

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/319111367>

# Hospitalized adolescents' perception of dignity: A qualitative study

Article in *Nursing Ethics* · May 2019

DOI: 10.1177/0969733017720828

CITATIONS

15

READS

294

5 authors, including:



**Shahrzad Yektatalab**

Shiraz University of Medical Sciences

63 PUBLICATIONS 242 CITATIONS

[SEE PROFILE](#)



**Marzieh Momennasab**

Shiraz University of Medical Sciences

53 PUBLICATIONS 228 CITATIONS

[SEE PROFILE](#)



**Abbas Ebadi**

Baqiyatallah University of Medical Sciences

544 PUBLICATIONS 2,801 CITATIONS

[SEE PROFILE](#)



**Najaf Zare**

Shiraz University of Medical Sciences

143 PUBLICATIONS 1,298 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



author [View project](#)



Exploring the educational structure needed for reproductive health in men related to sexually transmitted diseases and HIV/ AIDS: A qualitative study Article Effect of birth ball on labor pain relief: A systematic review and meta-analysis [View project](#)



# Hospitalized adolescents' perception of dignity: A qualitative study

Nursing Ethics  
2019, Vol. 26(3) 728–737  
© The Author(s) 2017  
Article reuse guidelines:  
sagepub.com/journals-permissions  
10.1177/0969733017720828  
journals.sagepub.com/home/nej



**Neda Jamalimoghadam, Shahrzad Yektatalab and Marzieh Momennasab**

Shiraz University of Medical Sciences, Iran

**Abbas Ebadi**

Baqiyatallah University of Medical Sciences, Iran

**Najaf Zare**

Shiraz University of Medical Sciences, Iran

## Abstract

**Background:** Adolescents can be vulnerable to diminished dignity in the hospital because young people have significantly different healthcare needs than children and adults. They like to cooperate with caregivers only when they get respectful and dignified care. Care without considering dignity can adversely influence the adolescents' recovery. However, many studies have been conducted on exploring the concept of the patients' dignity from the adult patients and fewer studies still have explored the dignity of young people.

**Objective:** This study explores the hospitalized adolescents' perception about dignity.

**Research design:** A conventional qualitative content analysis method was used to explore the meaning of hospitalized adolescents' dignity.

**Participants and research context:** Hospitalized adolescents in general medical and surgical pediatric units were eligible to participate. Data were obtained through unstructured interviews. Purposive sampling was used and adolescents were recruited until data saturation was reached ( $n = 13$ ).

**Ethical considerations:** Ethical approval for the study was granted by the Ethics Committee of Shiraz University of Medical Sciences. Participants were provided with information about the purpose, reasons for recording interviews, voluntary participation, and confidentiality of data and interviewees.

**Findings:** Dignity was reflected in four themes: (1) protection of personal privacy, (2) protection of autonomy, (3) respect for identity, and (4) intimate communication.

**Discussion and conclusion:** Hospitalized adolescents stated that healthcare services should protect their personal privacy and autonomy. Also, they should respect the adolescent's identity and communicate intimately with them to provide the dignity. Adolescence is a discrete developmental stage, with specific healthcare needs which must be addressed effectively by healthcare providers especially nurses.

## Keywords

Adolescent, dignity, hospitalization, qualitative research

---

**Corresponding author:** Shahrzad Yektatalab, Department of Mental Health and Psychiatric Nursing, Faculty of Nursing and Midwifery, Shiraz University of Medical Sciences, P.O. Box: 713451359, Shiraz, Iran.  
Emails: shahrzadyekta@yahoo.com; yektash@sums.ac.ir

## Introduction

Adolescents are a significant proportion of the population of hospitalized patients,<sup>1,2</sup> who face many challenges when they require hospitalization. They like to cooperate with caregivers only when they get respectful and dignified care. All young people have the right to be treated with dignity and receive responsive services that provide their developmental needs<sup>3,4</sup> because young people have significantly different healthcare needs than children and adults. Their needs are different and are affected by the physical, emotional, psychological, and socio-cultural stages of adolescence.<sup>5</sup> The development of identity and autonomy are the main psychosocial needs in this period.<sup>6</sup> Adolescence is a time of transition from childhood to adulthood and is associated with profound changes and hospitalization can disrupt this process more.<sup>7,8</sup> They have the right to receive services that are accessible, welcoming, and responsive to their needs and concerns as well as to improve their well-being. Professionals working in these services will need to demonstrate appropriate attitudes and values.<sup>9</sup> So, hospitalization has a major effect on young people. This effect may not be directly related to their immediate medical or surgical needs but may well impact the care and implies that nurses need to better understand a young person's world.<sup>5</sup>

Reed et al.<sup>10</sup> mentioned that the dignity of children is often considered of less value than that of the adults. Also, adolescents can be vulnerable to decreased dignity in hospital and nurses must actively promote their dignity<sup>11</sup> because it represents the essence of nursing care and it is one of the nursing values and human rights. Therefore, nurses are responsible for promotion and preservation of every patient's dignity considering contextual differences.<sup>12</sup> If they neglect the diversity of patients and individual differences, their behavior may lead to undignified care.<sup>13</sup> They should be familiar with different aspects of dignity. In addition, the patients' perceptions and their concerns about dignity in the hospital should be identified.<sup>14</sup> Some nurses believed that dignity was same in all ages, while the need of dignity can be different in various ages and genders.<sup>11</sup>

In fact, treating people with dignity is a core concept in the person-centered care.<sup>15</sup> However, in the healthcare contexts, dignity may be diminished by the physical environment, hospital rules, behavior of the nurses, and others and by the way the care activities are done.<sup>16</sup> If patient's expectations are not met according to their culture, level of education, and socio-economic status, they may feel that their dignity is diminished.<sup>13</sup>

Dignity is a complex and important issue in patient care that is rooted in emotions, behavior, and privacy<sup>17</sup> and originates from two Latin words "dignitus" which means merit and "dignus" meaning worth.<sup>18</sup> In nursing, dignity means to respect for the inherent worth and uniqueness of individuals while providing culturally competent care and protecting the patient's privacy and confidentiality of patients.<sup>19</sup>

With dignified care, the patients feel valued, confident, comfortable, and able to make decisions for themselves.<sup>11</sup> Treating patients with dignity and involving them in decision making lead to positive outcomes, such as patient satisfaction, and it is consistent in all racial and ethnic groups.<sup>13</sup> However, dignity violations can cause loss of self-esteem and social isolation and, finally, adversely impact the mental and physical health.<sup>20,21</sup> When dignity is absent from care, adolescents feel devalued and lack of control,<sup>21</sup> they may be stressful, anxious, aggressive,<sup>22,23</sup> humiliated, embarrassed, or ashamed.<sup>11</sup> Furthermore, they may conceal some parts of their illness history and they can't trust the personnel easily.<sup>22</sup>

Thus, dignity is an important human need; the hospitalized adolescents have the right to receive dignified care, and nurses are responsible for it.<sup>24</sup> Although dignity has been studied extensively from the adults' perspective, fewer studies still have explored the dignity of adolescents.<sup>20,25</sup> To date, how (and whether) adolescents construct dignity especially during hospitalization has been rarely studied. Because any effort to promote the adolescents' health disregarding their views would not be successful,<sup>21</sup> this study focused on the hospitalized adolescents' dignity. Since dignity is an abstract and context-based concept,<sup>12</sup> qualitative

techniques are often preferable. In this study, we used qualitative techniques that would allow us to gain insight into the adolescent's subjective perceptions and provide rich information about the dignity.

## **Objective**

This study was conducted to investigate dignity in hospitalized adolescents.

## **Research design**

A conventional qualitative content analysis method was used to explore the hospitalized adolescents' views of dignity. This method was chosen to collect rich and novel data.<sup>26</sup>

## **Participants and research context**

A total of 13 adolescents aged 12–18 years in medical and surgical wards, using purposive sampling, were chosen between March 2015 and May 2016. Purposive sampling is suitable for qualitative studies where the researcher is interested in informants who have the best knowledge or experience concerning the research topic or phenomenon of interest.<sup>27</sup> In addition to knowledge and experience, the importance of availability and willingness to participate, and the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner is mentioned.<sup>28,29</sup> They were in a hospital in Shiraz (southwest of Iran) that has four general medical wards and two general surgical wards for children and adolescents. There are no separate wards for adolescents. In this study, we chose Persian-speaking adolescents who had been hospitalized for at least 2 days in the medical or surgical wards, were willing to participate, and able to share experiences and opinions in an articulate, with good expressive, reflective manner and with good physical condition (who could walk and come to the private room for interview and tolerated at least 30–60 min of interview) were selected. Those who were highly dependent on medical care or with intellectual impairment were excluded. Also, the patient would be excluded from the study, if they didn't want to continue interview.

Interviews were conducted by the first author (N.J.) in a private room in the hospital such as a conference room in the ward which has no telephone, personnel didn't arrive it without coordination, and adolescent's parents aren't present in that room.

## **Data collection**

Data were obtained through unstructured interviews conducted in a quiet room in the hospital. Interviews began with the general question ("can you tell me what dignity means to you?"), and the following questions were identified by the person's response (e.g. "Can you describe some situations which affected your sense of dignity?" "Can you explain that?" "Since your hospitalization, can you describe some situations which affected your sense of dignity?" "When did you feel you were treated with dignity?" "When did you feel you were not treated with dignity?" etc.). Purposive sampling continued until data saturation was achieved. Each interview lasted 25–65 min; they were conducted by the first researcher recorded concurrently and transcribed and typed verbatim immediately using a digital recorder (Hyundai).

## **Data analysis**

The conventional content analysis, Graneheim and Lundman's method, was done. We had used latent analysis that is extended to an interpretive level in which the researcher seeks to find the underlying meaning of the text. It allows the researcher to immerse himself or herself to some extent in the data in

order to identify hidden meanings in the text.<sup>30</sup> Because our participants are adolescents, latent analysis helps us to explore the hidden meanings. There is little information about dignity in hospitalized adolescents' and so content analysis as a systematic method of generating new knowledge about perceptions and feelings was the best method.<sup>26,31</sup> The recorded and transcribed interviews were read several times to ensure the in-depth and overall understanding. According to the units of analysis, which was the whole body of the interviews, the texts were divided into condensed meaning units such as words, sentences, or paragraphs containing aspects related to each other through their content. Then, each condensed unit was labeled with a code. Then, different codes were compared based on the relationship of underlying meanings, and the same meanings were categorized together, which formed sub-categories. The sub-categories were combined to create categories that were based on the adolescents' expressions and the qualitative content of their meaning. Finally, 10 sub-categories and four main themes were formed with agreement of the researchers.<sup>28</sup> Data analysis done concurrently with data collection and data collection continued until saturation was achieved, that is, adding more data did not reveal new information and was thus redundant.<sup>31</sup> Data analysis was carried out using the MAXQDA10 software.

### **Rigor**

In order to validate the data, the criteria suggested by Lincoln and Guba<sup>32</sup> were used. Different credibility methods such as prolonged engagement (15 months), member checking, and maximum variation were used. Audit trail and triangulation of time (different shifts), place (different wards), and person (adolescents with different age and sex) were done to achieve the conformability and dependability. For transferability, the written examples of participants' statements and their characteristics were accurately presented.<sup>33</sup>

### **Ethical considerations**

The Ethics Committee of Shiraz University of Medical Sciences approved this project prior to the beginning of the study. In order to consider ethical principles, the participants and their parents were asked to complete informed consent forms for participation and recording of interviews, at the beginning of interviews which took place in a private room which ensured the comfort of the participants. Also, the researcher explained about objectives, reasons for recording interviews, voluntary participation, and confidentiality of data and interviewees, before each interview. They were assured about anonymity.

### **Findings**

The participants were 13 hospitalized adolescents who were 12–18 years in general medical and surgical wards. Their demographic characteristics are shown in Table 1. Four main themes emerged from the data: (1) protection of personal privacy, (2) protection of autonomy, (3) respect for identity, and (4) intimate communication; 10 sub-themes were also defined (Table 2).

#### ***Protection of personal privacy***

Privacy is an important aspect of hospitalized adolescents' dignity that consisted of informational and physical privacy. Adolescents felt the invasion of their privacy when people of the opposite sex came without permission. One girl said,

I wasn't comfortable because the visitors of my roommates came into the room without my permission, so I can't expose my blistered feet. (P4)

**Table 1.** Demographic and clinical characteristics of the participants.

Participants	Age (years)	Gender	Length of admission (days)	Illness	Ward
P1	16	Male	7	Pyelonephritis	Medical
P2	14	Male	10	Meningitis	Medical
P3	14	Male	6	Cardiac tamponade	Medical
P4	16	Female	4	Irritable bowel syndrome	Medical
P5	16	Female	7	Gastrointestinal bleeding	Medical
P6	13	Female	5	Appendicitis	Surgical
P7	15	Male	7	Atrial fibrillation	Medical
P8	16	Male	10	Gall stone	Surgical
P9	13	Female	9	Pancreatitis	Surgical
P10	16	Female	6	Nephrotic syndrome	Medical
P11	15	Male	5	Pulmonary infection	Medical
P12	17	Male	9	Cholecystectomy	Surgical
P13	13	Male	11	Osteogenesis imperfecta	Medical

**Table 2.** Main themes and sub-themes of hospitalized adolescents' dignity.

	Sub-themes	Main themes
Hospitalized adolescents' dignity	Protection of informational privacy	Protection of personal privacy
	Protection of physical privacy	
	Respect for age identity	Respect for identity
	Respect for gender identity	
	Adjustment of restrictive laws	Protection of autonomy
	Providing the sense of personal control	
	Attention to patients and family's idea	
	Kind communication	Intimate communication
Friendly communication		
Respectful communication		

Also, adolescents need to be sure about protecting their personal idea and secrets, so they share their private idea with nurses because they are trustworthy:

I told the nurses my secretes and private problems; the secrets if my parents knew, they would be angry. But I think nurses are trustworthy and they can help me solve them. (P10)

### *Respect for identity*

Adolescents wanted the hospital staff to respect their age and gender identity. One adolescent patient said that having a nurse of the same gender felt more dignity. A male adolescent said,

Nurses should be male because pediatric nurses aren't comfortable when a man like me is in their ward. (P1)

Being in the pediatric ward is annoying when adolescents want to sleep:

I'm 16 years old, so they shouldn't have admitted me in a pediatric ward. I'm not a child. (P2)

Adolescents prefer to be cared in dedicated adolescents' wards. They don't like to be treated like children, but hospital rules cause the patients less than 18 to be admitted in pediatric wards. Also, because of lack of resources, there are no dedicated adolescents' wards.

### *Protection of autonomy*

Protection of autonomy would be provided if hospital laws were more flexible and personnel provided the sense of personal control for patients and paid attention to patients and family's idea. Hospitalized adolescents want the healthcare personnel to pay attention to their idea in nursing and medical decision plans:

Doctors don't pay attention to my idea. I would get better sooner if they listened to me, because I have many experiences about my disease. (P13)

In the Iranian hospitals, patients are not allowed to go out of wards during hospitalization without the permission of the head nurse. Adolescents said if they could not go out of the ward easily in hospital, their autonomy would be threatened:

If I can go out of the ward and play around, I will feel more freedom. But, the personnel don't allow me to go there. In our home, we feel more autonomy, but I feel I'm in prison in the hospital. (P10)

Some procedures disrupt adolescents' sleep and autonomy for deciding about daily activity living:

Because children cry so much at nights, we can't sleep well. In the morning when we fall asleep, nurses wake us up for blood test or doctors want to visit us. It means we can't control our sleep in the hospital. (P4)

### *Intimate communication*

According to the patients, intimate communication is kind, friendly, and respectful behavior toward patients and their families by nurses, physicians, and security personnel. They need the intimate personnel to communicate friendly with them:

My doctors are good persons because they laugh and they joke with me. They ask why I'm angry and I don't laugh. They try to make me laugh. (P13)

When the nurses devote their time to adolescents, they feel more intimacy:

Last night when I was watching my favorite movie, my nurse came and I wanted her to watch the movie. Although she hadn't eaten her dinner and had many works to do, she sat beside me and watched a few minutes of the movie. I became so happy. I felt that she was my sister. (P11)

Adolescents said that they can be more intimate with nurses who respect them: "I can speak easily and intimately with nurses who respect me and my family and communicate with me respectfully. I like nurses who call me with my first name" (P4).

## **Discussion**

This study underlines the importance of adolescent's dignity in hospital. The findings of this study showed that hospitalized adolescents have common understanding of dignity, although some themes are more important for older adolescents such as physical privacy and respect for identity. In this study, hospitalized

adolescents said to maximize the dignity of them; it is important to protect their personal privacy and autonomy, to provide respect for their identity, and to communicate friendly during hospitalization.

Human dignity is a central concept within nursing and the caring professions<sup>12</sup> and is a fundamental human right.<sup>34</sup> Hospitalized adolescents are in a vulnerable position, so they need to be dignified more than other patients.<sup>20</sup>

Privacy is fundamental to human dignity. Dignified care should involve respect for patients' privacy, especially in hospitalized adolescents.<sup>20</sup> In this study, we explored physical and informational privacy that is essential for adolescents. A similar study also reported that these two are among the important aspects of privacy.<sup>35</sup> Muslim girls should have hijab when they become mature. Participants in this study, especially girls, felt that people of the opposite sex coming into their room without permission was an invasion of their physical privacy, especially when they had to expose their body because of their disease. In this situation, their anxiety increase and their dignity undermine. Human dignity is one cultural concept. Because the participants in this study were Muslim and adolescents regarded themselves as adults who were thus bound by Islamic rules, this made gender identity a particularly important issue in this study; however, even in non-Muslim countries, there is evidence that adolescents are anxious about encountering with opposite sex during hospitalization. They would prefer to be in the single-sex rooms. Some adolescents believed that more than two in a room would be "ridiculous" and "putting a girl and a boy in a room would be stupid."<sup>20</sup> Indeed, Sufficient physical space and an appropriate structure of wards is essential for patients.<sup>36</sup> Also, informational privacy is another aspect of privacy that can be defined as the individual's right to determine how, when, and to what extent information regarding them may be given to other persons or organizations. Indeed, privacy means limited accessibility of others to your body, thoughts, and feelings, and it often has to do with the confidentiality of patient information.<sup>35</sup> In this study, patients said that they can share their private idea, which they can't say to their parents, with nurses because they are trustworthy.

Adolescents want to establish their identity and autonomy and any interference with this is a threat to their dignity.<sup>21</sup> Their dignity is diminished when healthcare providers care them without paying attention to their age and gender identities. In this study, adolescents cannot be in dedicated wards and they had to withstand children's tantrums. Other studies showed that adolescents want to be hospitalized in a private room<sup>37</sup> and they think they don't belong to pediatric wards.<sup>3</sup> It has been recommended that whenever possible, adolescents should be cared for in dedicated adolescent wards or placed with their age peers<sup>6,38</sup> that is congruent with our findings. Need for dedicated ward is one of the unique experiences of hospitalized adolescents to prevent dignity violation that is related to respect for identity. Because adolescents are between childhood and adulthood with different needs, they think that they need dedicated and private wards. According to adolescent's ideas, if they are in adolescent wards, they don't have to stand children tantrum and they can see their peer group and the dignity will be protected. Dedicated adolescent inpatient wards improve the aspects of quality of care for young people compared with child or adult wards, particularly for older adolescents.<sup>39</sup> We found in our study that older adolescents emphasized more on dedicated wards. Indeed, when adolescents get older, they will be more worried about being with younger ones and they feel that their identity and dignity are threatened.

Autonomy is another aspect of dignity in our study. It depends on patient's ability to make independent choices, on his or her adequate knowledge, and on correct information received.<sup>40</sup> In our study, adolescents said that they felt that they didn't have control on their body, daily activities, and procedures and it violated their autonomy. Also, they think there are restrictive rules for procedures, such as going out of wards. One study mentioned that hospitalized adolescents feel that they can't have control over many issues and most don't agree with some hospital rules.<sup>3</sup> They don't want to be restricted with hospital rules. It is another unique finding related to adolescents.

Involvement of the patient and family in the decision making of health team was one important subject at patient dignity.<sup>41</sup> In this study, adolescents think that involvement of them and their family in the care



and treatment plan can improve their autonomy. Some patients believe that healthcare providers do not involve them in decisions about their care; this is consistent with the result of the study conducted by Nayeri et al.<sup>21</sup>

In person-centered care, the autonomy is important and this approach will help patient and their family to feel that they are valued and respected during care delivery.<sup>13</sup> Children expressed the need to be involved in their care, so they can prepare themselves for procedures. They should be encouraged to be active partners in decisions about their health and care, and, where possible, they can exercise some control over what is happening to them in hospital.<sup>42</sup> In this study, adolescents said that paying attention to patients and family's valuable idea is important for their dignity. Also, they believed that strict rules and procedures which disrupted their sleep undermined their autonomy and dignity. There is a need for more flexible rules to care of adolescent patients during hospitalization. But in many Iranian hospitals, caring and treatment especially for children and adolescents is not patient-centered and is based on paternalism. So, the adolescent autonomy is neglected and it can danger their dignity.

The last theme in this study is intimate communication; friendly communication is another unique experience of adolescents related to their dignity. Because of their characteristics, adolescents want to have intimate communication and it has been identified as an important component of the good nurse's attributes in adolescent's views to promote the dignity.<sup>43</sup> In our study, adolescents said they needed nurses or doctors who were happy like their friends and laughed or told jokes a lot. In this situation, adolescents feel more intimacy and more dignity. Adolescents were sensitive to the nurse's tone of voice and body language. Good nurses did not shout and used a "nice," "cheerful," "kind" tone of voice to speak to them.<sup>43</sup> Kindness is an essential factor in communication, especially for nurses according to the present study results. They should treat adolescents and their family kindly. For example, when they ask one question, the personnel should answer them kindly. Although adolescents wanted friendly and kind nurses and doctors, they needed to be respected. Matiti<sup>44</sup> mentioned the communication as a major theme in his study that was about maintenance of patients' dignity. Our findings are consistent with another studies,<sup>41,44,45</sup> showing that respectful communication with adolescents and their families helps give them a sense of dignity.

This qualitative study of dignity in hospitalized adolescents using an unstructured interview was done because dignity is an abstract concept and we wanted to explore the adolescents' perceptions and experiences in depth. We also try to maximize the breadth of our sample. However, we had some limitations in this study. It was conducted in one hospital and because the adolescent patients were in several wards in different places in a big hospital, we cannot conduct focus groups.

## Conclusion

Overall, hospitalized adolescents mentioned that they could feel dignity if healthcare providers communicate friendly while protecting their personal privacy and autonomy and respect for their identity. Since human dignity is an essential value of nursing, especially in adolescents, nurses in pediatric wards should be aware about the patients' views of dignity and must be sensitive to this important issue. Also, more qualitative and quantitative research on larger samples in other places and cultures is needed to explore the concept of dignity in hospitalized adolescents.

## Acknowledgements

This manuscript is a part of the PhD dissertation of Neda Jamalimoghadam supported by Shiraz University of Medical Sciences, Shiraz, Iran. The authors would like to thank the participants' intimate cooperation and Shiraz University of Medical Sciences. The authors would also like to thank Shiraz University of Medical Sciences, Shiraz, Iran, and also Center for Development of Clinical Research of Nemazee Hospital and Dr Nasrin Shokrpour for editorial assistance. Neda Jamalimoghadam, Dr Shahrzad Yektatalab, Dr Marzieh

Momennasab, Dr Abbas Ebadi, and Dr Najaf Zare were responsible for the study design, data collection, data analysis, and drafting the manuscript. Dr Shahrzad Yektatalab and Dr Marzieh Momennasab provided administrative and technical support.

### Conflict of interest

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

### Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This study was financially supported by the Research Vice-Chancellor of Shiraz University of Medical Sciences (Grant No. 94-7495).

### References

1. Gusella JL, Ward A-M and Butler GS. The experience of hospitalized adolescents: how well do we meet their developmental needs? *Child Health Care* 1998; 27(2): 131–145.
2. Moura de Moura F, De Amorim Silva ME, Da Silva Reichert AP, et al. Hospitalized child and teenager with chronic diseases: feelings about death. *Investigación y Educación en Enfermería* 2015; 33(3): 565–572.
3. Findlay S, Pinzon J, Goldberg E, et al. Issues of care for hospitalized youth. *Paediatr Child Health* 2008; 13(1): 61–64.
4. Richardson J and Glasper EA. *A textbook of children's and young people's nursing*. Amsterdam: Elsevier Health Sciences, 2010.
5. Steinbeck K, Masterson L and Sturrock T. Adolescent appropriate care in an adult hospital: the use of a youth care plan. *Aust J Adv Nurs* 2007; 24(3): 49.
6. Hockenberry MJ and Wilson D. *Wong's nursing care of infants and children*. Amsterdam: Elsevier Health Sciences, 2014.
7. Smith S. Adolescent units—an evidence-based approach to quality nursing in adolescent care. *Eur J Oncol Nurs* 2004; 8(1): 20–29.
8. Sadeghi T, Dehghan Nayyeri N and Karimi R. Nursing-patient relationship: a comparison between nurses and adolescents perceptions. *Iran J Med Ethics Hist Med* 2011; 4(3): 69–78.
9. Glasper A, Coad J and Richardson J. *Children and young people's nursing at a glance*. Hoboken, NJ: John Wiley & Sons, 2014.
10. Reed P, Smith P, Fletcher M, et al. Promoting the dignity of the child in hospital. *Nurs Ethics* 2003; 10(1): 67–76.
11. Baillie L, Ford P, Gallagher A, et al. Dignified care for children and young people: nurses' perspectives. *Paediatr Nurs* 2009; 21(2): 24–28.
12. Manookian A, Cheraghi MA and Nasrabadi AN. Factors influencing patients' dignity: a qualitative study. *Nurs Ethics* 2014; 21(3): 323–334.
13. 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: 5–12.
14. Adib-Hajbaghery M and Aghajani M. Patients dignity in nursing. *Nurs Midwifery Stud* 2015; 4(1): e22809.
15. Pringle J, Johnston B and Buchanan D. Dignity and patient-centred care for people with palliative care needs in the acute hospital setting: a systematic review. *Palliat Med* 2015; 29(8): 675–694.
16. Papastavrou E, Efstathiou G and Andreou C. Nursing students' perceptions of patient dignity. *Nurs Ethics* 2016; 23(1): 92–103.
17. Borhani F, Abbaszadeh A and Moosavi S. Status of human dignity of adult patients admitted to hospitals of Tehran. *J Med Ethics Hist Med* 2014; 7: 20.
18. Griffin-Heslin VL. An analysis of the concept dignity. *Accid Emerg Nurs* 2005; 13(4): 251–257.

19. Wilkinson JM and Leuven K. *Fundamentals of nursing: theory, concepts and applications (vol. 1)*. Philadelphia, PA: F. A. Davis Company, 2006, pp. 912–913.
20. Narayan K, Hooker C, Jarrett C, et al. Exploring young people's dignity: a qualitative approach. *J Paediatr Child Health* 2013; 49(11): 891–894.
21. Nayeri ND, Karimi R and Sadeghee T. Iranian nurses and hospitalized teenagers' views of dignity. *Nurs Ethics* 2011; 18(4): 474–484.
22. Schopp A, Leino-Kilpi H, Välimäki M, et al. Perceptions of privacy in the care of elderly people in five European countries. *Nurs Ethics* 2003; 10(1): 39–47.
23. Lillis C, LeMone P, LeBon M, et al. *Study guide for fundamentals of nursing: the art and science of nursing care*. Philadelphia, PA: Lippincott Williams & Wilkins, 2010.
24. Lin Y-P, Watson R and Tsai Y-F. Dignity in care in the clinical setting: a narrative review. *Nurs Ethics* 2013; 20(2): 168–177.
25. Bagheri A. Elements of human dignity in healthcare settings: the importance of the patient's perspective. *J Med Ethics* 2012; 38(12): 729–730.
26. Elo S and Kyngäs H. The qualitative content analysis process. *J Adv Nurs* 2008; 62(1): 107–115.
27. Elo S, Kääriäinen M, Kanste O, et al. Qualitative content analysis: a focus on trustworthiness. *Sage Open* 2014; 4(1): 2158244014522633.
28. Bernard HR. *Research methods in anthropology: Qualitative and quantitative approaches*. Lanham, MD: Rowman & Littlefield, 2011.
29. Spradley J. *The ethnographic interview*. New York: Holt, Rinehart and Winston Inc., 1979.
30. Bengtsson M. How to plan and perform a qualitative study using content analysis. *NursingPlus Open* 2016; 2: 8–14.
31. Graneheim UH and Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurs Educ Today* 2004; 24(2): 105–112.
32. Lincoln YS and Guba EG. *Naturalistic inquiry*. Newbury Park, CA: Sage, 1985.
33. Speziale HS, Streubert HJ and Carpenter DR. *Qualitative research in nursing: advancing the humanistic imperative*. Philadelphia, PA: Lippincott Williams & Wilkins, 2011.
34. Hall P. Dignity and health. *Lancet* 2013; 382(9886): 28.
35. Scott P, Vlimki M, Leino-Kilpi H, et al. Autonomy, privacy and informed consent 1: concepts and definitions. *Br J Nurs* 2003; 12(1): 43–47.
36. Rivaz M, Momennasab M, Yektatalab Sh, et al. Adequate resources as essential component in the nursing practice environment: a qualitative study. *J Clin Diagn Res* 2017 Jun; 11(6): 1–4.
37. Hutton A. The private adolescent: privacy needs of adolescents in hospitals. *J Pediatr Nurs* 2002; 17(1): 67–72.
38. Mulye TP, Park MJ, Nelson CD, et al. Trends in adolescent and young adult health in the United States. *J Adolesc Health* 2009; 45(1): 8–24.
39. Viner RM. Do adolescent inpatient wards make a difference? *Findings from a national young patient survey*. *Pediatrics* 2007; 120(4): 749–755.
40. Ferri P, Muzzalupo J and Di Lorenzo R. Patients' perception of dignity in an Italian general hospital: a cross-sectional analysis. *BMC Health Serv Res* 2015; 15(1): 41.
41. Borhani F, Abbaszadeh A and Rabori RM. New vision for the dignity: understanding the meaning of patient dignity in Iran. *Br J Med Med Res* 2015; 9(2): 1–11.
42. Coyne I. Consultation with children in hospital: children, parents' and nurses' perspectives. *J Clin Nurs* 2006; 15(1): 61–71.
43. Brady M. Hospitalized children's views of the good nurse. *Nurs Ethics* 2009; 16(5): 543–560.
44. Matiti MR and Trorey GM. Patients' expectations of the maintenance of their dignity. *J Clin Nurs* 2008; 17(20): 2709–2717.
45. Bagheri H, Yaghmaei F, Ashktorab T, et al. Patient dignity and its related factors in heart failure patients. *Nurs Ethics* 2012; 19(3): 316–327.