RESEARCH ARTICLE

Authors' conflicts of interest in Nepalese healthcare journals

MOHAN RAJ SHARMA, SUBIGYA PARAJULI, LAVA SHRESTHA, GOPAL SEDAIN, PRAKASH KAFLE

Abstract

Most biomedical journals now require authors to declare their conflicts of interest (COI), especially financial ones, before they accept the manuscript for submission. This study aims to examine the COI policies of Nepalese healthcare journals. The sample constituted journals indexed in Nepal Journals Online (NepJOL) as of June 2021. Of the 68 that met our inclusion criteria, 38(55.9%) journals endorsed the COI policy of the International Committee of Medical Journal Editors. Thirty-six (52.9%) journals had a policy for reporting the COI. Financial COI was the only type of COI mentioned. All journals in Nepal are encouraged to request the authors to declare the COI for better transparency.

Keywords: *conflict of interest, healthcare journals, journal policy, Nepal, research ethics*

Introduction

A conflict of interest (COI) exists when an individual or an institution has two or more overlapping, and often contradictory, interests in an activity. The Institute of Medicine, US, defines COI as "circumstances that create a risk that professional judgments or actions regarding a primary interest will be unduly influenced by a secondary interest" [1]. As the role of a clinician has widened with many serving as investors or part-time consultants in pharmaceutical companies and with the increasing involvement of pharmaceutical and other industries — such as tobacco, alcohol, food and beverage — in medical practice, the topic of COI is emerging as a powerful concept in research and publication ethics. Food and beverage industries often try to portray their products as healthy, whereas tobacco and alcohol industries try to downplay the ill effects of their products [2-4]. Financial COI is most common, though other forms of COI also exist [5, 6]. Financial COI includes but is not limited to stock ownership, grant/research support, direct employment, and serving as an advisor, consultant, or public advocate of the company [5]. Non-financial forms of COI include professional, intellectual, and personal conflicts [7]. Other types of COI, such as that of editors or reviewers, do exist but are not the subject of our study.

In healthcare research, COIs are widespread [8]. Studies have revealed that industry-funded research is more likely to derive conclusions in favour of the industry [9-11]. Given this context, the readers of a scholarly paper need to know the type and extent of the authors' COI to interpret the results critically. Hence, declaring a COI appropriately and honestly is the responsibility of every author. Failure to do so not only erodes public trust in research reports but also misleads healthcare professionals, which may have dire consequences.

Journals have a unique responsibility of ensuring that the author makes appropriate disclosures. Many prestigious international organisations — such as the International Committee of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), and the Committee on Publication Ethics (COPE) — have published guidelines with specific recommendations stated explicitly on their website for the disclosure of information about authors' COI [1, 12-14]. COPE is a subscription-based organisation that opines on case studies, whereas WAME is a discussion-based forum open to all editors. ICMJE, on the other hand, is an invitation-only committee that provides recommendations. Though there is a significant overlap, the three have different roles in promoting and enforcing publication ethics as well as different powers. COPE's code of conduct recommends editors to have clear definitions of COI and processes for handling them [13]. WAME has specific guidelines regarding declaring and managing a COI [12]. Similarly, the ICMJE recommends publishing articles with statements declaring the authors' relationships with the organisation, the source and nature of support, and the nature of involvement during the different phases of research. The ICMJE also encourages all journals endorsing its criteria to use the disclosure form developed by their committee [14]. Though none of the

Authors: **Mohan Raj Sharma** (corresponding author — mohanrajsharma@iom.edu.np), Professor of Neurosurgery, Institute of Medicine, Tribhuvan University, Kathmandu, NEPAL; **Subigya Parajuli** (parajulisubigya@gmail.com), Medical Officer, Institute of Medicine, Tribhuvan University, Kathmandu, NEPAL; **Lava Shrestha** (lava.shrestha@iom.edu.np), Associate Professor of Physiology, Institute of Medicine, Tribhuvan University, Kathmandu, NEPAL; **Gopal Sedain** (newron79@gmail.com), Associate Professor of Neurosurgery, Institute of Medicine, Tribhuvan University, Kathmandu, NEPAL; **Prakash Kafle** (prakashkaflee@gmail.com), Associate Professor of Neurosurgery, Nobel Medical College and Teaching Hospital, Kathmandu University, Biratnagar, NEPAL.

To cite: Sharma MR, Parajuli S, Shrestha L, Sedain G, Kafle P. Authors' conflicts of interest in Nepalese healthcare journals. *Indian J Med Ethics.* 2023 Apr-Jun; 8(2) NS: 103-108. DOI: 10.20529/IJME.2022.060

Published online first on August 10, 2022.

Manuscript Editor: Sandhya Srinivasan

Peer reviewers: Two anonymous peer reviewers.

recommendations from these organisations is legally binding, they are considered important by the journal-editing community. Therefore, all journals are strongly advised to make their COI policies publicly available and readily accessible [12]. We believe that a journal's COI guidelines should include a declaration, a mechanism of investigation, and potential action from the journal if an undisclosed COI is found. However, adherence to these ethical aspects varies across journals. Several studies evaluate the existence and content of the COI policies of journals across the world [6, 15-16], but a similar study has not yet been published in Nepal.

Therefore, the primary objective of this study is to determine the proportion of healthcare journals published in Nepal that disclose their policies on their websites. The secondary objective is to describe their degree and pattern of adherence to standard COI policies as specified in the ICMJE guidelines [14].

Methods

Using the Nepal Journals Online (NepJOL) database (maintained by the Tribhuvan University Central Library in Nepal), we reviewed all healthcare-related journals published in the English language, as of first week of June 2021 [17]. NepJOL is a comprehensive database that lists all journals that fulfil a minimum set of standards and ranks them based on quality. NepJOL follows the Journal Publishing and Practices Standards (JPPS) criteria, designed specifically for developing countries. It assigns journals one of six levels (new title, inactive title, no stars, one star, two stars, and three stars) based on the publication of original research, a well-functioning editorial board, an accurate description of the peer-review process, the availability of authors' guidelines, and the display of editorial and publishing policies. Details of the ranking criteria can be found on the JPPS website [https://www.journalquality.info/en/jpps-criteria/] [18].

As the information was publicly accessible, approval from the institutional review board (IRB) was not sought for this study. We identified 68 healthcare journals listed in NepJOL. All medical, dental, nursing public health colleges, and professional societies related to healthcare were enquired regarding the publication of an institutional journal. Altogether, 69 healthcare-related journals were found, of which, one was not listed in the NepJOL database, and hence, excluded from our study. We studied the "Information for Contributors" section of each journal in detail and analysed its COI guidelines. In particular, we looked at whether a journal mentioned a COI policy and what it consisted of. In journals that did not display this information or when the information was unclear, one of us registered as an author on their submission system to read the author's guidelines to get the desired information.

The journals were divided based on their JPPS ranking, subject category, endorsement of COPE, WAME, or ICMJE, and journal affiliation to professional organisations or academic institutions. To retrieve data on COI disclosure requirements, we searched the page on information for the contributors for words or phrases such as "Conflict of Interest", "financial disclosure", "funded by", "support", "association", "competing interests", "relationship", "employment status", "affiliation", and "acknowledgements". The explanation of these words and phrases was analysed to find out the actual definition provided by each journal. Specifically, the following components were recorded:

- Presence or absence of a disclosure policy.
- If the journal had a COI disclosure policy, the type of COI mentioned (financial or others).
- If financial, the amount of payment and duration of employment or stock-holding.
- The journal's policy regarding barring certain industry-related manuscripts (manuscripts discussing the benefits of food and beverages or the decreased harm of tobacco and alcohol).
- Policy description of how COI disclosure affects the manuscript review process.
- Policy description of how non-disclosure of COI affects the review process.

Though the last two points were not mentioned as standard components by WAME, COPE, and ICMJE, a previous report evaluating these among public health journals [5] prompted us to analyse these aspects in Nepalese journals as well.

For descriptive data presentation, we used frequencies and percentages to describe the categorical variables.

Results

A total of 226 journals were listed in the NepJOL database, of which 68 healthcare related journals met our inclusion criteria.

Journal ranking

Table 1 displays the ranking status of the journals on NepJOL. "Two stars" and "Working towards ranking" were the most common categories.

Table 1. Ranking of the journals in the NepJOL database

Rank	Number of journals (%)
Inactive	7 (10.3)
New	11 (16.2)
Working towards ranking	17 (25)
One star	15 (22.1)
Two stars	18 (26.5)
Three stars	0
Total	68

Subject category of the journals

Table 2 shows the subject category of the journal. Multispecialty journals — covering all clinical fields like

medicine, surgery, dentistry, nursing, basic sciences, etc — such as the Journal of Nepal Health Research Council (JNHRC), the Journal of Institute of Medicine Nepal (JIOM Nepal), and public health journals were the most common journals published in Nepal.

Table 2. Subject category of the journals in the NepJOL database

Subject category	Number of journals (%)
Multispecialty	35 (51.5)
Public Health	6 (8.8)
Dentistry	3 (4.4)
Laboratory Medicine	3 (4.4)
Neuroscience	3 (4.4)
Others/Subject-specific: One each from Anaesthesiology, Cardiology, Dermatology, Endocrinology, General Surgery, Infectious Disease, Internal Medicine, Obstetrics & Gynaecology, Oncology, Ophthalmology, Orthopaedics, Otorhinolaryngology, Pathology, Paediatrics, Pharmacy, Physiology, Psychiatry, and Radiology	18 (26.5)
Total	68 (100)

Journal affiliation

Thirty journals were published by professional societies, 19 by individual medical colleges, and seven by universities and academies. The remaining were published by departments of universities and colleges, individual hospitals, or nongovernmental organisations.

Endorsement of COPE, WAME, or ICMJE

Thirty-eight (55.9%) journals endorsed the ICMJE policies, 20 (29.4%) endorsed the COPE, and 13 (19.1%) endorsed policies that of WAME. Only 12 (17.6%) journals endorsed the policy of all three organisations. One journal endorsed the policy of WAME only, six journals endorsed the policy of both ICMJE and WAME. Twenty-nine journals did not endorse any of these organisations' policies.

COI statement policy

Out of the 68 journals, 36 (52.9%) had a COI policy explicitly stated on the "Information for Contributors" page. Table 3 shows the number and percentage of journals with a COI policy for each rating.

Of the 38 journals that endorsed ICMJE guidelines, 13 (34.2%) did not have a COI statement. Whereas, of the 30 journals that did not endorse ICMJE guidelines, 13 (43.3%) had a COI statement.

Table 3. Journals providing a COI policy and their ratings (n = 36)

Ratings	Number (%)
New and inactive	8/18 (44.4)
Working towards stars	10/17 (58.8%)
One star	7/15 (46.7%)
Two stars	11/18 (61.1%)
Total	36/68 (52.9%)

Table 4 shows the relationship between the subject category of journals and the COI policy statement. Forty-four journals that have published at least two journals in one category were analysed.

Table 4. Subject category of the journals and the COI policy statement (n = 44)

Journal Type	Number (%)
Multispecialty	20/ 35 (57.1)
Public Health	2/6 (33.3)
Dentistry	1/3 (33.3)
Total	23/44 (52.3)

Only 21/36 (55.3%) journals further elaborated on COI with examples. All 36 journals mentioned only financial COI in their COI description. Only four (11.1%) journals mentioned that the manuscript would not be sent to a peer reviewer working in the same organisation as the author.

Out of 68, only one (1.5%) journal required the authors to mention the amount and duration of funding. ICMJE recommends authors to declare the support received for the ongoing manuscript without any time limit, whereas the time frame for the disclosure of items such as grants, royalties, consulting fees, and honoraria is 36 months [14].

None of the journals mentioned the degree of independence from the funders, while drafting and submitting the manuscript. No journal mentioned any policy regarding manuscripts funded by certain industries such as tobacco, alcohol, food and beverage. None of the journals had any description of non-disclosure of COI affecting the review process.

Discussion

Relationships between researchers and manufacturing

companies such as those of drugs, devices, and tests have the potential to be exploited such that the financial and other interests of the researcher may conflict with the pure aim of advancing medicine [20]. To strike a balance, IRBs and data safety and monitoring boards (DSMBs) regulate the COI during the research process while journals are expected to evaluate the COI during the publication process [21, 22]. Hence, many leading medical journals adopt a policy of authors declaring the degree and magnitude of COI [5,6,15]. Multiple studies published in Europe and North America have explored journals' adherence to COI policies [6-8, 16]. Data on this topic specifically from South Asian journals are scarce [20, 23]. This is the first study in Nepal that investigates this important part of the publication process in 68 healthcare journals across more than 21 healthcare specialties.

General characteristics of the journals

In our study, 12 (17.6%) of the 68 journals mentioned that they followed the guidelines of all three organisations — COPE, WAME, and ICMJE. Thirty-eight (55.9%) journals mentioned that they followed the ICMJE guidelines, 13 (19.1%) endorsed WAME guidelines, and 20 (29.4%) endorsed those of COPE. In the study of public health journals by Daou et al [5], only 21% of the journals were members of the ICMJE and 67% were members of COPE. While in a study of 256 high-impact journals by Blum et al [6], only 69 (26.9%) journals had officially endorsed the ICMJE guidelines. Most journals endorsing ICMJE guidelines had COI policies compared to the 84% of journals not endorsing the guidelines (68/69 versus 158/187) [6].

Dal-Ré et al in 2018 studied "highly influential" journals based on the 2017 Journal Citation Reports [24]. They found that 45% (58/130) of these journals followed the ICMJE recommendations and 73% (95/130) were COPE members. There was no correlation between the membership of these organisations and the display of the COI policy. Bose et al, in their analysis of 106 Indian biomedical journals, found that 61 (57.5%) journals endorsed all three international guidelines [23].

COI statement policy

In our study, 52.9% of the journals displayed COI policies on their website, which is smaller in comparison to Blum et al where 89% of medical journals had COI policies [6]. Daou et al found that 90% journals had a policy of reporting funding information [5]. This is in contrast to results obtained by Ancker et al, where only 33% (28/84) journals reported COI [16]. However, this study included journals from nonmedical subjects as well. Similarly, in another research of 53 bioethics journals by Master et al, 57% had COI policies for authors [25].

The star rating by JPPS criteria is given only when a journal meets a certain standard and has strong ethical policies [18]. Moreover, the ranking system of JPPS does not seem to incorporate COI policies while categorising the journals. Only three-star journals require the disclosure of funding acknowledgement [18].

Elaboration of the COI policy

In our study, of 36 journals, 21 described the actual meaning of COI, though this is surprisingly low compared to the published literature. In Blum et al, 77% had defined the meaning of COI [6]. While only 33% of journals adequately explained COI in biomedical publications from India as per Bose et al [23].

Discussions on the amount and duration of financial support are even more scarce. This is especially important if the study is related to the advancement of a new device or product. Daou et al found that none of the public health journals studied by them described the amount and duration of financial support [5]. In our study, only one journal described the amount and duration.

Effect of disclosure/non-disclosure of the COI on the manuscript evaluation process

Biomedical journals have largely remained silent regarding the effect of a disclosure of a COI on the editorial process. No journal in our study shared this information. In 2017, Daou et al found that 19% of the public health journals described the effect of COI disclosures on the editorial process [5]. The authors also noted that 10% of the journals mentioned a potential impact of not disclosing COI on the editorial process (eg, editors may correct, reject, or retract the publication). According to Cooper et al, 11% of the journals had a policy of restricting author submissions based on COI [15]. Master et al found that 31% of the journals specified that depending on the nature of the COI, the article might not be published [25]. They also found 17% of journals with a COI policy that stated certain penalties for authors for non-compliance, such as retraction of the article.

Regarding autonomy of publication, everyone believes that the authors should be as independent as possible, although the pressure from big industries can be huge [9,10, 26]. For example, some industries require that the final manuscript be approved by them before submitting it to the journal. In our study, we found that none of the journals required the authors to disclose the contract between the authors and funding agencies.

Recommendations for the journal editors

Our study provides new data on the availability and content of the COI policies of the healthcare journals in Nepal. Though the findings are not discouraging, there is room for improvement. We recommend the following based on our findings:

1. Journals should explicitly state their COI policy on their website. The policy should clearly state how will the COI be verified and what will be the fate of the paper if the authors are found to state the COI dishonestly.
2. There should be some uniformity across all journals in

terms of the minimum information required by the authors to indicate COI. Formulation of guidelines by the national society of healthcare journal editors will be a welcome step in this regard.

Limitations

We analysed journals listed only on NepJOL. Among those, only one healthcare journal was not included in the analysis.

Conclusion

This study reflects the COI policy of nearly 99% of healthcare-related journals from Nepal. Slightly more than half have a policy regarding authors' COI declaration. However, many do not provide details on COI and the mechanisms to tackle nondisclosure or dishonest disclosure of COI in the "Information for Contributors" section. More healthcare journals from Nepal should have a policy requiring transparent reporting of COIs so that journals comply with international standards. This article concentrated only on the authors' COI. In future, comprehensive studies on COI involving authors, editors, and reviewers should be conducted. Also, though inclusion is not mandatory, all Nepalese journals are encouraged to apply for enlistment on the NepJOL database to increase their visibility.

Conflict of Interest:

1) *Mohan Raj Sharma: Ex-editor-in-chief of Nepal Journal of Neuroscience; Ex-executive editor of Journal of Institute of Medicine, Nepal; Editor of Journal of Neurosurgery in Rural Practice; Chairperson of Institutional Review Committee, Institute of Medicine, Nepal.*

2) *Lava Shrestha: Managing editor of the Journal of Institute of Medicine Nepal; Editor of Journal of Physiology Society of NepalandJournalofNepalHealth Research Council.*

3) *Gopal Sedain: Ex-editor of Nepal Journal of Neurosciences.*

4) *Subigya Parajuli and Prakash Kafle: None declared.*

Source of funding: *None declared.*

References

1. Lo B, Field MJ, (eds). Principles for identifying and assessing conflicts of interest. In: *Conflict of interest in medical research, education, and practice.* Institute of Medicine (US) Committee on Conflict of Interest in Medical Research, Education, and Practice; Washington (DC): National Academies Press (US); 2009.
2. Barnes DE, Bero LA. Industry-funded research and conflict of interest: an analysis of research sponsored by the tobacco industry through the Center for Indoor Air Research. *J Health Polit Policy Law.* 1996 Jun 1;21(3):515–42. https://doi.org/10.1215/03616878-21-3-515
3. Jernigan DH. Global alcohol producers, science, and policy: the case of the International Center for Alcohol Policies. *Am J Public Health.* 2012 Jan;102(1):80–9. https://doi.org/10.2105/AJPH.2011.300269
4. Kearns CE, Schmidt LA, Glantz SA. Sugar industry and coronary heart disease research: a historical analysis of internal industry documents. *JAMA Intern Med.* 2016 Nov 1;176(11):1680–1685. Erratum in: *JAMA Intern Med.* 2016 Nov 1;176(11):1729. https://doi.org/10.1001/jamainternmed.2016.5394
5. Daou KN, Hakoum MB, Khamis AM, Bou-Karroum L, Ali A, Habib JR, et al. Public health journals' requirements for authors to disclose funding and conflicts of interest: a cross-sectional study. *BMC Public Health.* 2018 Apr 23;18(1):533. https://doi.org/10.1186/s12889-018-5456-z
6. Blum JA, Freeman K, Dart RC, Cooper RJ. Requirements and definitions in conflict of interest policies of medical journals. *JAMA.* 2009 Nov 25;302(20):2230–4. https://doi.org/10.1001/jama.2009.1669
7. Grundy Q, Mayes C, Holloway K, Mazzarello S, Thombs BD, Bero L. Conflict of interest as ethical shorthand: understanding the range and nature of "non-financial conflict of interest" in biomedicine. *J Clin Epidemiol.* 2019 Dec 19;120:1–7. https://doi.org/10.1016/j.jclinepi.2019.12.014
8. Bekelman JE, Li Y, Gross CP. Scope and impact of financial conflicts of interest in biomedical research: a systematic review. *JAMA.* 2003 Jan 22–29;289(4):454–65. https://doi.org/10.1001/jama.289.4.454
9. Ahn R, Woodbridge A, Abraham A, Saba S, Korenstein D, Madden E, et al. Financial ties of principal investigators and randomized controlled trial outcomes: cross sectional study. *BMJ.* 2017 Jan 17;i6770:356. https://doi.org/10.1136/bmj.i6770
10. Lesser LI, Ebbeling CB, Goozner M, Wypij D, Ludwig DS. Relationship between funding source and conclusion among nutrition-related scientific articles. *PLoS Med.* 2007 Jan;4(1):e5. https://doi.org/10.1371/journal.pmed.0040005
11. Yank V, Rennie D, Bero LA. Financial ties and concordance between results and conclusions in meta-analyses: retrospective cohort study. *BMJ.* 2007 Dec 8;335(7631):1202–5. https://doi.org/10.1136/bmj.39376.447211.BE
12. World Association of Medical Editors (WAME), WAME Editorial Policy and Publication Ethics Committees. Conflict of interest in peer-reviewed medical journals; 2009 Mar 27 [Cited on 2021 May 23]. Available from: https://wame.org/conflict-of-interest-in-peer-reviewed-medical-journals
13. Committee on Publication Ethics (COPE). Discussion/guidance document on handling competing interests; 2016 Jan [Cited on 2021 Jun 23]. Available from: https://publicationethics.org/files/u7140/Discussion_document__on_handling_competing_interests.pdf
14. International Committee of Medical Journal Editors (ICMJE). Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals [Internet]. International Committee of Medical Journal Editors; 2019 Dec [Cited on 2021 May 3];1–19. Available from: https://www.icmje.org/recommendations/archives/2019_dec_urm.pdf
15. Cooper RJ, Gupta M, Wilkes MS, Hoffman JR. Conflict of interest disclosure policies and practices in peer-reviewed biomedical journals. *J Gen Intern Med.* 2006 Dec;21(12):1248–1252. https://doi.org/10.1111/j.1525-1497.2006.00598.x
16. Ancker JS, Flanagin A. A comparison of conflict of interest policies at peer-reviewed journals in different scientific disciplines. *Sci Eng Ethics.* 2007 Jun;13(2):147–157.
17. Tribhuvan University Central Library. Nepal journal online [Internet]. Kathmandu: Ubiquity Press; 2007 [Cited on 2021April 28]. Available from: https://www.nepjol.info/index.php/index
18. Journal Publishing and Practices Standards (JPPS). JPPS criteria. [Internet]. INASP (International Network for Advancing Science and Policy); 2017 [Cited on 2021 April 28]. Available from: https://www.journalquality.info/en/jpps-criteria/
19. Graf C, Battisti WP, Bridges D, Bruce-Winkler V, Conaty J M, Ellison J M et al. Good publication practice for communicating company sponsored medical research: the GPP2 guidelines. *BMJ.* 2009 Nov 27;339:b4330. https://doi.org/10.1136/bmj.b4330
20. Gupta A, Holla R, Suri S. Conflict of interest in public health: should there be a law to prevent it? *Indian J Med Ethics.* 2015 Jul–Sep;12(3):172–7. https://doi.org/10.20529/IJME.2015.047
21. Eckstein L, Rid A, Kamuya D, Shah SK. The essential role of data and safety monitoring boards (DSMBs) in ensuring the ethics of global vaccine trials to address coronavirus disease 2019 (COVID-19O). *Clin Infect Dis.* 2021 Dec 6; 73(11):2126–2130. https://doi.org/10.1093/cid/ciab239
22. Klitzman R. "Members of the same club": challenges and decisions faced by US IRBs in identifying and managing conflicts of interest. *PLoS One.* 2011;6(7):e22796. https://doi.org/10.1371/journal.pone.0022796
23. Bose D, Nasta S, Ravi R, Thatte UM, Gogtay NJ. An audit of reporting of conflict of interest policies among three stakeholders in Indian

biomedical journals. *Perspect Clin Res.* 2020;11:168–73. https://doi.org/10.4103/picr.PICR_85_19
24. Dal-Ré R, Caplan AL, Marusic A. Editors' and authors' individual conflicts of interest disclosure and journal transparency: a cross-sectional study of high-impact medical specialty journals. *BMJ Open*. 2019 Jul 23;9(7):e029796. http://dx.doi.org/10.1136/bmjopen-2019-029796
25. Master Z, Werner K, Smith E, Resnik DB, Williams-Jones B. Conflicts of interest policies for authors, peer reviewers, and editors of bioethics journals. *AJOB Empir Bioeth*. 2018 Jul Sep;9(3):194–205. https://doi.org/10.1080/23294515.2018.1510859
26. Ziegler R, Schnell O, Kulzer B, Gilbart J, Heinemann L. Freedom of science: can industry influence what scientists publish? *Eur Endocrinol*. 2014 Feb;10(1):10–13.

RESEARCH ARTICLE

Human dignity of patients in nursing: A concept analysis

VAHID ZAMANZADEH, NASIB BABAEI, LEILA VALIZADEH, MARZIYEH AVAZEH

Abstract

To understand the concept of dignity in care and use it in practice, nurses need a clear understanding of the dignity of patients, which can help them improve quality of care and provide services of a higher standard. This study aims to clarify the concept of human dignity of patients in nursing. Walker and Avant's method (2011) was used for this concept analysis. Published literature from 2010 to 2020 was identified using national and international databases. The full text of the included articles was reviewed. The main dimensions and attributes include valuing the patient, respecting patients' privacy, autonomy, and confidentiality, having a positive mental image, having a sense of altruism, respecting human equality, observing patients' beliefs and rights, adequately educating patients, and paying attention to secondary caregivers. Nurses should consider the subjective and objective aspects of dignity in their daily care activities by cultivating a deeper understanding of the concept of dignity and its attributes. In this regard, nursing tutors, managers, and policymakers in healthcare should emphasise human dignity in nursing.

Authors: **Vahid Zamanzadeh** (Zamanzadeh@tbzmed.ac.ir), Professor, Department of Medical Surgical Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, IRAN; **Nasib Babaei** (corresponding author — Nasib.babaei@yahoo.com), PhD student, Department of Medical Surgical Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, IRAN, and Department of Nursing, Ardabil University of Medical Sciences, Ardabil, IRAN; **Leila Valizadeh** (ValizadehL@tbzmed.ac.ir), Professor, Department of Pediatric Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, IRAN; **Marziyeh Avazeh** (M.avazeh@yahoo.com), PhD student, Department of Pediatric Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, IRAN.

To cite: Zamanzadeh V, Babaei N, Valizadeh L, Avazeh M. Human dignity of patients in nursing: A concept analysis. *Indian J Med Ethics.* 2023 Apr-Jun; 8(2) NS: 108-115. DOI: 10.20529/IJME.2022.066

Published online first on September 2, 2022.

Manuscript Editor: Mala Ramanathan

Peer Reviewers: Jagriti Gangopadhyay and an anonymous reviewer.

Keywords: *concept analysis, human dignity, patient, nursing*

Introduction

The concept of dignity has a long history spanning from prehistoric times to the advent of modern ethical and legal discourses. Traditional concepts such as *Imago Dei* (Image of God), wisdom, freedom, natural law, and conscience are based on interpretations of dignity [1]. Various religions and philosophers throughout history have provided diverse interpretations of the concept. In the twentieth century, the Universal Declaration of Human Rights was the first document to integrate the concept of human dignity in a global legal framework. The Declaration states that all human beings are born free and with equal dignity and rights [2]. The term "dignity" is defined as entailing respect and self-worth and overlaps with concepts such as hope, self-exaltation, self-confidence, quality of life, and self-respect [3].

Dignity is a subjective concept that is interpreted differently by individuals and cultures [4]. It can be classified into "absolute dignity" and "relative dignity". The former is a universal value and is based on human rights. All human beings are valuable because they are human, regardless of their situation and condition [5]. Maintaining the dignity of patients in healthcare systems is important [6]. Absolute dignity is the same for all human beings and does not change, while relative dignity can change and is influenced by culture, society, and education [5, 7]. Thus, in recent decades, much attention has been paid to exploring the nature of human dignity and its relationship to healthcare practices [8-12].

Preserving a patient's dignity and value and respecting their human rights are critical to nursing [13, 14] and are specified in nursing ethics codes [15]. Nevertheless, patients are still at risk of losing their dignity [16] at the hands of the nursing staff, which may influence the provision of respectful care [16, 17]. Several studies indicate that dignity is not respected in care settings. A lack of respect for human dignity is associated with negative feelings such as fear, disbelief, shock and denial, anger, hatred, apathy, sadness, and