

Nurses' Family Caregivers' and Physicians' Perception of Dignity in Cancer Patients: A Qualitative Study

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Cancer is a major public health problem worldwide. Cancer is an experience associated with stress and anxiety that affects all aspects of a patient's life. Due to changes in daily functioning, roles and social activities, a person with cancer may experience feelings such as worthlessness, insignificance, incompetence, and low self-esteem. In fact, emotions such as being insignificant and unimportant following the special circumstances of these patients, including dependence on others, Being a burden to others, changes in appearance, and frequent hospitalizations, can affect their human dignity. Maintaining a sense of dignity in incurable patients and providing a dignified death is one of the important goals of palliative care. Dignity is one of the basic human needs. But disorder in health and disease is one of the major factors that seriously threatens the dignity of individuals and makes a person prone to loss of dignity. Although many attempts have been made to define the concept of dignity and related factors, this concept has not been well studied in cancer patients. It seems that further studies in different societies and cultures may help to show the different aspects of this concept and the factors related to maintaining patient dignity and providing care services based on it. Therefore, this study was conducted to investigate the concept of maintaining the dignity of a cancer patient from the perspective of nurses, family caregivers and physicians. This study is a qualitative approach. Data were collected through semi-structured individual interviews. In order to analyze the data, the method of qualitative content analysis was used. The quality and trustworthiness of the data were assessed using the Guba and Lincoln's criteria. A total of 8 nurses, 6 physicians and 4 family caregivers of cancer patients participated in a targeted sampling method to achieve information saturation. Based on the results of the interview with the participants, three main categories (respect for human identity, respect for the rights of family caregivers, adequacy of resources) and thirteen subcategories were extracted. The results of this study showed that it is necessary to care for cancer patients in a respectful environment, where their human identity is respected and in addition to the patient's rights, the rights of the patient's companions are respected and sufficient physical and human resources are available to the patient to be placed. Therefore, managers and planners of health services in the cultural and care context of Iran should design and implement their care programs based on such ethical principles according to the special care conditions of these patients.

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