Dignity and respect are the missing link of nurses' empowerment

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ABSTRACT

Respect to dignity is one of the accepted principles of human rights and is one of the most important topics related to the field of health. Within a Physician-dominated health care system, nurses always been under violence and they need some efforts to escape from this inequality in order to reach their professional rights and organizational power. This study explored the state of nurse's dignity in the health care setting of Iran and describes the factors that influence or compromise nurses dignity and empowerment. Qualitative content analysis was used for analyzing semi structured interviews with 16 nurse and nurse managers. Three main categories related to factors influencing nurse's dignity were explored: personal factors, management and organizational structure, and social attitudes and historical legacy. The finding revealed that the nurses live between respect to violence and experience multidimensional problems. Also recognition and focusing on the factors will help managers to preserve nurse's dignity and have empowered nurses.

Keywords: dignity, nurse, empowerment
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INTRODUCTION

According to UN manifest, respect to dignity is one of the accepted principles of human rights and is one of the most important topics related to the field of health. In nursing profession this topic is an old issue and Florence nightingale stressed on keeping dignity of nurses[1].

Respecting the dignity of patients is a fundamental concept in the field of nursing and nurses need to receive equal respect by the patients and other individuals in their professional setting. Evidence suggests that nurses are targeted by verbal, physical and even sexual threats more often than other professionals, which will eventually lead to reduced levels of dignity[2]. In recent decades, technologic changes in management arena have enforced nursing managers to include necessary knowledge, skill and competency in management arena and have required capacity for making incentives, excitement, perception and discussion[3] but experiences resulted from nursing environments in Iran show that managerial theories and facilities of new technology have been unable to regenerate nursing and presenting valuable roles for nurses in health care system, by themselves, and by considering all rewards and punishments, yet our nursing condition does not have made better[4].

The factors which effect on dignity are usually objective and often are under effect of external, environmental and interactional factors between people and interpretation and deduction of people about dignity and altitude also originate from cultural and social factors, even religious beliefs[5].

Some of the reasons for the negligence of dignity for nurses include inadequate experience, lack of confidence in communication due to the domination of technology at workplace, and the pressure caused by executive orders on nurses, which may suppress their reason and rationality. Therefore, supporting and valuing of the services offered by the nursing staff could contribute to the development and enhancement of knowledge and skills, which will result in the promotion of respect and dignity for these health professionals[2]. Nurses believe that within a Physician-dominated health care system, they always been under violence and contempt and in such an area where are under working pressure and numerous problems, they need some efforts to escape from this inequality in order to reach their professional rights. Decreasing working pressure, providing necessary facilities, increasing knowledge about professional challenges and reducing inequality are among expectations of nurses and existing of powerful professional organization can help them to increase their professional power and coordination within health care team and respect can increase their interest to organization[6].

Nature of nursing job and contexts that effect on it and female nature of this job entail so much stress for nurses and always in compare to physician profession that is a male career, seems in lower value level[7]. Feeling undervalued by other nurses, neglected, overwhelmed, distressed by conflict and having opportunities blocked have been widely reported. In response to such disempowering experiences, 60% of new-to-practice nurses leave their first professional position within 6 months, with 20% leaving the profession forever[8].

Supervising the job of other physicians and in some situations, doing job of other personnel of treatment team is one of dominance and impose, whereas in organizational decision hierarchy, supposed a greater role beyond nurses. Although nurses in health care systems are thanked as a valuable member but organization structure of hospitals are designed so that nurses enforced to follow leadership role of physicians and this is obvious in designing of organizational structure of most Western hospitals. Power difference among team members prevents of sharing and mixing job-based knowledge and reduces personal interactions[1].

MATERIALS AND METHODS

This qualitative study is done through traditional deductive content analysis method and aims to explain factors which promoting or hazarding altitude of nurses. This content analysis method is selected because of its ability to forecasting or implying to phenomena that are subjective.

Analysis of qualitative content aims to categorizing extracted data into a series of known categories such that represent the same prior concept and meaning. In fact, in analyzing deductive content, researcher flooded him/herself within raw data and thereby, categorizing data and extracts related categories. Due to lack of information about research topic, so by using analyzing deductive content we achieved a new sight about effective factors on nurses' altitudes.

✓ Participants
Out of the 16 participants in this study, six were clinical nurses in the morning, evening and night shifts, 4 were head nurses, 3 were clinical supervisors, one was educational training supervisor, one was nursing director, and one was nurse at the rank of Office. The subject's age ranged from 26 to 51 years and their experience varied from 5 to 27 years. In terms of gender, 10 were females and 8 were males.

Participants are selected among several nurses with different experiences from different areas and regarding to principal question of research, also we tried to use nurses from public, private, institution-related hospitals and organizations .Entry criteria was at least included 2 years managerial background in nursing extent and conscious satisfaction and tendency in order to presenting information and personal experiences about research extent.

✓ Data gathering
We used semi-structured personal interview in order to gathering data. Interviews were 45-80 min and started with an open question and moves gradually toward special questions and base on interview trend then asked nurses to describe situations where either their attitude were kept or contempt. "When your sanctity is treated as a nurse?"," What was its reason?"

Interview, based on participants' choices, implements in proper place and after taking permission of participants, all of conversations are recorded and then completely rewrite and analysis, immediately. During interview, interview conditions and sentimental and exciting status of participants are recorded, and then they are added to recorded interviews in order to achieve a complete and comprehensive description. Next person is selected for interview based on provided data of prior interview. After reaching data saturation, data collection terminates.

✓ Data analysis
Here we used traditional deductive analysis method. This method is applied for analyzing textual data and classifying existing words of text. Researcher revises text word by word and line by line, then coding it, and after data abstraction, in order to extract categories resulted from study, implements data analysis and finally after classifying similar codes inside categories and merging them, basic categories are identified[9]. Basic categories and sub-categories resulted from this study includes: personal factors, organizational and administrative structure, social insight and historical heritage.

We used Guba and Lincoln golden standards in order to achieve data reliability[10], also some methods like external review (member check),revising handwritings by participants in research, long-time contact with data, selection of participants with maximum variance and different age, cultural and working environment.

✓ Ethical considerations
Achieving conscious satisfaction, protecting acquired data of participants, data privacy, and using number instead of name in report are among consequences of ethical considerations. This survey is acknowledged by ethic committee of Tabriz medical science department.

RESULTS

This section explains effective factors on nurses' dignity form participant viewpoint in study. Data analysis includes three major categories: personal factors, organizational structure and administrative methods, social insights. These three categories are cited in details about their basic issue and dignity of nurses.

1. Personal factors
"Personal character and ability" of nurses is one of the most important factors in forming their behavior and performance. Form their viewpoint, insufficient self-confidence and lack of sense of worth can form dominance in nurses and imperious and invasive behaviors in colleagues in health team. Participants believe that positive self-concept and self-efficacy directly effects on individual behavior, even lead to forming cross-behavior of patients and other team members.

For example, 38 years old female nurse points that: "*when I enter to my work place with fear and twit, lose myself and don't have enough confidence to do my job.*"

Effect of psychological and personal factors is under emphasized in forming individual and participants' beliefs because if someone considers self-respect and keeping colleagues sanctity, at last will show better behavior.

A nurse, age49, explains that: "*we must by ourselves make character for ourselves. If I have enough confidence and do not fear of doing right job and protect my colleague, then I would have not any problem.*"
Insufficient and non-professional knowledge is one of the critical factors in forming insufficient self-confidence, also specialty of physician information and healthcare knowledge have increased the sense of necessity to new knowledge….

Some nurse said that*:" every day a new drug enters into section and I, as a supervisor, must be aware about these issues because when a newcomer nurse call me and needs some related-information, I must be aware myself to prevent shame for her/him and me against colleagues.*"

Nowadays lack of expert nurse in educational system and begining the work by graduated nurses in specialty ad subspecialty section leads to a stressful environment and because specialty knowledge is outdated, is criticized by physicians and patients, but nurses who have specialty knowledge and skill in their workplace are always respected.
"*One of our nurses in resipratory unit is some experienced and all accepted hie/her in hospital. Even residents ask their question of him/her*"

2. Administrative and organizational structure
Due to deficiency of nurses in treatment systems and high volume of job activities, nurses tolerate considerable level of stress and always experience problems that exist because of high job activities, therefore they are unable to provide services and proper care for patients where this make unsatisfactory of patients.
A nurse say that: "*in my opinion, nurse should have enough time to interact with his/her patient. If I do not spend enough time for my patient then he/she will be complainant of me and some time have bad treat*".

Also, lack of advantageous and job difficulty of nursing is one the points which reduce the incentive for service providing for nurses and inequality and discrimination between individuals and different groups in financial payment systems leads inequality and discrimination in job conditions and dominance and violence against nursing employees behalf of a group of physicians and colleagues.

"We have become second-class citizens and have to work continuously but at the end of month, first class citizens earn premiums, thereby and because they have money then misbehavior us".

Dominance sight of physicians and single-aspect governing view in policymaking and slight intervention of nursing managers in massive organizational decisions are among factors which effect on sense of worth among nurses and from their viewpoint, nursing manager strictness in protecting them is a core component of management and in many times, nursing managers are not able to exert their opinions and viewpoints in organization.

"In meetings and visiting, always there are directs and we must obey them. I don't know why our managers do not protect us in those meetings. How long we should do physician's job?"

Team interaction between treatment employees is another factor which is leaded nurses to be unable to reach proper ground for manifest and show their abilities.

"Much of times we accompany patients but in visiting time they ask us about patient condition very often, prescribe a series of instructions and we must do repetitive jobs."

Conflict between expert knowledge and do routines is the pivot of another challenge for nurses and they feel that doing routines and repetitive works, without scientific background leads to downgrading their dignity and these jobs do not require any academic educations.

"We educated four years to be nurse but they expect us to do routines even they are wrong. This leads to people have bad deduction about nursing."

Nursing usually known as a womanish job in community and dependency among women is more than men and thereby, leads to proper defensive reactions and keeping dignity of nurses and usually nurses must do jobs that are out of their responsibilities and conflict with their basic principles.

"Our managers, because majority of them are women, do not protect us, hate of contest or believe that there exists no problem that needs effort to be solved."

Also, organizational bureaucratic structure of nursing in Iran and difficulty of accessing to high-level administrators, leads to this sense that nurses are neglected within system.

3. Social insights and historical heritage
Public view about nursing career and paramedical is not good due to historical background and especial sights and because of improper promotions in social level, nursing career is not perceived deeply. Lack of success and recognized instances of nurses in society, economic problems and medium life-level of nurses and instable and difficult job-condition is led to prevent forming a proper pattern of nursing career in society.

"When a person ask me "what's your job?" and I answer that "I am nurse", they look at me in an especial way and always say that: "Is it possible that a man be a nurse?"

DISCUSSION

Findings of this research imply that professional altitudes are formed through different experiences in nursing. Nursing is a stressful job and career-exhaustion is a consequence of this career. Verbal and non-verbal invasion, huge amount of work and lack of organizational supporting lead to downgrading respect to and dignity of nurses and prepare ground for dissatisfaction of them and reducing job incentives. Although, their religious beliefs and emphasize on worth of service providing to applicants can relief these conditions.

Formal and informal power effect on empowering personnel and cultural and social factors play a critical role in its forming. Bureaucratic and formal organizations by creating an improper organizational atmosphere are led to inability sense in nurses[11].

Studies show that cross-respect and administrators' protection have positive effects on staff competencies. Regarding to changing structure of health care organizations, organizational reliability known as a critical component for organizational competency and staff performance and organizational environment are creators and promoters of positive effects on organization members and due to making organizational reliability are able to help efficiency of organization[12].

Power structure, psychological power and workplace violence can effect on sentimental competency of staffs and reaching to opportunities is known as the main factor of their empowerment[8] and nurses who works in fostering organizational areas, manifest more enforcing behaviors such as job incentive, venturing and attitude to competency[13] and accepting respect to staffs can improve the procedure of keeping patients altitude[14] and existence of violence in workplace can increase stress, dropping job and reducing nurses' efficiency[8] and actions like workplace violence, lack of resources, obscure responsibilities of nurses, improper perception of patients and physicians, and partial skills of management can lead to dissatisfaction of nurses[15].

If nursing managers just focus on routine instructions, nurses will have partial sense of competency. For nursing as a dynamic job, empowerment is necessary to do job and responding challenges and in this way, knowledge and skill of nurse are two auxiliary arm[13] and empowered and trained nurses can offer higher quality of care[16].

Providing nurses with opportunity to participate in organizational decisions can play a critical role in their worth and respect and its requirements is strong relation and hand in hand between nursing managers and supervisors with nurse in doing assigned tasks. Manojlovich also emphasized that organizational features are key factor of empowering nurses and their impressiveness on patient care[17] and gaining opportunity, information, support and resources are effective factors on empowering process on individuals[18] and power is quick product of interaction between individuals, organization and social and cultural factors and nurses adopt their abilities from their own organizational history and different situations of individual in community, family and health system is effective on individual ability[13].

Supporting expert and skillful training for nurses have positive effects on their knowledge and insights and promote the sense of worth and self-confidence. Four factors: personal, organizational, experience and learning have the most effect on growth and power manifestation of nurses and trainings that are offered in universities, training based on organizational needs and comprehensive professional trainings have determinant role in promoting personal abilities[16].

CONCLUSION

The finding revealed that the nurses live between respect to violence and experience multidimensional problems. Also recognition and focusing on the factors will help managers to preserve nurse's dignity and have empowered nurses.

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