Understanding the Importance of Preserving Patient's Dignity in Nursing Care Between Nurses at Acute Hospital Settings

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Abstract: Background: Dignity is a basic human right for all, it is fundamental to the well-being of every individual in every society and individuals desire to have their dignity properly maintained irrespective of their situation. Nurses have a professional duty to respect patients' dignity. The significance of patient dignity is also reflected in various professional nursing bodies' codes of conduct. For nurses to consistently and universally treat people with dignity, a clear understanding of the nature of dignity is necessary. **Aims and objectives:** The study was aimed to explore to what extent nurses understand the importance of preserving patient's dignity in their nursing practices. So, this study assess current nursing practice as reported from nurses in order to identify the extent to which patients' dignity is maintained in our hospitals and compare between private and governmental hospitals in relation to their maintenance of patients' dignity. **Methods:** Convenience sampling was used to select participants and 100 nurses were included. Fifty nurses were selected from main university hospital and 50 from private hospitals. A semi – structured interview questionnaire was developed to collect data. It consisted of demographic data, 45 statements. The themes related to dignity and uncovered in the staff interviews were confidentiality and need for information, communication, choice, involvement in care and independence, respect and forms of address and privacy. Each statement was assigned to rating scale from 1 to 3 scores, while (1) indicate not agree, (2) indicate agree and (3) indicate strongly agree. Furthermore, nurses used the same scale twice, firstly to explore the degree of importance of each statement and secondly to answer if they perform or using it to preserve patient's dignity in their care. **Results:** There was generally a high level of awareness about confidentiality and need for information, communication, choice, involvement in care and independence, respect and forms of address and privacy between nurses. Mean value of nurses believe was higher in private hospital than mean value of nurses believe in governmental hospital. Furthermore, mean values of nurses actual practice in private hospital was higher than the same value at governmental hospital. **Conclusion:** The nurses in this study believe, as important first step, that the maintenance of patient dignity is the duty of all involved with patient care, that 'human dignity is an essential value of professional nursing'. Moreover, the individual nurses have very clear views about the importance of respecting patient's dignity in their nursing care in this study shows. But, there are many obstacles facing their caring of their patients such as lack of time and pressure of works which may threaten maintenance of patients' dignity.

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1. Introduction

Dignity is a basic human right for all, it is fundamental to the well-being of every individual in every society and individuals desire to have their dignity properly maintained irrespective of their situation. From a legal perspective, in 1948 the United Nations published the Universal Declaration of Human Rights (UDHR), which recognized the 'inherent dignity' of human beings, and provided the background to modern day human rights legislation[(1)].

The 1948 General Assembly of the United Nations Declaration emphasizes that dignity is the basic human right of everyone and it should always be maintained. This need is especially pertinent to health care settings. So, the maintenance of the dignity of patients is one of the most important considerations. The 1994 Amsterdam Declaration on the promotion of patients' rights has also identified dignity as an important factor [(2)].

In the United Kingdom the subject has been highlighted in a number of recent government documents and guidelines. The Nursing and Midwifery Council's (NMC) Code of Professional Conduct states that nurse must: make the care of people your first concern, treating them as individuals and respecting their dignity. As a registered nurse or midwife: (You are personally accountable for ensuring that you promote and protect the interest and dignity of patients and clients, irrespective of gender, age, race, ability, sexuality, economic status, lifestyle, culture and religious or political beliefs. So, it is essential therefore that nurses understand the meaning

of dignity and how they can protect patients' dignity [3].

The international care for nurses (ICN) endorsed the UDHR and the ICN's Code of Ethics for Nurses includes: Inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, the right to dignity and to be treated with respect[4].

The significance of patient dignity is also reflected in various professional nursing bodies' codes of conduct. The Australian Nursing and Midwifery Council urge its nurses to respect the dignity, cultural values and beliefs of patients and significant others, while the American Nurses Association states: (***A fundamental principle that underlies all nursing practice is respect for the inherent worth, dignity and human rights of every individual)*** [5]. This is echoed by the Canadian Nurses Association: (***Nurses must relate to all persons receiving care as persons worthy of respect and endeavor in all their actions to preserve and demonstrate respect for the dignity and rights of each individual)*** [6].

Nursing theorists who take a humanistic approach propose that respect for human dignity is central in nursing. It is expressed the view that preserving human dignity is integral to the caring style of nursing and health problems may threaten dignity thereby leading to indignity [7].

A previous study gave strongest support for the nurse's role in promoting patients' dignity, it was suggesting that respecting human dignity is not simply a role of nurses but is central to nursing and more important even than health: The central phenomenon of nursing is not health or some sort of restoration of holistic balance and harmony but respect for human dignity. Moreover, it argued that nursing is about preventing threats to dignity and restoring dignity if it has been lost and that nurses should ask themselves whether they are respecting the dignity of each person during every action[8].

There have been many attempts to define dignity, but the meaning remains complex and unclear. The word originates from two Latin words 'dignitus' which means merit and 'dignus' meaning worth. It was suggested that dignity is a vague and poorly defined concept, warning that unless dignity's meaning is clear, it can disappear beneath more tangible and measurable priorities such as waiting times for treatments[9].

Other writers have referred to the elusiveness of dignity and asserted that without clarifying what dignity entails, respecting dignity could become a futile objective. Also, it was suggested that dignity and how it can be promoted should be clearly defined and based on best evidence [10, 11].

Four concepts of dignity can be identified: dignity that all humans have equally, merit due to position in society or earned through achievements, moral stature dignity due to moral deeds—a virtue, and dignity of identity integrity of body and mind. In a later paper, acknowledged that dignity of identity is most relevant in the context of illness as disability restricts autonomy and threatens personal identity.

The themes 'dignity as merit' and 'dignity as moral stature' are of questionable relevance to healthcare because nurses should treat all patients with respect for dignity, regardless of perceived merit or moral status. 'Merit' implies that one has to achieve something to be dignified. 'Worth' suggests a quality which renders something valuable or confers value for one's wealth [18, 19].

Dignity may be defined as a 'quality or state of being honored or esteemed', but the worth or esteem of a person can also be independent of their position or status. Studies conclude that the concept of dignity is difficult to define, because it is multidimensional. suggests that dignity is related to a person's autonomy or 'practical self determination' and integrity, while dignity as being a 'component' of integrity, along with self-respect and confidence[13,14,15].

Dignity is also a cultural concept, both its definition and its maintenance is socially and culturally determined. There are two distinct types – 'human dignity', owned by every human being 'simply by virtue of being human' and 'social dignity', which is earned. Dignity can be defined in terms of matching one's capabilities to the circumstances one finds oneself in. If there is a mismatch between capabilities and circumstances then the person's dignity is likely to be lost [16, 17].

More recently analysis identified two distinct meanings of dignity: human dignity and social dignity. Social dignity is experienced through interaction and can be 'lost or gained, threatened, violated, or promoted'. proposed that social dignity always arises in a social context and comprises two linked elements: 'dignity-of-self' (includes self confidence, self respect) which is created through interaction, and 'dignity-in-relation', which concerns the conveyance of worth to others and is situated in time and place. Furthermore being clear about whether human or social dignity is being discussed, may help reduce some of the vagueness associated with dignity [16].

The word 'dignity' have become increasingly commonplace, for example, 'treatment with dignity', 'death with dignity', 'right to dignity'. Such phrases have almost become cliché's, especially in the care of older people but that, in reality, health care professionals undervalue this 'fundamental aspect of care' [11].

The term 'dignity' has become merely a slogan and that in many documents, the term 'dignity' actually means respect, voluntary informed consent, confidentiality and the need to avoid discrimination and abusive practices. However, others agreed that dignity is ill defined and that the meaning of dignity needs further exploration [20].

A previous study has helped to identify some of the factors that are considered to preserve dignity, such as privacy, respect and being in control. Moreover, if a concept is difficult to define, its meaning can be inferred from other theoretical concepts, like 'attributes'. It connects privacy to maintaining one's dignity and states that to respect an individual is to give him or her dignity [21].

For nurses to consistently and universally treat people with dignity, a clear understanding of the nature of dignity is necessary. The concept analyses highlighted the fact that dignity is complex and multi-dimensional [22]. The use of attributes such as privacy and respect contributes to the understanding of the notion of patient dignity, as the potential loss of these in the hospital setting is widely recognized [23].

A review of the literature revealed little research into this area of ICU practice. Loss of dignity was not highlighted in reported findings of many studies investigating the experiences of ICU patients. This may be due to the effect of intensive care on patient recollection e.g. amnesic effect of medication, loss of consciousness, and psychological response to the stress of being an ICU patient or non- survival[1]. Empirical studies of patient dignity are rare and small scale. It is necessary to research the meaning and importance of dignified nursing care. Moreover, neither study was carried out with nurses. It is therefore nurses who are the center of this study.

2- Aim of the study:

The aim of this study was to determine to what extent nurses understand the importance of preserving patient's dignity in their nursing practices.

The study objectives were to:

1- Evaluate nurses, acceptance and understanding of the importance of dignity in nursing care.

2. Assess current nursing practice as reported from nurses in order to identify the extent to which patients' dignity is maintained in our hospitals.

3- Compare between private and governmental hospitals in relation to their maintenance of patients' dignity.

2- Methods:

A-Settings:

The study was conducted in the main university hospital as a governmental one. The private hospitals were Alexandria medical centers, Mabaret el Assafra hospital and heart and chest hospital. All of these hospitals located within the same city, in Alexandria - Egypt.

The research was carried out in coronary care unit, unit I, unit III at the main university hospital and the ICU unit of each private hospital. Each ICU is designed in an open bay area. All of the units admitted adults who in the main were experiencing acute medical dysfunction.

B- Study population

Convenience sampling was used to select participants and 100 nurses were included. Fifty nurses were selected from main university hospital and 50 from private hospitals.

C-Data collection

A semi – structured interview questionnaire was developed to collect data. It consisted of demographic data, 454 statements. The themes related to dignity and uncovered in the staff interviews were:

- Confidentiality and need for information
- Communication
- Choice, involvement in care and independence,
- Respect and forms of address
- Privacy.

Each statement was assigned to rating scale from 1 to 3 scores, while (1) indicate not agree, (2) indicate agree and (3) indicate strongly agree. Furthermore, nurses used the same scale twice, firstly to explore the degree of importance of each statement and secondly to answer if they perform or using it to preserve patient's dignity in their care. Nurses were interviewed in each hospital and the pace of the interview depended on the individual participant, but generally it lasted no longer than half an hour. Institutional ethics approval was obtained prior to the commencement of the study and all participants gave informed consent.

D-Data analysis:

Data collected were tabulated and analyzed by using the soft ware program (SPSS) version 16. Values were recorded as frequency and percentage for nurses' characteristics. Mean value and ±SD were used to analyze the five components of dignity; confidentiality and need for information, communication, choice, involvement in care and independence, respect and forms of address, privacy. Mann-Whitney test used to determine the level of significance for differences between values. *P* value of 0.05 or less was used to assess significance of the results.

3.Results:

The majority of studied sample were female **(Figure I)**. 54% of sample was female and 46% were male at private hospital. While, 63.8% were female and 36.2% were male at governmental hospital. Moreover, the majority of the studied subjects were

within the age of 40 to 50 at both of private and governmental hospitals **(Figure II)**.

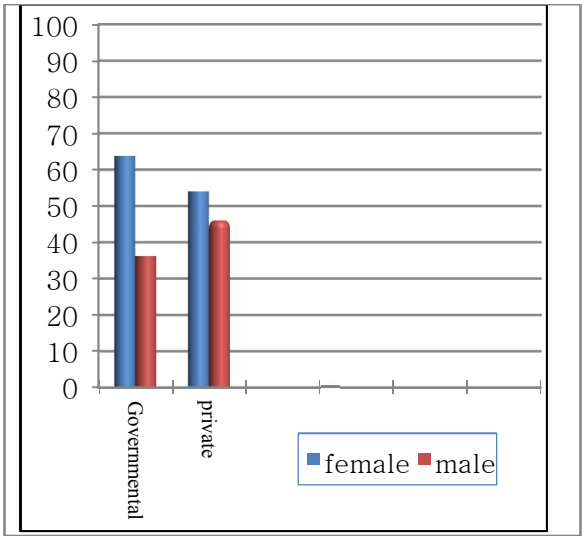

Figure (I):-sex distribution of studied subjects

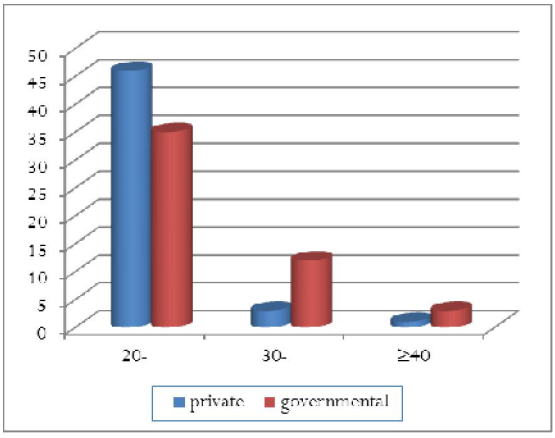

Figure (II): Age distribution of studied subjects

As table (I) indicates, the majority of nurses were married in both governmental and private hospital. Furthermore, at governmental hospital the majority of nurses were diploma degree. While, the majority of them were highly educated at private hospital. 76% of nurses at private hospital were 1-5 years of experience and 60 % were at governmental hospital.

Table (II-b) reveals comparison between nurses believe and their actual practice for keeping confidentiality, assessing and fulfilling patients, need for information in private and governmental hospital. Mean values of nurses believe and their actual practice in private hospital were significantly higher than mean values of nurses, believe and their actual practice in governmental hospitals for giving information should be with the patient's consent, discussing patient's matters openly should be avoided, providing enough information to patient, giving information in appropriate time, giving information in appropriate time, avoiding conflicting information and explaining procedure carefully. Mean value of nurses believe was higher in private hospital than mean value of nurses believe in governmental hospital for seeking confirmation that patient understand given information. Furthermore, mean values of nurses actual practice in private hospital was higher than the same value at governmental hospital for giving information to another person should be avoided.

Table (I): Nurses' characteristics:

Nurses' characteristics	Hospital				
	Governmental hospital		Private hospital		X^2 *P*
	No	%	No	%	
Marital status					
- Single	28	56	35	70	2.1
-Married/ Widowed	22	44	15	30	0.15
Education					
- Diploma	27	54	7	14	17.5
- Bachelor	23	46	43	86	0.00*
Years of experience					
- 1-5	30	60	38	76	
- 6-10	11	22	8	16	4.2
- 11-15	5	10	1	2	0.24^
- >15	4	8	3	6	

^ *P* value based on Mont Carlo exact probability
* $P < 0.05$ (significant)

With reference to communication it can be observed from table (II-c) that mean values of nurses believe and their actual practice in private hospital were significantly higher than mean values of nurses, believe and their actual practice in governmental hospitals for listening to patients carefully, behaving in polite manner with patients and - involving patients in conversation. While mean values of their believe for giving patients opportunities to express their needs and corresponding nurse's body language to their verbal language were higher than mean values of nurses believe at governmental hospital. On the other hand, in private actual practice of nurses were significantly higher than nurses practice at governmental hospital for introducing yourself to patients, asking permission from patient before performing any procedure, using appropriate tone of voice and making eye contact with patient during any interaction.

As regards to choice, involvement in care and independence it can be noticed from table (II-d) that mean values of nurses believe and their actual practice in private hospital for giving opportunity to make choice about patient care, involving patient in his care

if possible, encouraging patient to do activities which they can manage, giving patient opportunity to do their own tasks within their capabilities were higher than those in governmental hospital. On the other hand, mean values of actual practice in private hospital for implementing patient choice whenever possible and allowing patients to try carrying out their own task when they wish were higher than these one in governmental hospital. Mean value of nurses believe for implementing patient's choice wherever possible in private hospital was higher than this one in governmental hospital.

Table (II-b):- Comparison between governmental and private hospital for confidentiality and need for information:

Confidentiality and need for information	Nurses' believe			Actual Practice		
	Governmental hospital Mean ±SD	Private hospital Mean ±SD	P^1	Governmental hospital Mean ±SD	Private hospital Mean ±SD	P^2
1- Giving information to another person should be avoided	79.3 24.2	88.0 16.1	0.09	38.0 11.7	48.0 21.5	0.00*
2- Giving information should be with the patient's consent	66.7 27.0	70.7 27.5	0.46	18.0 18.1	26.7 24.3	0.08
3- Discussing patient's matters openly should be avoided	76.7 22.6	85.3 19.2	0.05*	24.0 22.4	39.3 24.0	0.00*
4- Providing enough information to patient	70.7 22.0	84.0 19.3	0.00*	27.3 18.7	44.7 18.6	0.00*
5- Giving information in appropriate time	73.3 23.3	84.0 21.5	0.02*	38.6 12.4	44.7 18.6	0.04*
6- Giving up to date information	75.3 25.9	86.7 16.5	0.03*	31.3 22.8	47.3 19.2	0.00*
7- Avoiding conflicting information	80.0 21.3	91.3 14.8	0.01*	39.3 13.0	50.7 19.4	0.00*
8- Explaining procedure carefully	78.0 23.9	89.3 17.1	0.03*	33.3 16.5	48.0 18.1	0.00*
9- Seeking confirmation that patient understand given information	71.3 24.3	82.0 19.3	0.01*	36.0 14.8	38.7 26.4	0.38

P_1 Compare between means of patient's believes in governmental and private hospital, P_2 Compare between means of actual practice in governmental and private hospital. P value based on Mann-Whitney test * $P < 0.05$ (significant)

Table (II-c):- Comparison between governmental and private hospital for communication:

Communication	Nurses' believe			Actual Practice		
	Governmental hospital Mean ±SD	Private hospital Mean ±SD	P_1	Governmental hospital Mean ±SD	Private hospital Mean ±SD	P_2
1- Introducing yourself to patients	80.7 25.3	90.0 15.4	0.09	28.0 19.5	45.3 21.1	0.00*
2- Asking permission from patient before performing any procedure	80.7 23.4	85.3 19.2	0.38	36.0 9.2	50.0 16.9	0.00*
3- Creating time to talk to patients	81.3 19.2	86.0 16.6	0.25	27.3 22.0	36.0 30.8	0.16
4- Using appropriate tone of voice	83.3 19.3	87.3 16.3	0.34	42.0 14.8	50.7 19.4	0.01*
5- Listening to patients carefully	79.4 18.9	90.7 15.1	0.00*	38.0 11.7	46.0 16.4	0.01*
6- Behaving in polite manner with patients	86.0 17.9	92.7 13.9	0.05*	36.0 17.6	46.7 22.4	0.01*
7- Involving patients in conversation	70.0 25.4	83.3 20.5	0.01*	28.0 15.6	42.0 24.1	0.00*
8-Giving patients opportunities to express their needs	79.3 21.2	88.0 16.1	0.04*	41.3 14.4	44.0 15.7	0.37
9- Corresponding nurse's body language to their verbal language	78.7 22.1	90.7 16.5	0.00*	39.3 13.0	44.7 20.9	0.07
10-Making eye contact with patient during any interaction	78.7 25.3	88.0 15.4	0.09	32.6 12.6	43.3 21.6	0.00*

P_1 Compare between means of patient's believes in governmental and private hospital, P_2 Compare between means of actual practice in governmental and private hospital. P value based on Mann-Whitney test * $P < 0.05$ (significant)

Table (II-d):- Comparison between governmental and private hospital for choice, involvement in care and independence:

choice, involvement in care and independence	Nurses' believe			Actual Practice		
	Governmental hospital	Private hospital	P_1	Governmental hospital	Private hospital	P_2
	Mean ±SD	Mean ±SD		Mean ±SD	Mean ±SD	
1- Giving opportunity to make choice about patient care	69.3 22.2	78.0 22.9	0.05*	19.3 20.3	40.7 28.0	0.00*
2- Implementing patient choice whenever possible	66.7 23.3	74.7 22.9	0.09	19.3 20.3	29.3 24.9	0.04*
3- Implementing patient's choice wherever possible	66.7 22.3	80.7 21.4	0.00*	24.7 21.1	30.0 20.5	0.19
4- Involving patient in his care if possible	75.3 22.1	84.0 20.5	0.04*	21.3 18.8	43.3 24.5	0.00*
5- Encouraging patient to do activities which they can manage	78.7 23.1	89.3 17.1	0.02*	32.0 23.3	50.0 19.4	0.00*
6- Giving patient opportunity to do their own tasks within their capabilities	77.3 23.8	91.3 17.6	0.00*	32.7 24.7	49.3 20.5	0.00*
7- Allowing patients to try carrying out their own task when they wish	78.7 22.1	83.3 19.3	0.31	25.3 15.9	49.3 23.6	0.00*

***P_1* Compare between means of patient's believes in governmental and private hospital, *P_2* Compare between means of actual practice in governmental and private hospital. *P* value based on Mann-Whitney test * *$P < 0.05$* (significant)**

Table (II-e) shows differences between nurses, believe and their actual practice in private and governmental hospitals for respect and forms of address. It can be noticed that mean values for nurses believe and their actual practice in private hospital were higher than those in governmental hospital for promoting attention to patient, treating patients as equal, addressing patients by name and wearing elegant clothes during hospitalization. On the other hand, In private hospital mean values of nurses' actual practice for being sensitive when performing procedure, making patient comfortable, being advocates for vulnerable patients, addressing patients by his or her preferred name and avoiding usage of condensing name were higher than those in governmental hospitals.

Table (II-e):- Comparison between governmental and private hospital for respect and forms of address:

Respect and forms of address	Nurses' believe			Actual Practice		
	Governmental hospital	Private hospital	P_1	Governmental hospital	Private hospital	P_2
	Mean ±SD	Mean ±SD		Mean ±SD	Mean ±SD	
1- Promoting attention to patient	78.0 20.9	88.0 17.5	0.01*	38.6 12.4	47.3 19.2	0.01*
2- Treating patients as equal	82.0 19.3	89.3 17.1	0.04*	32.0 13.4	50.0 18.2	0.00*
3- Being sensitive when performing procedure	82.0 20.4	89.3 15.7	0.07	24.6 17.6	48.0 22.5	0.00*
4- Making patient comfortable	81.3 21.5	87.3 18.9	0.14	23.3 15.4	42.0 24.1	0.00*
5- Being advocates for vulnerable patients	79.3 21.2	86.0 17.9	0.12	33.3 9.5	47.3 19.2	0.00*
6- Addressing patients by name	80.0 20.2	91.3 14.8	0.00*	25.3 14.4	40.0 23.3	0.00*
7- Addressing patients by his or her preferred name	83.3 21.6	89.3 15.7	0.20	36.6 13.9	57.3 15.1	0.00*
8- Avoiding usage of condensing name	74.7 23.9	78.7 21.0	0.44	27.3 21.0	45.3 23.1	0.00*
9- Wearing elegant clothes during hospitalization	68.0 25.2	83.3 22.6	0.00*	30.7 26.0	53.4 22.4	0.00*

***P_1* Compare between means of patient's believes in governmental and private hospital, *P_2* Compare between means of actual practice in governmental and private hospital. P value based on Mann-Whitney test * *$P < 0.05$* (significant)**

In relation to privacy table (II-e) shows that mean values of nurses believe and actual practice in private hospital were higher than mean values of nurses believe and their actual practice in governmental hospital for both of discussing matters pertaining to illness in private and taking patient to private area for discussion when condition of patient allow. While mean values of nurses believe in private hospital was higher than mean value of nurses believe at governmental hospital for using single room to every patient if possible. Furthermore, Mean values of nurses actual practice in private hospital for avoiding unnecessary exposure of body, closing curtains when a procedure is being carried out, discussing matters pertaining to illness in private, taking patient to private area for discussion when condition of patient allow, using single room to every patient if possible, knocking on the door and requesting permission to come in if the patient condition allows, closing doors when a procedure is being carried out and remaining with the patient while a bedpan/urinal is used were higher than those values in governmental hospitals significantly.

4.Discussion:

The findings of this study revealed that, the majority of studied sample were female (Figure I) and their age was from 20-30 years old (Figure, II). Furthermore, the marital status of the majority of nurses was single in both hospitals governmental and private. Their level of education was diploma degree in governmental hospital. Moreover, the majority of their level of education was bachelor degree in private hospital (Table I). This findings explore that acceptance of nurses about dignity in private hospital was higher than those in governmental because, level of education has an effect on their beliefs and behaviors toward other people.

Table (II-a):- Comparison between governmental and private hospital for privacy:

Privacy	Nurses' believe			Actual Practice		
	Governmental hospital	Private hospital	P_1	Governmental hospital	Private hospital	P_2
	Mean ±SD	Mean ±SD		Mean ±SD	Mean ±SD	
1- Avoiding unnecessary exposure of body	85.3 20.4	88.0 18.8	0.51	42.0 14.8	52.7 16.7	0.00*
2- Closing curtains when a procedure is being carried out	85.3 20.4	88.7 17.3	0.47	38.6 15.6	46.7 25.2	0.02*
3- Taking permission to open closed curtains if there is need	82.4 23.1	86.0 17.9	0.61	34.0 14.3	39.3 26.7	0.14
4- Discussing matters pertaining to illness in private	78.0 23.0	89.3 15.7	0.01*	36.0 13.2	48.0 20.4	0.00*
5- Taking patient to private area for discussion when condition of patient allow	66.7 24.3	77.1 25.2	0.03*	23.3 19.3	40.0 25.2	0.00*
6- Using a low voice to avoid other people listening to the conversation	76.7 22.6	85.3 19.2	0.05*	35.3 17.1	34.7 23.3	0.91
7- Using single room to every patient if possible	74.0 23.6	77.3 20.7	0.53	29.3 24.9	39.3 22.0	0.04*
8- Knocking on the door and requesting permission to come in if the patient condition allows	84.0 19.3	84.7 16.8	0.99	29.3 24.9	42.7 25.3	0.01*
9- Closing doors when a procedure is being carried out	82.7 20.5	83.3 18.1	0.10	28.7 24.3	50.7 20.5	0.00*
10- Remaining with the patient while a bedpan/urinal is used	76.0 22.4	78.0 20.9	0.70	27.3 21.0	42.7 20.3	0.00*

***P_1* Compare between means of patient's believes in governmental and private hospital, *P_2* Compare between means of actual practice in governmental and private hospital. *P* value based on Mann-Whitney test * *P* < 0.05 (significant)**

The characteristics nurses associated with dignity were many and varied. In this study, the important elements in the meaning the nurses ascribed to the notion of patient dignity were respect, privacy, control, choice. This finding supported with previous study as there was an attempt to clarify the concept of dignity by seeking definitions from 15 participants including nursing colleagues, friends and family members. The participant described human dignity by using parameters or attributes such as respect, self- confidence, self control, and control of the environment, privacy and positive self- identity [24].

As table (Table II-a) indicates nurses at both of governmental and private hospitals associated dignity with privacy; avoiding unnecessary exposure, closing curtains, taking permission to open curtains, using single room, knocking or closing doors and remaining with the patient while bed pan. There was generally a high level of awareness about privacy between nurses. But, the hospital environment affected dignity in various ways; the physical layout was as one aspect.

The open layout, that a lack of auditory privacy threatened dignity especially at governmental hospital. Bodily exposure due to invasive devices being attached (catheters, intravenous infusions) was a lack of privacy. While, patients were not fully dressed, generally wearing hospital gowns which exposed them. There was actually close consistency between the findings derived from the different data sources [25, 26].

Although related to privacy, this theme refers to the discussion of confidential issues about the patient table (Table II-b). Nurses accepted that giving clear, enough and updated information and seeking confirmation that patient understand is a necessary part of patient's care with dignity. Previous research has indicated that, the nurse's actions assist the patient to adjust their perceptual level in a realistic way toward activities this will involve giving enough information and being seen to be empathetic about any concerns a patient may have regarding their dignity [27]. Nurses accepted that proper communication skills maintain patient's dignity table (Table II-c). Other researchers have also found that poor communication skills of hospital staff were major sources of patient dissatisfaction with health care [28].

As table (Table II-d) nurses believed to care of patients with dignity they should be given opportunity to make choice, feel independent and be involved in their care. This finding supported with previous researcher suggested that the objectification of persons into the part of the health care professional is very important to make patient feel dignified and the 'system' was blamed by some nurses who stated that the patient lost their personhood at the front door of the hospital and became passive recipients of care who were turned into objects to be cared for. Moreover, the author suggested that the objectification of persons into the object of patient is a defensive strategy on the part of the health-care professional to minimize the painful threat of identification with the patient [29].

This strategy allows the health professional the ability to deal with distressing situations with a degree of equanimity but has the effect of alienating the patient from the very people who are caring for him or her. The recent shift to patient-centered care, coupled with the co modification of hospitals, has changed expectations of quality health care and service delivery, with patients demanding individualized and empathetic care and sharing.

It is necessary for patients and their cares to make informed choices about their care. The feeling of being in control or involved in decisions about the nature of one's care relates to the important concept of 'being seen as a whole person and 'being seen as a person, not an object', let alone being seen 'as a disease'

Respect is concerned with paying attention, treating patients as equal, being sensitive when performing procedure, making patient comfortable, being advocates for vulnerable patients table (Table II-e). Nurses believed all of these attributes maintain patients' dignity. It was identified being respected as an important part of being treated with dignity, citing examples of 'talking over the patient's head' or 'treating an adult as a child' as key examples of where this was not observed [30].

This finding was consistency with the finding derived from previous research. It was stated that through socialization one acquires and internalizes sets of values, for example privacy, decency, form of address and choices. Moreover, addressing patient's by his/her preferred name and wearing elegant clothes to promote their dignity.

Nurses stated that the reasons for patient dignity being compromised were often lack of time and the pressure of work. Hospital systems threatened dignity, mainly due to management issues, the subsequent large number of patient admission and transfers increased workload.

They also implied that in some situations it was the lack of interpersonal skills on the part of the health – care professionals that was at fault. However, a previous study suggests that in situations where a patient's dignity has been compromised, nurses are usually aware this has happened, but the matter is often outside their control, being caused by time pressures or the shortage of resources and

facilities such as ill-fitting curtains and gowns. Whatever the cause, it is clear that further steps must be taken to ensure that the various guidelines on dignity are fully implemented.

The safeguarding of a patient's dignity is likely to result in greater emotional comfort or a sense of well being which can assist recovery. If this is the case, then every patient admitted to hospital is entitled to have their specific dignity needs into account. Otherwise their care is incomplete. Thus individual staff would take responsibility for the identification, rectification, or reporting of any shortcomings, for example, poorly fitting curtains.

Conclusion:

The nurses in this study believe, as important first step, that the maintenance of patient dignity is the duty of all involved with patient care, that 'human dignity is an essential value of professional nursing'. Moreover, the individual nurses have very clear views about the importance of respecting patient's dignity in their nursing care in this study shows. But, there are many obstacles facing their caring of their patients such as lack of time and pressure of works which may threaten maintenance of patients' dignity.

Dignified nursing practice is demonstrated by attentiveness, awareness, personal responsibility and active defense. "Maintain dignity at all times" is written in patients' case notes. But this is meaningless unless there is an identification of what these needs are as well as action plan to meet these needs. It may be possible to develop an assessment tool to facilitate this.

Dignified behavior must be learnt especially for diploma nurses, it has implications for student nurse education. During undergraduate education the role of nurses in developing and improving the dignity of patients should be emphasized and used to underpin both theory and clinical practice. Consolidation could occur during professional updating and induction into new roles.

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