Beliefs of eight exemplary oncology nurses related to Watson's nursing theory

By Beth Perry

Abstract

In this paper selected findings of a qualitative study of eight exemplary oncology nurses are presented. The focus is on the views of these nurses about key elements of nursing practice, namely, the nature of health, human beings, nurse-patient relationships, nursing care, and the nursing environment. In the first part of the paper, the research methodology used in the study is outlined. Subsequently, the oncology nurses' beliefs about the five central components of nursing practice are described and related to Jean Watson's theory of nursing.

Introduction

Within most disciplines there are some professionals who are recognized by their colleagues as being exceptionally competent practitioners. These individuals are sometimes called "expert," "unusually competent," or "extraordinary." Their commonality is that they do their work in a remarkable way and their actions and interpersonal interactions are regarded by others as model.

This paper is based on selected findings from a recent study of the beliefs of eight exemplary oncology nurses. The focus of this paper is a review of the study methodology and a recounting of the beliefs these nurses espoused regarding the definition of health, the nature of human beings, the nurse-patient relationship, nursing care, and the nursing environment.

Purpose of the study

The purpose of this study was to enhance our understanding of exemplary nursing care. One of the major research questions addressed in this study was: What do exceptionally competent nurses believe about health, human beings, the nurse-patient relationship, nursing, and the nursing environment?

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Research methods

To discover the elusive, vague, and still largely unexplored nature of exceptional nursing practice, a descriptive approach that followed the assumptions of interpretive inquiry appeared to be the most appropriate. In the sections that follow, the methodology, study participants, and data collection and analysis processes are described in greater detail.

The methodology

Benner and Wrubel (1989) tell us that, "The language of positivist social science and the natural sciences are too impoverished to give an adequate account of what actually occurs in everyday life" (p.41). In an article criticizing the uses of scientific method in nursing studies, Kikuchi and Simmons (1992) write, "disillusioned with the positivistic approach to science, many nurse researchers have turned to other approaches and, in so doing, have stretched the scope of science as traditionally understood" (p.5). Sharing a similar view, Leininger (1985) proposes that interpretive research methods can help nurses to discover the complex holistic and humanistic care dimensions of human thought and action.

In heeding this advice, the researcher designed and conducted an interpretive research study. Interpretive research has as its goal the full description and interpretation of whatever is being investigated, from the participant's viewpoint. An interpretive researcher attempts to "grasp the essential features of what is being studied so the essence and nature of the person, object, and actions of study are revealed" (Leininger, 1985, p.5).

To accomplish this goal interpretive researchers enter the participant's world to gather information first-hand through oral and written accounts, symbols, language and observation. As Leininger (1985) defines it, the approach is one of "open discovery, characterized as a flexible, dynamic, evolving approach where the researchers may reformulate and expand the focus of the study as they proceed" (p.6).

There are several different methodologies found under the interpretive label. They share similar goals and methods but have differing theoretical and philosophical traditions. Since each methodology has unique strengths, combining complementary approaches can result in a more intricate but complete investigation of the phenomena of interest. From this thinking was born the idea of coupling two interpretive methodologies for this study. Specifically, the researcher chose to weave together hermeneutic phenomenology and grounded theory methodologies.

The merging of methods was a way of looking at the same data from two different perspectives, leading to multiple interpretations. A richer, more detailed picture of exceptional nursing practice was the result. In the words of Wilson and Hutchinson (1991) who

Through the Valley

Beth Perry's new book of poetry, **Through the Valley: Intimate encounters with grief**, is being published by the Canadian Association of Nurses in Oncology and will be soon available from the CANO head office, 111 Peter Street, Ste. 219, Toronto, Ontario, M5V 2H1, telephone (416)596-6565, fax (416)596-1808, e-mail canoacio@interlog.com

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recommend this combination, coupling these methodologies "provides both the rich detail of human experience that can inform our practice and analysis at a conceptual level that suggests interventions, or hypotheses that can be used for subsequent quantitative research" (p.265).

Gaut (1981) defines hermeneutic phenomenology as the interpretation of concealed meaning within a phenomenon. It becomes difficult, and perhaps unnecessary, to differentiate between hermeneutics (the interpretation) and phenomenology (the description) since, at one level of understanding, a description is itself an interpretation. Van Manen (1990) describes the characteristics of phenomenological research. It begins in the world of those being studied. Lived experience is the starting point and end point of phenomenological research. "The aim of phenomenology is to transform lived experience into a textual expression of its essence" (van Manen, 1990, p.36).

The term "grounded" means that the research is based on the actual, concrete realities of people as they live through their experiences (Boyd, 1990). Coupled with the word "theory", grounded theory refers to theory that is constructed from a base of observations of the world as it is lived by a group of people. To produce theory, categories are identified, and they are related to one another in a conceptual scheme through a process of interpretation and conceptualization (Chenitz & Swanson, 1986).

In summary, grounded theory uncovered the components of exemplary nursing and guided the formation of a beginning conceptual understanding of exceptional nursing practice; while hermeneutics helped reveal the shared meaning and practices of exceptional nurses. Grounded theory drew the lines for a picture of exceptional oncology nursing care and phenomenology gave the picture colour.

The participants

The eight study participants were all clinical nurses whose work centred on providing direct nursing care to hospitalized patients with a diagnosis of cancer. Peer nomination was used as the method of selecting the nurses to be studied. To solicit nominations, 30 nurses who worked on a nursing unit in a large hospital in western Canada were asked, "Who are the nurses on your unit that you would want to have care for you (or your family member) if you were diagnosed with cancer?". The names of these exemplary nurses were submitted in confidence to the researcher and the random sample was drawn from those individuals most frequently nominated.

Data collection methods

Data were gathered through observation, open-ended interviews, and written narratives. Each nurse was studied individually. The researcher spent approximately 40 hours observing each participant. The observation times covered a variety of shifts and days of the week. Brief notes regarding the observations were made during the observation period. At the completion of every shift these comments were elaborated upon, and the refined notes were entered in a research journal.

Interpretive research, by its very nature, relies on the abilities of the researcher as a keen observer and accurate recorder of events witnessed. The researcher followed Leininger's (1985) guidance for interpretive researchers. Leininger encourages researchers to remain very aware of what is happening during observations, to record observations immediately after they are made, if possible, and to look for confirming observations.

Following the observation stage of data gathering, interviews were held with each participant in a location identified by the nurse as being most convenient and comfortable. Interview sites included the nurse's home, the researcher's home, and the hospital conference room. The interviews each lasted between two and three hours. Follow-up interviews for elaboration and clarification were held with four of the participants. The interviews were audio tape recorded and transcribed verbatim.

Leininger (1985) supports the unstructured approach to interviewing. However, though an unstructured approach was used in this study, the initial question was always the same, "Please tell me more about your experiences as a nurse". Follow-up questions were

appropriate to the context of the conversation.

After the observation and interview stages were complete, narratives of the nurses' most memorable practice moments were solicited. In a letter from the researcher, the exceptional nurses were asked, "Can you recall particular moments with your patients that were most important or satisfying, incidents that changed you or your practice?". The nurses were then asked to write the stories of their significant practice moments. The number of narratives each nurse wrote varied. One nurse wrote about a single critical moment, while others wrote multiple stories.

Components of the analysis

Incorporating the recommendations of Oiler (1986), Strauss and Corbin (1990), and van Manen (1990) a multi-dimensional analysis of the data was designed. The first level of analysis was provided by the participants themselves. As the nurses wrote their narratives and talked to the researcher, they would often say, "What I learned from this was...", or "I think I did this because...". This was valuable preliminary analysis.

A second component was the hermeneutic analysis which was reached through the use of poetry. The researcher, after reviewing the data, attempted to elicit the essence of each narrative or observation. To communicate this essence in a concise and meaningful way, a poetic interpretation was written. The poem is a way of communicating meaning without imposing extensive structure on the data. As van Manen suggests, poems are a powerful means of sharing human experience because they do not require summaries. In his words, "The poem itself is the result... To summarize a poem, to ask for the conclusion of it, would destroy the result... The poem is the thing" (van Manen, 1990, p.13).

Poems are able to communicate both the details and the emotion of the experience within the limitations of words, and they leave the reader with at least one possible understanding of the experience. These poems became, and expressed, the second component of the analysis.

A third analysis was done following the grounded theory method as described by Strauss and Corbin (1990). Field notes, transcribed interviews and narratives were reviewed systematically using the "constant comparative method" which involves systematic conceptualization of data.

The findings

All nurses hold a set of beliefs about nursing and nursing practice. Early nurse theorist Wiedenbach (1964) wrote, a nurse's beliefs about such issues as the significance of life, the worth of the individual, and the aspirations of each human being, determine the quality of nursing care given. As Samarel (1991) succinctly proclaims, "How one performs as a nurse depends upon one's philosophy" (p.72). Following this line of thinking, the beliefs of the nurses studied become a critical component in this research. Bennett and Foster (1990) propose that beliefs are personal and therefore unique to each nurse (p.167). While no two people share exactly the same beliefs, among the nurses studied there were some commonalities in their views of the nature of the nursing environment, the nature of human beings, nurse-patient relationships, nursing care, and the definition of health, that may provide a collective philosophical basis from which these nurses practice.

Several nurse theorists have proposed theories that incorporate descriptions of their beliefs about the nature of nursing, health, the nursing environment, the nurse-patient relationship, and the nature of human beings (Benner & Wrubel, 1989; Parse, 1994; Paterson & Zderad, 1976; Peplau, 1989; Watson, 1989). For this paper, the researcher chose Watson's nursing theory and compared her views on the five key elements identified with the beliefs expressed by the nurses studied. From among the major theories of nursing, Watson's expressed beliefs about nursing practice were the most closely aligned to the views of the exemplary oncology nurses.

Beliefs about health

Beliefs about the definition of health are central to a nurse's philosophy of nursing. In describing her view of health, Watson (1985) distinguishes

between disease and illness claiming that health is more than the absence of a disease. She suggests that a disease might be cured but illness could remain unless there is caring. Even if the disease is overcome, health is not attained unless the person has been cared for. Watson maintains a person can have health without the absence of disease.

Collectively, the exceptionally competent nurses studied also rejected the view that disease necessarily makes a person unhealthy. To them, a patient can have cancer and still have health. Lana, one of the nurses participating, said, "Patients can be healed though they are not physically well."

Additionally, some of the nurses studied believe that disease can lead to health. They cite examples of individuals who, by their own definition, led unfulfilled, unhappy lives before they were diagnosed with cancer. These same individuals, after being told they had cancer, became "healthier" people, even if their disease was not cured. Maureen, one of the exceptional nurses, reported:

"Many of my patients say they appreciate the little things in life a lot more since they got cancer. One man told me that though he lost his job when he got sick, he regained his family, and his life."

The nurses emphasized that patients have different levels of wellness.

Some have spiritual and emotional health, while physically they are very ill. Like Watson (1985), they see complete health occurring when all components of self are healthy, but not necessarily disease-free.

This harmony, or complete health, can occur if patients are helped to fulfill their potential within the limitations of their current circumstances. Even those who are dying, and therefore severely physically compromised, can be in some sense "healthy", if their bodies are reaching their potential. Julie said:

"We have to be realistic here, but we can help patients do as much as they can do. Maybe they can't go home to stay, but they might be able to go on a pass for a few hours. Maybe they can't walk, but they could get out of bed and sit up in a chair. We have to help them do all that they can."

These nurses have helped their patients achieve optimum health if they are doing all they are capable of doing. Health is considered a complex interrelationship of physical, emotional and spiritual well-being.

Beliefs about the nature of human beings

Nursing is an experience that is inevitably based primarily on interpersonal contacts between nurse and patient. Within this dyad, the nurses' beliefs about the nature of human beings has a great influence on the interpersonal encounters. Watson's (1985) discussions of human interaction focus on the theme of care. Watson says human beings have value and are to be cared for, respected, understood, nurtured, and assisted. Sarter (1993) points out that Watson is the only nursing theorist who explicitly supports the concept of soul and emphasizes the spiritual dimension of humans (p.152).

Like Watson, the exemplary nurses value each individual. An exemplary nurse named Mindy wrote:

"We are all human. We are all in this world together. We all share a common fate as one day we will all die. Everyone has value and deserves the best care we can give and everyone deserves to have that care given with compassion and dignity."

During one observation period, one of the nurses, Moria, was caring for a man who was experiencing alcohol withdrawal. In addition to his cancer, he was a chronic substance abuser and had lived most of his life on the streets. He was an angry man, lashing out physically and verbally at any nurse who dared to try to give him care. Moria was determined to meet his needs. She looked at him directly and said, "It's O.K. to be angry and afraid," and then she left. Minutes later when we returned to the room he was receptive to her offers of food and fluids. She had treated him with respect, acknowledged his feelings, and persisted with her belief that everyone deserves the best care possible.

To convey her view that every life has value, Julie said:

"All people with cancer are good people. We get to know what they are really like, we get to know their souls. They may have been the bottom of society before in their life, but we see inside and past all of that."

The record of a field observation reads:

"These nurses see past the frail, broken, cancer-ravaged bodies to see the person inside. Today the nurse I was observing said, 'She must have been such a beautiful woman...' While all I could see was a disfigured shell, she was seeing the beautiful woman living inside her patient."

For the exceptional nurses, human beings are considered to be individuals having unique needs and perspectives. These needs not only vary from person to person, but also change as the disease progresses. During an interview, Julie stated:

"Our patients have many needs; they are different for everybody and we try to find out what they are. I ask my patients, 'What is it that I can do for you?' or 'If I could do one thing for you right now, what would it be?'. Sometimes I have to ask 10 times before I get a response. But this way I find out exactly what their greatest need is."

The same nurse went on to tell this story:

"There was this one patient, when I asked her what I could do for her she said she was tired of wearing nightgowns, she wanted slacks. It was impossible to buy pants for her because she had this huge abdominal tumour and nothing would fit. She had nightgowns that she probably paid \$200 for, but she wanted pants. I ran home after work, got a piece of cheap material and sewed slacks that would fit by leaving the side seams open. I made them to fit her."

Well, after I gave them to her the next day, I had the sense that I had given her a million dollars. When I gave them to her, her husband was there and he just sat down and had a good cry. The family offered me all kinds of gifts because they were trying to say thank you for this cruddy pair of pants. Actually, it wasn't the slacks, it was what it represented, that she was valued. It makes me feel so good to meet their needs. I just ride on clouds when that happens."

Making a difference

My small gesture,
lovingly given,
causes you to feel valued.

When you feel important,
so do I.

Satisfied that I do make a difference,
I am motivated to
continue to care for you,
and for others.

Patients with cancer often have different needs from those of well individuals. This point was made by Marie, who said:

"All people have needs, but we really have to be sensitive to our patients because sometimes their needs aren't what you'd expect. Often, especially if they are dying, their physical needs, like the need for food and water go way down, but I think their emotional and comfort needs, like for giving and receiving love and for freedom from pain, become most important."

In their respect for life, their respect for individual differences, their belief that people generally care, and their feeling that people are multidimensional, the exceptional nurses' views of human beings are consistent with Watson's views. The stories and comments they provided bring a human face to these values and beliefs.

Beliefs about the nurse-patient relationship

In the nurse's worklife, the nurse-patient relationship is the primary interpersonal association. Watson (1989) addresses the nature of the nurse-patient relationship specifically. For Watson (1989) nurse and patient are co-participants. She has high regard for autonomy and freedom of choice on the part of both parties. In her opinion, it is the nurse's responsibility to provide the patients with information and alternatives, facilitating their participation in decisions which relate to them.

Watson (1989) states that the establishment of a helping-trusting relationship between nurse and patient enriches the quality of all their interactions. This relationship permeates their communications and leads to rapport and caring. Watson's (1989) characteristics of a helping-trusting relationship are congruence (genuine interactions), empathy (tuning into the feelings of clients), and warmth (positive acceptance of another often expressed by language, touch, tone of voice).

In Watson's view the one who is cared for can also be the one who cares. This "nourishes the humanness of the care provider... In such connectedness the nurse and patient are both capable of transcending self, time, and space" (Watson, 1989, p.132). Neither the caregiver nor receiver stands above the other; the human centres of both people are involved. Watson called this human-to-human connectedness "transpersonal caring". It begins when the care provider enters the life space of the patient and is able to detect the other's condition and needs (Watson, 1989). Like Watson (1989), the nurses believe that the caregiver may sometimes be the recipient of care for the benefit of both the patient and the nurse.

Due to the chronicity of cancer the nurse and patient often enter long-term relationships with one another, lasting a period of months or even years. This interconnectedness was demonstrated in Mindy's words: "We really get to know each other. We laugh together, and cry together. We need each other to hug, to help, to teach, to share, to love. We are in this together." Through this interconnectedness, the nurse and patient nurture one another.

Like Watson, the nurses see their part in the nurse-patient relationship as that of facilitator. Patients and family members retain control of the decisions that affect them. Jane summed it up like this, "Patient and family wishes are paramount. They are the directors of care." Consistent with Jane's perspective, Maureen described her role this way, "My role is to help patients and family members make decisions by giving them options. My purpose is to give them options and to lead them to good choices." A primary pillar upon which the nurse-patient relationship is built is the belief that the patients are directors of decision-making regarding their own care.

A journey shared

Share your journey,
you cannot sparkle alone.

Those who are drawn near to you
reflect and magnify
your spirit.

Beliefs about the nature of nursing

Watson (1985) claims that care is the essence of nursing. In her words:

"Nursing care can be, and is, physical, procedural, objective, and factual, but at the highest level of nursing, the nurse's human care response, the human care transactions, and nurse's presence in the relationship, transcends the physical and material world,... and makes contact with the person's emotional and subjective world as the route to the inner self and the higher sense of self" (p.50).

In the actual caring occasion "two persons come together with their unique life histories and phenomenal fields in a human care transaction" (Watson, 1985, p.58). The phenomenal field is the subjective reality or individual frame of reference of the person. At these times, each participant is touched by the human centre of the other.

Watson (1985) believes the nurse matures to have a value system which promotes faith, and hope, and emphasizes the spiritual. If medicine has no cure for a person, the nurse can continue to use faith and hope to provide a sense of well-being through those beliefs meaningful to the individual.

Like Watson, the exceptional nurses define nursing as an intentional, goal-directed process. For them though, nursing centres around the nurse-patient relationship and they therefore cannot speak

of nursing apart from the recipients of nursing services. Jane said: *"The patients are the only reason we are here. Giving direct patient care, actually laying your hands on real people, that's nursing. To be a good nurse you have to get really close to your patients, share part of yourself."*

In a conversation, Mindy shared this story with me. It describes her definition of nursing within the context of the nurse-patient relationship.

"I was taught in nursing school not to get too involved with my patients, to keep a 'professional distance'. I think this is a barrier to being a really good nurse. I have to get involved with my patients in order to assess their needs and plan and deliver their care. We are expected to do intimate and personal things to our patients and discuss intimate and personal issues with them. You just can't do that and keep your distance too. All good relationships have an element of sharing in them and the nurse-patient relationship has to as well if it is to be successful, if nursing is to occur."

All the nurses studied referred to the feelings they have about their profession. Common themes running through their comments are the opportunities for human interaction and the chance to make a difference that nursing offers. The following are two of the nurses' expressions of their satisfaction with their career choice:

"Nursing invites you into places you would never go, across the barriers to people, holding their hands and being close. A lot of patients have made a difference in my life and they will never know it. Not all jobs give this amount of personal reward." (Julie)

"It is wonderful to make a difference to people's lives. I think we all wrote in our essays for entrance to nursing school, 'I want to help people'. Well, here I get a chance to really do that." (Maureen)

To the participant nurses, nursing is seen as rewarding, a great opportunity to learn skills and develop as a person. The nurses talked about nursing care being complex and demanding, yet they saw it in a positive light, focusing on the opportunity for personal development. Jane commented:

"When you first start nursing, after about six months, when you have some confidence, you think, 'I'm doing a great job!' Then you realize, as the years go on, that every day you are still learning. Look at me, 10 years and I still learn something each day. I'm glad because it helps me give better care and be more creative."

Marie said:

"Nursing results in mutual growth for the patient and the nurse. I don't believe nurses who let themselves get involved in these satisfying nurse-patient relationships ever burn out. I get back as much, maybe even more, than I give."

Nurse transformed

Shaped and molded daily by
a constant stream of challenges,
I continue to evolve.

Each time I confront death and disease
all life becomes more treasured.

Now,
I approach life with a sense of urgency,
eagerly soaking up all of the
experiences it offers.

I want to nudge the world,
to make a difference in the lives of
those who need me.

But all the while
I recognize that I too must be sustained
and I receive as openly as I give.

With gratitude I accept and welcome these changes, and anticipate my continued transformation.

Beliefs about the nursing environment

Watson (1985) contends that the nursing environment is important in promotion and restoration of health and in the prevention of illness. She emphasizes that consideration should be given to the "mental, physical, socio-cultural, and spiritual environment" and nurses should work towards providing environments that are supportive, protective and corrective.

There were comments from the nurses interviewed about the various patient environments. The physical environment was crucial, but they also spoke of the importance of the social environment (family), cultural environment, and physiological environment. Exceptional nurses deliberately try to create a "home-like" environment that is physically, socially and psychologically beneficial to them as well as to the patients. Peter, a nurse studied, emphasizes this in the following comment:

"We want patients to feel at home so we invite them to make their rooms their own. We suggest they bring in personal articles such as pictures, plants, comforters and ornaments. Family members and friends are encouraged to visit anytime and we make sure all special occasions, like birthdays, are acknowledged."

Julie further supports this, saying:

"Here we do little things like calligraphy name cards for the patients' doors, using real china cups for tea, and lace table cloths for parties, little things that make a big difference."

Although it is important, more than a change of furnishings and the addition of decorations are needed to create a home-like environment, and these nurses sensed that.

At coffee break Jane said:

"We have to make it look like they are at home, or at least like they are in familiar surroundings, but we also have to make them feel (as much as we can) that they are at home. A lot of this comes by encouraging them to wear their own clothes, make choices, and

control their own routines."

Bottorff (1991) makes a similar observation. She writes, "Health care environments can become a home away from home not just by changing the decor but, more importantly, by allowing the patient to be at the center, the center of each day." (p.249).

Bottorff (1991) suggests that helping the patient feel at home provides a measure of comfort.

Some nurses talked about the energy in the environment, commenting that human encounters involve exchange of this energy. As illustrated by the following comment, the strength of this force in patient-nurse relationships and in the larger environment was considered a factor in successful practice. Julie comments:

"We try hard to create a positive energy here. When people find out they are going to a cancer ward they envision darkness and grief, all that negative stuff. They are surprised when they come here and see what a cheerful, bright, and happy place it is. But we work to make it this way."

The exceptional nurses acknowledge that as a patient is multi-dimensional, so is the patient's environment. Nurses, they believe, need to consider all aspects of the milieu. They focus on the multiple patient benefits derived when the hospital environment is personalized.

Summary

The exceptionally competent nurses expressed well-articulated beliefs regarding their definition of health, the nature of human beings, nursing care, the nurse-patient relationship, and the nursing environment. The most consistent aspects of the philosophies of the exemplary nurses are a belief that life is precious; a respect for the dignity, worth and autonomy of each person; an awareness of the value of self-understanding; a commitment to helping each patient attain the highest quality of life possible, with quality being defined by the patient; an acceptance that death is a natural part of life; and a resolve to act according to their own philosophies. ♣

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