

WHEN NURSING BECOMES AN ART



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ABSTRACT

This article presents the results of an explorative-descriptive study, where the scientific purpose was to develop a model for nursing when it becomes an art. The results of the literary investigation are demonstrated in a conceptual model. Interviews with patients and observations of nurses and patients were carried out in the empirical part of the study. The findings from the empirical investigation are demonstrated in an empirical model. The discussion and mirroring of the empirical model in the conceptual model, concludes with a tentative model: The Model of Nursing as an Art.

OPSOMMING

Hierdie artikel reflekteer die resultate van 'n verkennende-beskrywende studie, wat ten doel gehad het om 'n model te ontwikkel vir verpleging wanneer dit 'n kuns word. Die resultate van die literatuurondersoek word gedemonstreer in 'n konsepsuele model. Onderhoude was met pasiënte gevoer en waarneming uitgevoer op verpleegkundiges en pasiënte in die empiriese deel van die studie. Die bevindings van die empiriese ondersoek word gedemonstreer in 'n empiriese model. Die bespreking en weerspieëling van die empiriese model in die konsepsuele model, lei tot 'n tentatiewe model: "Die Model van Verpleging as 'n Kuns"

INTRODUCTION

This article is based on a research report (Nåden 1995), which will be part of a doctoral dissertation. The study started in September 1992, and was finished in May 1995. The study has two parts: firstly, a theoretical section where the phenomenon of art is determined using concept development, and secondly, an empirical section where the phenomenon is subject to exploratory research.

BACKGROUND

The main reason for exploring the phenomenon of art performance in nursing, has as its source encounters with persons while working as a nurse in a hospital. For the most part, these encounters have been situations where other nurses have given care to patients. I have observed the patient's expression when he has experienced relief. I have also observed situations when other nurses did not manage to help the patients - where no relationships existed.

Is it those good encounters where a deep relationship develops between a suffering patient and a nurse, which are called art in the nursing literature? Is it possible to describe this phenomenon further? Might more knowledge of this phenomenon lead to more excellent nursing care?

All nurses would agree that the patient's suffering should be attended to in the best way possible. One can argue

whether the concept of art is the best to capture what this question refers to. The concept of art in nursing has been used in nursing since the time of Florence Nightingale in the last century, but the idea has not been developed much further in the intervening period (Nåden 1987, 1990). Nursing literature shows little research in this field for several decades, but we can find a greater interest for the topic from 1990 and up to the present day.

If the help we give our patients is to be of high quality, it is inadequate simply to ascertain those factors which are not up to standard. It is the job of science to develop theories further, such that they are useful in practice, and thus contribute to the quality of the encounter between the nurse and the patient. I consider nursing as an art a necessary requisite if the patient is truly to be helped when in pain or suffering, and I therefore maintain that it is essential to conduct research in this area. It is important to give priority to research, i.e. concentrate on central questions, one of which, in my opinion, is nursing as an art.

RESEARCH PARADIGM

My professional point of view is founded on Katie Eriksson's theory of caring (1987 a and b, 1989, 1991b, 1993, 1995). Eriksson's theory emphasizes love of one's neighbour as fundamental to alleviate a patient's suffering.

Human beings are regarded as having body, soul and spirit. All these aspects must be taken into consideration when treating human suffering.

The soothing of another human being's suffering through love is the central core of the practice of care and nursing.

My research paradigm is consistent with that of the Faculty of Caring Science in Vasa, Finland, where caring science is regarded as an autonomous humanistic science.

PURPOSE OF STUDY

The purpose of this research is the development of a model of nursing as the performance of art, by way of determining the essential elements of the phenomenon. At application level the results will be useful in curriculum development in the education of nurses.

RESEARCH QUESTIONS PART ONE

1. How is art described in lexica and dictionaries (semantic account)?
2. How is nursing as an art described in caring and nursing science literature?
3. How are antecedents and consequences described in caring and nursing science literature?

METHOD

A modified version of Walker and Avant's (1988:37) strategy for concept analysis has been employed. The defining characteristics and properties are ascertained, and three types of cases are constructed; a model case, borderline cases and related cases. Antecedents and consequences are determined. This article only presents model cases.

RESULTS OF THE SEMANTIC ACCOUNT

Twelve dictionaries from 1885 to 1991 have been employed in this purpose. Two meanings are interesting when we study the concept of art as related to nursing science. On

the one hand we have art as:

1) *creative or practical, interpretive aesthetic activity or imaginative, innovative activity, as expressions for inner or outer experiences*

and on the other hand we have art as

2) *(professional) skills; competence or acquired ability, competence.*

Discussion of the semantic results

If we are to examine the first meaning, the following proposition is suggested: Nursing as an art is a creative, interpretive activity which is aesthetic and is based on inner or outer experiences.

The second meaning leads to the following hypothesis: Nursing as an art is acquired ability to perform (professional) skills. Hypothesis 1 contains a condition which is not present in hypothesis 2: the activity is to be aesthetic.

It is necessary to ask further questions related to the first hypothesis: What kind of content lies in the activity that may be considered an aesthetic expression for **inner** or **outer** experiences? The inner experiences we consider to be traditional art are, for instance, our ideas, inner images, visions and restlessness. Inner experiences in nursing practice may be related to an unstoppable commitment, the energy, the calling, the vibrations, the restlessness. These inner experiences relates to having seen/experienced/understood what the most important and central concern is in the relationship with the patient. It is about a deeper understanding (Nåden & Braute, 1992) of my mission to the needy. The outer experiences in a professional context are related to the reaction to the patient's need and suffering.

RESULTS OF THE LITERARY INVESTIGATION

Several data-bases were examined, from 1960-1993, searching for scientific articles about the subject. Texts of the following authors are examined or referred to: Watson (1981), Brown (1991), Norris (1990), Rew (1989), Young (1987), Schraeder & Fischer (1987), Parse (1989), Smith (1992), Aita (1990), Donahue (1985), Eriksson (1987a, 1991,

CONCEPTUAL MODEL

When nursing becomes an art

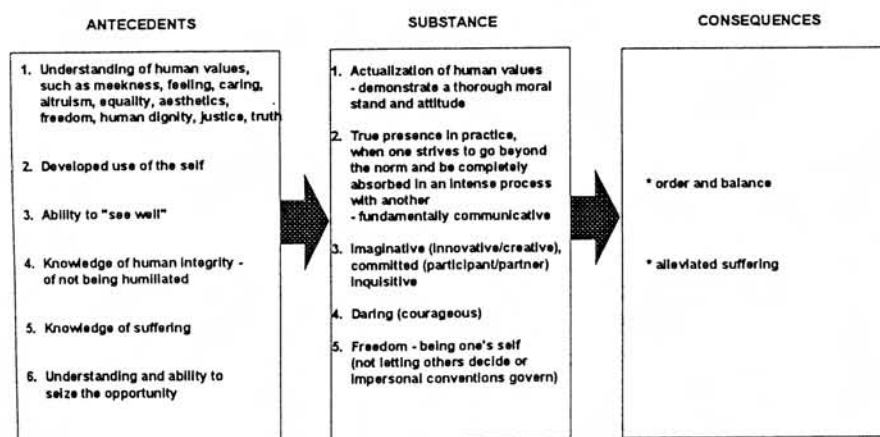


Figure 1

1993), Curl & Koerner (1991), Chinn & Jacobs (1987), Carper (1978), Kerle (1987), Hagerty & Early (1992), Heitzeg Taylor (1986), Kaelin (1970), Appleton (1993), Johnson (1991), McFarlane (1976), von Post (1993) and Lindström 1987, 1992). A synthesis of the literature investigation can be demonstrated in the following conceptual model:

In figure 1 the substance of when nursing becomes an art depicts the characteristics of this concept. Nursing becomes an art when the following characteristics of this concept is present:

Actualization of human values; true presentation practice; when one strives to go beyond the norm and be completely absorbed in an intense process with one another; imaginative, committed, inquisitive, daring and freedom -being one's self. The antecedents and consequences of the substance of nursing becomes an art are also depicted in figure 1.

MODEL CASE

A model case derived from the characteristics (substance) of nursing as an art is, as depicted in figure 1, presented below:

SCENE 1

The hospital ward

The time is 8 A.M. It is winter and dark outside. You are in the patient's room with another nurse. The night lights are the only source of light in the room. Something makes you stop and stand there, observing your colleague. You become thoughtful and start considering the scene in front of you.....

The nurse goes over to the only patient, an elderly lady, and whispers her name. The patient shows no signs of having heard it, and lies still with her eyes closed. The nurse turns to me:

"She is peaceful today. Now it looks as though she has finally improved."

The nurse returns to the patient again, turns the bedside lamp away from her face, and turns it on. The nurse stands by the patient's bed for a while - looking at her. Sometimes she lifts her gaze and looks out of the window, deep in thought. This continues for several minutes.

In my capacity as her colleague I am both outside the situation, but at the same time I am drawn into it by something over which I have no control.

The nurse sits down on a chair next to the bed, and leans carefully over towards the elderly lady and says:

"Would you like some coffee and something to eat?"

She still speaks softly. There is no reaction from the elderly lady. As she turns towards me, she says:

"I can't wake her. She's sound asleep, and she's had a few bad days. Think of the pain and the uncertainty. The morning wash and brush-up will have to wait. Breakfast likewise. It must be possible."

She carefully puts the elderly lady's bare arm under the quilt. She gets up, lifts the chair to one side, turns off the light, and goes towards the door.

SCENE 2 - 1 1/2 hours later

You are in the same patient's room. The same people are present. It is light in the room now.

The nurse stands next to the patient's bed again. She leans carefully over towards the elderly lady's face. She touches the lady's arm where it is covered by her nightdress. She strokes the arm carefully. The elderly lady moves in her bed, and opens her eyes after a while. The nurse takes a hold of her hand, and the patient closes her eyes once more. After a while, she starts to speak:

"I had a feeling that you were here. I was so tired, but I was comfortable - I had no pain. It made me happy and I felt so safe when I realized that **you** had come in. Then I knew that I could stay in this pleasant weariness - borrowed time - for a while more. I just knew. You let me rest. You protected me, and let me find new energy. I feel better now, and I wish to face the new day."

RESEARCH QUESTIONS AND DESIGN PART TWO

1. What do nurses consider to be characteristics/important indicators of nursing as an art?
2. How do patients experience nursing as an art?
3. How is nursing as an art apparent in their meeting with the patients? (How is it expressed? Characteristics?)
4. Which antecedents must be present in the patient's opinion? (What is it dependent upon?)
5. What does nursing as an art lead to in the patient's opinion?

The design of the empirical investigation is explorative-descriptive. Data collection was in the form of; 1) notes made by four nurses as to what they considered constituted nursing as an art; 2) participant observations of four nurses over a period of four months; and 3) interviews with thirty patients. The settings were one medical and one surgical hospital ward.

Sampling of nurses for observations and interviews

The four nurses were selected in the following manner:

* The first two nurses were chosen by the staff nurse on the ward in accordance with the criteria developed by the theory, i.e. the conceptual model.(see figure 1.)

* The other two nurses were selected by patients who had recently been discharged, using the same criteria.

Presentation of the nurses

All the nurses were female. Their age varied from 22 to 49. Three of them were in their twenties. They had practical experience ranging from 3 months to 26 years since completing their nurses training. All of the nurses were educated at private institutions. Three of these were also deaconal. All the nurses had full-time employment.

Sampling of patients for interviews

A broad specter of patient-informers was chosen: both sexes, from the age of 20 to the seventies, different time in hospital, little or no experience with hospital before, long experience with hospital before, different amount of contact/care with "my" nurses, different types of health deficit. The patients were orientated for time and place.

Purpose with and accomplishment of participant observation

The primary purpose with the observations was to get access to the field for the researcher - to get to know nurses and patients as informants, to avoid to be looked upon as a stranger. The observation notes are not analyzed in depth. They are a supplement to the analysis of the patient interviews, and are used in descriptions of situations to exemplify the categories (Nåden 1995).

Observations were made over a period of somewhat more than four months. The researcher was in the wards almost daily during this period (i.e. Monday to Friday). The nurses were observed together with patients, with their colleagues in meetings and in informal settings/contexts, and in interdisciplinary meetings. The observations were written down immediately in the situation. Time, place, type of situation, persons participating and communication patterns were noted. Spontaneous reflections and interpretations were made.

Interview of patients

Patient interviews started after one week. The patients decided the time, and they also read through the transcript of the interview.

RESULTS

The analysis had three sources of data: the thirty patient interviews, the researcher's notes from the four-month observation period, and the four nurses' notes on nursing as an art.

Once the interviews had been transcribed and read through, the process of open coding could commence. The coding was based on Strauss & Corbin's (1990) strategies.

Most of the categories which developed from the nurses' notes, fit into the categories from the analysis of the patient interviews. There is one exception. The category of *invitation and confirmation* did not emerge from the nurses' notes.

The findings resulted in the development of an empirical model, consisting of five main substantial categories and several sub-categories as the substance of when nursing becomes an art. The five main categories are: invitation and confirmation; actualization of values; thorough moral standards and attitudes; communication; and the moral art - the acts of good will. (See figure 2)

VALIDITY

In this article the discussion of validity is focused on the interview- and observation data. The question whether it really was the informants' views and considerations that were expressed in the patient-interviews, must be asked due to the possibility that the patients felt uncertain about whether they would receive the same help if they said anything disadvantageous about the nurses. Due to the open and positive atmosphere in the interview-situation, the researcher considers that the views expressed by the patients, were their sincere opinions. This impression is reinforced by listening to the recordings, where the patients' voices are filled with warmth and engagement when referring to the nurses. The fact that the patients were not afraid of being "expelled" if they wanted to say something disadvantageous about the help they received from the nurses participating in this project, is likely to be true, as a great deal of informants complained of other helpers.

The questions in the interview guide for patients were both open and leading. Here leading questions implies that the informant is guided to certain themes. The risk of not using leading questions, is that the theme may not be sufficiently explored (Kvale 1992).

Concerning the observations, questions could be asked to which degree the researcher, in the role of being a researcher, influences the nurses in this project to yield more than they normally do in the relationship to the patients. To try to yield something extra in such a situation

EMPIRICAL MODEL

When nursing becomes an art

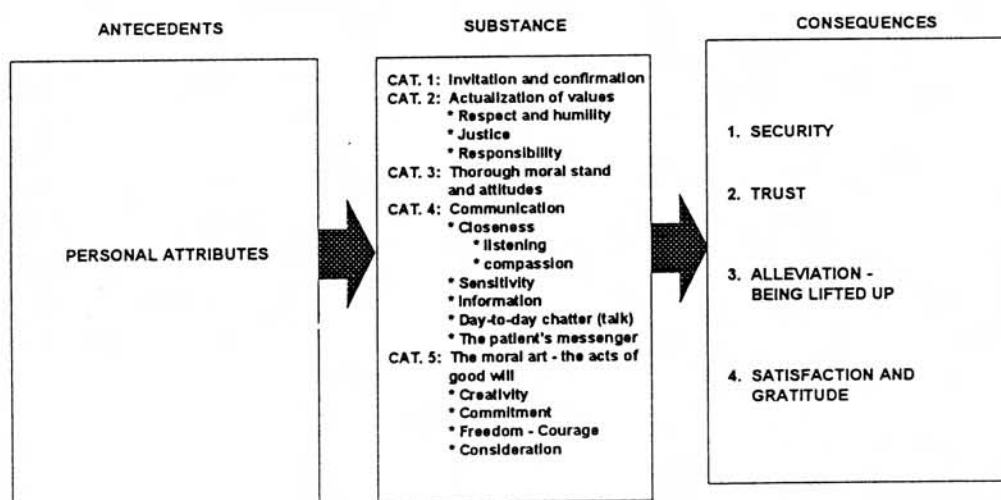


Figure 2

would be natural and human. Circumstances imply that this supposition is not true with regard to these nurses. In some interviews the patients refer to occurrences long before the study started, and before the nurses were asked to take part in the study. The occurrences that patients refer to, indicate that the nurses did not behave otherwise to the patients in the time before they became participants in the study.

To enforce the content validity of the observation notes, two nurses were asked to read through some days' notes about themselves. On these days I had written quite a lot, and also made reflections and impulsive interpretations of what I observed. Few comments were made by the nurses. The validity of an investigation also depends on trustworthiness. According to Sandelowski (1986) trustworthiness strengthens when the researcher describes and interprets his own behaviour and experience as researcher in relation to the informants. Some comments will be made to this point. The researcher tried to behave in a meaningful and relaxed way in the relationship to the informants. I was continually on the wards for more than four months. Already from the first day of observation, I experienced ease in getting in touch with patients, and also being a positive element in the wards. The patients freely told about their experiences. The first days I wrote less and listened more. I tried to be open and honest in relation to both nurses and patients. This resulted in an engaged and interested attitude, both in me as a person and in the study. In some way, the informants could be looked upon as co-researchers. It also occurred that I was asked for by patients when I was observing on the other ward. I interpret this as a sign of confidence. Only after a few days the nurses expressed that they did not mind that I was on the ward observing them. The possibility of being looked upon as an inspector evaluating their nursing care was not apparent.

The experience of mutual respect, honesty and confidence between researcher and informants is basic for an explorative investigation like this one. The trustworthiness of an investigation rests to a large degree on this ground (Sandelowski 1986).

DISCUSSION

In this article I focus the discussion of the results on the phenomenon of *Invitation and confirmation*, which did not emerge in the conceptual model. One wonders why the literature does not explicitly focus on this phenomenon. Another question is also whether this phenomenon is necessary for nursing as an art performance. However, other researchers have forwarded this phenomenon as essential in the patient care, if the patient is truly to be helped (Lindström 1987,1994; Eriksson 1993). Martinsen (1993) employs another term, which interpret to have the same meaning: "to put oneself in another's hands". The fact that the literature which specifically focuses on the concept of art (1960-1993), does not include invitation and confirmation in art performance in nursing, might be due to different reasons, eg. different degrees of linguistic consciousness in the nursing discipline. Nevertheless, the language which is used in the conceptual model is not inconsistent with humaniora. One could also argue that the meaning of the phenomenon *living a caring presence* is related with the phenomenon of invitation and confirmation. In spite of this, there are good reasons to retain and emphasize this category. The patients underline the

invitation, and the nurses live it. It is interesting that the nurses so obviously manage to invite the patient, but they are in lack of language to convey the deep meaning of invitation and confirmation. One can ask questions and wonder whether the nurses' living these phenomena, have to do with a clarified understanding of life, independent of their education and praxis?

Another question is whether an explicit focusing on the deepest meaning of invitation and confirmation (to a much greater extent) in education, can lead to the result that more nurses invite the patient to a creative room, where he can put himself in the nurses' hands. It is in such a room where the idea or intention of nursing is realized or fulfilled.

Eriksson (1989) states that communicative and linguistic competence were among those factors that increased most during the educational period of specialized nurses. Following the measurement at the beginning of the educational program, the curriculum was changed to support the development of the students' linguistic and communicative competence. Discussions and use of a specific professional language by the supervisors in teaching and counselling strengthen the linguistic competence of the students. In institutions where ideology is explicit, this will supposedly not be a problem. In institutions where ideology and visions are vague, and no leading threads or strategies are visible or clear, problems will arise because of many different "private" ideologies, which involve different languages. This might be one of many possible reasons for the fact that the linguistic competence of students/nurses develops in different directions.

It is positive and important that this phenomenon so strongly is visible in the clinical field, both from the perspective of the patients and the researcher. The meaning of the phenomenon gives one a consciousness of a lack in patient care, generally speaking, and in society in particular: *the feeling of not being seen/confirmed*. Invitation and confirmation is not an event or duty which occurs sporadic. It is an act of being which gives room for what Lindström (1994) calls citizen's rights, which may be interpreted as subjective validity of the person's experiences. Invitation and confirmation of the patient must not be confused with the routine receiving of the patient. The meaning of the phenomenon can also be fulfilled in this situation, but invitation and confirmation is outreaching, and are not bound to any specific time. It is constantly there.

Model of Nursing as an Art

The discussion and mirroring of the empirical model in the conceptual model, concludes with The Model of Nursing as an Art:

In figure 3 the antecedents, characteristics (substance) and consequences of nursing as an art is depicted. The substance of nursing as an art include the categories: invitation and confirmation; actualization of values; the moral art -the acts of good will, and aesthetic communication.

The archaeological metaphor is used as appropriate for when nursing becomes an art. When the material is fragile, and can easily be destroyed, both the archaeologist and the

MODEL OF NURSING AS AN ART

The idea - the invitation - the act of being - the fulfillment

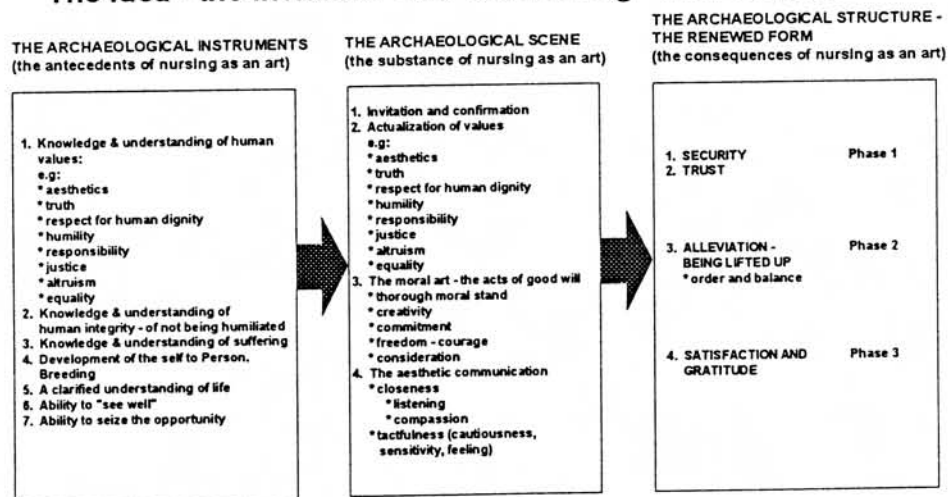


Figure 3

nurse must behave with the utmost prudence, if not the form of the object would become cracked. The human being's identity or innermost essence should not be humiliated.

Such an archaeological scene is presented below:

I HAVE THANKED HER

The patient is a 60-year old woman who arrives at the ward at about seven o'clock in the evening. The time prior to admission has been painful in many ways. Nurse Ann receives her. Listen to the patient's voice:

"She received me and gave me such a positive impression of confidence and fellowship that I felt that the gates were opened wide for me as I came in. I was in a very deep crisis when I arrived. I was relieved and I poured it all out to her. I needed a psychologist or psychiatrist, but I've had bad experiences with them. So I met the right person when I met Ann. She portrays the perfect nurse.

The reason for my relief was the spontaneous contact I felt. The security and closeness which radiated from her.

I felt that she was there, and was interested in me both as patient and as a fellow human being. She **was** there! I felt confidence in her immediately. How lucky I was that she was there when I came.

She sat with me for a couple of hours at least. I cried whilst I told my story, but when she left, I felt relieved and very calm.

She acted as a fellow human being. I said that I had a bad conscience keeping her like that for so long. She replied: I give priority to the important things!

I have often felt the need to talk to her - it's a pity that she's not on this team. I've been in so much pain since October.

The closeness - it's so rare.

She gave me the feeling that I wasn't just a number in a queue of patients in this bed, but an equal whom she

respected. Maybe that was special because I have been ill for so long, and she understood my situation. It was apparent in her whole attitude - her humility for the patient."

Gentle, close, open!

"I have thanked her for what she has been for me."

.....
Here we can look into a room where the idea or intention of nursing, or in Rehnsfeldt's (1994) words, the existential encounter's idea, becomes a reality. It occurs in a room where suffering is alleviated and the language of sensitivity exists, where the patient's impression is received with humility, preserved and answered, where he is confirmed, is given room to suffer, and where he can catch a glimpse of the shaky, but relieving and refreshing road to reconciliation.

It is fulfilled.

CONCLUSION

This study has employed different approaches to explore and describe the concept of art in nursing: semantic and literary investigations, interviews of patients and observations of nurses and patients. The analysis of the data material has resulted in a tentative model.

This model is being further developed in present studies. The analysis of the nurse interviews is ongoing, and a complete semantic account is almost concluded.

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