

Self-Dignity and Demographic Characteristics: An Empirical Study on Nursing Professionals

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Abstract

The human beings have the right to be valued for their intrinsic worth, they are born with. They should be treated empathically and ethically. The purpose of the present research is to study the perception of nurses towards their dignity during service. The study has been conceptualized on demographical variables and the factors contributing to nurses' perception towards their dignity. A sample of 99 nurses was randomly taken for the study and SPSS was used to analyse the obtained data. The findings reflect that factors like gender, age, marital status, qualification and number of years of service play an important role in the perception of nurses for their dignity. The effect of these demographical variables was studied on the cognitive and behavioural factors like gesture and respect shown by patients for nursing care, updated knowledge for their profession, trust of patients, discomfort informed by patients during treatment, treated professionally by physicians and other para-medical staff, importance of nursing profession to the health care organization, fear of assault or molestation, honour or praise for their hard-work, dedication towards service. The implication of the study would be that health care organization should be sensitized towards self-dignity amongst nurses and implement appropriate measures to improve the nurses' perception towards self-dignity.

Key words- Respect, gesture, importance, dedication, hard-work, perception of dignity.

Introduction

Respect and honour are the two prime factors, which define the quality or state of dignity. Social dignity and human dignity are the two general aspects of dignity. Human dignity is inherited by an individual and social dignity is the individual's expectation to gain dignity from the society. Natural rights are inalienable, means they are universal, and these rights are not dependent on government laws or customs or cultures. For example, every human being has the right for socialization to live life with freewill and choice, however it has significance in law, morality, politics and ethics. In the health care settings, dignity has its immense role. Literature review has shown the vital role of dignity in treating patients, for improved outcomes. Dignity stands in the core value of nursing care. Giving autonomy to patients, maintaining privacy, recognizing patient with his identity and not with his diagnosis, spatial privacy, providing adequate time are some of the aspects of maintaining patient's dignity. On the other side nurses also deserve dignity while practicing and providing nursing care. It is an acceptable principle of giving respect to 'dignity in human rights' and in health care field, it is an extremely crucial aspect. Health care system is usually dominated by physicians; thus, nurses are the victim of violence and inequality and need to struggle to meet organizational power and professional rights. Nurses need respect and dignity from patients, patient's relatives, colleagues and physicians to up-rise their level of professional efficiency and competency.

Florence Nightingale had also given great emphasis on nurse's dignity (Manookian et. al 2013). Patient's dignity is the fundamental responsibility of nursing profession. However, nurses also deserve same level of dignity from doctors, paramedical staff, patient's family and patients. From past studies it has been found that the nurses are more prone to physical and verbal abuse and sexual threats than any other profession (Najafi et. al 2015). Therefore, it has resulted in lesser level of dignity for nurses. There is a technical improvement in management to improve the conditions of nurses but these managerial facilities (Fradd 2014) and theories are not practically able to regenerate valuable roles of nurses. (Memarian et. al 2008). Due to technological domination at work- place, nurses are facing multiple problems like lack of confidence, insufficient experience and over-burden of work, resulting in loss of their rationality. Nurses while providing care to patients expect honour from patients. Nurses can perform more competently, if they will receive gratitude from patients and their relatives. Shoghi et al (2008). found that the nurses are facing the problem of low dignity than any other profession and they are targeted more for sexual threats, physical and verbal abuse.

Agnjanloo et al (2010) found in their study that nursing students had undergone verbal abuse 23.2%, occupational hazards 9.8%, physical assault 18.3%. Nurses are working round the clock and perform their duties with adequate knowledge and experience to provide care to the patients and observe the alarming symptoms in patients and take quick actions through rational thinking. This is the responsibility of patients to give dignity to nurses for their hard work, so that they perform their duties more confidently and further strengthening the health care services

Review of Literature

Najafi et. al (2015) studied on the level of respect and dignity from colleagues, patients, patients' relatives and physicians for nurses and found that nurses do not receive proper dignity from physicians, whereas violation of dignity from patients and their family members is least. Valizadeh et. al (2016) studied on respect and dignity for nurses and found that the nurses are facing multidimensional problems and by recognising and focusing on the factors leading to these problems could preserve nurses' dignity. Aghjanloo et. al (2010) studied on encounter of workplace violence by nursing students during their clinical training and found that due to inadequate experience and younger age, nursing students are at high risk for violence and educational programs are required to overcome this problem. Fradd (2004) studied on political leadership in the National Health Services and challenges faced by leaders to influence policy in a political environment. Manookian (2013) studied on the factors that influence patients' dignity and concluded that expansion of nurses' insights and knowledge are essential to promote and preserve patients' dignity. Memarian et. al (2008) studied on leadership skills in nursing and abstracted three main themes to describe the leadership concept for nursing profession. These were -being a spiritual guide, being a model and personality traits for an ever-changing healthcare environment. Shoghi et. al (2008) studied on the verbal abuse to the nurse's population in health care centres and concluded that nurses are facing plethora of violence and necessary actions need to be taken to control, prevent and reduce this issue. Quinn and Happell (2015) studied on perception of privacy and dignity by nurses and patients for sexual relationships in a mental health hospital and explained the need for a dignified and private place for patients' intimacy. Karanikola et al (2013) found that the poor nurse-physician collaboration is the prime factor for moral distress among nurses in intensive care unit. Mrayyan (2004) conducted a study on the nurses' job satisfaction and retention in relation to the autonomy and found that nurses have moderate

autonomy and nurse managers could increase nurses' autonomy by their effective support. Zori et al (2010) studied on enhancing critical thinking skills for nurse managers to create positive working environment and influence the perception of staff nurses to coordinate with organizational goals. Atefi et al (2014) studied on nurses' perception on the factors that influence job satisfaction and identified three main themes – motivation, spiritual feeling and work environment factors, effect nurses' job satisfaction.

Methodology

Objectives

- To study nurses' perception towards self-dignity.
- To find out nurses' perception towards self-dignity based on gender.
- To find out nurses' perception towards self-dignity based on marital status.
- To find out nurses' perception towards self-dignity based on educational qualification.
- To find out nurses' perception towards self-dignity based on number of years of service.

Sample size – 99 nurses.

Sampling Technique -simple random sampling.

Sampling tool -Questionnaire. In the first part, demographic data questions related to age, sex, qualification and number of years of service were asked. In the second part, questions were based on variables related to gesture, respect, knowledge, trust, fear, importance, honour and dedication.

Data Analysis- Through SPSS.

Results

Table 1. Nurses' self-dignity in relation to Marital status

			Levene's Test for Equality		t-test for Equality of Means					
			of Variances		t-test for Equality of Means					
			F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference
								Lower	Upper	
1. Gesture	Equal variances assumed	.138	.711	-.434	97	.665	-.05172	.11913	-.28817	.18472
	Equal variances not assumed			-.432	14.163	.672	-.05172	.11977	-.30832	.20487
2. Respect	Equal variances assumed	.138	.711	-.434	97	.665	-.05172	.11913	-.28817	.18472
	Equal variances not assumed			-.432	14.163	.672	-.05172	.11977	-.30832	.20487
3. Knowledge	Equal variances assumed	.005	.944	-.446	97	.657	-.07184	.16117	-.39172	.24804
	Equal variances not assumed			-.452	14.336	.658	-.07184	.15893	-.41196	.26828
4. Trust	Equal variances assumed	2.330	.130	.574	97	.568	.08908	.15528	-.21910	.39727
	Equal variances not assumed			.563	14.053	.582	.08908	.15812	-.24994	.42810
5. Discomfort	Equal variances assumed	2.052	.155	.211	97	.833	.04310	.20390	-.36157	.44778
	Equal variances not assumed			.260	16.779	.798	.04310	.16550	-.30642	.39263
6. Professionally	Equal variances assumed	43.352	.000	1.799	97	.075	.27011	.15017	-.02794	.56817
	Equal variances not assumed									

	Equal variances not assumed			2.171	16.441	.045	.27011	.12445	.00688	.53335
7. Important	Equal variances assumed	6.459	.013	1.588	97	.116	.18391	.11583	-.04598	.41380
	Equal variances not assumed			1.249	12.660	.234	.18391	.14724	-.13506	.50287
8. Fear	Equal variances assumed	15.011	.000	1.300	97	.197	.21839	.16794	-.11493	.55171
	Equal variances not assumed			3.517	86.000	.001	.21839	.06210	.09495	.34183
9. Honour	Equal variances assumed	9.354	.003	-1.204	97	.232	-.35057	.29117	-.92847	.22732
	Equal variances not assumed			-2.263	35.993	.030	-.35057	.15490	-.66473	-.03642
10. Dedication	Equal variances assumed	5.462	.021	2.132	97	.036	.28161	.13210	.01942	.54379
	Equal variances not assumed			1.791	12.993	.097	.28161	.15720	-.05802	.62124

The obtained value of t for married and single nurses are 1.799 and 2.171 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to treating them professionally by physicians and paramedical staff.

The obtained value of t for married and single nurses are 1.588 and 1.249 significant at 0.013, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to nursing profession plays an important role in the health care organization.

The obtained value of t for married and single nurses are 1.3 and 3.517 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to fear of molestation or assault, for single nurses.

The obtained value of t for married and single nurses are -1.204 and -2.263 significant at 0.003, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to receiving praise or honour for their hard-work, for single nurses.

The obtained value of t for married and single nurses are 2.132 and 1.791 significant at 0.021, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to dedication for their profession, for married nurses.

Table 2. Nurses' self-dignity in relation to Qualification

	Levene's Test for Equality of Variances		t-test for Equality of Means								
			F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
										Lower	Upper
1. Gesture	Equal variances assumed	.008	.928	-.412	97	.682	-.03348	.08134	-.19492	.12795	
	Equal variances not assumed			-.427	77.925	.670	-.03348	.07836	-.18948	.12252	
2. Respect	Equal variances assumed	16.037	.000	2.973	97	.004	.23170	.07794	.07702	.38638	
	Equal variances not assumed			3.255	89.072	.002	.23170	.07118	.09027	.37312	
3. Knowledge	Equal variances assumed	80.574	.000	4.070	97	.000	.41429	.10180	.21225	.61632	
	Equal variances not assumed			4.860	96.531	.000	.41429	.08524	.24510	.58347	
4. Trust	Equal variances assumed	.630	.429	.972	97	.334	.10268	.10567	-.10706	.31241	
	Equal variances not assumed			.972	70.154	.334	.10268	.10562	-.10797	.31332	
5. Discomfort	Equal variances assumed	.022	.881	-.029	97	.977	-.00402	.13923	-.28035	.27231	
	Equal variances not assumed			-.029	70.760	.977	-.00402	.13875	-.28069	.27265	
6. Profession ally	Equal variances assumed	59.308	.000	4.217	97	.000	.40402	.09581	.21387	.59417	
	Equal variances not assumed			4.654	90.539	.000	.40402	.08680	.23158	.57645	
7. Important	Equal variances assumed	124.769	.000	4.930	97	.000	.35313	.07163	.21097	.49528	
	Equal variances not assumed										

	Equal variances not assumed			4.007	40.952	.000	.35313	.08814	.17512	.53113
8. Fear	Equal variances assumed	3.851	.053	-2.476	97	.015	-.27768	.11216	-.50028	-.05507
	Equal variances not assumed			-2.569	77.802	.012	-.27768	.10811	-.49292	-.06244
9. Honor	Equal variances assumed	19.997	.000	4.953	97	.000	.88616	.17891	.53107	1.24125
	Equal variances not assumed			4.397	50.327	.000	.88616	.20152	.48147	1.29085
10. Dedication	Equal variances assumed	1.170	.282	.557	97	.579	.05134	.09213	-.13151	.23418
	Equal variances not assumed			.546	65.914	.587	.05134	.09408	-.13650	.23918

The obtained value of t for B.Sc. and GNM nurses are 2.973 and 3.255 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to receiving respect from patients while discussing nursing procedures, for both B.Sc. and GNM nurses.

The obtained value of t for B.Sc. and GNM nurses are 4.070 and 4.860 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to an adequate and updated knowledge regarding their profession, for both B.Sc. and GNM nurses.

The obtained value of t for B.Sc. and GNM nurses are 4.217 and 4.654 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to treating them professionally by physicians and paramedical staff, for both B.Sc. and GNM nurses.

The obtained value of t for B.Sc. and GNM nurses are 4.930 and 4.007 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to nursing profession plays an important role in the health care organization, for both B.Sc. and GNM nurses.

The obtained value of t for B.Sc. and GNM nurses are -2.476 and -2.569 significant at 0.015 and 0.012, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to fear of molestation or assault, for both B.Sc. and GNM nurses.

The obtained value of t for B.Sc. and GNM nurses are 4.953 and 4.397 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to receiving praise or honour for their hard-work, for both B.Sc. and GNM nurses.

Table 3. Nurses' self-dignity in relation to Gender

			Levene's Test for Equality		t-test for Equality of Means						
			of Variances		t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
			F	Sig.						Lower	Upper
1. Gesture	Equal variances assumed		.001	.973	.153	97	.878	.02329	.15181	-.27801	.32459
	Equal variances not assumed				.157	6.997	.880	.02329	.14847	-.32781	.37440
2. Respect	Equal variances assumed		6.020	.016	2.234	97	.028	.33075	.14807	.03687	.62462
	Equal variances not assumed				1.609	6.433	.155	.33075	.20558	-.16421	.82570
3. Knowledge	Equal variances assumed		.011	.918	.393	97	.695	.08075	.20526	-.32663	.48812
	Equal variances not assumed				.386	6.903	.711	.08075	.20925	-.41548	.57697
4. Trust	Equal variances assumed		1.878	.174	-.361	97	.719	-.07143	.19791	-.46422	.32136
	Equal variances not assumed				-.342	6.833	.742	-.07143	.20872	-.56743	.42457
5. Discomfort	Equal variances assumed		.039	.844	-.701	97	.485	-.18168	.25901	-.69574	.33239
	Equal variances not assumed				-.619	6.701	.557	-.18168	.29373	-.88258	.51922
6. Professionally	Equal variances assumed		.057	.812	.136	97	.892	.02640	.19435	-.35933	.41213
	Equal variances not assumed				.127	6.800	.903	.02640	.20847	-.46950	.52230
7. Important	Equal variances assumed		1.935	.167	-.824	97	.412	-.12267	.14886	-.41812	.17278
	Equal variances not assumed				-.651	6.540	.537	-.12267	.18845	-.57472	.32938
8. Fear	Equal variances assumed		.565	.454	1.189	97	.237	.25466	.21413	-.17033	.67965

	Equal variances not assumed			1.213	6.991	.264	.25466	.20992	-.24186	.75118
9. Honor	Equal variances assumed	2.507	.117	1.240	97	.218	.45963	.37056	-.27584	1.19509
	Equal variances not assumed			2.186	10.069	.053	.45963	.21022	-.00834	.92759
10. Dedication	Equal variances assumed	.152	.698	-.208	97	.836	-.03571	.17205	-.37719	.30576
	Equal variances not assumed			-.188	6.747	.856	-.03571	.18993	-.48826	.41684

The obtained value of t for Male and Female nurses are 2.234 and 1.609 significant at 0.016, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to receiving respect from patients while discussing nursing procedures, for Male nurses.

Table 4. Nurses' self-dignity in relation to Age

		Sum of Squares	df	Mean Square	F	Sig.
1. Gesture	Between Groups	1.572	3	.524	3.838	.012
	Within Groups	12.973	95	.137		
	Total	14.545	98			
2. Respect	Between Groups	4.096	3	1.365	12.412	.000
	Within Groups	10.450	95	.110		
	Total	14.545	98			
3. Knowledge	Between Groups	4.795	3	1.598	6.954	.000
	Within Groups	21.832	95	.230		
	Total	26.626	98			
4. Trust	Between Groups	6.375	3	2.125	10.988	.000
	Within Groups	18.372	95	.193		
	Total	24.747	98			
5. Discomfort	Between Groups	14.414	3	4.805	16.225	.000
	Within Groups	28.132	95	.296		
	Total	42.545	98			
6. Important	Between Groups	.431	3	.144	.999	.397
	Within Groups					

	Within Groups	13.650	95	.144		
	Total	14.081	98			
7. Professionally	Between Groups	1.610	3	.537	2.293	.083
	Within Groups	22.229	95	.234		
	Total	23.838	98			
8. Fear	Between Groups	9.410	3	3.137	14.941	.000
	Within Groups	19.944	95	.210		
	Total	29.354	98			
9. Honor	Between Groups	28.296	3	9.432	15.003	.000
	Within Groups	59.724	95	.629		
	Total	88.020	98			
10. Dedication	Between Groups	1.405	3	.468	2.575	.058
	Within Groups	17.282	95	.182		
	Total	18.687	98			

The obtained value of f according to the age of Nurses is 3.838 significant at 0.012, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to receiving kind gesture from patients, for nurses of different age groups.

The obtained value of f according to the age of Nurses is 12.412 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to receiving respect from patients while discussing nursing procedures, for nurses of different age groups.

The obtained value of f according to the age of Nurses is 6.954 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to an adequate and updated knowledge regarding their profession, for nurses of different age groups.

The obtained value of f according to the age of Nurses is 10.988 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to trust of my patients on my nursing skills, for nurses of different age groups.

The obtained value of f according to the age of Nurses is 16.225 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to patient feel free to discuss or inform regarding any discomfort during treatment process, for nurses of different age groups.

The obtained value of f according to the age of Nurses is 14.941 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to fear of molestation or assault, for nurses of different age groups.

The obtained value of f according to the age of Nurses is 15.003 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to receiving praise or honour for their hard-work, for nurses of different age groups.

Table 5. Nurses' self-dignity in relation number of years of Service-

		Sum of Squares	df	Mean Square	F	Sig.
1. Gesture	Between Groups	.510	2	.255	1.743	.181
	Within Groups	14.036	96	.146		
	Total	14.545	98			
2. Respect	Between Groups	11.561	2	5.781	185.965	.000
	Within Groups	2.984	96	.031		
	Total	14.545	98			
3. Knowledge	Between Groups	6.301	2	3.150	14.879	.000
	Within Groups	20.326	96	.212		
	Total	26.626	98			
4. Trust	Between Groups	7.043	2	3.521	19.094	.000
	Within Groups	17.705	96	.184		
	Total	24.747	98			
5. Discomfort	Between Groups	7.739	2	3.870	10.673	.000
	Within Groups	34.806	96	.363		
	Total	42.545	98			
6. Important	Between Groups	.826	2	.413	2.992	.055
	Within Groups	13.255	96	.138		
	Total	14.081	98			
7. Professionally	Between Groups	2.058	2	1.029	4.535	.013
	Within Groups	21.780	96	.227		
	Total	23.838	98			
8. Fear	Between Groups	6.507	2	3.254	13.672	.000
	Within Groups	22.846	96	.238		
	Total	29.354	98			
9. Honor	Between Groups	34.502	2	17.251	30.944	.000
	Within Groups	53.518	96	.557		
	Total	88.020	98			
10. Dedication	Between Groups	3.608	2	1.804	11.483	.000
	Within Groups	15.079	96	.157		

Total	18.687	98			
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The obtained value of f according to the age of Nurses is 185.965 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to receiving respect from patients while discussing nursing procedures, for nurses with different years of service.

The obtained value of f according to the age of Nurses is 14.879 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to an adequate and updated knowledge regarding their profession, for nurses with different years of service.

The obtained value of f according to the age of Nurses is 19.094 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to trust of my patients on my nursing skills, for nurses with different years of service.

The obtained value of f according to the age of Nurses is 10.673 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to patient feel free to discuss or inform regarding any discomfort during treatment process, for nurses with different years of service.

The obtained value of f according to the age of Nurses is 4.535 significant at 0.013, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to treating them professionally by physicians and paramedical staff, for nurses with different years of service.

The obtained value of f according to the age of Nurses is 13.672 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to fear of molestation or assault, for nurses with different years of service.

The obtained value of f according to the age of Nurses is 30.944 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to receiving praise or honour for their hard-work, for nurses with different years of service.

The obtained value of f according to the age of Nurses is 11.483 significant at 0.0, depicts that there is significant difference in the perception of nurses' self-dignity in-relation to dedication for their profession, for nurses with different years of service.

Conclusion and Discussion

The present study was conducted to find out nurses' perception towards self-dignity during service. The findings reflect that gender affects the perception of dignity among nurses for receiving respect from patients while discussing nursing procedures and being praised or honoured for their hard work. However, the nurses' self-dignity is affected by their marital status for treating professionally by physicians and paramedical staff, fear of assault or molestation, timely praised or honoured for hard work and self-dedication towards nursing profession. Moreover, it is also affected by nurses qualification for receiving respect from patients, knowledge regarding their profession and timely upgradation, treating professionally by physicians and paramedical staff, being an important part of an organization, fear of assault or molestation, timely praised or honoured for hard work. Further, age was found to be an important factor for receiving kind gesture from patients for nursing care, respect from patients while discussing or conducting nursing procedures, updated knowledge regarding nursing profession, patients' trust on nursing skills, discomfort informed by patients' during treatment procedure, fear of assault or molestation, timely praised or honoured for hard work. Another important factor which played an important role in the perception of nurses for their dignity is the number of years of service for receiving respect from nursing care, upgraded knowledge regarding nursing profession, patients' trust on nursing skills, discomfort informed by patients during treatment, professionally treated by physicians and paramedical staff, fear of molestation or assault, timely praised or honoured for hard work, self-dedication towards service. Based on the findings, it is concluded that the above discussed factors play an important role in nurses' perception towards their dignity. Higher authorities need to explore this matter deeply and scrutinize the effective measures to improve nurses' self-dignity towards their profession.

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