THE VALUES LIVED IN THE DAY-TO-DAY PRACTICE OF NURSING

CHARLOTTE D. BARRY
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by

Charlotte D. Barry

A Thesis Submitted to the Faculty of
The College of Nursing
in Partial Fulfillment of the Requirements for the Degree of
Master of Science in Nursing

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This thesis was prepared under the direction of the candidates's thesis advisor, Dr. Marilyn Parker, College of Nursing. It was submitted to the faculty of the College of Nursing and accepted in partial fulfillment of the requirements for the degree of Master of Science in Nursing.

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ABSTRACT

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The purpose of this study was to examine nursing's values as they are lived day-to-day in nursing practice. A nurse's story, a reflective remembrance of a nursing situation, was explored for the illumination of nursing's values embedded in the service activities of the nurse. Using qualitative descriptive content analysis, the story was studied for significant statements depicting activities of the nurse and for the values guiding those activities. The analysis revealed three transcendent values, reflected in every activity: Caring, respect for the dignity of the other, and inner harmony. The analysis further revealed eight actualizing values, individually embodying the transcendent values: compassion, competence, courage, humility, honesty, commitment, trust and hope. The wholeness of the inquiry is presented using metaphor to illuminate the meaning of nursing's values in nursing practice.
ACKNOWLEDGEMENTS

It is spring in Koltsovo now, and chattering tractors draw a rich earthy fragrance from the swollen fields. The snow has gone by early April and now a light green haze dusts the forest. Snowdrops, pussy willows, and the tiny yellow blooms known as mother and step-mother speckle the hillside. The coming of spring has always brought a sense of triumph in these northern lands...the screeching of the first rooks in the treetops, and that mystical moment when the ice began to move on the Oka.

'At last the evening would come when the sky clouded over, the temperature warmed and a thick fog would rise,...and that night the last battle would be joined between spring and the departing winter. In the morning our Nanny would announce that 'the river had moved.'

The whole road to the Oka, the entire forest rang with the sound of water which burbled, hummed or thundered as it rushed to the river...the ice still moved in a solid sheet, very slowly, almost imperceptibly, but irresistibly. In that slowness there was a sense of unbelievable, elemental force...'the timeless celebration of renewal spreads an almost intangible sense of relief that Russia has made it through a feared winter (Schmemann, 1992).

The season for this thesis has arrived. And like the spring in Russia I feel a sense of triumph. I most gratefully acknowledge this mystical moment could not have arrived without the love, mentoring, and unending supportive anticipation of: Marilyn Parker, Savina Schoenhofer, Anne Boykin, Pat, Patrick, Brendan, Amanda and Noel Barry, Elizabeth Duddy, Pat Kronk, Jane Adams and Ilona Osinski. I also gratefully acknowledge the nurse who wrote this story, dear Mrs. C. and her family, my colleagues at F.A.U., my family, my friends and especially Maureen and Claire who helped this study unfold.
DEDICATION

Dedicated to Elizabeth, my sister and my friend.
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CHAPTER I
INTRODUCTION

Nursing is challenged by the rapidly changing healthcare arena to create a vision for the practice of nursing today as well as in the 21st century. The future of nursing resides in the discipline's ability to know more about what it means "to nurse." Reflecting on the nature of nursing by examining and defining its beliefs or values is a natural beginning point of this creative process. The interest and relevance of this work to the nursing discipline is reflected in the writings of many nursing scholars who are calling for a reaffirmation and articulation of the values that guide nursing practice (Bond & Reed 1991; Boykin & Schoenhofer 1989; Christensen 1988; Elfrink & Lutz 1991; Gadow 1989; Gortner 1990; Kerfoot 1991; Manthey 1991; Maraldo 1989; Moccia 1990; Nyberg 1990; Roach 1984). The interest of this work to this researcher was developed as the research assistant in a nursing research project (Parker, 1990) that studied nursing's values and nursing practice strategies.

Purpose

The purpose of this study was to examine nursing's values as they are lived day-to-day in nursing practice. A nurse's story describing a nursing situation was explored for the illumination of nursing's values. The question that
guided this investigation was "What are nursing's values lived day-to-day in nursing practice?"

Definition of Terms

Values are enduring beliefs which motivate and guide actions (Lewis, 1990). Nursing values are enduring beliefs that guide nursing actions. Morals and ethics are frequently referred to in the literature and a description of these two terms is presented to clarify the concept of values. In his work on values, Rokeach asserts that morals are interpersonal values that guide preferences in circumstances of right or wrong (Rokeach, 1973). On the other hand, ethics are the public expressions of moral values (Omery, 1989). Day-to-day nursing practice encompasses the all-at-once, ordinary, unique, profound, intentional and thoughtful service activities of the nurse. Nursing practice takes place in the nursing situation described as "a shared lived experience in which the caring between nurse and nursed enhances personhood" (Boykin & Schoenhofer, 1993). Story is a reflective description of a remembered nursing situation.

Significance

"Nursing: Shaping the Future of Health Care" was the 1992 slogan of the American Nurses Association and publicized nursing's increasing influence on the delivery of healthcare. The slogan, reflective of a rapidly changing
healthcare environment, remains a clarion call to nurses to reflect on their practice and the values that guide that practice. O'Neill and Sorenson (1991) challenge the discipline of nursing to expand its perspective as healthcare shifts from the medical-institutional model to a nursing community-based model.

Healthcare in the United States is in turmoil struggling with soaring costs and a widening gap between those who can afford healthcare and those who cannot. Hospitals, the benevolent institutions of old, have become for-profit business arenas where doctors are considered consumers and patient care is a product. Nursing has had to implement cost-saving measures while maintaining established standards of care (Smeltzer, 1990).

The nursing triad, patient, family, nurse, has shared the economic brunt of the DRG system for payment. Under this system patients enter the hospital sicker and later and leave the hospital sicker and sooner. Consequently, nurses' work is extended, contact time with patients is shortened, and more errors are made (Creighton, 1988). The elderly are especially confused by this rushed care and their families are overwhelmed by the amount and complexity of lay nursing care needed at home (Creighton, 1988).

To cut costs, hospitals are seeking a different staffing mix for patient care. A team approach has gained
recognition as a cost containment measure; low knowledge level nursing assistants and licensed practical nurses provide most of the direct patient care, while registered nurses provide supervision and intensive care. High Tech care in intensive care units has been replaced by "Hi-Speed" care (Zander, 1990, p.503).

Currently the literature abounds with nursing practice strategies and notions for work redesign. Managed care, collaborative practice, modular nursing, differentiated practice, critical pathways and patient care givers are some of the practice models that inform nurses how to nurse in compromised times. Ironically, at the same time, nurses are challenged to reconceptualize the environment (Chopoorian, 1986), to transform the healthcare system (Watson, 1988), and to reclaim our communities (Moccia, 1990).

Unfortunately, most nurses "just want to make it through the day" (Porter-O'Grady, 1992).

Nursing and healthcare are in chaos. This chaos, part of the transforming process, is "part of the noise" associated with change (Porter-O'Grady, 1992). Change, whether it comes abruptly or slowly, brings with it a challenge to examine one's beliefs or values. A necessary part of that change demands a closer look because it is
nursing's values and relationships to others that determine clinical decisions and the collective action of the profession (Cantrell and Pence, 1990).

Researcher's Perspective

History can provide us with a looking glass for reflection and, a thoughtful process of clarification and creation. Nursing at the close of the twentieth century, 150 years after Nightingale established her School of Nursing, is struggling with the question "What is Nursing?" Nightingale (1860) believed that the very elements of nursing were unknown; she also believed that nursing should signify more than the mere administration of medications and the application of poultices,..." for there was a universal experience of extreme importance of careful nursing" (Nightingale, 1860, p.9). Nightingale provided the nursing community with a firm nursing foundation built on acknowledging the uniqueness of each person and the unique encounter between patient and a nurse. Her foundation has given direction to nursing scholars committed to knowing about that uniqueness and to understanding the unknowingness of the content of nursing.

Authors from both Social Science and Nursing (Benner, 1991; Leonard 1989; Lewis, 1991; Rokeach 1973) state the value of studying persons in context, for it is in actions and words that values are illuminated. The context of
nursing is the nursing situation and it is in this milieu that nursing is known in its fullest (Parker, Boykin & Schoenhofer, 1991). Reflective storytelling of nursing situations communicates the meaning of the nursing experience and gives voice to the content of nursing.

Summary

Nursing as a practice profession and discipline of scholars appears to be in chaos with members of the community who express medical/technical values and those other members who express values of caring. Spiraling healthcare costs and the competition for healthcare dollars have forced many nurses to focus on the medical/technical aspects of the practice and to supervise patient care given by low knowledge ancillary workers. Nyberg (1989) states that despite economic constraints, human care is very much present in nurses' day-to-day practice. Caring was the most frequently expressed value in a research project in which over 300 nurses were asked "What Values Guide Your Nursing Practice?" (Parker, 1993a, in press). This researcher will explore a nurse's story for the values embedded in the narrative of living nursing day-to-day. The articulation and affirmation of values offers cohesion to shared beliefs and transmits values (Barthes, cited in Polkinghorne, 1988, p.14). This notion supports the importance of giving voice to nursings' shared beliefs. Values energize the nursing
community and give form and direction to thoughtful practitioners who endeavor to know the other, as caring person, and be with the other, as caring person, in the context of the nursing situation.
CHAPTER II
LITERATURE REVIEW

This chapter presents an overview of the literature on the nature of values as described by social scientists and nursing scholars, the power of storytelling to transmit values and generate knowledge and the concept of day-to-day nursing practice.

Values

Rokeach (1973), a social scientist, provides a comprehensive description of values from research done in the sixties. This study, using interviews and questionnaires, elicited information about what Americans value. Values are described as enduring beliefs that specific modes of conduct or end states are preferable to opposite modes of existence (Rokeach, 1973). Values can be divided into two categories: instrumental values and terminal values. Terminal values represent a desired end state and instrumental values help one get there. Personal and social are the two aspects of terminal values. Examples of personal terminal values are peace of mind and salvation. Brotherhood and world peace are examples of social terminal values. Instrumental values have two aspects also, moral and competence. Moral values have an interpersonal focus and when violated, lead to feelings of guilt or wrongdoing. Competence values are also interpersonal in focus and when
violated, lead to feelings of shame or inadequacy. Instrumental values help to achieve the terminal values. Although his values work is classic, Rokeach (1973) offers the notion of the reluctance of persons to be able to articulate clearly their values and suggests a study of persons in action in order to fully understand their values. The addition of direct observation or field study to the research method provides a deeper understanding of values.

**Nursing Values**

Much of the nursing literature on values is written from a philosophical framework, and little research of nursing's values has been published until recently. This researcher's initial computer search for values, nursing's values, or nurses' values in 1990 revealed very little published work. A broader search was undertaken using words such as ethics, beliefs, and morals. And finally, a comprehensive review of nursing scholars' published works was explored for values embedded in their ideas. This thorough search revealed an extensive collection of nurses' values. The reviewed work is presented chronologically.

Harmon and Steele (1979) provide a definition of values as personal beliefs about truth, beauty or worth of any thought, object, or behavior. The authors call for nurses to clarify their values through the process of choosing, prizing, and acting. Values clarification will answer the
questions "Who am I?" and "What do I believe in?" and assist
the nurses in deciding whether the goals of their
institution reflect their own goals. Personal and
professional values must be congruent, for conflicts between
them lead invariably to frustration and dissatisfaction.
Institutions should provide opportunities for persons to act
on their own values. Values clarification leads to a human
growth experience and allows the person to gain awareness,
empathy, and insight.

Roach's (1984) monograph, Caring: As the Human Mode of
Being, asserts caring practice as value oriented, involving
a response to value as the important in itself. She states:
"Caring, as responsivity, is response to value in myself and
in the human beings to which I minister to value the
sacredness of human life, the preciousness of human life,
and the inherent dignity of each patient" (Roach, 1984, p. 15). Nurses are entering the profession with different
values and challenge the sanctity of life and caring as
value. As a result, nursing is challenged in this crisis to
renew its vision and ascend to a higher level of
professional maturity, a commitment to human caring (Roach,
1984, p.51).

Gadow (1980, 1984, 1985, 1988, 1989) describes nurses' values from a philosophical framework and identifies care as
nursing's core value that aims at protecting and enhancing
human dignity. Advocacy for silent patients entails embodiment with that person to give voice to that person's values. Embodiment is a process that takes place over time involving intense physical contact with the patient. Embodiment entails the acknowledgement of the nurse's body, as subject, and the patient and patient's body, as subject, to order to get in touch with her own deep connections to the patient's pain. The nurse then begins to feel what the other feels and begins to know what the others' anguish and hopes are (Gadow, 1989). Existential advocacy more fully describes nursing's philosophical foundation and ideal (Gadow, 1980), p. 80) as the nurse's full participation with the patient to determine the unique meaning which the experience of health, illness, suffering, or dying is to have for the individual (Gadow, 1980, p. 81). This unique meaning flows from the patient's full awareness of self as a valuing person and from a process of values clarification. The nurse, as existential advocate, assists the patient to clarify values in the situation of doubt and confusion about previously held stable values. Gadow proposes a wholeness of the nurse's participation with the patient as whole person and dissipates the notion of the nurse as "person" or "professional" (Gadow, 1980, p. 85). Examples of intersubjectivity or wholeness with the patient that Gadow describes are truth telling and touch, expressing the
caretaker's participation in the patient's experience (Gadow, 1984, 1989).

Embedded in Watson's (1988) work on caring is a description of nursing's moral ideal or value as caring committed to the protection and enhancement of human dignity. Fry (1989) proposes nursing's values as grounded in caring and covenant, expressed by the nurse in truth telling, fidelity, and promise keeping. Caring, health promotion, illness prevention, professional competence and ethics are the expression of nursing's values of equity and respect (Gortner, 1990). Gortner further states that nursing's humanistic values are not incompatible with the values of science and both should be promoted as nurses reflect on and analyze their practice (Gortner, 1990). Schoenhofer (1989) asserts nursing, as a profession, is characterized by a distinct set of values. Nursing's fundamental value is caring which illuminates the spiritual values of love, truth and beauty. The author used nursing students' stories to illustrate these values and suggests nursing stories as a means to communicate the values of the profession to students.

Nursing Research on Values

Surveying both secular and non-secular universities Shank and Weis (1989) studied nursing students' and graduate nurses' values. A two-part, open-ended questionnaire
elicited responses from 191 participants. The data were analyzed and compared to the ANA Code for Nurses (1976). The values most frequently stated included dignity, worth, care, respect for the individual and client's self determination. These values were categorized and correlated to the first statement in the Code which states the nurse provides services with respect for the dignity of the client. The second most frequently identified group of values was autonomy, accountability, responsibility and honesty. These values were correlated to the fourth statement of the Code which states the nurse assumes responsibility for her/his own actions. Least frequently identified values were nursing research, economic welfare, professionalism, public domain, confidentiality and privacy. The results reveal strong beliefs in the values expressed in the first six items of the Code with the exception of item number two encompassing the nurses' beliefs about patient privacy and confidentiality. The next five items of the ANA Code (1976) which reflect social values were least frequently identified. The authors believe the results reflect a value system that is not fully developed in students and beginning practitioners. Further the study suggests more emphasis should be placed on values education at the university and at the work institutions to help new nursing practitioners become socialized into the profession.
and to develop the profession's values as expressed in the ANA Code (1976). Berla Wolf (1989) studied the relationship of nursing to medicine and asked expert nurses and expert physicians to participate in this research study. The nurses who participated were asked to define "What is nursing?" and "What are the values of the profession?" The physician participants were asked the same questions of medicine. The data were analyzed using phenomenological hermeneutics, and the results were compared to seek patterns of relationships. Nursing's core values were viewing persons as individuals and safeguarding the wholeness of life as manifested through caring. Medicine's core values were responsibility and human life as also manifested through caring. The caring purpose of each profession is different, with the nurse promoting possibilities from within the person while the physician promotes possibilities from without the person. The author concluded both professions are autonomous and complimentary.

Hutchinson (1990) used grounded theory research methods to study how nurses bend rules for the sake of the patient. This sake of the patient was grounded in the nurses' values of caring and advocacy of the patient as described by Gadow (1989). This study grew out of the responses of a larger study of unprofessional behavior in which the participants described various rule-bending behaviors. The researcher
explored this notion further with a series of new questions designed to reveal more of this phenomenon. Six hundred pages of narrative data were analyzed, using constant comparative methods for discovery of grounded theory. The findings revealed a deliberate responsible subversion of rules for the patient's sake. Incidents of rule-bending ranged from extending visiting hours regulations to giving a medication without a physician order; three conditions were present: personal frameworks of practice, of knowledge, and of experience (Hutchinson 1990, p.7). The nurse had knowledge of the patient, the disease process, the rule and the probable response of the patient to the rule-bending. Rule-bending was either explicit or implicit and involved strategies of stalling for time before following a physician's order, pretending not to notice, contouring information, critically evaluating timing as allowing family members in for a delivery at the last minute, exaggerating symptoms or lying about them, flexibly interpreting orders, and covering up the rule bending. The findings support the notion that nurses are not the rule makers and may have no voice in changing rules to meet patient needs. The author recommends further research into this phenomenon which occurs frequently in a context of nursing practice filled with ambiguity, conflict, and frustration (Hutchinson, 1990, p.15).
Elfrink and Lutz (1991) surveyed 697 nurse educators with bachelor degrees to determine agreement with and education of the values identified by the American Association of Colleges of Nursing (1986). The seven values asserted to be the philosophical basis for nursing care were: altruism, esthetics, human dignity, justice, freedom, equality, and truth. The questions were open-ended and fixed-alternative type and included the following: "Do bachelor's-degree nursing faculty agree with the AACN identified values?", "Which of these values is formally taught and how are they taught?" and finally, "What plans do the faculty have to change their current values education to comply with the AACC's recommendation?" The open-ended questions were analyzed using Spradley's Domain Analysis. The fixed alternative questions were analyzed using the Newman-Keuls method. The results revealed agreement with the values set forth by the AACC and the participants' values. Results further showed that values are most frequently taught informally by role modeling and by discussion of dilemmas as they arose in the educational setting (Elfrink and Lutz 1991, p. 242). Most educators surveyed also stated that they had no plans to incorporate a formal values education process into their curricula. The authors recommend that formal values education be included in nursing curricula to help establish a value system.
necessary to practice humanistic nursing. Nurse educators have the responsibility to assist students in the acquisition of competencies in nursing practice, including moral decision making (Elfrink and Lutz, 1991, p. 244).

Creation of a nursing practice environment that was consistent with expressed nursing values was the goal of a nursing research project reported by Parker, Gordon and Brannon (1992). Methods of action, participatory and cooperative inquiry were used to provide a framework for a collaborative exploration of nursing services in a 450 bed hospital in the southeastern United States. The researchers worked with nursing administration and nursing staff in a co-researcher relationship in which each co-researcher was respected and valued for the knowledge she/he brings to the project. The values of the nurses and the topics for study were identified at group meetings held on the various service units. Values identified by the staff nurses were: respect for the patient as a whole; unique person; respect for the family members; and, respect for the complexities of the nurses' practice. Inquiry groups were formed of voluntary members (co-researchers) and the creative potential of each co-researcher was encouraged through this research process. The outcomes of this project were numerous and complex: the identification of nursing's values, the development of a clinical nursing practice
ladder, a definition of nursing, an exploration of a theoretical model for nursing practice, and a study of an employee assistance program. Another outcome of this cooperative, values based project was the development of a research method that encouraged full participation of practicing nurses as co-researchers in inquiry, problem identification, and collaborative resolution of concerns. The researchers state "outcomes grounded in shared values can change practice environments in ways more powerful than outcomes attempted by actions of administrators, researchers, or nursing staff alone" (Parker, Gordon, Brannon, 1992, p.63).

Nursing values: honesty, respect for life and responsibility were uncovered in a research study on the meaning of excellence in nursing practice (Scelsi, 1992). Seven nurses participated in this study and described how they experienced excellence, how they saw themselves when engaging in excellent practice and what this meant to them. Phenomenology was used to analyze data which included the nurses' descriptions as well as nurses' stories of excellence in practice. Descriptive themes of: caring, total commitment, seeing the patient as a total being, knowing, seeing the whole picture, giving the best you can, time to sit and talk with the patients, and frustration emerged from the descriptions. Interpretive themes of
nurses doing and nurses being were synthesized into a unity of meaning. "Forgotten moments" expressed for the author the paradox of excellence in practice. The paradox is explained as moments of practice, forgotten but always remembered, of all the possibilities that unfolded in a nursing encounter. This study identified nursing's values and affirmed their importance in nursing practice.

Strews (1992) discovered values of "agency nurses" in a qualitative research study. Six nurses, employed by an nursing agency to work shifts at various hospitals, were asked to tell a descriptive story that best reflected their nursing values. Using Giorgi's method of data analysis, the data were synthesized into a specific description of situated structures of values and a general description of the structures of values. The situated description asserts the nurse "values the uniqueness of caring in nursing which empowers her to make confident, competent, conscious decisions" (Strews, 1992, p 74). The general description of values asserts the lived experience of the nurse is caring. Caring is also the value that impels the nurse to learn through unpretentious presence the compassionate actions of listening, touching, and truth telling. The meaning of values in the lived experience of agency nurses is described within three concepts: lived experiences teach values over and over making their meaning richer and fuller; caring is
the fundamental value in nursing; unfolding in the unpretentious presence of the nurse. This research study was fully described by Strews (1992), affirmed caring as the core value in nursing and described the usefulness of storytelling as method.

Stories

The importance of stories to illuminate meanings and values, to transmit values, and to generate knowledge will be reviewed in this section. The literature review has been divided into sections according to content. The first two sections focus on stories, both fictional and true, as sources of knowledge. The next two sections focus on storytelling in nursing as sources of knowledge about the content of nursing practice and as sources of ethical knowing.

Human beings have basic needs to find meaning in life and death. Frankl (1959) explains that persons should stop asking about the meaning in life, for the answers are "not in the talk but in the right actions and conduct" (Frankl 1959, p. 98). The meaning of each person's life is different and the tasks performed shape that meaning. Finding meaning in the context of a person's life is described by many authors in Social Science and Nursing (Benner, 1991; Coles, 1989; Lee, 1988; Leonard, 1989; Reeder, 1988; Rokeach 1973). Stories, recounted narratives
of persons lives, provide the context for the study of the persons' actions and conduct.

Fictional stories can provide a source of knowledge. Coles (1989), a medical educator, examines a model for learning about morals by requiring his students to read novels. As a professor of medicine, he uses novels as a way for his students to become energized by moral issues. The characters of the novel can become models for goodness or evil, can inform the readers how to live their lives more fully, and how to avoid actions that distance one person from another. The author describes ultimate worth as measured by how persons behave toward one another and not by material possessions. Younger (1990) reflects this work and further espouses the Great Books series as a source of wisdom for students of nursing. Novels allow the nursing student to experience suffering vicariously and help move the reader to compassion. The stories link the readers to the timeless experiences of others (Younger, 1990, p. 42), and classic tragedy provides ageless yet applicable models of moral behavior in response to suffering (Young-Mason, 1988). Compassion, like other profound human experiences, is elicited and can be developed in students by reading the great literary works and studying them not only for the physical and psychic effects of pain and suffering, but also for the joy and happiness.
Polkinghorne (1988) proposes human research focused on the narrative of one's life. He describes narrative as "any spoken or written presentation" (Polkinghorne, 1988, p. 13). Story is the narrating or relating of an event or series of event (Polkinghorne, p. 13). The terms story and narrative are equivalent in Polkinghorne's work (Polkinghorne 1988, p. 13.). The author believes that storytelling allows persons to share beliefs, to transmit these beliefs or values, in providing positive models to emulate and evil models to avoid.

Storytelling as a means to relate the liveliness and passion of one's experience is described by Reason and Hawkins (1988). As a mode of inquiry, storytelling can explain or express, and analyze or understand (Reason, Hawkins, 1988, p. 79). The best stories "stir peoples' minds, hearts and souls and by doing so, give insights into themselves, their problems and the human condition" (Reason and Hawkins, 1988, p. 83).

**Storytelling in Nursing**

Paterson and Zderad (1988) describe the nursing situation as "a unique human situation in which the actions of the nurse are directed toward nurturing the other, with health-illness needs, toward more being and well being" (Paterson and Zderad, 1988, p. 18). The authors believe that it is in the nursing situation that the lived
experience of nursing and its inherent values are known. The lived nursing world is saturated with knowledge to be reflected upon, studied, and enhanced. Though the authors do not refer to the storytelling technique per se, it is commensurate with their pioneer studies of the content and knowledge embedded in the nursing situation.

Story as a method of organizing and communicating nursing knowledge is proposed by Boykin and Schoenhofer (1991, p. 245). The authors believe nursing takes place in the nursing situation and it is in the situation that nursing is known. The reflective story of the situation creates anew and illuminates the essence of nursing and allows it to be known to others. Lives can be understood, transformed, or revealed in stories by the act of storytelling (Sandelowski. 1991, p. 163). The author describes storytelling as a qualitative research method and offers a framework for generating nursing knowledge.

Benner (1984, 1985) has written extensively about the use of exemplars and paradigm cases to learn the content of nursing. Benner and Wruble (1989) use paradigm cases, descriptions from nursing situations, to explore the meanings of each situation to the patient and nurse. Benner's (1984, 1991) language seems to have changed from the use of the words exemplar and paradigm cases to stories in describing accounts of nursing experiences. Although the
words have changed the essence remains: the importance of reflected accounts from nursing practice to generate knowledge.

Nurses' stories provide a resource for studying ethical dilemmas in nursing practice (Parker, 1990). Embedded in stories are the keys to understanding nursing. Conflicts about hopes and dreams cannot be known in the language of duties, rights and obligations but rather in the ethic of care and relatedness. Parker (1990) recommends building an ethical theory of nursing on connectedness, engaged listening, authentic responsiveness, mutual disclosures and negotiation.

Cooper (1991) studied nurses' stories in a research project with the intent of explicating a moral framework for nursing practice. Eight nurses participated in this study and shared their stories. Stories were used for their ability to offer rich descriptions of the context of nursing and to inform the researcher of the patient-nurse relationship. Using hermeneutical methods, the stories were analyzed for an understanding of nursing practice. Each story revealed the nurse's commitment to the principles of patient rights, to autonomy, and a duty to the patient. The results also revealed that a relationship had developed between the patient and nurse and a position of interdependence had been formed. The author identified the
relationship as caring, embodying mutuality and reciprocity. This study suggested that nurse/patient relationships and ethical rules and principles inform the nurse of right actions and further actions. In conclusion, Cooper (1991) maintains that nursing ethics need to be studied as a separate concept, for it addresses not merely principles but also context and content peculiar to nursing practice and to the problems nurses encounter in caring for patients.

Day-to-Day

The concept of day-to-day appears frequently in the nursing literature but has not been clearly defined. The Random House Dictionary (1979, p. 348) describes day-to-day as an adjective meaning "occurring daily or each day" and offers a second definition as "concerned only with the immediate needs or desires".

The day-to-day health visiting practice of nurses in Canada was studied by Chalmers (1992), using grounded theory methods. During the course of their work each day, health visitors carried out developmental screening on infants and young children, provided health and nutritional counseling to parents and supervised the growth and development of young children (Chalmers, 1992 p. 1317). These practices were only a fraction of what the workers actually did each day. The research goal was to describe more fully what constituted the day-to-day practice. The result was the
development of a theory of health visiting practice based on giving and receiving. This framework for practice defined the interactions between nurse and client as a series of give and takes: nurse and client selectively choosing what to give and what to take in a particular interaction. Examples of this are the client selects what she/he will receive from the nurse during a particular visit about health promotion and the nurse selects what she/he will act upon regarding a particular clients' request for the nurse to intervene for better housing. The give and take process described theoretically the day-to-day practice of the health promotion nurse and added insight into the meaning of the day-to-day practice of nursing.

Keltner, Keltner, and Farren (1990) described family day-to-day routines as repetitive activities which occur within the family in a predictable manner (Keltner, Keltner, Farren (1990, p. 161). Although they do not fully capture the concepts of day-to-day, their study does provide a cursory description of day-to-day routine.

Taylor (1992) defined ordinariness in nursing as "the sense of shared humanity between nurse and patient" (Taylor 1992, p. 33). The concept describes the importance of the humanness of nurse and patient that engenders connections and understandings. A familiarity, through humanness allows the nurse's caring and the patient's responsivity to unfold.
"Ordinariness in nursing" (Taylor, 1992) enhances the meaning of day-to-day nursing practice by explicating the importance of the nurse's and patient's human being. Paterson and Zderad's term "all-at-once" described the "multifarious multiplicities that exist within nursing situations" (Paterson and Zderad, 1988, p. 109). The authors' intention was to provide a more complete description of the complex "lived-unobservable worlds of nurses" (Paterson and Zderad, 1988, p. 110). Nurses' responses in the multi-layered nursing situations are deliberate and actualize the values of the profession. The concept of paradoxical dilemma expresses a critical issue for nurses in recognizing the complexities of the nursing situation before responding with "dispersal" (Paterson and Zderad, 1988, p. 111).

A distinct parallel can be found between this researcher's use of the term day-to-day as it applies to the depth of nursing practice, and Paterson and Zderad's concepts of all-at-once and paradoxical dilemma (Paterson and Zderad, 1988).

Paradox is explained by Mitchell (1992) in describing Parse's nursing theory, Human Becoming (1981, 1992). "Living paradox" is described as a "rhythmical shifting of views, the awareness of which arises through experiencing the contradictions of opposites in the day-to-day relating
of value priorities while journeying to the not-yet (Mitchell, 1992, p. 44). This paradox is lived by humans day-to-day and is expressed by such phrases as "I'm doing fine in spite of this killer disease" or "life is a blessing even with the pain and hardships" (Mitchell, 1992, p. 47). This further development of the notion of paradox gives more support to this researcher's definition of day-to-day nursing practice which encompasses the profound and mundane as well as the unique and ordinary as part of day-to-day nursing practice.

Summary

The literature review of values held by nurses is extensive to provide a full background for the topic and the research findings. The philosophical viewpoint and the nursing research on nurses' values affirm nursing's core value as caring (Gadow 1980, 1984, 1985, 1988, 1989; Gortner 1990; Parker, Gordon & Brannon 1992; Roach, 1984; Scelsi, 1992; Watson, 1989). Story as communicator of values and nursing knowledge is supported by many authors (Benner, 1984, 1985, 1989, 1991, 1992; Boykin & Schoenhofer 1991; Schoenhofer, 1989; Strews, 1992). Storytelling as inquiry, (Polkinghorne, 1988; Reason & Hawkins, 1988) provides a method to uncover meanings in the narratives of persons' lives. Fictional stories provide models of good and evil, encourage the reader to develop a sense of morals and allow
the student readers to develop compassion for the suffering (Coles, 1989, Younger, 1990, and Young-Mason 1988).

Cooper (1991) and Parker (1990) suggest the content of nurses' stories describes the content of nursing practice and form a more fully developed concept of nursing ethics grounded in moral principles and also in the nature of the patient/nurse relationship. The notion of day-to-day nursing practice is described as the routine activities as well as the unexpected activities occurring in the all-at-once. This paradox of ordinariness coexisting and simultaneously occurring with the profound is described by Mitchell, 1992; Paterson and Zderad (1988). Taylor's concept of ordinariness (1992) points up the complexities and the commonalities of humanness in the nursing situation.
Chapter III

METHOD

This chapter presents the context for this study, the design of the study, data generation methods, data generation procedures, method of data analysis, and qualitative standards for evaluation. In addition the concept of co-researcher and the notion of shared data are described.

The Context of this Study

This study unfolded in the context of a larger nursing research project designed to examine nursing's values guiding practice and to develop nursing practice strategies that reflected these values. The following section describes the larger project, which is drawn from unpublished and published reports (Parker 1990, 1991, 1992, 1993a, in press), access to the principal investigator's field notes, and personal communication. Participation in this larger project, as research assistant, was full and collegial, in all phases of data generation and analysis.

Exploration of nursing values and strategies were part of a two year research project funded by a university and four acute care hospitals in southeast United States (Parker, 1990). A main goal of the project was to develop pathways of communication, cooperation and sharing resources among nurses in education, clinical practice, administration
and research. The work of the project was values research and education and the promotion of clinical scholarship. Two graduate courses were designed and the objectives included community building, development of the nurse consultant role and exploration of nursing practice strategies. Regional nursing conferences that were held annually focused on blending nursing values and strategies with economics.

The research method (Parker, 1991, 1992, 1993a, in press) was a synthesis of participatory and cooperative methods (Brown & Tandon, 1983; Parker, Gordon & Brannon, 1992; Reason, 1988; Reason & Rowan, 1981) and unfolded in a milieu of mutual respect for values and collaboration. The principal investigator brought to the research all of her being, knowing and unknowing of the phenomena of interest while remaining open to the unfolding of discovery. The participants were considered co-researchers (Parker, Gordon & Brannon, 1992; Reason, 1988), active participants in the research process and valued for their knowledge and questions each brought to the process. The principal investigator, as co-researcher, brought particular expert knowledge of the process. The co-researchers, each participant, brought expert knowledge of her/his practice, values, and concerns. Participants will be referred to as co-researchers in the description of this study.
Data Generation

Participants as Co-Researchers

Selection of a nursing practice unit to participate in the larger study and designation of a research coordinator was completed by the nursing administration at each of the four hospitals. A demographic survey was completed by each nursing administrator. The coordinator served as a facilitator of the research process and became the contact person for the principal investigator, research assistant, unit managers, and staff nurses. The nurse manager of the selected unit discussed the research project with the nursing staff and arranged a convenient time and place for the conduct of the interviews. Co-researchers volunteered to participate and allocated time from their work day or off day to be present at the interviews. Scheduling and attendance was flexible and variable in a spirit of "readiness to yield to other leadings" (Parker, 1993a, in press). A total of 45 staff nurses and middle managers participated in this part of the study.

Setting.

The setting, for the larger study described, was four acute care hospitals in southeast United States. The bed capacity ranged from 150 beds to 450 beds. The data collection occurred at various nursing practice units and conference rooms.
Protection of Human Rights.

Ethical considerations included approval from the University Institutional Review Board, and from the hospital administration or review board at each hospital. The research proposal and budget were submitted to each hospital and a signed contract for conduct of the research was obtained. Participation in the study was voluntary: informed consents, permission to tape record the sessions, and permission to take field notes were obtained prior to participation. The co-researchers were free to withdraw at any time as well as free to refuse to respond to the questions. The phone number of the university, where the principal investigator or research assistant could be reached, was provided. Co-researchers remained anonymous, were not identified by name on the audiotapes or transcripts. The audiotapes and transcripts were kept in locked storage as a data base for further studies. The co-researchers were informed the results would be shared at nursing seminars and that the process and outcomes from the research project study would be published. No physical or social risks were anticipated.
Some possible benefits from cooperative research are increased knowledge of self and others, a satisfaction from participating in generating new nursing knowledge, increased awareness of possibilities for self and the profession, and a sense of autonomy in nursing practice.

**Data Generation Methods**

Reflective, guided group interviews were the method of generating data. Each interview began with a reflective period of silent thought guided by the research question "What values do you hold dear about nursing that guide your practice?" The co-researchers were asked to write these values on a piece of paper to serve as a memory jogger once the discussion began. This process encouraged the full participation and sharing of each person's beliefs.

The interview format was round-table and began with a volunteer sharing her/his values with the group. Then another would share until everyone around the table gave voice to her/his value. Open dialogue about these values and about living these values in practice followed. The principle investigator established an atmosphere of respect and acceptance for what was said by thanking each co-researcher for sharing or with an occasional "hmmm", smile or other comment of approval. These same kindly gestures were used throughout the interviews with the addition of the powerful action: silence which provided a quiet, thoughtful
environment for reflection and sharing. Each interview concluded with the principle investigator asking if anyone had anything else to share? The co-researchers were then asked to reflect on a story of nursing practice in which they felt they had lived these values and to bring the story to the next interview (Parker, 1993a, in press).

Most interviews were attended by about ten nurses and lasted approximately 60 minutes. The length of the interview was strictly adhered to out of respect for everyone's time constraints. Two interviews were scheduled at each hospital approximately two weeks apart. The scheduling was arranged conveniently by the hospital coordinator and the principal investigator.

Management of Data.

The audiotapes were transcribed immediately after the completion of the interview and the text included references to noise heard on the tapes eg: laughter, silence, etc. The field notes were transcribed including all annotations of interruptions, impressions of the researcher or research assistant, expressions, and any other type of outstanding incident observed by the researcher or research assistant. The transcripts of the taped interviews and the field notes were secured in a binder specified for each hospital. The binder also included the demographic survey, original field notes, incidental notes of conversations and any other
Data Analysis.

Content analysis was used to analyze the data for its usefulness in uncovering the essences of "unstructured material" (Catanzaro, 1988). The work of Catanzaro (1988), Stern (1989), and Kearney (1991) was used to form a framework for the method of analysis of this data. The process included six steps: immersing in the data; deciding on the units of analysis; identifying these units in the text; extracting the units from the text; grouping the units into categories; and describing the data results in general terms.

The results (Parker, 1993a, in press) of the analysis revealed nursing's values that guide nursing practice. They were divided into two categories: expressed values and lived values. The expressed values were articulated and outstanding in the text: Caring, Respect, Compassion, Competence, Excellence in Practice, Inner Harmony, and Accountability.

The lived values were embedded in the dialogue and stories of the audiotaped transcripts or emerged from the field note accounts of the interviews. The lived values were: Commitment, Sisterhood/Brotherhood, Honesty, Humility, Courage, Sense of Humor, and Autonomy.
The conflicts of values emerged from the data in stories, dialogue and direct statements. The conflicts were: Disrespect, Dishonesty, Disconnectedness, Distance, and Distrust.

A definition of nursing emerged from the transcripts which defined nursing practice at each hospital.

Hospital #1: Nursing is caring for the patient in such a way that the dignity (recognition of personhood) is supported and nurtured until each is on her/his own.

Hospital #2: Nursing is caring for the patient as a whole being, with individual needs, not only while hospitalized but also as the person grows toward well being or toward a peaceful death.

Hospital #3: Nursing is caring for the patient holistically, providing comfort while the patient progresses from sickness to health.

Hospital #4: Nursing is caring for the patient: mind, body and soul; treating the person with respect and advocating for her/his rights in the hospital while preparing for the return home or for a peaceful death.
Summary of the Larger Study

The summary of the larger project provides background for the present study. The researchers' interest in this present study unfolded within the context of the larger project, as research assistant to the principal investigator. The notion of storytelling as inquiry was explored as a valuable method to generate nursing knowledge and became the focus of this thesis study.

Design of the Present Study

Nursing research, as a domain of interest and process of the discipline of nursing, seeks to develop nursing knowledge (Field & Morse 1985). Nursing knowledge not only informs practice and research but in a helical, motion stimulates thoughtful reflection and further inquiry. Munhall (1989) states "nursing research is about the meaning and seriousness of human experience and nursing's efforts to study such experiences faithfully, with reverence and wonderment" (Munhall, 1989, p.20).

It is with reverence and wonderment that this researcher inquired of a nurse's story "What are nursing's values lived day-to-day in nursing practice?". A qualitative descriptive design was used to guide this study. The purposes of human science research into narratives is to describe and make meaningful the events in the life of the narrator or of a particular life episode (Polkinghorne,
1988). Using qualitative research methods, stories can be studied to discover insight into the way human beings enact their lives (Sandelowski, 1991, p.163). The analysis of qualitative data provides a rich description of the phenomenon while preserving the essence of the participation and involvement in the experience of being human (Leininger, 1988; Ray, 1985; Watson, 1988).

Data Generation

The material to be analyzed in this study is one nurse's reflective story. Data generated in the context of the larger nursing research project previously described included this story. Primary analysis of the data in the larger project did not include the story. The principal investigator, in a spirit of mentorship and collegiality, shared the raw data with this researcher to analyze for this thesis study. The data were presented in original form: the typed nurse's story; the principle investigator's field notes, this researcher's field notes, and the audiotape. This researcher was present during the interview when the nurse read the story into the tape recorder, and had knowledge of the nurses' affect during the reading.
The one participant in the present study was a co-researcher in the larger nursing research project. The participant was a registered nurse whose clinical practice was in an intensive care unit at a 450 bed acute care hospital.

Sample sizes in qualitative research are typically small because of the volume of data generated and because of the intense and prolonged contact with the participants (Sandelowski, 1986). This researcher, informed by the literature about the depth of the content of nursing embedded in stories of practice, chose to analyze one nurse's story. This story was chosen for the quality and richness of its data. Methods for evaluating rigor will be provided in another section.

**Shared Data**

The notion of shared data is described by Sieber (1991) as a challenge and opportunity. Recently data has been shared more extensively because of the data storage capacities of computer discs. Sharing data can provide many opportunities: to analyze raw data that was not part of the primary analysis, to build upon the work of the other, to provide learning opportunities for students, to give access to international data, and to give access to extensive governmental data (Sieber, 1991, p.11). The main challenge
is for the principal investigator to be open to sharing data and to all the possibilities that sharing entails.

Subject's consent to the sharing of data is not an issue for most research projects, provided the possibilities of disclosures have been effectively eliminated (Sieber, 1991, p. 144). All approvals and consents were secured by the principal investigator in the larger nursing research project and did not have to be repeated (Seiber, 1991). Approval was sought, however, by the principal investigator, from the University Institutional Review Board to share data for research. The approval was granted verbally.

Anonymity and confidentiality were assured. The co-researchers's name did not appear on the transcripts nor on the audiotape. The transcripts were kept in a secured area. The transcripts and audiotape have been returned to the principal investigator. Citations of the nurse's story in this study are anonymous.

Data Generation Method

The story was obtained as part of the larger nursing research project and the method is described in full in the context of study section. The idea of a story as data had been mentioned at the end of the first interview. The co-researcher had been invited to reflect on a story in which she/he felt nursing values had been lived, to write the story, and to bring it to the next interview. The next
interview began with a reflective exercise at which the co-researcher was asked to quietly reflect on nursing values. At the end of the exercise, the co-researcher was asked to share her/his story. The story was read by the co-researcher and was audiotaped. Field notes were also taken. The co-researcher typed the story and gave a copy to the principal investigator.

The Nurse's Story

I have been in the field of hospital nursing for approximately ten years. I have always felt that the best thing I could offer my patients is to assure that they receive the highest standard of care possible. In the process it is also my responsibility to be the patient advocate. Through experience, I have found this is completed through many different ways. I would like to relay to you a nursing circumstance between myself and a patients [sic] family that combines the belief of delivering [sic] highest standard of care, being a patient advocate, and the personal reward of nursing.

It was an unusually quiet night at work when the phone rang and we were told that a patient on the surgical floor, who I will call Mrs. C., needed to be transferred to SICU for overnight observation. As Mrs. C. was wheeled through the doors of SICU it was quite evident to me that Mrs. C. was very ill. Her initial vital signs were okay but just looking at her you could tell something was very wrong. The surgeon on her case was immediately notified and stated he was on his way in. The family of three children were, needless to say, very anxious and scared. After explaining Mrs. C.[sic] condition to the family, I assured [sic] them I would keep them updated but would have to ask them to step outside for awhile. They were very understanding and cooperative. Within the next hour Mrs. C. had crashed and the doctor spoke with the family. We proceeded to intubate Mrs. C., started Dopamine, inserted a Swan-Gantz [sic], started pushing fluids at over 1000 cc an hour, and obtained X-Rays [sic] and lab work. Unfortunately none of our efforts were helping Mrs. C.. As soon as possible, I had the family come in
and the doctor explained Mrs. C. [sic] condition to them. I then gave report to the 11-7 shift feeling badly that Mrs. C. was not responding well but knowing she had received the best possible care.

The next day at 3 P.M. I reported to work and was assigned Mrs. C.. In report I was told by the off-going nurse that Mrs. C. had not improved and after a conference between the family and the doctor that Mrs. C. had been made a No-Code and the ventilator, Dopamine, and Swan had been discontinued. Mrs. C. [sic] blood pressure was very low and the family was very hostile. My initial response was dreading having to deal with this "hostile" family. I immediately re-introduced myself to the family and they were indeed agitated and hostile. After speaking with them for a few minutes I turned to check Mrs. C.. She was lying in a blood filled bed with dried crusty flood [sic] on her mouth. I touched her hand and turned to the family. I asked them if they would mind stepping outside for a few minutes so I could try and make Mrs. C. more comfortable. They were hesitant to leave the bedside and angrily [sic] said they would leave but only for a few moments. I thanked them and assured [sic] them I would get them as soon as I was completed or sooner if Mrs. C. [sic] condition changed. I then preceded to quickly bathe Mrs. C., changed her bed, clean [sic] her mouth and repositioned her. I also taped the two Rossary [sic] beads that were lying in the bed to her hands. I then immediately went to get the family. I gave them a few minutes and then went to see how the family and Mrs. C. were doing. When I entered the room the family was all crying. The son saw me first and grasped my hand and just kept saying "thank you". The family was no longer angry and hostile. The door was now open to talk and listen to them. Their mother had a living will and often talked about never wanting to be kept temporarily [sic] alive on life support. This was the hardest decision of their lives and they were trying to deal with their feelings of stopping life support of their mother. They also felt they had been judged for their decision by the hospital staff. I'm not sure this is true but its [sic] how they felt. I sat with them for a long time letting them ventilate their feelings. The rest of the night I would inform them every hour what Mrs. C. [sic] condition was and every two hours I asked them to step outside while I repositioned and cleaned her. The fact that Mrs. C. was kept cleaned and comfortable made the family feel Mrs. C. was at peace. Unfortunately, the family
decided to go home for a short break around 9:00 p.m. that night and Mrs. C. expired 10 minutes later. I spoke with the family twice after Mrs. C. [sic] death. When they returned to the hospital 1/2 hour after Mrs. C. [sic] death they were grief stricken [sic] but kept saying thank-you for everything you did. The last time I spoke with them was about a month later when they showed up at the hospital and asked to speak with me outside the unit. When I walked outside the unit the entire family was there including Mrs. C. [sic] grand-daughter who was around 10 years old. They wanted to give me a lovely present and thank me again. They stated the thing they remembered most was my keeping her clean, comfortable, and the taping of the Rosary [sic] Beads to her hands so they would be with her always. The little girl started to cry and her mother stated "she's okay, she just insisted on meeting the lovely nurse who took such good care of her grandmother".

I think we all have to remember that standards of care can vary. The best care for Mrs. C. changed from aggressive treatment to helping her when death was inevitable [sic]. In Mrs. C. [sic] case, it was not giving her high technological abilities we have but comforting her and her family. Nursing is at its best when we use both our technological and humanistic abilities. However, when medical skills are not enough we must still be a patient advocate and help them and their family as best we can (Anonymous, 1990).

Data Analysis

Qualitative data analysis preserves the richness of the data while organizing the content of the data into units of description. Catanzaro (1988) states the major task in analysis of qualitative data is to uncover patterns or themes. This is an intuitive, creative process that happens all at once from reading and re-reading the data. Content analysis, a qualitative data analysis method described by Polit & Hungler (1987), provides a framework for analysis

The published qualitative methods for analyzing nurses stories are interpretive and use a hermeneutic method (Benner, 1991; Sandelowski, 1991; Taylor, 1992). Boykin & Schoenhofer (1991) suggest an interpretive method to study nurses' stories for content but do not describe the hermeneutical approach. Strews (1992) used Giorgi's method to analyze nurses' stories, and synthesized the findings into meanings.

Gortner (1988) states the nature of nurses' scientific work may require blended research modalities to study the complexities of the nursing practice (Gortner, 1988, p.23). The question is also raised by Morse (1989) "Should qualitative methods be rigorously prescriptive...or loosely described in order to give the investigators the freedom to develop their own style?" (Morse, 1989, p. 5). The analytical method used to analyze this data was adapted from the work of Polit & Hungler (1987), Kearney (1991), & Parker, (1993a, in press) and includes a final integrative step supported in the literature on story analysis (Benner, 1991; Boykin & Schoenhofer 1991; Sandelowski, 1991; Strews,
A six-step process was used to analyze the data. The steps are presented and are followed by a full description.

1. Becoming fully immersed in the data by reading and re-reading the transcript, then deeply reflecting on the transcript.

2. Deciding on the units of analysis, which were separate words, phrases or sentences that expressed the day-to-day practice of the nurse.

3. Identifying the words, phrases and sentences (significant statements) that expressed the day-to-day practice of the nurse.

4. Extracting these significant statements apart from the transcript.

5. Grouping the significant statements into broader categories or themes that emerged from the data.

6. Weaving the themes into a descriptive "wholeness of the inquiry."

In the first step of analysis, the researcher read the story in solitude. In a spirit of intense concentration the researcher read the story over and over again. A reverence for the story developed and the story seemed to have a spiritual presence. The researcher became part of the story and was able to place herself in the unit watching the story unfold, like the narrator in the "Twilight Zone."
and Hawkins (1988) warn the researcher about stories "...not to jump immediately to analyze but to take time to deepen them" (Reason & Hawkins, 1988, p.100).

The second analytical step: deciding on the units of analysis, words, phrases or sentences, is the process of coding (Polit & Hungler, 1987). Transforming data into a form for analysis again requires solitude and intense concentration..." to make one's way through the labyrinth of possible meanings. (Stern, 1989, p.143). The research question guided the selection of the manifest code: day-to-day nursing practice activities. These were described by the researcher as the all-at-once ordinary, profound, intentional, and thoughtful service activities of the nurse. Manifest codes are derived from the literature, from the researchers' knowing about the topic or from some other sources of knowledge (Catanzaro, 1988). Latent codes may emerge from the data and may be added later as they emerge.

The third step of analytical analysis was identifying the words, phrases or sentences that expressed the day-to-day activities of the nurse. The researcher remained open to the unfolding of the significant statements from the data and did not force the data into codes. This step was also carried out in solitude and in a spirit of intense concentration (Stern, 1989). The transcript was read and re-read as the researcher became immersed in the data. Then
words, phrases or sentences that expressed the day-to-day activities of the nurse were highlighted with a yellow marker. Sixty two phrases or sentences were identified that expressed day-to-day nursing practice.

The fourth analytic step was to extract these statements from the transcript. The transcript lines were numbered so the identified, highlighted phrases could be easily retrieved from the text. Bateson, (cited in Reason & Hawkins, 1988), states "all these boundaries are arbitrary and it is a matter of choice where the inquirer applies the scissors" Bateson (cited in Reason & Hawkins, 1988, p.80). These coded statements were not physically cut from the text because the text was a very manageable size and this researcher felt it was valuable to keep the codes in context.

The fifth analytic step was to group the coded significant statements into themes of nursing's values. This involved a process of deep, solitary concentration on the significant statements, the nature of values and nursing's values. The process of uncovering themes is a creative one that requires..."carefully considered judgments" (Catanzaro, 1988, p.443). This researcher was informed by the extensive literature review of values and nursing's values. The findings of Parker's (1993a, in press) research on nursing's values were particularly
informative. The definition of nursing's values as enduring belief that guides nursing actions, provided the framework for coding the significant statements into values.

Themes described by Polit & Hungler (1987) are explicitly defined categories that embody the ideas about the topic of study. Themes are a means to classify the units of content. In this study, the themes were nursing's values that emerged from the significant statements expressing day-to-day nursing practice.

The sixth step in the analytic process was to weave the themes of the processes and findings of the study into a description of the "wholeness of the inquiry." Metaphor provided the literary device for expressing the wholeness and emerged through the generative processes of thoughtful, concentrated, solitary immersion in the data; intuition, and creativity. Stern (1989) describes this "passion for dissecting and reassembling data a 24 hour occupation" (Stern, 1989, p. 143).

Qualitative Evaluative Standards

Qualitative standards verify findings of qualitative research and provide rigor: a yard stick for measuring research findings with the goals of nursing. Beck (1991) provides three criteria of rigor: credibility, fittingness and auditability. A study is credible when full rich descriptions of the findings are presented. These
descriptions can be easily recognized by the readers and can be valuable in other situations. Fittingness describes the study's ability to represent a range of informants and provide a description that fits the data. Auditability represents the adherence to sound data collection procedures, descriptions of research procedures and definitions of codes. The decision trail should be easily followed by other researchers.

The research findings are credible. Field notes were kept, an audiotape recorded the story and the story was transcribed. A copy of the story was included in this thesis. The findings were presented with rich descriptions of the data and were easily recognized as the values that guide nursing practice.

The standard of fittingness was adhered to in the sampling procedures and the co-researcher is representative of the larger sample. The findings reflect the purpose of the study and the data that was generated.

The standard of auditibility was met with the extensive reporting of the data collection procedures including defining the notion of shared data. The development of the codes and the themes have been explained and the decision trail can be followed.
Summary

Content analysis, a qualitative method, was used to discover the nursing values guiding day-to-day nursing practice. A nurses' story, a reflective remembrance of a nursing situation in which nursing values were lived, was analyzed to uncover the values embedded in the story of living nursing values. A six step method of analysis was developed by using Kearney (1991) and Parker's (1993a, in press) methods for a framework and Polit and Hungler's (1987) idea of an integrative summary of the whole. The findings will be presented in the next chapter.
CHAPTER IV
RESULTS AND DISCUSSION

This chapter presents the results and discussion of a qualitative descriptive content analysis of nursing's values lived in the day-to-day practice of nursing. A nurse's story, a reflected nursing situation, in which nursing values were lived, was analyzed for words, phrases or sentences that expressed day-to-day nursing practice. Through solitary, reflected, concentrated immersion in the data, 62 significant statements were extracted. The significant statements were exemplars of the nurse's practice and were written in the nurse's words.

The significant statements were then thoughtfully studied and reflected upon for the values embedded in them. The data were categorized into 11 themes. The themes are values that embody the enduring beliefs that guide nursing practice. The values were further divided into two categories: transcendent values and actualizing values.

Transcendent values of caring, respect for the dignity of the other, and inner harmony were reflected in every significant statement of nursing practice and provide the central focus and framework of nursing practice. The actualizing values of compassion, competence, courage, humility, trust, hope, commitment, and honesty were reflected separately in the significant statements and
individually and collectively embody the transcendent values. The eight actualizing values are presented first with the three transcendent values following. The values are presented in order as they emerged from the text. Significant statements are provided to illustrate the richness of the data and to provide rigor for evaluation. Descriptions of the values in nursing practice are presented. The wholeness of the inquiry is presented using metaphor to illuminate the meaning of nursing's values in nursing practice.

**Actualizing Values**

**Compassion**

The significant statements express the nurse's value of compassion and illustrate the nurse's responses to the calls from Mrs. C. and her family. Mrs. C. called to be acknowledged as person and her family called for affirmation of their feelings and distress. Both called for the nurse to be with them and share in their pain. There were 20 significant statements that expressed compassion. A sample of the statements is provided.

"...a patient on the surgical floor, who I will call Mrs. C. needed to be transferred to SICU for overnight observation."

"The family of three children were, needless to say, very anxious and scared...after explaining Mrs.C. [sic] condition to the family..."

"As soon as possible, I had the family come in..."
"I gave the report to the 11-7 shift feeling badly that Mrs. C. was not responding well..."

"...the family and they were indeed agitated and hostile,..."

"She was lying in a blood filled bed with dried crusty flood [sic] on her mouth."

"and turned to the family."

"I'm not sure this is true but it is how they felt."

Compassion is described by Roach (1984) as "...a sensitivity to the pain and brokenness of the other; a quality of presence which allows one to share with and make room for the other" (Roach, 1984, p. 20). The nursing value compassion embodies an awareness of the connections of nurse and nursed (Boykin & Schoenhofer, 1993) and facilitates an authentic response to the precious "Thou" of the other (Buber, 1958). Erickson (1993) describes a patient's presence in a nursing situation as that of "guest of honor" and should be treated accordingly with utmost respect and dignity. The nurse "made room" for Mrs. C. that night and treated her like the "guest of honor". Nursing's value compassion is illustrated in the thoughtful, intentional participation in the unfolding of the life of the nursed.

Competence

The significant statements provide a clear picture of the nurse's value competence as expressed by this expert nurse. This nurse intuitively knew something was wrong and
when Mrs. C. "crashed," the nurse responded, with technical skill, to the call for all her empirical knowing. The patient called for touch, for loving hands laid on, and the nurse responded. There were 21 significant statements that expressed the value competence. A sample of these statements is provided.

"As Mrs. C. was wheeled through the doors of SICU it was quite evident to me that Mrs. C. was very ill."

"Her initial vital signs were okay..."

"...but just looking at her you could tell there was something very wrong."

"The surgeon on her case was immediately notified..."

"We proceeded to intubate Mrs. C., started Dopamine, inserted a Swan-Gantz [sic], started pushing fluids at over 1000 cc an hour and obtained X-Rays [sic] and lab work.

"I turned to check Mrs. C."

"I then preceded [sic] to quickly bathe Mrs. C..."

"... changed her bed,..."

"... clean [sic] her mouth..."

"... repositioned her."

Boykin & Schoenhofer (1993) state the expert nurse brings a knowing of caring to the nursing situation and endeavors to know and to understand how the other may be supported, sustained and strengthened (Boykin & Schoenhofer, 1993). Competence confirms the knowledge, skills, energy and motivation needed to fulfill the responsibilities of
one's profession (Roach, 1984, p. 22). Nursing's value competence, motivates and supports the creation of knowledgeable, thoughtful responses to calls from the other in the nursing situation.

**Courage**

The following significant statement displays the nurse's value of courage as she listened to the muffled call from the family to understand their anger. The nurse responded as she approached Mrs. C.'s family with an openness to the unfolding of the situation. The nurse's courage to be with the patient and angry family affirmed their place in the SICU community and supported their courage in the face of chaos. The statement is provided:

"My initial response was dreading having to deal with this 'hostile family.' I immediately re-introduced myself to the family..."

Courage calls us to actions and growth (Haase, 1987) which affirm our being, in spite of elements of conflict. Acting for the sake of what is noble (Aristotle, cited in Tillich, 1952) defines courage and illuminates its meaning. In nursing the courage that is needed to enter the world of the other is "awe inspiring" (Boykin & Schoenhofer, 1993). Nursing's value courage is expressed by a willingness to risk being with the nursed, despite all the uncertainties, for the sake of the nursed.
Humility

The significant statements illustrate the nurse's value of humility. The nurse heard the urgent call from Mrs. C. for touch and the nurse touched her hand. The family called for privacy with their mother and the nurse left the room. The family wanted to care for the nurse with praise, touching, and a gift, and the nurse responded with graceful acceptance of the family's gratitude. The family called for listening and the nurse sat and listened. There were seven significant statements depicting humility.

"I touched her hand…"

"I gave them a few minutes and then went in to see how the family and Mrs. C. were doing. When I entered the room they were all crying." "The son saw me first and grasped my hand and just kept saying 'thank you.'"

"The door was open now to talk and listen to them."

"They were grief stricken [sic] but kept saying 'thank-you' for everything you did."

"...and asked to speak to me outside the unit. They wanted to give me a lovely present and to thank me again."

"Mrs. C. [sic] grand-daughter... just insisted on meeting the lovely nurse who took such good care of her grandmother."

The fourth value humility is defined as a readiness and willingness to learn more about the other (Mayeroff, 1971, Boykin & Schoenhofer, 1993). Humility in nursing grounds the nurse to nursed through touch, and parallels the
spiritual definition of humility ..." as being in touch with the earth, in touch with one's own earthiness " Eckart, (cited in Fox, 1993, p.59). Nursing's value humility expresses an awareness of the unique humanness of each situation that precludes a knowing of all that is not known.

**Trust**

The following significant statements illustrate the nurse's value of trust. The nurse responded to the call for trust with the fulfilled promise of bringing the family back in the room immediately after completing Mrs. C.'s care. Listening, as the family struggled with their mother's wishes, was the response to the call from the patient to trust that the living will expressed her wishes. Advocating for patients, responds to the call from patients: "trust me", "speak for me". There were three significant statements that expressed trust.

"I assured [sic] them I would get them as soon as I was completed or sooner if Mrs. C. [sic] condition changed...I then immediately went to get the family."

"Their mother had a living will and often talked about never wanting to be kept temporily [sic] alive.... This was the hardest decision of their lives....I sat with them for a long time letting them ventilate their feelings."

"We must still be a patient advocate and help them and their family as best we can".
Trust, explained by Boyle (1988), expresses the qualities of genuineness, empathy and acceptance. The concept of acceptance is supported by Mayeroff (1971) as he describes trust as an acceptance of letting the other grow in her/his own time. Gadow (1985) gives another meaning to trust defined as an expectancy that the other's word or promise will be kept. Trust was apparent in this situation as the nurse listened to calls from the other and responded from an advocacy position of commitment to the patient's values. Nursing's value trust fosters advocacy as the situation unfolds in its own time and own way.

Hope

These significant statements illustrate the nurse's value hope. The nurse responded to the call from Mrs. C. for hope and not only placed but taped the rosary beads, which had been lying in the bed, to Mrs. C.'s hand, and by turning and cleaning her every two hours. The family called for hope that night and the nurse responded by being with them and talking to them every two hours about their mother's condition. Attending to turning Mrs. C., securing the rosary beads in her hands and keeping her clean illustrated the nurse's hope in the situation by making these moments the best they could be for Mrs. C..

"I also taped the two Rosary [sic] Beads that were lying in the bed to her hands."
"...I would inform them every hour what Mrs. C. [sic] condition was and every two hours I asked them to step outside while I repositioned and cleaned her."

The sixth value is hope. Hope is defined by Mayeroff (1971) as the "moment alive with possibilities and expresses the present with an unfolding of more" (Mayeroff, 1971, p. 26). Mc Gee (1984) further describes hope as being action oriented and involves an expectancy. The creation of a vision for something better, if only for the moment, (Scanlan, 1989) provides a foundation for hope in nursing practice. Hope as an impetus to creation is also expressed by Boykin & Schoenhofer (1993) in the description of hope as an energizing force to create approaches to care. Nursing's value hope prompts the recognition of unfolding possibilities in the moment.

Commitment

These significant statements illustrate the nurse's value commitment. The nurse responded to the call to be with the patient and family all through the night and committed to providing Mrs. C. and her family with frequent care and reports. Living the day-to-day practice of nursing takes a commitment to knowing and participating. This nurse displayed expert knowledge, a willingness to participate in nursing research, and a commitment to living her nursing practice with all its joys and sorrows. Examples of
commitment are provided in the following significant statements.

"the next day at 3 P.M. I reported to work..."

"The rest of the night..."

"The best care for Mrs. C. changed from aggressive treatment to helping her when death was inevitable [sic]."

The seventh value is commitment. Clemence (1968) defines commitment as a "willingness to live fully one's life, to make that life meaningful through acceptance, rather than detachment from, all that it may hold of both joy and sorrow" (Clemence, 1968, p. 500). Two aspects of commitment in nursing as explained by Boykin and Schoenhofer (1993) are knowing the other as a caring person and responding to the other as someone of value. Commitment is an ingredient of caring (Roach, 1984) and signifies a quality of investment of self in someone or something. Cameli (1984) states commitment fosters the decision to share life with someone or something. Nursing's value commitment guides and promotes constant attention to fully living the practice of nursing.

**Honesty**

The significant statement illustrates the nurse's value honesty. The nurse responded to the call for honesty from the family and was open with the family about their mother's condition. As Mrs. C.'s condition deteriorated, the nurse
continued to hear and respond to the call for honesty. Honesty promoted the authentic use of herself in this situation. The following statement illustrates honesty.

"After explaining Mrs. C. [sic] condition to the family...I assured [sic] them I would keep them updated..."

The eighth value is honesty. Mayeroff (1971) defines honesty as an openness with self and others. Honesty in nursing is discussed by Boykin & Schoenhofer (1993) as living the meaning of one's life. Integrity of self allows for authentic presence with another (Reeder, 1992) as the nurse lives her/his life in being with the other. Nursing's value honesty fosters an open authentic presence with the other.

Transcendent Values

Caring

Caring is the nurse's way of being in the world as well as the core value guiding the living of the day-to-day practice of nursing. The nurse states:

"I have always felt the best thing I can offer my patients is to assure that they receive the highest standard of care possible. Through experience, I have found this is completed through many different ways."

The nurse heard the many, varied and sometimes muffled calls for caring from Mrs. C. and her family and responded with a devotion to caring that was embodied in the eight
actualizing values. The following is a sample of the significant statements expressing caring.

Compassion: "She was lying in a blood filled bed with dried crusty flood [sic] on her mouth."

Competence: "I bathe [sic] Mrs. C..."

Courage: "My initial response was dreading having to deal with this "hostile" family. I immediately re-introduced myself".

Humility: "I touched her hand..."

Trust: "I assured [sic] them I would get them as soon as I completed or sooner if Mrs. C.[sic] condition changed. I then immediately went to get them".

Hope: "I taped the two Rosary [sic] Beads that were lying on the bed to her hands".

Commitment: "The rest of the night..."

Honesty: "After explaining Mrs. C. [sic] condition to the family, I assured [sic] them I would keep them updated."

Caring as the human mode of being (Roach, 1984, p. 2) is professionalized in nursing through the acquisition of skills required for the fulfillment of nursing roles and is expressed in the attributes of compassion, competence, conscience, confidence and commitment (Roach, 1984, p.2). Roach's work describes caring in nursing as a response to value in itself. This work is reflected in the assertions by Parker (1993b) that caring is an essential value in the professional and personal lives of nurses. Boykin and Schoenohofer (1993) offer a general theory of nursing
grounded in caring and describe nursing as the promotion of
the process of being and becoming through caring. Nursing's
value caring reflects the living of caring in this situation
in which the others were nurtured in the unfolding of their
lives.

Respect for the Dignity of the Other

Respect for the dignity of life is a value affirmed
through the value caring in nursing. The nurse explicates
this value as she describes being a patient advocate.

"In the process it is also my responsibility to
be the patient advocate....When medical skills are
not enough we must still be a patient advocate and
help them and their family as best we can".

The nurse, as advocate speaks for the patient, from the
world of the patient, guided by the patient's values. This
is done with the utmost respect for the dignity of the
other, to preserve the dignity of the other. The following
are a sample of the significant statements expressing
respect for the dignity of the other.

Compassion:  "... a patient on the surgical floor,
who I will call Mrs. C."

Competence:  "...clean [sic] her mouth..."

Courage:     "I immediately re-introduced myself..."

Humility:    "I touched her hand..."

Trust:       "I assured [sic] them I would get
them...I then immediately went to
get the family."
Hope: "I taped the Rosary [sic] Beads... to her hands."

Commitment: "The best care for Mrs. C. changed from aggressive treatment to helping her when death was inevitable [sic]."

Honesty: "I told them I would keep them updated."

The significant statements and the living of the eight values in nursing practice intentionally affirm the dignity of the other, patient, family member, and colleague. Respect for the dignity of the other is affirmed and embraced by the value caring. Gadow (1985) states the ideal of nursing is caring in which the human dignity of the other is recognized and enhanced (Gadow, 1985, p. 32). Living caring expresses respect for the other: mind, body and soul (Watson, 1988). Boykin & Schoenhofer (1993) offer that nursing's intrinsic value caring preserves the sanctity of the other. The sanctity of Mrs. C. and her family was respected and affirmed by this nurse as she lived her values those two nights in SICU.

**Inner Harmony**

Inner harmony was expressed by this nurse as she described: "the personal reward of nursing" (Anonymous, 1990) which comes from knowing she had: "delivered the highest standard of care" and from "being a patient advocate" (1990). Inner harmony expresses living a
congruence between values and behaviors (Mayeroff, 1971, p. 72). Nursing's value inner harmony is described by Parker (1993) as a sense of peace with oneself for living the values of the community. Harmony is described by Gendron (1988) as a congruence between patient and nurse. Boykin and Schoehofer (1993) further explicate the meaning of harmony as a matching of authentic response to call.

The nurse articulates this inner harmony from knowing she lived her nursing values in this nursing situation. These values have been expressed in the significant statements extracted from the nurse's story. As these significant statements progress they produce a rippling effect giving voice to the beauty of the nursing situation, explicating the activities of the nurse, expressing the nurse's values and providing further sustenance to living the all-at-once, ordinary, unique, profound, intentional and thoughtful service activities of the nurse.

Wholeness of the Inquiry

Like a weaving the nurse's story presents an artistic expression of a creative endeavor. The finished piece, story or weaving, present as a whole but closer scrutiny reveals threads of many colors that have been woven together. The individual threads are unique, unfurling from separate spools; some are fine and delicate, others are strong and coarse, some are lumpy and itchy while still
others are bright and shimmery. But whatever the texture, all are made fuller by the artist-nurse's heart and hands. The threads, when woven together, support and enhance each other even to the point of taking on the other's characteristics. The threads become intermingled and are hard to separate. Once separated from the context, the threads reflect a part of the whole as the whole reflects part of the thread. The story or weaving may appear different to individual observers and in variable lights. Stepping back, one can see best the integral beauty of the woven threads as they define a whole picture. Once out there the story or weaving takes on a life of its own.

Analyzing the nurses' story was like separating the threads in a weaving. They tangled and tried to stay together. Thoughtfully and carefully, this researcher separated the threads and discovered nursing's values woven into the fabric of the story. Initially, the story was analyzed for significant statements that expressed a service activity of the nurse. These units, like threads, appeared to overlap and multiply, at times appearing in several places simultaneously.

The significant statements were then analyzed for values embedded in the activity. Reflection on the activities revealed nursing's values. These values too were illusive, overlapping, taking on the characteristics of each
other and longing to be woven back into the story. Further reflection on the values revealed their structure (the warp). Three values emerged as constants. They reflected each activity and the nurse expressed them as her underlying as well as her overall nursing values. The constant, encompassing nature of the three values gave rise to the term transcendent. Transcend means "to be prior to, to rise above and to go beyond" (Webster's Collegiate Dictionary, 1965). The nurse further stated in the story that experience had informed her that caring for the patient, advocating for the patient, and experiencing the personal reward of nursing could be completed through many different ways. Deeper reflection revealed eight other values that were termed actualizing values (the weft). These values: compassion, competence, courage, humility, trust, hope, commitment, and honesty embody the transcendent values.

The transcendent values of caring, respect for the dignity of the other, and inner harmony are like the warp on a loom. The warp is threaded on the loom first and provides the form and frame for the weft. The warp is made from strong threads and provides the context for the creative weaving of the multicolored, multi-textured threads of the weft. The context for the creativity is the nursing situation. The actualizing values: compassion, competence, courage, humility, trust, hope, commitment and honesty act
as the weft and are woven onto the warp, as the artist-nurse uses her/his head, heart and hands to create and transform.

Guided and grounded by the transcendent values of caring, respect for the dignity of the other, and inner harmony, the nurse hears the call to enter the world of the other. Inspired by the actualizing values of compassion, competence, courage, humility, trust, hope, commitment, and honesty, the nurse creates ordinary, unique, profound, intentional and thoughtful responses that enhance personhood of self and the other. Nursing's values give focus and form to the day-to-day practice of nursing.

Summary
This chapter presented the results of this study that was conducted to discover the values that guide the day-to-day practice of nursing. The findings illuminated 62 significant statements that reflected the day-to-day practice of nursing. Eleven nursing values emerged from the significant statements: compassion, competence, courage, humility, trust, hope, commitment, honesty, caring, respect for the dignity of the other and inner harmony. These values were categorized into transcendent and actualizing values. Excerpts from the data were provided to support the findings and to provide a view of the richness of the text. The description of the wholeness of the inquiry provides an aesthetic knowing of the process and findings.
CHAPTER V

CLARIFICATIONS, OTHER LEADINGS AND SUMMARY

This chapter will clarify and summarize the findings of this study. Other leadings, opportunities for discovering and knowing, will be discussed for nursing: practice, education, research and administration.

Clarifications

This research has shown values that guide the day-to-day practice of nursing. Two types of nursing values emerged from the data: transcendent and actualizing. Transcendent values are constant and guide every nursing action. The transcendent values are: caring, respect for the dignity of the other, and inner harmony. These values provide a central focus and framework for nursing practice. Actualizing values guide specific nursing activities and give life to the transcendent values. The actualizing values are: compassion, competence, courage, humility, hope, trust, commitment, and honesty. The values can individually or collectively actualize the transcendent values.

Nursing's values not only provide the central beliefs about the nature of nursing practice but energize and guide the nursing activities that actualize the beliefs.

The results of this research parallel Rokeach's (1974) work on values which are described as "terminal" and "instrumental." The terminal values represent an end state
such as family security or peace of mind. The instrumental values are the vehicles that one employs to reach the end state such as honesty and responsibility. Rokeach's work focused on personal or social values and the focus of this researcher's study is on professional values.

Professional values are taught within the context of the educational process and through a socialization process where the professionals's work is conducted. The values of a profession are strongly held because the members share a common purpose and they work integrally to encourage and support the shared values (Lewis, 1991; Rokeach, 1974). The ANA published Code (1976) provides the expressed values of the nursing profession.

Another finding of this research is the usefulness of nurse's stories, as method, to illuminate nursing's values. There are published research findings of the analysis of nurse's stories for content and meaning (Benner, 1991, 1992; Parker, 1990; Strews, 1992; Taylor, 1992). Boykin & Schoenhofer (1991); Parker, Boykin & and Schoenhofer (1992); and Schoenhofer (1989) have also suggested the analysis of nurses' stories for the discovery of nursing knowledge, including the values that guide practice. Authors from social science suggest the study of persons in context to uncover the values and meaning in their lives (Frankl, 1971; Rokeach 1974). Polkinghorne (1983, 1988), and
Hawkins & Reason, (1988) propose the use of story for discovering meaning in persons' lives. Cooper (1991) and Parker (1990) suggest the study of nurses in context to form a basis for nursing ethics grounded in relationships as well as in principles.

This story depicted the activities reflecting the day-to-day practice of the nurse and confirmed the all-at-once of the multi-layered, multi-faceted nursing situation. The complex nature of the nursing situation provides the opportunity for other examinations and other interpretations (Barry, 1993, in press). Sharing this data, the nurse's story, for further analysis promotes the discovery of new knowledge which could build upon and enhance these findings.

Other Leadings

**Nursing Practice**

Nursing's values serve as a guide and energizer of nursing activities. The findings of this study affirm nursing's core values as caring, respect for the dignity of the other, and inner harmony. These findings provide a stimulus to create a thoughtful, values centered practice. In practice settings, group work, centered on designing practice settings and delivery systems can use nursing's values as the ground. The members of the group can share stories of how their values were lived in a situation and provide an environment where new practitioners become
socialized into nursings' values. Older practitioners could share their stories and have nursing's values affirmed or renewed. The values group can serve as a forum to discuss conflicts in values and help develop the body of nursing ethics knowledge, work redesign, and work settings where values are lived.

**Nursing Education**

The results of the research by Shank & Weis (1989), suggest students need more formal education in values. The authors further assert that beginning practitioners, who have up to five years in practice, are not fully socialized into the profession's values and need education in the work place. Elfrink & Lutz's work (1991) on values education, describes faculty members' agreement that more formal education on values needs to be incorporated into the curricula. Most education in values is achieved through role modeling and through discussions as they occur in the work place or at school.

The call to affirm nursing's values by nursing scholars creates an uncertainty about what values guide nursing practice and how were they learned. Nurse's stories, reflected remembrances, can be used in colleges of nursing to uncover the values embedded in the stories and to help transmit the values of the profession. The values, in the story, can be used as a framework to identify calls and
create responses. This would naturally develop a student's knowledge about living the practice of nursing day-to-day. The values of the profession could be explored and developed if students took on the roles of objects or persons in the stories (Hawkins & Reason, 1988). Compassion, humility and other values can be developed as students put themselves in others' shoes or even become the shoes in a story (Hawkins & Reason, 1988, p. 85).

**Nursing Research**

Further research into nurses' stories will build upon these findings and add to the discipline's knowledge of nursing's values. This knowledge can be used to redesign health care systems and address the problems of caring, cost and access. Nursing centers, designed on a foundation of values, can be developed to promote the study and practice of nursing.

The model for this research (Parker, Gordon & Brannon, 1992) being cooperative and participatory is designed to include the participants as co-researchers in the context of their concerns, and to promote clinical scholarship. This research method can also facilitate the exploration and discovery of cooperative pathways between the university and the practice setting. Nursing inquiry emerges from nursing practice and the knowledge generated informs, and serves as an impetus to further inquiries.
Strews (1992) demonstrated in her research study the usefulness of storytelling as method. Values were discovered in the unfolding of the content and beauty of nursing in nurses' stories. Wandering into a story by reader, listener or participant, provides an opportunity for multiple meanings to emerge (Barry, 1993, in press). This use of story research could create new understandings of nursing practice.

**Nursing Administration**

The literature abounds with nursing administrators' concerns with the allocation of ever-shrinking, scarce resources and the development of nursing practice strategies designed to meet current financial demands. Nursings' values must be clarified and affirmed as a beginning process in work redesign. Models for practice developed on a foundation of nurses' values provide an environment of congruency where nurses can live the values they hold dear about nursing practice: an environment that brings out the best in the nurse and the nursed.

Promoting the values of the profession is a duty of each member; however, the duty of the nursing administrator is to assure the professionals' values are promoted in the work place as well. These values should be publicized and actively developed on an ongoing basis. The education department should have incorporated into the program design
the inclusion of some kind of forum where values of the institution are displayed and available for future employees to inspect for comparison and congruence with their values. The interview of perspective employees should include the opportunity to discuss and compare these values.

Nurses in clinical practice, education, research and administration have the opportunity to envision the nursing environment in which ideas could be studied, nurtured and enhanced for the improvement of patient care, for the development of clinical scholarship and for furthering the development of the discipline of nursing.

Summary

Nursing's values provide the focus and framework for nursing practice. The transcendent values of caring, respect for dignity of the other, and inner harmony confirm nursing's fundamental beliefs, provide the focus for practice and present a framework for transforming these values into action. The actualizing values of compassion, competence, courage, humility; trust, commitment and honesty energize the nursing situation with creative possibilities for expressing the beliefs of nursing.

Values exist even though we may not have a sensitivity to them. Storytelling of a reflected remembrance, allows the nurse to journey to her/his soul and find meaning in the experience of the nursing situation. It gives voice to the
content of nursing and to the values guiding nursing practice. Nurse's stories illuminate, affirm and transmit nursing's values.
REFERENCES


