Nurses' and family caregivers' perception of dignity in burns patients: a qualitative study

Banafsheh Tehranineshat

Shiraz University of Medical Sciences <https://orcid.org/0000-0002-2066-5689>

Mahnaz Rakhshan (✉ mzrakhshan@gmail.com)

Shiraz University of Medical Sciences <https://orcid.org/0000-0003-1687-5154>

Camellia Torabizadeh

Shiraz University of Medical Sciences

Mohammad Fararouei

Shiraz University of Medical Sciences

Mark Gillespie

university of Scotland

Research article

Keywords: Burns, Patients, Human Dignity, Nursing, Family Caregivers, Qualitative Research

Posted Date: April 2nd, 2020

DOI: <https://doi.org/10.21203/rs.3.rs-17756/v1>

License: © ⓘ This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

Abstract

Background: A focus of nursing care is the preservation of patients' human dignity. The aggressive nature of burn injuries is a threat to the integration of the patient's existential dimensions and dignity, however, previous studies have not examined the experience of dignity about this client group. The present study was aimed to define and explain the concept of dignity for burn patients from the perspective of their caregivers .

Methods: This study was a qualitative research design. The data were collected by using semi-structured in-depth individual interviews. Also, data analysis was performed using conventional content analysis. Nurses and family caregivers of the biggest burn injury hospital in southeastern Iran were selected based on purposeful sampling method (n=18) to reach data saturation from October 2017 to August 2018.

Results: According to the findings obtained from interviews, three main themes were identified, including the creation of an intimate atmosphere, respect, and comprehensive support.

Conclusions: Burn patients need to be provided with care in a cordial and friendly atmosphere facilitated through empathetic caregiver-patient communication, as well as enough time to allow them to express their feelings and concerns. Also, patients' intrinsic values and beliefs and all aspects of existence should be taken into crucial account to preserve the dignity of these individuals. Therefore, the establishment of training interventions based on these indicators may improve the quality of nursing care.

Background

Burn injury is one of the leading causes of morbidity and mortality worldwide [1], occurring in all age groups and across various levels of socioeconomic status. The clinical experience of burns survivors suggests that such trauma is associated with devastating distress, and may lead to psychological and physical complications for the victim [2]. Several studies have shown that burn survivors will face various physical and psychological challenges during recovery which may affect all aspects of their life [3].

The aggressive nature and heavy burden of burns injuries, such as lack of effective functional performance, altered appearance and psychological distress, are a threat to human dignity and a successful return to normal life [4]. Experiences of unbearable pain, impaired performance and appearance, and changes in self-concept and social role may affect patients' sense of self. A combination of these conditions is positively associated with social isolation, feeling of dependence on others, and fear of loss of inherent dignity [2].

A vital duty of nurses in hospital burns wards, is to provide compassionate and respectful care to the patients with a burn injury [5]. Dignity is an important aspect of nursing care [6]. Preservation of human dignity is a fundamental necessity not exclusively for a patient, but also for every human being⁷. Human dignity reflects the ideals of human rights in its codes of ethics, and as an ethical duty in the field of

nursing. Human dignity is a perception of respect and competence which allows the person to considerably preserve other's values and respect, and encourage growth and promotion for others [8].

Preservation of dignity is one of the most important ethical responsibilities for caregivers [9]. Dignity protection is associated with increased patient satisfaction and self-esteem, reduced length of hospital stay, enhanced ability to cope with illness, and possession of a sense of meaningful living [7]. Respect for human dignity enhances caregivers' motivation to provide quality care, resulting in an effective relationship developing between the client and caregiver [10]. Alternatively, violation of dignity leads to psychological and spiritual distress, reduced motivation to survive, and reductions in the patient's physical and mental health [11]. In recent years, many studies have focused on the perception of patients and caregivers of human dignity [12]. According to the literature, the nature of dignity has been assessed in several groups of patients and caregivers, including patients with cardiovascular disease [12–13], terminally ill patients [14–15], elderly patients [16–17], hospitalized adolescents [18], autistic teenagers [9], and cancer patients [19–21]. However, understanding of the ethical aspects of burns care is limited [22], and despite the adverse psychological, social, cultural and religious effects of burns, the dignity of burns patients has not been fully addressed [2]. However, burn injuries and complications may cause a sense of inferiority, threat to dignity, and impaired self-awareness in these patients [23].

Human dignity is characterized based on cultural context and physical environment [24]. Clarifying the meaning of dignity about burn patients is crucial to fully respect and preserve the dignity of these patients. Therefore, it is necessary to characterize dignity and its related factors in this group of patients. Due to the abstract nature and complexity of the concept of dignity [7–25], a qualitative study is required to achieve a clear and deep knowledge of this concept [26]. The qualitative approach helps to discover problems in burns and achieve an extensive understanding of burn patients' issues [2]. This study will help health managers and healthcare providers to provide a supportive and empowering environment while maintaining the patient's rights and dignity. The present study aimed to define and explain the concept of dignity for burn patients from the perspective of their caregivers.

Methods

Qualitative methods with qualitative content analysis were used for the study. Qualitative content analysis is a systematic qualitative research technique used to encode and categorize data to extract a large amount of contextual information to determine patterns of words, their relationships, structures, and discourses [27].

Recruitment and sample

A total of 14 nurses and 4 family caregivers were recruited from the largest burn hospital in southeastern Iran using purposeful sampling between October 2017 and August 2018. The inclusion criteria for the nurses' group include: having at least a bachelor's degree, a minimum of 6 months' work experience, willing to participate in research, able to provide meaningful and complete information on the study implication, and speaking and understanding the Persian language. The inclusion criteria for family

caregivers group were: age>18 years, being a member of the family, such as spouse, child, siblings or a friend of a burns victim. Also, all family caregivers were required to be willing to participate in the study, able to provide meaningful complete information on the study concept, and speaking and understanding the Persian language.

The research setting constituted of all sections of Amiral-Momenin Burn injury hospital, including the male surgery ward, the female surgical ward, the emergency ward, and ICU. Data were collected using face-to-face and semi-structured interviews with 14 nurses and 4 family caregivers.

Data collection

Informed consent was obtained from all participants within the nursing restroom, and interviews were performed by the first researcher (BT), after obtaining permission from the ward head nurse. During the interview, none of the other staff were allowed to enter the room without permission. The interview started with a general and broader question "what does the burn patients' dignity mean to you?" to allow the participants to fully describe their understanding and experience. Then, based on the participants' response, more specific questions were asked to achieve the study goals, including "What experiences have you had with dignity for burn patients?", "How did you feel after the patient's dignity was respected or undermined?". To get clear answers, open questions such as "What do you mean," "Please expand," and "Please give an example" were applied. The duration of the interviews varied from 45 to 70 minutes for each participant. During the interviews, participants' nonverbal communication was also highlighted. The study sampling was performed using purposeful sampling, and continued until data saturation. Data saturation was reached when no new categories appeared and all categories were saturated for features and dimensions. In this study, data saturation was reached after 16 interviews, and two further interviews were done to ensure no new data was available.

Data Analysis

In parallel with data collection, data were analyzed by using Graneheim, and Lundman (2004) qualitative content analysis. As such, the interviews were repeatedly read several times. Then, data analysis was performed using an inductive approach, after obtaining a general sense of meaning. During the reading procedure, important paragraphs were precisely addressed through reading line by line. Words, sentences, or paragraphs with important notes regarding burn patient's dignity were designated as semantic units. A code was assigned to each paragraph or key phrase. All categories were then classified according to the similarities and differences of the codes, and to ensure the ultimate strength of the codes, all categories were revised and compared with the data. Then, themes were carefully and precisely determined through a comparison of different categories. The researchers sought to establish bracketing during data collection. Bracketing is a method that is commonly used in qualitative research to mitigate the potentially deleterious effects of preconceptions that may taint the research ²⁸. Hence, the researchers attempted to refuse their knowledge, beliefs, values, experiences to accurately describe the participants' point of view towards the concept of burn patients' dignity. Therefore, the researchers did not argue the

relevance of the data, and the data were accepted without their judgment. Data analysis was conducted using MAXQDA 2007, VERBI® software.

Study Rigor

We examined the quality and trustworthiness of the data using the Lincoln and Guba's criteria [29]. To confirm the credibility of the data, the researchers (1) performed member checking and peer debriefing (2) conscientiously processed and analyzed the data, (3) person triangulation (nurses and family caregivers with different genders and age groups), used maximum variation sampling, and (5) used a contrast evidence-based research approach. To confirm the dependability and conformability of the data, the codes and extracted categories were determined by the members of an expert panel for precise duplication and transcriptions approval. The transferability of the results was also confirmed by complete and accurate descriptions of the research subject, participants' characteristics, and data analysis method along with some examples of the participants' statements.

Results

This study recruited a total of 18 subjects (14 nurses and 4 family caregivers). The age range of the nurses and family caregivers was 28-54 and 22-41 years respectively. The demographic characteristics of the participants are presented in Table 1.

Data analysis identified three main themes, and constituted of the following categories: the creation of an intimate atmosphere, respect, and comprehensive support. Themes and categories are shown in table 2.

Creation of an intimate atmosphere

One of the most considerable findings of this study, expressed by all participants, was the creation of an intimate atmosphere. From the participants' point of view, providing unique care while maintaining dignity requires creating a cordial atmosphere between the nurse, patient, and his or her family. The nurse provides care involving an emotional closeness through a friendly nurse-patient relationship, as well as dedicating time to the patient which makes the patients feel comfortable and confident with the care along with a sense of respect. From the perspective of the participants, intimacy is a key element of empathy perception to allows the patients to discuss their problems with the nurse. This theme is comprised of categories, empathy, friendly relationship, and dedicating time to the patient.

Empathy

From the viewpoint of caregivers, empathy in burn wards, due to the focus of this specialism and the condition of the patients admitted there, is of great importance. This is because burns patients are affected by multiple health-threatening factors, their health and quality of life are adversely affected and they are hospitalized for a long period. Nurses are therefore more likely to be empathetic to the patients.

This type of communication helps nurses understand the patient and make a supportive communication with the patient, as each burn patient needs physical and psychosocial care tailored to their specific symptoms and needs. One participant acknowledged empathy as follow:

A burn patient needs a lot of empathy and emotion, in fact empathy is a complementary treatment. No matter how good the care is provided, it is not useful and effective without empathy... (P1)

From the nurses' point of view, burn patients is less likely to complain of pain when they feel the empathetic expression of the nurse, and in such a scenario, the nurse can effectively help out the patient.

When I put myself in patients' position (burn patient), it helps me a lot to understand their issues and concerns, and subsequently be able to help them more ... (P6)

From the participants' point of view, employing communication skills, such as facial expressions, eye contact, and listening play a major role in healing and reducing patients' suffering and improving patient satisfaction. From the participants' point of view, the expression of emotions and concerns in burn patients can be obtained through appropriate nonverbal communication.

I hold my patient's hand, sit next to him or her, listen to and smile at him or her, which will raise the patient's spirit and allow to talk about his or her worries ... (P8)

Friendly communication

According to the interviews, burn patients need a type of care that is provided with kindness and compassion. In such circumstances, the patient feels valued and believes that his or her dignity is maintained.

I make a friendly connection with my patient to make him or her mentally and emotionally close to me so that the patient feels more valued... (P2)

Participants stated that due to the significant length of stay for a burn patient, patients felt comfortable and ease with caregivers calling, laughing, and being kind to them as their friends.

I am very friendly with them and speak gently. I call them by their first name, and when we call them by their first name, they become happy in a compassionate atmosphere (P14)

Dedicating time to the patient

According to the interviews with the study participants, patients felt intimate and talked freely while caregivers were spending their time with the patient. Also, spending specific time with the patient elevated the patient's cooperation for treatment, whereas ignoring the time allocated to the patient led to feelings of worthlessness and lack of dignity in the patient.

Sometimes I talked to my patient for a long time about their problems and my own experiences ... When the patient realized how much time I was spending with them, they felt valued...(P10)

Respect

From the viewpoint of caregivers, traumatic suffering, experiences of painful hospital treatments, body dysfunction, compassionless communication and pitifulness shown by others lead to loss of dignity among burn patients. Therefore, the nurse may respect the dignity of the burn patients during care by preserving one's identity, maintaining autonomy, and fully involving patients in the treatment procedure. The theme, dignity consists of categories of Respect for human equality, autonomy, respect for human beliefs and values, and avoidance of pity.

Respect for human equality

The participants in this study stated that the worth of all patients is equal. Accordingly, caregivers described burn patient dignity as an equal necessity for all patients regardless of gender, religion, race, economic status and social class. One of the study nurses stated as follows:

Most of the patients here are from the poor areas of the society, but we provide them with complete care in all areas, regardless of their ethnicity and social status... (P9)

A family caregiver pronounced:

When a nurse provides fair care for all patients, no matter what caused the burn injury, motivation for a burn injury, whether self-immolation or an accident, it reflects the preservation of human dignity... (P15)

Autonomy

Participants identified the involvement of the patients in healthcare decision-making and the participation of the patients in the care and treatment process as an expression of respect for the patients' dignity.

It is the worst disrespect to give the burns patient no explanation. I involved my patient in the treatment procedure, which helps the patient to cooperate with me... (P5)

Participants seek to improve the dignity of burn patients by providing information on the treatment process and by introducing similarly treated patients to facilitate effective and fully informed decision making.

Some patients resist skin grafting, then I talk to them about patients who have had skin grafting and introduce them to some of the successfully treated patients. In fact, by giving such information, I help the patient to decide to continue the treatment ... (P7)

Respect for beliefs and values

According to the participants' viewpoints, burns patients tend to follow mystical, spiritual, and religious practice frameworks, thus providing prayer services, recruiting a spiritual counselor in the ward, and providing spiritual material packs was shown to considerably improve religious practices, and paying attention to these issues reflected the respect for patient's dignity. As such, a participant said:

Many patients believe in prayer and say prayers. To maintain the dignity of these patients, we provided them with spiritual material packs, incorporating requirements for religious worship, such as holy prayer books, that effectively improved their health status... (P5)

Avoid pity

The caregivers in the present study revealed that burns injuries may cause serious damage to one's appearance and performance, leading to unusual changes in presentation. Therefore, they should be treated in a normal and rational way, and the treatment team and those surrounding them should avoid displaying any pitiful behaviors. The expression of pity for a burn patient is regarded as disrespectful for the patient's dignity.

Burns patients do not need pity, and some nurses pity them. For instance, they say "oh how miserable"... In this case, the patient feels disrespected ...(P5)

The experience of family caregivers significantly underscored the important role of avoiding a pitiful behavior on the preservation of the patient's dignity.

The burns victims are scared of being pitied by the people around them, which is considered as disrespectful for these patients ... (P16)

Comprehensive support

The findings of this study indicate that, comprehensive support is one of the important factors to create and enhance the dignity of burn patients. Comprehensive support is constituted of pain relief, emotional support, psychological support, and social support.

Pain relief

The majority of nurses reported pain as the most important physical complaint amongst burn patients. Pain intensity is increased by the slightest movements and by various treatment procedures. Participants stated that burns patients suffer from multiple injuries, and functional disabilities, thus relieving pain intensity using different methods and evaluation of the efficacy of multiple pain-reduction therapies demonstrates preservation of dignity in patients with burn injuries. Accordingly, a nurse stated:

We have a lot of patients who have lost their organs or have spinal cord injury due to electrocution, and most of them complain of pain. Wound dressing is a really painful experience for burn patients. Therefore, sedation techniques are used during the wound dressing removal. After this procedure, if

clothing removal is painful, painkillers are administered. Non-pharmacological treatments can be also used instead of chemical medications ... (P12)

Psychological support

From the perspective of the study participants, burn injuries not only affect the patient's body, but it also affects the mental health of the patient and his or her family. The patient who has suffered a burn injury desperately needs the support of the individuals surrounding them, because the treatment process is relatively long, sequential and painful, leading to depression, isolation, anxiety, humiliation and loss of dignity. One of the most important aspects of nursing burns patients is the emotional and psychological support required to preserve burn patients' dignity and improve their recovery.

We had a patient who was seriously ill and her husband would not allow her family to visit her. I did my best to convince her husband ... after the patient saw her family members, she felt very valued and recovered quickly... (P1)

Based on the experiences of burns caregivers, it is important to pay attention to the origin of the mental distress, and make an effort to resolve them in a way that their dignity is maintained.

We have patients who are scared of death. Visiting by family during hospital stay helps them alleviate this fear. For these patients, we provide 24-hour dedicated attendant...(P4)

Other major measures to improve the patients' dignity include: evaluate and control their psychological status, provide psychological counseling services, and collaborate between members of the burns team and the patient's family.

Drug Addiction, family problems, anxiety about being rejected by the family and society are among the leading psychological problems in burned patients. We attempt to reduce the patient's psychological distress through providing the patient with healthcare guidance, conducting multiple psychotherapy sessions for the patient and his or her family, facilitating collaboration between patients and their family members, and enhancing their cooperation with members of the burns team ... (P11)

Another nurse pronounced:

After the patient was discharged, we introduced him to a counseling center where he and his family could receive counseling services ... (P13)

Social support

According to the interviews, post-accident social issues is another major problem for burn patients. Divorce, family disintegration, people's negative thoughts towards these patients, and consequently the patient's decision to leave school or quit work, were social harms that adversely affected the burns patients' dignity. According to the experiences of the caregivers, the devastating nature of burning and associated complications may cause existential issues among burn victims.

A participant stated:

We had many patients who resigned from their job because of inappropriate behavior ... (P12)

From the viewpoint of caregivers in this study, the financial support provided by insurance, charity, and social welfare organizations is limited, and nurses and family caregivers were known as the main source of support for burns patients. Therefore, nurses and social workers seek to preserve the patient's social dignity by helping them acquire skills and find jobs, paying treatment costs, and referring them to charity centers.

We had a case whose spouse had separated from her due to facial burn wounds, and now she has no source of income. Here the personnel can help out these types of patients in many different ways, including referring them to charities, finding them a job, accessing medications etc. ... (P10)

Discussion

The results of the present study show that the perception of dignity in burns patients consists of three main themes: the creation of an intimate atmosphere, respect and comprehensive support. According to the results of the interviews, empathetic bonding and reuniting with the patient during a friendly relationship and time dedicated to the patient creates an intimate atmosphere. In such an environment, the nurse can reduce the suffering and pain of a burned patient by maintaining respect for the patient's intrinsic and existential values, and autonomy, as well as attempt to meet the emotional, psychological, and social needs of the patient to preserve and promote his or her dignity.

In the present study, the theme, intimate atmosphere is comprised of categories of empathy, friendly communication, and time dedicated to the patient. Within this nurses attempted to form a deep spiritual human-to-human connection with the patient, and subsequently get spiritually connected with the patient to preserve the patient's dignity. Martins et al. (2014) performed a continuous nursing assessment of burn patients' emotions about pain and distress. Nurses often put themselves in patients' and their family members' positions regarding suffering from pain and anxiety [30]. In the study by Badger and Royse (2012), nurses attempted to empathize with patients and their family members through listening with attention, understanding burn experiences and patients' concerns [31]. Results of a previous study demonstrated that, if patients find caregivers unapproachable and unfriendly, they feel insecure and consider them as disrespectful [15]. Gallagher et al (2008) showed that, lack of time dedicated to talking to the patient and lack of eye contact and neglecting the patient makes the patient feel worthless and humiliated [32]. Most of the previous studies have emphasized the importance of communication with the patient in an intimate and friendly way to discover the patient's feelings and relieve his or her problems [33]. Communication skills such as effective use of silence, body posture, tone of voice, eye contact, listening and smiling, speaking while providing care for the patient all reflect a sense of approval and understanding of the patient's situation [26, 34]. The findings also revealed that providing a friendly atmosphere along with respect and compassion gives the patient a chance to comfortably and securely

talk to the nurse. The nurse is more likely to discover the patient's feelings, concerns, and insights and contribute to the promotion of the patient's dignity by spending time with the patient.

Based on the experiences of the study participants, respect plays a significant role in maintaining a burns patient's integrity. Dignity consists of categories of respect for human equality, autonomy, respect for beliefs and values, and avoidance of pity. From the participants' point of view, this study highlighted important contributors to the preservation and promotion of burns patients' dignity. Providing fair and unbiased care while respecting the patient's beliefs and maintaining their autonomy is of great importance.

Some studies have also emphasized the positive effect of respect for the value of human existence and the unconditional dignity of the patient on factors such as age, materiality, education, and severity of illness [35–36]. A study (2019) measured the professional values associated with nursing and proposed that items of justice possessed higher scores compared to other dimensions of related professional values [37]. Accordingly, Baillie (2009) stated that All human beings are free and equal in dignity and human dignity is acquisitive and non-disposable [38]. Matiti and Trorey (2008) and colleagues suggested that patients have expectations of the maintenance of their dignity that need to be met by nurses regardless of the social and health status of the patient [39].

Participants in the present study also stated that due to long-term treatment involvement and adverse complications associated with burns patients, the burned patient and his or her family members may feel more valued if they participate in healthcare planning interventions and treatment processes. Pepastaro et al. (2016) indicated that patients' dignity is maintained when the patients are involved in their own medical decisions [40]. Baillie and Matiti (2013) also demonstrated that the protection of autonomy is a fundamental principle of patient-centered care, resulting in the preservation of the patient's dignity [41].

Based on the experience of the study participants, attention to, and respect for, the beliefs and wishes of patients in Iran supported the maintenance of the dignity of a burn patient there. In other studies, respect for the values of clients was essential to preserve the dignity of such clients. In some studies, respect for patients' values and beliefs has been reported as a component of professional patient-centered care [21, 42]. In a study, attention to the patient's beliefs and thoughts is associated with patient dignity [43]. The concept of human dignity is dependent on cultural context. In all areas of health care, caregivers should respect the value system of the clients, and be aware of their cultural orientation and attitude toward health and disease and learn about their cultural context [44].

According to the experience of caregivers, the dignity of burns patients may be damaged by the expression of pity by members of the treatment team and the people surrounding them. The findings of the interviews showed that sometimes members of the treatment team and people around the patient unintentionally cause pain and suffering to the patient with burn injury rather than helping the patient to rapidly recover.

Bagherian et al. (2019) and Mohammadi et al. (2019) found the dignity of cancer and autism patients was preserved by avoiding pitiful behaviors [9, 21]. Compassionate care is one of the topics that has recently been emphasized within human ethical values and ethical codes. Compassionate care is a deep feeling obtained from a connection to the experience of human suffering, and a moral responsibility to suffering [26]. This is skillful behavior, its competence encourages value-based care that respects the dignity of the individual and strives to relieve the suffering of the patient [45]. It seems that some caregivers and patient's companions do not know anything about compassionate care, and simply transmit their feeling of regret to the patient, and because no practical solution is displayed to solve the problem, the patient and companions may feel pity.

Comprehensive support as another theme in burns patients, this is comprised of pain relief, emotional support, psychological support, and social support. Caregivers within this study emphasized the importance of comprehensive support in the promotion of dignity in Iranian burns patients. From the participants' point of view, the destructive and traumatic effects of burn injuries affect all aspects of a patient's existence, and most caregivers reported burn pain as the most significant physical problem experienced by these patients. The results of a study showed that all burns patients suffer from daily pain [46], and the experiences of burns pain would remain in their mind forever [47]. In such situations, alleviating the patient's pain and meeting patient's demands are the main responsibilities of the nurses to protect patient's rights. Burns patients often need the nurse to support them with proper pain management strategies [48]. Pain management is the ethical responsibility of caregivers and an essential element of codes of Professional Ethics [49]. In a study, from the perspectives of burn survivors, pain management and anxiety management, especially in the first wound dressing removal, is crucial [50]. However, the experiences of most burn patients indicate poor pain management [51].

According to the results of interviews with caregivers, burns injuries not only affect the patient's body, but they also adversely affect patient's mental health, the patients' family members, the patient-family relationship, their social activities (e.g. community participation, their employment, and continuing education), and in some cases cause divorce and catastrophic life change when the patient gets sick. According to the experiences of the caregivers, the devastating nature of the burns injuries and their associated complications may cause existential complications among burns victims. The results of a study conducted in Iran showed that burns survivors experienced threads in all dimensions of "self" in forms of turbulence in feelings, perceptions, identity, and behavior. This conjectural and emotional-perceptive confusion leaves burn victims with the phenomenon of "self-disruption." Most participants reported that they were able to overcome hopelessness by believing in God and receiving support from surrounding people [52]. Several international studies also suggested that family support may lead to facilitated adaptation, improved quality of life, and promotion of mental rehabilitation and improvement of depression amongst burn patients [4, 53]. Sideli et al (2010) found that people with less social support were likely to endure higher levels of stress and pain [23]. Some studies have shown the positive effect of peer support on the improvement of recovery and rehabilitation rates in burn patients [54–55]. A study (2014) indicated that the nurse's ethical commitment to burns patients was achieved by the provision of

guidance and support demonstrating through the decision-making process and maintaining patient autonomy [49].

One of the limitations of the present study was that the perception of dignity was determined by semi-structured interviews with caregivers of burn patients. We suggest interviews with other health team members and patients to provide more accurate results. Another limitation was the data collection method, which was performed through semi-structured individual interviews, while gathering information by other methods may provide rich information on the dignity of burn patients. Therefore, the evaluation of experiences of other members of the healthcare team as well as burn patients regarding dignity would be useful in future research. Also, other data collection methods, such as observation and concentrated interviews should be employed.

Conclusion

The promotion of patients' rights and their dignity has been emphasized as one of the ethical responsibilities of professional caregivers. The dignity of burns patients is potentially at risk due to numerous physical, psychological and social harms. The results of this study show that preserving and promoting the dignity of burn patients produce good consequences. The results of this study supported the burn patient's dignity and the overall support of the patient's existential dimensions in an intimate and friendly atmosphere to maintain and promote the burns patient's dignity. Therefore, it is necessary to pay attention and respect to the dignity of patients with burn injuries in healthcare centers and community settings. The results of this study may help health managers and policymakers to create an appropriate supportive environment for the preservation and promotion of the dignity of burns patients. Empathetic communication and dedicating time to listen to patient's conversations along with respect for patient's existential values while protecting justice in comprehensive care and support have been shown to enhance the dignity of burned patients.

Declarations

Ethics approval and consent to participate

This study was approved by the Research Ethics Committee of Shiraz University of Medical Sciences, Shiraz, Iran (Code: IR.SUMS.REC. 1396.S197). Before each interview, the goals of the study, the confidentiality of the information, reasons to record interviews, and researcher role were explained to all participants. A written and oral informed consent was obtained from all participants. All participants were insured that their information would remain confidential without their name, and the obtained information will not be misused. Also, all participants were allowed to withdraw at any stage of the study, and the time and location for the interview were approved by the participants.

Consent to publish

Not applicable.

Availability of data and materials

The interview data will not be shared since the participants are guaranteed full anonymity.

Competing interests

The author(s) declared no potential conflicts of interest for the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Authors' Contributions

BT has made a substantial contribution to the acquisition of data, analysis, interpretation of data. MR and CT have made a substantial contribution to the concept, design, data analysis, interpretation of data, revised the article critically and approved the version to be published.

MF has made a substantial contribution to the study design and revised the article critically.

MG has reviewed the article critically. All authors have read and approved the final version of the manuscript.

Acknowledgements

This study is a part of research approved by Shiraz University of Medical Sciences, Southwest of Iran. The authors would express their gratitude to all nurses of the burn ward of teaching hospitals under the authority of Medical University and all family caregivers for their participation.

Authors' Information

¹Community-based Psychiatric Care Research Center, Department of Nursing, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran. ²Community-based Psychiatric Care Research Center, School of Nursing and Midwifery, Department of Nursing, Shiraz University of Medical Sciences, Shiraz, Iran. ³Community-based Psychiatric Care Research Center, Department of Nursing, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran. ⁴Department of Epidemiology, Shiraz University of Medical Sciences, Shiraz. ⁵School of Health Nursing and Midwifery, University of the West of Scotland, Paisley, Scotland. mark.gillespie@uws.ac.uk

References

1. Shirkhoda M, Kaviani Far K, Narouie B, et al. Epidemiology and evaluation of 1073 burn patients in the southeast of Iran. SEMJ 2011; 12: 11-21, <http://emedicalj.com/en/articles/78475.html>

2. Zamanzadeh V, Valizadeh L, Lotfi M, et al. Preserving self-concept in the burn survivors: a qualitative study. *Indian J. Palliat. Care* 2015; 21: 182. doi: 10.4103/0973-1075.156492.
3. Outwater AH, Ismail H, Mgalilwa L, et al. Burns in Tanzania: morbidity and mortality, causes and risk factors: a review. *Int J Burns Trauma* 2013; 3: 18. PMID: 23386982, PMCID: PMC3560491
4. Moi AL, Vindenes HA and Gjengedal E. The experience of life after burn injury: a new bodily awareness. *J Adv Nurs* 2008; 64: 278-86. doi: 10.1111/j.1365-2648.2008.04807.x.
5. Smeltzer SC, Bare BG, Hinkle JL, et al. *Brunner& Suddarth's Textbook of Medical-Surgical Nursing*. 12th ed. Philadelphia: Lippincott, Williams and Wilkins, 2010, Page. 1719.
6. Manookian A, Cheraghi MA and Nasrabadi AN. Factors influencing patients' dignity: a qualitative study. *Nurs Ethics* 2014; 21: 323-34. doi: 10.1177/0969733013498526.
7. Kadivar M, Mardani-Hamooleh M and Kouhnavard M. Concept analysis of human dignity in patient care: Rodgers' evolutionary approach. *J Med Ethics Hist Med* 2018; 11. PMID: 30258554, PMCID: PMC6150922
8. Parandeh A, Khaghanizade M, Mohammadi E, et al. Nurses' human dignity in education and practice: An integrated literature review. *IJNMR* 2016; 21: 1. doi: 10.4103/1735-9066.174750
9. Mohammadi F, Rakhshan M, Molazem Z, et al. Caregivers' perception of dignity in teenagers with autism spectrum disorder. *Nurs Ethics* 2019; 26: 2035-46. doi: 10.1177/0969733018796679.
10. Berglund B, Anne-Cathrine M and Randers I. Dignity not fully upheld when seeking health care: Experiences expressed by individuals suffering from Ehlers–Danlos syndrome. *Disabil Rehabil* 2010; 32: 1-7. doi: 10.3109/09638280903178407
11. Hall S, Goddard C, Speck PW, et al. "It makes you feel that somebody is out there caring": a qualitative study of intervention and control participants' perceptions of the benefits of taking part in an evaluation of dignity therapy for people with advanced cancer. *J Pain Symptom Manage* 2013; 45: 712-25. doi: 10.1016/j.jpainsymman.2012.03.009.
12. Bagheri H, Yaghmaei F, Ashktorab T, et al. Patient dignity and its related factors in heart failure patients. *Nurs Ethics* 2012; 19: 316-27. <https://doi.org/10.1177/0969733011425970>
13. Borhani F, Abbaszadeh A and Rabori RM. Facilitators and threats to the patient dignity in hospitalized patients with heart diseases: a qualitative study. *IJCBNM* 2016; 4: 36. PMID: 26793729, PMCID: PMC4709810
14. Fernández-Sola C, Cortés MMD, Hernández-Padilla JM, Torres CJA, Terrón JMM and Granero-Molina J. Defining dignity in end-of-life care in the emergency department. *Nurs Ethics* 2017; 24: 20-32. doi: 10.1177/0969733015604685
15. Hosseini A, Rezaei M, Bahrami M, et al. The relationship between dignity status and quality of life in Iranian terminally ill patients with cancer. *IJNMR* 2017; 22: 178. doi: 10.4103/1735-9066.208157
16. Šaňáková Š and Čáp J. Dignity from the nurses' and older patients' perspective: a qualitative literature review. *Nurs Ethics* 2019; 26: 1292-309. doi: 10.1177/0969733017747960

17. Webster C and Bryan K. Older people's views of dignity and how it can be promoted in a hospital environment. *J Clin Nurs* 2009; 18: 1784-92. doi: 10.1111/j.1365-2702.2008.02674.x
18. Jamalimoghadam N, Yektatalab S, Momennasab M, et al. Hospitalized adolescents' perception of dignity: a qualitative study. *Nurs Ethics* 2019; 26: 728-37. doi: 10.1177/0969733017720828
19. Kostopoulou S, Parpa E, Tsilika E, et al. Advanced cancer patients' perceptions of dignity: the impact of psychologically distressing symptoms and preparatory grief. *J Palliat Care* 2018; 33: 88-94. doi: 10.1177/0825859718759882
20. Avestan Z, Pakpour V, Rahmani A, et al. The correlation between respecting the dignity of cancer patients and the quality of nurse-patient communication. *Indian J Palliat Care* 2019; 25: 190. doi: 10.4103/IJPC.IJPC_46_18.
21. Bagherian S, Sharif F, Zarshenas L, et al. Cancer patients' perspectives on dignity in care. *Nurs Ethics* 2019. doi: 10.1177/0969733019845126
22. Gerrek M, Behmer Hansen R and Khandelwal A. 440 Ethics in Burn Care: A Review. *J Burn Care Res* 2018; 39, Suppl (1): S192–S193. <https://doi.org/10.1093/jbcr/iry006.362>
23. Sideli L, Prestifilippo A, Di Benedetto B, et al. Quality of life, body image, and psychiatric complications in patients with a burn trauma: preliminary study of the Italian version of the Burn Specific Health Scale-Brief. *Ann Burns Fire Disasters* 2010; 23 (4): 171-176. PMID: 21991220, PMCID: PMC3188270
24. Baillie L, Gallagher A and Wainwright P. Defending dignity-challenges and opportunities for nursing. London: The Royal College of Nursing, 20 Cavendish Square, W1G 0RN. Page: 20. https://www.dignityincare.org.uk/_assets/RCN_Dignity_at_the_heart_of_everything_we_do.pdf
25. Ebrahimi H, Torabizadeh C, Mohammadi E, et al. Patients' perception of dignity in Iranian healthcare settings: a qualitative content analysis. *J Med Ethics* 2012; 38: 723-8. doi: 10.1136/medethics-2011-100396
26. Tehranineshat B, Rakhshan M, Torabizadeh C, et al. Nurses', patients', and family caregivers' perceptions of compassionate nursing care. *Nurs Ethics* 2019; 26: 1707-20. doi: 10.1177/0969733018777884.
27. Elo S and Kyngäs H. The qualitative content analysis process. *J Adv Nurs* 2008; 62: 107-15. doi: 10.1111/j.1365-2648.2007.04569.x.
28. Graneheim UH and Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today* 2004; 24: 105-12. doi: 10.1016/j.nedt.2003.10.001
29. Lincoln YS and Guba EG. *Naturalist inquiry*. Newbury Park, CA: Sage, 1985, p. 289.
30. Martins JT, Bobroff MCC, Ribeiro RP, et al. Feelings experienced by the nursing team at a burns treatment center. *Escola Anna Nery* 2014; 18: 522-6. <http://dx.doi.org/10.5935/1414-8145.20140074>
31. Badger K and Royse D. Describing compassionate care: The burn survivor's perspective. *J Burn Care Res* 2012; 33: 772-80. doi:10.1097/BCR.0b013e318254d30b

32. Gallagher A, Li S, Wainwright P, et al. Dignity in the care of older people—a review of the theoretical and empirical literature. *BMC Nurs* 2008; 7: 11. doi: 10.1186/1472-6955-7-11
33. Tehranineshat B, Rakhshan M, Torabizadeh C, et al. Compassionate Care in Healthcare Systems: A Systematic Review. *J Natl Med Assoc* 2019. doi: 10.1016/j.jnma.2019.04.002
34. Crowther J, Wilson KC, Horton S, et al. Compassion in healthcare—lessons from a qualitative study of the end of life care of people with dementia. *JRSM* 2013; 106: 492-7. doi: 10.1177/0141076813503593
35. Lin YP, Tsai YF and Chen. Dignity in care in the hospital setting from patients' perspectives in Taiwan: a descriptive qualitative study. *J Clin Nurs* 2011; 20: 794-801. doi: 10.1111/j.1365-2702.2010.03499.x
36. Shahriari M, Mohammadi E, Abbaszadeh A, et al. Perceived ethical values by Iranian nurses. *Nurs Ethics* 2012; 19: 30-44. doi: 10.1177/0969733011408169
37. Bijani M, Tehranineshat B and Torabizadeh C. Nurses', nursing students', and nursing instructors' perceptions of professional values: A comparative study. *Nurs Ethics* 2019; 26: 870-83. doi: 10.1177/0969733017727153
38. Baillie L. Patient dignity in an acute hospital setting: a case study. *Int J Nurs Stud* 2009; 46: 23-37. doi: 10.1016/j.ijnurstu.2008.08.003
39. Matiti MR and Trorey GM. Patients' expectations of the maintenance of their dignity. *J Clin. Nurs* 2008; 17: 2709-17. doi: 10.1111/j.1365-2702.2008.02365.x
40. Papastavrou E, Efstathiou G and Andreou C. Nursing students' perceptions of patient dignity. *Nurs Ethics* 2016; 23: 92-103. doi: 10.1177/0969733014557136
41. Baillie L and Matiti M. Dignity, equality and diversity: an exploration of how discriminatory behaviour of healthcare workers affects patient dignity. *Divers Equal Health Care* 2013; 10. <http://www.scopus.com/inward/record.url?>
42. Mohammadi F, Tabatabaei Hs, Mozafari F, et al. Caregivers' perception of women's dignity in the delivery room: A qualitative study. *Nurs Ethics* 2019: 0969733019834975. doi: 10.1177/0969733019834975
43. Cheraghi MA, Manookian A and Nasrabadi AN. Human dignity in religion-embedded cross-cultural nursing. *Nurs Ethics* 2014; 21: 916-28. <https://doi.org/10.1177/0969733014521095>
44. Hosseini FA, Momennasab M, Yektatalab S, et al. Patients' perception of dignity in Iranian general hospital settings. *Nurs Ethics* 2019; 26: 1777-90. doi: 10.1177/0969733018772078
45. Zamanzadeh V, Valizadeh L, Rahmani A, et al. Factors facilitating nurses to deliver compassionate care: a qualitative study. *Scand J Caring Sci* 2018; 32: 92-7. doi: 10.1111/scs.12434
46. Bayuo J, Agbenorku P and Amankwa R. Study on acute burn injury survivors and the associated issues *J Acute Dis* 2016; 5: 206-9. DOI: 10.1016/j.joad.2016.03.006
47. Shepherd L and Begum R. Helping burn patients to look at their injuries: How confident are burn care staff and how often do they help? *Burns* 2014; 40: 1602-8. doi: 10.1016/j.burns.2014.02.017

48. Birdsall C and Weinberg K. Adult patients looking at their burn injuries for the first time. J Burn Care Rehabil 2001; 22: 360-4. doi: 10.1097/00004630-200109000-00015
49. Nogario ACD, Barlem ELD, Tomaschewski-Barlem JG, et al. Nursing Actions in practicing inpatient advocacy in a Burn Unit. Rev Esc Enferm USP 2015; 49: 0580-8. doi: 10.1590/S0080-623420150000400007
50. Yuxiang L, Lingjun Z, Lu T, et al. Burn patients' experience of pain management: a qualitative study. Burns 2012; 38: 180-6. doi: 10.1016/j.burns.2011.09.006
51. Blakeney PE, Rosenberg L, Rosenberg M, et al. Psychosocial care of persons with severe burns. Burns 2008; 34: 433-40. doi: 10.1016/j.burns.2007.08.008
52. Zamanzadeh V, Valizadeh L, Lotfi M, et al. Self-disruption: Experiences of burn survivors. J Qual Res Health Sci 2014; 3: 269-80. file:///C:/Users/BlueSky/Downloads/Documents/jqr.ir-v3n3p269-en.pdf
53. Rossi LA, Costa MCS, Dantas RS, et al. Cultural meaning of quality of life: perspectives of Brazilian burn patients Disabil Rehabil 2009; 31: 712-9. doi: 10.1080/09638280802306257.
54. Badger K and Royse D. Adult burn survivors' views of peer support: a qualitative study. Soc Work Health Care 2010; 49: 299-313. doi: 10.1080/00981380903493095.
55. Öster C, Kildal M and Ekselius L. Return to work after burn injury: burn-injured individuals' perception of barriers and facilitators. J Burn Care Res 2010; 31: 540-50. doi: 10.1097/BCR.0b013e3181e4d692

Tables

Table 1 The themes and categories of this study

Themes	Category
Creation of an intimate atmosphere	Empathy
	Friendly communication
	Dedicating time to the patient
Respect	Respect for human equality
	Autonomy
	Respect for beliefs and values
	Avoid pity
Comprehensive support	Pain relief
	Psychological support
	Social support

Table 2 The demographic characteristics of the participants

No	Job	Position	Marital Status	Work Experience	Education Level
P1	Nurse	Staff nurse	Married	15	Bachelor
P2	Nurse	Staff nurse	Single	3	Bachelor
P3	Nurse	Matron	Single	28	Bachelor
P4	Nurse	Head nurse	Married	22	Bachelor
P5	Nurse	Staff nurse	Married	8	Bachelor
P6	Nurse	Supervisor	Single	24	Master
P7	Nurse	Staff nurse	Single	26	Bachelor
P8	Nurse	Supervisor	Married	18	Master
P9	Nurse	Staff nurse	Single	2	Bachelor
P10	Nurse	Staff nurse	Single	10	Bachelor
P11	Nurse	Staff nurse	Married	6	Bachelor
P12	Nurse	Staff nurse	Married	24	Bachelor
P13	Nurse	Staff nurse	Married	4	Bachelor
P14	Nurse	Staff nurse	Single	2	Bachelor
P15	Family Caregivers	Housewife	Single	-	Diploma
P16	Family Caregivers	Housewife	Single	-	Diploma
P17	Family Caregivers	Employee	Married	-	Bachelor
P18	Family Caregivers	Self-employed	Married	-	Illiterate