

Nurses' professional dignity in private healthcare: A descriptive phenomenological study

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ABSTRACT

Aim: This study explored and described nurses' experiences of factors that influenced their professional dignity in private hospitals in South Africa.

Background: Patients' dignity is a nursing professional value in high regard. Nurses' dignity, in particular nurses' professional dignity, has not been valued equally. Disrespect for nurses' professional dignity impacts on nurses' motivation to provide nursing care to their full potential.

Methods: Descriptive phenomenological research was conducted. Eleven professional nurses were interviewed at two private hospitals.

Findings: The participants were conscious of their 'professional standing due to own and others' perception'. Their professional dignity was influenced by experiences such as: perceiving one's own professional dignity; having contradictory experiences; being proud to be a professional nurse; receiving support, appreciation and respect; providing care in complex situations; performing as a professional nurse; valuing patient well-being and being humiliated by others.

Conclusion: Preserving nurses' professional dignity is crucial and should be acknowledged and encouraged by managers, health team members and nurses.

Implications for nursing/health policy: The need for preserving nurses' professional dignity necessitates the incorporation of professional dignity strategies in healthcare, nursing and education policies.

Keywords: Dignity; Nurses' professional dignity; Professional dignity; Patient well-being; Professional standing; Respect.

ORIGINAL RESEARCH STUDY

Introduction

Dignity as a 'Menschenwürde' concept belongs to all human beings equally, including patients and nurses. It cannot be taken away from any person. Dignity of merit, moral status and identity are bestowed on people and depend on people's social status, moral virtues and self-perceptions. It can be lost or regained and is circumstantial. Patients and nurses enter healthcare facilities with an intrinsic sense of dignity and worthiness because of their human nature (Nordenfelt 2004). Respect for dignity is an expectation of both the patients and the nurses. Patients and nurses also enter healthcare facilities with their own accorded sense of dignity unique to their socially inclined roles as 'patients' and 'nurses', constituting the concepts of dignity in care and professional dignity as self and other-regarding nursing professional values (Gallagher 2004).

Background

Respect for the dignity of patients is a nursing professional value that nurses are expected to honour (Martin-Ferreres et al. 2019). Respect is shown through good nursing care and the protection of the autonomy of patients. Good nursing care is provided when patients' individual needs, culture and social status are sensitively considered to prevent humiliating and discomfiting situations (Cheraghi et al. 2015). A recent study awarded deeper meaning to dignity in care, being more than merely receiving good health care or for that matter, having a 'good death'. To be cared for with dignity means being cared for in accordance with one's own standards and values (Barclay 2016).

When nurses' professional dignity is respected by patients, managers and health team members, and by themselves, they can care for their patients better (Combrinck 2018). Nurses' professional dignity refers to nurses' experiences of dignity in their professional roles. It is a value-laden concept and underpins nurses' perceptions of themselves as professional persons and the manner other people view and regard their skills, knowledge and professional autonomy (Sabatino et al. 2014). Nurses perceive their professional dignity over and above their roles as nursing professionals, confirming their inherent human dignity and the need to be respected as human beings. Respect for their professional competencies is of utmost importance. Simultaneously, they also perceive their dignity as professional persons in interaction with others in their nursing practice environments (Stievano et al. 2012).

When nurses are skilled and competent, they earn respect from others. Their dignity is confirmed when they are enabled and acknowledged as autonomous professionals to contribute to the well-being of patients as equal members in the professional team (Sabatino et al. 2016).

Although Fowler (2018) refers to nurses as persons of dignity and worth, exposure to epistemic injustice in the healthcare environment proves the opposite (Reed 2016). Experiences of diminished credibility and “the lived experience of being unfairly disadvantaged in rendering one’s social experiences intelligible, to others and possibly even to oneself” (Fricker 2008:70), poses a threat to nurses to practice as autonomous and respected professionals. Nurses’ views of themselves and their profession deteriorate attributable to unsupportive nursing practice environments and the absence of respect from others (Sabatino et al. 2016). Doctors do not always acknowledge nurses’ clinical judgements and contributions towards patients’ treatment while patients and their family portray a lack of trust towards nurses to support them in their clinical needs (Stievano et al. 2019). Nurses’ autonomous practice is not negotiable because it represents their dignity and professional standing (Sabatino et al. 2014). Without that they become inferior and subservient to other health team members (Ogle et al. 2014), unable to care for patients to their full potential as dignified and professional persons.

Nurses are around the globe exposed to challenging healthcare situations. Increasing costs, ageing populations, rising disease burdens and rapid technological developments contribute to the demands on nurses to deliver person-centred quality care. In each country, nurses experience unique challenges depending on the type of healthcare of the country. In South Africa, two healthcare services exist. In the governmentally funded clinics and hospitals, patients who cannot afford medical insurance are cared for. The affluent section of the South African population use privately funded healthcare. They either pay from their own pockets or attain medical insurance to pay for their healthcare. In the latter case, executive management officers and boards manage the clinics and hospitals as businesses. Shareholders and patients have high expectations in these fast-paced healthcare institutions. While the patients await excellent service from the nurses, the shareholders anticipate a return on their investments. An overload of demands develops when patients expect the best possible care that money can buy, and shareholders favour cost-effective care to increase their return on investment. Much pressure is put on nurses, and their professional dignity could be jeopardised (Combrinck 2018).

An extensive literature search indicated nurses’ dignity as a neglected phenomenon. Studies in Italy provided a deeper understanding of the concept of nurses’ professional dignity (Stievano et al. 2012; Sabatino et al. 2014; Sabatino et al. 2016; Stievano et al. 2019). A study in South Africa gave insight into midwives’ experiences, enhancing their professional dignity (Froneman et al. 2019). A literature search for further studies regarding the professional dignity of nurses globally and in South Africa

was unsuccessful. This research paper contributes to a better understanding of the phenomenon in private healthcare in South Africa.

Aim of study

This study explored and described nurses' experiences of factors that influenced their professional dignity in private hospitals in South Africa.

Methods

Design

Descriptive phenomenological research in the tradition of the philosophy of Edmund Husserl (1859-1938) was conducted within a constructivist paradigm. This approach was chosen to understand the experiences of nurses regarding their professional dignity. A phenomenological stand was adopted to explore the phenomenon as it appeared in the consciousness of the participants.

Sample and setting

Two private hospitals formed part of the research setting, located in the provinces of KwaZulu-Natal and the Free State of South Africa. The hospitals have a client base of private paying and medically insured patients and provide general and specialised care in multi-disciplinary units. Specialised units included intensive care units, cardiology units, operating theatres, obstetric and emergency units. General units included medical and surgical units serving all main disciplines such as orthopaedic, neurology, urology, gynaecology, general surgery and oncology. Eleven professional nurses were purposively selected and provided sufficient data for the researchers to understand the phenomenon (Refer to Table 1 and 2 for more information). A variety of clinical units and levels of seniority were considered. Nurses who were permanently employed and had at least one year's experience were selected.

Data collection

Unstructured individual interviews were conducted in English. The interviews took place on dates and at times prior arranged with the participants in suitable venues at the designated hospitals. Each interview commenced by asking: "How do you experience factors that impact on your professional dignity?" The participants were probed about their experiences of dignified and undignified moments and the factors that contributed towards it. Interviewing proceeded up to 45 minutes. The interviews were digitally recorded with the participants' permission.

Ethical considerations

The Faculty of Health Sciences Research Ethics Committee of the University of Pretoria (reference no. 260/2016) and the management of the private hospitals gave clearance to proceed with the research. The first author conducted the study for degree purposes. The co-authors were her research supervisors. No one of the authors was employees at the designated hospitals. Participants' confidentiality and right to privacy were respected. Participation was voluntary. Informed consent was obtained in writing.

Data analysis

The verbatim transcriptions were read and the digitally recorded interviews listened to repeatedly. Once a good picture of the whole of the data was sensed, the data were segregated to single out units of meaning. Similar meaning units were then grouped together. The researcher took time in analysing the data. She stayed close to the data, moving between the whole and the individual parts, being "sensitive to the nuances and changes" (Dahlberg et al. 2008:244) hidden in the meaning of the data. She drew flow charts, made side notes and pondered on the data with patience. Through imaginative variation, she imaginatively varied the phenomenon and its characters from every conceivable angle, to grasp the essence from the accidental and incidental structures (Wertz 2005). Once the essence emerged as an essential structure throughout the data, the meaning units were grouped and constructed into constituents (Dahlberg et al. 2008).

Trustworthiness

Bracketing was applied to ensure the suspension of pre-knowledge, beliefs and assumptions to present a truthful, unbiased picture of the phenomenon under investigation. The researcher reflected on her feelings, thoughts and research processes during the research in a reflective diary. A rich description of the phenomenon enables future readers to apply the findings to their own experiences should they choose to do so. The excerpts from the participants' expressions provide proof of the true description of the research findings. Clear descriptions of the methodology make repetition of the research possible.

Findings

The essence of the participants' experiences of factors influencing their professional dignity is "*professional standing due to own and others' percipience*". The participants were conscious of their professional standing in their work life. With the patients' well-being at the core of their professional being, they desired closeness with their patients. Excelling in providing care of high standard left

them with a sense of pride, self-worth and dignity. The participants' professional standing in perception of themselves and others were compromised when their dedication towards their profession and patients was hindered. Such experiences violated their dignity.

The constituents of the essence, which support nurses' experiences of factors influencing their professional dignity, are described substantiated by verbatim excerpts from the transcripts of the interviews.

Perceiving one's own professional dignity

The professional dignity of the participants was perceived in view of 'self and others' and of them being skilled and knowledgeable professionals who took good care of patients. The participants believed that the attributes of being a good nurse was fundamental to their professional dignity. They would perform beyond their duties to uphold their perceived dignity from others.

The participants regarded their human dignity inseparable from their professional dignity. Respect for self and others were important values in perceiving their professional dignity:

"If you have self-respect, and if you have respect for other people around you, things start to fall in place." (Participant M)

Equally important was the respect the participants expected from others. Being treated like a human being was highly regarded:

"If somebody treats you with respect, you feel dignified, you feel like a human being and not just like an object." (Participant M)

The participants were more concerned about upholding their patients' dignity than upholding their own dignity. A lack of focus regarding their perceived professional dignity, and being unable to voice their inherent need for respect, impacted negatively on the professional dignity of the participants.

Having contradictory experiences

The participants encountered contradictory experiences in perception of their professional worth. Patients and their significant others had preconceived ideas of the participants' clinical competencies:

"I'm standing here...being confident, presenting myself in a professional manner...How can you judge me by just looking at me?" (Participant D)

Having had to prove themselves, to others (patients and their family members) while knowing that they were capable of taking good care of patients, conflicted with the participants' perception of themselves.

Contradictory priorities became challenging when the participants wanted to focus on their patients' needs only while their managers had finances at heart. They wanted to provide patient care, but were often forced to focus on other role players and administrative duties, which they perceived as 'patient-less'. They questioned the core of their professional being:

"Why am I here? What's my role here? Actually I'm nursing a doctor, not a patient anymore." (Participant T)

Being proud to be a professional nurse

The participants reflected on experiences of dignity standing proud in perception of themselves and others. Turning nursing science to account in providing care to precision instilled feelings of dignity and pride:

"But that for me, spoke such professional dignity, made me feel like what I've been trained and taught, through my ethos, through social science and just my general anatomy and physiology put everything into perspective when it comes to patient care and made it seem like this is an effortless job." (Participant B)

When a professional nurse fulfil her duties, the participants believed, she left her personal, professional label behind. Consistent work of a high standard would earn her respect from others. Some participants desired to hold their profession in high esteem:

"...because there are a few of us, the proud ones, that really wants to carry our name." (Participant M)

However, they were aware that some colleagues reportedly lacked professional conduct. The participants perceived them as an embarrassment to the profession. They questioned the socialising of students into the profession during their formal training.

Receiving support, appreciation and respect

Clinical support, recognition of achievements and managers' sincere effort to assist during challenges enhanced the participants' professional dignity and self-worth:

“And to me it was the most incredible feeling... I felt like a human again. The way I was treated, and the fact that he was just fair, and eventually decided money is not an object here, that he need his nurses to be safe, creating I think that safe environment... that was for me a moment that stood out and many years.” (Participant M)

The participants reflected on receiving appreciation from patients for their care and special efforts, feeling valued above and beyond all else:

“Here’s the Sister; here’s the face that I’ve been looking for the whole week! For me it was like wow.” (Participant D)

The participants also experienced circumstances where patients, patients’ family members and some managers did not value them as professional persons. Under such circumstances, they felt unappreciated for their sincere intentions to provide quality patient care. Most participants would not on purpose provide disappointing care to their patients. When their best efforts to provide excellent service did not meet the high and often unrealistic expectations of patients, it adversely affected their professional dignity:

“...so I felt really bad there, I’m hopeless... I’m helpless.” (Participant E)

The participants described unreasonable demands from their managers, being managed as objects to meet organisational goals and targets:

“I was under a line manager that was extremely hard on me... I always felt myself being pushed into a corner and never been good enough.” (Participant B)

The general managers did not always support the autonomy of the participants to make decisions in the best interest of their units. They were perceived as lacking insight in nurses’ unique circumstances in taking care of patients, being hard on nurses when a nursing error occurred. Such a lack of insight into the reality of nursing violated the participants’ professional dignity:

“If they just took the time to understand.” (Participant R)

Providing care in complex situations

The participants reflected on their unique experiences being caught between their standards and a demanding nursing practice environment. They desired closeness and good rapport with their patients but were hindered by high patient volumes to push against time to get their tasks completed. The participants described situations where they took ‘shortcuts’ to get their work done, describing their perceived nursing care as being nothing more than a tick list:

“There is too much pressure to deliver, deliver... it’s almost like an abattoir... so you just doing.” (Participant B)

The participants faced difficulties working with culturally diverse colleagues, patients, family members of the patients, and healthcare team members. Attempting to gain all the involved people’s trust, affected their professional dignity. Some patients insisted on being attended to in their language and by nurses of the same race. Diversity within nursing teams was described as being challenging. Language barriers, generation gaps and cultural differences affected their intrapersonal relations:

“It’s difficult to understand the young people and to keep them motivated.” (Participant T)

At the same time, having to render care in money-conscious environments impacted negatively on the participants’ professional dignity. Payment for private healthcare services created misconceptions. The participants were wrongly perceived as willing to provide care only because of patients’ payment to the hospital. They had to endure rudeness and aggression as part of their everyday nursing practice:

“As if they (patients) come in and is told to open up a file to see a doctor and they must pay money. Already you can see nostrils flaring. And then the language starts that this facility only wants money, that’s all we after, and then it’s blurted in the waiting area and that impacts on the next patient and the next patient and by the time they come in their perceived care is that you only caring for them, because they’ve paid. You know it is... the workplace violence is real.” (Participant B)

Performing as a professional nurse

“Professional standing due to own and others’ percipience” placed dual responsibilities on the participants. They were driven by their integrity and work ethics to perform beyond expectation while conforming to others’ standards and expectations, thus being challenged to be everything for everybody. The participants encountered challenges to cope with the workload within their nursing teams. All the nurses were not equally motivated to perform well:

“You must pull them the whole time...all the work is coming to one person... from thinking, doing, everything.” (Participant A)

When the participants felt that their team members could not be trusted, they proceeded rather to do the work themselves. Unfortunately the situation added to their workload. The participants

described symptoms of burnout, affecting their physical and emotional well-being. They felt tired, overworked and exhausted:

“It has such a powerful effect on your total human being.” (Participant I)

Valuing patient well-being

The participants reflected on contributing to patient well-being at the core of their professional dignity:

“I want them to see me as somebody they can feel safe with, somebody they can trust, they must know I’ll take good care of them...” (Participant T)

They regretted the absence of small gestures of support and comfort towards their patients, opposing their desire to put their patients at the centre of their care:

“We forgot the patient in the whole situation.” (Participant T)

As they witness the totality of care rendered to patients being at their bedsides 24 hours a day, the participants were aware of other healthcare professional persons who compromised quality of care. Compromised patient well-being included disjointed medical care, rudeness to patients and withholding treatment when patients were unable to pay. Disrespect towards patients’ well-being was detrimental to the professional dignity of the participants:

“I felt so naked, I felt like she really thinks all nurses are like this... where is the dignity now?” (Participant F)

Being humiliated by others

Conflict regarding nurses “professional standing due to own and others’ perception” was experienced during encounters with patients, family members of patients, healthcare practitioners and management. The participants described experiences of humiliation as human beings and professional persons. Being shouted at and judged unfairly in others’ presence caused embarrassment, despondency and a perceived lack of trust in their professional competencies, resulting in difficulties to continue with their work. Poor doctor-nurse interactions were emphasised, specifying degrading verbal remarks, mannerisms and sarcasm.

“It was the most un-dignifying experience I’ve ever had where I was insulted as a professional. I was told that I must leave if I can’t run my department. I was told that I am nothing. And he literally had me up against my chair in the corner of my office... for me, that

was very un-dignifying and I went home and felt like I was a bruised woman, like I've been battered." (Participant B)

"It doesn't take away from the fact that they often will humiliate you at work... insult you... call you an idiot... you stupid... I would have never expected such stupidity from you... things like that... for things that are sometimes really out of your control." (Participant R)

Managers were perceived contributing to the participants' humiliating experiences. The participants experienced no change after reporting humiliating behaviour of others to their managers, leaving them despondent and hopeless.

Most participants experienced disregard for their professional autonomy. Some patients and family members treated the participants disrespectfully and did not value their professional status. Doctors were perceived as regarding themselves superior to nurses:

"Like you don't know anything. You don't have a right, to do even the basic stuff; I mean we are intelligent people... its degrading. It makes you feel actually worthless at the end of the day." (Participant M)

The humiliation affected the participants' professional work output and dignity:

"I think the dignified moments have the best outcomes for patient care, the undignified moments unfortunately is either biased care on your patients or a lack of proper care or quality care for patients." (Participant B)

Discussion

The participants' reflected on experiences in harmony and conflict with their "professional standing due to own and others' percipience" (Combrinck 2018:70), leading to moments of professional dignity or indignity. Their professional dignity was supported in being a professional in harmony with themselves and others. The participants were conscious of their pre-disposition as private healthcare nurses which hindered their calling of being good nurses. According to them, functioning in a financially and business-driven environment conflicted with their desire to care for patients as their first priority.

Similar findings were, however, obtained from research participants in a variety of healthcare settings. It is not limited to participants from private healthcare services. Nurse participants from two teaching hospitals in Iran revealed in a qualitative study that an over-emphasis of their service-giving nature by hospital management threatened their professional dignity. Disrespect from their

medical colleagues and an oppressive work environment strengthened their intent to leave the profession (Valizadeh et al. 2018). In the same country, Najafi et al. (2017) involved professional nurses from public and private hospitals to explore the threats to nurses' dignity and professional reputation. They found that the same threats were experienced by nurses in the private and public hospitals. In both the private and public hospitals, the negative behaviour of their medical colleagues and hospital management lead to much dissatisfaction. The findings are supported by a quantitative study in the United States of America. The respondents were selected from a training institution's alumni list and worked in a variety of healthcare settings. The respondents' dissatisfaction with hospital management contributed to their experiences of threatened professional dignity (Sturm et al. 2016).

The findings of this study also revealed some participant moments of dignity and pride. The participants reflected on their worth in the masterful execution of their duties. When they channelled their knowledge and skills to optimise patient care, they experienced appreciation from patients and gained the respect of colleagues. In such situations, nursing becomes effortless and has sublime and beautiful moments (Siles-González et al. 2016). Nursing professional pride transpires from such moments.

Executing one's duties masterfully embraces exemplary professional conduct. It entails staying undisturbed and in control amid the turmoil in nursing practice environments, portraying professionalism and respect towards others despite the circumstances. Following professional code of conduct is applauded in nursing practice and emphasised in a qualitative study with nurses from a variety of healthcare services in New Zealand (Walker et al. 2015).

Respect for one's own and others' dignity are two core professional values described as self-regarding and other-regarding (Gallagher 2004), underpinning the findings of the participants' perceived dignity. The author reflects on Aristotle's principle of the mean of too much or too little. While respect for the dignity of patients has been emphasised in nursing practice, too little focus on respect for nurses' dignity may result in subservience and servility, compromising their own perceived dignity (Gallagher 2004). It can be argued that "if all persons are beings of worth and dignity that must be affirmed by the nurse, then the nurse, too, is a being of worth and dignity that must be affirmed" (Fowler 2018:154). Some nursing codes of ethics do not explicitly affirm the worth and dignity of nurses as a self-regarding professional value (SANC 2013). Nurses do not regard their worth and dignity either. They would uphold their patients' needs to the detriment of their own, as revealed by a qualitative study of nurses in an academic healthcare centre in the United States of

America (Steege et al. 2017). Nurses often disregard their duty to themselves being equally worthy of respect, dignity and worth (Fowler 2018).

'Too little' respect, dignity and worth (Gallagher 2004), constituted the participants' experiences of humiliation, defying their professional standing as dignified and respected nurses. Humiliation is an intense emotion affecting the deepest inner self of an individual. The anticipated consequences (low self-esteem, feelings of isolation and a lack of confidence) following humiliation poses a threat for nursing practice and calls for consideration. If the antecedents of humiliation equates to withdrawal, avoidance and 'wanting to leave' (Elshout et al. 2017), nurses are in trouble. Given the incidence of verbal abuse, workplace violence and incivility (Parse 2016), their emotional capacity to fully engage in their daily nursing activities is questionable.

Nurses are challenged in fulfilling their duties in complex and demanding work environments (Combrinck 2018) which they described as painful and unbearable in a study conducted by Storaker et al. (2017) in a university hospital in Norway. Exposure to excessive administration and ever-increasing expectations towards nurses' professional roles (Grosso et al. 2019) leaves nurses vulnerable in their professional dignity. The discrepancy between desired and realised nursing practice prevents them from living their humanistic nursing values. The shift from "care as an art" to "care as a financial target" opposes nurses' calling to make meaningful differences in the lives of those they serve (Harvey et al. 2017:1).

Study limitations

The findings represent the experiences of eleven nurses individually interviewed and may vary from nurses' experiences in other healthcare institutions.

Conclusion

The findings brought an understanding of nurses' experiences regarding their professional dignity in private healthcare in South Africa. Nursing science turned into precision instils feelings of dignity and pride and earns respect from others. Humiliation and demanding work environment poses a threat to nurses' well-being and dignity. Professional, dignified moments have the best outcomes for patient care. Moments of professional indignity transpire into a lack of quality care for patients. Preserving nurses' professional dignity in nursing practice environments is crucial in private healthcare.

Implications and recommendations for nursing and health policy

Respect for nurses' professional dignity impacts on nurses' motivation to provide nursing care to their full potential. The understanding and awareness of nurses' professional dignity in healthcare may facilitate initiatives to address the factors influencing nurses' experiences regarding their professional dignity.

Healthcare and training institutions are key platforms to bring about change conducive to nurses' professional dignity. Awareness of nurses' professional dignity should be fostered in healthcare and educational facilities. Strategies to uphold nurses' professional dignity should be included in healthcare and educational policies. Similar research in public and private healthcare institutions is recommended.

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Table 1: Demographic information of participants in the designated healthcare facility in the Free State province of South Africa

Participant	Highest qualification	Unit	Years of experience	Age
1	Diploma in General Nursing Science; Diploma in Theatre Technique	Specialized	18	43
2	Diploma in General Nursing Science, Community Health, Psychiatry and Midwifery	General	23	54
3	Diploma in General Nursing Science	General	10	46
4	Diploma in General Nursing Science	General	12	37
5	Bachelor degree in Nursing Science	General	5	31
6	Diploma in General nursing Science	General	5	36
7	Bachelor degree in Nursing Science	Specialized	10	42

Table 2: Demographic information of participants in the designated healthcare facility in the KwaZulu-Natal province of South Africa

Participant	Highest qualification	Unit	Years of experience	Age
8	Diploma in General Nursing, Community Health, Psychiatry and Midwife Diploma in intensive care	Specialized	2	40
9	Diploma in General Nursing, Community Health, Psychiatry and Midwife	Specialized	11	44
10	Diploma in General Nursing, Community Health, Psychiatry and Midwife	Specialized	3	44
11	Diploma in General Nursing, Community Health, Psychiatry and Midwife	Specialized	18	42