



Threats to nurses' dignity and intent to leave the profession

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Abstract

Background: It is essential to pay attention to and respect the dignity of nurses to maintain them in their profession while they deliver skilled nursing care. Little is known, however, about how a sense of dignity influences the practitioner.

Objectives: The purpose of this study is to describe nurses' experiences of threats to their dignity occurring within clinical settings, which generates an intention to leave clinical practice.

Research design and method: The study was performed using qualitative content analysis. The participants were 21 clinical nurses with work experience who were employed across a range of clinical posts. Data obtained from the semi-structured interviews were analyzed and interpreted using a content analysis approach.

Ethical considerations: The study was approved by the Ethics Committee of Tabriz University of Medical Sciences and was guided by the ethical principles of voluntary enrolment, anonymity, privacy, and confidentiality.

Findings: Within data analysis, three main themes and nine categories were extracted as follows: (1) lack of professional pride (physician's dominance, intangible nature of nursing, and negative attitude toward clinical nurses); (2) oppressive work environment (high workload, disrespect, discrimination, and lack of support); and (3) suppression of progressivism (lack of appreciation and attention to meritocracy).

Discussion: Almost all of the participants have experienced some degree of disrespect and violation of dignity. In general, attempts made by the participants to show their objection to the threats and to support and protect their dignity have not been effective and in fact made them more inclined to leave the clinical work.

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Conclusion: According to the views of nurses themselves, identification of the factors threatening nurses' dignity can be one of the appropriate solutions for the broader and deeper investigation of this phenomenon and can help promote and support nurses' dignity and their retention within the profession.

Keywords

Content analysis, dignity, intention to leave, nurses, qualitative research

Introduction

In healthcare organizations, the largest group of healthcare professionals are the nurses who provide direct and indirect care to patients in various health-related environments.^{1,2} Due to the complexity of organizational structures, as well as requirements for communication with a wide array of other members of the healthcare team, patients, and their families, the nursing profession has been always subject to potential pressures.³ These complexities can create a variety of effects ranging from anxiety and discomfort to dissatisfaction generating an intention to leave the profession.⁴ Although poor salary and low status, as well as occupational burnout, are considered major causes of dissatisfaction among nurses, a study in Iran has shown that 75.9%, 50%, and 65.4% of nurses are dissatisfied with the value that society attaches to the nursing profession, respectively, this relates to the importance that physicians and hospitals consider for their profession, and the level of social respect level for their profession, respectively. In total, despite having academic literacy and degree-level qualification, 70.3% of Iranian nurses have complained about the standing of the nursing profession in the workplace and in society.⁵ So, the threats and challenges to the dignity of clinical nurses' which generates an intention to leave must be considered.

Dignity is one of the inherent and precious human rights.⁶ Dignity as a concept is commonly associated with worth, value, and autonomy.⁷ The American Nurses Association Code of Ethics makes a more direct reference to dignity as a self-regarding value.⁸ Professional dignity for nursing is defined as a multidimensional intertwined concept incorporating core characteristics of human beings. These include intrinsic human dignity, the subjective perception of dignity, their ethical professional values, the professional identity of nurses, communication with patients, organizational characteristics of work environments and workplace elements, including inter- and intra-professional relationships,⁹ that are inextricably inter-linked.¹⁰ Exploring nurses' perceptions of their dignity is important, because nurses' relationships with patients, colleagues, and the wider society is affected by such a perception.¹¹

When nurses' dignity is threatened, they find difficulty respecting themselves and, therefore, their ability to respect others is reduced.⁷ Codes of professional nursing organizations have emphasized the necessity to provide care to preserve patients' dignity and maintain respectful relationships with colleagues.¹² Ethical codes of the Iranian Nursing Organization require nurses to provide nursing interventions with full respect for the client/patient and to preserve his/her dignity. However, no mention is made about the necessity of preserving the dignity of clinical nurses.^{13,14}

Dignity is a concept that is related to nursing research and performance and, in clinical situations, it is often considered in relation to the maintenance of patient dignity. Although there is a growing body of research investigating patients' dignity¹⁵⁻¹⁷ and the dimensions of patients'/clients' dignity have been well detailed,^{18,19} few theoretical works have examined nurses' rights²⁰ and their dignity as a right has been rarely considered.²¹ One reason for this is the influences which prioritize the recognition of patients' dignity over that of nurses including the philanthropy and dedication of nurses for providing care in environments in which financial factors related to care delivery take priority.⁸ This knowledge gap is emphasized because of

dignity workplace concept and has only been fully considered within recent decades.⁷ Thus, the investigation of the relevance of dignity as a nurse's right must be pursued as a moral necessity in workplaces.²²

Work environments impact the sense of dignity people experience, particularly around occupational satisfaction.²³ Also, attaining a sense of dignity generates the feeling of power, a positive impression of the self, and increased worth, as well as heightened self-esteem.¹¹ On the other hand, threatening or violating dignity leads to a perceived loss of control, a sense of less importance, a destruction of humanity, and emotional reactions such as anger, anxiety, humiliation, and embarrassment.¹⁸ These consequences are more complex for nurses, because they in turn impact the entire healthcare system.²⁴

A literature review has shown that there are no studies investigating threats to clinical nurses' dignity leading to an intention to leave the profession and, in the wider discussions related to workplace dignity, only some of the dignity components are considered.²⁵ Other investigations focus on conflict and harassment,²⁶ and although conflict and harassment are important indicators for dignity violation in workplaces, dignity itself is a broader approach, which needs to be more fully discussed.²⁶

Interpretation of dignity is related to the culture, social values, and context relevant to the individual,⁷ so that different groups may experience dignity in different ways.^{26,27} Among nurses, values, common beliefs, and expectations from the professional group influence the formation of a sense of dignity and emphasize the necessity to determine threats to nurses' dignity.²⁴ It is important, therefore, to investigate the impact and role of dignity as experienced by nurses, as it is likely to impact efficient recruitment, as well as retention and survival of nurses within their organizations, and since any intervention to improve nursing dignity requires accurate identification of potential threats as identified by nurses themselves, so this study aims to describe the experiences of Iranian nurses around threats to their dignity arising within clinical settings, and to discover the dimensions of this which could facilitate them leaving their profession. Having more knowledge about nurses' perceptions of threats to their dignity in clinical setting, essential skills for ethical and effective guidance of clinical environments can be identified and developed in order to present ethical and respectful care for patients and increase the retention of nurses in clinical care.

Methods

Nurses who participated in this study were selected from several teaching hospitals affiliated with Tabriz and Uremia Universities of Medical Sciences in Iran. The sample selection process was based on the following criteria: (1) having a baccalaureate degree or higher, (2) having at least 1 year of work experience in clinical nursing practice, (3) being willing to participate in the study, and (4) having the ability to express views from the nurses' perspective. A total of 21 nurses met the inclusion criteria and agreed to enroll in the study.

From May 2014 to July 2015 (over a period of 14 months), the participants were engaged in semi-structured interviews by being asked open-ended questions to investigate threats to the dignity of clinical nurses which may generate an intention to leave clinical practice. Researchers interviewed each participant individually for 40–60 min at their workplace ($n = 16$) and outside of work environments ($n = 5$) depending on the participants' preference. The interview began with a general question "is your dignity threatened when you deliver bedside care and if so does that impact on intentions to remain in nursing?" and moved to more specific, detailed questions as the interview advanced. Follow-up questions included "How is your dignity affected by society and the workplace?", "Has there been any situations in which your dignity has been violated? Describe it," and "Is there a situation in which you have taken the decision to leave the profession, and then describe this situation?". Interviews were recorded with permission and later transcribed. The raw data were coded verbatim using MAXQDA10 (version 10 R 160410; Udo Kuckartz, Berlin, Germany) before analysis.

Table 1. Process of obtaining theme, main categories, and subcategories.

Theme	Main categories	Subcategories
Threats to dignity	Lack of professional pride	Physician's dominance Intangible nature of nursing Negative attitude toward nurses
	Oppressive work environment	High workload Disrespect Discrimination Lack of support
	Suppression of progressivism	Lack of appreciation Attention to meritocracy

Sample and setting

A total of 21 participants undertook the study; this comprised 19 women and 3 men, aged 24 to 45 years, with an average age of 32 years and average clinical experience of 6 years (1.5–18 years).

Data analysis

Content analysis method as described by Hsieh and Shannon²⁸ was applied for its suitability to meet the objectives of this study. Through an inductive process, data were coded and categorized.²⁹ Data analysis continued simultaneously after the first interview until saturation was reached. Researchers encrypted the copied text and discussed coding refinement for each emerging theme. Classified codes were categorized, compared, and interpreted within the context of general transcripts.

Ethical considerations

This study was approved by the Ethics Committee of Tabriz University of Medical Sciences (grant code: 5/4/3861), Iran. Before data collection, researchers obtained a written informed consent to ensure anonymity, privacy, and confidentiality and emphasized their voluntary enrollment. Information on the study objectives and goals were detailed and contact information for the principal investigator was offered to answer participants' questions.

Findings

During data analysis, three main themes and nine categories were extracted as follows and presented in Table 1. (1) Lack of professional pride (physician's dominance, intangible nature of nursing, and negative attitude toward clinical nurses); (2) oppressive work environment (high workload, disrespect, discrimination, and lack of support); and (3) suppression of progressivism (lack of appreciation and attention to meritocracy). These themes reflect the experience and understanding of the participants in terms of the threats to their dignity, which affect their intention to leave their profession.

Threats to dignity include wider dimensions such as lack of professional pride, oppressive work environments, and suppression of progressivism, as described in detail below.

Lack of professional pride

Unlike other professional fields, people have perceptions about nursing that often have the image of an unprofessional person. They state that nurses have the role of “physicians’ servants” or “physicians’ maids” in hospitals, nurses’ professional status is lower than that of physicians, and their role is not considered independent. Most people do not know the requirements placed upon the nursing profession, expectations of nursing, or the skills needed within nursing profession. As seen in this study, social stereotypes have a negative impact on nurses’ dignity and lead them to consider leaving their profession. According to nurses, physicians’ dominance, the intangible nature of nursing work, and negative attitudes toward clinical nurses are the dimensions contributing to a lack of professional pride. About low levels of dignity associated with the nursing profession, a nurse mentioned,

In Iran, nursing lacks its real social prestige; it has no dignity. That is why the social value of nursing is reduced. (P9)

Physician’s dominance. This sub-category refers to the dominance of physicians over nurses. In fact, it is the physician who is perceived as very important to the public and patients connected to the health system; thus, the importance of the nursing role is hidden within the physicians’ shadow. Based on the participants’ experiences, physician superiority prevails in hospitals and the main recognition from society is toward physicians because physicians make the main decision about patients, nurses are therefore less often considered as professional people, due to their absence from the observable decision-making process. This state is more pronounced in some clinical areas, all of which reduce the motivation of clinical nurses. One of the nurses said,

But, well, there are such views about nurses that they are physicians’ slaves who only take orders from them. Physicians attach no value to nurses, which significantly reduces the motivation of nurses to stay in their clinical work. (P5)

Another participant expressed,

Here, only physicians are important, because they make decisions . . . Since they are physicians, everyone bows down to them. But, nurses are not valued and appreciated even if they are experts in their profession. Inevitably, we lose our motivation and feel worthless. (P14)

Intangible nature of nursing. The participants unanimously believed that nursing is not tangible from the viewpoint of society to the extent that other professions are. The public are faced with nurses in critical situations and thus only remember their defects and shortcomings. Moreover, in the health system, since the main responsibility for the treatment process is assumed by physicians, nursing care usually leaves a weaker impression on people’s minds and care achievements are often solely attributed to physicians. Consequently, patients attach more value to physicians, which in some leads to a diminishment of the value and level of dignity associated with nurses. A nurse expressed,

In special care units, life of patients depends on nurses; but, nobody knows it. People don’t know it; people think that nursing is only the serum injection. These issues has reduced the value of this occupation is the society. (P21)

Another clinical nurse said,

... Here, physicians are highly valued, since they do the surgery; but, the post-surgery care which is as important as the surgery itself is not valued. People do not see this importance ... I feel whatever we do are worthless ... (P13)

Negative attitudes toward clinical nurses. Nurses' experiences indicate that people assume their career to have a service-giving nature, nurses are considered illiterate and bad-tempered, and nurses are perceived to have illicit relationships; all of these negative experiences reduce the value and dignity of nursing. The outcome of all these experiences is the reduced motivation of nurses to stay within their clinical profession. A nurse said,

In my family, nobody wants their daughters to be a nurse. They say that nurses have to stay on night shifts and they deal with male personnel, patients, and their accompanying people during the night. Illicit and immoral affairs have happened during night shifts; well, all these issues affect our motivation, discourage us, and generate sense of worthlessness; ... (P2)

Oppressive work environment

With high workload, discrimination, disrespect, and lack of support by authorities set the conditions for the violation of nurses' dignity and leads to passive behaviors and indifference to patients, silence accompanied by discomfort, sadness, and ward displacement, leaving occupational positions or even their nursing career. In this regard, a nurse who has been forced to change his/her place of service said,

I was under so much pressure that I could not focus on my job. The only solution for me was to change my ward. Management issues, neglect of work experience, and so on. I'm really sorry that nurses' dignity is unjustly ignored in this system. We get disappointed when we see these things. (P8)

High workload. Most of the participants have experienced a lack of respect to their dignity due to high workload, a part of which is related to workforce shortages and is also due to a high and disproportionate workload. Several have been forced to change their wards or even leave their profession due to the violation of their dignity in the workplace. One of the nurses said,

For example, one night I was on the shift along with a paramedic; we had 40 patients, one of whom was critically ill. I had to be beside this patient since 9:00 p.m. unfortunately, there was no help due to the shortage of work force. I had to wake up patients at 3:00 a.m. and give the drugs I was supposed to give at 9:00 p.m. or take their tests. The patients started to complain that the nurse did not come over us and did not give our drugs on time ...” (P1). In this regard, a participant said: “Most of the time, patients and their accompanying people have conflict with us for such reasons ... Nursing is really worthless. (P4)

Disrespect. In this study, disrespect is manifested in two forms: “aggression” and “contempt.” Nurses say that their performance is influenced by the level of dignity attributed to them by their organization. Nurses say that unethical behaviors are the factors most significantly affecting their motivation to stay in their clinical work. About nursing humiliation, one of the participants said,

One of our professors strongly degraded nursing in one of the training courses, due to which the whole group was disappointed. She said if I returned to the past, I would not choose nursing again. I would never let my child to be a nurse. These words discouraged us. (P15)

Another nurse said about the aggressive behavior of the head nurse with a clinical nurse:

We had a head nurse who treated us with insult and uproar and disregarded our personality; if we did something wrong, she would degrade us with shouting in front of others; to tell the truth, this kind of treatment degrades the value of nursing. When I saw these behaviors, I had no desire to do anything in that ward. (P6)

Discrimination. When comparing nursing with other related fields, particularly the medical field, major discrimination indicators are visible. Difference in the quality of service, as well as educational and welfare services, and respect in interactions are the most common forms of discrimination between nurses and physicians. This discrimination makes nurses feel humiliated and reduces their motivation to stay in their clinical profession. A participant said,

Head nurses do not respect clinical nurses; even sometimes, they do not greet them. But, when an intern comes in, they respect her/him. When I experience this discrimination, I lose my motivation and feel worthless . . . , because I see that I have no place in my profession. (P3)

Lack of support. Participants stated that lack of support by managers and head nurses causes feeling of emptiness, worthlessness, and discouragement among nurses. In addition, the participating nurses were complaining that while ethical charters always protect the rights of patients, nobody supports nurses. One of the nurses said,

I've experienced myself; if you do everything for the patient, but the smallest shortcoming happens, s/he will insult you. The authorities will also reproach you without asking about what happened. There is no support for you . . . (P7)

Suppression of progressivism

This main theme has two subcategories of lack of appreciation and attention to meritocracy. The majority of nurses said they could not achieve any clinical success and could not prove their competence.

Lack of appreciation. Timely and proper appreciation and encouragement are the processes which identify the positives in a clinician's work performance, show that their managers are giving attention to their development, and provide encouragement to the person to increase effort and commitment to do a better job. However, a lack of appreciation and encouragement has a reverse outcome, as mentioned by participant 20:

They only appreciate physicians, not nurses. Well, all of these points decrease the nursing value in this system and we unintentionally lose our interest and motivation to work in the clinical field.

Lack of attention to meritocracy. Lack of attention to meritocracy not only causes indifference but also leads to low retention of clinical nurses, because nurses feel that by working in another ward, the management will pay more attention to them, they will be considered more important, and eventually more benefits will be received. Therefore, they pay less attention to their current job and look for a place to escape to. Remarks of a participant about inattention of the organization toward expert, capable, and experienced clinical nurses are as follows:

Sometimes, I even think that I have wrongly selected nursing. Nursing managers behave in a way that we feel unsuccessful in our job think and our efforts are worthless. Well, we lose our motivation to work in such an environment . . . (P16)

Discussion

The findings of this study showed that the participants had perceived the threats to their dignity in three dimensions of lack of professional pride, cruel working environment, and suppression of progressivism. They believed that violated dignity leads to feelings of worthlessness, frustration, and generates an intention to leave their clinical profession.

In the dimension of “lack of professional pride,” physician’s dominance, the intangible nature of nurses’ work, and negative attitude toward clinical nurses were proposed as the factors for violating the dignity of nurses and eventually supporting the development on an intention to leave their profession. Roberts also believes that the value of nursing is rarely recognized within the clinical care domain, because medical values and models are identified as superior and more appropriate states. That is why nursing is overshadowed by the medical field. In addition, nursing has always been compared to the medical field as a result a feeling of professional humiliation has been generated.³⁰ In a study in Iran, a lack of societal recognition of the worth of nursing, a sense of worthlessness, a lack of independence, and a lack of perceived power were the most important factors affecting clinical nurses’ dignity.³¹ In Iran’s health system, power distribution is disproportionate and in the hands of physicians; such monopolized power has caused a large number of personnel, especially nurses, to feel a lack of motivation and lose quality in their performance.³² Nurses believe the public image of nursing is relatively negative in Iran, which causes disappointment, confusion, and exhaustion for them.³³ Moreover, nursing in Iran is synonymous with issues such as work-related problems, socio-cultural problems, and difficulties related to nursing duties, while in western countries such as Sweden, nursing is synonymous with humanitarian inclinations.³⁴ Austin states that three-quarter of physicians consider nurses as their assistants who do not need academic education.³⁵ In his comparison with physicians and nurses, Heshmati concludes that nurses have less credit than physicians in the healthcare system and outlines the negative perception of nursing in cases like gender stereotyping, being subordinate to physicians, less requirement for academic standards, weak working conditions and low income, as well as limited opportunities for promotion.³⁴

Another dimension of threats to dignity was oppressive work environments. The experiences of the participants in this study showed that dignity violations of nursing through factors such as lack of official support, discrimination, disrespect, and high workload would eventually lead to passive and oppositional behaviors in nurses, generate a sense of worthlessness, lead to thoughts of workplace change, lead to resignation from their posts, or even generate an intention to leave the profession. This finding was confirmed by the findings of other studies. Khademi et al.²⁴ mentioned disrespect as the most identifiable experience for nurses while interacting with managers, physicians, and relatives of patients. This included different behaviors ranging from indirect humiliation to physical confrontations. One of the factors affecting nurses’ dignity is the improper behavior of physicians that originates from a physician superiority system. Defects in positive relationships between nurses and physicians have led to unhealthy work environments and a loss of motivation among nurses.³⁶ findings of the study by Lawless and Moss demonstrated that any interaction with patients, colleagues, or managers can affect the preserving, maintaining, or threatening conditions of nurses’ that impact upon a nurses dignity. Although nurses can undertake strategies that support their dignity, including holding a positive attitude and developing supportive connections, these strategies have been less evident in nurses’ experiences about their professional lives and what are more clearly observed in these statements are feelings of worthlessness, hopelessness, and lack of motivation.⁸ In Chamani et al.’s³⁷ study, nurses believed that having professional dignity depended on enjoying more respectful and intimate relationships, equitable relationships and a lack of discrimination, with promotion based on competence, and enjoyment from work. Thus, they expected the promotion of these factors in order to maintain them in their clinical work.

Based on the experiences of the participants, nurses have to take care of many patients during a shift, which is economically cost-effective for hospitals. Sturm³⁸ believes that financially limited healthcare environment causes nurses to attend to patients under difficult ethical conditions, feeling that their professional dignity is being violated and that their occupational satisfaction is lost, they therefore seek to change their wards or even leave nursing. Ellis and Hartley³⁹ writes on the impact of workload on nurses' reactions: "Nurses face high workload on the one hand and see that patients are in need and hold themselves responsible for them on the other; thus, they attempt to work harder, stay in the ward more than their specified shift time, and neglect their resting time. But when they realize that still many of duties are left and patients have not received optimum care, they blame themselves, criticize the work environment, and react to this situation through various behaviors such as resignation. Some also stay in the profession and try to minimize their contact with patients to reduce the pressures.

Based on the statements of the participants in this study, managers do not support and appreciate nurses, and this makes them reluctant to continue in their profession. In this regard, Brown⁴⁰ writes that lack of emotional support makes nurses feel they have no control over their work environment and experience powerlessness, helplessness, and worthlessness. Moreover, Molazem et al.⁴¹ suggested that nurses felt unmotivated when they saw that nobody cared about their services. In such a situation, they sometimes left their profession in order to show their opposition. In their study, Moss and Lawless found that nurses' dignity was like a double-edged sword. The patient only receives dignity-based care when nurse's dignity is preserved. Nurses have to work hard to meet the needs of patients; if nurses' altruism is not appreciated, the final outcome will be distress, burnout, absenteeism, or resignation.⁸

According to the experiences of the participants in this study, it can be said that almost all the participants have experienced some degrees of disrespect and violation of dignity. In general, attempts made by the participants to show their objection to the threats and to support and protect their dignity have not been effective and made them more inclined to leave the clinical setting. Therefore, besides considering working conditions, it is necessary to pay attention to social and professional dignity of nurses, to prevent them from leaving their profession.

Trustworthiness of the study

During the study, specific methods were used to ensure rigor and the trustworthiness of data. For reporting of qualitative study findings, trustworthiness of methods are widely considered instead of validity and reliability,²⁹ and for this study, the following four supporting processes of trustworthiness were applied: conformability, dependability, credibility, and transferability. Credibility was confirmed by selecting the appropriate data collection method of interviews. Researchers interviewed participants for their views and experiences in their practice environment. Moreover, member check was used in addition to prolonged involvement of the researcher to increase the credibility of the data. Also, after encoding, the interview transcripts were returned to the participants to ensure the accuracy of the codes and the relevant interpretations. Dependability was established by detailed and descriptive data analysis and direct references to individual's professional experiences. Raw data were translated by a professional translator from Farsi (Persian) into English and back translated to preserve maximum accuracy of participant expressions within the context. Conformability and consistency of analysis were maintained through research team meetings to discuss and dissect the preliminary findings. Thematic analysis and coding process occurred through consensus and to increase the transferability of the findings, a description of context, participants' selection demographic, data collection, and analysis process was presented so that the reader is able to determine if the findings are transferable to other contexts.⁴²

Conclusion

Based on the findings, it can be concluded that clear and direct attention to nurses' dignity is useful for achieving the goals of nurses and organizations. In this study, a pattern called threats to dignity was obtained by analyzing the interviews. This consisted of the identification of the three categories of disregard to social status, oppressive working conditions, and suppression of progressivism; Therefore, based on the findings of this work, in order to acquire and develop dignity for nurses, it is necessary to respect them, improve their social status in hospitals and the wider society, and preserve the professional independence of nurses in order to increase their motivation to stay in the clinical profession. Of course, nurses should try to show an image in proportion to the dignity of nursing profession via following ethical guidelines, having good inter-professional relationships, and through promoting their scientific status so that they could correct the image formed in the media and in the minds of the public.

Limitations and suggestions for future studies

The findings of the nurses that participated in this study who were working in teaching hospitals of Medical Sciences cannot be extended to the findings of the nurses who work in different contexts of healthcare. Since it is specified that features of private hospitals are different from features of public hospitals, more studies should be done to describe the experiences of nurses who work in private hospitals. In addition, human experience is dynamic and the nurses' job and work environment are changed by educational, political, economic and social conditions, and expectations of healthcare. Therefore, it is necessary to conduct more studies in different cultures to increase our knowledge about various aspects of threats to nurses' dignity.

Implications for nursing

Since the dignity experienced by nurses is an essential factor in the continuous development of a safe work environment and a healthy workforce, attention to the ethical work environment in which nurses' dignity is promoted and protected is very important from both a human rights perspective and as a mechanism for achieving patient outcomes. The understanding that how the absence of threats to clinical nurses' dignity or the existence of dignity-promoting characteristics can affect both nurse' experiences and patients' goals, in which their independence is supported and they are enabled to enjoy meaningful and creative work, can provide necessary grounds for nurses to stay in their clinical profession.

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