



## Ontology of human dignity in nursing

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### ABSTRACT

Human dignity makes sense only in the place of human servitude in front of essence of the Divine Glory. Human innate dignity that requires significant consideration and obligation has always been emphasized in nursing field. This study that aimed to explore the ontological meaning of the patients' dignity preservation was conducted using qualitative approach and phenomenological interpretation method. According to the participants' lived experiences as the patient is a valued human being and one who has Divine aspect in himself, the health-care staffs are obliged to preserve his inherent dignity. The theme of 'Exigency of preserving the innate human dignity' consisted of two subthemes: 'respect for the intrinsic equality of all humans' and 'treating the patient as a valued person, not an object'. Based on ontological perspective during the process of care, the nurse enters into the world of another person and identifies his way of being in the world. Care is a communication with another human being based on humility and modesty formed as the result of real desire to relieve another human being's suffering.

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### 1. Introduction

Dignity is a characteristic attributed to the Almighty God. He praises sons of Adam among all creatures and makes them superior to His other creatures. Human dignity makes sense only in the place of human servitude in front of essence of the Divine Glory.

Human inherent dignity has always been at the spotlight of West and East philosophers. According to historical accounts, the ancient paradigm of dignity is rooted in Ancient Rome that is known as 'aristocratic paradigm of dignity'. In ancient Rome, dignitas refers to highest degree and position and it was used for great and higher officials of the ruling class. The famous philosopher Cicero (106-43 BC) was the first person universalizing the use of the term 'dignitas' for all human beings. From his perspective, human beings have a special place in nature due to the feature called "rationality" (Sensen, 2011). Kant (1724-1804) who has valued and appreciated humanity more than any other thinkers has defined dignity as an inherent, absolute, unconditional, and incomparable value. Although rationality is the most fundamental element of human dignity in modern philosophy, this is different from rationality proposed in Divine perspective. For Mulla Sadra, the second great philosophical feature in the Islamic world after Ibn

Sina and the founder of transcendental philosophy, rationality is the most fundamental human characteristic and the most basic standard of human dignity. Based on Mulla Sadra's perspective, man calls for the help of sacred rationality in his path to perfection; man is always defined in relation to the cosmos and God (Cheraghi et al., 2013).

Human innate dignity that requires significant consideration and obligation has always been emphasized in nursing field. In fact, the essence of nursing care is preservation of human dignity and the protection of one's human values. Pioneers of modern nursing, like Florence Nightingale, presuppose the same essence of all patients in the presence of the Divine perfection. The comprehensive nature of nursing requires nurses to look at the patient as a whole and in relation to physical, mental, emotional, social, cultural, environmental and contextual elements (Cheraghi et al., 2014). Patients' human dignity in nursing can be discussed from both objective and subjective aspects. Objective aspect of human dignity contains concepts that constitute the core of all Monotheistic religions (Johnson, 2008). Subjective aspect of human dignity makes sense in connection with the moral traits and individual differences; it can be shattered by several factors including the attitudes, beliefs, behaviors, culture, environment ... (Milton, 2008). Accordingly, Code of Ethics for Nursing in Islamic Republic of Iran insists on protection of inherent dignity of all patients in all circumstances.

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## 2. Research method

This research is a result of the broader study titled "Patients' experience of human dignity"; it was conducted using qualitative approach and phenomenological interpretation method. This study aimed to explore the lived experiences of patients regarding their dignity maintenance in clinical practices and also clarify the ontological meaning of patients' dignity preservation. In the interpretative phenomenological method, researchers offer an in-depth description of phenomena; in other words, in addition to analysis and interpretation, they go beyond the ideas presented by participants (Speziale et al., 2011). By establishing a dialectical interaction between participants' stories and their interpretations, the researchers has tried to create new meanings of patients' dignity preservation. Further, the patient's lived experiences would be discussed in relation to ontological perspective of human dignity.

The participants have been selected from a population having rich information in relation to the central research question and purpose (Polit and Beck, 2009). The participants were purposefully selected based on their experiences regarding research main question. Moreover, the researcher strived to select participants with more hospitalization experiences in both private and public hospitals. 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. In total, the researchers selected 14 participants ranging in age from 23-57 years, with 1-8 times hospitalization, education under diploma to Ph.D., who have been hospitalized in private and public hospitals in Tehran.

Data for this study were collected through in-depth and semi-structured interviews with individuals. Each interview lasted between 30 minutes to 60 minutes. Interviews conducted by the first author in a private space in terms of participants' comfort to achieve a rich interpretation until extraction of no new data (Speziale et al., 2011). The interview began with general questions and it was continued by more focused questions in line with the main research question such as "In what situations, have you experienced a feeling of humiliation?" or "What does preservation of human dignity means for you?" In the course of data collection, the interviews were recorded by voice recorder and immediately transcribed.

According to the philosophical foundation of the study, the data were analyzed using Diekelmann, Allen, Tanner's seven-step process, which is based on Heideggerian hermeneutic phenomenology. Accordingly, the subjective assumptions and the experience of researchers considered in order to achieve the highest level of abstraction (Dikelman,

2003). In relation to the process, the transcribed interview was carefully reviewed several times to gain a general understanding about the participant's experiences. Then, a summary of interpretation related to each interview was written; after extraction of themes from statements of participants, several sessions was held by the attendance of members of the research team to discuss the emerged themes. In line with the extraction of themes, the researchers refer again to interview text or the participants to remove any ambiguity. In the next steps, interpretations were rewritten by identification of commonalities and differences between the statements of participants. This basic pattern was formed after the agreement of the research team members on the combination interpretive summary resulted from fusion of researchers and participants' horizons. In the final step, a draft of themes as well as some excerpts of the transcripts was presented to commentator team to implement the recommendations in the final report (Manookian et al., 2014).

The credibility of the findings was established by prolonged contact with participants, deep involvement and immersion in the data, as well as having team sessions to reach comprehensive interpretations. In the terms of dependability, by recording the steps taken in data analysis, by illustrating the processes that led to conclusions and by presenting examples readers are able to confirm the findings. It should be noted that moral considerations including Ethics Committee approval, informed consent, clearly description of purpose of the study, participants' anonymity, and participants' ability to withdraw have been observed.

## 3. Research findings

### 3.1. Exigency of preserving the innate human dignity

According to the participants' lived experiences as the patient is a valued human being and one who has Divine aspect in himself, the health-care staffs are obliged to preserve his inherent dignity. Indeed, preservation of human dignity has an emphasized necessity. The theme of 'Exigency of preserving the innate human dignity' consisted of two subthemes: 'respect for the intrinsic equality of all humans' and 'treating the patient as a valued person, not an object'.

### 3.2. Respect for the intrinsic equality of all humans

The participants cited that all patients share the same essence of humanity and the commonality of their origin. They also illustrated that the preservation of patients' dignity means to treat them equally, regardless of their gender, position, race and religion. In this regard, respect for human beings'

equal nature is represented in the following quotations:

"All human beings should believe that they are dignified; I always say that God created man and praised Himself; thus, I should know that I carry something, which is carried by all human beings. I should respect it; as my doctor showed it in his behavior and made me realize that you have what I have in myself; therefore you should believe in yourself" (Participant 7).

In the meantime, as well as narrating their stories, participants referred to factors such as age, educational level, social, economic and religious status; they stipulated that the conditional status of human values on the named factors can disturb dignifying care. For example, obligation to respect this equal nature may be represented in form of the importance of human dignity regardless of patient's age. One participant states in this regard:

"My neighbor was an old lady; she was near to die and we carried her to hospital ...; some staffs said that they had injured patient in accident, why have you brought her? Although she was spending her last times, they should not behave like that to her" (Participant 12).

The theme of 'respect for the intrinsic equality of all humans' has emphasized on the obligation to respect human equal nature regardless of the patient's religion and is highlighted in the statements of a Christian participant:

"Maybe they do not pay attention to other patients like that of me; in this Muslim country, I have never felt the difference of care services to Muslim and non-Muslim patients, especially in hospitals ..." (Participant 12).

In addition to reference to the importance of 'behavior based on modesty and humility', another participant points to bilateral relationship between modesty and sympathetic comradely:

"Either nurse, the cleaner, or doctors should put themselves in the patients' shoes so that to understand the emotions of the patients; ... it is wrong to see patients inferior in terms of social position and personality ...; one should consider that the patient could be his brother, son, ..." (Participant 12).

### **3.3. Treating the patient as a valued person, not an object**

As mentioned in previous theme, the participants' narratives indicate that every patient has a particular position due to his inherent dignity; thus, preservation of human dignity is very important. The theme of 'treating the patient as a valued person, not an object' raises the need for strict compliance with this obligation in relation to man's position as the caliphate of God, his rationality and the value of his body.

For the position of 'God's caliphate', a participant states:

"I hope one could look not at a sick person as a patient, he should be seen as the successor of God on

earth. This successor needs others' help; if we see like this; all his dignity will be preserved" (Participant 5).

In addition, "giving importance to human reason" is one of the most important issues about the preservation of a patient's human dignity. For example, a participant believed about his own experience that lack of receiving enough information about a surgery indicates lack of respect for human reason:

"Once I had a surgery; after the surgery, I asked was it an appendicitis surgery? They said me: "Lady, it has been finished and you had an ovarian cyst". Interestingly, I found out that I had an ovarian cyst a day after my surgery.... It was very difficult for me; here, no one is going to explain you and it is important for nobody that the stomach of a person has been opened as he is a human being and such issues are important for him" (Participant 6). This participant argues about the value of the human body that:

"Body and soul should be considered together; it is important that the patient is treated well; human body is a part of his dignity; our religion has emphasized much on the carefulness of the body. One would be exempted from fasting in Islam when it is harmful to person health; it shows that body is very important and it is an instance of dignity" (Participant 6).

The theme of exigency of preserving the innate human dignity that is the result of a dialectical interaction between the fusion of the researchers and the participants' horizons indicate that every patient has a Divine aspect in himself; hence, he has such a position and dignity that other health-care agents must preserve this God-given blessing, respect to patient's supreme human nature, and not decline his human position to an object.

## **4. Discussion and conclusion**

Based on ontological perspective, human dignity could be considered as a form of existence or being whose perfect instance is fixed for God. Since God is the absolute highest level of existence, Divine origin of human dignity obliges man to preserve this precious treasury. Due to belonging to God's existence, man is longing for reaching origin of his existence and is always walking in the journey of truth for perfection (Cheraghi et al., 2013).

In accordance with the findings of this study, all patients (due to having a common essence of being) have the same rights to receive respect and reverence. In other words, all are members of a family and they are same in their rank and dignity, which has been given them by God. Accordingly, respect for the equal nature as well as providing unconditional services that signifying unconditional respect for patients is a strict necessity.

Unconditional respect for human dignity is not only a religious duty but also a basic concept underlying the nursing profession. Indeed the patient's humanistic value has been emphasized as

an inseparable feature of nursing care (Milton, 2008). Exigency of preserving the innate human dignity' can be interpreted from the ontological aspect of nursing. During the process of care, the nurse enters into the world of another person and identifies his way of being in the world (Watson, 2011). Living in world of another person (the patient) and understanding it as "being there" is realized through treatment and care. Moreover, in addition to numerous capacities including reasoning power and freedom, every person has another distinctive feature called "care capacity" that is regarded as moral attitude toward other human beings (Miller, 2012). In fact, according to the underlying assumptions of care sciences, care is considered as a human inherent feature. Care is a communication with another human being based on humility and modesty formed as the result of real desire to relieve another human being's suffering. The main stimulating factor for caring, which is the deepest motivating ethic of care, is nothing but protection of human inherent dignity (Eriksson, 2002). That is to say, care is more than merely a human trait; it is an inescapable moral imperative prior to any type of ontology (Lavoie et al, 2006).

In fact, holiness is the main theme of human life and human dignity has been established based on inner freedom and accountability to the life and value of self and others. In this way, the mission of humanity, which is to be, to live, or to serve fellowmen, is realized through care. The recent statements indicate that our responsibility for responding to other human needs that has the same nature is manifested by identifying the origin of one's existence value during the care interaction with the patient. Hence, having a responsive attitude towards another human being, the provider of care enters into a relationship that provides the needs of others through the ontological nature of care (Buckley, 2012). In other words, patients' equality of nature with care agents describes the leading source of the emphasized essence and human duties. Besides, since one of the aspects of human dignity implies inner freedom and responsibility for the value of one's life and others, the concept of respecting dignity can connote duty and obligation (Sensen, 2011). Mother of modern nursing, Florence Nightingale, believes that his responsibility to respect patients' dignity is a professional duty as well as a debt to the Creator. For Nightingale, nurses are accountable in front of pure and infinite nature of God that is the foundation of all human virtues and miracles. Inner faith and religious beliefs give a nurse such virtue and wisdom helping him to go beyond all appearances to overcome every type of ambiguity and complexity. A nurse's religious belief about position of servitude in the presence of the Creator gives him the insight to look at patients' human aspects and obliges him to respect and honor

patients. Relieving the pains and sufferings is regarded in a constructive relation based on benevolence, kindness, and accountability.

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