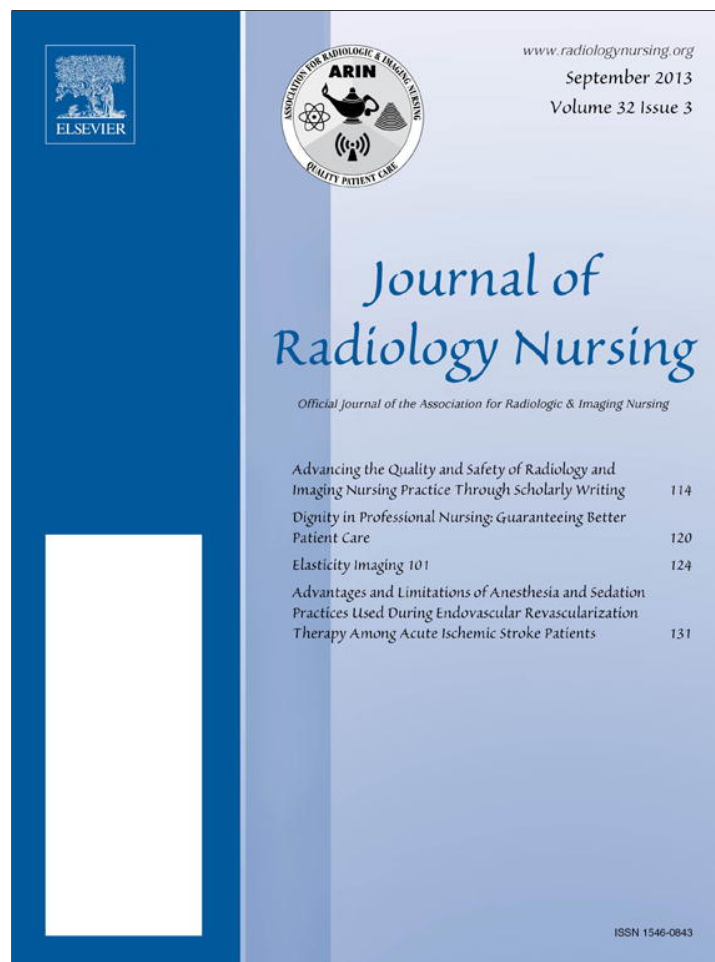


Provided for non-commercial research and education use.
Not for reproduction, distribution or commercial use.

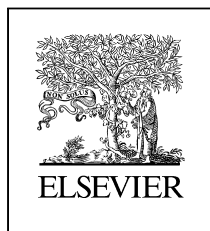


This article appeared in a journal published by Elsevier. The attached copy is furnished to the author for internal non-commercial research and education use, including for instruction at the authors institution and sharing with colleagues.

Other uses, including reproduction and distribution, or selling or licensing copies, or posting to personal, institutional or third party websites are prohibited.

In most cases authors are permitted to post their version of the article (e.g. in Word or Tex form) to their personal website or institutional repository. Authors requiring further information regarding Elsevier's archiving and manuscript policies are encouraged to visit:

<http://www.elsevier.com/authorsrights>



Dignity in Professional Nursing: Guaranteeing Better Patient Care

■ Alessandro Stievano, PhD, MSN, RN; Gennaro Rocco, MSN, RN; Laura Sabatino, MSN, RN; and Rosaria Alvaro, MSN, RN

ABSTRACT: Nursing professional dignity is a complex topic. This article describes intrinsic and professional nursing dignity and gives some historical background on nursing in Italy as the setting for a qualitative study of dignity conducted in the same country. The study results show the importance of recognition of nursing professional dignity as it relates to professional satisfaction and patient care. (*J Radiol Nurs* 2013;32:120-123.)

KEYWORDS: Nursing; Professional dignity; Professional satisfaction; Nursing ethics.

INTRODUCTION

The concept of dignity is multidimensional and complex, such that at times, it is controversial and evokes ethical dilemmas. The purpose of this article is to describe what constitutes the concept of nursing professional dignity and provide exemplars from an empirical study conducted in the Italian context (Stievano, De Marinis, Rocco, Russo, & Alvaro, 2012).

Theoretical explanations (Ashcroft, 2005; Schroeder, 2008) affirm that dignity is the basis of human rights, intrinsic to the worth of human beings, particularly associated with the merit, moral stature, and social position a person occupies in society (Nordenfelt, 2004; Nordenfelt & Edgar, 2005). Furthermore, dignity is defined as an innate inalienable characteristic because it is “incarnated” in persons, inviolable, and, at the same time, applies to all human beings (Peláez, 1995; Vanlaere & Gastmans, 2011). In contrast, the term dignity has also been proposed to be useless (Macklin, 2003) because it has been reduced to the respect of persons and their autonomy.

The complexities that underlie the concept of dignity constitute the basis of professional dignity, especially

its application to the nursing profession. Nursing professional dignity entails two aspects. The first facet, the nurse-patient relationship pertains to its operational definitions in clinical practice and diverse contexts. The purpose of the nurse-patient relationship is based on caring for others. In nursing, maintaining a helping relationship is a way of caring for human needs, and the epistemology of caring is established through the nurse-patient relationship (Granados Gámez, 2009). This aspect is known in the literature via studies that have focused on end of life (Chochinov, et al., 2002a, b; Chochinov, 2003), perioperative practice (Baillie & Llott, 2010), elderly people (Webster & Bryan, 2009), heart failure (Bagheri et al., 2012), and other clinical problems (Matiti & Trorey, 2008; Bredenof Heijkenskjöld, Ekstedt, & Lindwall, 2010; Brown, Johnston, & Östlund, 2011; Baillie & Gallagher, 2011; Lin, Tsai, & Chen, 2011).

The second facet of nursing professional dignity includes nurses’ relational patterns in a broader perspective. This aspect involves the dignity of nurses during their life work in the interaction with others including health care professionals (Gallagher, 2004), which is an underexplored phenomenon (Lawless & Moss, 2007).

Dignity in Professional Nursing: An Operational Definition

A formative definition of nursing professional dignity that builds on a self-regarding professional right has been proposed by an Italian academic nursing group (Stievano, De Marinis, Rocco, Russo, & Alvaro, 2012). Nursing professional dignity as it relates to

Alessandro Stievano, PhD, MSN, RN, and Gennaro Rocco, MSN, RN, are from the Centre of Excellence for Nursing Scholarship at Rome, Italy; Laura Sabatino, MSN, RN, and Rosaria Alvaro MSN, RN, are from University Tor Vergata at Rome, Italy.

Corresponding author: Dr. Alessandro Stievano, Centre of Excellence for Nursing Scholarship, 00167 Rome, Italy. E-mail: alessandro.stievano@gmail.com

1546-0843/\$36.00

Copyright © 2013 by the Association for Radiologic & Imaging Nursing.
<http://dx.doi.org/10.1016/j.jradnu.2013.02.001>

nurses' relationships with coworkers is defined as "a complex concept, composed of social elements and intrinsic characteristics of the person." The underlying base of this definition highlights an inextricable connection between personal characteristics of every person (intrinsic dignity; Armstrong, 2006; Begley, 2005), and the social elements embedded within intra- and interprofessional relations (Duddle & Boughton, 2007), workplace characteristics (Peter, Macfarlane, & O'Brien-Pallas, 2004; Lawless & Moss, 2007), teamwork (Molyneux, 2005), professional competence and experience of nurses (Pullon, 2008), social recognition by the general public, and professional autonomy (Finn, 2001; Skar, 2010; Varjus, Leino-Kilpi, & Suominen, 2011). First and foremost, this definitional statement underscores nursing professional dignity linked to inner personal characteristics of every person and thus of every nurse. This basic personal dignity must be valued and respected (Vanlaere & Gastmans, 2011) because human beings have an inalienable intrinsic dignity and because it shapes the perception of self-respect and self-esteem of human beings irrespective of their working roles and simply by virtue of being persons.

The Universal Declaration of Human Rights (United Nations, 1948) declared the concept of dignity was an expression of the essence of human beings. Factors that constitute social dignity of nurses' work life that are highlighted in the literature include organizational and human conditions (Seedhouse & Gallagher, 2002), organizational justice (Colquitt, et al., 2001), and satisfaction in work settings (Yalden & McCormack, 2010). The direct and critical relationships among nurses' work, nursing work environments, respect, and professional dignity are well known in the literature (Laschinger, Shamian, Thomson, 2001; Laschinger, 2004; Faulkner & Laschinger, 2008; Purdy, et al., 2010).

Responsibility and Autonomy of Nurses in Italy: The Construction of Nursing Professional Dignity

To appreciate the evolution of nursing professional dignity in Italy, a historical perspective of the Italian health sector is important. The Italian National Health Service (Servizio Sanitario Nazionale) was established in 1978, inspired by the Beveridge Report of 1942 that laid the foundation of the British National Health Service. Italy is divided into 21 regions, each with broad autonomy, especially in the health sector. In Italy, the initial force toward nursing autonomy began with the reform of the so-called "Mansionario," a Decree of the President of the Republic no. 225/1974, which was a job description that precisely described the duties of nurses. This Decree was called an "instrument," a list of nursing tasks. Despite little freedom and autonomy in professional behavior, nurses had to

respect the instructions affirmed in the Mansionario document, and those instructions were stated by a strong medical dominance in all the nodes of the Italian social system.

The Mansionario was initially discussed in the 1990 when the Decree of the Ministry of Health 739/1994 (called professional profile), recognized a level of professional autonomy of nurses against every kind of external control. This norm was seen as an attack by the medical profession and specifically by the National Board of Physicians (FNOMCEO) that sued to reject the document. Subsequently, the court rejected the motion, and the legislation came into full enactment. Despite these obstacles, the way was paved for autonomy, responsiveness, and social dignity to be attained by nurses, by Law 42 on 26th February 1999. This law "Disposition concerning health professions" constituted a milestone in the history of the Italian nursing profession, which ratified nursing professional autonomy, responsibility, and competences. Nurses officially became autonomous professionals, similar to other 21 other health care professions, with professional responsibility. However, in 2012, the positive effects of this law are hardly perceived comparable with international standards relative to professional autonomy, especially in some parts of Italy (centre-south) and at tertiary levels because of persistent hierarchy and medical domination in clinical areas.

Nursing Education in Italy

Introduction of a single training/educational pathway for nurses via a 3-year university degree was instituted in 2001. Changes in nursing education and practice since 1991 were sparked when the regional nursing diploma was nearly abandoned, and the transitional phase involved three critical phases: continuation of the nursing diploma and a university diploma as a double pathway between 1992 and 1996 and institution of a university-based diploma after 1996 to 2000. A nursing degree at bachelor level became the single pathway to enter into the profession since 2001. From 2004, the Master's degree in nursing science was realized. Currently, different proposals to reform the didactic curriculum of nursing courses are underway in nursing educational programs. In 2006, the first doctoral programs in nursing were offered at four universities in Italy (Tor Vergata in Rome, Genova, L'Aquila, and Florence), which involved critical supports from the National Regulatory Board of Nursing in Italy (IPAS-VI). In summary, nursing science in Italy achieved important goals in terms of education, decisional autonomy and responsibility, and the status of a self-regulated profession by legislative norms. Yet, nurses still perceive themselves as a nonautonomous

professional group with a low professional dignity because interprofessional relations continue to be dominated by medicine at all levels. In some regions of southern Italy, this situation is exacerbated by the persistence of a physician-led culture ingrained in the functioning of the health system.

METHODS

Considerations about nursing professional dignity emerged in the findings of a qualitative study, which was conducted in selected community and hospital settings in Italy, involving 72 nurses via focus groups (Stievano, De Marinis, Rocco, Russo, & Alvaro, 2012). These results shed light on nursing professional dignity as a self-regarding concept for nurses.

Ethical approval for the study was obtained from the management and ethical review committees of the health care structures in which the data collection was carried out. Participants were provided an information sheet and advised that they were free to refuse to participate or withdraw at any time. Written consent forms were obtained.

Data were analyzed collaboratively by four researchers through inductive content analysis (Graneheim & Lundman, 2004).

RESULTS

Two overarching themes revealed features of nursing professional dignity in Italy. These were (1) nursing professional dignity perceived as an achievement and (2) recognition of dignity beyond professional roles. The professional dignity of nurses was perceived as an achievement especially in hospitals, that despite policies to reduce their impact on the health system, still constitute (for the general public and in many countries) the main resource to find answers regarding their health questions. In the hospital setting, dignity was perceived as an achievement because prerequisites for fostering respect for nursing professional dignity were not satisfactory. In contrast, nurses in the community settings perceived a higher level of professional dignity and reported greater satisfaction in their work environments because of major respect among professionals and of more possibilities of decision making autonomously. Moreover, it was clearly stated that, in all workplaces considered, the intrinsic dignity was an expression of humanity and was intrinsic in the human person; it goes beyond every professional role. The two themes were strictly interrelated.

DISCUSSION

The moral suffering of nurses working in hospitals was linked to the devaluation of social dignity in interpersonal relationships among health professionals, a lack

of teamwork, poor nurse clinical autonomy, and decision making. Nurses described "a range of emotions" such as feelings of abandonment by their organizations, a diminished sense of organizational trust and commitment, a lack of a sense of respect and belonging, malcontent, and burn-out (Laschinger, 2004).

To develop nursing self-respect and self-esteem, both as persons and professionals, nurses should perceive that their values and responsibilities, professional autonomy, and independence are recognized not merely in theory but also in practice. This is a milestone yet to be achieved in some parts of the world and have to be continuously attained in everyday work life in all clinical settings and in all environments.

CONCLUSION

In general, findings of this study affirmed and sustained the interdependence and integration between inner dignity of human beings (Menschenwürde) and nursing professional dignity. Respect for professional dignity of nurses improves the quality of the work environment which, in turn, impact outcomes of care in terms of safety and quality (Dichter, Galatsch, & Schmidt, 2010). In addition, in good work environments, in which the relationships between the different professionals are appropriate, nurses are less likely to leave their jobs, and there is a higher percentage of retention (Hinno et al., 2011). This concern was also aroused by the shortage of nursing staff highlighted by the European Nurses Early Exit Study (NEXT Study) in 2002, where Italy was a country participant. The results of that study affirmed the inability to exercise decision making in work settings, the lack of democratic involvement in the clinical management of the patients, and reduced career opportunities horizontally and vertically. Another important finding was the lack of recognition experienced by nurses at different levels and in various social settings that is a condition that hinders staff retention (Camerino, Conway, & Lusignani, 2005).

Further exploration of the intrinsic dignity of human beings is needed to examine moral theories as virtue ethics (Armstrong, 2006; Begley, 2005). Moreover, further investigation and replication of the study are necessary in other countries and other clinical settings to better understand the concept of nursing professional dignity. Professional dignity is a universal need for nurses whoever they are and wherever they work.

References

- Armstrong, A. (2006). Towards a strong virtue ethics for nursing practice. *Nursing Philosophy*, 7, 110-124.
- Ashcroft, R.E. (2005). Making sense of dignity. *Journal of Medical Ethics*, 31, 679-682.

- Bagheri, H., Yaghmaei, F., Ashktorab, T., & Zayeri, F. (2012). Patient dignity and its related factors in heart failure patients. *Nursing Ethics, 19*(3), 316-327.
- Baillie, L., & Llott, L. (2010). Promoting the dignity of patients in perioperative practice. *Journal of Perioperative Practice, 20*(8), 278-282.
- Baillie, L., & Gallagher, A. (2011). Respecting dignity in care in diverse care settings: strategies of UK nurses. *International Journal of Nursing Practice, 17*, 336-341.
- Begley, A.M. (2005). Practising virtue: a challenge to the view that a virtue centred approach to ethics lacks practical content. *Nursing Ethics, 12*, 622-637.
- Brown, H., Johnston, B., & Östlund, U. (2011). Identifying care actions to conserve dignity in end-of-life care. *British Journal of Community Nursing, 16*(5), 238-245.
- Bredenof Heijkenskjöld, K., Ekstedt, M., & Lindwall, L. (2010). The patient's dignity from the nurse's perspective. *Nursing Ethics, 17*(3), 313-324.
- Camerino, D., Conway, P.M., & Lusignani, M. (2005). Condizioni di lavoro infermieristico e intenzione di cambiare: risultati dello studio europeo NEXT in Italia. *Giornale Italiano di Scienze Infermieristiche, 1*, 2-25.
- Chochinov, H.M., Hack, T., Hassard, T., Kristjanson, L., McClement, S., & Harlos, M. (2002a). Dignity in the terminally ill: a cross-sectional, cohort study. *Lancet, 360*, 2026-2030.
- Chochinov, H.M., Hack, T., McClement, S., Kristjanson, L., & Harlos, M. (2002b). Dignity in the terminally ill: a developing empirical model. *Social Science & Medicine, 54*, 433-443.
- Chochinov, H.M. (2003). Defending dignity. *Palliative & Supportive Care, 1*, 307-308.
- Colquitt, J.A., Conlon, D.E., Wesson, M.J., Porter, C.O., & Ng, K.Y. (2001). Justice at the millennium: a meta-analytic review of 25 years of organizational justice research. *Journal of Applied Psychology, 86*, 425-445.
- Dichter, M., Galatsch, M., & Schmidt, S.G. (2010). NEXT-follow up international colloquium copenhagen 2010—Report. Retrieved from <http://www.next.uni-wuppertal.de/EN/index.php>. Accessed November 19, 2012.
- Duddle, M., & Boughton, M. (2007). Intraprofessional relations in nursing. *Journal of Advanced Nursing, 59*, 29-37.
- Faulkner, J., & Laschinger, H.K.S. (2008). The effects of structural and psychological empowerment on perceived respect in acute care nurses. *Journal of Nursing Management, 16*, 214-221.
- Finn, C.P. (2001). Autonomy: an important component for nurses' job satisfaction. *International Journal of Nursing Studies, 38*(3), 349-357.
- Gallagher, A. (2004). Dignity and respect for dignity; two key health professional values: implications for nursing practice. *Nursing Ethics, 11*, 587-599.
- Granados Gámez, G. (2009). The nurse-patient relationship as a caring relationship. *Nursing Science Quarterly, 22*, 126-127.
- Graneheim, U.H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today, 24*, 105-112.
- Hinno, S., Partanen, P., & Vehviläinen-Julkunen, K. (2011). Hospital nurses' work environment, quality of care provided and career plans. *International Nursing Review, 58*, 255-262.
- Laschinger, H.K.S., Shamian, J., & Thomson, D. (2001). Impact of magnet hospital characteristics on nurses' perceptions of trust, burnout, quality of care, and work satisfaction. *Nursing Economic\$, 19*, 209-219.
- Laschinger, H.K.S. (2004). Hospital nurses' perceptions of respect and organizational justice. *Journal of Nursing Administration, 34*, 354-364.
- Lawless, J., & Moss, C. (2007). Exploring the value of dignity in the work-life of nurses. *Contemporary Nurse, 24*, 225-236.
- Lin, Y., Tsai, Y., & Chen, H. (2011). Dignity in care in the hospital setting from patients' perspectives in Taiwan: a descriptive qualitative study. *Journal of Clinical Nursing, 20*, 794-801.
- Macklin, R. (2003). Dignity is a useless concept. *British Medical Journal, 327*, 1419-1420.
- Matiti, M.R., & Trorey, G. (2008). Patients' expectation of the maintenance of their dignity. *Journal of Clinical Nursing, 17*, 2709-2717.
- Molyneux, J. (2005). Inter-professional team-working: what makes teams work well? *Journal of Interprofessional Care, 15*, 29-35.
- Nordenfelt, L. (2004). The varieties of dignity. *Health Care Analysis, 12*, 69-89.
- Nordenfelt, L., & Edgar, A. (2005). The four notions of dignity. *Quality in Ageing. Policy, Practice and Research, 6*, 17-21.
- Peláez, M. (1995). *Etica, professioni, virtù*. Milano: Ares.
- Peter, E.H., Macfarlane, A.V., & O'Brien-Pallas, L.L. (2004). Analysis of the moral habitability of the nursing work environment. *Journal of Advanced Nursing, 47*, 356-364.
- Pullon, S. (2008). Competence, respect and trust: key features of successful inter-professional nurse-doctor relationships. *Journal of Interprofessional Care, 22*, 133-147.
- Purdy, N., Laschinger, H.K.S., Finegan, J., Kerr, M., & Olivera, F. (2010). Effects of work environments on nurse and patient outcomes. *Journal of Nursing Management, 18*, 901-913.
- Schroeder, D. (2008). Dignity: two riddles and four concepts. *Cambridge Quarterly of Healthcare Ethics, 17*, 230-238.
- Seedhouse, D., & Gallagher, A. (2002). Undignifying institution. *Journal of Medical Ethics, 28*, 368-372.
- Skar, R. (2010). The meaning of autonomy in nursing practice. *Journal of Clinical Nursing, 19*, 2226-2234.
- Stievano, A., De Marinis, M.G., Rocco, G., Russo, M.T., & Alvaro, R. (2012). Professional dignity in nursing in clinical and community workplaces. *Nursing Ethics, 19*, 341-356.
- Vanlaere, L., & Gastmans, C. (2011). A personalist approach to care ethics. *Nursing Ethics, 18*, 161-173.
- Varjus, S.L., Leino-Kilpi, H., & Suominen, T. (2011). Professional autonomy of nurses in hospital settings; a review of the literature. *Scandinavian Journal of Caring Science, 25*, 201-207.
- United Nations. (1948). Universal declaration of human rights. General Assembly of the United Nations. Retrieved from <http://www.un.org/en/documents/udhr/index.shtml>. Accessed July 29, 2012.
- Webster, C., & Bryan, K. (2009). Older people's views of dignity and how it can be promoted in a hospital environment. *Journal of Clinical Nursing, 18*, 1784-1792.
- Yalden, B.J., & McCormack, B. (2010). Constructions of dignity: a pre-requisite for flourishing in the workplace? *International Journal of Older People Nursing, 5*, 137-147.