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THE DIALECTIC TENSION BETWEEN 'BEING' AND 'NOT BEING' A GOOD NURSE

Lisbeth Fagerström

Key words: dialectics; focus group; hermeneutics; nursing care intensity; patient classification system; workload

The aim of this hermeneutic study was to gain a broader understanding of nurses' workload and what characterizes a nurse's experience in terms of the various levels of intensity of nursing care. Twenty-nine nurses participated in seven focus groups. The interpretation process took place in six different phases and the three laws of dialectics were used as interpretation rules. An optimal nursing care intensity level can be understood as a situation characterized by the balance between the intensity of care needed by patients and the external and internal factors of the current nursing care situation. The nurses' work situation can be understood as a dialectic struggle between 'being' and 'not being' a good nurse; this can be said to be the underlying root metaphor. Nursing care can be understood as consisting of 'complex and meaningful caring situations'. Dialectics can be used as a fruitful method of revealing the complexity of clinical reality.

Background and purpose

The increasing burnout rates among nurses, their absence due to illness and their decreased job satisfaction gain much media coverage.¹ Workplace stress in nursing is mainly caused by workload, leadership/management issues, professional conflicts and the emotional needs of caring.^{2,3} Adequate nurse staffing and organizational/managerial support for nursing are the keys to diminishing nurse job dissatisfaction and exhaustion.⁴ Do the nurse managers realize the nurses' ethical dilemmas in such working conditions?

In caritative caring theory, which Eriksson has been developing over the last 30 years, the fundamental ingredients of ethics are *caritas*: love and charity.⁵ Ethical care is made explicit in our approach as nurses and in how we care for patients in practice. 'Ethical caring' is important for many nurses since they want to be 'good nurses' for patients, but they often experience difficulties in realizing their own caring philosophy in practice (ie nurses experience these situations as ethical dilemmas).⁶⁻⁸

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Research on nurses' workload is ongoing, but is there enough knowledge about nurses' experience of their jobs regarding different workload levels? What kind of working situation would nurses wish for if they could have it? What would be characteristic of an optimal situation, in which staff resources would be in balance with patients' needs for nursing care? In the RAFAELA patient classification system this situation is called 'optimal nursing care intensity level'.⁹ The aim of the present study was to investigate qualitatively these topical questions, which have so far interested relatively few nursing care researchers.

The concept of 'nursing care intensity' is concerned with nurses' workload and is thought to form a considerable part of nurses' total workload. Nursing care intensity is defined as the amount of care, help and support any patient has received during a period of time (24 hours), that is, the patient's acuity or the severity of the condition.⁶ In the present study, the expression 'the general nursing care situation with its demands' is synonymous with workload. This paraphrase is considered necessary because of the hermeneutic orientation of the study and the fact that the aim of the study was to gain a new and broader understanding of nurses' workload, as well as the general nursing situation and demands.

The study sought a new and broader understanding of the experience of nurses' working situations expressed in terms of different nursing care intensity levels. The research questions were:

- What characterizes the working situation of an optimal nursing care intensity level, a high nursing care intensity level, and a low nursing care intensity level? The focus here is on what these characteristics imply for nurses.
- What are the factors affecting nurses' experience of the nursing care situation and its demands?
- What is the nurses' underlying message in their descriptions of different working situations from an ethical point of view?

Method

All research is influenced by the researcher's theoretical perspective concerning the ontological questions of reality, scientific opinion and epistemological interest. If the research results can be related to explicit theoretical perspectives of research, this will broaden the understanding of the results and can even be considered to touch on the question concerning the validity of qualitative studies; that is, one can follow the logic of how the results have emerged in the course of the data processing. In this study, the dialectic, both as a method and theory, has influenced the interpretation process.

Dialectics as a theory has influenced the oscillations between different levels in the interpretation process. Aristotle's philosophy was influenced by a dialectic way of thinking. According to Hegel, the philosopher, human thought and history develop dialectically when one form (the thesis) changes into its opposite (antithesis). These two opposites will eventually merge to form the synthesis.¹⁰ The essence of dialectics can be seen as an acknowledgement of the contradictory nature of reality; therefore dialectics can be described as a landscape where dissimilarities can meet.¹¹ As a method, dialectics strives to explain certain paradoxical and contradictory

phenomena in reality or history. According to Helenius,¹⁰ dialectics can be understood as an attitude that attempts to perceive movement and change in its entirety in order to develop an analysis from the abstract to the concrete. Dialectics as a method has been described by Helenius¹⁰ and by Moccia,¹² and has been used in this study as the laws of dialectics.

Participants and data collection

The study, which from the beginning consisted of two parts, was conducted between November 1999 and February 2000 at a university hospital and a central regional hospital in Finland. The first part was a validity test of an instrument in the RAFAELA system.⁷ The second part is presented in this article. Focus groups were used as the data collection method. When choosing members for the focus groups, the aim was that they should represent the entire population¹³ by exemplifying a number of different specialties at the hospitals (surgical, orthopaedic, paediatric, medical, oncological, neurological, ophthalmic, ENT and gynaecological wards) as well as being representative of the wards in question. Important criteria for selection were the participants' work experience and type of position, such as permanent employment, continuing contract of employment or temporary post for at least one year.

A total of 13 nurses participated from the university hospital (nine registered nurses, three assistant nurses and one paediatric nurse), who were divided into three focus groups. The work experience in each ward varied from 1 to 31 years (mean 13.2). From the central hospital a total of 16 nurses participated (11 registered nurses, one midwife and four assistant nurses) and these were divided into four focus groups. The work experience of these groups varied from 1 to 30 years (mean 9.9).

The theme questions for the focus groups concentrated on the nurses' experience of different levels of nursing care intensity (optimal, high and low), the characteristics of these levels, and their experiences of the meaningfulness and lack of meaning in nursing care and factors affecting their workload. The focus group discussions (seven in total) took approximately one hour each and were held by two group leaders. The discussions were audiotaped and transcribed verbatim. The aim was to create an open atmosphere and stimulate the group to exchange experiences and views concerning the topical theme areas.^{13,14} The ethical responsibility of the group leaders was to ensure that they did not affect the dynamics and the dialogue between the group members.

The guidelines for nursing research in the Nordic countries issued by the Northern Nurses Federation¹⁵ formed the broad outlines for the planning and implementation of this study. Permission for the study was given by the directors of nurses/leading groups of the units from both hospitals. As only staff members were involved, no other permission was necessary. Participation was voluntary and the participants were assured of anonymity.

The data analysis phase as an interpretation process

A hermeneutic interpretation process can be pictured as a spiral movement characterized by dialectic oscillations between the parts and the whole, between explaining and understanding, between the concrete and the abstract, between the inner reality and the external context.¹⁶ The hermeneutic approach can be character-

ized as an interplay between different levels of analysis and abstraction, between the past and the future, and a focusing on both external reality and the existential world. The importance of contextual understanding is central to hermeneutics, which means that the endeavour is to consider the topical phenomenon in its context, since people are to be understood as part of history, culture and tradition.^{17,18} According to Alvesson and Sköldbberg,¹⁹ the interpretation process can reach a deeper structure in the material and through this the researcher can find the underlying message in the data, the so called 'root metaphor'.

The dialectic attitude permeates the whole research design, especially in the final stage of the process of interpretation. The three laws of dialectics were used in this research as rules of interpretation.

The process of interpretation can be described as comprising the following phases, beginning with the more descriptive and ending with the more interpretive:

- 1) A description of the meaning content and substance of the nurses' accounts of the three different levels of nursing care intensity (optimal, high and low).
- 2) A description of the nursing care situation and its demands.
- 3) In accordance with the first law of dialectics, the law of the unity of opposites, interpretations were made of elements of the data that were superficially opposites of each other. Could the opposite poles be combined with each other?
- 4) The process of interpretation advanced with the aid of the second law of dialectics (ie closer analysis of the relationship between concepts). Changes in the number of internal relationships implied qualitative changes in understanding topical research questions.
- 5) A remodelling of the tension between thesis and antithesis moved to synthesis, in accordance with the third law of dialectics.
- 6) Finally, an interpretation was made of the root metaphor of the material for the interpreted whole. What was the underlying message and meaning of the material?

Findings

Phase 1: Descriptions of optimal, high and low nursing care intensity levels

The most characteristic feature of an optimal nursing care intensity level is nurses' feeling of being able to respond to patients' caring needs because the necessary time for nursing care is available. The nurses are able to care in 'peace and quiet' and there is 'time to sit down and listen' to the patients' anxieties and worries. The nurses feel that they master the situation and have it well in hand. The patients experience a safe world, characterized by care and attention: 'patients dare to demand and ask, feel that we have the time . . . patients should have the feeling that they get what they want, that they are cared for'. Both nurses and patients are satisfied with the situation, as there is also 'time for spiritual care and not only for performing a lot of nursing tasks'.

The characteristic of a high nursing care intensity level is that the workload is too high and the nurses feel they cannot provide the nursing care the patients require. 'You

are in a hurry and you do what is absolutely necessary for the patient, you do what you have to do, but you leave everything else and the patient notices that you are in a hurry.' 'What is absolutely necessary' is defined as nursing care duties connected with the care and treatment of patients, such as administering medicines, attending to important vital functions and dealing with the most central needs of the patients, such as nutrition and hygiene. Focusing on physical needs combined with insufficient time for conversation is felt to be an obvious shortcoming in nursing care. The planning and documentation of nursing care, as well as the process of informing patients and their families, become insufficient.

The work situation of nurses is characterized by a feeling of chaos, that their own capacity is not sufficient and that the situation is not under control, either during or after the shift. Nurses also expressed an obvious fear when going to work and even a fear of forgetting something important, since the stressful work situation caused constant interruptions in their performance of assignments. 'Running back and forth' was interpreted as a risk that the quality of nursing care was declining. Nurses expressed that there is 'a risk of the burnout phenomenon', a feeling that the significance of nursing care disappears, and also 'a great risk of making fatal errors in the care of patients'. In such an environment, the co-operation between nurses may deteriorate and there is no time for coping with difficult experiences and feelings.

The nurses described a low nursing care intensity level as a working situation when they can 'do all that is possible for the patient'. There is time for talking with and listening to the patients, and the nurses can spend a lot of time with them. These situations were fairly rare and those of the opposite kind occurred more frequently. One nurse expressed the opinion that they felt bad if the ward was too quiet or feared that the ward may be closed down. Nurses experience situations of low nursing care intensity 'as breathing spaces' and 'pauses for recovery'. The working team has time to discuss and cope with difficult experiences and feelings. The nurses recharge 'their reserves of energy' and have additional energy left over for housework and leisure pursuits. There is time to look after the running of the ward (eg to replenish stocks and stores, order medicines and perform project and development tasks).

Phase 2: Nurses' experiences of the nursing care situation and its demands

The contextual factors and their influence on the nursing care intensity level as a whole, and how nurses experience nursing care situations, is best summed up as 'changes in the activity as a whole'. This is described as situations when the ward is crammed full and when several seriously ill patients are to be cared for simultaneously. The nurses called these 'chaotic situations', when nursing care is experienced as being disharmonious. One nurse explained: 'I fight all the time with patient calls . . . it's like a beehive, everything goes too fast, I don't have time to think properly about what I'm doing, the tasks are constantly pressing on me'. The nurses expressed a fear of going to work: 'You have such a heavy workload ahead of you, sometimes you are really scared, you can't cope with everything and mistakes might happen . . .' This describes nurses' lack of comprehensive control of the situation and an overall conception of how the patients fare. If the situation is judged as optimal, the nurses

manage to keep the changes under control and they have an overview of the situation as a whole.

Other factors in the context are the relationships with colleagues, which can be improved during a period with a low level of nursing care intensity, but deteriorate when it is high. The nurses' possibility of maintaining good relations with the patients' families varies also, depending on the level of nursing care intensity. Co-operation with the doctors influences the way in which activities run. The running of the ward becomes impaired when the level of nursing care intensity is high; thus it was stated several times that medicines had not been ordered in time. The atmosphere on the ward is influenced by the working situation. Other factors that are referred to as central are cover for sick staff, the number of students that have to be looked after, and the way in which co-operation within the organization is managed (ie between service units, and the planning of the work schedule).

Phase 3: Interpretation of the unity of opposites

According to the law of the unity of opposites, the qualities that superficially seem to be each other's opposites are actually combined in internal relationships;^{10,12} that is, the relationship is actually both/and, not either/or. Can we, on the basis of the described states of optimal, low and high nursing care intensity levels maintain that neither a low nor a high nursing care intensity level is desirable? Judging by the experiences of the nurses in this study, the answer is in the affirmative.

To the nurses, a low nursing care intensity level did not appear desirable in the long run, only as a 'breathing space' in the activity. None of the nurses who took part in the study mentioned that situations or working days with a high nursing care intensity level should never occur; on the contrary, it was assumed that these will inevitably happen in a context that can be characterized by 'a struggle between life and death'. Judging by the descriptions nurses gave of optimal nursing care intensity, the optimal situation would seem to contain traits of both low and high nursing care intensity. An optimal nursing care intensity level seems to be a combination of 'time for the individual patient and time for carrying out the nursing care at a leisurely pace', and that a number of duties that help the smooth running of the ward still have to be done. Characteristics of these two polarities can be combined to form an optimal nursing care intensity level that the nurses recognize as meaningful.

Phase 4: Changes in the quantities of the relationships are reflected as qualitative changes in a new understanding

According to the second dialectic law, a change from quantity to quality occurs; that is, changes in the number of internal relationships also imply qualitative changes.^{10,12} Since the number of relationships between factors has increased in the study, the understanding of the investigated domain has subsequently broadened and the diversity of the research field has become increasingly easier to comprehend. When applied to the present study, the understanding of an optimal nursing care intensity level was broadened because both low and high nursing care intensity levels have been studied and a number of other factors and their effects have appeared and been illustrated.

A clinical situation is by nature multidimensional and very complex. In addition to the external factors of the context, which nurses may experience as external demands, they also relate their inner demands: their own personal aims in nursing and the incentives from theoretical knowledge that, in themselves, contain the demand for high quality professional care. The patients' right to good nursing care and to having their needs satisfied is an obvious inner demand for nurses, which they experience as an ethical *sine qua non*.

Phase 5: The synthesis as a result of the remodelling between thesis and antithesis

The third dialectic law (ie the law of the unity and struggle of opposites) describes a state of tension between thesis and antithesis, which is released and changes into a new state of tension at a higher level.^{10,12} When a change occurs in one component, it can lead to a change in the opposite component. A remodelling, or transformation, occurs. This means that a development takes place. In this way a new synthesis arises, which in itself contains a new state of tension.⁶ The basic idea is that what is contradicted is not destroyed, but transformed.

When this model of interpretation is applied in this study to the state of tension between low and high nursing care intensity levels, the optimal intensity level can be understood as a synthesis of the opposite poles. This synthesis can be described as 'a situation characterized by balance and harmony' and the situation is under control. In these circumstances, nurses can put into effect whatever they want; that is, their will and power of action can be combined to form a whole. This is due to the nurses' ability to prioritize. In the interviews, this ability stands out as important for how well nurses manage to create 'meaningful caring situations' in their work. The necessity for creativity in nursing care is emphasized. In this state nurses can creatively and freely plan the care needed and are not hampered by stereotyped principles, for instance that all patients must have a shower before a certain time. The time aspect nevertheless remains central (ie so that there are realistic possibilities to provide good nursing care).

This study has illustrated the complexity of nursing care. The synthesis the nurses try to attain is a situation in which the nursing care can be experienced as 'complex and meaningful caring situations, where both inner and external demands are united'.

Phase 6: 'To be' or 'not to be' a good nurse as the underlying root metaphor

In a hermeneutic process of interpretation, an underlying root metaphor can emerge if the researcher manages to penetrate the material.¹⁹ It is then a question of trying to see and understand what is repressed, concealed and perhaps unexpressed in the interviews. This can be compared with Moccia's¹² emphasis on trying to uncover vague and veiled relationships between concepts and phenomena, which make a new understanding of the whole possible. In dialectics, the basic idea is that there is always a difference between what things 'seem' to be and what they really are.^{6,12}

The nurses' situation can be described as a struggle between what one wants and what one can actually achieve. Nurses spoke of situations where the will was stronger than their ability and what was realistically possible. From the nurses' perspective, a high nursing care intensity level means a chaotic situation characterized by anxiety about what can happen and of disharmony when the wholeness is lost. Nurses see only a series of tasks to be done; the individual patient's needs are not clearly recognized. The nurses have reached the limit of their capacity. Such a situation can be understood as a state of 'non-being' for the nurses. The opposite situation is a low nursing care intensity level, which at the beginning of the study was supposed to be the opposite situation: one that the nurses would desire. The study shows, however, that the optimal nursing care intensity level is the desirable situation. Nursing tasks are demanding, but it is possible within the available time to provide good nursing care to the patients and then the nurses have time to 'see the patients' needs'. That is the foundation behind the significance of nursing care. Nursing care can then be understood as consisting of 'meaningful caring situations'. Nurses' experiences can thus be described as a struggle between either 'being' or 'not being' a good nurse. This can be said to be the underlying root metaphor in the present research.

Discussion

The results of this study illustrate the fact that patients' care needs in clinical reality cannot be put in opposition to nurses' needs, colleagues' wishes, or the running of the ward. On a theoretical level of care, ideal and good nursing care and patients' needs are often given precedence. In a clinical situation nurses are, however, bound to divide their time between all the patients for whom they are responsible, as well as reserve some time for breaks and for the running of the ward as a whole. The real challenge is to reach some form of balance and to be able to create a synthesis in a problematic situation while simultaneously focusing on 'what is best for the patient'.

A prominent characteristic of the nurses interviewed was their willingness and desire to provide patients with good care (ie a caritative approach can be seen in the nurses' attitude to the patients). This can be compared with 'caritative caring', according to Eriksson,²⁰ distinguished by human love and charity. Eriksson's theory of caring is an ideal model, providing guidelines for 'caritative caring'. According to earlier research, nurses of today value the patient–nurse relationship, but they do not always have the power and possibilities to meet the patients' care needs.^{1,7} In the same way, in this study the nurses' inner demand, 'to be a good nurse', could not be realized in all situations, and this was due to various external factors in the situation. This 'inner demand' could be interpreted and understood as a strong ethical demand originating from the fact that the nurses had understood the patients' message of their suffering expressed in their caring needs.²¹

According to research there are today many barriers to caring, such as staff shortages, being busy and a lack of time.²² The nurses wanted to be or stay with the patients, but there was not always time for this. Several researchers have pointed out the importance of being in the world of suffering patients.^{23,24} For the nurses it was important to be able to care for the patients in the best way. It was not enough to know what was good for the patients; it was necessary to be able to realize and carry out their inner ethical demand to provide good care. The nurses were simultaneously

hoping for a meaningful work situation with reasonable requirements. The struggle between 'being' and 'not being' a good nurse was dialectic by nature and describes the dialectic conflict and tension between the 'inner demands' of the nurses to provide good work and 'external demands' due to working pace, work organization, economic realities etc. in the caring context. The nurses thought that these ethical conflicts were very difficult and on the border of being understood as ethically unsolved dilemmas.

The limitations of this study concern the relatively small number of focus groups. However, all the participants were representative of the study population. Concerning the influence of other factors within the nurses' work situation, no exhaustive list was achieved, but important contextual factors emerged that should be further investigated in future studies. Nevertheless, this study draws attention to the importance within nursing science of taking into account contextual factors, as well as trying to comprehend the nursing care situation as a whole. Benner and Wrubel¹⁷ have emphasized the importance of concrete factors; that is, human beings interpret and understand their situation in relation to their history, their culture and factors in the situation.

Implications

The findings of this research draw attention to nurses' working situation and its complexity. They support the idea of continuously offering possibilities for the professional supervision of nurses, so that they can learn to handle these severe ethical dilemmas. The total workload, including nursing care intensity and other contextual factors in the situation, have to be taken into account by nurse managers. There is a real challenge for managers, at first in trying to understand nurses' ethical dilemmas between the 'inner demands' of the nurses to provide good nursing care and 'external demands' due to working conditions, and then in trying to solve these problems. Successful staff planning is one prerequisite for making 'good care' possible, but also, by focusing on the ethical issues in nursing care, nurse managers can affect the atmosphere on hospital wards and the caring culture.⁶ According to the findings of this research, nurse managers must analyse the external factors in the working situation, asking what is causing these often extreme chaotic situations. In many cases the reason was a very high nursing care intensity level, which can often be solved through staff planning. Resource planning and other administrative tasks are important for managers, but there is also a need to try to reach a deeper understanding of nurses' working situation and its ethical demands, which could help nurse managers in supporting the nurses in their charge. According to Nyberg,²⁵ nurse managers also suffer from ethical dilemmas between administrative goals and the caring mission of nursing. Discussions on ethical issues between nurses and managers could have a preventive effect on long-term stress and burnout among both managers and nurses.

Conclusion

A challenge in the present study was the use of the dialectic laws in the interpretation process, since these seem to have been used in only a few studies^{6,12} in nursing science.

This study suggests, however, that dialectics as both method and theory can provide a possibility if nursing science research aims at 'revealing' and 'uncovering' phenomena and the relationships between them. If nursing care as a phenomenon is understood as consisting of 'complex caring situations', dialectics can be used as a fruitful method of revealing the complexity of clinical reality. This presupposes, however, an acceptance of the 'contradictory nature of reality' and, simultaneously, a dissociation from the search for 'general truths', which in itself can be regarded as foreign to hermeneutics.

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