



...Developing top-notch CNAs, one inservice at a time



A Patient Rights Module for Nurse Aides:

Maintaining Your Clients' Dignity



Developing Top-Notch CNAs, One Inservice at a Time



A Patient Rights Module:

MAINTAINING YOUR CLIENTS' DIGNITY

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____.
Show your Inservice Club Membership Card to _____ so that it can be initialed.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

After finishing this inservice, you will be able to:

Describe how a person's dignity can be affected in the health care setting.



Define the A, B, C, and D of dignity.



Discuss at least two ways to maintain the dignity of clients across all cultures.



Describe how advance directives contribute to maintaining a client's dignity.



Exhibit personal dignity in all professional and personal interactions with others.

THANK YOU!



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Inside This Inservice:

What Is Dignity and How Do You Maintain It?	2
The A, B, C, and D of Dignity: <i>ATTITUDE</i>	3
The A, B, C, and D of Dignity: <i>BEHAVIOR</i>	4
The A, B, C, and D of Dignity: <i>COMPASSION</i>	5
The A, B, C, and D of Dignity: <i>DIALOGUE</i>	6
Dignity across Cultures	7
Dignity for the Dying	8
Personal Dignity	9
Final Tips	10



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A Patient Rights Module:

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DOLE OUT THE DIGNITY!

You've probably heard the term "dignity" many times in your career as a nursing assistant. But, what does it really mean?

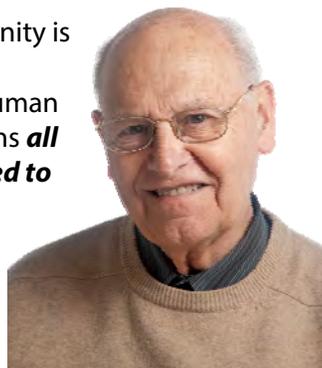
The term "dignity" is derived from the Latin "dignus" meaning *worthy*. And the dictionary defines it as "the quality or state of being worthy, honored, or esteemed."

While these descriptions of dignity may be accurate, the concept of dignity is much more complex when it relates to your relationship with clients in healthcare situations.

First, look at the term "worthy." Worthy might imply people have *measurable* worth or value. Does this mean dignity is different for everyone based on a level of measurable worth? For example:

- Do wealthy people deserve more dignity than poor people?
- Do kind people deserve more dignity than mean people?

In health care, dignity is a **basic right** ALL people have as human beings. This means ***all people are entitled to be treated with dignity simply because they are humans.***



In healthcare situations, dignity does not need to be earned, and is not based on any measurable value. Simply by being human, your clients secure the right to be treated with dignity.

Okay, so now you know EVERYONE deserves to be treated with dignity . . . no matter what . . . and in all circumstances.

But, how exactly do you ***treat people with dignity***? In this inservice, you'll learn the A, B, C, and D of dignity:

- **Attitude**
- **Behavior**
- **Compassion**
- **Dialogue**

By following the simple A, B, C, and D guidelines found in this inservice, you will gain the tools you need to maintain your clients' dignity.

"For anyone privileged to look after patients, the duty to uphold, protect, and restore the dignity of those who seek our care embraces the very essence of medicine."

~Harvey Max Chochinov, author of *the A, B, C, and D of Dignity Conserving Care.*

ARE WE ALL IN AGREEMENT? NOT REALLY!

Several recent studies have shown that all humans (regardless of age, gender, race, religion, ethnicity, socio-economic status, or education level), have **the same basic wants and needs** when it comes to maintaining dignity while being cared for during an illness or injury. These basic desires include:

- Respect, privacy, and communication.
- Choice and control.
- Proper nutrition and pain management.

These seem like reasonable requests.

THE PROBLEM IS . . .

Healthcare professionals **talk** a lot about maintaining a client's dignity . . . but the research shows it doesn't always happen.

Nurses, nursing assistants, doctors, and other members of the healthcare team are extremely busy and often claim **lack of time and training** as the biggest reasons for failing to maintain a client's dignity.

CLIENTS LOSE DIGNITY WHEN THEY . . .

- Are talked down to or treated like a child.
- Are excluded from decision-making.
- Are treated as an object or an illness, instead of as a person.
- Have hospital staff expose their naked bodies during baths or during transfers.
- Are addressed in too casual a manner such as "sweetie" or "honey."

THE CONSEQUENCES CAN BE SERIOUS . . .

People who feel they are not being treated with dignity have their sense of value or worth undermined.

When clients feel that life no longer has worth, meaning, or purpose, they are more likely to feel like a burden to others. Clients who feel they are a burden may become sad or depressed and may even question the point of living.

Although the risk for suicidal behavior in elderly clients is typically low . . . you may see other self-harming behaviors like refusing treatment or refusing to eat.

IS IT REALLY SO HARD?

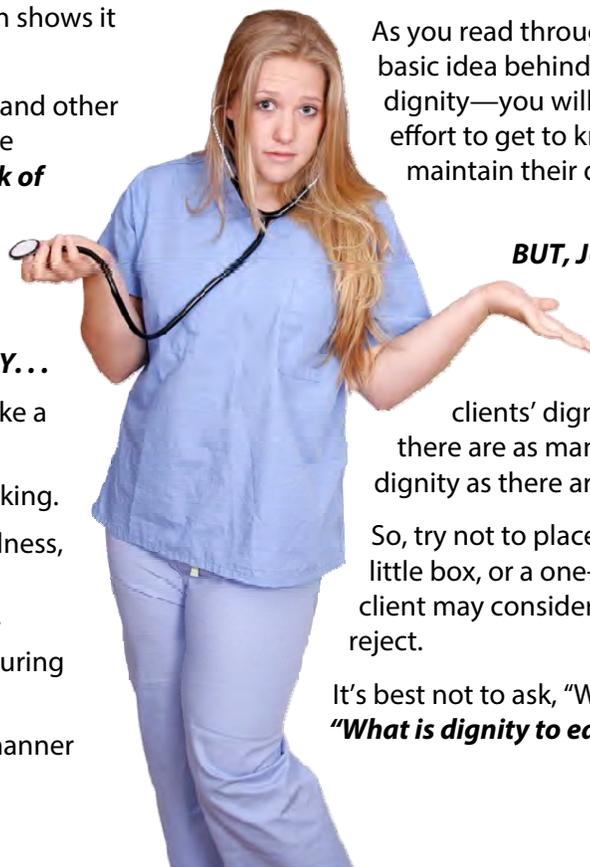
As you read through this inservice and learn the basic idea behind maintaining your clients' dignity—you will see it takes very little time and effort to get to know your clients and help them maintain their dignity!

BUT, JUST TO COMPLICATE THINGS . . .

As you set out to understand dignity and begin to make choices to help maintain your clients' dignity—you may discover that there are as many different interpretations of dignity as there are people on the planet!

So, try not to place the idea of dignity into a tidy little box, or a one-size-fits-all approach. What one client may consider dignity, another may equally reject.

It's best not to ask, "What is dignity?" But rather, **"What is dignity to each individual client?"**



WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!



THE A, B, C, & D OF DIGNITY: FOCUS ON ATTITUDE

You may not think your attitude has any effect on your clients' dignity...but it does. **Attitudes are learned behaviors that cause you to make assumptions.** These *assumptions* lead you to behave in a certain way toward certain groups or categories of people, treating them not as they are—but as you *assume* them to be.

- For example, a negative attitude toward clients who smoke (especially those who have developed a chronic illness associated with smoking) may cause a caregiver to withhold care or to provide care with much less respect.
- Or, a negative attitude toward mental illness may lead a caregiver to assume a confused client is intoxicated before considering there may be an underlying illness, infection, or other medical problem causing the confusion.

Take a moment to explore how your own attitudes and assumptions influence the way you deal with your clients.

ASK YOURSELF:

- How would I feel in this client's situation?
- What is leading me to draw these conclusions?
- Have I checked whether my assumptions are accurate?
- How does my attitude toward the client affect him or her?
- Is my attitude toward this client based on my own experiences, anxieties, or fears?

WHAT YOU CAN DO:

- Ask yourself the above questions for each client in your care.
- Talk about this issue with your supervisor and co-workers. Discuss how caregivers' attitudes and assumptions influence dignity. Find out what others are doing to manage or change their attitudes toward certain groups of clients.
- Speak openly among your co-workers and within your healthcare setting to create an atmosphere of acknowledgement and ownership of those attitudes that may be getting in the way of your clients' dignity.
- Participate in ongoing professional development opportunities that challenge you to question your attitudes and assumptions that might be affecting your client care.



GLOBAL DIGNITY

Want to learn more about dignity? Visit www.globaldignity.org for resources and fun activities to learn and teach others about dignity.

Global Dignity organizes "Global Dignity Day" each year in October. This event is a global demonstration of the inspirational and inclusive power of dignity.

Global Dignity believes every human being has the following five rights to lead a dignified life:

1. Every human being has a right to lead a dignified life.
2. A dignified life means an opportunity to fulfill one's potential, which is based on having a human level of health care, education, income, and security.
3. Dignity means having the freedom to make decisions on one's life and to be met with respect for this right.
4. Dignity should be the basic guiding principle for all actions.
5. Ultimately, our own dignity is interdependent with the dignity of others.

THE A, B, C, & D OF DIGNITY: FOCUS ON BEHAVIOR

Behavior - the 'B' in the A, B, C, and D of dignity includes all those **things you do** and **how you do them**.

A Caregiver's behavior towards clients must always be based on kindness and respect.

WHAT YOU CAN DO:

- Treat **every interaction** with clients as if you were caring for a famous Hollywood star or the President of the United States!
- Give every client the same **kindness and respect**, regardless of their medical condition or ability to communicate.
- Always ask the client's permission to perform any task that involves touching or exposing any part of the body.
- Acknowledge any part of routine care that is uncomfortable for your client. For example, say *"I know this is uncomfortable,"* or *"I'm sorry that we have to do this to you,"* or *"Let me know if you feel we need to stop for any reason."*
- Avoid small talk with co-workers during routine care. For example, if it takes two people to bathe a client, limit conversation with your co-worker until after the task is complete and the client is fully dressed.
- Always give your client your full and complete attention.
- When speaking with the client, speak in a comfortable and relaxed manner, making eye contact when possible.
- Always ask clients if they have any further needs before you move on to another task. Assure them that you, or another appropriate caregiver, are available and make sure they know how to reach you if needed.
- Take time to do little things, like getting clients a glass of water, helping with slippers, getting them their glasses or hearing aid, adjusting a pillow or bed sheets, noticing a photograph or commenting on flowers. These "little things" tell your clients they are *worthy* and important.

THINK ABOUT IT: *Now that you've learned about "attitude" and "behavior" ... how do you think your learned attitudes have been directing your behavior? Do you think that changing your attitude will lead to a change in behavior?*



THE NEXT STEP!

Apply what you've learned!

IT'S NOT ALWAYS EASY

Sarah is a CNA in a long term care facility. Most of her clients are elderly and frail but remain positive, and seem to enjoy the facility and staff.

However, one client named Bernice can't seem to find pleasure in anything. She's only in her 50's but is very sick as a result of poor lifestyle choices.

She is morbidly obese, diabetic, and immobile. She is incontinent, has poor circulation, and suffers from many pressure ulcers.

Despite the fact that she is completely dependent on the nursing staff to meet her most basic needs, she takes every opportunity to complain and berate the staff about what she calls "horrible treatment."

- **What specific action can Sarah take to help Bernice maintain her dignity?**
- **What should Sarah do to protect her own dignity when faced with complaints and accusations from Bernice?**
- **How do you handle situations like this? Share your thoughts with your co-workers and find out what they would do.**

THE A, B, C, & D OF DIGNITY: FOCUS ON COMPASSION

"C" is for Compassion. Having and showing compassion requires an acute awareness of the suffering of another person combined with the desire to relieve it.

For some caregivers, compassion is just an easy and natural part of human interaction. For others, compassion develops only after they spend time interacting with clients and learning how vulnerable people can become when they are sick, elderly, or frail.

Since compassion is a *feeling*, it's not easily taught. No one can teach you how or what to "feel," but, feelings can be controlled through intellectual and emotional awareness.

- **Empathy** is the intellectual and emotional awareness of another person's thoughts and feelings. Empathy focuses on understanding and is useful in caregiver/client relationships.

Having compassion starts with having empathy. Having empathy means you understand your client's feelings accurately. You convey understanding to the client and act on this understanding in a helpful way.

WHAT YOU CAN DO:

- Become aware of your clients feelings and express your awareness. For example, you might say, "I can see you are really uncomfortable," or "I can understand why you would be upset."
- Maintain your clients' dignity by showing compassion and empathy.
- Simple ways you can show compassion and empathy include: an understanding look; a gentle touch on the shoulder, arm, or hand; or some form of communication (spoken or unspoken) that lets your clients know you see *more* than just their illness.
- Get in touch with your own feelings. To have true and honest compassion for others, you must be able to identify your own feelings of vulnerability. This is known as "emotional intelligence."
- Keep it in balance. It's possible to feel *too much* compassion. You can become overly emotional, overly attached, and overly affected by another person's moods or feelings. This could lead to a feeling of exhaustion or burn-out.



FINDING THE BALANCE

As someone who chose to enter a caring profession—you probably already have loads of compassion!

So, for you, the issue is not to learn how to *have* compassion and empathy—but how **not** to LOSE IT.

When you are new to healthcare, it's easy to let compassion and empathy go into overdrive! This can be exhausting as you become overly attached, overly emotional, and overly affected by your clients' moods or feelings.

To preserve your own mental and emotional strength, you begin to pull back a little. You have to detach and actually force yourself to **feel less** compassion and empathy. This is when you run the risk of becoming cold—and even cynical.

Neither extreme is helpful to the client. It's all about balance!

- **How do you convey compassion and empathy to your clients without becoming too attached or overly involved?**
- **Google the term, "emotional intelligence" and learn how it can help you find balance.**

THE A, B, C, & D OF DIGNITY: FOCUS ON DIALOGUE

Dialogue is the “D” of A, B, C, and D of Dignity and will develop naturally once attitude, behavior, and compassion are understood.

Dialogue is simply a conversation you have with your client. You probably have conversations with clients all the time, but there is a *special kind of dialogue* that helps maintain your clients' dignity. The goal of that conversation is to acknowledge your client as a *person*—not just as an illness or another body in a bed.

In order to acknowledge your clients as real people, you have to learn certain things about their lives. You may ask:

- “Who are the most important people in your life?”
- “What makes you happy?”
- “What have you missed most since you've been sick?” (For example, a client might miss favorite music, TV shows, seeing grandchildren, making cookies, etc.)

Then, acknowledge the client as a person by expressing:

- “This must be frightening for you.”
- “I can only imagine what you must be going through.”
- “It's natural to feel pretty overwhelmed at times like these.”

EXCERPT FROM THE A, B, C, AND D OF DIGNITY CONSERVING CARE

“Treating a patient's severe arthritis and not knowing their core identity as a musician; providing care to a woman with metastatic breast cancer and not knowing she is the sole caregiver for two young children; attempting to support a dying patient and not knowing he or she is devoutly religious—each of these scenarios is equivalent to attempting to operate in the dark. Obtaining this essential context should be a standard and indispensable element of dignity conserving care. It will also foster a sense of trust, honesty, and openness, wherein personal information and medical facts are woven into a continuous and rich dialogue informing care.”

~Harvey Max Chochinov, author
The A, B, C, and D of Dignity Conserving Care



Thinking outside the box!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for a 78 year old woman who lives at home with her 80 year old husband. She has occasional episodes of incontinence that usually happen overnight when no caregiver is present.
- Her husband seems physically capable of helping her get cleaned up—but he usually leaves her soiled until you arrive in the morning.
- **WHAT YOU KNOW:** You suspect the task of cleaning his soiled wife is embarrassing to the husband and you believe he simply has no idea where to begin.
- **GET CREATIVE:** Think of **3 creative solutions** you might try to help the man understand that he can and should help his wife get cleaned after an episode of incontinence. Remember to maintain both the wife's *and* the husband's dignity during your teaching.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

MAINTAINING DIGNITY ACROSS CULTURES

It would be impossible to discuss how to maintain the dignity of every client—across all cultures, beliefs, and religious practices.

Instead it is best to have a general understanding of how to allow *all* clients to live with dignity—as they wish, without judgment.

You can do this by:

PRACTICING PATIENCE AND EMPATHY

Some families, especially those with low income, or those who have not had much experience in the healthcare system, may have trouble trusting doctors and nurses.

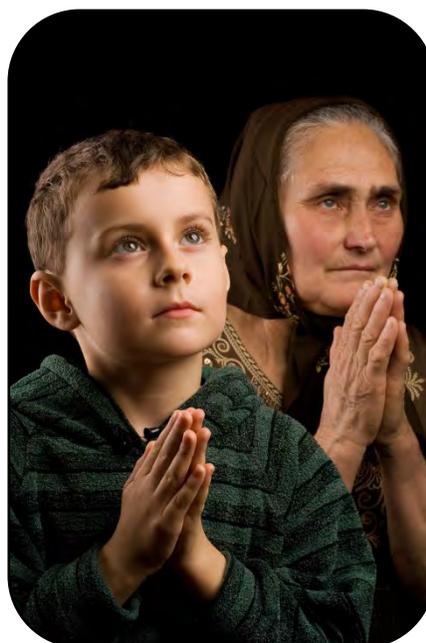
When there is mistrust, your client or their family members may seem angry or suspicious. They may refuse to follow doctors' orders. You will have to be patient. Work on understanding their fears.

Give brief explanations when possible, but always give them the sense that they are ultimately *in charge* of their own care and that you are there to respect their (reasonable) wishes.

ACCEPTING ALL RELIGIONS

Religious beliefs vary widely. Just because someone has different religious beliefs than your own, does not mean their beliefs are wrong.

It's important to accept all beliefs and give the client and family the freedom to worship, pray, and practice their beliefs. It's okay to be curious and ask questions about different practices. It is NOT okay to impose your own beliefs on anyone.



UNDERSTANDING LANGUAGE AND COMMUNICATION DIFFERENCES

Words and body language can be interpreted differently from culture to culture.

When speaking to clients and family members whose first language is different from your own, be sure to speak clearly and concisely. Avoid using slang terms.

Pay attention to your accent. Some regional accents can make a language very difficult to understand.

AVOIDING STEREOTYPING

One reason this lesson will not include a list of set rules for any particular group or culture is because practices vary even within groups and cultures.

You must learn to *see* and *accept* individuals for who they are. For example, you may care for a client today from India who is Muslim. And tomorrow, you may care for a client from India who is Christian. Their practices and customs may be very different. It would be unfair to make general assumptions about this particular culture without knowing all the facts.

"In our hearts and in our laws, we must treat all our people with fairness and dignity, regardless of their race, religion, gender, or sexual orientation."

~ Bill Clinton

DIGNITY FOR THE DYING CLIENT

All people have the right to say how they want to be treated in the face of a terminal illness or if the ability to communicate is lost.

Advance Directives are legal documents that allow clients to maintain their dignity and express their wishes regarding their end-of-life care.

Advance Directives may include a Living Will, a Medical Power of Attorney, and a Do Not Resuscitate (DNR) order.

- **LIVING WILL:** The Living Will tells you how the client feels about life-saving medical interventions like ventilators, dialysis, or tube feedings. Clients have the opportunity to say if they do, or do not, want these life saving measures.
- **MEDICAL POWER OF ATTORNEY:** Every client has the right to designate a Medical Power of Attorney. This is a trusted person, usually a family member or friend, who understands the client's wishes and can speak on behalf of the client. The Medical Power of Attorney is able to make important decisions regarding the medical care of the client—if the client is unable to speak for himself.
- **DO NOT RESUSCITATE (DNR):** The Do Not Resuscitate order tells the healthcare team that the client does *not* want CPR performed in the event breathing stops or the heart stops working.

THE FACTS ABOUT ADVANCED DIRECTIVES

- Advance Directives are often misunderstood. Many believe they are documents that mean the client does not want any treatment. This is false! Advance Directives mean the client gets to determine how she wants to be treated.
- A Medical Power of Attorney IS NOT a financial power of attorney. Just because someone has the power to speak on behalf of the client regarding medical decisions does not give them the right to have any control over the client's money or possessions.



- Talk to your clients and their family members about the client's wishes. You may be the only one who really hears what they want.



TALK about it!

Open the Discussion

DEATH WITH DIGNITY

There is a national campaign called "Death with Dignity." It promotes the idea that a dying person should have the right to request the help of a physician to die—usually by means of a lethal dose of medication.

Assisted suicide is legal in the Netherlands, Switzerland, Belgium, and in *three* states in the U.S. (Oregon, Washington, and Montana).

Some people believe that when a person has less than six months to live, is unable to have pain control, and is still capable of making sound decisions, then physician-assisted suicide should be an option.

Others believe that physician-assisted suicide is murder and should never be an option.

1. ***Under what conditions do you think Assisted Suicide should be allowed?***
2. ***Under what conditions do you think Assisted Suicide should not be allowed?***
3. ***How would you feel if a loved one requested your help in committing suicide?***

MAINTAINING YOUR OWN DIGNITY

If you want to maintain your clients' dignity, you must first maintain your own! Here's how:

- **BE HONEST WITH YOURSELF:** If you can't tell yourself the truth, you probably can't be honest in other relationships in your life. To have true and honest compassion for others, you must be able to identify your own fears, doubts, and weaknesses.
- **ACKNOWLEDGE YOUR MISTAKES:** You may believe it weakens you to admit when you've made a mistake, but that could not be farther from the truth! When you try to hide or cover up a mistake, the guilt will gnaw at you, and over time, chip away at your dignity.
- **STAND UP FOR WHAT'S RIGHT:** There are many injustices in the world. Some big, some small. But, when you witness something that feels wrong—or someone or something is being harmed—stand up and speak out. You may be the only one brave enough to make a difference.
- **SET GOALS AND ACHIEVE THEM:** Setting goals for yourself helps keep your life on track. It shows others you have a plan and you're moving forward.
- **RESPECT YOURSELF:** Respect yourself by dressing appropriately and presenting yourself to the world with dignity and grace.

Now that you know the positive things you can do to maintain your own dignity—take notice of behaviors that are dignity zappers!

DO NOT:

- Accept gifts of cash or other expensive items.
- Disclose personal information about your life. This includes your personal or intimate relationships, family troubles, legal problems, and financial problems.
- Discuss your feelings about your employer, co-workers or other clients in the presence of the client or their family members.
- Become romantically involved with any client or client's family member—even after the therapeutic relationship has ended.
- Perform personal services such as giving rides to family members or picking up dry cleaning unless it is outlined in your care plan.



5 KEY points

Key Points to Remember

1. All humans, have **the same basic wants and needs** when it comes to maintaining dignity while being cared for during an illness or injury. These basic desires include:
 - Respect, privacy, and communication.
 - Choice and control.
 - Proper nutrition and pain management.
2. Learning the A, B, C, and D of dignity will assist you in helping your clients maintain their dignity with being cared for in a healthcare setting.
3. Attitudes guide behavior. Changing your attitude will lead to a change in behavior.
4. Having compassion starts with having empathy. Having empathy means you understand your client's feelings *and* you act on this understanding in a helpful way.
5. Always acknowledge your client as a person—not just an illness or another body in a bed.

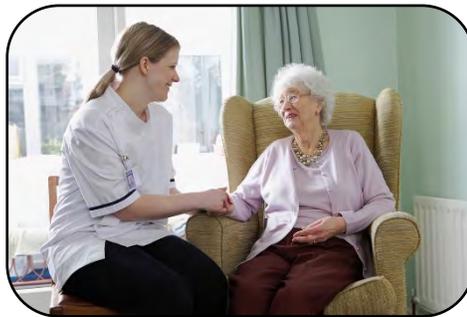
FINAL TIPS FOR MAINTAINING CLIENTS' DIGNITY

Remember, all humans have similar basic desires when it comes to how they want to be treated in a healthcare setting. These include:

- Respect, privacy, and communication.
- Choice and control.
- Proper nutrition and pain management.

Here's how you can fulfill these basic desires:

- Do not call patients "sweetie" or "dear" and, if you are going to call them by their first name, ask if it is okay.
- Avoid "baby talk" with clients.
- Let your client know you care through your tone of voice, facial expressions, words, and gestures.
- Protect your clients' privacy during procedures that involve exposure of body parts.
- Provide privacy when the client is speaking with family or the doctor.
- Listen thoughtfully. Never interrupt, cut the person off or tune out what is being said . . . even if it sounds like gibberish or nonsense.
- Take time to stop and listen to your client's stories and conversations.
- Avoid judgment even if you disagree with certain behaviors or choices your client makes. There is something good in EVERYONE. Find the good in your client and focus on that!
- Focus on the *human*—not the task! Slow down and talk calmly and casually while you provide care.
- Keep clients clean, and if possible, allow them to participate in their own hygiene care.
- Be patient. Remember that reaction time slows as people age. Give older clients extra time to answer your questions or tell you what they have to say.



WHAT I KNOW NOW!

Now that you've read this inservice on dignity, take a moment to jot down a couple of things you learned that you didn't know before.



Developing Top-Notch CNAs, One Inservice at a Time

A Patient Rights Module: Maintaining Your Clients' Dignity

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

***Are you "In the Know" about maintaining your clients' dignity?
Circle the best choice. Then check your answers with your supervisor!***

- In the A, B, C, and D of dignity, the "C" stands for:**
 - A. Communication.
 - B. Connection.
 - C. Compassion.
 - D. Completion.
- Most healthcare professionals claim dignity is overlooked during routine care because they lack:**
 - A. Client involvement.
 - B. Time and training.
 - C. Knowledge about client's needs.
 - D. Equipment and supplies.
- The goal of "Dialogue" that maintains dignity is to:**
 - A. Put the client at ease.
 - B. Acknowledge the client as a person.
 - C. Obtain medical and social history for the medical record.
 - D. Get the client to reveal secrets that may be delaying their recovery.
- Advances directives may include all of the following, EXCEPT:**
 - A. DNR order.
 - B. Medical Power of Attorney.
 - C. Living Will.
 - D. Financial Power of Attorney.
- True or False**
It's possible to feel too much compassion.
- True or False**
Calling clients, "Honey" is a way to show compassion and maintain their dignity.
- True or False**
All Americans have the right to request assisted suicide from a physician.
- True or False**
Giving your clients personal information or intimate details about your life can be damaging to your own dignity.
- True or False**
Any distressed client, of unknown religion, will benefit from praying to Jesus.
- True or False**
Making assumptions can lead you to provide care that does not maintain your clients' dignity.