

Preserving nurses' professional dignity: Six evidence-based strategies

Y. Combrinck RN, RM, PhD, N. C. van Wyk RN, RM, PhD & R. S. Mogale RN, RM, PhD

Department of Nursing Science, University of Pretoria, Pretoria, South Africa

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Abstract

Aim: This study aimed to develop and refine strategies for preserving nurses' professional dignity.

Background: Professional dignity is a non-negotiable nursing professional value. It should at all times be respected because of the worthiness of nurses as professional human beings. They are at the centre of healthcare societies. Their worth and contributions to the health of others should be acknowledged and preserved.

Methods: Descriptive qualitative research was conducted during the development of the strategies while applying the principles of strategic navigation. The process was guided by the findings of the initial phase of the study and contextualised literature. Focus group discussions were held with healthcare professionals for the refinement of the strategies in two private hospitals in South Africa.

Findings: The strategies unfolded multiple possibilities to value nurses' professional dignity. These were pathways for respecting, appreciating and supporting nurses; honouring nurses' desire to hold the well-being of patients in the highest regard; supporting nurses in fulfilling their professional roles; enabling nurses to take pride in themselves and the nursing profession; supporting nurses in demanding and complex circumstances; and supporting nurses in coping with humiliating workplace experiences.

Conclusion: Strategies to ensure successful outcomes in preserving nurses' professional dignity were developed and refined. The professional dignity experiences that mattered most were presented.

Implications for nursing/health policy: Valuing nurses' professional dignity promotes respect and support for nurses and their desire to prioritise patient-centred care, contributing to improved nursing practice and nurses' confidence to assert their professional dignity. Preserving nurses' professional dignity is a necessity in healthcare. It should be affirmed in equal standing in nursing codes of conduct, nursing curriculums and healthcare policies.

Keywords: Dignity, Nurses' professional dignity, Preserve, Professional dignity, Strategies

Introduction

All nurses, like everyone else, are worthy of dignity and respect. The worthiness of nurses is imbedded in their human nature (Nordenfelt 2004) and their professional standing in accordance with their knowledge, skills, and autonomy in view of themselves and others (Combrinck 2018). Nurses' professional standing is realised when they are enabled to use their nursing expertise and experience for the betterment of patients. Their dignity is confirmed through experiences of respect and courtesy in supportive nursing environments conducive to providing excellent care (Stievano et al. 2012; Stievano et al. 2019). Nurses' dignity is not always respected. Healthcare communities are cognisant of nurses' experiences of indignity, disrespect and incivility. Nurses are often numbed by these experiences and lose confidence in their standing as autonomous professionals. As a result, the motivation to reach full potential in nursing care may be adversely affected (Combrinck et al. 2020).

Background

Throughout the history of nursing, nurses are known as the cornerstones in healthcare for providing care in multiple spheres of human life (Rózyk-Myrta et al. 2021). The announcement of the 2020 year of the nurse and midwife, shortly followed by the declaration of the coronavirus disease (Covid-19) pandemic, placed renewed emphasis on the vital role nurses play in healthcare. Reports on a shortage of nurses to an estimated nine million in the year 2030 are evidence of the global neglect and lack of acknowledgement of nurses' worth over many years. A call from the World Health Organization and the International Council of Nurses for governments to consider nurses as a valued and essential workforce in their future strategic intent, reflects the importance of preserving nurses and the nursing profession (Howard 2019; International Council of Nurses 2021).

At the core of the preservation of nurses as valued and respectful professional persons is their professional dignity. Nurses' professional dignity is determined by their views of themselves and the responses of others in the healthcare environment (Sabatino et al. 2014). Their perceptions are shaped by professional values and beliefs of being a good nurse (Kaya et al. 2017). Nurses' views of their competencies and input to healthcare may be positively or negatively affected by patients, their significant others, health team members, managers, and themselves.

Studies have reflected on nurses' professional dignity experiences within their social and historical contexts and interaction with others. A lack of autonomy, professional status, realised clinical skills, and respectful interactions with medical practitioners and others have adversely affected their professional dignity and led to compromised professional worth and identity (Froneman et al. 2019; Stievano et al. 2012). Nurses felt unseen and unnoticed in their clinical and academic standing in

healthcare settings. They perceived the nursing professions' social status within the healthcare society as inferior to other healthcare professions. They were disillusioned in their career choice and indicated that if they had known the challenges and lack of respect and dignity they had to endure, they would have chosen not to become a nurse (Sabatino et al. 2016; Valizadeh et al. 2018).

Nursing experiences of professional dignity have considerable consequences for nurses and nursing practice. The detrimental effects of disrespect and incivility have recently been highlighted as the frontier in patient safety (Clark 2019). Unsupportive and disruptive work environments hinder nursing care in accordance with desired nursing standards. Exposure to unreasonable workload and the nurse to patient ratio puts a strain on nurses to provide the expected care (Combrinck et al. 2020). When things go wrong, nurses are the first in the line of blame for things that are often not in their control. A lack of confidence, self-esteem and engagement in nursing care activities due to disruptive and unsupportive work environments lead to adverse patient safety incidents; some might be life-threatening. The unintentional harm to patients also has a detrimental effect on nurses and their professional dignity (Houck & Colbert 2017).

Professional dignity as a self-regarding nursing professional value is a phenomenon that has only recently emerged. Healthcare providers, educators and members of regulatory councils have a responsibility to respond to what has been revealed regarding nurses' professional dignity and the keeping thereof (Combrinck et al. 2020; Parse 2016). Revision and renewal of policies, nursing curriculums and nursing codes of conduct are needed to affirm dignity and respect for nurses and their professional worth in equal standing (Clark 2019; Fowler 2018).

Healthcare providers and patients depend on nurses to live up to their expectations of providing good nursing care. Findings in recent studies confirmed that nurses' experiences of dignity and respect constituted good nursing care and pride in themselves and the work they do. Synergy within their environment and their encounters with others led to the fulfilment of their calling of being good nurses and ultimately enhancing their professional dignity (Combrinck 2018; Stievano et al. 2018). Nurses cannot optimally uphold the dignity of patients in work environments where they experience disrespect towards their own professional dignity (Gallagher 2004). This paper addresses the need to uphold nurses' professional dignity through research-based strategies.

Research aim

The research was directed at developing and refining strategies for preserving nurses' professional dignity.

Methods

Design

The strategies formed part of a two-phase study design. During the first phase, we explored and described factors that affected nurses' professional dignity. Eleven professional nurses were interviewed through individual phenomenological interviews (Combrinck et al. 2020). During the second phase, we followed a descriptive qualitative approach. We drew on the findings and contextualised literature of the first phase and the expert opinions of healthcare professionals in their natural setting to develop and refine strategies preserving nurses' professional dignity. We applied the principles of strategic navigation based on the Deleuzean-inspired methodology of strategic spatial planning (Hillier 2011). This paper presents the second phase of the study.

Sample and setting

The research was conducted in two private hospitals in South Africa, situated in KwaZulu-Natal and the Free State. The hospitals provided high technological, state of the art, specialised and general care to medically insured and private paying patients. The specialised services comprised all main disciplines such as emergency, obstetrics, operating theatres and intensive care units. The general units included neurology, orthopaedic, gynaecology, general surgery, urology, and oncology units. The researcher purposively selected sixteen participants who telephonically agreed to participate in two focus group interviews (see Tables 1 and 2 for participant specifics). The participants were deliberately chosen for their clinical or managerial experience and expertise in private healthcare. She considered healthcare clinicians (nurses, physiotherapists, doctors, and pharmacists) and managers (general and nursing managers) for participation.

Development of draft strategies

The strategies were formulated through a process of strategic navigation, based on nurses' experiences of and contextualised literature on professional dignity (Combrinck 2018; Hillier 2011). Nurses' experiences regarding their perceived professional dignity, respect and humiliation, support and appreciation, professional pride, realised professional roles, and the complexity of nursing environments, were incorporated (Combrinck 2018). The researcher contextualised the experiences and associated literature to comprehend how the different elements regarding nurses' professional dignity existed and where it originated. The aim was to sense the key concerns and issues at the core of nurses' professional dignity. Making sense of the body of evidence and seeing afresh, constituted a present-day perspective, while simultaneously looking into the future. Strategy statements, rationale, and concise actions to preserve nurses' professional dignity were formulated. Feasibility, capability,

potential risks, and consequences were considered. The researcher imagined the execution of the actions through a process of enactment, as if implemented. It served as a reality check before presenting the strategies to the focus group participants.

Data collection

The draft strategies were presented to sixteen participants in the two private hospitals during two focus group interviews. The strategies were refined through the group members' views and opinions, considering applicability, feasibility, and clarity. An iterative process was followed, and the original strategy proposal was reformulated following each discussion. The researcher facilitated the focus group discussions, and a co-facilitator recorded the essence of the comments by taking notes. The researcher was not professionally related to the participants and not employed at the chosen facilities. The sixteen focus group participants gave sufficient input for the refining of the strategies.

Ethical considerations

The Faculty of Health Sciences Research Ethics Committee at the University of Pretoria gave ethical clearance (reference no. 260/2016) for the research, and authorisation was obtained from the selected hospitals to proceed. Participant confidentiality and privacy were respected. The participants gave written consent before participation, which was voluntary. They were informed of their rights to withdraw before the onset of the research. A doctoral student (first author) and two research supervisors (co-authors) formed part of the research team.

Data analysis

The researcher prepared a summary of the anonymised focus group comments and suggestions. The field notes served as the key source of a note-based data analysis. We (researcher and study supervisor) worked through the field notes to make sense of the focus group participants' different views and inputs. We contemplated the co-facilitator, participant and researcher notes, taking the unique group dynamics into account. We paid particular attention to the notes that stood out as different from the concerted focus group statements. A strategy proposal was drafted for further debate and refining during a second focus group discussion. A carbon copy analysis of the initial process followed to close with the conclusive strategies for preserving nurses' professional dignity.

Trustworthiness

Open focus group discussions in a comfortable and private venue constituted rich input from participants in refining the strategies. Deliberation of each strategy ensured a true reflection of the focus group participants' views, while the researcher's views and opinions were simultaneously kept

aside. An audit trail inclusive of field notes and a reflective diary was secured to be available upon request for audit purposes. Co-facilitator notes and comments of focus group discussions contributed to the study's confirmability and dependability. Peer review took place throughout the study to reflect on the research processes with a study leader and co-study leader.

Results and discussion

Six strategies and their rationale to preserve nurses' professional dignity are described below. The strategies are part of a comprehensive set of eight strategies, as presented in a doctoral thesis (Combrinck 2018).

Strategy 1: Nurses should be respected, supported and appreciated.

Nurses' professional dignity is acknowledged when they experience respect, support and appreciation. They perceive their dignity in interaction and through the pleasing and complimentary responses from others, their patients and managers (Galuska et al. 2018). Managers portray respect and support when they listen and take an interest in the challenging encounters of nurses. Gestures of recognition and to say thank you contribute towards nurses feeling valued and appreciated. Some nursing leaders sincerely care for nurses. They speak up and protect nurses in challenging and difficult circumstances (Gustafsson & Stenberg 2017; Seitovirta et al. 2017). Nurses do not always experience respect, support and appreciation. Distrust in nurses to execute their duties, insufficient support during workplace violence and inadequate staff cause nurses to feel disheartened and cast down. Feeling unappreciated and inadequate negatively affects nurses' professional dignity (Combrinck 2018; Loveridge 2017).

Members of management should be transparent and honest in communicating with nursing teams and show appreciation and recognition when nurses are hardworking and performing well. They should listen and respond to nurses' suggestions at ground level and take account of their inputs in staff needs. Managers should be considerate of nurses' off-duty times and work-life balance. Showing a genuine understanding of nurses' personal and work-related challenges reflects respect for their professional dignity. Members of management should ensure a psychologically safe nursing environment. It should include forums where nurses can comfortably speak their minds and make their clinical challenges known.

Strategy 2: Nurses' desire to hold the well-being of patients in the highest regard should be honoured.

Professional nurses hold the keeping of their patients' well-being close to their hearts. They want to place their patients at the centre of their nursing interventions. They treasure kind caring with a gentle

touch as care that matters. They are protective of patients and want to keep them free from harm. They would sacrifice themselves for the well-being of their patients (Galuska et al. 2018; Van der Wath & Van Wyk 2020). Nurses depend on members of the nursing and health professional team to contribute to patient care. Some healthcare team members may not be equally dedicated to protecting the well-being of patients. Professional nurses witness the ill-treatment of patients, being at the bedsides of patients around the clock (Woods 2020). They find themselves in the middle of patients and healthcare providers as advocates for patient well-being. The 'right versus wrong' decisions when nurses see what they do not want to see place a moral responsibility on them to safeguard their patients (Albina 2016). Some professional nurses lack the courage to speak up for patient well-being. Others do not have the means to ensure patient well-being due to workload or operational requirements. Compromised patient well-being and a lack of autonomy to effectively advocate for patients are detrimental to nurses' professional dignity (Sabatino et al. 2016).

Members of management, nursing and associated healthcare teams should allow nurses to align their nursing activities with patients at the centre of their care. There should be adequate time for nurses to care with a kind and gentle touch, devoting their full attention to their patients' holistic needs of being comfortable and emotionally well looked after. Nurses should be encouraged to act as trustworthy and skilled team members in contributing to their patients' well-being. They should be enabled to comply with the standards of nursing care and stay true to their calling of providing the best care to patients. Nurses should be empowered to act as patient advocates to protect patient well-being without the fear of being judged. A patient safety culture that truly values ethical behaviour in clinical practice should be promoted.

Strategy 3: Nurses should be supported in fulfilling their expected professional roles.

National and international codes of ethics guide professional nurses in providing care according to set standards within the boundaries of regulatory rules and regulations. Being accountable for patient care constitutes considerable responsibility while simultaneously providing exceptional care beyond patient and healthcare expectations (Kim et al. 2019). Skilled and experienced nurses carry a heavier burden in nursing environments (Harvey et al. 2020). Patients tend to rely more on competent nurses to support them in their healthcare needs. Inexperienced and less skilled nurses also count on these nurses to guide and mentor them. Doctors are no different. They would often refuse to work with any other than the experienced nurses (Amudha et al. 2018). The lack of adequate skilled and dedicated staff to assist professional nurses in their clinical roles adds to an already heavy workload. Professional nurses are also burdened with disruptive behaviour from patients, their family and other health team members, which they find extremely difficult to defuse. Keeping up with the demands and

expectations becomes strenuous in fulfilling the comprehensive role of a professional nurse. Fatigue and burnout become inevitable and can adversely affect their nursing care. Not providing the best possible care to patients has a detrimental effect on nurses' professional dignity (Combrinck et al. 2020).

Members of management, nursing and associated healthcare teams should recognise and assist nurses taking a strain on their workload. They should, in particular, support senior and more experienced nurses carrying heavier workload. Providing skilled and competent sub-professional categories of nurses should be a priority. Mentorship to support the conduct and clinical skills of nurses who enter the profession or who are less experienced should be provided. Nurses' supervisory roles towards the different categories of nurses should be realised and supported. They should be equipped and assisted in handling the irreverent and disorderly behaviour of some nursing team members. The diverse role and expectations of nurses should be understood, supported and revised. Identifying and supporting nurses who experience fatigue and burnout should be a prioritised strategy in employee wellness interventions. A reasonable workload for nurses, in combination with physical and emotional self-care programmes, should be implemented. Support forums, stress-reducing and resilience promoting programmes are ways to prevent and manage burnout and fatigue.

Strategy 4: Nurses should be encouraged and mentored to take pride in themselves and their profession.

Pride is an expression of an individual's inner self in the presence of a sense of achievement and success. It is associated with a positive social experience and a feeling of being pleased with oneself or others (Tracy et al. 2020; Weidman et al. 2016). Proud nurses are dignified. Their dignity is realised when they take pride in themselves as autonomous professional persons who carry the nursing profession's name in high esteem. Nurses are proud of their professional contributions. Portraying sound knowledge and clinical skills of excellence earn them respect in equal standing with the health professional team (Halverson 2020). Some nurses are, at times, vulnerable in the execution of their duties. Wanting to perform to perfection at all cost leaves them wounded in their pride when a nursing error occurs. They are ashamed and disappointed in themselves for mistakes that are often not intentional or in their control (Cabilan & Kynoch 2017). Other professional nurses, especially newly qualified and inexperienced nurses, do not always conduct themselves with pride, commitment, and professionalism (Combrinck 2018). Members of the nursing profession cannot overlook their professional responsibilities in turning a blind eye. Skilled and experienced nurses have a professional duty to mentor and be a role model to younger nurses. Junior and inexperienced nurses adopt the attributes of being a good nurse from other professional nurses as examples they can follow. They

internalise nursing professional values such as commitment and pride in clinical practice interactions, while the fundamentals of compassionate care and professionalism are underpinned during their nursing education (Lyneham & Levett-Jones 2016).

Members of management, nursing and associated healthcare teams should encourage nurses to take pride in their profession and uplift the standing of nurses who are well educated. They should support nurses in enhancing nursing standards in the profession and portraying a fine professional image. Opportunities should be provided to engage in higher education and equal collaboration with other healthcare team members. Nurses should be enabled to take the initiative in finding solutions for their unique nursing challenges and problems. They should be empowered and trained to affirm themselves and their standing assertively and with confidence. Support and understanding should be reflected towards nurses when a nursing error occurs, followed by debriefing opportunities. It should include guidance for those who are vulnerable and not so confident in themselves. Opportunities to continually improve nurses' clinical skills and competencies should be provided.

Strategy 5: Nurses should be supported while working in complex and demanding circumstances.

Nursing care in private hospitals is common to a financially driven and business-like healthcare setting. Working in a consumer and volume-driven facility places high demands on nurses. A fast work pace combined with excessive administrative duties, paperwork and high patient volumes pressure nurses to complete their tasks in time (Amudha et al. 2018). The private paying and medically insured patients expect prompt and excellent service from nurses. Professional nurses may be tempted to take shortcuts, and the rush to get their work done can be a risk for patient safety (Karlsson et al. 2019). It is not easy to stay true to the principles and values of being a good nurse under such circumstances. Compromising nursing standards under pressure while knowing what is right imposes moral risk on nurses (Striley & Field-Springer 2016). Professional nurses experience a diverse work environment and its complexity as difficult and hard to deal with (Kuwano et al. 2016). They also have to endure rudeness from their clients in dealing with their financially inclined responses. The unintended consequences of incomplete care, client dissatisfaction and mistakes become a reality (Ball et al. 2014) and negatively impact professional nurses and their dignity.

Members of hospital and nursing management should reconsider current corporate expectations, staffing models, and nursing work processes. They should determine ways to reduce the administrative and paper-related tasks required from nurses. They should introduce or streamline digitalised platforms for nursing recording and stock replacement activities. Patients in private healthcare expect swift and efficient service and care to match their perceived value for payment. Nurses are directly responsible for fulfilling the needs and expectations of patients. They should be

supported in patient satisfaction, patient safety and cost-saving initiatives. They should, therefore, contribute to compiling operational and staffing budgets. Members of hospital and nursing management should introduce the principles of diversity to newly appointed staff members. They should engage with each generational group, understand each group's uniqueness and adapt their leadership style accordingly. They should adjust healthcare environments to fit the unique needs of the different generational teams. Members of hospital and nursing management should acknowledge the complex circumstances in which nurses provide care in private hospitals, of which a financially driven environment is part. The appropriate structures should be in place to assist nurses in their responsibilities towards clinical coding and administrative duties regarding various medical aid payments and the in-patient stay models. It includes nursing support structures for financially inclined inquiries and discussions. Nurses should be equipped to cope with the emotional encounters of patients, their significant others, and members of associated healthcare teams. Supporting nurses in demanding and complex circumstances confirms that managers have insight into and understand the nursing environments before judging nurses at face value.

Strategy 6: Nurses should be supported and equipped to withstand humiliation and disrespect.

Nurses strive to be gentle, kind and respectful in taking care of patients (Rook 2017). They count on equal kindness and respect in their encounters with others. It is hard for nurses to uphold their professional dignity when people behave disrespectfully and impolitely towards them. They feel embarrassed when exposed to humiliation in the presence of others, and it violates their standing as human and professional beings (Combrinck 2018). Nurses find their interactions with medical practitioners exceptionally inconsiderate, discourteous and at times obnoxious (Combrinck et al. 2020). Some members of nursing management also do not treat nurses humanely and respectfully. They lack integrity in portraying their power and authority and may raise their voices or disrespectfully reprimand nurses in the presence of others. Patients do not always value nurses' clinical expertise and efforts to contribute to their health and well-being. Doctors also disregard nurses' suggestions towards the patients' treatment plans (Sabatino et al. 2016). Nurses feel they are not good enough when they are humiliated and cannot effectively fulfil their therapeutic roles. It adversely affects their professional dignity (Valizadeh et al. 2018).

Members of hospital and nursing management should adopt zero tolerance towards disrespect and incivility in nursing environments. They should enable and encourage nurses to discuss obnoxious and disrespectful encounters with medical practitioners and affirm their professional dignity, nursing expertise, and autonomy. Supporting nurses to cope with humiliating experiences should be prioritised. Assertiveness training and initiatives for nurses to acquire skills to withstand humiliation

and shame encounters should be considered. It should include communication skills to appropriately conduct themselves in dealing with the disrespectful behaviour of health team members, patients, and their significant others. Nurses should have an easy to use reporting system. Prompt follow up and feedback following reported events of disruptive behaviour and workplace violence should be ensured. Members of management, nursing and associated healthcare teams should portray respect towards each other in the presence of their patients. Indifferences and dissatisfaction regarding clinical care should be politely discussed in a private setting.

Study limitations

The strategies were grounded in the experiences of eleven nurses, as revealed during unstructured phenomenological individual interviews. Nurses' experiences regarding their professional dignity may differ in other healthcare facilities. Therefore, the strategies may not be relevant to all healthcare settings.

Conclusion

Nurses should be respected, appreciated and supported in healthcare settings. Their desire to hold the well-being of their patients in the highest regard should be honoured. Being proud should be embraced and encouraged. Healthcare leaders should adopt policies and support structures for nurses to attain their professional roles and withstand humiliation and indignity while working in demanding and complex circumstances. It should include zero tolerance for disruptive and disrespectful behaviour. Preserving nurses' professional dignity is a necessity in healthcare and should be a priority.

Implications and recommendations for nursing and health policies

The strategies for preserving nurses' professional dignity unfold multiple future possibilities to honour nurses' professional dignity. A concise rationale of each strategy contributes to understanding nurses' experiences regarding their dignity. Strategy statements with workable pathways provide a helpful tool for managers in their strategic intent to preserve nurses' professional dignity. The strategies are based on research and promote respect and support for nurses and their desire to prioritise patient-centred care; hence, contributing to the improvement of nursing practice.

Preserving nurses' professional dignity should be incorporated in nursing policies, nursing curriculums and nursing codes of conduct as a nursing professional value in equal standing. Nurses should be sensitised towards their professional dignity. They should be comfortable to affirm their professional dignity and respect in nursing environments. The strategies for preserving nurses' professional dignity should be adopted nationally and globally. Further research to strengthen nurses' professional dignity as a declared nursing professional value is recommended.

Authors' contributions

Study design: YC, NCvW, RSM

Data collection: YC

Data analysis: YC, NCvW

Study supervision: NCvW, RSM

Manuscript writing: YC, NCvW, RSM

Critical revisions for important intellectual content: NCvW, RSM

References

- Albina, J.K. (2016) Patient abuse in the health care setting: The nurse as patient advocate. *AORN Journal*, **103** (1), 73–81. <https://doi.org/10.1016/j.aorn.2015.10.021>
- Amudha, P., Hamidah, H., Annamma, K. & Ananth, N. (2018) Effective communication between nurses and doctors: Barriers as perceived by nurses. *Journal of Nursing and Care*, **7** (3), 1–6. <https://doi.org/0.4172/2167-1168.1000455>
- Ball, J.E., et al. (2014) ‘Care left undone’ during nursing shifts: Associations with workload and perceived quality of care. *BMJ Quality & Safety*, **23** (2), 116–125. <https://doi.org/10.1136/bmjqs-2012-001767>
- Cabilan, C.J. & Kynoch, K. (2017) Experiences of and support for nurses as second victims of adverse nursing errors: A qualitative systematic review. *JBISIRIR-2016-003254*. <https://doi.org/0.11124/JBISIRIR-2016-003254>
- Clark, C.M. (2019) Fostering a culture of civility and respect in nursing. *Journal of Nursing Regulation*, **10** (1), 44–52. [https://doi.org/10.1016/S2155-8256\(19\)30082-1](https://doi.org/10.1016/S2155-8256(19)30082-1)
- Combrinck, Y. (2018) Strategies to preserve the professional dignity of nurses in a demanding healthcare environment. (Doctoral thesis) University of Pretoria, Pretoria. <http://hdl.handle.net/2263/67981>
- Combrinck, Y., Van Wyk, N.C. & Mogale, R.S. (2020) Nurses’ professional dignity in private health care: A descriptive phenomenological study. *International Nursing Review*, **67** (3), 395–402. <https://doi.org/10.1111/inr.12602>
- Fowler, M. (2018) Duties to Self: The Nurse as a Person of Dignity and Worth. *Creative Nursing*, **24** (3), 152–157. <https://doi.org/10.1891/1946-6560.24.3.152>
- Froneman, C., Wyk, N.C. & Mogale, R.S. (2019) Enhancing the professional dignity of midwives: A phenomenological study. *Nursing Ethics*, **26** (4), 1062–1074. <https://doi.org/10.1177/0969733017739781>
- Gallagher, A. (2004) Dignity and respect for dignity—two key health professional values: Implications for nursing practice. *Nursing Ethics*, **11** (6), 587–599. <https://doi.org/10.1191/0969733004ne744oa>
- Galuska, L., Hahn, J., Polifroni, E.C. & Crow, G. (2018) A narrative analysis of nurses’ experiences with meaning and joy in nursing practice. *Nursing Administration Quarterly*, **42** (2), 154–163. <https://doi.org/10.1097/NAQ.0000000000000280>

- Gustafsson, L. K., & Stenberg, M. (2017) Crucial contextual attributes of nursing leadership towards a care ethics. *Nursing Ethics*, **24** (4), 419–429. <https://doi.org/10.1177/0969733015614879>
- Halverson, K. (2020) A narrative approach to understanding the experience of becoming and being a nurse: Professional identity formation among new nurses. (Doctoral thesis). Queens University at Kingston. <http://hdl.handle.net/1974/27548>
- Harvey, C., Thompson, S., Otis, E. & Willis, E. (2020) Nurses' views on workload, care rationing and work environments. *Journal of Nursing Management*, **28** (4), 912–918. <https://doi.org/10.1111/jonm.13019>
- Hillier, J. (2011) Strategic navigation across multiple planes: Towards a Deleuzian-inspired methodology for strategic spatial planning. *Town Planning Review*, **82** (5), 503–528. <https://doi.org/10.3828/tpr.2011.30>
- Houck, N.M. & Colbert, A.M. (2017) Patient safety and workplace bullying: An integrative review. *Journal of Nursing Care Quality*, **32** (2), 164–171. <https://doi.org/10.1097/NCQ.0000000000000209>
- Howard, C. (2019) 2020 Vision–The year of the nurse and midwife. *International Nursing Review*, **66** (4), 453–455. <https://doi.org/10.1111/inr.12568>
- International Council of Nurses. (2021) *ICN welcomes WHO's new nursing strategy and calls on all countries to adopt it immediately to avert a looming global health crisis*. ICN News, 28 Mei. Available at: https://www.icn.ch/sites/default/files/inline-files/PR_23_WHO%20Strategic%20Directions%20May%202021_FINAL.pdf (accessed 11 June 2021).
- Karlsson, A.C., Gunningberg, L., Bäckström, J. & Pöder, U. (2019) Registered nurses' perspectives of work satisfaction, patient safety and intention to stay–A double-edged sword. *Journal of Nursing Management*, **27** (7), 1359–1365. <https://doi.org/10.1111/jonm.12816>
- Kaya, H., Işık, B., Şenyuva, E. & Kaya, N. (2017) Personal and professional values held by baccalaureate nursing students. *Nursing Ethics*, **24** (6), 716–731. <https://doi.org/10.1177/0969733015624488>
- Kim, G.U., et al. (2019) Revisiting the meaning of a good nurse. *The Open Nursing Journal*, **13** (1), 75–85. <https://doi.org/10.2174/1874434601913010075>
- Kuwano, N., Fukuda, H. & Murashima, S. (2016) Factors affecting professional autonomy of Japanese nurses caring for culturally and linguistically diverse patients in a hospital setting in Japan. *Journal of Transcultural Nursing*, **27** (6), 567–573. <https://doi.org/10.1177/1043659615587588>

- Loveridge, S. (2017) Straight talk: Nurse manager role stress. *Nursing Management*, **48** (4), 20–27. <https://doi.org/10.1097/01.NUMA.0000514058.63745.ad>
- Lyneham, J. & Levett-Jones, T. (2016) Insights into registered nurses' professional values through the eyes of graduating students. *Nurse Education in Practice*, **17**, 86–90. <https://doi.org/10.1016/j.nepr.2015.11.002>
- Nordenfelt, L. (2004) The varieties of dignity. *Health Care Analysis*, **12** (2), 69–81. <https://doi.org/10.1023/B:HCAN.0000041183.78435.4b>
- Parse, R.R. (2016) Human dignity: Respect and incivility. *Nursing Science Quarterly*, **29** (4), 261. <https://doi.org/10.1177/0894318416660480>
- Rook, H. (2017) Living nursing values: A collective case study. (Doctoral thesis) Victoria University, Wellington. <http://hdl.handle.net/10063/6358>
- Różyk-Myrta, A., Brodziak, A. & Kołat, E. (2021) Nurses as new heroes of modern times. *International Nursing Review*, **68** (2), 163–165. <https://doi.org/10.1111/inr.12676>
- Sabatino, L., et al. (2014) The dignity of the nursing profession: A meta-synthesis of qualitative research. *Nursing Ethics*, **21** (6), 659–672. <https://doi.org/10.1177/0969733013513215>
- Sabatino, L., et al. (2016) Nurses' perceptions of professional dignity in hospital settings. *Nursing Ethics*, **23** (3), 277–293. <https://doi.org/10.1177/0969733014564103>
- Seitovirta, J., et al. (2017) Attention to nurses' rewarding – an interview study of registered nurses working in primary and private healthcare in Finland. *Journal of Clinical Nursing*, **26** (7–8), 1042–1052. <https://doi.org/10.1111/jocn.13459>
- Stievano, A., et al. (2012) Professional dignity in nursing in clinical and community workplaces. *Nursing Ethics*, **19** (3), 341–356. <https://doi.org/10.1177/0969733011414966>
- Stievano, A., et al. (2018) Nursing's professional respect as experienced by hospital and community nurses. *Nursing Ethics*, **25** (5), 665–683. <https://doi.org/10.1177/0969733016664972>
- Stievano, A., et al. (2019) Nursing's professional dignity in palliative care: Exploration of an Italian context. *Journal of Clinical Nursing*, **28** (9–10), 1633–1642. <https://doi.org/10.1111/jocn.14753>
- Striley, K. & Field-Springer, K. (2016) When it's good to be a bad nurse: Expanding risk orders theory to explore nurses' experiences of moral, social and identity risks in obstetrics units. *Health, Risk & Society*, **18** (1–2), 77–96. <https://doi.org/10.1080/13698575.2016.1169254>

Tracy, J.L., Mercadante, E., Witkower, Z. & Cheng, J.T. (2020) Chapter Two – The evolution of pride and social hierarchy. *Advances in Experimental Social Psychology*, **62**, 5–114. <https://doi.org/10.1016/bs.aesp.2020.04.002>

Valizadeh, L., et al. (2018) Threats to nurses' dignity and intent to leave the profession. *Nursing Ethics*, **25** (4), 520–531. <https://doi.org/10.1177/0969733016654318>

Van der Wath, A. & Van Wyk, N. (2020) A hermeneutic literature review to conceptualise altruism as a value in nursing. *Scandinavian Journal of Caring Sciences*, **34** (3), 575–584. <https://doi.org/10.1111/scs.12771>

Weidman, A.C., Tracy, J.L. & Elliot, A.J. (2016) The benefits of following your pride: Authentic pride promotes achievement. *Journal of Personality*, **84** (5), 607–622. <https://doi.org/10.1111/jopy.12184>

Woods, M. (2020) Moral distress revisited: The viewpoints and responses of nurses. *International Nursing Review*, **67** (1), 68–75. <https://doi.org/10.1111/inr.12545>

Table 1. Descriptive information about Focus Group 1 participants

<i>Participant</i>	<i>Area of expertise</i>	<i>Representation</i>	<i>Years of experience</i>
1	Hospital general manager	Hospital management	26
2	Clinical manager	Hospital management	24
3	Nurse manager	Nursing management	24
4	Medical practitioner	Health team	26
5	Pharmacy manager	Health team	14
6	Nurse unit manager	Nursing management	20
7	Senior professional nurse	Nursing clinical	18
8	Professional nurse	Nursing clinical	9

Table 2. Descriptive information about Focus Group 2 participants

<i>Participant</i>	<i>Area of expertise</i>	<i>Representation</i>	<i>Years of experience</i>
1	Hospital general manager	Hospital management	21
2	Financial manager	Hospital management	21
3	Nurse manager	Nursing management	30
4	Pharmacy manager	Health team	17
5	Nurse unit manager	Nursing management	21
6	Clinical facilitator	Nursing management	12
7	Senior professional nurse	Nursing clinical	39
8	Deputy nursing manager	Nursing clinical	27