

The results of these studies suggest that this idea can be expressed more clearly in the word “humanity”. The term humanity, which is a care methodology centered on interaction and respect for the particularities of the person²⁵, was mentioned by 15.38% of the participants in a previous study¹⁷. Next, the term humanity was evoked by about 30% of professionals in study 2, and is probably part of the central core of their SR on Dignity, which may be a result of care practices and/or reflection on these practices during training processes. It is important to remember that as these professionals were Master’s degree students, they participated in collective reflections on their own practices, including the theme of Dignity, which may have enriched their representations of this object. In this sense, the involvement of nursing professionals with their practices strengthens understanding of the complexity of reality, and producing a transformation of man, the environment and society²⁶ between knowledge and practice. Such revelations highlight the importance of experiencing theory and practice in order to better understand dignity and its multifaceted conceptions from these experiences.

CONCLUSION

This study aimed to identify consensus and divergence in the social representations about dignity of nursing students and nurses involved in care practices. It was observed that all the evoked words in both groups are connected to the term respect, suggesting that dignity is represented from a relational perspective, anchored in care practices and objectified in the image of a respectful interaction with the patient.

Thus, Dignity is not an abstraction because, when represented as “respect for the dignity” (of the other, in this case, the patient), it guides care practices, generating parameters for evaluating these practices which are objectified in concrete actions. The inclusion of the term humanity in the possible central core of the SR of Master’s degree professionals suggests that the collective reflection/discussion on practices can be fundamental for enriching the SR.

The assimilation of this concept to the SR of Dignity can express greater understanding of the meaning of Dignity in the context of nursing. However, it is important that the validity of these conclusions be verified in new studies with a larger number of professionals, including the comparison between those who participated and those who did not participate in postgraduate training.

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