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# The value ground of nursing

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## Abstract

The aim of this literature study was to suggest a value ground for nursing anchored in two ethical principles: the principle of human value and the right to experience a meaningful life. Previous nursing research between the years 2000 and 2009 was analysed. Presented values suggested in this value ground are thus in line with the nursing context and science of today. Statements within ethical literature have been used in order to formulate arguments aimed at supporting the values that were found in the study. In the literature study six values were found: trust, nearness, sympathy, support, knowledge and responsibility. These values hold equal status and are not presented in hierarchical order. They vary due to the persons involved, nursing situations and cultural surroundings, but have the common requirement of being non-excluding. In order to implement the values within the value ground, two prerequisites are discussed and claimed as essential: ethical dialogue and a caring encounter between care provider and patients.

## Keywords

Caring values, literature study, nursing values, professional values, value ground

## Introduction

Nursing can be defined, among other things, by its inherent values such as respect for human rights, the right to life and to be treated with respect.<sup>1</sup> Patricia Benner stated in 1994 that it is every nurse's duty to articulate the values of nursing in order to develop the understanding, knowledge and science of nursing.<sup>2</sup> According to the ICN's code of ethics for nurses, nursing has four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering.<sup>1</sup> One way to take responsibility for these tasks is to highlight a rank of fundamental values of nursing; termed 'the value ground of nursing' in this article.

Nursing ideals is an often discussed issue within the topic of professional ethics in terms of good values. One of the professional ethicist's tasks is to propose values that promote and motivate good relations in nursing practice as well as other practices. The mandate to provide nursing care is, in this respect, based on social ethics but also on personal ethics. Personal ethics focuses on the unique relation between patient and nurse and social ethics focuses on the public demands structuring nursing and healthcare in society suggested by ethicists or politicians. These two different ethical perspectives can find themselves with contradictory obligations.<sup>3</sup> The patients have a right to not use their right to autonomy in specific situations such as

fatigue, confusion or distress risks collision with Swedish health care act,<sup>4</sup> which states that autonomy is the most central value in nursing and medical care. Despite this difficulty the values in the value ground of nursing, included values with origin from both personal and social ethics. An explicit value ground of nursing with values from both ethical perspectives, could be of clinical use for nurses in their planning, assessment and evaluation of nursing actions.

The origin of this article was that the Swedish Council of Nursing celebrated its 100th anniversary. Faced with this celebration we were asked to suggest a value ground for nursing on the basis of nursing literature today. The task was not to find or create new values, rather to sort out values from nursing literature. We are well aware that since the days of Aristotle, philosophers' have explored values that vary in relation to time, culture and societies. Thus, values are not absolute or by nature given. In order to propose an updated value ground based on recent nursing literature it became important not to pick values arbitrary from political or paradigmatic trends in philosophy or nursing research; further, to find values that have grown out of human rights and are free from political, religious or paradigmatic claims that may risk excluding nurses or patients who hold other opinions than the underpinned perspectives.

The principle of equal human value and the right to experience a meaningful life constitute the foundations that the value ground is based on and are in line with the nursing context and science of today.

## The concept of value ground

A value ground should be useful in clinical practice and not just viewed as a ranking of values taken from theories without clinical anchoring; therefore, these values must be carefully thought through and not only serve a theoretical interest. Thus, the following general definition was used in this article: 'A value ground consists of a set of values which are specified in the framework of a democratic community designated as fundamental to human relationships' (p.22, our translation).<sup>5</sup> The understanding and meaning of this definition stresses that the value ground must not contain values that exclude anybody due to gender, age, religion or the like, but that these values must be generally applicable. This is clearly in line with the human rights of a democratic society but needs nevertheless to be applied in everyday practices.

When value grounds are the topic for professional and social interests, it is reasonable to ask a number of questions: Is it possible to discover foundational values that constitute a value ground, which is general in nature fitting both personal and social claims? Is it possible to find consensus in societies with cultural, religious and political diversity? A postmodernist would say no to these questions. A postmodernist opinion<sup>6</sup> holds that ethical values could never generate such a general view because these values have no content that can be tested inter-subjectively and justified under some general considerations. This view also claims that there are no foundational values that could create any consensus, truth or common meaning irrespective of situation, place or practice when ethical issues occur. According to postmodernism, everything is relational and contextual and there is no obvious truth. Another argument<sup>5</sup> claims that it is an immoral demand that each person within a specific society should be covered by lists of values due to the impossibility to hold such demands.

However, other standpoints can be taken, saying that value grounds or fundamental values are of great importance because people get into trouble, become hurt by others, experience malicious acts, have unsatisfactory experiences and experience injustice in many social surroundings. As long as such things happen between people, there is a need to discuss ethical values aimed at improving peoples' experiences in different practice (e.g. experiences of meaning, dignity, wellbeing and hope).<sup>5</sup> Applied in nursing contexts, the aim of such discussions is to find examples of values possible to share in concrete nursing practice that do not contradict existing nursing knowledge or exclude patients. Experiences of existing injustices between, for example, different groups of patients or abuse of power in the hierarchical structure of healthcare are, in our opinion, two of many starting points in the process of developing a value ground for

nursing. As previously said, nursing practice is value laden in its content<sup>1,2</sup> and an explicit value ground could facilitate decision making in nursing relationships, and thereby avoid the risk of misunderstandings in nursing relationships. Margalit<sup>7</sup> claims that a decent society is a society that does not humiliate its citizens and each person has a right to live in a decent society. The official institutions of societies have the joint task of providing service to each citizen and are as such mirrors of whether societies are decent or not. Every member of a profession therefore has an obligation to ensure that their practice is not experienced as excluding, humiliating or abusive by those who depend on their services. According to this, the meaning of a value ground is to make explicit such ethical principles and values that secure a high quality of service and protects citizens' human value.

## Two fundamental ethical principles in a value ground for nursing

To protect citizens' human value and show solidarity with people who are vulnerable (e.g. patients who are suffering) is central when values in a value ground are discussed or applied. Nurses' responsibility for patients who are recognized as the most exposed and the least favoured should be at the center in the discussion of values in a value ground. Another reason why we use the principles is because these principles focus on human's rights, which is essential in nursing. These two principles imply greater certainty that the suggested values in the value ground do not discriminate against or exclude patients and/or care providers in nursing practice. Due to all this, our starting point is that the values in the suggested value ground in nursing are anchored in two ethical principles: the principle of human value and the right to experience a meaningful life. The principle of human value states that: 'Every human being is equal in value. In other words, every human being has the same human rights and the right to have them respected and that no one in this respect is superior to any other' (p.19, our translation).<sup>8</sup> The definition is linked to what the person is and not to his/her skills or what he/she does. All human rights such as right to life, freedom and personal security and comfort, should be respected and in this light no one is better than anyone else.<sup>8</sup> All people, likewise, have rights to act freely as long as their actions do not intrude on another person's opportunity to exercise their rights. All this is consistent with the idea that everyone has an equal and absolute value regardless of status, welfare benefits and their own sense of life. That people have racist, homophobic or sexist opinions do not contradict equal value. People do, according to the principle of equal human value, have unconditional rights to take whatever standpoints they wish, as long as these opinions do not intrude on someone else's freedom and personal security. Thus, respect for equal rights is linked to universal claims, which are ultimately justified by everyone's right to experience meaningful life. Even an intolerant person acts according to the right to freely choose his own values and standpoints.<sup>5,8,9</sup> With this in mind it follows that the purpose of joining ethical dialogue is not to claim and convince others that one's personal standpoint is the only right one. The purpose ought instead to be to test if I am right. This is quite another way of interacting than struggling for one's own standpoints. In ethical dialogue everyone has a right to say or do what they like as long as nobody else gets hurt. Thus, the principle of equal human value claims both rights and obligations.<sup>9</sup>

To discuss a common value ground in nursing requires not only rational thinking but sympathy and sensibility alike for other people and their personal views of meaningful lives. The right to experience meaningful life and the principle of equal human values<sup>5</sup> constitutes a powerful base for further discussions of which values could and should be highlighted in a value ground for nursing. This collides with the postmodernist view<sup>6</sup> that it is impossible to reach consensus in any value ground. In this article we assert the possibility of consensus if, and only if, these two principles frame the content of its values. The overall goal is to help nurses to support vulnerable people in multicultural societies today to improve health and life quality. Applying these values could help nurses to make sound clinical decisions in ethically difficult situations.

## Values within a value ground for nursing

Ethical values rule peoples' lives in several directions and lead people in their daily lives. Thus, people apprehend other people, things, ideas and situations as either good or bad, valuable or not valuable, preferable or not preferable. Material things or social activities are given their value by humans. When something has a value we have performed a positive valuation through appreciation and approbation.<sup>10</sup> According to postmodernism<sup>6</sup> people tend to apprehend values in a variety of ways and different consequences may follow for different persons. Consequences change due to circumstances, situations, persons involved and culture. In Furberg's<sup>11</sup> moral discussions it is important to put forward the reasons why certain standpoints are taken when striving to solve ethical problems. Thus, the reason supports and justifies specific opinions, standpoints or actions. The support must not be accepted by others but each reasonable person cannot just oversee any given reason without serious thought.

In Swedish health care act<sup>4</sup> a number of ethical values have been stressed. These values have been given juridical status. Autonomy, integrity, dignity, justice are such examples of ethical values within Swedish health care act. Whatever personal opinions care providers may have they can never refuse to take responsibility for statutory obligations. Those obligations can be understood as a democratic and decent society's way of ensuring a certain quality of care for its citizens. Nurses' clinical decisions can be strengthened if a value ground leads their dialogue with their patients.

According to Bergström,<sup>10</sup> an ethical valuation is something else and is based in each person's morality, which can be both without any reflection at all or a consciously selected theoretical view. Everybody has opinions about what is good or bad in our common reality, what is better or worse than anything else, of what ought to be different and how we ought to respond in fluctuating situations. Opinions like those are called valuations. Opinions about reality can have connections to valuations without being genuine valuations. There is, as an example, very much suffering in the world, people and animals are haunted by illness and starvation. Opinions about these states of affairs are not valuations they are obvious facts. On the other hand, opinions about the world such as it would be better if everybody were happy, healthy and satisfied are valuations. Such valuations are probably commonly held and recognized. Other valuations separate people, as for example, the question about what a qualitatively good nursing care could be or which values ought to be within a value ground of nursing. Our ambition with this study was to provide a complement to previous research by framing a value ground of nursing in a new perspective that is based on two ethical principles.

## Aim

The aim of this study was to suggest values in a value ground for nursing based on the principle of equal human value and the right to experience a meaningful life.

## Method

This article is a study of literature on the subject: nursing and caring values. Scientific articles, dissertation, reports, codes of ethics and material from five health care councils constitute the base of the literature and were found by help of the database Cinahl and the search motor ELIN@Mälardalen. The search strategy was based on keywords related to: 'professional values', 'nursing values', 'values in nursing', 'values in caring', 'values of nursing' and 'common values'. Research articles were limited to the years 2000–9. These years were of interest because the research concerning values matters when a value ground of the present is to be produced. Twenty articles<sup>12–31</sup> have been analysed beside one doctoral dissertation,<sup>32</sup> material from The Swedish Society of Nursing,<sup>33,34</sup> The ICN Code of Ethics for Nurses<sup>1</sup> and, finally, five different value grounds from health care councils in Sweden.<sup>35–39</sup>

The analytical process was guided by content analysis inspired by Graneheim and Lundman.<sup>40</sup> The purpose of the analysis was to describe what the text/material says concerning nursing values and virtues (abilities to fulfil values). The analysis was performed in several steps. First step, the text/material was read several times to obtain a comprehensive picture about the collected material. Second step, the analysis was to account for specified values that were found in the material. All found values and virtues were written down on a separate paper and we made two groups: one for values and one for virtues. We formed preliminary groups consisting of all values that belonged together or had a connection. We discussed these groupings until we agreed and formed the following six categories representing values in nursing: trust, nearness, support, sympathy, knowledge and responsibility. The categories support and responsibility each contain two subcategories. Support includes the subcategories: support for patients and intimates and, support in the management function. Responsibilities include the subcategories: responsibility for professional goals and responsibilities to fulfil obligations. These six main categories constitute the values of the value ground. Third step, when the values in the material were categorized we discussed the nurses' virtues necessary to achieve values that had emerged in the analysis. The virtues required to apply certain values are presented alongside. To increase transparency of the analysis the categories and subcategories are illustrated in Table 1.

A remaining category is shown in Table 2. The category contains values that are not possible to subsume under the two fundamental principles in the nursing value ground, namely, the principle of equal human value and the right to experience meaningful life due to the potential for excluding or marginalizing groups of patients. The religious or ideological values contained here have the potential to exclude many people in secular and multicultural societies. Overviews of words, expressions or virtues with similar meanings that are sorted in joint values are also shown in Table 2. For example, the value of autonomy contains values like: independence/dependency, be able to make choices, decisions among others.

## Findings and discussion

Each value that represents our findings holds equal rank and status and will therefore not be presented in hierarchical order. Each value is previously scrutinized and grounded in extensive bodies of both philosophical and scientific knowledge in terms of descriptions, definitions, meanings, conclusions and the like. In this article, though, a central aim was to suggest values for a value ground for nursing that harmonized with the principle of equal human value and the rights to experience a meaningful life. This is why only a short discussion of previous research is explored for each value. Finally, when it comes to applying suggested values in nursing practice two prerequisites are presented and discussed below: ethical dialogue and caring encounter.

### Trust

Trust is a central value within this nursing value ground. If trust is not mutual between patient and care provider it is difficult to create and reach caring relationships. Signs of trust were found in the analysed texts in values like (see Table 1): influence, self-esteem, self-preservation, confidence, trustworthiness and security.<sup>1,12,14-17,22,25,27,31,32</sup> Our opinion is that if involved persons experience interaction based on the other values in the suggested value ground the fulfilment of trust can be reached. Thus, if care providers show irresponsibility, ignorance, are not supportive and lack sympathy, trust is very much threatened. One of the abilities and virtues that were found in the material was loyalty.<sup>14,16</sup> Care providers ought to show loyalty towards all patients, professional goals, science and reliable professional experiences which are all current. Therefore, a certain self-discipline and belief<sup>1,12,13</sup> in one's own knowledge and capacity is of importance. Malmsten<sup>41</sup> stresses that to be able to show trust means partly to be able to exhibit your own self identity,

**Table 1.** Overview of values and abilities/virtues in the value ground of nursing

Trust	Support			Knowledge	Responsibility	
	Nearness	Sympathy	To patients and intimates		Function of management	Professional goals
Trustworthiness	Belonging	Mutuality	Being there	Leadership	Health	Restore health
Security	Contact	Understanding	Take care of	Co-ordination	Wellbeing	Preserve health
Influence	Touch	Compassion	Manage	Role model	Happiness	Promote health
Self-esteem	Holding hands	Humanity	Giving advice	Leading role	Life	Professional secrecy
Self-preservation	Intimacy	Being	To see/	Control	Welfare	Prioritize
<b>Abilities/virtues</b>	Connection	Self-giving	Making eye contact	Delegation	Life quality	Execute
Belief	Acceptance	<b>Abilities/virtues</b>	Helping	Satisfaction	Health prevention	Supervise
Self-awareness	Harmony	Concern	Doing	Satisfaction in work	Needs satisfaction	Respect
Accessibility	Surrounding	Tolerance	Serving	Successful	Preferences	Observation
Loyalty	<b>Abilities/virtues</b>	Sensitivity	Protecting	Orderliness	Justice	Truth
Self-discipline	Acknowledgement	Receptiveness	Activity	Preparedness	Autonomy	Continuity
Caring	Being open	Softness	Stimulation	Cost efficiency	Goodness	Development
	Politeness	Encouragement	Making difference	Scarce time	Non maleficence	<b>Abilities/virtues</b>
	Listening	Sincerity	Empowerment	Compromise	Integrity/Privacy	Fosterer
	Devoted	Empathy	Appreciation	Entrepreneurship	Equal value	Obey
	Generosity	Emotionality	Advocacy	Participation	Equality	Judgement
	Enthusiasm	Warmness	Confirmation	Follow up	Dignity	Excellency
	Engagement	Caring	Hope	Improvement	Freedom/liberation	
	Being nice		Assistance	<b>Abilities/virtues</b>	Relieve	
	Presence/closeness		Mobilization	Variation/flexibility	Comfort	
	Uniqueness		Consultation	Accountability	Cure	
	Authenticity		Rehabilitation	Brave	Rest	
	Professional distance		Habilitation	Creativity	Holiness/holism	
	Caring		Co-operation	Cheerfulness	Prevention	
			<b>Abilities/virtues</b>	Flexibility	Health policy	
			Friendly	Initiation	Consciousness	
			Flexible		Information	
			Faithful		Security	
			Tactful and sensible		Hygiene	
			Wishes		Aesthetics	
			Interest		<b>Abilities/virtues</b>	
			Diversity		Clean	
			Caring		Hard work	
					Political activity	
					Ambitiousness	
					Efficiency	
					Caring	

**Table 2.** Overview of values with similar meaning and remaining values

Values with similar meaning		Remaining values	
<i>Health</i>	<i>Continuity</i>	<i>Truth</i>	Ownership
Personal health	Durability	Telling the truth	Positive value system
Lifestyle	Process thinking	Keeping promises	Homogeneity
Health correction			Unity
<i>Autonomy</i>	<i>Justice</i>	<i>Development</i>	Prestige
Informed consent	Equal rights	Personhood	Tension
Independence	Rights	Self development	Motherly, maternal
Decision making	Social justice	Personal development	Altruism
To make choices	Ethnicity	To become a human being	Serve others
Participation		Identity	Forgive
<i>Professional secrecy</i>	<i>Holism</i>	<i>Prioritize</i>	Love
Confidentiality	Person focused	Benefit	Self-sacrifice
Solidarity	Patient centred	Productivity	Self-neglect
Secrecy	Individuality	Economic cuts	Confession
<i>Security</i>	<i>Aesthetics</i>	<i>Respect</i>	Holiness
Quality assurance	Beauty	Attention	Religious vocation
<i>Life</i>	<i>Nurture</i>	<i>Empowerment</i>	Grace
The right to live	Social correction	Power	Salvation
<i>Environment</i>	<i>Reflection</i>	<i>Confirmation</i>	Spirituality
Surrounding	Self-reflection	Acknowledgement	Personal achievement
<i>Cooperation</i>	<i>Engagement</i>	<i>Mutuality</i>	Faith
Consultation	Energy	Reciprocity	
<i>Paternalism</i>	<i>Equality</i>	<i>Being there</i>	
Dependence	Equity	Existence	

which in itself is risk taking. If persons show their inner self and identity and that picture is misused by others the reaction and damage is usually strong.

### Nearness

Another central value for the suggested value ground for nursing is nearness. In the analysed material two kinds of nearness appeared: physical and psychological. The physical nearness was described in terms of bodily touch such as holding hands<sup>31</sup> or other examples of bodily touch (see Table 1). Psychological nearness concerns creating surroundings<sup>1,21,25,32-34</sup> that make it possible for care providers to meet patients' needs of support. The contact between patients and care providers could in some cases take the shape of being social and friendly in character so that patients can be given a feeling of belonging.<sup>14,22</sup>

What is at stake when nearness is highlighted is the care providers' ability and virtues to acknowledge all patients, be polite and show generosity with an open mind.<sup>12,13,17,27,31,37</sup> To be near means to be open, be nice and to listen to patients' preferences and needs. If care providers ignore patients' own experiences it could slightly obstruct possibilities to provide help, care and cure in health care processes.<sup>42</sup>

### Sympathy

In the analysed material signs of sympathy were found in values like; devotion, being open and generosity.<sup>12,13,16,32,37</sup> The abilities which are required for the fulfilment of sympathy, also found in the analysed

material, are sensibility, softness and empathy.<sup>12,14,19,22,27,32–38</sup> More values and virtues in connection to sympathy are presented in Table 1.

A value ground without sympathy is not possible due to the simple fact that sympathy is the starting point for ethical reasoning. Sympathy can be said to be a prerequisite for morality.<sup>43</sup> Sympathy ought to be distinctly divorced from empathy. Empathy means by definition to be able to share another person's feelings and experiences from that person's personal view or said in another way 'empathy stems from that of a participant who vicariously merges with another's feelings' (p.567).<sup>44</sup> To merge with another's feelings is in our opinion not possible and not even desirable. To feel sympathy, on the other hand, is to show understanding for another person's threatened wellbeing or in Escala's<sup>44</sup> words 'sympathy stems from the perspective of an observer who is conscious of another's feelings' (p.567). Care provider sympathy is addressed towards the patients' situation and they act with support and trust for the patients' good. Sympathy means to be near without being intrusive or being absorbed by the lives or feelings of others.<sup>41</sup>

In relation to the two principles of equal human value and the right to meaningful life the value of sympathy is great, without sympathy there is no morality or no point in trying to hold ethical reasoning.<sup>43</sup> Patients do have rights to integrity and dignity by health care act in Sweden,<sup>4</sup> which actually means that they do not have to invite or accept care providers into their private spheres and inner 'rooms'. Care providers have likewise a right to integrity, of not exposing themselves too much due to the risks of burnout syndromes.<sup>41</sup> To conclude this means that both patients and care providers have rights as well as obligations for intimacy and nearness. Where the line of decency is to be drawn between rights and obligations in this respect is really a line for ethical discussions.

## Support

Values, which were generated out of the analysed text, about support have been divided into two different groups; support for patients and their intimates and, support for the management function. A sample of values that were found in the material (see Table 1) and are thereby connected to support for patients and their intimates are: to assist, help, serve and protect.<sup>1,28,34</sup> Other values, related to support for patients and their intimates, in the material were advocacy, appreciation and empowerment.<sup>12,14,16,19,22,32</sup> To support those who cannot manage on their own by being their advocate is, according to our opinion, a value that points to supporting functions for patients and their intimates. To show appreciation<sup>22</sup> in nursing practice will help nurses work together with a common comprehension of their aims. This is one kind of indirect support. According to Malmsten<sup>41</sup> the aim of empowerment is to improve patient power and knowledge so that they can change their own life situation. Abilities and virtues which are important to nurture in supportive connections are, being friendly, flexibility, tactful and sensible.<sup>12,14,17,19,32</sup> In our opinion, it is important to have a complete picture of what is in jeopardy in problematic nursing situations in order to support patients and their intimate's needs. To be supportive in the management function was described in the analysed material in terms of such values as being a role model and having the leading role.<sup>22,33–35</sup> Delegation and showing cost efficiency are other prominent values.<sup>1,15,17,38,39</sup> Co-ordination and to work for a satisfactory outcome are some other values found in the material.<sup>1,15,25,32–35</sup> Abilities and virtues like cheerfulness, creativity and flexibility have been placed under the value support.<sup>12,17,19,22,25,27,32</sup> For more values and virtues, see Table 1.

## Knowledge

In the analysed material the following values concerning knowledge were found; objectivity/subjectivity, insight, improvement, experience, to know and self knowledge.<sup>12,19,20,30,32–34,36,37,39</sup> Among the abilities

and virtues which were found in the analysed material concerning knowledge, were critical thinking, curiosity, reflectivity among others.<sup>12,15,20</sup>

A common way of understanding knowledge is to make a difference between theoretical knowledge (to know that) and practical knowledge (to know how), in other words to make a division between having knowledge and being skilled.<sup>45</sup> Theoretical knowledge is quite often called knowledge of facts pointing to the kind of knowledge that is possible to describe with words and letters and in terms of being taught and learning. Knowledge of facts claims objectivity and is possible to falsify, verify or prove and belongs to everyone (46). Every care provider ought to base practice in such evidence based knowledge. Practical knowledge is based on among other things, insight and experience.<sup>19,30</sup> In the concrete and intimate nursing relationships described in the analysed material it is not the objective knowledge that is the one that appears the most. The reflective practitioner gains new insights by listening to patients' experiences. The mutuality between patient and care provider makes both parties aware of each other as subjects and this awareness is both tacit and intuitive.<sup>19,42</sup> Thus, encounters in nursing practice must be based on evidence based knowledge together with knowledge of familiarity, insight and understanding gained from living subjects in relationships.

### *Responsibility*

This last value, responsibility, covers two groups which are presented in Table 1: professional goals and professional obligations. The analysed material contained a great number of values that can be sorted under the value responsibility due to their status of being representatives in official documents, guidelines, codes and the like. Examples of values interpreted as professional goals are: autonomy, integrity, justice and dignity.<sup>12–20,22,23,26–28,30,31,33–36,38,39</sup> Examples of values interpreted as professional obligations are: making priorities where resources are scarce, professional secrecy, to supervise and to execute.<sup>32,35,38</sup> All these values must be understood as society's guarantee for secure and quality nursing care. These values represent values which are often highlighted in education and official documents. As such, many of them are not only ethical values but also legal values. According to law, care providers cannot ignore such responsibilities.<sup>4</sup> The analysed material also explored abilities and virtues which care providers need to foster<sup>32</sup> and their ability to take responsibility for their professional lives. For more values and virtues, see Table 1. Thus, in our opinions, professional care providers reflect upon their own capabilities or in-capabilities for being able to take responsibility. Although each care provider has a right to freely make choices and take standpoints, which ever those are, they still have a huge responsibility to avoid any violation of patients' rights towards meaningful life.

### *The necessity of specific nursing conditions for fulfilment of values*

Nursing practice is difficult to improve when merely knowing about these values. But nurses can hold specific values in a daily focus and thereby strive to apply them in practice. To apply the values within the value ground in nursing practice at least two prerequisites are of necessity: ethical dialogue and creation of a caring encounter.

Ethical dialogue is a reflective practice. In that perspective the dialogue is the most important method for solving ethical problems in everyday life.<sup>47</sup> One aim of discussing ethics is to explore others' as well as one's own valuations. When a person has an intention to perform a certain task or action this person always has an aim, a goal, an intention or the like in sight. This is provided that the person has made a conscious choice of action. A three step model for reflection in actions in the daily life is suggested by Malmsten<sup>48</sup> who means that every discussion ought to start with private reflections over one's own actions followed by reflections on feelings and thoughts. Malmsten asks the following reflective questions: What makes

me do what I do? What makes me feel what I feel? What makes me think the way I do over my actions and feelings? The three step model of reflection could be a possible way of fulfilling Benner's claim<sup>2</sup> that every nurse ought to articulate good inherent nursing. The point of taking an inductive way of thinking, by starting to reflect upon actions, and not the deductive way that has its starting point in theory, is to avoid thinking through theoretical filters. The filter risks obstructing new and unique knowledge about unique patients and nursing relationships. New and unique knowledge in nursing practice is often called experience based knowledge or knowledge of familiarity. The patient's personal response to nursing actions is reached through the nurse's apprehensions and sensibility and can thereby express knowledge about which values are at stake or are understood as good or not good within nursing relationships.

The other prerequisite for applying the values suggested in the value ground is a caring encounter between patient and care provider. The caring encounter is presented from four characteristics: mutuality, equality, acceptance and confirmation. These characteristics are grounded in Buber's philosophy<sup>49</sup> but also in Paterson and Zderad's nursing theory<sup>50</sup> and Snellman's thesis.<sup>42</sup> First, mutuality is a condition between patient and care provider where they can reach an understanding together of the patient's needs and strengths. Both parties reflect and share their opinions and respective knowledge.<sup>42,49</sup> If mutuality is possible, then it requires amounts of respect for each other.<sup>42</sup> Second, equality should not be confused with mutuality – no caring relationship means total equality. At every moment the patient is more vulnerable than the care provider, due to the fact that the patient is sick and dependent on the nurses' help. In the caring situation, the parties are unequal.<sup>42,49</sup>

Buber's<sup>49</sup> view is that the degree of equality between two persons is independent of the degree of mutuality in their relationship. The relationship between nurses and patients<sup>42</sup> is unequal because the nurses are in every moment less vulnerable than the patient, which need not exclude mutuality. Equality or inequality says nothing immediately about the relationship in terms of mutuality that exists between two people. Equality is probably impossible to reach in a relationship between patient and care provider, but equality must always be a goal to strive towards.

Third, acceptance means to accept the patient's current individuality in concrete situations and circumstances. Only acceptance alone does not carry either patients' or care providers' change or development - for this, the fourth and last point, confirmation, is required.<sup>42,50,51</sup> Confirmation means to recognize the whole capacity of the other, including power, strengths and resources.<sup>42</sup>

To achieve or create a caring encounter, care providers ought to have the ability to act according to the four characteristics by engagement and interest<sup>32,37</sup> to meet patients' problems. This can be achieved by nearness<sup>13,16,19,21,22,32</sup> in nurse/patient relationships. In addition the ability to create genuine dialogue is<sup>32</sup> demanded. This makes it possible for patients to share their own view and further an ability to protect patients' uniqueness.<sup>42</sup> This is because patients' and care providers' opinions and experiences of what constitutes qualitative good nursing do not always correspond.<sup>52,53</sup>

## Conclusive comments

To make ethical values within nursing explicit can be achieved in many ways. One way is to construct a so called value ground. The purpose of such construction is twofold: to facilitate a starting point for nurses to articulate the values of nursing and to make public for members in society why nursing makes a difference. This paper stresses the sovereignty of constructing a value ground starting from the principle of equal human value and rights to experience a meaningful life.

Again, our ambition was not to create any new values but to clarify what a value is because in nursing literature values are often confused with virtues. Further our idea was not to stress a value ground from any specific philosophical, theoretical and ontological perspective that may risk excluding nurses or patients that hold other opinions than the underpinned perspectives. Nursing literature is filled with values dropped

from many bodies of theoretical or philosophical perspectives which are clearly illustrated in the table that shows our raw-data. In our literature study we used already familiar knowledge and the new idea in this article is to create a value ground where values are based on two general ethical principles that avoid the risk of excluding either nurses or patients.

Six values are possible to practice in nursing and worth striving for: trust, nearness, sympathy, support, knowledge and responsibility. All these values are of equal status and importance. The ways they vary and differ depends on the persons involved, nursing situations and cultural surroundings. They have one thing in common, though, independent of circumstances – they do not exclude the people in the multicultural societies of today.

Caring encounters between the patient and care provider and ethical dialogue are two prerequisites worth striving for when the suggested values in the value ground are applied in nursing practice.

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### Conflict of interest

The authors declare that there is no conflict of interest.

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