




Threats to patient dignity in clinical care settings: A qualitative comparison of Indonesian nurses and patients

Nurfika Asmaningrum RN, PhD, Assistant Professor¹  | Dini Kurniawati RN, MN, Assistant Professor¹  | Yun-Fang Tsai RN, PhD, FAAN, Professor^{2,3,4} 

¹Faculty of Nursing, The University of Jember, East Java, Indonesia

²School of Nursing, College of Medicine, Chang Gung University, Tao-Yuan, Taiwan

³Department of Nursing, Chang Gung University of Science and Technology, Tao-Yuan, Taiwan

⁴Department of Psychiatry, Chang Gung Memorial Hospital at Keelung, Keelung, Taiwan

Correspondence

Yun-Fang Tsai, School of Nursing, College of Medicine, Chang Gung University, 259, Wen-Hwa 1st Road, Tao-Yuan 333, Taiwan.
Email: yf-tsai@mail.cgu.edu.tw

Abstract

Aims and objectives: To explore and compare nurses' and patients' viewpoints of disrespectful behaviours that threaten patient dignity during hospitalised care.

Background: Patient's dignity is an important ethical consideration for nursing care practice. In clinical settings, nurse–patient interactions can generate behaviour considered disrespectful and undignified, often due to a disruptive hospital atmosphere and emotional frustrations of nurses and patients. How behaviours and attitudes threaten patient dignity in Indonesian clinical care settings has not been well studied.

Design: Qualitative descriptive study.

Methods: This multi-site study purposively recruited nurses and inpatients from six public hospitals in four districts in Eastern Java, Indonesia. Individual, face-to-face semi-structured interviews were conducted with 35 inpatients and 40 registered nurses from medical and surgical wards. Data from verbatim transcriptions of digital audio recordings were analysed with inductive content analysis. The COREQ checklist for qualitative research was used for reporting this study.

Results: Five categories emerged which described disrespectful behaviours that threaten patient dignity. Three categories were important for both nurses and patients: negligence, impoliteness and dismissal. Descriptions of the behaviours were comparable for both groups. The fourth category, inattentiveness, was highlighted by nurses, while the fifth category, discrimination, was highlighted by patients.

Conclusions: Examining behaviours considered to be disrespectful in an Indonesian healthcare setting expand on perspectives towards dignity in care. The comparable viewpoints of nurses and patients provide knowledge of how undignified behaviours could be reduced in cross-cultural healthcare settings. Behaviours perceived as undignified primarily by nurses or patients might result from differences in social roles and responsibilities.

Relevance to clinical practice: Understanding nurses' and patients' perspectives of undignified care is an important step in reducing behaviours that violate patient dignity in clinical practice. Nurses' commitment to patient-centred care should include being responsive, compassionate, communicative and attentive, which could ameliorate instances of undignified behaviours.