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# Factors influencing patients' dignity: A qualitative study

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**Arpi Manookian, Mohammad A Cheraghi  
and Alireza N Nasrabadi**

International Campus, Tehran University of Medical Sciences, Iran

## Abstract

Dignity represents the essence of nursing care; hence, nurses are professionally responsible for promoting understanding about the promotion, provision, and preservation of every patient's dignity, while considering contextual differences. The aim of this study was to explore the factors that influence, promote, or compromise patient dignity. A purposeful sample of 14 participants with hospitalization experience was chosen, and individual in-depth semi-structured interviews were conducted for data collection. Using inductive content analysis, the themes and subthemes related to factors influencing patients' dignity were explored: "persona" ("personal beliefs" and "personal characteristics"), "communication behaviors" ("verbal interaction," "body language," "compassionate behavior," and "devoting enough time"), and "staff conduct" ("professional commitment," "adequate human resources," and "staff's proficiency and competency"). The findings revealed that it is essential to expand nurses' insights and knowledge about preserving patients' dignity and the factors that influence these. Recognizing and focusing on these factors will help nurses to establish practical measures for preserving and promoting patients' dignity and providing more dignified care at the bedside.

## Keywords

Human dignity, Iran, nursing, patients, promoting dignity, religious influences

## Introduction

Respecting human dignity is a universally accepted basic human right.<sup>1</sup> As a topic, it is one of the most important ethical concerns in the healthcare professions, which is frequently emphasized as inherent in the nursing profession by international nursing standards.<sup>2–4</sup> Recent healthcare literature has widely focused on issues related to patients' dignity, but it is not a new topic in nursing. Williams<sup>5</sup> pointed out that for Florence Nightingale, appropriate professionalism was whatever served not only the physical aspect of health but the dignity of those being cared for.

Human dignity is a central concept within nursing and the caring professions<sup>6–8</sup> because it communicates the shared humanity.<sup>6,9</sup> Rogers-Clark et al.<sup>10</sup> believe that a shared humanity is evident anywhere where human beings interact, and as nurses are eager to actualize the healing relationship with patients, they have the opportunity to share their humanity. Walsh and Kowanko<sup>11</sup> believe that "maintenance of patient dignity

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**Corresponding author:** Mohammad A Cheraghi, Faculty of Nursing and Midwifery, International Campus, Tehran University of Medical Sciences, Tohid Square, 1419733171, Tehran, Iran.

Email: mcheraghi@tums.ac.ir

is established when the nurses use their shared humanity to empathize with, and understand the essential humanness and individuality of the patient” (p. 150). It advances a common sense of humanity between patient and healthcare professional, whereby they recognize how to be human by identifying themselves with others.<sup>12</sup>

The factors influencing dignity are said to be dynamically subjective<sup>6</sup> and may be affected by external events, circumstances, and interactions with people.<sup>13–15</sup> Although respecting human dignity is an essential element in healthcare settings, there are different factors affecting patients’ dignity that should be considered, such as effective communication, maintenance of privacy and physical environment, protecting patients, providing confidential conditions, preserving autonomy and sense of control, forms of address, providing adequate information,<sup>11,16–21</sup> staff’s decency,<sup>21</sup> satisfying patients’ needs,<sup>19,20</sup> staff’s sense of humor,<sup>11,17</sup> and taking into account patients’ opinions.<sup>11,16–20</sup> Furthermore, according to the prior studies, older age and impaired health have been reported as threatening factors of patients’ dignity.<sup>16,17</sup>

In general, it seems that dignity should be considered as contextually subjective. Hence, Lawless<sup>22</sup> pointed out that interpretation of dignity is related to cultural and social values and the context in which it is experienced. We believe that Iranian people’s interpretation of dignity is influenced not only by all these factors but also, and especially, by religious beliefs. There are different religious groups in Iran, including Shia Muslims (89%), Sunni Muslims (10%), and others such as Zoroastrians, Christians, and Jews, and considering the important position of religious beliefs in Iran,<sup>23,24</sup> this reflection is obvious in medical and healthcare ethics. According to the literature, consideration for Iranian patients’ religious values is equal to respect for their humanity and dignity.<sup>24</sup> Also, it should be noted that respecting patient’s dignity is emphasized in the first article of the Iranian “Patients’ Bill of Rights,” first published in 2001.<sup>25</sup> The first article of the “Code of ethics for Iranian nurses,” which was approved by the Ethics Supreme Council of the Ministry of Health and Medical Education in 2010, is about respecting human dignity.<sup>26</sup>

A number of quantitative and qualitative studies related to respecting Iranian patients’ dignity in clinical settings exist.<sup>27</sup> Analogous to other international research findings, according to the results of related Iranian studies, respecting one’s privacy, maintaining authority, considering intrapersonal features and beliefs, effective communication, providing enough information, access to adequate facilities and recourses, regard for the requirements of patients’ companions were identified as factors related to patients’ dignity promotion.<sup>27–29</sup> As the Ministry of Health and Medical Education of Iran is concerned with observing patients’ dignity in all clinical settings, and also considering that very little related qualitative research has been done in Iranian context, more comprehensive studies regarding different patients’ perspectives in governmental and nongovernmental hospital structures are necessary. Accordingly, this study was conducted to explore the factors of promoting and compromising patients’ dignity from their perspectives.

## Methods

This qualitative study was performed in Tehran, Iran, and was conducted using an inductive conventional content analysis, deemed appropriate to explore factors that could promote or compromise patients’ dignity. “Content analysis must predict or infer phenomena that they cannot observe directly. The inability to observe phenomena of interest tends to be the primary motivation for using content analysis” (p. 10).<sup>30</sup> Qualitative content analysis aims to classify the collected information into a valid number of categories while representing similar meanings. Indeed, during inductive content analysis, researchers immerse themselves in the raw data, whereby coding categories and related themes are derived. Since there is partial knowledge in regard to the research topic, using inductive content analysis would offer new insight into influencing factors of patients’ dignity.<sup>31</sup>

**Table 1.** Characteristics of participants.

Participant	Gender	Age	Education	Religion	Job of Patients	Hospitalization Reason	Hospital structure
1	Male	38	Under diploma	Muslim	Self-employment	Surgery	Governmental
2	Female	58	Diploma	Christian	Housekeeper	Surgery	Nongovernmental
3	Female	30	BS	Muslim	Housekeeper	Genital herpes	Governmental
4	Female	40	Diploma	Muslim	Secretary	Car accident	Governmental
5	Female	37	BS	Muslim	Nurse	Ovarian cysts	Governmental
6	Female	43	BS	Muslim	Nurse	Childbirth	Governmental
7	Female	51	BS	Muslim	Teacher	Surgery	Nongovernmental
8	Male	24	Dental student	Muslim	Dental student	Kidney stone	Nongovernmental
9	Male	23	Medicine student	Muslim	Medicine student	Dialysis	Nongovernmental
10	Male	47	BS	Muslim	Lawyer	Surgery	Governmental
11	Female	30	PhD student	Christian	PhD student	Gastroenteritis	Nongovernmental
12	Female	52	BS	Muslim	Physiotherapist	Dialysis	Nongovernmental
13	Female	64	Diploma	Christian	Housekeeper	Diabetes	Nongovernmental
14	Female	34	BS	Muslim	Psychologist	Diabetes	Nongovernmental

### Participants

The participants were 10 female and 4 male patients. The participants were purposefully selected from various settings, based on their information and experiences, regarding research main question. Moreover, the researcher strived to select participants with more hospitalization experiences in both governmental and nongovernmental settings. The participants were 79% Muslim and 21% Christian patients, and their age varied between 23 and 64 years. The demographic characteristics of participants are displayed in Table 1. The inclusion criteria were at least 48 h of hospitalization experience, having information about the topic, and being willing to share personal experiences. The ability to speak Persian and absence of signs of delirium that would interfere with informed consent or participation in interview were other inclusion criteria.

### Data collection

Data were collected using individual in-depth semi-structured interviews. Participants were asked to explain the situations during their hospitalization in which they felt their dignity had been maintained or compromised. Interviews began with a general question and progressed to specific questions. Some examples are mentioned in the following.

“In which situations do you feel your dignity is respected?” “When do you feel your dignity is threatened?” “What do you think the reason or intervening condition is?” and “Could you please explain more?” Sessions were carried out by the first author (A.M.) at the participants’ preferred place such as hospital wards or their home, during a 5-month period from May to September 2012. Interview times ranged from 20 to 60 min and averaged at 40 min. Individual interviews were recorded with a high-quality voice recorder and immediately transcribed. During the interviews, some notes were taken about the situation and the participant’s emotional condition. Adding handwritten notes to verbally transcribed accounts helps to achieve the most comprehensive and accurate description.<sup>32</sup>

### Data analysis

An inductive conventional content analysis was performed for data analysis. The researcher read the lines of manuscripts carefully as unit of analysis, to acquire a general understanding of the issues emerging.

Subsequently, important headings identified as extracted codes and similar codes were categorized into subthemes. Finally, emerged subthemes were grouped as the major theme. Major themes and subthemes identified are as follows: “persona” including “personal beliefs” and “personal characteristics” as its subthemes; “communication behaviors” with its subthemes as “verbal interaction,” “body language,” “compassionate behavior,” and “devoting enough time”; and “staff conduct” with its subthemes as “professional commitment,” “adequate human resources,” and “staff’s proficiency and competency.”

To meet study rigor, we used a member-checking method in which further explanations were taken from participants. Also, the initial codes, subthemes, and major themes were audited by research team members and results were confirmed. All documents were saved securely to maintain audit ability.

### *Ethical consideration*

The Tehran University of Medical Sciences ethics committees approved this research study (ethics approval number 90/130/2691). Participants were given written information about the purpose of this study. They were asked to sign an informed consent. Also, participants were aware that their voice would be recorded during interview. Patients were assured that their participation was voluntary and their care would not be affected if they refused to participate in the study. We emphasized that recorded interviews would be kept private and results would be reported anonymously.

## **Results**

This section presents the influencing factors of patient’s dignity from the perspectives of participants.

### *Persona*

Participants stated that one’s presented personality is a significant factor that affects patients’ dignity. From their perspective, the patients’ and staff’s persona were consequences of a variety of factors, such as their “personal beliefs” and “personal characteristics.” With regard to one’s personal beliefs, there were some references to significance of self-respect, as a substantial influencing factor in preserving one’s and other’s dignity. In other words, human dignity is about respecting oneself as well as others. According to the participants’ opinions, the degree of self-respect directly impacts one’s behavior, consequently receiving each other’s mutual respect. A 30-year-old Muslim woman stated,

I must respect myself to be respected by others. (Participant 3)

Also, the impact of the staff’s religious beliefs was frequently cited, as the staff’s expressed values and beliefs could lead to improvement of self-respect and personal morality in patients. A 51-year-old Muslim woman noted that her physician’s religious beliefs had influenced her experience of self-worth as a human being:

He told me: God will help us to accomplish your surgery . . . It was so important for me, because he was a pious man with strong beliefs and self-worth. He was trying to tell me, you should believe in yourself, and you can be like me . . . he was my ethical pattern and teacher. (Participant 7)

Most participants cited the priority of their personal and religious beliefs and values in the way they represent themselves and also their expectations in regard to dignity preservation. A Muslim woman with strong religious beliefs expressed how she actively tried to preserve her own dignity:

To avoid repeated vaginal examinations before labor, which was contrary to my principles, I decided to endure my labor pains at home, until six fingers dilation. I found that I actively provided dignified conditions for myself. (Participant 5)

With regard to staff's personal characteristics, participants cited the positive impact on patients' dignity when modesty and humility were shown by staff, in contrast to arrogance and pride, which compromised dignity:

When I came for my first session of dialysis, the nurse's calmness, politeness and purity made me feel comfortable. Feeling dignified to me means being comfortable and relaxed. (Participant 12)

A 47-year-old lawyer, hospitalized in a governmental hospital, pointed out,

They look down on patients; they even didn't take into account that the patient is a human being. They should reply to his questions respectfully. (Participant 10)

Besides staff's characteristics and attitudes, patients' personal characteristics also had an important influence on their dignity preservation. For example, a Christian woman said,

I am calm and always try to think positively and treat others respectfully. I believe that this meant that I am also treated in that way by others. (Participant 13)

The above quotes showed how important it is to be sensitive to patients' unique personality and values and consider them in our nursing care. In addition, according to participants' statements, staff's individual traits such as calmness, purity, courtesy, and politeness, besides personal and religious perspectives, have a significant role in patients' dignity maintenance and promotion.

### *Communication behaviors*

Another factor identified in most participants' statements was communication behaviors. From their perspective, this means "verbal interaction," "body language," "compassionate behavior," and "devoting enough time." The most repeated codes related to "verbal interaction" were recognized as appropriate use of words and speaking style, form of greeting, and form of address. For example, they experienced pleasure when the staff used expressions such as "sweetheart" or "dear" to address them. In this regard, a teacher, hospitalized for hip replacement surgery, talked about her physician's behavior,

It made me feel good when he was standing by the door and greeted me with a loud voice: Hello Ms . . . How are you today? (Participant 7)

Regarding "body language," most participants mentioned the importance of "smiling faces" as one of the positive influencing factors of patients' dignity preservation. A 30-year-old woman noted,

How does she speak? With a smiling face or frown? It is important to recognize how she is looking at you. These factors made you feel valued. Often there is no need to say anything because the behavior says it all. (Participant 3)

Participants also cited the significance of "compassionate behaviors" in maintaining patients' comfort and confidence, which they related to preserving their dignity. Some of the participants referred to friendly and affable manners on the part of staff as promoting factors of patients' dignity. For example, one of the participants stated,

Before surgery the kind look by the doctor seemed to say: you are not alone, I am with you. (Participant 2)

Regarding “compassionate behavior,” understanding patients’ emotions and having patience with them were identified as significant aspects of dignity maintenance. A PhD nursing student, hospitalized in nongovernmental hospital, expressed her feelings as,

The nurse was so patient during the procedure and told me: you can cry as much as you like if it makes you feel better: I can wait. I mean, she respected my feelings and emotions. (Participant 11)

The participants acknowledged that the significance of “devoting enough time” and consideration shown by staff in this regard made them feel valued and respected. A dental student talked about his experience in this regard,

It was so pleasant for me and made me feel better, when I noticed that the doctor allocated enough time for me, described my problem in detail and with no rush. I think this means respect toward human consciousness. (Participant 8)

Generally, it seems that there are close relationships between body language, verbal interaction, and patients’ dignity preservation. Also, being patient, having compassionate and friendly manner, understanding patients’ feelings and concerns, and being and feeling with patients were identified as the significant influencing factors in this regard. This emphasizes the importance of reflecting on one’s own behavior in relation to our everyday encounter with patients.

### *Staff conduct*

Staff conduct was one of the most important issues identified by the majority of participants. Based on their statements, “professional commitment,” “adequate human resources,” and “staff’s proficiency and competency” were explored as important influential factors of patients’ dignity. They believed firmly that if staff are committed to ethical and professional principles, patients’ dignity and other rights, such as the right to be informed and the right to participate in decision making, will also be observed. A participant who was also a nurse and was hospitalized for ovarian cyst surgery stated,

I think issues like respecting human dignity and patient’s right should be considered as professional obligation . . . the physician didn’t give me any information about my surgery process; while it was so important for me to be aware and involved in my therapeutic process and consequences . . . (Participant 5)

Moreover, with regard to “professional commitment,” one of the participants noted,

The Nurse’s commitment and kindness was praiseworthy; I felt that I am not alone and there was someone who eagerly cares for me . . . I think this much consideration is the result of their sense of responsibility . . . this would make me feel valued, as they were trying to do everything to relieve my terrible pain. (Participant 4)

Some of the participants emphasized that providing “adequate human resources” is an essential factor to receive high-quality care as a basic human right. A lawyer described,

How could I expect high quality care, when there was no adequate number of nurses in the ward . . . it is necessary to correct the nurse to patient ratios. (Participant 10)

Participants described how staff's negligence and carelessness threatened patients' dignity. In fact, the impact of "staff's proficiency and competency" was highlighted in their statements. A 43-year-old woman said,

Human dignity relates to our body and as we emphasise the dignity of the human spirit, we should consider the dignity of the body, too. The nurse pulled the sheet from under me so carelessly that it led to my urinary catheter being pulled out, which caused terrible damage to my urinary tract. (Participant 6)

In conclusion, the data revealed that there is a direct relationship between managerial and organizational regulations and policies, as the most important intervening conditions, impacting patients' dignity maintenance and patient dignity promotion.

## Discussion

Different factors can influence the preservation of patient dignity at the bedside. According to the results of this study, "persona," "communication behaviors," and "staff conduct" emerged as three main influencing factors.

The destiny of medicine depends largely on our way of thinking about the human person and human dignity.<sup>33</sup> The results of this study show that the personal beliefs about humanity by staff and patients, which were apparent in their behaviors and personal characteristics, can impact the maintenance of patient dignity. Other studies also confirmed that intrapersonal values and attitudes had a central role in preserving or threatening the patients' dignity.<sup>6,14,29,34</sup> The most influential factor noted in this study explored staff's and patients' religious beliefs. When considering the significance of religious values and notions in the Iranian context, they manifest in all aspects of Iranian people's lives and affect their attitudes, expectations, and behaviors. Numerous studies confirm the significance of religious beliefs in Iranian patients.<sup>23,35</sup> The significance of this fact is not specific to Iranian patients, other international studies emphasized this topic as well; however, having a sort of belief or religion that is important to one's life is identified as influential to patients' dignity. Hence, preserving patients' dignity requires religious support according to patients' desires and value system.<sup>36,37</sup> It seems that being knowledgeable about patients' religious orientation or cultural values would lead to providing dignified care. This would be fostered if there were assimilation of staff-patient values and beliefs.<sup>37</sup> This is in accordance with this study's findings since staff's expressed religious values impacted patients' self-respect and dignity, especially in those with strong religious beliefs. Also, according to the Department of Health Survey in London about dignity in care, one of the meanings with regard to dignity that emerged was a consideration of religious and cultural beliefs of patients.<sup>38</sup> Similarly, Eriksson and his coworkers' caritative theory considers people to be religious by nature, regardless of how they express their religious practices.<sup>39</sup> However, it should be considered that dignified care may have different meanings according to different cultural contexts, as cultural background is intertwined with religious beliefs, values, attitudes, worldview, and different habits.<sup>40</sup> Meanwhile, the "risk of compromising human dignity" is documented as a nursing diagnosis in the classification of the North American Nursing Diagnosis Association (NANDA), where the first defining characteristic is about "cultural incongruity."<sup>41</sup> It is therefore essential for healthcare providers to have knowledge of different cultural and religious dimensions to inspire dignity and respect for patients as nursing clients.

The striking consequence of a dignified manner and the transcendental beliefs by staff on patients' morale was the distinguishing feature of this study. The mutual inspiration that we witnessed can be illustrated by Watson's assertion that we are all connected through our shared humanity. With regard to the mutual impression people make on each other, she said,



Honoring the reality that we are part of each other's journey [means]: we are all on our own journey toward healing as part of the infinity of the human condition: when we work to heal ourselves, we contribute to healing of the whole. (p. 201)<sup>9</sup>

Sa'di (1184–1283 CE), one of Iran's most famous poets, wrote,

Human beings are members of a whole,

In creation of one essence and soul.

If one member is afflicted with pain,

Other members uneasy will remain.

If you have no sympathy for human pain,

The name of human you cannot retain.<sup>42</sup>

It is evident that the healthcare staff's virtues can lead to remarkable effects on patients' dignity. The promotion of dignity within oneself affects one's ability to maintain or promote the dignity of others.<sup>6</sup> According to the findings of this study, our judgments and thoughts about our own personal worth determine how we treat others and how we expect to be treated; this is supported by earlier nursing studies.<sup>16,17</sup> Masters<sup>43</sup> also asserted that one should consider the significance of one's ability in recognizing the essential dignity of oneself and each patient.

In line with other studies,<sup>11,17,19,29,44</sup> participants of this study stated that the staff's communication behaviors influence patients' dignity and at the same time lead to trusting relationships. One meaning of dignity is social dignity,<sup>45</sup> and by considering the intersubjective relationship of the human-to-human caring process,<sup>12</sup> it is clear that a strong bond is formed in patient–nurse interactions, preserving the patient's dignity. Jacobson stated that social dignity is generated in action and interaction, which can be divided into two types: dignity of self and dignity in relation. Dignity in relation refers to the way of transferring respect and worth through communication and expression.<sup>45</sup> The significance of the role of the staff's body language in patients' dignity was confirmed in previous studies.<sup>16–18</sup> Likewise, Watson pointed out that one's human presence never leaves one unaffected. Expressed as compassion and caring, it is not only the words that are spoken or the eyes that notice, leading to action. "The gaze itself is an expression, the word is also a gesture framed in a voice, an intonation" (p. 200).<sup>9</sup>

The results of this study suggest that effective communication leads to patients' dignity being upheld by the impact on their comfort and confidence. Another important influencing factor was having enough time in interactions, which was also highlighted in other research. The results of Buckley's study showed that patients clearly stated that having a good relationship with their caregiver promoted their dignity and made them feel respected and unique individuals. Information needs to be given with respect and manners.<sup>46</sup> Taking sufficient time to explain the problems indicates that the patient is valued and also that his or her humanity is respected.

The results of this study reveal how planning and carrying out human resource management in particular staff administration is an important element that affects patients' dignity. Hence, managers have a significant role also in encouraging staff to respect patients' dignity, as their dignity promoting behaviors can be role modeled. Respectful behaviors should be facilitated at the management and administrative levels, if such behaviors are going to be effective at the bedside.<sup>46</sup> Participants of this study emphasized the importance of both quantity and quality of human resources. Proper management of human resources is critical to provide qualified care.<sup>47</sup> Besides providing an adequate staffing level, which is fundamental to achieving the desired nursing outcomes and therapeutic consequences,<sup>48</sup> considering the competence of the staff is

also essential. Unqualified staff are a significant threat to patients' dignity. Healthcare professionals should be committed to the trust that patients accord them: believing that nurses and other healthcare staff have the knowledge and skill necessary to provide competent care.<sup>43</sup> This is one of the fundamental rights patients have, but which can be compromised in some situations. Joolaei et al.<sup>25</sup> showed that one of the most important barriers to the practice of patients' right is lack of expert and competent staff as well as low accountability levels in nurses. Respect for human dignity requires the consideration of patient rights and also the full commitment of the healthcare professions to observe these rights. Generally, dignity in healthcare needs commitments from governments, healthcare organizations, teams, and individual staff.<sup>14</sup>

Concerning the application of the attained results, authors suggest that all healthcare staff must have the knowledge of and insight into contributing factors of patients' dignity. In this regard, it is crucial to be more sensitive to the uniqueness of each patient and consequently his/her personal values, attitudes, costumes, behaviors, and expectations. Also, it should be considered in similar contexts with strong religious background that patients' and staff's religious values have pivotal roles in defining human dignity and contributing factors to reciprocal dignity promotion.

## Conclusion

As dignity represents the essence of nursing care, it is our professional duty to clarify the factors that threaten or promote patients' dignity and how to provide more dignified care. This study revealed three factors that affect patients' dignity: "persona," "communication behaviors," and "staff conduct." The personal beliefs of patients and staff, especially religious beliefs, impact their behaviors and consequently patients' dignity. The findings of this study confirmed the results of previous related studies and stressed the significance of beliefs in value actualization, excellence, and the promotion of dignity for both patients and staff. The findings of this and earlier studies are that we, as nurses, are facing multiple realities in people as religious and spiritual beings. Being aware of patients' religious, spiritual, and cultural beliefs, and respecting them, leads to dignified care.

According to the findings, staff's communication behaviors are one of the most important factors. It is therefore essential to emphasize the importance of continuing education in this regard. Considering the significance of staff's professional qualifications and their behavior, they must take advantage of opportunities to develop their knowledge and practical skills and promote their competencies to provide dignified care. Managers have a pivotal responsibility for staff conduct and especially for good supervision that patient dignity is upheld. The ultimate goals would be to accomplish this by implementing these findings in the managerial, educational, and practice areas.

A possible limitation was that the participants might be afraid of telling their true experience of hospitalization; however, to overcome the mentioned limitation, participants were informed about the main purpose of the study and assured of data confidentiality; furthermore, interviews were conducted following patients' discharge. We should keep in mind that the factors that emerged in this study are based on participants' subjective views in a specific context; therefore, diverse methodological studies in different settings and contexts are needed to increase transferability and applicability of the findings. Indeed, because of the contextual subjectivity of human dignity, further multicultural and ethnographic studies, besides studies that focus on impact of staff's religious beliefs on providing dignified care, and also conducting comprehensive quantitative studies regarding different influential factors of patients' dignity in governmental and nongovernmental settings would be useful to address the gap of knowledge in this regard. In addition, it is suggested to focus on the findings of this study and prior studies to develop specific guidelines regarding patients' dignity preservation.

The inclusion of participants from two diverse religions (79% Muslim and 21% Christian), also selecting participants with various clinical diagnoses from governmental and nongovernmental settings, led to a rich picture of different perspectives in this regard.

However, preserving patients' dignity includes multiple individual, educational, and managerial dimensions, where recognition of them is a duty of all professional staff involved in healthcare system. As a conclusion, we claim that the implication of the statement "tender speech, delicacy in manner and purity of thoughts" in our everyday nursing practice would be fundamental factors in delivering dignified care to all patients worldwide.

### Conflict of interest

The authors have no conflict of interest that could have influenced the study.

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