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## **Abstract**

**Background:** In recent years, operating theatre nurse (OTN) students' education focused on ethical value issues and how the patient's dignity is respected in the perioperative practice. Health professional are frequently confronted with ethical issues that can impact on patient's care during surgery.

**Objective:** The objective of this study was to present what operating theatre nursing students perceived and interpreted as undignified caring in perioperative practice.

**Research design:** The study has a descriptive design with a hermeneutic approach. Data was collecting with Flanagan's critical incidents technique.

**Participants and research context:** OTN students from Sweden and Norway participated and collected data in 2011, after education in ethics and dignity. Data consisting of 47 written stories and the text were analyzed with hermeneutical text interpretation.

**Ethical considerations:** The study was conducted in accordance with the Helsinki Declaration.

**Findings:** The findings show careless behaviour and humiliating actions among health professionals. Health professionals commit careless acts by rendering the patient invisible, ignoring the patient's worry and pain and treating the patient as an object. They also humiliate the patient when speaking in negative terms about the patient's body, and certain health professionals blame the patients for the situation they are in. Health professionals lack the willingness and courage to protect the patient's dignity in perioperative practice.

**Discussion:** In the discussion we have illuminated how professional ethics may be threatened by more pragmatic and utilitarian arguments contained in regulations and transplant act.

**Conclusion:** The findings reveal that patients were exposed to unnecessary suffering; furthermore, the OTN students suffered an inner ethical conflict due to the undignified caring situations they had witnessed.

**Keywords:** Human dignity, health professionals, operating theatre nurse student, perioperative practice, hermeneutic, critical incidents

## **Introduction**

This paper presents what operating theatre nurse (OTN) students perceived and interpreted as undignified caring in perioperative practice during their clinical education. The OTN students' clinical education takes place in a perioperative environment that is characterized as being technological<sup>1</sup> and where the ethos is based on production<sup>2</sup>. The patients, suffering human beings, are individuals who need emergency or planned surgery and who expect to be treated with respect and dignity<sup>3</sup>. Patients who undergo surgery meet health professionals ([HPs,] physicians, OTNs, nurse anaesthetists and enrolled nurses) who have different degrees of knowledge, varying responsibilities, experiences and ethos. The patients are completely at the mercy of HPs when they surrender their bodies to the OTNs, that is, to those who are obligated to care for them, protect them and promote life and health<sup>4, 5, 6</sup>. Providing care means showing respect for human dignity, cultural rights and the right to life.

Being a professional means that the HPs belong to a profession, which in turn means that he or she has chosen their vocation out of interest and commitment to be there for another human being<sup>7</sup>. According to Bentling<sup>8</sup>, compliance with a vocation's requirements is a matter of skill, scientific knowledge, experience, duty and an ethical code of conduct. Nightingale<sup>9</sup> claims that the behaviour of HPs has an impact on how patients perceive the care they receive. The caring acts of HPs reflect their ethics and basic values. A caring act that carries a nourishing substance with the intent to alleviate suffering implies caring for, protecting and preserving the patient's dignity<sup>10</sup>.

The ethical requirements make HPs aware of their responsibility for their own dignity and the that of the patient<sup>11</sup>. Dignity is the ethos<sup>12</sup>, the most deeply ethical, original and most fundamental value in professional natural care that can contribute to the patient feeling comforted on the operating table<sup>11</sup>. If the HP fails to preserve the patient's dignity, the patient

will be exposed to unnecessary suffering<sup>5</sup>. Nurses who witness or participate in undignified caring perceive an internal value conflict of their own<sup>13</sup>.

According to Edlund<sup>14</sup> and Edlund et al.<sup>15</sup>, dignity emerges as an absolute quality that implies the individual's right to be regarded as unique and free from judgements, as well as a relative dignity: an inner ethical attitude that engenders an awareness of one's own dignity as well as that of others. Human dignity depends on the culture in which people live<sup>2</sup> and changes in relation to others. Gallagher<sup>16</sup> emphasises that dignity can be seen as a dual professional value, a self-regarding value and an 'other-regarding' value which implies 'respect for the dignity of others and one's own personal and professional dignity' (p 587). Levinas<sup>17</sup> claims that dignity belongs to human beings and their responsibility for the other. Through seeing the face of the other, people are encouraged to recognize their responsibility, to be there for the other. To 'be someone' means to be seen and believed, as well as to be listened to and taken seriously. Dignity as the most deeply ethical aspect of humanity renders the human being vulnerable to humiliation and abuse. To prevent humiliation and loss of dignity, each human being has integrity, his or her own sphere, which nobody may enter without being invited<sup>18</sup>.

Previous research has focused on the importance of meeting people with dignity and respect, and of seeing and listening to them in the operating theatre<sup>19, 10</sup>. Caregivers can preserve the patient's dignity by meeting him or her as a fellow human with a personal history and by preventing other caregivers from performing unethical acts<sup>20</sup>. In perioperative practice observed by respondents in this study, patients' dignity was violated when HPs behaved rudely towards the patient<sup>21</sup>. OTNs have an obligation to protect the patient's preferences and previously expressed values<sup>22</sup>) but students nevertheless were forced to watch what they did not want to see, namely that the patient was treated like an object rather than a human being. Studies have also shown that poor cooperation and inappropriate team communication in

operating theatres occur and may jeopardize the patient's safety<sup>23-28</sup>. There are no known previous studies describing how OTN students experience the patients humiliated dignity in perioperative practice. *The aim* of this study is to present what OTN students perceive and interpret as undignified caring in perioperative practice.

## **Method**

Based on the aim, a hermeneutic approach inspired by Gadamer's<sup>29</sup> philosophy of understanding and interpretation was chosen. Gadamer focuses on the concepts of prejudice, pre-understanding and fusion of horizons, and emphasizes that those who express themselves and those who understand are connected by a common human consciousness that makes understanding possible.

## **Sample and data collection**

The participants were 60 registered nurses (RNs, 32 from Sweden and 28 from Norway), undertaking specialized operating theatre nursing education. The participating students were aged from 25 to 48 years and had different levels of professional nursing experience ranging from one to sixteen years. All invited students accepted participation and completed the study. Data was collected by the critical incident technique<sup>30</sup> a self-reporting technique that focuses on critical incidents that have affected the participants either positively or negatively. Flanagan<sup>30</sup> describes the critical incident technique as "*a procedure for gathering important facts concerning behaviour in defined situations*" and states that it "*should be thought of as a flexible set of principles which must be modified and adapted to meet the specific situation at hand*" (p. 335). The following information was given to the students to be used in providing written critical incidents: *Critical incidents are descriptions of actions and ways of acting that you have experienced and that have been of importance to the perioperative care in which you have participated. Describe one negative incident where HPs humiliated patients' dignity, a critical*

*incident from your clinical practice education reality.* The critical incidents were described using the following steps: *It all started like this... And it developed like this...* Flanagan <sup>30</sup> asserts that critical incidents are considered credible since the research subjects themselves have experienced them. In this study, the data covered 47 negative incidents, 13 of which were excluded because they did not focus on violated dignity. Part I presents the positive incidents <sup>10</sup>, and part 2 presents the negative incidents. The study was conducted during the autumn of 2011, the second period in the students' clinical education.

### **Ethical considerations**

The study was conducted in accordance with the Helsinki Declaration <sup>31</sup> which protects the research subjects' anonymity, integrity and maintains public confidentiality. In this study, which is based on narratives, the integrity of informants, patients and staff has been protected by making no mention of names, dates of birth, hospitals or countries. The students were asked if the material could be used for research purposes and they gave their informed consent. The project was approved by the local University Ethics Committee.

### **Hermeneutical text interpretation**

The critical incidents were combined into one text which became 'a voice from reality'. Gadamer <sup>29</sup> highlighted the significance of language for creating the world in which reality can be revealed and interpreted. It is the text itself that should be understood, not the author's intention. Interpreting the text encompassed five readings <sup>32</sup>.

Understanding of the text is based on the readers' existential <sup>29</sup> and professional pre-understanding <sup>32</sup>. Professional pre-understanding is the result of one's professional education

and experience as a nurse and as part of the subculture of nursing. Professional pre-understanding should not be understood as merely existential pre-understanding but rather as pre-understanding arising from the profession under investigation. The authors' professional pre-understanding consists of a caring science perspective, ethical values, medical knowledge and prejudices as well as experiences as a nurse in perioperative practice. Gadamer<sup>29</sup> described clarifying one's pre-understanding as gaining insight into one's prejudices and as knowing oneself. 'Pushing the veil aside', that is, getting rid of the prejudices that block one's vision and seeing what actually appears in practice, is a laborious process. Pushing the veil aside means that the researchers try to go beyond the obvious and reflect on what they really saw and what they overlooked<sup>32</sup>. The researchers are not free from tradition's horizon of understanding.

The interpretation of the text began with an examination of the text as the original source and its relevance to practice. The text was regarded as the original source since the incidents came from our time and from practice that is known to us. The language was relevant to perioperative practice.

*Integrating the text with the reader.* In order to ensure that the approach to the text was as unprejudiced as possible, it was not read or interpreted until the data collection had been completed and the data had been incorporated into a single text. The first step was an open reading, which means that the reader asks what the text has to say. While reading, questions emerge such as: Is this reality? The text answers: Yes, this is reality. Professional pre-understanding made the text understandable.

*Fusion of horizons.* The text was carefully read and was allowed to present itself in all its otherness<sup>32</sup>. Professional pre-understanding had to be taken into account in relation to the unfamiliar context, and new questions emerged: Is this the reality of the situation described, or does it mean something else? Gadamer<sup>29</sup> stated that dialogue with a text leads to a fusion of

horizons, that is, the reality of the text becomes part of the reader. In the fusion of horizons, it becomes obvious that the text was about unprofessional behaviour and undignified caring.

*New questions posed to the text.* The following question arose when the researchers transcended the horizon of the text as well as their own horizon: What does the text say about humiliated dignity in perioperative practice? Searches throughout the text were carried out in an attempt to discover answers to the question. The answers were found in the form of significant expressions and quotations with common and distinctive qualities.

*Summarizing main themes and subthemes.* The text was carefully read through to search for common features of all significant expressions<sup>32</sup>. The common features were categorized into two main themes, after which distinctive qualities were sought, resulting in five subthemes. Each of these subthemes is presented in the findings section along with quotations from the text.

*The new understanding.* The entire text was then read again to reconfirm the themes and to search for a new understanding by moving back and forth between the parts and the whole (Fig.1). This process of understanding involved abstraction of the main themes and subthemes to form a new understanding: a coherent whole that was deemed valid and free of contradictions.

## **Findings**

The findings revealed that OTN students' experienced health professionals' undignified caring as *unprofessional acts and humiliating behaviour* in perioperative practice.



## **Health professionals' unprofessional acts**

This main theme comprises three subthemes: *Health professionals rendered the patient invisible; Health professionals ignored the patient's worry and pain; and Health professionals treated the patient as an object.*

### ***Health professionals rendered the patient invisible***

The students experienced that HPs rendered the patient invisible by not introducing themselves to the patient. They did not want to learn about the patient, who was about to undergo surgery.

*... The doctor was visibly stressed. She did not shake the patient's hand, only gave her a nod behind her back and went on with the spinal procedure... (31)*

Another wrote:

*The OTN never introduced herself and did not greet the patient (20).*

Information about the patient's situation was only retrieved from the records in the computer system, not from the patient. The OTN was busy with her own preparations before surgery began.

*They are busy setting the scene. Everybody was fussing around, acting by routine.*

*OTN reviewed the information on the patient in the computer system while she started to put on her sterile clothes (25).*

To render the patient invisible is an unprofessional, careless and undignified act. The HPs exclude dignity, the ethical dimension in caring. Through their acts, they show that they do not want to care for the patient or to consider the patient's best interests.

### ***Health professionals ignoring the patient's worry and pain***

Students experienced that the OTN neither listened to nor saw the patient's worry, fright and fear of being in the operating theatre. They ignored the patient's non-verbal signals, and did not recognise when the patients were in pain and suffering.

*When the patient entered the operating theatre, she clearly expressed her anxiety and fear of being in such surroundings, as well as for the surgery itself...Only very few paid any attention to the young mother-to-be... When the patient had questions, nobody took the time to respond (43).*

The doctor ignored the patient's quiet tears and her attempts to tell him something which, to her, was important. The OTNs talked to each other as though the patient was not there.

*An anaesthesiologist came in and briefly greeted the patient... she started to cry and tried to communicate with the anaesthesiologist, but he sort of swept it away by saying: "This will be fine, there's no need to worry. We do this type of surgery all day."(47).*

Another wrote:

*The OTN ignored the patient completely, not deliberately but because they are busy finding the right equipment. They speak loudly and intensely among themselves, back and forth. The patient often turns towards them, being visibly uncertain by their dithering (44).*

Several students witnessed how patients were in apparent physical pain. One student wrote about a patient who was to undergo a biopsy under a local anaesthetic. The surgeon continued his work in spite of the patient's expression of pain.

*The surgeon comes in, accompanied by a radiologist. They speak in medical terms over the head of the patient. The surgeon got a syringe with a local anaesthetic, which he jabs into the patient's spine with no warning whatsoever. The patient twitches... Instead of injecting the anaesthetic, the surgeon starts searching for the correct location of the vertebrae by jabbing the syringe up and down repeatedly while an x-ray is being taken and an increasingly irritable discussion evolves between the surgeon and the radiologist. After approximately five minutes ... the surgeon finally injects the local anaesthetic. The patient... raises his legs from the bed because of the pain. The surgeon continues ... After approximately ten minutes, the patient cannot hold back any longer, he now says that this is quite painful... "Does it hurt?" the surgeon asks, but continues at the same pace ... (21)*

HPs act unprofessionally when they subject a patient to unnecessary pain using their instruments in an insensitive manner, harming the patient's body and causing him or her unnecessary suffering. Not seeing or listening to the patient's pain and abandoning the patient can be regarded as unethical, unprofessional and humiliating acts.

### ***The health professionals treating the patient as an object***

The students experienced that the HPs treated the patient as an object, a diagnosis or an intervention, and as someone not worthy of attention or any closer acquaintance.

*A woman arrives in the operating theatre for a scheduled Caesarean section. Her records say that she has previously lost two children, one during an emergency section at term and one at six months' gestation. This will therefore be her first live birth. She is clearly nervous and says she is dreading it. The OTN comes up to her and tries to calm her down. She starts asking about the other children – asking whether they are in kindergarten and whether they look forward to having a little brother. The OTN has only read in the records that the patient has had two previous births/Caesareans. The patient reacts strongly and starts crying. Finally, she is able to explain that she lost both the two other children, and that this will be her first live child... The OTN does not express any regret for what she has said, but pretends not to hear, continuing to ask whether the patient has everything ready for the baby to come and whether the father is looking forward to it (39).*

A nurse anaesthetist dropped into the operating theatre and made a comment on the patient.

*The first thing she says loudly, so that everybody can hear; including the patient, who is under local anaesthetic, is “Does it make sense to take biopsies from this patient, who will soon be dead anyway?” I look at the patient, I can see that he freezes up and turns white in the face. The surgeon pretends not to have heard her (37).*

The nurse anaesthetists and the OTN started preoperative preparations of the patient's body without explaining to the patient what they were doing.

*Nobody explained to her what was about to happen... she lay there completely exposed with a sort of stick between her legs, on the side and completely naked. Around her there were three OTNs, two nurse anaesthetists and myself as a student. Everybody was talking and setting things up for the operation. One of the OTNs started the skin-disinfection without any direct warning, while standing with her back to the patient and talking to the others (25).*

Ignoring the patient's worry and pain are to be understood as unprofessional, unethical and undignified acts. The fact that the OTNs permitted themselves to be engrossed in their own preparations for the surgery can be interpreted as their having chosen to disregard the suffering patient for the benefit of mere time efficiency. OTN students experienced that HPs through their acts treated the patient as an object among other objects in the operating theatre, as a body without a soul and spirit. The patient was humiliated during preoperative preparations. The HPs did not empower the patient, but permitted their acts to humiliate the patient's dignity.

### **Health professionals' humiliating behaviour**

This main theme comprises two subthemes: *The health professionals speak derisively about the patients' body* and *the health professionals blame the patients for their situation*.

#### ***Health professionals speaking derisively about the patient's body***

Several students witnessed how HPs behaved unprofessionally when they spoke in derisive terms about the patient's body during operations for morbid obesity.

*When the OTN was about to start washing the patient, she remarked how strenuous it was, that she became all sweaty and how many sponges would be needed for this huge person... “[Imagine] that someone could let things go this far.” They speculate whether the size of the man’s genitals is proportionate to the rest of his body, and then there is laughter... (17).*

The surgeon’s humiliating comments on the patient’s body weight caused a demoralized atmosphere in the operating theatre.

*The surgeon comments on the size of the patient’s body and could not understand that a woman who is so young can accumulate such weight, and grumbles that this operation will not be easy because of all the abdominal fat and because there is barely enough room for the woman on the table. A very dispirited mood immediately spreads through the room (3).*

Another student wrote:

*After a lot of effort he was finally on the operating table, with assistance from us others, who efficiently and professionally performed our tasks. As soon as the anaesthetic had been given, the comments started from two of them: “He is really fat, yeah, he’s so fat that it’s a disaster, won’t be easy to classify him, shall we give him a three or a four?” These two continued in the same vein, and it was awful ... (41).*

During the surgery, the OTN students became involuntarily privy to the unprofessional and undignified behaviour and comments made by the HPs, how they spoke derisively about the patient’s body after he or she had been put under anaesthesia and was unable to respond or defend him/herself. The HPs’ humiliating behaviour generated a dispirited atmosphere in the team, and the students felt humiliated by seeing behaviour they did not want to see.

***Health professionals blame the patients for their situation***

HPs might blame the patient for his/her unhealthy lifestyle in various ways. A nurse reprimanded a patient because she had been smoking before the operation and another patient was blamed for not having followed instructions on how to empty her bowels before surgery.

*The nurse anaesthetist speaks in a consistently loud voice, and appears to be annoyed. I feel she speaks to the patient in a condescending tone. The nurse anaesthetist says: "It's stated clearly in the papers you've been given that you're not allowed to smoke, isn't it!? Now I need to go and see the anaesthesiologist to ask whether we can put you under narcosis, and it's not certain that we can, now that you've been smoking!"*  
(35).

*Another student wrote:*

*The assistant nurse made it clear that she found this very gross, and turning to me, she said emphatically: "Yes, it's really a bore ... That people can't take in the information and go to the loo beforehand... yuck! It's bloody disgusting, to be honest!"*  
(20).

An anaesthesiologist got angry with a patient because she could not curve her back sufficiently during the administration of spinal anaesthetic.

*When the doctor missed on her first attempt, she got annoyed with the patient and asked her to pull herself together and sit correctly. The patient started crying and said that she found it very difficult to sit in any other way. The doctor made no attempt to calm the patient down and was not very pleasant to her. The patient was now crying uncontrollably and was completely beside herself...(31).*

Putting the blame and responsibility on the patient for matters over which they have no power or knowledge about can be regarded as unprofessional and undignified behaviour that humiliates the patient and exposes the patient to unnecessary suffering.

### **The new understanding**

In accordance with Gadamer's<sup>29</sup> term 'a spiral activity', the present findings led to a new understanding of what OTN students learned about undignified caring during their clinical education. In this new understanding, the HPs' caregiving took the form of unprofessional acts and humiliating behaviour. As a result of the HPs' unprofessional acts, the patient's dignity was humiliated. When HPs ignored the patient's worries and pain and treated them as an object, the patient was humiliated. The unprofessional and undignified behaviour was demonstrated when HPs spoke derisively about the patient's body and the patients were blamed. The HPs' unprofessional behaviour can be characterized by a lack of willingness and courage to preserve the patient's dignity, not meeting the patient with respect and not regarding the patient as a unique human being<sup>7, 12, 18, 15</sup> can cause the patient unnecessary suffering<sup>5</sup>. The HPs' ethics and value base is reflected in their unprofessional and undignified acts and behaviour. The OTN students, being forced to witness this by their mere presence, suffered their own value conflicts<sup>13</sup>, inner ethical conflicts characterized by feelings of anger, despair, powerlessness and inadequacy (see fig. 1).

### **Discussion**

The results make us aware that OTN students perceived that HPs humiliated patients' dignity and subjected the patients to unnecessary suffering caused by acts of care<sup>5, 7</sup>. OTN students who witness unprofessional and undignified caring acts and behaviour experience value



conflicts<sup>13</sup> internal personal conflicts of ethics, since they seek to ease the patient's situation on the operating table<sup>19, 33, 34</sup>.

The results also make us aware that OTN students, already nurses with clinical experiences as registered nurses and still unfamiliar to the perioperative culture (LL & vPost 2008), perceive, interpret and understand the unprofessional, undignified caring acts and behaviour in perioperative practice through the lens of nursing ethics<sup>4</sup>. Levinas<sup>17</sup> states that through ethically-based acts and ethical behaviour, the human being should be cared for and seen as the individual that he or she is, an entity of body, soul and spirit<sup>5 11</sup>. Professional health personnel treat the patient with respect and dignity, so that the patient can experience health; this is supported by, for example, Baillie et al.<sup>19, 35</sup>, Eriksson<sup>5</sup> and Gallagher<sup>16</sup>. The unprofessional HPs have abandoned the profession's requirements regarding competence and the obligation to act ethically. They have also abandoned the patients who depend on their care and who, by virtue of being a patient, are in an asymmetric relationship with the HPs<sup>36</sup>. Eriksson<sup>5</sup> regards humiliation of the patient's dignity as the most frequently occurring form of suffering inflicted by caregivers, and such humiliation robs the patients of the opportunity to use their own health resources<sup>36</sup>. When HPs in this study humiliated the patient's dignity, they acted contrary to Levinas'<sup>17</sup> claim: to see and take responsibility for the other. They renounce their ethical and moral responsibility to act in the patient's best interests. The current study also adds the experiences of moral distress and the lack of moral courage because nurses and HPs do not always feel they can do the right thing in everyday practice<sup>37, 38</sup>.

The way in which OTN students facing value conflicts in their perioperative practice education are taken care of by their teachers, supervisors and other contributing OTNs is not described in this study, although this issue warrants further research. In this study, students took part in an empirical study after education in ethical theories and principles. They also participated in

seminars in which they had the opportunity to reflect on recent negative incidents from their perioperative practice. OTN students reflecting on ethical theories and critical incidents will probably raise their awareness of undignified caring in the perioperative practices. Gallagher<sup>39</sup> highlights these experiences as a learning experience that can give the student an opportunity to develop ethical caring skills, which are highly complex and for which the understanding of ethical theory is only one part of the ethical competence developed. Gallagher<sup>39</sup> also points out that students need to be prepared for the challenges and situations that the profession can expose them to and has developed a model for teaching nursing ethics that promotes ethical competence. The goals or aims of ethics education can be articulated by ethical knowing, ethical 'seeing' or perception, ethical 'reflecting', ethical 'doing' and ethical 'being'. She provided an overview of the current challenges to demonstrate ethical caring as it relates to patient perceptions of neglect, abuse and indignity in care contexts. Implementing Gallagher's model<sup>39</sup> for promoting ethical competence in the OTN students' study programmes could be proposed to prepare the students to promote dignified caring in perioperative practices and contribute to strengthen moral courage<sup>37,38</sup> in situations similar to the experiences the students shared in this study. The results, as well as previous research, indicate that undignified care, humiliating acts and behaviour do not belong in the operating theatre<sup>2</sup>.

### **Methodological reflections**

Through the OTN students' 47 written accounts of critical incidents<sup>30</sup>, we received a varied and detailed picture of the students' experiences of undignified caring in perioperative practice. The written records were subjected to hermeneutical textual interpretation<sup>29,32</sup> and produced a new understanding of how OTN students experienced violation of the patients' dignity by insensitive HPs. The students participated in certain assignments during the perioperative

practice, and this may lend credibility to the findings. The professional pre-understanding of the researchers and the findings themselves further support this. On the other hand, this professional pre-understanding may cloud the researchers' ability to grasp the true message in the texts <sup>32</sup>. A limitation and an opportunity in this study was that data was collected in two Nordic countries. These are neighbouring countries with mutually comprehensible languages, but some cultural differences do exist. The OTN study programmes in the two countries are comparable. These elements may give rise to faulty interpretations; it may also provide more in-depth information. This may have affected the findings and the trustworthiness of the study <sup>40</sup>. The cited incidents have been translated from Swedish and Norwegian into English. This may have caused some nuances to be lost. The incidents described by the OTN students revealed a sufficient number of similar features to permit us to assume that there are few differences of an organizational and practical nature between the two countries with regard to surgical interventions and the occupational practices of OTNs, and this may help reinforce the trustworthiness of our findings <sup>40</sup>. The implications of our findings are in no way amenable to generalization, although it is worth noting that 47 of the 60 OTN students had participated and witnessed how HPs violated the patient's dignity.

The findings of this study may indicate a need for further research and investigation of different facets of unprofessional and undignified caring in perioperative practices. Remedial measures that may be required are, for example, to strengthen ethical education <sup>39</sup>of OTNs and instruct them as to how to deal with undignified care in a hierarchic culture <sup>2</sup>. Our findings can be used for discussion in both national and international operating theatre nursing contexts with a view to promoting and strengthening an ethical and dignified caring climate.

## **Conclusions**

This study has shown how OTN students during their clinical education perceived undignified caring among health professions and witnessed how HPs disregarded the ethos of care, their ethical responsibility and their respect for the patient's dignity. The findings reveal that patients were exposed to unnecessary suffering; furthermore, the OTN students suffered an inner ethical conflict due to the undignified caring situations they had witnessed.

Our findings may indicate the need for reflections and discussions about ethics in perioperative practices and in OTN educational programs. Students that discuss and reflect about ethics and dignity will be able to increase awareness of attitudes in the operating rooms and contribute towards changing these for the benefit of both patients, staff and student nurses.

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## **Conflict of interest**

The authors have no conflict of interest. We alone are fully responsible for the content and writing of this article.

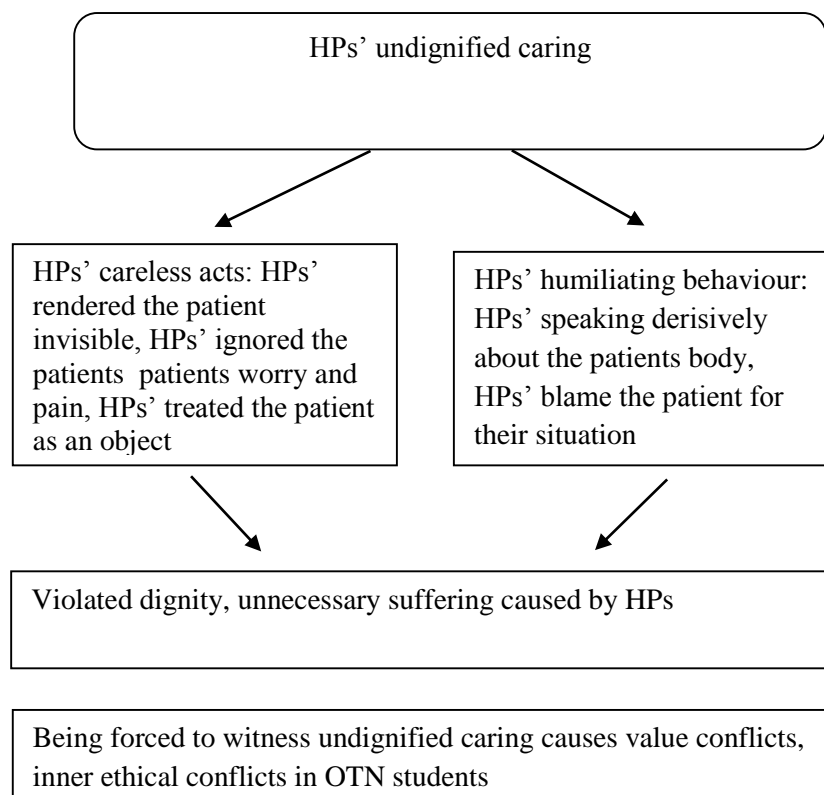


Figure 1 Health professionals' undignified caring in perioperative practice

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