

Exploring human dignity conservation in occupational therapy education reinforces graduate attributes: Undergraduate students' perceptions

T Mthembu,¹ PhD, MPH, BSc OT, PGDip HPEL ; M Badenhorst,^{1,2} BSc OT ; K Basson,^{1,3} BSc OT 
N Munnik,^{1,4} BSc OT ; J Noort,^{1,5} BSc OT ; L Purdy,^{1,6} BSc OT 

¹ Department of Occupational Therapy, Faculty of Community and Health Sciences, University of the Western Cape, Bellville, South Africa

² Northside Hand & Upper Limb Clinic, Brisbane, Australia

³ Momentum Corporate, Disability Claims, Cape Town, South Africa

⁴ Akeso Stepping Stones, Cape Town, South Africa

⁵ Rehabilitation Consultants in Melbourne, Australia

⁶ Lindsay Scott Inc (Workability), Cape Town, South Africa

Corresponding author: T Mthembu (tmthembu@uwc.ac.za)

Background. Human dignity is a fundamental constitutional right essential to occupational therapy (OT) education and practice, aligning with the graduate attributes of *Ubuntu*, human rights and ethics. However, little is known about its integration into OT education at universities.

Objective. To explore how OT students perceive human dignity in OT education.

Methods. A qualitative exploratory descriptive study was conducted with 30 purposively selected OT students from first to fourth year. The study involved four focus group discussions (FGDs), which were audiotaped, transcribed and thematically analysed through an iterative and credible process.

Results. Participants seemed to grapple with understanding human dignity but knew it was part of human rights and OT. Two major themes were identified: students' perceptions of human dignity and the notion of human dignity as a central concept left on the side.

Conclusion. The findings are relevant for curriculum transformation and integration of human dignity into OT education. They can be used to equip undergraduate OT students with the knowledge and skills needed to enhance their understanding of human dignity, human rights and advocacy for clients in cases of rights violations. Participants noted that while human dignity was an omitted concept in the classroom, clinical supervisors provided significant learning opportunities for them to learn about human rights. Students' willingness to expand their knowledge of human dignity enabled them to apply and integrate existing policies and legislative frameworks such as the Bill of Rights and the *Batho Pele* principles into their learning.

Keywords. Human dignity; graduate attributes; *Ubuntu*, human rights and occupational therapy.

Afr J Health Professions Educ 2025;17(1):e1521. <https://doi.org/10.7196/AJHPE.2025.v17i1.1521>

Human dignity is a fundamental constitutional right, deeply ingrained into the graduate attributes of *Ubuntu*, that must be taught in occupational therapy (OT) education to enhance health and wellbeing as part of decoloniality.^[1-3] Human dignity is a value that all humans possess in virtue of their humanity, rooted in their rational nature, capacity for logical thinking, autonomous decision-making and moral actions.^[4] OT students are expected to develop as health professionals who respect human dignity, understand their social responsibility and engage with the fundamental question of relationality and humanness in their learning, teaching, clinical fieldwork and communities.^[5] Health professionals are responsible for conserving human dignity as mandated in human rights and healthcare ethics to prevent dehumanisation in clinical settings.^[1,2,5] In hospitals, care deteriorates owing to dignity-violating behaviours, namely humiliation, inattentiveness and manipulation.^[3,5-8] Dignity-violating behaviours not only influence patients' recovery but also perpetuate depression and hopelessness.^[3,7,8] Human dignity is largely researched in medicine and nursing, yet few studies have been conducted in OT. Therefore, it is imperative to understand how OT

students perceive human dignity in their education because ignorance perpetuates dignity-violating behaviours, specifically coloniality of being and power. Sustainable Development Goal (SDG 4): Quality education, should be strengthened by incorporating human dignity in Human Rights Education (HRE) and occupational justice.^[3,5] This will equip OT students with the needed knowledge and skills to promote SDG 3 (Good health and well-being of global citizenship). The A (Attitudes), B (Behaviour), C (Compassion) and D (Dialogue) of dignity-conserving care framework underpinned an understanding of the culture of patient care in education and clinical practice.^[8] Humans have rights and should treat one another and nonhumans in a spirit of interdependence, equality and respect.^[1,3,5]

Methods

This exploratory descriptive qualitative study was grounded in a social constructivist worldview and explored how OT students perceive human dignity in OT education. Purposive sampling was used to select 30 participants registered in the OT programme, from first to fourth-

year level. Four focus group discussions (FGD1 - FGD4), each lasting 60 minutes, were conducted, audio-recorded and transcribed verbatim. Reflective thematic analysis (RTA) was executed through familiarisation, coding, refining and reviewing and naming the themes. A peer-review process was employed to enhance credibility, while transferability was reinforced through a thick description. An audit trail was maintained to strengthen confirmability.

Ethics approval

The study was approved by the University of the Western Cape Research Ethics Committee (ref. no. HS17/5/9). Informed consent was obtained from the participants.

Results and discussion

Theme 1: Students' perceptions of human dignity

The first theme highlights participants' insights into human dignity in the real world, where clients are treated and respected. It was evident in the discourse that the participants were drawn to the field of OT because they perceived human dignity as integral to a client's 'sense of pride and a sense of self-worth to respect others and their self-worth and not put them down, because you like hurting their dignity' (FGD1). These findings corroborate the attitudes and behaviours of dignity-conserving care, which indicated that the students' clinical experiences enabled them to exhibit a commitment to professional behaviours and ethical responsibilities in respectably enhancing clients' personhood.^[3,7,8]

'I don't know how to define it (human dignity) but I know in practice we have preserved our clients' dignity and ensured they are treated with dignity.' (FGD4)

Exposure to the OT clinical fieldwork cultivated the awareness of participants concerning the values of human dignity including respect, kindness and decolonial love, which appeared to be congruent with the behaviours and compassion of dignity conserving care.^[1,5,7,8]

'OT is quite a compassionate field, I think that anyone who would choose to enter into that profession needs to have a sense of respect for other people's lives and to have a caring nature and not to be disrespectful of human dignity and rights and they need compassion and respect for people.' (FGD4)

Participants identified meaningful activities as enablers that restored their clients' human dignity and purpose. This finding supports the notion that activities should be used to facilitate the dialogues of dignity-conserving care and assessment of the client's concerns.^[1,5,7,8]

'OTs promote meaningful engagements for a person to feel whole if they can do things that are meaningful to them, this uplifts their confidence, and self-esteem and contributes to their human dignity... I feel like occupation, engagement, and human dignity work together, being able to engage in meaningful occupations promotes human dignity. Human dignity is something needed to be able to engage in your daily occupations.' (FGD2)

Overall, the first theme demonstrated that OT students' perceptions of human dignity improved as their level of study advanced. The evidence shows that, with increasing academic experience, OT students developed a better understanding and greater insight into the concept of human dignity.

Theme 2: 'Human dignity is a central concept left on the side'

The title of the second theme was derived from a statement in FGD 2, where a participant described human dignity as 'a central concept left on the side'. This suggests that the constitutional right of human dignity needs to be reconfigured in OT education, practice and research. Such integration would help reinforce the human dignity of all clients suffering from various illnesses and those who are vulnerable or marginalised in society. For many participants, human dignity was seen as a core concept that should be embedded in OT education. This would ensure that when they qualify as OTs, they will be responsive to any infringement or violation of human rights. Consequently, participants highlighted a need to learn about human dignity so they will be equipped to advocate for clients, address ethical dilemmas and promote professional behaviour.^[1,3,7,8]

'We are OT students in a South African context, I think it's important that we completely understand the concept. I believe that understanding human dignity will help OT students to respect clients. It will help in improving ethical behaviour. It is an important issue for us when we qualify as OTs in South Africa, and not having a better understanding of those concepts, I think it could cause damage.' (FGD2)

'Once we are more aware, we can identify when human dignity is violated and address it. We can do things for our clients that we wouldn't think of before.' (FGD4)

'I also think that we need to know, OTs need to know it because it's a way of advocating for our client so that's why it is important.' (FGD2).

Participants identified a need for human dignity dialogues in OT education to accentuate learning about relational well-being and humanness.^[8] Notably, participants were aware that human dignity is an integral part of human rights, ethics, client-centred approach and values.^[1,3,5]

'It should be incorporated so that we know about human rights. We are working with humans every day. Build interpersonal relationships and treat people with respect. We need to acknowledge that they also have rights, we need to treat them the way we would also like to be treated. We can't be inhumane to them because we are client-centred so we need to consider them.' (FGD3)

'It is important for OTs, it guides our ethics, as to how our clients should be treated. It also gives us a baseline of how to respect them.' (FGD2)

In reflecting on OT education, participants mentioned that occupational injustices and the Bill of Rights were introduced in the OT module using PowerPoint presentations; however, little has been done to incorporate human dignity. These findings indicate a need for explicit content regarding human dignity as specified in section 10 of the Bill of Rights of the Constitution of the Republic of South Africa (SA) and occupational injustices.^[1,3,5,7,8]

'Last year in our OT module, there was a PowerPoint on occupational injustices, and it briefly highlights the Bill of Rights.' (FGD2)

'I think it is part of the constitution of South Africa and it is the basic human rights of all South African citizens and it's listed amongst human rights.' (FGD4)

Participants embraced the graduate attribute of lifelong learning as a way of life to deepen their understanding of the constitutional right to human dignity. This approach resonated with the development of human rights literacy skills and demonstrated critical citizenship. This led the participants

to experience a sense of agency, as they voluntarily took actions to acquire new knowledge about human dignity:

‘Also, how to make yourself aware is just by reading up on it (Human dignity):’ (FGD4)

Participants highlighted the relevance of the OT real-world experiences of embedding human dignity in practice as part of training. It was evident in the fourth-year FGD that the clinical supervisors facilitated the infusion of human dignity in real situations, whereby the participants had to seek, discern and apply information effectively. For the betterment of the lives of others and not just of oneself, participants had to search for the policies and legislative frameworks that guide service delivery and consideration of human dignity in OT clinical practice. Therefore, participants demonstrated strong communication skills and confidence in their learning, indicating that they effectively implemented supervisors’ feedback regarding the importance of the Bill of Rights and *Batho Pele* principles in OT practice.^[1,3,5,8]

‘I had to look for the Bill of Rights and *Batho Pele* principles. I remember my supervisor told me to go back and look at it again.’ (FGD4)

‘OT students are educated to address the occupational injustices that influence our clients, which agrees with human rights. If there is an injustice, from my understanding, there is a human right being violated so it falls within our practice.’ (FGD4)

Work-integrated learning enabled participants to link academic knowledge with practical workplace insights, particularly regarding the relevance of human dignity in psychiatric clinical experiences and OT interventions. Participants integrated human dignity with social justice and cared about the human rights of mental health users in health facilities. Thus, the Bill of Rights from the SA constitution was used for the betterment of the mental health users’ lives; however, participants cautioned that rights are intertwined with responsibilities.^[1,3,5,8]

‘It happened in one of my psychiatric blocks where we commemorated the Human Rights Day with our clients to educate them about their rights. We had to go back to the Bill of Rights and write it all down and look at what rights we are all entitled to and then we gave that to our clients and showed them that these are the rights you are entitled to in South Africa.’ (FGD4)

‘I feel that with rights there are always responsibilities.’ (FGD3)

The findings indicate that the students had an insight into human dignity-conserving care and reinforced the usefulness of the policies and constitution of SA. Students always treated their clients with respect and compassion; however, they voiced that human dignity and human rights should be fully incorporated into OT education. Irrespective of being left on the side, the second theme revealed that OT practice appeared as an appropriate and relevant context that fostered OT students’ significant learning about human dignity in the real world.

Limitations

The FGDs were limited to OT students, further studies should consider an interprofessional perspective and incorporate reflective journals in their data collection.

Conclusion

Curriculum transformation efforts aimed at preserving human dignity could foster OT students’ eagerness to learn, respect and promote their clients’ health and wellbeing in OT education. OT students grappled with the definition of human dignity; however, clinical supervisors’ feedback enabled them to learn about existing SA policies and legislative frameworks that support the preservation of human dignity in OT education and clinical practice. A sense of agency motivated OT students to seek out these frameworks, facilitating the infusion of human dignity and human rights into their work-integrated learning. In the future, students hope this research will contribute to the advancement of human dignity in learning, teaching, research and clinical settings.

Declaration. None.

Acknowledgements. The authors thank the University of the Western Cape, which granted permission to conduct the study and the participants who shared their perceptions.

Author contributions. TGM supervised and reviewed the intellectual content, literature, conceptualisation, design, analysis and interpretation of data and wrote the manuscript. MB, KB, NM, JN and LP were involved in the conceptualisation, methods, design, analysis, interpretation of data, discussion, conclusion and report writing.

Funding. None.

Data availability statement. The datasets generated and analysed during the current study are available from the corresponding author upon reasonable request.

Conflicts of interest. None.

1. Constitution of the Republic of South Africa. Act No. 108 of 1996.
2. Sæteren B, Nâden D. Dignity: An essential foundation for promoting health and well-being. In: Haugan G, Eriksson M, editors. *Health Promotion in Health Care - Vital Theories and Research* 2021:71-84. https://doi.org/10.1007/978-3-030-63135-2_7
3. Winter CJ. Decolonising dignity for inclusive democracy. *Environ Values* 2019;28(1):9-30. <https://doi.org/10.3197/096327119X15445433913550>
4. Horn R, Kerasidou A. The concept of dignity and its use in end-of-life debates in England and France. *CQ: Int J Healthcare Ethics Committees* 2016;25(3):404-413. <https://doi.org/10.1017/S0963180116000050>
5. Van der Merwe T. Occupational therapy and the quest for human dignity: Why human rights matter. *S Afr J Occup Ther* 2010;40(1):17-21.
6. Peičius E, Urbonas G, Harrison WD, et al. Dignity violations and barriers to dignity assurance for terminally ill patients at the end of life: A cross-sectional analysis. *Medicina* 2022;58(2):294. <https://doi.org/10.3390/medicina58020294>
7. Ekpenyong S, Nyashanu M, Ossey-Nweze C, Serrant, L. Exploring the perceptions of dignity among patients and nurses in hospital and community settings: An integrative review. *J Res Nurs* 2021;26(6):517-537. <https://doi.org/10.1177/1744987121997890>
8. Chochinov HM. Dignity and the essence of medicine: The A, B, C, and D of dignity conserving care. *Br Med J* 2007;335(7612):184-187. <https://doi.org/10.1136/bmj.39244.650926.47>

Submitted 11 September 2023. Accepted 2 September 2024.