**Human Dignity of Patients in Nursing: A concept analysis**

**Abstract**

To understand the dignity in care and use the concepts in practice, nurses need a clearer understanding of dignity which can enhance opportunities to provide services with dignity as it pertains to better quality of care and higher level standards. The purpose of this study was to clarify the concept of human dignity of patients in nursing. Walker and Avant’s method was used for this concept analysis. Published literature from 2010 to 2020was identified using national and international databases. Full text of included articles were completely reviewed. The main dimensions and attributes included valuing the patient, respecting patients' privacy, autonomy and confidentiality, having a positive mental image, having a sense of altruism, respecting human equality, observing patients' beliefs and rights, giving adequate education to patient, and paying attention to secondary caregivers. Nurses should consider subjective and objective aspects of dignity in their daily care activities by recognizing the concept of dignity and its attributes. In this regard nursing tutors, managers, and policy makers in healthcare should support the development of human dignity in nursing.

**Keywords**

Concept analysis, Human dignity, Patient, Nursing

**Introduction**

The concept of dignity has a long history from the prehistoric times to the advent of the constitution and modern ethical and legal discourses. Traditional concepts such as Imago Dei, wisdom, freedom, natural law and conscience are formed through the interpretation of dignity ([1](#_ENREF_1)). This concept has been influenced by religions and philosophers throughout the history. In the twentieth century, the Universal Declaration of Human Rights (UDHR) in its first article introduced the universal concept of human dignity within the legal framework to the world. The declaration states that all of human beings are born in free and equal dignity and rights ([2](#_ENREF_2)). The term "dignity" is defined as a concept of respect and self-worth and overlaps with words such as hope, self-exaltation, self-confidence, quality of life, and self-respect ([3](#_ENREF_3)).

Dignity is a subjective concept of which the definition varies from person to person ([4](#_ENREF_4)). It can be classified into "absolute dignity" and "relative dignity". The former is a universal value and based on human rights. All human beings are valuable only because they are human, regardless of their situation and conditions. Absolute dignity is the same for all human beings and does not change. In contrast, relative dignity can change and it is influenced by culture, society and education ([5](#_ENREF_5)). Maintaining the dignity of patients in health care systems is important ([6](#_ENREF_6)). However, relative dignity can be affected and sometimes threatened in the health care system ([7](#_ENREF_7)). Therefore, in recent decades, much attention has been paid to exploring the nature of human dignity and its relationship to health care practices ([8-12](#_ENREF_8)).

Preserving the dignity and value of the patient as one of the basic concepts in nursing care and respect for human rights of patient are the main values of the nursing profession ([13](#_ENREF_13), [14](#_ENREF_14)). The idea is also specified in the codes of nursing ethics ([15](#_ENREF_15)). Nevertheless, patients are still at the risk of losing their dignity ([16](#_ENREF_16)) and the behavior of nursing staff may influence the provision of respectful care ([16](#_ENREF_16), [17](#_ENREF_17)). Results of most studies have indicated the fact that dignity is not respected in care settings. Lack of respect for human dignity is associated with negative consequences such as fear, disbelief, shock and denial, anger, hatred, apathy, sadness and frustration and ultimately has undeniable effects on people's health ([18](#_ENREF_18), [19](#_ENREF_19)).

To understand the dignity in care and use the concepts in practice, nurses need a clearer understanding of dignity which can enhance opportunities to provide services with dignity ([20](#_ENREF_20)). There is no agreement as to the characteristics of dignified care, whether in general ([21](#_ENREF_21), [22](#_ENREF_22)) or in terms of specific aspects ([23](#_ENREF_23), [24](#_ENREF_24)). Therefore, exploration of dignity requires an understanding of the cultural context, the unique characteristics of diverse cultural countries, and perception of human dignity as a common ground of the international human community ([25](#_ENREF_25)).

This concept in Iran, despite recent attention to it, is still a complex, ambiguous and interpretable concept and there is no comprehensive and specific definition agreed by experts ([26-28](#_ENREF_26)). To make nurses to better pay attention to the dignity of patients in their daily care activities, they must first be familiarized with the concept of dignity and its various aspects. Additionally, views and interests of patients in respecting their dignity and value should be clarified. Since there is ambiguity in the definition of the concept of dignity and nurses have no single understanding of it, the authors decided to clarify the concept of dignity and determine its meaning in nursing care using available resources. The results can be used to upgrade the standards of care and improve the quality of services.

**Methods**

The study was conducted using the basic principles of Walker and Avant concept analysis approach to clarify and determine of specifications and characteristics of patients’ human dignity in nursing in 2020. This model consists of eight stages: 1- Selecting a concept; 2- Determining purpose; 3- Identifying all uses of the concept; 4- Determining the defining attributes; 5- Presenting a model case; 6- Constructing additional cases; 7- Clarifying antecedents and consequences; and 8- Defining empirical referents ([29](#_ENREF_29)). A comprehensive review of literature was carried out using national databases: Magiran, SID, Iranmedex, Irandoc and international databases: CINAHL, PubMed, Scopus, ProQuest, Science Direct, Google Scholar, and Ovid. The keywords used were "Human dignity", "Patient dignity", "Dignity\*", "Promoting dignity", "Dignity of the human being", "Dignity-related factors", "Dignity in care", "Privacy", and "Respect" and a combination of the keywords "Dignity\*", "Care", "Privacy", "Respect", "Dignity of the human being". To cover more papers, after searching databases, a number of reputable journals in this field were also reviewed manually (Hand Searching). In addition, the references (references of references) of selected articles were also searched. To collect the available literature, the comprehensive search was limited to research studies published between 2010 and 2020. Inclusion criteria were publication of article between 2010 and 2020, pertinence to human dignity in nursing or related issues, geographical location in Iran, published in Persian and English languages, and full text available. Exclusion criteria were papers presented at conferences, seminars and educational papers, or papers published in less creditable journals and letter to editor. All articles containing definitions, characteristics, classification and consequences of human dignity remained in the study and irrelevant articles were excluded. Totally, 47 articles and one dissertation (48 studies) were found and 27 of them were omitted due to lack of inclusion criteria. Finally, 21 fully related studies were completely reviewed. The extracted information was analyzed using Walker and Avant concept analysis approach. Endnote x7 reference management software was used to organize articles and study the titles and abstracts and identify duplicates.

**Results**

**Selecting a concept**

The importance of any particular concept depends on a wide range of different factors within and outside the discipline. Therefore, a concept is considered as important when it is widely used, emphasized, studied, and surveyed. If a concept is analyzed it detail, it will become a clearer concept ([29](#_ENREF_29)). The concept of human dignity, regardless of its' increasing use as a tool to promote respect for human value through political, social and legal arrangements, faces the challenge of lack of obvious and explicit definition ([30](#_ENREF_30)). Despite the importance of this issue, there is still insufficient information about how to treat patients with respect or its negligence in clinical setting ([26](#_ENREF_26)). Dignity is an important value for health professionals. Respecting and cherishing the existential dignity of individuals is the foundation of nursing practice, medicine, and nursing care. Human dignity is also a fundamental principle and duty in national and international ethical codes of nursing and medicine ([27](#_ENREF_27)). The most important problem with this concept is the complex, ambiguous and abstract nature and lack of a clear and accepted definition in nursing. Thus, it seems that clarification of this concept can help us to upgrade standards of care and improve the quality of service by creating opportunities to provide services with dignity to patients in clinical setting.

**Determining purpose of analysis**

Many reasons have been mentioned for concept analysis. The purpose is to increase the exploratory power of the concept by examining the internal structures of a vague concept, identifying the components, and clarifying its meaning ([29](#_ENREF_29)). There are many challenges and discussions about the nature of the concept of patients' human dignity in nursing and there is no unanimously accepted definition of human dignity ([27](#_ENREF_27), [28](#_ENREF_28)). There is ambiguity in defining the concept of human dignity in nursing and many researches have recommended further studies in this field ([26-28](#_ENREF_26)). Therefore, the present analysis intends to clarify the concept of human dignity of patients in nursing using Walker and Avant approach. By decreasing the ambiguity, the findings help to increase stability in the application of this concept and determine the meaning of dignity in nursing care.

**Identifying all uses of the concept**

Depicting the view of applications of the concept enables a richer understanding of the concept and validation of defined features ([29](#_ENREF_29)). Importance, status, and human dignity are the terms that have long been used in Islamic religious texts. From the Quran point of view, all human beings are worthy of respect and have inherent status and dignity. This issue has been emphasized a lot in different chapters of the Quran ([31](#_ENREF_31)). In the nurses' moral workbook, a philosophical definition is used which highlights an inseparable and unique part of person. In fact, the philosophical aspect is related to being unit value of individuals ([32](#_ENREF_32)). Dignity can be defined as the interaction of capabilities and environmental conditions. That is when people are in unfavorable condition and they feel incompetent and vulnerable, their status and dignity decreases ([33](#_ENREF_33)). Borhani ([12](#_ENREF_12)) presented a new understanding of the meaning of patient dignity in Iran based on two categories of fundamental dignity and transcendent dignity: fundamental dignity; helps to achieve physical and mental health and should be observed for all patients. Transcendent dignity; from this viewpoint, dignity is equal to physical, social, mental, and spiritual health. In fact, the goal of transcendent dignity is the development of perfect human with spiritual health. According to Cheraghi ([27](#_ENREF_27)), preserving dignity needs respect for human dignity of patients, which is rooted in their high nature as human being. As a human being, patient is the Caliph of God (God's successor in the world) who deserves to be treated with dignity and respect. Bagheri ([34](#_ENREF_34)) defined patient dignity as respecting the patient as a unique and valuable human, respecting equality of all human beings, and having respectful behavior and generosity. Cheraghi ([35](#_ENREF_35)) stated that "the act of enlightenment" was one of the hidden meanings of preserving the dignity of patients. Indeed, providing dignified services helps nurses to gain a deeper insight into the value of their performance and highlight the importance of their professional values. According to Shahriari ([36](#_ENREF_36)), maintaining the dignity of patients and, believing in human dignity means having a humanistic attitude to nursing to provide ethical care and seeing patients as human beings.

**Determining the defining attributes**

Walker and Avant ([29](#_ENREF_29)) defined attributes as the characteristics that are frequently appeared about a concept and help researchers to distinguish the concept from other similar or related concepts. According to literature review results, attributes of this concept include respecting patient’s privacy ([28](#_ENREF_28), [33](#_ENREF_33), [36-38](#_ENREF_36)); observing patient’s solitude, nurse-patient interaction, giving the patient an opportunity to make decisions and participate in decision making ([37](#_ENREF_37), [39](#_ENREF_39)); respecting patients' autonomy ([19](#_ENREF_19), [37](#_ENREF_37), [38](#_ENREF_38), [40](#_ENREF_40)); respecting confidentiality of patient information, observing the principles of respectful communication ([19](#_ENREF_19), [37](#_ENREF_37)); reassuring the patient about disease and treatment process, having a positive mental image ([40](#_ENREF_40)); observing patients' spiritual or religious beliefs ([27](#_ENREF_27), [41](#_ENREF_41)); absence of mental and physical distress symptoms in patient, having peace of mind, independence, presence of social support ([42](#_ENREF_42)); observing patient’s rights, using curtains around the bed during care procedures, requesting permission before entering the patients' room ([41](#_ENREF_41)); believing in the inherent dignity of human, having compassion for the patient, accepting and observing the patients' rights, and meeting the spiritual and religious needs of patient ([36](#_ENREF_36)). Fundamental dignity covers providing human physical and mental safety when providing care; meeting the physical, psychological, social needs of patient with participation of the patient and his family members; giving education and sufficient information to patient, patient's family and other involved people; having a sense of altruism and maintaining secrecy. Transcendent dignity include mutual trust between patient, physician and nurses; gratitude to God for His blessings and appreciation for kindness of hospital staff, relatives and families; patients' satisfaction with provided services; feeling God’s presence ([12](#_ENREF_12)); respecting human rationality; having a benevolent attitude; respecting patient’s personal preferences ([27](#_ENREF_27)); using body language; having compassionate behavior; allocating enough time, providing adequate human resources with skill and competence ([43](#_ENREF_43)). Other dimensions of dignity include treating the patient as a valuable person not a goal, instilling a sense of acceptance and love towards the patient, having professional commitment to protect patients' rights ([35](#_ENREF_35)), providing a safe environment, paying attention to secondary caregivers ([28](#_ENREF_28)), showing sufficient attention to patients' self-esteem, adhering the principle of human equality, not showing paternalistic behavior or using an appropriate language ([11](#_ENREF_11)).

**Construct a model**

**Model case**

In this stage of concept analysis, the author presents a real model of the concept to show all the determining attributes of concept. A model case can be a real-world example derived from texts or a hypothetical scenario made by the researcher ([29](#_ENREF_29)). The following is an instance of case based on the researcher's experience as a tutor. A 46 years old man was hospitalized at Shohada Educational and Medical Center in Tabriz due to lumbar disc surgery. In order to change the dressing for the operation site, we entered the patient room with a group of nursing students after obtaining permission from the patient. After greeting, I introduced myself and the students. Then, while examining the patient identification bracelet, I stated the purpose of our presence at patient's bed. Before changing the dressing, while one of students was taking history about his illness, the treatment process and his needs, the patient was complained of abdominal pain and nausea since last night and stated that the staff has no action despite many follow-ups by himself and his companion. After asking the patient for his opinion about changing the dressing and his ability to cooperate, the conditions of changing the dressing and how to cooperate were explained to him to avoid pulling the drain from the operation site and displacement of the foley catheter. Because the patient did not feel comfortable in the presence of women, female students left the room. During the dressing change and when the patient felt comfortable to talk to the students, he said "It is very important to me to regain my health before being discharged. When nurses treat patients like this, it feels that they want us to leave sooner, as if we want bother them. Whereas we are all human beings and I did not want to become ill! The last time I was hospitalized in the intensive care unit due to a heart attack. While the nurses were very busy, they would answer our call immediately and treat us kindly and very politely. They would ask the patient's opinion in every case, so that the decision maker was the patient." He ended his speech by saying that "they were perfect human beings" and thanked us extremely for listening to him.

In this situation, the needs of patients can be met during hospitalization. When patients realize that nurses are always available for them, they feel comfortable, satisfied with the delivered service, and feel valued and dignified. Therefore, all attributes of patients' dignity are observed in this case.

**Constructing additional cases**

**Related case**

Related cases help researchers to see how the main concept is appropriately surrounded by a network of concepts. It is an example related to the concept, but does not have the defining attributes of concept. It is similar to the concept under consideration and related to the main concept in different ways ([29](#_ENREF_29)). A male patient at the age 66 years is diagnosed with ACS and hospitalized in the ICU. He says "The sound of air conditioning system is not good for those who suffer from heart disease. Some patients do not have a problem with it, but some do. It really bothers me, but it seems that nobody cares. It shows that the hospital is not concerned about patients and does not consider their comfort and convenience. The service staff treat us badly and do not clean the room properly. There were tea stains on the floor yesterday, we had to request cleaning services for several times before somebody came and cleaned it."

The presented case has no attributes of the concept of patient's human dignity; however, because the patient believed that environmental conditions disturbed his peace and the behavior of service staff was not appropriate, it may be mistaken with the concept of human dignity.

**Borderline case**

The borderline case has some attributes of the concept, not all of them. In fact, it is an example similar to the model cases; however, it cannot be distinguished due to the absence of some attributes related to the concept ([29](#_ENREF_29)). A 16 years old girl diagnosed with irritable bowel syndrome and hospitalized in medical ward said: "I was not comfortable because visitors of my roommate enter the room without permission, so that I could not show my blistered legs. We cannot sleep because children cry a lot at night. In the morning the nurses wake us up for blood tests or doctors want to visit us. That means we can't control our sleep in the hospital. It is said teenagers can be more intimate with nurses who respect them: I can talk comfortably and intimately with nurses who respect me and my family. I like nurses who call me by my first name."

This is a borderline model of human dignity in patient because some attributes of the concept are covered like privacy, patient solitude, respect for autonomy, effective communication, and feeling being recognized.

**Contrary case**

According to Walker and Avant ([29](#_ENREF_29)), the contrary case has no attributes of intended concept, this difference is quite obvious and it is easily recognized by individuals. This case is a reflection of researcher's observation during his work on PhD dissertation and interviewing patients:

The nurse entered the patient's room and after greetings, placed the venous catheter replacement equipment on the patient's bed without explaining the reason for his presence in the room. After examining the current injection site while saying the phrase "Do not shake your hand", he began to remove injection site tapes and inserted the venous catheter. The patient was worried and probably had no experience of that kind. He asked several questions including "Is it broken?", "Does it should be replaced?", "Can I bear the pain of this one?", "How long should it be there?" to find out that the nurse's goal was to replace the previous venous catheter due to phlebitis.

In the above case, none of the attributes to maintain the human dignity of patient during care are presented. It is clear that the present model is not the actual model of human dignity in patients.

**Identifying antecedents and consequences**

**Antecedents**

According to Walker and Avant ([29](#_ENREF_29)), antecedents are events or factors which come before the occurrence of the concept. A review of literature showed that the concept of human dignity differs from the perspective of nurses and patients ([10](#_ENREF_10), [33](#_ENREF_33), [39](#_ENREF_39)). In this regard, nursing researchers have mentioned various cases for human dignity on patients' bed. The common prerequisites for maintaining human dignity in terms of demographic characteristics include female gender ([10](#_ENREF_10), [19](#_ENREF_19), [40](#_ENREF_40)), being elder ([10](#_ENREF_10), [37](#_ENREF_37), [39](#_ENREF_39)), being married ([10](#_ENREF_10), [39](#_ENREF_39), [41](#_ENREF_41)), being employed, having higher education ([10](#_ENREF_10), [39](#_ENREF_39)), living in city ([41](#_ENREF_41)), frequent hospitalization, patients' lifestyles (living alone) ([10](#_ENREF_10), [40](#_ENREF_40)) and nurses' work experience which makes them better understand the importance of dignity. Other effective factors in maintaining the dignity of patients are environmental conditions such as safety of patients' environment, recognizing the importance of providing dignified care in that environment ([33](#_ENREF_33)), private hospitals ([19](#_ENREF_19), [37](#_ENREF_37)), medical and intensive care units ([10](#_ENREF_10)), number of patients in the room ([37](#_ENREF_37)); and facilities and physical space including availability of basic facilities, cleanliness, lighting of the physical environment ([34](#_ENREF_34)), hygiene and noise ([28](#_ENREF_28)).

Of other requirements for respecting human dignity of patients were paying attention to traditions and culture, preferences of patients, and religious and personal values ([27](#_ENREF_27)). The effects of religious beliefs of health personnel such as having a smiley face in their interactions with patients, understanding patients feelings, respecting ethical and professional codes of nursing, staff’s skills and competencies ([43](#_ENREF_43)), natural specification, personal beliefs and quality of the health system structure are also notable ([34](#_ENREF_34)).

**Consequences**

Consequences are events which come after occurrence of a concept ([29](#_ENREF_29)). As to the consequence of human dignity, researchers have stated that maintaining human dignity of patients affects the outcome of disease, process of recovery, and return to normal life ([44](#_ENREF_44)) and creates a trusting relationship between the nurse and patient ([36](#_ENREF_36)). Other studies have reported the consequences of maintaining patients' human dignity as complete satisfaction with care, being closer to God (spiritual growth) ([12](#_ENREF_12)), maintaining patients' comfort and trust, respect for patients' rights such as the right to be informed and to participate in decision making, receiving high quality care as one of the fundamental human rights ([43](#_ENREF_43)), and patient satisfaction with the provision of services ([34](#_ENREF_34)). Failure to treat patients with dignity makes patients feel indebted, behave in a stressful manner and embarrassed, which affects their self-esteem ([11](#_ENREF_11)). Additionally, other negative consequences of lack of respect for patients' human dignity are uncertainty about the disease and treatment process, feeling being a burden on others, physical distress, anxiety, feeling emotionally incapable of coping with the challenges of disease, feeling changes in one’s appearance, and inability to perform daily tasks in life ([40](#_ENREF_40)).

The antecedents and attributes as well as consequences of the concept of human dignity are summarized in Figure 1.

[Insert Figure 1.]

**Empirical referents**

Defining empirical referents is the last stage of concept analysis. Walker and Avant ([29](#_ENREF_29)) stated that empirical referents are classes and categories of actual phenomena and they are signs of the occurrence of the concept. In this regard, many qualitative studies have shown different classes for patients' human dignity. Borhani et al. ([12](#_ENREF_12)), in a qualitative study, showed that the prerequisite for understanding the human dignity of patients is "fundamental dignity" and "transcendent dignity". Other classes and categories related to patients' human dignity are recognized as the need to respect for human nature and provision of person-centered care ([27](#_ENREF_27)). personality means personal beliefs and characteristics, communicating behaviors, staff performance related to professional commitment, adequate human resources, skilled and competent staff ([43](#_ENREF_43)), lack of facilities and equipment, undesirable environmental conditions, cultural and social gaps ([28](#_ENREF_28)), presence means guaranteeing sufficient attention to patients' self-esteem ([11](#_ENREF_11)), observing patient rights, meeting the patient's spiritual and religious needs, and protecting the privacy of patient, family and patient-related individuals ([36](#_ENREF_36)). Patients believe that all people are equal, economic status and position do not bring dignity. Ensuring patients that they are valued, which is achieved by respecting patients by staff, promotes dignity ([34](#_ENREF_34)).

Numerous empirical referents about the aspects of patients' human dignity have been reported in the literature as self-reporting tools. In the tool designed by Karimi ([10](#_ENREF_10)), dignity scale is considered separately to assess the three dimensions of privacy, communication and autonomy of elder adults and nurses of elderly. The designed tool by Dehghan-Nayeri et al. ([39](#_ENREF_39)), examined terms related to patients' dignity perspectives in three areas: nurse-adolescent interaction, adolescent privacy, and providing opportunity for adolescents to make decision. Translated form of Patient Dignity Inventory (PDI) by Chochinov et al. ([44](#_ENREF_44)) examines five factors: symptom distress, peace of mind, dependency, social support, and existential distress. The instrument developed by Raee et al. ([37](#_ENREF_37)) assesses the dimensions of privacy and independency of patient dignity in accordance with sociocultural conditions of Iranian society. The questionnaire designed by Zirak et al. ([41](#_ENREF_41)) based on literature review and in accordance with the ethical laws of Iranian nursing to assess patients' dignity and researcher-made tool covers important aspects of care affecting human dignity in aged population ([33](#_ENREF_33)).

The authors conclude that the attributes of the concept of human dignity are abstract, and have been found no independent tool to measure all aspects of this concept. Therefore, in order to have a comprehensive definition of human dignity of patients in nursing care with independent tools, it is necessary to conduct further studies to develop other empirical referents based on the characteristics of this analysis.

**Discussion**

Walker and Avant model provided a systematic approach to identify and clarify the concept of human dignity of patients in nursing care. It also helped the researchers to find more specific and distinctive attributes about the concept under study and a deeper understanding of its meaning by constructing an example of model case, borderline case, related case and contrary case.

Dignity expresses two completely distinct sets of human characteristics; characteristics such as human security, comprehensive care, giving adequate education to the patient and family, respecting the patient as a human along with altruism, effective communication and maintenance of privacy. However, characteristics such as trust, gratitude, and spiritual growth fall into the category of transcendent dignity. The goal of transcendent dignity is to development a perfect human with spiritual health. The human dignity of patients as a subjective nature is rooted in their prominent nature as a human and the caliph of God (God's successor in the world), who deserves to be treated with dignity and respect. The different dimensions of patient’s human dignity are respect for human rationality, respect for equality, having benevolent attitude and spending time with the patient. Providing dignified care as an objective nature of person-centered care emphasizes the need to respect for cultural and religious values and considering personal preferences which is influenced by cultural and religious values and beliefs. Asmaningrum and Tsai ([25](#_ENREF_25)) described four main categories: responsiveness, nurse-patient respectful relationship, quality of care, and providing individualized care as the requirements of nursing care to maintain patient dignity in clinical care setting. They also stated that because the ability to provide care based on cultural competency is important for nurses need to have clinical skills along with cultural competency. According to nurses' international code of ethics, respecting life and observing dignity is an integral part of the nursing profession and it is not limited to age, color, belief, culture, gender, nationality, race, social status or health status of the patient ([14](#_ENREF_14)).

Other important dimensions and attributes of patients’ human dignity in this study were observance of patient privacy, respect for autonomy, nurse-patient interaction, patient participation in decision making, absence of mental and physical distress symptoms in patient, having peace of mind, independence, social support, acceptance and observance of patient rights, requesting permission before entering the patient's room by staff, compassion for the patient, benignity and altruism, professional commitment to protect patients' rights and enlightenment practice, providing a safe environment, attention to secondary caregivers and sufficient attention to patients' self-esteem. The results of Šaňáková and Čáp ([45](#_ENREF_45)) showed six main themes related to patients' dignity: unique human being, respect for patient privacy and solitude, quality of relationships, quality of communication, quality of care, and environment. Lin et al. ([46](#_ENREF_46)) identified five themes: respect, privacy, emotional support, treatment of all patients equally, and maintaining body image. In this study, the aspects of respect were autonomy, comprehensive care, culture and beliefs, informed consent. The aspects of privacy are privacy of patient's body, privacy of patient's physical space, and privacy of patient's conditions. The aspects of emotional support are using encouraging words, listening to patients and empathy, appropriate language, and spiritual well-being. The aspects of treatment of all patients equality are providing equal care; and the aspect of maintaining body image include physical appearance.

Solberg et al. ([47](#_ENREF_47)) reported three main themes about the meaning of dignity in their study including physical dimension, respect for others, and internal experience. According to the results of this study, respect and approval, providing care with knowledge and continuous relationship with patient were among the factors that increase dignity in dealing with the patient. Discrimination, inappropriate communication, patient disapproval, disrespect, negative attitude, lack of support and lack of knowledge were reported as threatening factors of patients' dignity.

In summary, the general philosophical-ethical background of nursing care is based on three aspects namely life experience, interpretive dialogue, and legal standard. The three important concepts of vulnerability, care, and dignity should be observed in an ethical approach in nursing. According to these concepts, the ethical nature of nursing is to provide care in response to a person's vulnerability in order to respect, protect, and promote their importance, status and dignity as much as possible ([8](#_ENREF_8)).

Based on the results of the present study, demographic characteristics, environmental conditions, interests, preferences, intrapersonal characteristics of patients/health care providers, quality of human resources, the way of providing care, interpersonal interactions, financial resources, and nurses' professional commitment were the most important factors influencing the maintenance and promotion of patients' dignity while providing care. According to the findings of Martin-Ferreres et al. ([24](#_ENREF_24)) nurses' attitudes and behaviors are important for providing dignified care featured with respect, confidentiality, privacy, and communications. Institutional policies and emotions management are also identified as facilitators and threatening factors in providing dignified care. According to Rasmussen and Delmar ([48](#_ENREF_48)), the factors affecting patients' dignity are respect for privacy, autonomy, meeting the patient needs, opportunity to choose, openness, loyalty and confidence in interactions, providing sufficient information, use of resources, dependence to others and losing control, and behavior and communication skills in nurses. In other review study conducted by Lin et al. ([6](#_ENREF_6)) the findings showed that from the perspective of nurses and patients, maintaining patients' dignity in providing care in clinical settings is influenced by physical space of the environment, staff attitude and behavior, organizational culture, and patient independency.

Hence, dignity has many dimensions and attributes which are represented by various factors. Patients have a clear understanding of the factors affecting dignity. At the same time, they expect health care providers to maintain dignity while providing care. Additionally, nurses must recognize the various aspects of preserving the value and importance of patients, as well as ethical dimension of their activities in clinical practice that contribute to the esteem and dignity of patients.

**Limitations**

Only the texts published in English or Persian languages were included. Accordingly, texts in other languages, as well as unpublished data on human dignity and published texts prior to 2010 were not analyzed. However, analyzing this concept is a never-ending process and the newly discovered aspects need further research work.

**Conclusion**

According to the findings of the present study, the meaning of patients' human dignity was determined in two dimensions. One dimension is intrinsic dimension or fundamental dignity which exists in the nature of all human beings and has an objective nature. The second dimension is acquired dimension or transcendent dignity which has a subjective nature and its goal is development of a perfect human with spiritual health. The antecedents of patients' human dignity provide general evidence of several factors such as demographic characteristics, intrapersonal characteristics of patient/health care provider, environmental conditions, preferences, quality of human resources, the way of providing care, interpersonal interactions, financial resources, and observance of nurses' professional ethics. Maintaining the dignity of patients and respecting and cherishing the existential dignity of individuals are the foundations of nursing practice and has been emphasized as fundamental principle and duty in national and international ethical codes of nursing. Therefore, despite the fact that dignity is evident through special features, nurses should consider different aspects of dignity in their daily care activities by recognizing the concept of dignity and its features. As to the consequences of patients' human dignity, findings of this study developed a basis for operational definition of the concept and by understanding the meaning of human dignity nurses need to take it into account for providing care. Through this, they can increase the quality of care, promote of care standards and increase patient satisfaction. The nursing tutors can use the findings to educate students how to maintain and promote the patient's human dignity. Moreover, the consequences of determining the physical environment, staff attitudes and behaviors, organizational culture required to promote patient dignity in nurses were identified than can be used for policy making.

Some aspects of dignity-based care in different clinical settings have been identified from the perspective of patients, nurses and even nursing students. Still, the viewpoint of nursing professors as role models for students who will be future nurses about patients' human dignity is not clear. Therefore, future works can examine nursing professors' views on patients' human dignity in providing clinical care.

**Conflict of interest**

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**References**

1. Hughes G. The concept of dignity in the universal declaration of human rights. *J Relig Ethics* 2011; 39(1): 1-24.

2. Assembly UNG. Universal declaration of human rights. UN General Assembly. Paris: Taylor & Francis; https://www.un.org/en/unive rsal-decla ratio n-human -right s/index .html (1948, accessed February 2020).

3. Esmaieli R, Abed Saeedi J, Ashktorab T, et al. Concept of elderly dignity in nursing perspective: a systematic review.  *Med Hist* 2014; 5(17): 11-36.

4. Johnston B, Pringle J, Gaffney M, et al. The dignified approach to care: a pilot study using the patient dignity question as an intervention to enhance dignity and person-centred care for people with palliative care needs in the acute hospital setting. *BMC Palliat Care* 2015; 14(1): 1-14.

5. Heijkenskjöld KB, Ekstedt M, Lindwall L. The patient’s dignity from the nurse’s perspective. *Nurs Ethics* 2010; 17(3): 313-24.

6. Lin Y-P, Watson R, Tsai Y-F. Dignity in care in the clinical setting: a narrative review. *Nurs Ethics* 2013; 20(2): 168-77.

7. Jacobson N. Dignity violation in health care. *Qual Health Res* 2009; 19(11): 1536-47.

8. Gastmans C. Dignity-enhancing nursing care: a foundational ethical framework. *Nurs Ethics* 2013; 20(2): 142-9.

9. Lindwall L, von Post I. Preserved and violated dignity in surgical practice–nurses’ experiences. *Nurs Ethics* 2014; 21(3): 335-46.

10. Karimi H, Ajorpaz NM, Aghajani M. Older adults' and nurses perception of dignity in the setting of Iranian hospitals: A cross-sectional study. *Cent Eur J Nurs Midw* 2019; 10(4): 1134-42.

11. Bidabadi FS, Yazdannik A, Zargham-Boroujeni A. Patient’s dignity in intensive care unit: A critical ethnography. *Nurs Ethics* 2019; 26(3): 738-52.

12. Borhani F, Abbaszadeh A, Rabori RM. New vision for the dignity: understanding the meaning of patient dignity in Iran. *J Adv Med Med Res* 2015; 9(2):1-11.

13. Bell L. Code of ethics for nurses with interpretive statements. *Crit Care Nurse* 2015; 35(4): 84.

14. ICN. The International Code of Ethics for Nurses. 2012; Geneva: International Council of Nurses. 4th ed.

15. Jolaee S, Bakhshandeh B, Mohammadebrahim M, et al. Nursing code of ethics in Iran: the report of an action research. *J Med Ethics Hist Med* 2010; 3(2): 45-53.

16. Baillie L, Gallagher A. Raising awareness of patient dignity. *Nurs Stand* 2012; 27(5): 44-49.

17. Royal College of Nursing. Principles of nursing practice. An RCN Guide to Principles of nursing practice. RCN, London https://[www.rcn.org.uk/professionaldevelopment/principles-of-nursing-practice](http://www.rcn.org.uk/professionaldevelopment/principles-of-nursing-practice) (2018, accessed 30 July 2018).

18. Jackson A, Irwin W. Dignity, humanity and equality: Principle of Nursing Practice A. *Nurs Stand* 2011; 25(28): 35-37.

19. Raee Z, Abedi H. Nurses' Perspectives on Human Dignity of Hospitalized Patients. *Iran J Nurs* 2017; 29(104): 55-65.

20. Tranvåg O, Synnes O, McSherry W. Stories of dignity within healthcare: research, narratives and theories: M&K Update Ltd; 2016 Aug 24.

21. Sabatino L, Kangasniemi MK, Rocco G, et al. Nurses’ perceptions of professional dignity in hospital settings. *Nurs Ethics* 2016; 23(3): 277-93.

22. Thompson GN, McArthur J, Doupe M. Identifying markers of dignity-conserving care in long-term care: a modified Delphi study. PLoS One. 2016; 11(6): e0156816.

23. Rodríguez-Prat A, Monforte-Royo C, Porta-Sales J, et al. Patient perspectives of dignity, autonomy and control at the end of life: systematic review and meta-ethnography. PLoS One. 2016; 11(3): e0151435.

24. Martin-Ferreres ML, Pardo MÁDJ, Porras DB, et al. An ethnographic study of human dignity in nursing practice. *Nurs Outlook* 2019; 67(4): 393-403.

25. Asmaningrum N, Tsai YF. Patient perspectives of maintaining dignity in Indonesian clinical care settings: A qualitative descriptive study. *J Adv Nurs* 2018; 74(3): 591-602.

26. Parandeh A. The Necessity of Preserving Human Dignity of Patients in Intensive Care Units: Letter to the Editor. J Crit Care Nurs 2019; 12(3): 1-5.

27. Cheraghi MA, Manookian A, Nasrabadi AN. Human dignity in religion-embedded cross-cultural nursing. *Nurs Ethics* 2014; 21(8): 916-28.

28. Ebrahimi H, Torabizadeh C, Mohammadi E, et al. Patients' perception of dignity in Iranian healthcare settings: a qualitative content analysis. *J Med Ethics* 2012; 38(12): 723-8.

29. Walker LO and Avant KC. Strategies for theory construction in nursing. 5th ed. Upper Saddle River, NJ: Prentice Hall, 2011.

30. Misztal BA. The idea of dignity: Its modern significance. *Eur. J. Soc. Theory* 2013; 16(1): 101-21.

31. Afzali MA. Human dignity and euthanasia in Islamic ethics. *J Mazandaran Univ Med Sci* 2010; 20(78): 83-95.

32. Esmaili R, Ashktorab T, Esmaili M, et al. Philosophy of human relationships and ethics in medical sciences. *Med Ethics* 2011; 5(16): 79-93.

33. Sabeghi H, Nasiri A, Zarei M, et al. Respecting for human dignity in elders caring in perspective of nurses and elderly patients. *Med Ethics* 2017; 9(32): 45-70.

34. Bagheri H, Yaghmaei F, Ashktorab T, et al. Patient dignity and its related factors in heart failure patients. *Nurs Ethics* 2012; 19(3): 316-27.

35. Cheraghi MA, Manookian A, Nasrabadi AN. Patients’ lived experiences regarding maintaining dignity. *J Med Ethics Hist Med* 2015; 8: 6.

36. Shahriari M, Mohammadi E, Abbaszadeh A, et al. Perceived ethical values by Iranian nurses. *Nurs Ethics* 2012; 19(1): 30-44.

37. Raee Z, Abedi H, Shahriari M. Nurses’ commitment to respecting patient dignity. J Educ Health Promot 2017; 6: 16.

38. Jamalimoghadam N, Yektatalab S, Momennasab M, et al. Hospitalized adolescents’ perception of dignity: a qualitative study. *Nurs Ethics* 2019; 26(3): 728-37.

39. Dehghan Nayeri N, Karimi R, Sadeghee T. Iranian nurses and hospitalized teenagers' views of dignity. *Nurs Ethics* 2011; 18(4): 474-84.

40. Borhani F, Abbaszadeh A, Rabori RM. Facilitators and threats to the patient dignity in hospitalized patients with heart diseases: a qualitative study. *Int J Community Based Nurs Midwifery* 2016; 4(1): 36-46.

41. Zirak M, Ghafourifard M, Aliafsari Mamaghani E. Patients’ dignity and its relationship with contextual variables: a cross-sectional study. *J Caring Sci* 2017; 6(1):49-51.

42. Amininasab SS, Lolaty HA, Moosazadeh M, et al. The relationship between human dignity and medication adherence in patients with heart failure. *J Med Ethics Hist Med* 2017; 10: 5.

43. Manookian A, Cheraghi MA, Nasrabadi AN. Factors influencing patients’ dignity: a qualitative study. *Nurs Ethics* 2014; 21(3): 323-34.

44. Borhani F, Abbaszadeh A, Moosavi S. Status of human dignity of adult patients admitted to hospitals of Tehran*. J Med Ethics Hist Med*. 2014; 7: 20.

45. Šaňáková Š, Čáp J. Dignity of elderly adults from the perspective of nurses: a qualitative descriptive study. *Cent Eur J Nurs Midw* 2018; 9(4): 906-14.

46. Lin YP, Tsai YF. Maintaining patients’ dignity during clinical care: a qualitative interview study. *J Adv Nur*. 2011; 67(2): 340-8.

47. Solberg H, Nåden D. It is just that people treat you like a human being: The meaning of dignity for patients with substance use disorders. *J Clin Nurs* 2020; 29(3-4): 480-91.

48. Rasmussen TS, Delmar C. Dignity as an empirical lifeworld construction—In the field of surgery in Denmark. *Int J Qual Stud Health Well-being* 2014; 9(1): 24849.

**Antecedents** **Attributes** **Consequences**

-Demographic characteristics

-Intrapersonal characteristics of the patient / health care providers

-Patient / staff religious attitudes and beliefs, customs, and preferences

-Gender sensitivity and sexual segregation

-Financial resources

-Management structure and quality of human resources

-Restrictive rules setting

-The way of providing care and interpersonal interactions

-Observing the principles of nurses' professional ethics

-Environmental conditions, facilities and physical space

-Treating the patient as a valuable person

-Respecting patients' privacy

-Respecting patients' autonomy

-Respecting confidentiality of patient information

-observing the principles of respectful communication

-Using an appropriate language

-Having a positive mental image

-Having a sense of altruism and compassion for the patient

-Respecting human equality

-Observing patients' spiritual or religious beliefs

-Observing patient rights

-Giving adequate education to patient

-Presence of social support

-Paying attention to secondary caregivers

**Preserving the human dignity of patient causes:**

-Promoting the recovery process and outcomes of disease

-Establish a reliable relationship between nurse and patient

-Perfect satisfaction of care

-Being closer to God (spiritual growth)

-Maintaining the comfort and trust of patients

**Lack of dignity of patient causes:**

-Uncertainty about the disease and the treatment process

-Feeling of emotional inability to cope with the challenges of disease

-Feeling being a burden on others

-Feeling indebted in patient

-Having stressful behavior

-Shame on the patient

-Feeling of change in appearance and inability to perform daily life tasks

**Figure 1.** Conceptual model of human dignity of patients