

**THE MAINTENANCE OF A CARING CONCERN  
BY THE CARE-GIVER**

by

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*In memory of  
two women who never stopped caring;  
My grandmothers: Maria and Sophia.*

I, Dirk M van der Wal, declare that *The Maintenance of a Caring Concern by the Care-giver* is my own work and that all sources I have used or quoted have been indicated and acknowledged by means of complete references.

Dirk M van der Wal 19/11 1999

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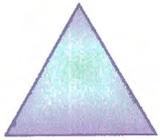


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# Abstract

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The question the researcher set out to answer during this research is: *How is a caring concern maintained by the (student nurse) as caregiver?* It stemmed from unresolved plausible hypotheses stated during a previous qualitative study into the phenomenon caring, from media reports on the “poor care” rendered in health institutions in South Africa, and a concern about the Tylerian rationale in nursing education.

The theory generation required was achieved through Wertz’s Empirical Psychological Reflection and existential phenomenology. Heidegger’s theory of “*Care as the essence of being*” constituted a central concept in this research. A linguistic epistemology and expanded definition of the term *empirical* were also pertinent in this research.

The literature review focussed on the methodology, ontology (*caring* and *maintenance*) and epistemology, serving a purpose towards bracketing.

A purposive sample of informants was extracted according to students’ performance on the Personal Orientation Inventory (POI).

Sixteen qualitative research interviews were conducted. Analysis was conducted through open coding, categorisation and axial coding. At the *idiographic* level, twelve individual psychological profiles were constructed serving the purpose of imaginative variation. At the *nomothetic* level four major themes emerged, namely: The Caring Phenomenon (Contextualisation); Factors Eroding a Caring Concern; Factors in the Maintenance of a Caring Concern; and Core Experiences.

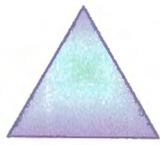
The dialogue among the four intra-psychic processes of *Care*, *will*, *meaning attribution* and *conscience* accounts for all events encountered in the data. This dialogue results in either reason or intuition, displaying caring and the maintenance of a caring concern.

Positing *will* and *conscience* as thesis and antithesis, the resulting synthesis postulates the basic ethical concepts of autonomy, authority, responsibility and accountability as existentially inherent to being and existence, and to the maintenance of a caring concern.

The final manifestation of the object of intention, *maintenance*, is proposed as an anthropological model. When extended to the fields of (nursing) education, human motivation and the teaching of (nursing) ethics, emotional intelligence, social intelligence, the self-science curriculum and life-skills training become imperative to (nursing) curricula. It is also proposed that human caring be studied as a manifestation of human motivation.

***Key words:***

Altruism, Care, **Caring**, Coherence, Conscience, Ethics, Emotional intelligence, Fortigenesis, General resistance resources, Hardiness, Help and helping behaviour, Human motivation, Human spirituality (*nous*) Learned resourcefulness, Meaning in life, Optimism, Potency, Prosociality, Salutogenesis, Self-efficacy, Sense of coherence, Social intelligence, Stamina, Virtue.



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**THE RESEARCH ACT:**  
**DISCLOSURE OF THE OBJECT OF INTENTION**

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***SECTION A***  
***INTRODUCTION***



# ***CHAPTER 1***

## **OVERVIEW OF THE STUDY**

*All knowledge, when separated from justice  
and virtue, is seen to be cunning  
and not wisdom  
Plato (Laws)*

### **1.1 INTRODUCTION**

Reverby (1987:5) concluded that due to the historical evolution of the nursing profession, caring has been taken on by nurses more as an identity than as work. This is in a way to be expected in a society that demands caring but does not value caring (Reverby 1987:1). In the same vein, Fry (1988) calls caring an ethic in nursing and ponders the question of how this ethic will, and whether it will, survive the present crisis in nursing. The substance of these two authors' statements touches on the essence of the present research, namely: caring as the identity of, and as an ethic in, the nursing profession. This relates directly to a collective professional conscience which in turn is created by individuals reflecting such an ethical conscience. Maintaining a collective caring concern or caring conscience in jeopardy thus becomes an issue primarily at the level of an individual's contribution to that collective professional conscience. It is exactly on this individual level of maintaining a caring conscience or concern that the present research focuses. As Noddings (1984:103) so aptly reports:

only the individual can be truly called to ethical (caring) behavior, and the individual can never give way to encapsulated moral guides, although she may safely accept them in ordinary, untroubled times.

More specifically, the present research is directed at investigating the maintenance of a caring

concern by student nurses<sup>1</sup> in the educational setting<sup>2</sup> in nursing. However, the present empirical study is not undertaken solely for the purpose of gaining a better understanding of the phenomenon of *the maintenance of a caring concern* but also serves to expand and refine a model of the essential structure of caring, constructed by Van der Wal (1992). As such, the research and report are an attempt at theory<sup>3</sup> building and refinement.

## 1.2 THE GUIDING RESEARCH QUESTION

Based on what has been stated above, the guiding research question for this study is:

**How is a caring concern<sup>4</sup> maintained by the student nurse (as care-giver)?**

Since the research question is directed at the individual's experience of being caring and the maintenance of a caring concern, this research is ultimately directed at human existence and experience. The research question thus implies the individual's (the student as care-giver's) participation in the immanent signification of lived (caring) situations, which according to Wertz (1983a:206) makes this research primarily psychological in nature.

The guiding question does not imply that a caring concern is *a given* which is, or must be, upheld. Rather, the term *maintenance* should be considered in three different ways, namely as:

- being caring and sustaining this caring concern;
- having been caring but having lost that caring concern or trying to regain it;
- not being caring and maintaining this position, or busy cultivating a caring concern.

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<sup>1</sup> In this study student nurses are defined as care-givers in the educational setting and not merely as receivers of care from tutors. The reason for this is that students in South Africa, when in the clinical area, render patient care.

<sup>2</sup> The educational setting in nursing education, for the purpose of this study, includes classroom teaching, formal clinical teaching, and students' participation in patient care in the clinical area.

<sup>3</sup> For the purpose of the present research "theory" is defined as "sets of interrelated knowledge with meanings and experiences that describe, explain, predict, or account for some phenomenon (or domain of enquiry) through an open, creative, and naturalistic discovery process." (Leininger 1988e:154). In addition to this, it should also be kept in mind that: "Generating theory and doing social research are two parts of the same process." (Glaser 1978:21 cited in Wilson 1989:479). The outcome of the present research is theory.

<sup>4</sup> Concern is defined at this point as the positive humanistic attunement of the care-giver and involves the conative, affective and cognitive constituents of the phronema of caring.

By its very nature this question implies the existential position of the human capacity to constitute a life world. The implication of the question concerning the possibility of either maintaining, losing, or changing one's perception of one's caring concern points directly to man's<sup>5</sup> constant reorientation (constitution) towards phenomena, in this case the phenomenon *caring*, and to man's meaning giving capacity<sup>6</sup>. Put differently, it is a question as to how caring is cared for (nurtured) *within* the care-giver by the care-giver him/herself. It is a question regarding the continuance or abandonment of a caring concern within the care-giver - a hint on caring conservation. Essentially, this is a question directed at the essence of being a care-giver. As such it is a question reaching beyond the phenomenon *caring* to address *the willingness to caring*<sup>7</sup> and the experience of *being caring*.

This study is thus *not* directed at merely listing a number of factors impinging on the care-giver to either maintain a caring concern or to quit such a concern. The focus of this study is on understanding and describing the process by which caring is maintained or lost. It is thus in essence a focus on the individual's *meaning giving process* in existential-phenomenological terms. The existential tenet *becoming* is thus implied.

The legitimacy of the research question, whether the research question can actually be asked, is discussed in detail in Chapter 3.

### 1.3 ESSENTIAL DEFINITIONS OF *CARING* AND *CARING CONCERN*

In a previous qualitative research undertaking, of which the present research is an extension, Van der Wal (1992) analysed and discussed the construct and definition of the phenomenon *caring*

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<sup>5</sup> The term "man" refers to the individual and is used through this report in this context. A certain literary tradition is hereby maintained. In no sense is this term used with the intention of either ignoring or acknowledging gender. The intension is not at all sexist.

<sup>6</sup> Taking into consideration the individual's meaning giving capacity, and based on the work of Melia (1983:14), the following thematic questions were used for data gathering: What does it mean, to you personally, to be caring? What does the experience of being caring entail? Did you adapt/changed your view on what caring entailed as you progressed in your nursing career? If so, in what way? What was the effect of this on your perception of self as being caring?

<sup>7</sup> *Caring*, as defined in this study, is not merely the present continuous form of the verb "to care" but a collective noun representing a whole array of humanistic tenets, and ethical and moral concepts and principles. The term "caring" is used as a collective noun in this instance.

in depth. Although numerous, and often divergent, definitions of care and caring are found in the literature, the following essential attributes of the concept caring will, however, suffice at this point. The foundational element of the concept caring, on which this research is based, is Benner and Wrubel's contention that *caring* means to be *connected* (Moccia 1990a:212). Paterson and Crawford also indicate that nurse tutors perceive caring experiences as forms of connectedness with students, patients, colleagues and administrators (Paterson and Crawford 1994:167).

In almost all definitions of caring, this *connectedness* implies an *emotional* component which finds expression in *concrete interaction* (actions and behaviour). In terms of Van der Wal's (1992) construction of the phenomenon caring, connectedness also implies the relationship between the *phronema* (will, feelings and knowledge) and *actions*, and also the internal relationship among the components of the phronema. Basically, being connected in caring implies *being in touch* with self and others. As Fry (1989:93), in interpreting Noddings's work, puts it, the notions of *receptivity*, *relatedness* and *responsiveness* are central to the view of caring.

The semantic problems surrounding the concept *caring* necessitates that a definition of *caring* be given that illuminates this problem. *Caring*, for the purpose of this study, is accordingly broadly defined as follows:

Caring is not merely the present continuous form of the verb "to care" but a collective noun representing a whole array of humanistic tenets and ethical, moral and religious concepts and principles that have a verbal (action) implication.

A more extensive discussion of the concept *caring* follows in Chapter 3. The term maintenance is discussed in Chapters 4 and 5.

The term *concern*, for the purpose of this research is defined as the positive humanistic attunement of the care-giver towards the patient and involves the conative, affective and cognitive constituents of the phronema<sup>8</sup> of caring.

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<sup>8</sup> See paragraph 3.2.1.1.

## 1.4 ASSUMPTIONS

The assumptions underlying the present research are formulated with reference to the three areas of commitment for any research undertaking as proposed by Kuhn (Mouton and Marais 1992:147).

### 1.4.1 ASSUMPTIONS REGARDING THEORETICO-CONCEPTUAL COMMITMENTS

Theoretical-conceptual commitments represent commitments to the accuracy or the truth of the theories and laws of the particular paradigm (Mouton and Marais 1992:147). With regard to the present study it is assumed that:

- a dialectical phenomenological anthropology is indispensable as a philosophical point of departure;
- man is *homo viator*<sup>9</sup>;
- man is a moral and ethical being, however, self-willed;
- experience is not primarily a *knowledge affair* - characterised by the separation of subject and object (Thompson 1990:234);

### 1.4.2 ASSUMPTIONS REGARDING METHODOLOGICAL-TECHNICAL COMMITMENTS

These commitments pertain to the criteria regarded as scientific, and to the methods and instrumentation by means of which a given view of what is scientifically valid may be realised (Mouton and Marais 1992:147). In this instance it is assumed that:

- the application of existential-phenomenology is imperative for the study of the individual's existential experience of *being caring*;
- qualitative research, empirical psychological reflection, and constant comparative analysis can all logically be articulated on existential-phenomenology;
- unstructured formal qualitative interviews and experiential descriptions will elicit the required information from informants<sup>10</sup>;

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<sup>9</sup> *Man is in transit, always becoming, never complete* (Kneller 1971:73).

<sup>10</sup> *According to Mead (Diener and Crandall 1978:52) anthropological research [and qualitative research in general] does not have research subjects (respondents). We work with informants in mutual respect* (Glesne and Peshkin 1992:112).

- personal stories of informants, elicited through formal unstructured qualitative interviews, will express a reality sufficiently unique or cohesive so that any *a priori* knowledge of the researcher's own will not influence the interpretation of these stories (Swanson-Kaufmann & Schonwald 1988:98);
- individual experience and knowledge, while *valid*, may not be the reality of those we seek to describe (Swanson-Kaufmann & Schonwald 1988:98);
- the *values* attributed to phenomena are not a given concomitants of those phenomena, and may, like the detail of these phenomena, be diverse;
- what is logically inexplicable might be existentially real and valid (Colaizzi in Rieman 1986:94);
- more happens in everyday life than the research analogue can imitate and more happens in the research situation than the researcher can record;
- all these philosophical and theoretical constructs are logically related and they can be fused into a sententious, conceptual and theoretical framework within which the phenomenon under investigation can be explored sensibly, responsibly, scientifically, and systematically.

#### 1. 4.3

#### ASSUMPTIONS PERTAINING TO ONTOLOGICAL COMMITMENTS

In the case of ontological commitments, the nature of the research object is involved (Mouton and Marais 1992:147). Even though the question about the maintenance of caring in the educational setting requires an atheoretical (a-conceptual) and, by implication, an assumptionless sterility, the assumptions stated below are but broad indicators clarifying the anticipation of the existence of the phenomenon caring. In no way do these describe or predict this phenomenon.

The assumptions in this respect are that:

- the phenomenon caring does exist within human experience;
- human existence is characterised by paradox and contradiction which forms the base for a concern about human maintenance;
- caring is not a constant given but is constituted moment to moment;
- the maintenance of caring, as implied in this study, is an intra-personal process;
- the experience of being caring and/or uncaring exists diffusely in student nurses;

- individuals can identify themselves as being either caring or uncaring;
- *Care*<sup>11</sup> is the essence of being, it is ontological since it constitutes man as man (May 1969:290).

## 1.5 BACKGROUND TO THE STUDY

As indicated above, the present research is partly an extension of previous research conducted by the researcher (Van der Wal 1992). However, it is from the empirical (practical and practice) that theory is derived, and it is to the empirical plane that the implications of such theory are returned. For this reason, the background to the present research and the formulation of the research problem and the problem statement are discussed at two levels - the theoretical and the practical (empirical).

### 1.5.1 THE THEORETICAL BACKGROUND

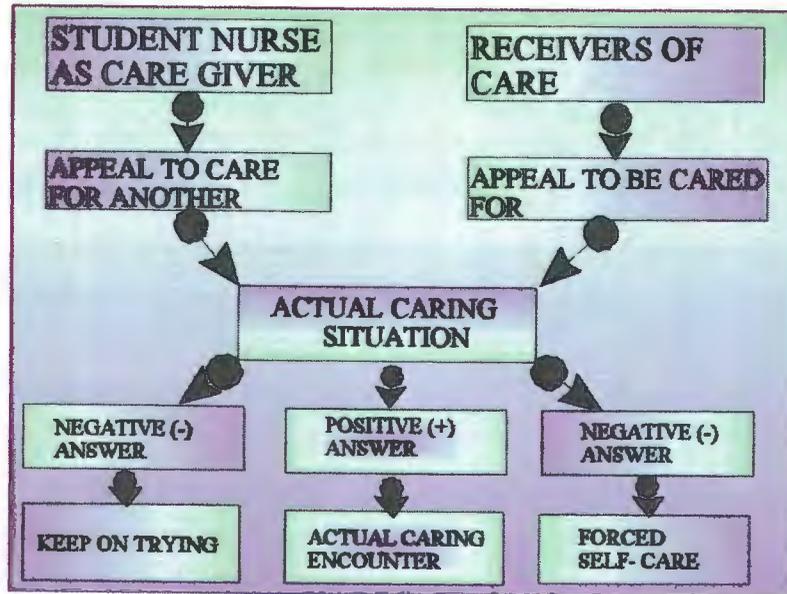
In the research referred to earlier, Van der Wal (1992) identified three *situations* (originally described as *types of caring*) resulting from the resolution of appeals by tutors (as care-givers) to care for students and appeals by students (as receivers of care) to be cared for. These three situations were labelled, *Keep on trying*, *Caring encounter with actual caring* and *Forced self-care*. (Van der Wal 1992:254 and 277-279). A diagrammatic representation of this is presented in Figure 1.1.

In the present research all three of these situations, resulting from the response to appeals directed by care-givers and receivers of care in the potential *caring* situation, are of theoretical importance. However, with a shift in emphasis to the student nurse, who, in the educational setting in nursing education is both a receiver of care and a care-giver, the situations labelled *Keep on trying* and *Forced self-care* become our primary concern. These situations were also not investigated in any depth in the original study, which left a gap in the knowledge and understanding of the phenomenon *persistence* in caring. With regard to the *Keep on trying* situation, the question is: *To what extent will the student as care-giver be willing to keep on*

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<sup>11</sup> Throughout this report, following Heidegger (1962), "Care" refers to the essence of being as compared to "care" as a verb and "caring" as either a verb or a collective noun.

trying to establish a caring relationship with a client under diverse conditions? As for the *Forced self-care* situation, the question is: *To what extent and for what duration of time, and at what cost of emotional investment would the student nurse be able and willing to foster a caring concern?*



**Fig. 1.1**  
**Different outcomes to the caring appeal**

Logically, these two situations and associated concerns have bearing on the situation *Caring encounter with actual caring*. More precisely, it has bearing on caring as a human mode of being or innate human potential. To attend to this issue, it is necessary to turn to the essential structure of caring as arrived at by Van der Wal (1992). Conceiving *maintenance* of a caring concern ultimately resides in a better understanding of the relationship among the constituents of caring as identified by Van der Wal (1992).

At this point, however, it will suffice to note that essentially, caring manifests itself, and is maintained and executed, through the relationships between the following components: will, feelings and knowledge (forming the phronema) and actions inspired by the phronema which give observable evidence of the phronema (Van der Wal 1992:242-245). The essential structure

of a caring concern, as arrived at by Van der Wal (1992), is discussed in detail in Chapter 3 in which instance the research question is clarified and the legitimacy of asking the research question is elucidated.

### 1.5.2

#### THE PRACTICAL (EMPIRICAL) BACKGROUND

According to Fisher and Tronto (cited in Moccia 1990a:213) certain specific preconditions influence the degree, quality and extent of caring, namely: time, material resources, knowledge and skill. Some of these preconditions, both in excess and in short supply, may hamper rather than promote caring. Empirical and practical issues, which are potentially counter-productive to maintaining a caring concern, thus form an important background to the present study and research question. However, student nurses, the population from which informants were selected for this research, find themselves in two professional realms, namely nursing *education* and nursing *practice*. Although these two realms are often at loggerheads about a variety of issues which tend to separate them from one another rather than unite them, there are indications that students view these spheres as a unity - as nursing education. In the educational spheres, the student is primarily a receiver of care with the potential result of a situation of *forced self-care* to erode her caring concern. In the clinical field, although an educational and learning experiential field, the potential for a *keep-on-trying* situation exists.

#### 1.5.2.1

##### Erosive factors in the realm of clinical nursing

##### 1.5.2.1.1

##### *Advances in science and technology*

According to Carper (1979:12), it can be argued that with the present day advances in medical technology it is hardly possible for a single nurse to be able to care for the wide variety of patients needing specialised care. The handing over of care (from one specialist to another) can only result in fragmentation (Carper 1979:12) and a loss of the total picture and in patient care being split into a series of *tasks* (Chapman 1983:272). As Postlethwaite (1990:270) experienced: *In retrospect, I see that the caring seed ready to sprout within me became encapsulated and went into incubation as I focussed on technical, task-oriented skills and pathology.* The danger is also that: *Specialization diminishes man. The specialist is a creature of his knowledge, not the master*

*of it* (Kneller 1971:79). Carper comments that health care providers are in the danger of generalising scientific and technical expertise into the realm of an individual patient's values and beliefs. This may lead to reducing patients and clients to objects or abstractions, with scientific and technical expertise becoming an instrument of tyranny when untempered by a humanistic value system (Carper 1979:13). Naturally, such tyranny would not further the caring ideal and ethic in the individual nurse. Melosh (cited in Pepin 1992:128) in this respect says: *As medical care became more complex and more tied to hospitals, nursing gradually separated from the sphere of women's domestic work and became established as paid work that required special training.* Although rooted in women's work, nursing in institutions became *routinised* as it was partly deprived of the affective aspect of caring and of the shared knowledge of experience. In striving for recognition, nurses emphasised the work aspect of caring, running the risk of rejecting *altruism* and caring itself. The advances in medical science and technology, however, not only altered institutionalised caring, but also stripped lay-caring of its experiential knowledge (Pepin 1992:128). This damaged, and is still damaging, the only natural source of caring available to the caring professions.

Still on the advances in medical technology and a relinquishing human orientation, Albright (1988:175) warns that the *supernurse syndrome* is dangerous because it destroys our cohesiveness and is destructive because it keeps us from supporting co-workers. The *supernurse syndrome* thus effects the care-giver in two ways: we do not support (care for) others and neither do we care for ourselves.

This is corroborated by Ray (1981:34) who says that care has been receiving less and less emphasis in hospital and community systems because of increased technological demands, emphasis on the medical model of cure, and economic competition within the health care industry. Watson (1985:175) also feels that the human care role is threatened by increased medical technology and bureaucratic constraints.

#### **1.5.2.1.2**

##### ***Bureaucratic constraints***

Chapman (1983:270) comments on bureaucratic constraints by stating that emphasis is constantly placed on getting the work done. Also, staff are more frequently rewarded for success in

maintaining bureaucratic non-patient oriented activities. Most nurses complain that it gets increasingly difficult to get to know the patient as an individual. This, together with the fact that patients today stay for shorter periods in the health care setting, the reduced hours of work and frequent shift changes, also contributes to this alienation (Chapman 1983:270). Several authors further comment that time becomes an important factor in caring when it is in short supply (Bevis 1981:55, Chapman 1983:270 and Nelms et al. 1993:22). Usually, a caring relationship is time consuming, both in establishing and maintaining it (Bevis 1981:55; Chapman 1983:270). These issues are also corroborated by MacPherson (1989:33) in a discussion of the effects privatisation has on health services and caring in nursing.

In addition to Chapman (1983) and MacPherson (1989), Ameigh & Billet (1992:43) state that nurses view service (caring) and profitability as conflicting yet pervasive value systems in the hospitals of the 1990s. The question is often asked which value is paramount and how do we deal with our feelings of conflict caused by these divergent values? This conflict, if unresolved, leaves nursing staff with feelings of resentment, frustration and distrust - isolating the nurse from the caring ethic. This further sustains the focus on tasks and technology rather than on caring.

### ***1.5.2.1.3 Philosophical flaws***

Mallison states that the *order* to care, without the needed support structures, is what undermines the nurses' caring concern. Loyalty to the patient is taking on the proportions of a return to asceticism (Mallison 1988:425). In such a philosophical orientation little is allowed to be enjoyed, including the joy of caring and experiencing with the patient, and reaching out to the patient. However, as Bevis (1981:53) states: *Martyrdom is not the material of true caring*. This is also corroborated by Noddings (1990:123).

Subversion of the humanistic perspective in nursing administration practice is exposed by Miller (1987:12). According to Miller this subversion is embedded in a series of professional and organisational pressures. These include pressure from:

- health administrators to adopt a total business ethic and orientation to delivery of health care;
- physicians to place the major focus of nursing care on technological aspects of health care

delivery;

- ancillary health care professionals to limit the role of nurses in primary health care of patients;
- regulatory and third-party agencies to emphasise the efficiency of nursing care to the possible exclusion of care effectiveness; and
- some nurses themselves who seek more advancement opportunity, personal recognition, and economic gain before enhanced interpersonal care opportunities (Miller 1987:12).

The effect of the bureaucratization and subversion of the humanistic perspective in nursing practice is illustrated by Jourard who claims that in some situations any move of the nurse to get involved with the patient is frowned upon, and nurses are often told to hide any feelings of sympathy (Jourard cited in Chapman 1983:270). Though talking to the patient is given some credibility, it is considered *unprofessional* to get emotionally involved or to demonstrate empathy. Establishing an empathetic understanding relationship is hereby shipwrecked (Chapman 1983:270). In such instances it is also the nurses' emotional release and maintenance of equilibrium which are distorted.

Another aspect which might lead to the erosion of the caring ethic in individual nurses is a lack of insight into personal culturally oriented values and how these differ from those of others. Although caring is considered a universal human phenomenon, its expressions and activities are culturally conditioned and rewarded (Chao 1992:181). Culture is also an influence in that it dictates how important caring is to the individual (Bevis 1981:52). In South Africa, with the recent integration of colour and culture in the health care system, this issue becomes pertinent.

Apart from the above factors which might erode caring and which are internationally recognised, we have at present in South Africa the very disturbing phenomenon of striking health workers, including nurses, which places a bold question mark over the profession's (or part of the profession's) commitment to the caring ethic.

### **1.5.2.2 Erosive factors in the realm of nursing education**

#### ***1.5.2.2.1 Philosophical flaws***

According to Paterson and Crawford (1994:168) the bulk of the literature on caring in nursing education is anecdotal in nature, arising from the stated concerns of authors about the need to revolutionise student-tutor relationships. Much of the literature focuses on the lack of caring which exists in educational environment because of contextual and mediating factors. Perhaps the most pervasive theme in the literature is the way in which the behaviourist paradigm has stifled the learning and teaching of caring. This concern was also aired by Brink with regard to nursing education in South Africa (Brink 1990:41).

The above statement by Paterson and Crawford is important in the light of Watson's (1989b:57) claim that it is at the very core of the teaching-learning-caring occasions that we have the power for forming or deforming human consciousness. It is here in our modes of modelling, dialogue, practice and confirmation that we shape souls. And it is here in our educational caring occasions where we lay the very foundation for human caring in health care.

However, in nursing education too, several factors seem to contribute to the 'deformation' of the human conscience. The basic issue seems to be the philosophical orientation of faculty. As Bevis (1989a:17) claims, nursing education is the last bastion of behaviourism and empiricism in nursing.

As far back as 1978, Carter (1978:554) observed that many nurse educators seemed to be caught in the tug of war between two divergent philosophical schools of thought, humanism and behaviourism. The result hereof was that nurse tutors urged students to maintain a humanistic posture (of which human caring and the caring concern are prime examples) while they themselves maintained a behaviouristic posture with their students (incompatible to the humanistic ideal. Diekelmann (1993:248) maintains that nurse tutors want students to be able to respond in a concerned and caring way, however, the form their teaching takes on and the emphasis on content create problems for both them and their students.

Today nurse tutors claim that they conduct humanistic and existential, as opposed to behaviouristic, education. They also claim that they apply the principles of andragogics as opposed to those of pedagogics, however, institutionalised behaviourism still seems to be the implicit agreed upon version of truth in nursing curricula (Bevis 1989a:2; Diekelmann 1990:301; Learn 1990:240 and 246-247).

#### 1.5.2.2.2

##### *Tylerian behaviourist approach*

Bevis (1989a:3) points out that Tylerian behaviourism, the currently prescribed orthodoxy in nursing, is not bad in and of itself. Its misuse has come by trying to make it uniformly applicable to all nursing curriculum matters and in limiting curriculum exploration to behaviourist theory. However, this left the nursing curriculum *oppressive*<sup>12</sup> (Bevis and Murray 1990:327; Evers 1984:16). The behaviouristic, and consequent oppressive approach, directly opposes the intention of existential and humanistic curricula and thus the caring ethic in nursing. The essence, according to Carter, is that *programming, product, and efficiency*, are *thing* words, while *meaning, commitment, and caring* are *people* (being) words (Carter 1978:556).

In the behavioural approach, the focus is on objectively identifiable, observable aspects of the individual, while the subjective, unobservable, inner human (of which caring is one phenomenon) is either denied or dismissed as illusion. Perplexingly, tutors find that their humanistic goals and ideas are inexpressible in strict behavioural terms. Concerns such as commitment, caring and acceptance cannot be fitted into the behavioural structure (Carter 1978:555 - 556).

Kliebard (1968:246 quoted in Bevis 1989a:31): strongly expresses his disapproval of a behaviourist approach in saying:

From a moral point of view, the emphasis on behavioural goals, despite all of the protestations to the contrary, still borders on brainwashing or at least indoctrination rather than education.

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<sup>12</sup> *Oppression points to that which overpowers, overwhelms, or overcomes. That which exerts authority over another's mind or will, even while the victim does not perceive it as oppressive, is so. That which through subtle or blatant means, reduces options, prescribes thoughts and behaviours, diminishes critical consciousness of prevailing political and economic hegemony or decreases opportunities to construct knowledge, is oppressive (Bevis and Murray 1990:327).*

### 1.5.2.2.3

#### *Behavioural objectives, measurement and evaluation*

The behaviourist paradigm of nursing education purports that competent professionals are produced by teachers' efforts under controllable and predictable conditions. This approach has resulted in a proliferation of performance outcomes for nursing education programmes which are *measurable and observable* (Paterson and Crawford 1994:168).

Behavioural objectives, representing minimal achievement levels, are useful primarily for skill training and instruction, but leave no room for the pursuit of the student's individual interests and enculturation into the profession. They stifle creativity and provide rigid and restrictive guides for evaluation. This is naturally detrimental to the caring concern, for caring requires creativity and critical thinking. While the behaviourist teacher may think in terms of moulding or programming the student and determining her behaviour, the humanistic tutor thinks in terms of facilitating, assisting, and encouraging the student's self-actualization. While the behaviourist teacher prescribes minimum, predetermined outcomes, the humanistic teacher looks to maximum, even unanticipated, growth (Carter 1978:556). Growth, it should be noted, is a highly acclaimed attribute and outcome of caring (Mayeroff 1971:1; Lindberg et al. 1990:5).

Evaluation in strict behavioural terms, which cannot evaluate a caring concern, thus also comes under scrutiny. Caring implies understanding one's fellow human beings. According to Bevis (1989a:31), such understanding cannot, and should not, be measured. The behaviouristic approach in education does not therefore contribute to nursing education's quest for human understanding and caring. Some characteristics (compassion, caring, loving, pain, hope, suffering, wonder, and excitement) which are necessary to nursing as a human science exceed our measuring skills, and attempts to measure them places them in the reductionistic-mechanistic-materialistic sphere.

Behavioural objectives are congruent with empiricism and training but are out of step with transformative education and nursing as a human science. As Watson (cited in Bevis 1989a:31) puts it:

More energy is now expended in the acquisition of scientific knowledge than of understanding. Nursing tries to understand people and how they cope with health and illness. . . Many teachers and schools state attempts to develop self-actualization. However, they end up hidden, primarily teaching specialized terminology, procedures, scientific principles, the basic content of behaviour, pathophysiology, and the disease process.

#### **1.5.2.2.4**

##### ***Emphasis on knowledge instead of knowing***

According to Allan (1990:314) nursing curricula today still focus on *knowledge*, knowing full well how little of it will be retained even a month after the final examination. The fragmentation of knowledge that occurs in the objective curriculum due to the formulation of specific behavioural objectives is also reflected in clinical specialisation. This necessitates that students often be reallocated to different specialisation fields to gain experience. Chapman (1983:270), however, questions the type of experience gained by such frequent shifts. This author is also convinced that experience is gained about many things but definitely not about interpersonal relationships - the foundation of caring (Chapman 1983:270).

Pepin is also concerned about the effect on caring of the emphasis on the knowledge component in nursing curricula. According to Pepin (1992:128), while advances have been made in medical science and technology, personal, non-technical and humanistic aspects of institutionalised care and caring have remained underdeveloped.

#### **1.5.2.2.5**

##### ***Invisible caring***

Paterson and Crawford (1994:169), like Watson, also see the *invisibility* of caring practices by nurse tutors as a constraint to caring. The invisibility of caring in the educational setting includes the fact that many caring practices of clinical nurses towards student nurses are not discussed with others and that consequently there is a lack of awareness of what other tutors do to enact caring in clinical nursing education. However, as long as these caring practices remain hidden or invisible, they will not be identified by faculty and students. Therefore, they cannot be learned (Tanner 1990b:71)

#### 1.5.2.2.6

#### *Teaching as politics, indoctrination, and oppression*

Curriculum objectives, knowledge and the hidden curriculum are not the only aspects that might undermine the caring ethic in nursing education. The very act of teaching may also be a political<sup>13</sup> activity. Tutors often accept the role of information provider, arbitrator of right and wrong, and dictator of content (Bevis & Murray 1990:326). In this regard, Hedin and Donovan (1989:12) refer to Freire's the *banking concept of education* in which teachers make regular deposits of information and content into the students' minds. Information is communicated in one direction, and the teacher makes all decisions about what is to be learned. These teaching roles subtly teach more than nursing. They teach an attitude towards self and authority that perhaps goes a long way towards sabotaging the very characteristic nurses must have to enhance nursing's ability to serve the public in ways that improve quality, ameliorate injustice, and promote uniform accessibility of health care - in short, caring (Bevis and Murray 1990:326). Diekelmann (1990:303) also warns that with our preoccupation with the nursing curriculum we stand a chance of losing something crucial - clarity of vision. Nurse tutors tend to lose sight of the moral significance of their practice of teaching. Their daily lived-experiences are heavily overridden by the artifacts and constructs of Education [sic] (Diekelmann 1990:314). Again, emphasis is not on what it should be, namely caring.

In this regard, Bevis and Murray conclude that any mode of conceptualising the nursing tutor's role in an authoritarian, frontal teaching, information giving, control-laden way (ultimately politically oppressive) is contrary to the caring paradigm that is nursing's moral imperative and nursing education's moral activity (Bevis and Murray 1990:326). An indication of the possible need for liberation from directive teaching strategies comes from their al. who found in her research that students expressed the notion of being cared for by their instructors by being given the freedom to go and *do for* their patients independently. Participants in Nelms's study also indicated that instructors were uncaring when they *took over* the patient care situation (Nelms et al. 1993:22). A possible answer to the above state of affairs comes from Allen (1990:314) who points out that nurse tutors strive to protect themselves emotionally - by distancing and

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<sup>13</sup> The term "political" does not refer to party politics. However, party politics may cause education to be oppressive. Politics here refers to hidden messages about what is valued, what learning is about, and who is in power, in control, and on top, as embedded in the tradition of teaching.

impersonal behaviours - and practically (and legally) by supervising and evaluating every aspect of student behaviour. Distancing in this regard again erodes caring in all its dimensions.

According to Boyer (cited in Watson 1989b:55) connectedness is established in the classroom by teachers who serve as models and mentors. However, Nelms et al (1993:22) point out that, although role-modelling caring facilitates students' abilities to care for others, it actually is in the experience of caring for others that students created their knowledge about caring and became empowered to care for others.

Noddings (1983:13) also points out that teaching and learning are filled with potentially caring occasions, or quite often, with attempts to avoid such occasions [sic]. Examples of such avoidance of caring occasions are reflected in: (1) the overuse of lectures without discussions, (2) impersonal grading in written quantitative form, and (3) modes of punitive decision making that respond only to the behaviour and refuse to encounter the subjective meaning or broader understanding of the person. All of these are at risk of losing opportunities for moral education, mutual growth, and modelling of caring in action (Watson 1989b:55-56).

#### **1.5.2.2.7**

##### ***Synthesising theory and practice***

In addition to the philosophical foundation of nursing education, objectives and teaching and evaluation strategies which could erode a caring concern, Carter draws attention to the major professional responsibility of synthesising theory and practice, that is, combining reflection with action to know what we do (Carter 1978:557). Pepin (1992:128) however, is of the opinion that sometimes this aspect endangers the caring ethic and concern in nursing and nursing education. In an effort to restore the balance between the affective and the instrumental aspects of caring, the emphasis on the affective aspect was sometimes perceived as widening the gap between the theory and the practice of nursing.

#### **1.5.2.2.8**

##### ***The burden of nursing practice***

Nurse educators, as nurse practitioners, are sometimes involved in issues of life and death. This, at times, creates an overwhelming burden for educators. It influences nurse educators' affective

and ethical lives as much as their academic lives (Allen 1990:313, Aroskar 1991:3). A sense of being accountable for certain outcomes of students' nursing actions, creates an anxiety which becomes part of a tutor's attitude towards students. Nurse tutors thus see students as a potential threat: if they make serious mistakes in the clinical field or after graduation, their failure would reflect on nurse educators. Consequently, nurse educators try to create a fail-safe educational system (Allen 1990:313). Students are further controlled through the construction of rigid, sequenced curricula; through the creation of courses with elaborate, prespecified objectives that remain constant regardless of the varying goals and the experiences of students; through direct and indirect threats about what happens if students make mistakes; through research models, authoritarian relationships, and the like (Allen 1990:314). This is corroborated by Marsick (1988 cited in Paterson and Crawford 1994:168) who states that risktaking, creativity and humanitarian values are discouraged in the behaviourist paradigm and consequently students are rated according to standard, expert-derived. The risk involved in teaching in the clinical area and its potential detrimental effect on caring in the educational setting has also been highlighted by Windsor (1987:150-154) and Meleca (1981 cited in Bergman and Gaitskill 1990:33). The focus on what is measurable in the behaviourist paradigm has contributed to the emphasis of evaluation above teaching; and objective performance above caring and learning (Paterson and Crawford 1994:168).

#### **1.5.2.2.9**

##### ***The "anti-connectedness" doctrine***

These background factors are all counter-productive to *connectedness* as implied in the fundamental definition of caring and are thus also counter-productive to caring and the caring ethic in the educational setting. As Boyer (cited in Watson 1989b:55) points out, the current educational practices indicate a *frightening almost 'anti-connectedness' to much of the world*. This 'anti-connectedness' is, as indicated in this section, an erosion of the caring ethic in nursing education and a resulting unconnectedness to the student and of the student. Indeed, as Dickelmann (1990:301) says: *It seems ironic that we work hard to create caring environments for our patients but not for ourselves as clinicians, teachers and students*.

In such circumstances the caring ethic in nursing education is expected to remain (survive) and be maintained. It is amazing that apparently some students succeed in maintaining a caring

concern, consequently supporting the caring ideal, while others seem to be relinquishing the quest for a caring ethic in nursing.

## 1.6 PROBLEM STATEMENT

The problem statement of the present study is also discussed under two headings namely that pertaining to the theoretical foundation of the study and that pertaining to the empirical foundation of the study.

### 1.6.1 PROBLEM STATEMENT REGARDING THE THEORETICAL FOUNDATION OF THE STUDY

On the theoretical level, questions, problems and concerns about the maintenance of a caring concern do not only arise from the model of the professional caring constructed by Van der Wal (1992)<sup>14</sup> but also from problems regarding defining caring in the educational setting.

From the theoretical construct by Van der Wal (1992) the primary questions are:

- To what extent are student nurses as care-givers willing to *keep on trying*?
- To what extent are student nurses as care-givers willing to do *forced self-care*?
- What are the relationships between the essential features of caring, namely the relationships between will, feelings and knowledge (phronema) and actions?

Naturally, all three questions are as much *empirically based* questions as *theoretically based* questions. However, from the definition of caring in nursing education, a different set of problems emanate.

According to Paterson and Crawford (1994:165) the definitions of caring in nursing education are rarely articulated in the literature; the assumption seems to be that caring in nursing practice is merely transferred as an analogous concept to the area of nursing education. This ignores and excludes, by definition, possible unique features of caring in nursing education and by so doing impedes interest in research into this.

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<sup>14</sup> See paragraphs 3.2.1.1 and 3.2.1.3.

Paterson and Crawford (1994:167) also state that in other instances, caring in the educational setting in nursing education has been defined as a therapeutic intervention, that which is *done to* students. Whatever the tutor does or does not do ultimately determines how caring the student will be. The problem arising from this definition of caring in the educational setting is that the role of the student nurses' motivation and ability to learn are underrated (Paterson and Crawford 1994:167). This concern is accommodated in the theoretical construct of Van der Wal (1992) as the *will to care and to be caring*.

### 1.6.2

#### PROBLEM STATEMENT REGARDING THE EMPIRICAL EDUCATIONAL FOUNDATION OF THE STUDY

There seems to be growing recognition that the failure of the health care system is a manifestation of the moral failure of a dominant world view within which caring values and nursing are positioned, at best, in the margins and the shadows of a patriarchal world view, however, are more often invisible (Moccia 1990b:308). This failure manifests itself in different questions, problems and concerns which arise from the background study in both the realm of nursing practice and nursing education.

#### 1.6.2.1

##### **The purpose of nursing education**

In nursing, Tylerian behaviourism, is still the prescribed orthodoxy; excellent for those aspects of curriculum that are oriented towards memorisation and skills (Bevis 1989a:3). However, as Raya (1990:505) points out, the student cannot transcend his/her inadequacies and natural weakness to reach higher levels of spiritual life and creation only by knowledge. Education does not achieve its purpose as a human development facilitator by merely transmitting cognitive information. As Carr (1970 cited in Raya 1990:505) puts it: *Knowledge and values, or epistemology and axiology, are separable only conceptually, never behaviorally*. However, Watson (cited in Bevis 1989a:31) observes that more energy is now expended in the acquisition of scientific knowledge than of understanding. In this regard and with reference to the behaviourist curriculum in general, Moccia (1990a:211) comments that we have become so separated from our realities that we live ignorant of our profound connections. And, in turn, we are profoundly impoverished by our ignorance.

According to Raya (1990:505), the supreme end of education is the creation of human beings, who have a sincere and deep belief in the higher ideals, in the infinite values of life. This is corroborated by Bevis (1989a:3) who states that the needs of modern health care (increased technology, chronicity, and acuity) require *well-educated*, **not** just well-trained, nurses. This has also always been the aspiration Searle (1987:44-46) nurtured for nursing education in South Africa. What the student should carry with her from the university (and nursing college) is not mere knowledge, but that which should direct the use of his knowledge (Raya 1990:505). With the positive value invested in caring in this research, a caring concern is regarded as a framework for guiding the application and use of (nursing) knowledge. Thus, it is supposed that (nursing) education should primarily inspire a caring concern in the individual. As Scott (cited in Moccia 1988:31) claims, nursing's role has always been to extract from the bureaucracy its hidden humanity and use it to *civilise the system*. However, against the background that was sketched above, this does not seem to be a priority in nursing education .

Not all authors agree that nursing education is fundamentally an ethical and caring endeavour. Conferring teachers with the responsibility to care for nursing students has been criticised as transmitting an ethic of selfless giving and as potentially threatening student's ability to contend with unpleasant political realities in the workplace (Card 1990, Houston 1990, and Condon 1992 cited in Paterson and Crawford 1994:166). This might lead to exactly that which the behaviouristic approach is criticised for - oppression. However, with the positive value invested in caring in this research, and as indicated in Chapter 3<sup>15</sup>, selflessness and martyrdom are not attributes of caring (Bevis 1981:53, Noddings 1990:123).

Jarvis further speculates as to whether or not a student can be considered a better and more useful nurse because she (he) knows how to care but does not have the motivation to do so, or the motivation but not the knowledge and skill (Jarvis 1984 cited in Paterson and Crawford 1994:166). The problem with Jarvis's speculation is that caring as a *concern* is separated from caring as *doing*. However, we are not compelled to make a choice between producing either intelligent psychopaths or professionally adjusted and caring dumbbells (Aspy and Roebuck 1982:489). It is to some extent this type of pseudo distinction between caring and actual nursing

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<sup>15</sup> *The positive value invested in care and caring in light of Heideggerian thought is fully discussed in Chapter 2.*

actions which the researcher wishes to illuminate in this research by addressing the relationship among the components of caring. This also has bearing on the citation by Carr (1970 cited in Raya 1990:505) above.

### **1.6.2.2 Defining *caring* in nursing education and research**

Various authors have cited caring as the core value of nurse educator-student relationships (e.g. Watson 1988b, Bevis 1989a, Diekelmann 1990 and Tanner 1990a). Other authors such as Bevis and Murray (1990), Leininger and Watson (1990) and Hughes (1992) have discussed the need for caring to be translated and transmitted in the practice of nursing education. However, a clear conceptualisation of what caring in nursing education is and how it is transmitted to students does not exist.

Ontological definitions of caring in nursing education generally suggest that:

- caring for students is the moral imperative of the nurse educator;
- caring in nursing education is an ethic to be established in the conscience of the educator as a professional (and in the conscience of the student); and
- caring as a human trait is necessary for the good of mankind and essential to the profession (Paterson and Crawford 1994:165).

However, as Paterson and Crawford (1994:170-171) also indicate, limited research has been conducted which examined caring in nursing education from the perspective of the student and that there exists no clear picture of the outcomes of caring in nursing education other than the untested assumptions that caring by the nurse educator will produce caring nurse students.

Ontological definitions on caring in the educational setting further emphasise the essence of caring in nursing education as being grounded in the being of the tutor and student. The phenomenological concepts of shared meaning, lived experiences and reciprocity are intrinsic to ontological definitions of caring in nursing education (Paterson and Crawford 1994:165). Sheston (1990:111) defines nursing education in these terms as:

an evolutionary interpersonal process between a nurse and a nursing student. The process incorporates experiences of caring interactions and transactions in a shared existential phenomenological field called nursing education.

However it is questionable to what extent caring interactions and transactions are conducted in a shared existential phenomenological field. In view of what was said in the background to this study, the experience of *interactions and transactions* is mostly on the cognitive level with doubtful interpersonal, humanistic, humane, and caring dimensions. But, even if such humanistic and existential phenomenological dimensions do exist, there is still no empirical evidence as to how this is transmitted to students or how students learn caring through these encounters. This problem deepens as students also learn about caring in and from uncaring circumstances (Nelms et al. 1993:21).

Epistemological definitions of caring in nursing education are especially troublesome in the light of the background to this research. In a study conducted by Paterson, participants (clinical teachers) believed caring to be how they thought about their practices as clinical teachers - caring was not something that was *done to* the students, but was instead the context in which they taught students. A definition of caring purely based on the milieu created, against the background to this study, would be questionable. Besides, the question still remains as to how this milieu is internalised and how this affects individual students.

### 1.6.2.3 Oppression

According to several authors, the behaviourist approach left the nursing curriculum oppressive (Evers 1984:16; Bevis and Murray 1990:327). The results of such an oppressive curriculum are:

- self-depreciation of those under oppression;
- that students cannot go from oppressed states of being, from being listening objects, inheritors of received and predigested knowledge, to being subjects who are responsible for their own lives and for shaping society (Freire cited in Bevis and Murray 1990:328);
- that students are frequently lead to believe that because their beliefs are unscientific they must also be insignificant influences in their personal and professional lives (Evers 1984:16);
- that there is a tendency for oppressed groups to oppress others. Nursing has a continuing

history of oppressing its young, thereby socialising a new generation into a system of oppression and control that often perpetuates adaptation to the status quo. Thus, oppressive acts of socialisation are transmitted from one generation to another (Watson 1989a:45).

From the effects oppression has, it is hardly conceivable how a humanistic phenomenon such as caring could exist in an oppressive environment, let alone survive. If, as Chally (1992 cited in Paterson and Crawford 1994:165) reports, caring in nursing education is most often assumed to be the antecedent of empowering students, the concern is that little room is left for caring and consequently for empowerment in nursing education today.

Naturally the curriculum in which the nurse educators and tutors are prepared also reflects the behaviourist paradigm. Nurse educators are thus equally unprepared to care for students and thus to portray caring, through which caring may be learned and reaffirmed. Lack of tutor preparation for the role of nurse educator is also emphasised by Paterson (1991 cited in Paterson and Crawford 1994:169).

#### **1.6.2.4 Teaching**

From the literature it seems that the very act of teaching creates concern for the survival of caring in nursing education (Bevis and Murray 1990:326). Not only teaching, but evaluation too, sabotage caring. In the behaviourist model for the nursing curriculum, the emphasis on the power structure of the evaluator-student relationship has suppressed the recognition of the caring aspects of nursing education (Paterson and Crawford 1994:169).

The total behaviouristic approach in nursing education can be held chiefly responsible for the constraints to caring in the educational setting, namely: limited time spent with students individually, short clinical rotation, separateness of tutor and student because of an evaluatory focus, being both the coach and the referee, and the tutors's lack of preparation for the clinical tutor role (Paterson and Crawford 1994:168).

### 1.6.2.5

#### **Behaviourist philosophy in nursing education**

Bevis (1989a:29), with reference to the Tyler Rationale, states that: *What was, and in some way still is, a blessing to excellence in nursing care in an earlier phase of the profession's development has become a liability and danger in achieving its current developmental task, that of graduating educated, caring scholar-clinicians capable of meeting the complex needs of today's society.* The Tylerian curriculum-development model cast nursing education into the behaviourist framework and entrenched nursing practice in a *training modality* (Bevis 1989a:11). This opposes the *educational modality* envisioned for the cultivation of a caring concern.

Hegyvary (1990:190) points out that pressures on faculty to publish and conduct research, as well as a curriculum which is characterised by an overburden of content, results in an uncaring environment for student nurses. Hegyvary suggests that in the absence of a caring and supportive climate, it is difficult for students to learn to care and to uphold the caring ethic.

Nursing education, like other educational enterprises, in spite of what it may profess, teaches mostly the rules and procedures, rights and wrongs, specialised terminology, symptom and problem identification, basic disease processes, and technical intervention (Watson 1989a:39). This is partially sustained by Evers (1984:14) who asserts that the lack of the commitment to the study of ethics (and naturally caring too) is believed to be due to attitudes that limit learning to the cognitive domain and the educational program to a scientific experience for students.

The essence of the problem is that nursing students are caught in a bind between the commitment to caring for persons as unique, perfect wholes, and behaviourist reductionistic objectification of the person (Bevis 1989a:17). In essence this is a *double bind* between philosophy and practice (or practice and preaching). Although the present research does not test the *double bind theory*, the principles of this theory do illustrate a certain concern about the environment in which caring in the educational setting is to be cultivated or maintained.

### 1.6.2.6

#### **Caring in nursing practice and education**

As indicated previously, various authors such as Watson (1988b), Bevis (1989a), Diekelmann

(1990) and Tanner (1990a) have cited caring as the core value of nurse educator-student relationships. Other authors such as Bevis and Murray (1990), Leininger and Watson (1990), and Hughes (1992) have discussed the need for caring to be translated and transmitted in the practice of nursing education. However, a clear conceptualisation of what caring in nursing education is, and how it is transmitted to students, does not exist. It is often assumed that caring in nursing practice is provided by *virtue of a caring consciousness that pervades our practice* (Roberts 1990:69). However, if the background to the present research is kept in mind, it would seem as though the virtue of caring hardly enters the conscience of many nurses. But, nurses still maintain that nursing is a caring profession. The question can duly be asked, for how long?

Noddings (1990:123) states that much of the energy required to maintain caring relations comes from the cared for. However, in an instant integration of cultures in the nursing environment (both in practice and in education), as is the case in South Africa, cross-cultural misunderstandings and misinterpretations of well-meant intentions, may occur. If a caring outreach continuously lacks reciprocity, to what extent will the care-giver be prepared to render caring, or will attempts be meaningful? To further darken the picture, it must also be kept in mind that in a task, time, money and objective driven environment, the establishment of real caring relations are endangered, if at all possible, for establishing such relationships is time consuming.

According to Hegyvary (1990:190) being a nursing student has always had its frustrations and challenges. But today's students seem to face increasing pressures and suffer from a decreasing support base. This is perhaps today especially evident in South Africa in the present social and political crisis characterised by organised stay-aways from work by health professionals.

The negative effect caring may have on the care-giver and thus on caring itself is further well documented in the literature. In a major work, Maslach (1982) discusses burnout as a result of caring. The burden of care as an important concept is discussed by O'Neil & Ross (1991:111-121). This issue is also addressed by Williams (1989) in an article on empathy and burnout in male and female helping professionals. Goldstein et al. (1981:24) state that *coping with long term illness ... can be debilitating to the care-taker*.

In conclusion it should be noted that despite the grim picture sketched of the surroundings in which caring in the educational setting in nursing education is to survive and be nurtured, Hegyvary (1990:190) is of the opinion that students still come into nursing with high ideals about caring for people. They do not seem to defy the focus on business and technology, but neither do they see it as inconsistent with humanistic values and a caring profession. However, the question is still, how do students manage to reconcile these two perspectives (technology versus humanism)?

It is also apparent from research conducted by several researchers that caring in the educational setting is appreciated by student nurses ( Windsor 1987; Bergman and Gaitskill 1990; Van der Wal 1992).

### 1.7 PURPOSE (AIMS, GOALS AND OBJECTIVES) OF THE STUDY

As indicated previously, the overall *aim* of this research is two-fold:

- extending the theory on caring arrived at by the researcher (Van der Wal 1992) during an earlier research undertaking; and
- gaining an empirically based understanding of the identified weakness in the mentioned theory, namely how a caring concern is maintained.

More specifically, the aims were narrowed down to the field of nursing education and the *goal* of this research became gathering an understanding of how caring is maintained by the student nurse as care-giver. To meet this goal, the researcher had to attain certain *objectives*. These in some respect also reflect the research process.

**First**, the researcher had to:

- orientate informants towards the theoretical construct of which this research is an extension.

**Secondly**, the researcher, had to ascertain:

- how the individual re-orientates herself towards what she perceives as being caring;
- the process involved in individual detachment from, and connection to, others and things;

and

- the relationship between the components of the phronema of caring and the actions component of caring.

These culminated into:

- compiling individual phenomenal descriptions of the maintenance of a caring concern;
- compiling a general phenomenological description of the maintenance of a caring concern; and
- diagramming and depicting the process involved in the maintenance of a caring concern.

## 1.8 SIGNIFICANCE/IMPORTANCE OF THE STUDY

The significance and importance of the study as discussed at this point does not refer to the findings, results, or conclusions of the present research. Rather, significance and importance at this point in time suggest the present research's potential and meaningfulness within the broader scope of the national and international research tradition into caring.

### 1.8.1 SUSTAINING CARING

In the first instance, this research is significant since it answers a call by Noddings (1990:124), namely, that we need to know more about what sustains people in caring. Thus, how a caring concern is maintained.

### 1.8.2 FILLING A GAP IN NURSING RESEARCH IN SOUTH AFRICA

With reference to the needs assessment done by Brink (1990), this study, most certainly fills an important gap in the knowledge of caring in nursing education in this country. Of the 16 priority areas identified by Brink (1990:42), this research specifically addresses the following priority area:

- Finding ways of reconciling nurses towards caring where this is a missing ingredient.

In addition to this, the present research also addresses a major concern of Brink's, namely that in caring in nursing education, due to the behaviourist dogma, *doing* is separated from knowing

and from being (Brink 1990:41). The aim of this research is specifically directed at integrating doing, knowing and being, by establishing the relationships between the components of the phronema of caring and the actions component of caring as viewed by Van der Wal (1992).

### 1.8.3

#### CARRYING ON A TRADITION IN NURSING RESEARCH

Leininger (1981a:7-8) lists the following four rationales for studying caring:

- Firstly, the concept of care appears to have been critical to the growth, development, and survival of human beings for millions of years. Studying the phenomenon of the maintenance of caring is significant in that it could contribute to the *survival* of the student in the educational setting and the survival of the caring ethic in nursing. In a certain way the educational experience is a survival experience since self is recreated and moulded by new knowledge and experiences, some of which, especially in nursing, can be very threatening to the self-image of the student.
- Secondly, the reason for studying the phenomenon caring is to explicate care recipient roles in various living and survival contexts. In the present research, this tradition is carried on through conducting research into the role of the care-giver (student nurse) in maintaining a caring concern and thus securing a source of caring for those in need of this.
- Leininger's third rationale, to preserve and maintain caring as a human attribute for current and future human cultures, is also upheld by this research.
- The fourth reason or rationale advanced by Leininger is that since the beginning of modern professional nursing, the profession has not systematically studied caring in relation to nursing care. The situation has changed, though, since Leininger's initial statement, however, as indicated by various researchers (above) caring in nursing education has not yet been sufficiently illuminated. The present study examines caring in both the fields of nursing education and nursing practice.

### 1.8.4

#### SIGNIFICANCE FOR ETHICAL KNOWING

Although Carper (1978:15) has identified ethical or moral knowing as one of the patterns of

knowing in nursing, little is available in nursing literature on this pattern of knowing. According to Evers (1984:15), neglect of this pattern of knowing prevents ethics from being the major theme for the practice of nursing and the development of the nursing curriculum. In this regard, Watson (1985:53) states that caring is concerned with the human centre of self and other and calls upon the highest processes of evolving consciousness. This is sustained by Evers's (1984:18) statement that *accountability in nursing education mandates that we be concerned with understanding the manner with which we morally know*. In this regard Moline (cited in Evers 1984:17) suggests that in moral and ethical issues *we may do better to shift our attention from the situations themselves to the people acting in them . . .* The latter is exactly what was done during the present research.

#### 1.8.5

#### BRINGING AND KEEPING THE STUDENT *IN TOUCH*

Closely associated with the moral knowing issue, maintaining a caring concern could contribute to *keeping students in touch* with self and their environment. In this regard, Moccia (1990a:211) comments that we have become so separated from our realities that we live ignorant of our profound connections. And, in turn, we are profoundly impoverished by our ignorance. By saying yes to caring and by deciding to care, is a way to counter the delusion that we are isolated, that we are not, and need not be, connected (Moccia 1990a:212).

The present research is aimed at studying how a *yes* to caring is affirmed. It is thus significant as it addresses the student nurses' orientation towards self, others and the professional world. Deciding to care is not only a way to knowledge, it is a way out of the wasteland of our delusions. It is a way to community and, also to health and wholeness (Moccia 1990a:213). This brings us to the *salutogenic* and *fortigenic* effect of caring.

#### 1.8.6

#### EMPHASISING THE SALUTOGENIC AND FORTIGENIC<sup>16</sup> EFFECT OF CARING

As indicated earlier, the negative effect caring may have on the care-giver and thus on caring itself is well documented in the literature (Maslach 1982, O'Neil & Ross 1991, Williams 1989, Goldstein et al 1981, *inter alia*). The *pathogenesis* view of the effect of caring in the literature

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<sup>16</sup> See paragraph 4.2.1.

largely overshadows any positive effect caring might have on the care-giver. However, Beck (1993:31), for one, mentions that students marvelled at the powerful impact that their *simple* caring actions had on themselves (and their patients). The present research is significant in that it focuses on caring as an ethic and the maintenance of that ethic, what is good and right, and is thus in a sense directed at illuminating the *salutogenic* and *fortigenic* base of the phenomenon caring.

#### 1.8.7 SIGNIFICANCE FOR NURSING EDUCATION

As indicated previously, authors such as Bevis and Murray (1990), Leininger and Watson (1990), and Hughes (1992) have discussed the need for caring to be translated and transmitted in the practice of nursing education. However, a clear conceptualisation of how caring is *transmitted* to students (and whether it is actually transmittable) does not exist. There is also no clear picture of the outcomes of caring in nursing education other than the untested assumptions that caring by the nurse educator will produce caring nurse students (Paterson and Crawford 1994:170 - 171). In both these statements a trace of passivity on the part of the nursing student in teaching and learning caring is detected. This is totally out of pace with the humanistic values underlying caring. The present research focuses on the student as actively involved in maintaining a caring concern and thus upholds the humanistic perspective underlying caring.

Beck (cited in Paterson and Crawford 1994:171) also points out that nurse educators need a body of knowledge regarding the teaching of caring, based on the results of research rather than on the personal caring philosophy of the tutor. The result of the present research might aid in this way too.

*Maintaining* caring in a sense implies *learning* caring, even if only to the extent of not *unlearning* caring. Knowing more about how this *unlearning* takes place, or is prevented, and why it is prevented in one individual and not in another, could help in designing an educational setting more conducive to caring than is presently possible. It may also provide a framework for selecting curricular content for maintaining caring. It may even provide us with a framework for detecting signs of gradual loss of a caring concern in the individual. With such a framework it may also be possible to detect areas detrimental to the individual's caring concern at different

levels of professional development in which instances the appropriate *corrective* steps can be taken. This is also in line with Roberts (1990:67-69) who states that nurses need to uncover the characteristics of caring practices so that they can be recognised, rewarded and taught to nursing students.

A further problem with studies conducted into caring in nursing education is that the tutors', as care givers', attributes are accentuated (Paterson and Crawford 1994:167) to the disregard of those of students (Hegyvary 1990:190). In our focus on caring from different perspectives, we have ignored the student nurse in caring. The present study focuses pertinently on the student nurse and provides insight into caring from the lived experiences of student nurses.

A further significance of the present study is that it might contribute to implementing the curriculum revolution in South Africa. This revolution, presently occurring in the United states of America, emphasises caring as a core variable and a major theme in the nursing curriculum. It also supports a change in faculty-student relationships that enhance caring practices (Beck 1992:26; Tanner 1990a). Naturally, if we know how caring is maintained by the student, nurse tutors could contribute more positively to this end. This could further contribute to equalising a tendency present in South Africa in which training and skill acquisition is emphasised above education.

#### 1.8.8

#### COUNTERACTING DEHUMANISATION IN HEALTH CARE SERVICES

Medical science will continue to place emphasis on high levels of technology. Nurses must not only be able to work effectively in these technically complex environments, but they must also be able to humanise these environments with caring and concern so that clients' personal dignity is maintained, avoiding patients from becoming objects of health care (Bevis 1989a:18). Maintaining a caring concern within the individual student nurse could result in the humanisation of technocratic health care services.

#### 1.8.9

#### SIGNIFICANCE FOR THE SOUTH AFRICAN POPULATION

Nursing as the largest health care profession in South Africa, claiming that caring is the central

ideal and philosophy of the profession, owes it to a country deeply in need of a diffuse caring concern to show that at least nurses still care. In conducting research into the maintenance of a caring concern the survival of caring in nursing and the demonstration and preservation thereof to the South African public could be secured.

In summary, the survival of caring as an ethic in nursing and the essential credibility of the nursing profession is dependent on research into caring in nursing and the implementation of the results of such research. Any study on caring in nursing education should aim at exploring and improving the general educational climate in nursing conducive to the teaching and instruction of caring, the contentment of students and tutors, and the counteracting of wastage of manpower in nursing, thereby enhancing the outward image of the profession, and contributing to the restoration of humaneness which at present appears to be increasingly languishing.

## **1.9 SCOPE AND LIMITATIONS OF THE STUDY**

As indicated previously, in terms of Wertz (1983a:206), the present research is, in addition to an existential phenomenological undertaking, psychological in nature. According to Giorgi (1983:148) there are four factors pertaining to the scope and limitations that must be considered in all psychological research namely the constitution of:

- the research situation;
- the data;
- the research method; and
- the interpretation and communication procedures.

Some of the limitations discussed by Giorgi are relative to the traditional positivistic paradigm in research into psychological phenomena.

### **1.9.1 THE CONSTITUTION OF THE RESEARCH SITUATION**

The key issue here is that the research situation cannot be understood in terms of its physical, or even natural, characteristics. Reference to the researcher's intents must also be included because the very existence of a research situation depends upon conscious human achievements (Giorgi

1983:148). It must also be appreciated that more happens in everyday life than the research analogue can imitate and more happens in the research situation than the researcher can record. This is due to the human intention that constitutes the research situation, that also thematizes it in such a way that it no longer remains for the researcher merely an everyday situation. It thus also becomes axiomatic that one can only gain thorough or specific knowledge about one aspect of an event by ignoring other aspects of that event. The unfolding reality taking place in a situation is always richer than a human can grasp or know. These limits obviously do not invalidate research but they do remind us that one has to be careful when trying to speak of the *implications* of a research situation (and findings) for an everyday situation because the two are not really identical. This is also true because the research situation is guided by something other than the research situation itself. It may be guided by a theory, past knowledge<sup>17</sup>, a model, a hunch, a perception or common sense (Giorgi 1983:149).

The phenomenological approach is, however, more self-conscious of the fact that the very discrimination of a psychological reality is problematic. So, a phenomenological researcher may puzzle over this phase, the constitution of the research situation, somewhat more. Chapter 2 bears testimony to this.

### 1.9.2 THE CONSTITUTION OF DATA

Giorgi (1983:151) further states that the data of phenomenological psychological research are not simple, ready-made givens, but are constituted to be such by the researcher, and varied degrees of freedom are involved. This means that more happens in the research situation than the data express, but once the data are determined, one rarely speaks of the context within which the data were constituted. One usually speaks only of the data and their immediate implications. Consequently this is another limitation that all empirical research has to accept and bringing this to the full awareness should make one cautious about *generalisations*. This is especially true of the present research with its limited scope regarding informants and context<sup>18</sup>, and the

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<sup>17</sup> In this instance please see "bracketing" in paragraphs 2.6.3, 6.3 and 6.6.4.2.

<sup>18</sup> 19 Nursing students from 5 different hospitals were conveniently sampled from a nursing college. 17 Interviews were conducted.

elimination principle applied during the purposive sampling of informants which resulted in selecting informants of a specific nature rather than the average subject from the target population.

In phenomenological research, meanings, rather than facts, are emphasised. For psychology this implies what events mean to the subjects of research. However, many of these psychological meanings have factual aspects as well, but it is usually not emphasised (Giorgi 1983:161). The only way to know what certain events mean to persons is to have them express something about these events, even if only in terms of *language*. The researcher then discovers certain determinations about persons in situations and since these are genuine discoveries, they can be considered to be *facts* for the researcher. However, since they are also subject-related, they can also be considered meaning for the subject. It should, however, not be forgotten that within the phenomenological perspective all forms of objectivity imply subject-relatedness. So, we can make certain objective claims about meanings.

In elaboration on this issue, objectivity, it must also be kept in mind that what differentiates the phenomenological datum from positivistic datum is that it cannot be considered except in so far as it is consciously *subject-related*. That is, the data are those aspects of the situation that are consciously thematized by the subjects. This does not mean that *more does not happen* to the subject. It is assumed that more is always happening. Thus, meanings are those aspects of the event that the subject consciously thematizes (Giorgi 1983:161).

### 1.9.3 THE CHOICE OR CONSTITUTION OF METHODS

It is often noted that scientific knowledge is different from everyday knowledge because it is systematic and methodical. For this reason, the choice of method is crucial to the research and scientific enterprise. If no method is available, *the researcher has to invent his own* (Giorgi 1983:153). Thus, once more, there is a kind of slippage because more happens in the research situation than the selected method can tap. However, as Giorgi (1983:153) indicates, the idea behind a methods is not to grasp the totality but to grasp an aspect of reality in a systematic and relatively certain way.

Whatever the method, instrument or technique used, in addition to, and correlative to, the general aspects of a method, are conscious processes and achievements that have played a role in its determination (Giorgi 1983:153). A method can only be chosen in terms of a researcher's intent and that, in turn, depends on how the phenomenon under investigation manifests itself. In the present research, taking into consideration the variants of caring, it is understandable that the researcher opted for the open unstructured formal qualitative interview and not for mere observation. The point here is that with observation the intention and the *existential experience* of the informant cannot be determined. However, the quintessence of this research, the experience of being caring and maintaining that concern can be determined by individual accounts of such experiences.

In phenomenological research, if it is indeed the discovery of meaning that is sought, what kind of method is appropriate? The most direct approach would be to attempt to discover the experienced reality of the subject by obtaining his or her descriptions thereof. The researcher must, however, be on the alert, for these descriptions are not about what the subject thinks has happened. Instructions to informants should thus be geared at getting the informants to describe as precisely as possible what they experienced (Giorgi 1983:162). During the present research, special attention was paid to this aspect. For this reason the researcher also analysed data for evidence of fluctuation in this regard. During interviews, the researcher negotiated such fluctuations, guiding the informant back to reflect on her/his *own* experience<sup>19</sup>.

It should also be remembered that the meanings that the researcher can detect in the descriptions have for their reference point the totality of the subject's lived experiences and that totally exceeds the subject's explicit awareness. In other words, the subject lives and communicates more than she (he) knows, and the researcher, because of his different perspective on the situation, is able to discern some of these meanings more deeply than the subject her/himself (Giorgi 1983:163). With reference to the present research, this is especially true at the point at which the object of intention (maintaining a caring concern) is returned to the practical field, the field of theoretical deliberation, and the implications these have for educational practice.

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<sup>19</sup> See the category on *Reflective Analysis*, paragraph 6.6.6.

## 1.9.4

## THE CONSTITUTION OF INTERPRETATION AND COMMUNICATION PROCEDURES

No set of data is so unequivocal that it can be interpreted in one way only. Thus, when the researcher has to indicate what his results mean, he must choose one line of thought over possible others. Further, if one does research, it is because one wants to communicate the results to a specific audience. The group which the researcher has in mind will ultimately influence and determine the presentation of the data (Giorgi 1983:155). An example pertaining to the present research is that, for instance, the term *suffering* is more acceptable to the overall existential foundation of the research than the term *burnout*, which might be more indicative of psychopathology.

All the above differences are purely and simply due to differences in *presuppositions* concerning the human being and science, and the relative weighting given to each. There are always more interpretations possible than the one chosen (Giorgi 1983:164).

## 1.9.5

## GENERALISABILITY AND CREDIBILITY (VALIDITY AND RELIABILITY)

In addition to Giorgi's arguments above, it should be noted that the success of qualitative research is dependent, *inter alia*, on the level of completeness of categories achieved during the study. This is further directly related to the *reliability* and the *validity* attained in the study. An aspect which could further most certainly influence a study such as this is the researcher's own subjective involvement with the research topic. For this reason, the researcher bracketed<sup>20</sup> his own preconceived ideas. However, bracketing in this instance does not only point to *keeping in abeyance* such ideas, but, bringing them into the open so as to be aware of such preconceived ideas. Further, the researcher during the coding of data, constantly asked himself: *What may my personal investment in my understanding of this specific aspect be?*

Notwithstanding this, the general questions levelled at qualitative research, regarding adequacy and generalisability prevail. As Chenitz and Swanson (1986:10-14) state, internal validity is always threatened by events which occurred before data collection, subject maturation as a result of the relationship between the investigator and the researcher, subject bias or the difference

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<sup>20</sup> See paragraphs 2.6.3, 6.3 and 6.6.4.2.

between those people studied and those not studied, subject mortality, reactive effects of the researcher on the informants, and changes in the observer or the extent to which the observer is affected by the research. All these issues are commended upon in this report as these relate to the present research.

According to Chenitz and Swanson (1986:12) the external validity rests on generalisability of the observations to the general population. Of importance here is the fact that the informants are all from a specific and well defined subculture within nursing education. The institutions in which these students were working also had a very definite and unique tradition, culture, and institutional arrangement. Culturally, the informants also formed a rather homogeneous group. Generalisability in this instance could be, and should be, questioned.

Only students willing to participate were included in this study. This in itself can pose a problem regarding bias. The question remains as to the possible results had other informants been included.

There is also the possibility that peer group pressure, college subculture and general group cohesion associated with adolescence and late adolescence may in some way have contributed to a one sided and an askewed image and description of the phenomenon under investigation. This is especially probable since interviews were conducted sequentially and informants could have *contaminated* each another.

Even though the assumption was accepted that informants would answer honestly and with integrity to reasonable questions asked during interviews, the general problems associated with the measurement of affective attributes are also associated with the maintenance of a caring concern. Thus informants might have answered questions in a manner which they perceived as being more polite and not as they really felt about or perceived them. Also, informants might have answered questions without taking into consideration the various situational variables involved.

### 1.9.6 COMPLETENESS

A serious problem is that at some stage, the research has to be discontinued. The problem resulting from this is often premature closure. According to Hutchinson (1986:128): *Premature closure is often the case with theses and dissertations*. However, saturation, completeness, clarity, and the like are also dependent on the researcher's analytical abilities. This also relates to the level of abstraction of the theory that emerges from a study. The more abstract and (semantically) general the theory becomes, the wider the range of situations which could be included in the theory. It is for the reader to decide, in accordance with the level of abstraction of the phenomenon under study, the extent to which the theory is generalisable.

### 1.9.7 SEMANTIC PROBLEMS

Several semantic problems were encountered in this study. The first is that of *polysemy*, the possible multiple meanings a word has in natural language. Ricoeur (in Rawnsley 1990:43) warns that although words may be potentially polysemic at the lexical or dictionary level, it is only by a specific contextual action that they realize, in a given sentence, a part of their potential semantics, and acquire what we call *determinate meaning*. The problem of the polysemic state of the word *caring* is to some extent covered in the explication of the *variants of caring* as it emerged from a previous study by the researcher (Van der Wal 1992)<sup>21</sup>. The indiscriminate interchangeable use of the word *care*, as a noun or a verb, and *caring*, as an ethical concept and the present continuous form of the verb *to care*, is a significant problem in the literature and results in many disputes about whether there is such a thing as *an ethic of care*. The same confusion might have occurred in the minds of the informants which might have influenced the results of the present study. However, the researcher on occasion negotiated the meaning of caring during interviews to redirect informants. Data were also analysed for the occurrence of this<sup>22</sup>.

Further, terms such as *caring for*, *caring about*, and *taking care* also posed problems. The

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<sup>21</sup> See paragraphs 3.2.1.1 and 3.2.1.3.

<sup>22</sup> See data display 7.1.

variants of caring on which the present research is founded include the terms *caring for*, and *caring about* and these are thus explicitly defined<sup>23</sup>. However, as an example, these definitions, arrived at during previous *grounded* research, do not correspond exactly with the way these were used by Curzer (1993:175-6) and Fry (1989b:88-103).

Another term which presented semantic and polysemic problems is the term *care-giver* which in the literature is also synonymously used with terms such as: *carer*, *the one caring* and *care-taker*. The latter for some authors is the exact opposite of the term *care-giver*.

In addition the term *care-giver* also presented a problem. In the literature this term is spelled as *care-giver*, *care giver*, and *caregiver* - all referring to a person who not merely renders care but who *is* a *care-giver*. *Throughout the text, the term care-giver is adhered to, referring to an individual who is (by occupation and being) a giver (provider) of caring (and care).*

## 1.10 METHODOLOGY<sup>24</sup>

The main subject contained in the research question, the verb *to maintain*, implies the individual's existential capacity towards the constitution of a life world, his/her meaning giving capacity, and ultimately his/her continued reorientation towards phenomena and self, including the phenomenon caring and self as being caring.

The research question consequently appropriates the use of a methodology that provides for the human constitution of a life world. A *dialectic phenomenological anthropology*<sup>25 26</sup> was thus

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<sup>23</sup> See paragraphs 3.2.1.1 and 3.2.1.3.

<sup>24</sup> Methodology for the purpose of the present research is defined as the broad framework of argumentation that provides logic to the way of doing research. As such, it represents a philosophical anthropological model from which a congruent ontology and epistemology are deduced and appropriate, sampling techniques, data collection methods, and data analysis techniques are selected. See the whole of Chapter 2.

<sup>25</sup> Anthropology at this point is defined in terms of a philosophical anthropology; a contemplation of man's position in nature, his origin, being and destination (Gouws et al. 1979:21).

<sup>26</sup> The dialectic phenomenological anthropology as defined for this study is basically a dialectic argument between subject and object. This dialectic states that the objective world, though allowing the individual to think of something, does not determine what the individual will think.

considered an appropriate philosophical foundation on which to build a methodology that sustains the existential phenomenological underpinnings contained in the research question. In this instance, the researcher largely drew from the Duquesne University's existential phenomenological work in psychology, especially the work of Von Eckartsberg (1986), Giorgi (1983), and Colaizzi (1973) and Wertz's (1984) integration of the earlier work of these authors.

#### 1.10.1

##### DATA COLLECTION<sup>27</sup>

The research question necessitated that two issues be clarified which necessitated two different ways of data generation. Firstly, the experience of being a caring person needed to be elucidated. The lived experience of being caring is quite different from the structure of the phenomenon caring per se. This called for the use of *existential descriptions*. Only after phenomenological psychological descriptions, or existential descriptions, of the experience of being caring had been obtained and analysed, could the process of maintaining the caring mode of being (caring concern) be investigated. The latter, the second issue, was investigated through data obtained via unstructured formal qualitative research interviews. However, during the research potential informants were lost, due to a poor return of existential descriptions. This phase of the selection of informants was later discontinued. Chapter 6 contains full details on this issue.

#### 1.10.2

##### DATA ANALYSIS<sup>28</sup>

Data analysis was also conducted in two interrelated ways. The data obtained from phenomenal descriptions were initially analysed according to Wertz's method of empirical psychological reflection (EPR) and afterwards, after having become thoroughly acquainted with the data through EPR, the process of open coding and constant comparative analysis were integrated into the result of the former process of analysis. The data analysis also moved between the phases of idiographic and nomothetic analysis. This matter is discussed in detail in chapter 8.

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<sup>27</sup> See the whole of Chapter 7.

<sup>28</sup> See the whole of Chapter 8.

### 1.10.3 SAMPLING<sup>29</sup>

A *convenient and purposeful sample* was drawn from students available at the time of the research at a nursing college and associated clinical fields (hospitals) who were willing to participate in the research. This was done according to an elimination process. Initial informants were selected to participate in the research according to their scores on a self-actualisation scale (The Personal Orientation Inventory). This standardised psychometric scale is discussed in chapter 6. It suffices to state at this point that this scale had previously been used by the researcher and that the scale was chosen because of its existential underpinnings and the conceptual relationships that exist between self-actualisation, existence, being and caring. These relationships will become clearer from the contents of chapter 2 and chapter 6.

Theoretical sampling of literature to augment the data elicited through interviews was also conducted.

### 1.10.4 PRESENTATION OF DATA<sup>30</sup>

Data are presented in individual psychological phenomenal descriptions (chapter 9), a general phenomenological description of the phenomenon in the form of themes and categories (chapter 10) and a diagrammatic presentation of the phenomenon of the maintenance of a caring concern (chapter 11).

### 1.10.5 RELIABILITY AND VALIDITY<sup>31</sup>

The issue of reliability and validity were dealt with in terms of the definitions ascribed to these concepts in qualitative research. In the case of *validity*, the *adequacy*, *evidence*, *internal validity*, *sufficiency*, and *quality* of the data were secured through different techniques. In this regard, Morse (1989:123) states that, ultimately, whether the theory makes sense is the real test for *adequacy* (validity).

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<sup>29</sup> See paragraph 6.2.

<sup>30</sup> See Chapter 9, 10 and 11.

<sup>31</sup> See paragraph 6.2.4.

In the case of *reliability*, in qualitative research, *credibility* is usually assured by the degree to which the choice of informants and methods for the selection of data *fits* the purpose of the study (Morse 1989:122). Since the concept caring was negotiated with informants, and since informants were asked to describe *their* experiences of being caring, and how *they* maintained or inverted this, allowed the researcher to assume that both the informants and the data collected *fit* the present study.

### 1.11 ETHICAL CONSIDERATIONS<sup>32</sup>

Ethical considerations in qualitative research have a wide scope. In this report the ethical considerations important to this study are discussed in Chapter 6. These centre around:

- Problem identification
- Anonymity
- Power differential
- New insights developed by informants
- Introspection, reflection and *therapy*.
- Publication of the findings.

### 1.12 DEFINITIONS

Definitions are given throughout the report in the form of footnotes where these were considered necessary for the convenience of the reader. In addition, an alphabetic **Glossary** is contained at the end of this report.

### 1.13 REFERENCE TECHNIQUE

The abbreviated Harvard system was followed throughout this research report. However, authors and sources were referred to in two ways. Whenever a complete source is referred to, or the overall content of the source is referred to, e.g. referring to Watson on caring, only the year of publication is stated. E.g. Watson (1985) discusses caring from a transpersonal perspective. However, when specific ideas and statements made by authors, whether these are quoted directly

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<sup>32</sup> See paragraph 6.6.

or indirectly, the author, year of publication and page number are stated. E.g. According to Watson (1985:36), there are ten carative factors.

Quotations from the literature are also presented in two formats. Firstly, when used as text or as *end on* sentences, quotations are cited in italicized 12cpi format (like the rest of the text size). Whenever a quotation serves a special purpose or deserves special attention, it is quoted as a separate paragraph in smaller 10cpi standard Times New Roman lettering in double indent.

The bibliography consists of two sections, namely, a section listing all the sources consulted and referred to in the text, and a listing of sources that were consulted only. A computer count of the references as individual paragraphs indicates that 543 and 510 sources respectively for the two listings. These number are more or less correct as counts differ among program instructions.

#### **1.14 NUMBERING SYSTEM**

The numbering system refers to the numbering of paragraphs, tables, figures and data displays. The first digit in a numbering sequence refers to the chapter of the corresponding number. Thus, paragraph 5.4.3 is located in chapter 5 and Table 7.2 in chapter 7, and the like.

#### **1.15 FOOTNOTES**

The researcher started off using footnotes for cross reference purposes and for easy retracking arguments and for easy scanning of hard copies (print outs) for specific topics and definitions. These were very useful as the field of phenomenology was totally new to the researcher. The footnotes were left for the benefit of the reader. Having placed most of the definitions in the footnotes, the informed reader can proceed without his/her concentration being interrupted by explanations already known to him/her. The not so informed reader can, however, also benefit from the foot notes as these contain additional information and cross references.

Due to the way in which the word processing package places footnotes, it is inevitable that in some instance single sentences and words would follow onto a next page. The researcher

apologises for this. All the typing, editing and electronic drawings were done by the researcher himself.

## 1.16 OUTLINE OF THE STUDY

The study follows the general steps of Wertz's (1984) *empirical psychological reflection* approach to research and includes the following:

### SECTION A INTRODUCTION AND ORIENTATION

**CHAPTER 1:** Overview of the study

### SECTION B METHODOLOGICAL FRAMEWORK OF THE STUDY

**CHAPTER 2:** Methodological framework: Existential-phenomenology.

### SECTION C THE RESEARCH ACT: PRELIMINARY IDENTIFICATION AND MANIFESTATION OF THE OBJECT OF INTENTION

**CHAPTER 3:** Preliminary identification and manifestation of the object of intention:  
*caring*

**CHAPTER 4:** Preliminary identification and manifestation of the object of intention:  
Psychological constructs presupposing *maintenance*

**CHAPTER 5:** Preliminary identification and manifestation of the object of intention:  
Psycho-social and ethical concepts presupposing *maintenance*

**SECTION D**

**THE RESEARCH ACT:**

**DISCLOSURE OF THE OBJECT OF INTENTION**

- CHAPTER 6:** Disclosure of the object of intention: General aspects regarding the research design: sampling, reliability and validity, and ethical issues
- CHAPTER 7:** Disclosure of the object of intention: Data collection: The formal qualitative research interview
- CHAPTER 8:** Disclosure of the object of intention: systems and methods of data analysis

**SECTION E**

**PRESENTATION OF THE DATA:**

**FINAL MANIFESTATION OF THE OBJECT OF INTENTION**

- CHAPTER 9:** Final manifestation of the object of intention: Idiographic phase: Presentation of individual psychological profiles.
- CHAPTER 10:** Final manifestation of the object of intention: Presentation of themes and categories
- CHAPTER 11:** Final manifestation of the object of intention: Result of the nomothetic phase: Essential processes involved in the maintenance of a caring concern

**SECTION F**

**CONCLUSION:**

**INTERPRETIVE AND PRACTICAL EXTENSION OF  
THE OBJECT OF INTENTION**

- CHAPTER 12:** Returning the object of intention to the practical situation; Applications and recommendations
- CHAPTER 13:** Summary

GLOSSARY

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APPENDICES

***SECTION B***  
***METHODOLOGICAL FRAMEWORK***  
***OF THE STUDY***



# CHAPTER 2

## METHODOLOGICAL FRAMEWORK: EXISTENTIAL-PHENOMENOLOGY

*Our ideas of what belongs to the realm of reality is given for us in the language that we use . . . there is no way of getting outside the concepts in terms of which we think of the world.*

*(Winch 1958:15)*

*There are two modes of knowing,  
those of argument and experience  
Roger Bacon*

### 2.1 INTRODUCTION

Since the research question is directed at the individual's experience of being caring and the maintenance of a caring concern, this research is directed at human existence and experience<sup>1</sup>. The question thus implies the individual's (care-giver's) participation in the immanent signification of lived (caring or uncaring) situations, which according to Wertz (1983a:206) makes this research primarily psychological in nature.

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<sup>1</sup> *Experience for the purpose of this study is defined in terms of Eysenck, Arnold and Meili's (1972:343) definition and Landman (1972:343).*

*According to Eysenck et al. (1977:28) experience is the subjective (conscious) appreciation of stimulus events, or the knowledge resulting from this; or as a verb: to live through, meet with, feel, undergo, or be aware of any object, sensation or internal event.*

*According to Landman (1977:28) one should include within the general term "experience" all concepts describing the so-called internal states, phenomenological terms; even the existential conditions: sensations, perception, cognition, . . . also awareness, consciousness, personal meaning, the self, self-concept, dreams, anxiety, and emotions.*

The *methodology*<sup>2</sup> for this research, which also implies the *epistemology*<sup>3</sup> and the *ontology*<sup>4</sup>, is founded on a *phenomenological dialectical anthropology*. Ultimately, the present study falls within the *qualitative research paradigm* and represents a *reflexive, non-objective* approach, reflecting moments of the humanistic approach to "science" as embodied in *existential-phenomenology* as methodology and *empirical psychological reflection* as research approach. This is in accordance with Watson's statement that nursing as a human science derives from a qualitative-phenomenological or naturalistic<sup>5</sup> form of inquiry (Watson 1988/9:20 and Bevis 1989a:16), rather than from a materialistic positivistic form of inquiry.

## 2.2

### IMPETUS OF THIS CHAPTER

The motivation for giving a rather detailed explication of the philosophical anthropology and the methodology underlying this research is that, as Von Eckartsberg (1983:203) puts it, we have to be committed to a stance, or articulated point of view, to have any intellectual orientation. We can, however, opt for avoiding and postponing such a choice under the banner of *eclecticism*. Or, there is also the option of agnosticism and a *blind methodologism*. However, these all seem an avoidance of the more basic issue: the radical examination of one's point of view and source of belief, and one's conscious and moral commitment to a vision of man that expresses one's deepest value and aspirations. These also seem an avoidance of an effort to personify such a vision in one's personal life and one's professional praxis - both on the level of *theory* (limited to the professionalised cognitive domain) and on the level of *religion proper* (concerning one's personal relation to the Godhead and one's questions of *ultimate concern*) (Von Eckartsberg 1983:203). This chapter, thus proclaims the researcher's *committed stance and articulated point of view regarding man* (the individual). It is the researcher's belief that such a committed stance

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<sup>2</sup>For the purpose of this study the term *methodology* is defined as, not merely the methods for data collection and data analysis used in the study but, the much broader framework of argumentation that gives logic to the method of doing the research.

<sup>3</sup> An explication of what is accepted as valid knowledge.

<sup>4</sup>This refers to the nature of (a) social reality.

<sup>5</sup> The term "naturalistic" should not be confused with the term "naturalism". The latter refers to "positivism", whereas the former points towards the natural, non-experimental, non-controlled situation of every day living - "there where things happen".

secures research based on definite grounds rather than on *motif* or *motive*<sup>6</sup>.

The present research, including the methodology and research question, is also sparked by a concern which Von Eckartsberg has regarding psychology, and which the researcher fears, is to a large extent present in nursing practice today. According to Von Eckartsberg (1983:205):

It is unfortunate but telling that the view of man of modern positivistic psychology [psychological theory] is such an impoverished and spiritually diminished caricature of "optimal man," . . . that is far less than the divine revelation of the image of man as expressed in the great primordial religions. Even if these theories call themselves humanistic and existential, they arrive at best, as Vitz (1977) has convincingly demonstrated, at a quasireligious position of the *idolatry of self*. . . without a realm that is superordinate and hence "fuling" ["fuelling"] and inspiring, passion-arousing, value-positing, conscious-creating, relationship-establishing, and loyalty-demanding, the level of self-consciousness and wilfulness, of psychological theorising, remains shallow and inadequate, unable to account for the fullness of the human life-drama (Von Eckartsberg 1983:205).

The somewhat embellished account on the methodology underlying this study, and the overall scope of this chapter is also inspired by Frege's (Kistner 1990:58) lament:

Hardly anything more unwelcome can befall a scientific writer than that one of the foundations of his edifice be shaken after the work is finished . . .

### 2.3

#### THE PHILOSOPHICAL ANTHROPOLOGY UNDERLYING THIS STUDY

One's basic understanding of human nature, the *philosophical anthropology*<sup>7</sup> one adheres to, influences the whole conglomerate of problems, facts, and rules which govern research (Von Eckartsberg 1986:1). A reflection on man's position in relation to *the world*, the classical philosophical controversy regarding the subject-object relationship, essentially defines not only the nature of the research methodology, but also the nature of knowledge (epistemology) and the nature of social reality (ontology) involved in any research endeavour.

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<sup>6</sup> *Motif* in this sense refers to having a ready made recipe for research at hand, notwithstanding the varying nature of research questions, epistemology and ontology. *Motive* points to having a private agenda in which research is used to serve the researcher ulterior motives instead of the discipline, research object or "science."

<sup>7</sup> The term *anthropology* in this instance refers to a *philosophical anthropology* - a reflection on man's position in relation to nature, his origin, essence and destination (Gouws et al 1979:21).

As such, the philosophical anthropology serves as the most basic point of departure of the study, the primary assumption on which the study rests. As Luijpen (1969:86) puts it, pertaining to existential-phenomenology, the unity of subject and world is a dialectic unity, a unity of dialogue<sup>8</sup>. This dialogue is the original, the primordial *given*<sup>9</sup>. It is that from which all philosophical statements flow. The dialogue which human *existence* is, cannot be dissolved in more simple elements without reducing it to nothing.

Phenomenology - the philosophical anthropology underlying this study - for the purpose of this research, is defined as essentially a dialectical argument between *objectivism* and *subjectivism* as explained by Meyer, Muller and Maritz (1967:132-133). *Intentionality*<sup>10</sup>, a central concept in phenomenology, is implied by this dialectic. The basic argument is that the individual (subject) is subjected to restrictive factors and not to determinative factors. With this argument both anthropological determinism and indeterminism are invalidated. From this philosophical point of view, the individual becomes both object and subject. However, the phenomenological dialectical argument does not negate the existence of an objective reality apart from the individual. It supports the individual's constitution of meaning of a such reality. Reality does not consist of a collection of objects which exist independently of the individual, as the positivists, in general, propose the relationship between man and environment to be. Nor does the individual autonomously generate knowledge or a reality. Whatever the individual thinks, that is, whatever appears to be real to the individual, is directed to, or is about, an objective *something*. Thus, although the objective realm restricts the individual's thinking, it does not determine what the individual will think about any object. According to Luijpen (1969:85), even in *existential-phenomenology* it is impossible to *conceive subject and world divorced from each other* (with complete emphasis on the subjective).

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<sup>8</sup> The term dialogue throughout this thesis basically refers to two or more aspects, issues, concepts, having mutual implication - keeping one another "in suspense."

<sup>9</sup> This also refers to intentionality. See paragraph 2.6.2 and footnote 18 of Chapter 2.

<sup>10</sup> See paragraph 2.6.2.

## 2.4 THE QUALITATIVE RESEARCH PARADIGM

As indicated previously, the present research falls within the qualitative research paradigm. A brief introduction and overview of this paradigm is thus becoming.

### 2.4.1 DEFINITIONS

*Qualitative research* is a form of content analysis covering a spectrum of approaches ranging from what has been called *empirical-phenomenological* psychology to *hermeneutical-phenomenological* psychology, depending on the data source (Von Eckartsberg 1986:20-21).

According to Reinharz (Swanson-Kauffman and Schonwald 1988:101), qualitative research is a three pronged challenge consisting of:

- understanding the substantive problem under study;
- allowing personal change to occur, especially on the part of the researcher; and
- creating innovative methodological strategies to capture the unique features of each research project.

These challenges require a researcher who is willing to operate in a methodology that mandates an investment of the personal self in the topic investigated. The abovementioned methodological viewpoints and approaches employed during the present research rendered precisely such a methodological mandate.

### 2.4.2 RECURRING FEATURES OF QUALITATIVE RESEARCH

Several features of qualitative research are recurrent in the literature and are also reflected in the present study. These are summarised by Miles and Huberman (1994:5-8) and Polit and Hungler (1991:25) as follows:

- Qualitative research is conducted through an intense or a prolonged contact with the *field* or life situation. These situations are typically *ordinary* or normal ones, reflective of the everyday life of individuals, groups, societies and organisations. This represents the *existential* part of *existential-phenomenology*.

- The researcher's role is to gain a *holistic* (systematic, encompassing, integrated) overview of the context under study: its logic, its arrangements and its explicit and implicit rules. The researcher attempts to understand the entirety of some phenomenon rather than to focus on specific concepts and thus does not attempt to control the context of the research. This represents, to some extent, the *phenomenological* part of *existential-phenomenology*.
- The researcher attempts to collect data on the perceptions of local actors *from the inside* (an emic perspective) through processes of deep attentiveness, of empathetic understanding (*Verstehen*) and of suspending or *bracketing* preconceptions about the topics under discussion. There are thus attempts to capitalise on the subjective as a means for understanding and interpreting human experiences.
- Reading through materials (data), the researcher may isolate certain themes and expositions that can be reviewed with informants, but these should be maintained in their original forms throughout the study.
- The main task is to explicate the ways in which people in particular settings come to understand, or account for, the actions and otherwise manage their day-to-day situations.
- Many interpretations of these materials (data) are possible, but some are more compelling for theoretical reasons or on grounds of internal consistency, however, analysing narrative information, though done in an organised manner, is also done in an intuitive fashion.
- Relatively little standardised instrumentation is used at the outset. The researcher is essentially the main *instrument device* in the study.
- Most analysis is done with words. Words can be assembled, sub-clustered, or broken into semiotic segments. They can be organised to permit the researcher to contrast, compare, analyse and bestow patterns upon them (Miles and Huberman 1994:5-7; Polit and Hungler 1991:25).

### 2.4.3

#### PURPOSE OF QUALITATIVE RESEARCH

According to Miles and Huberman (1994:7) the general reasons for doing qualitative research are:

- *Description*, when little is known about the phenomenon under study. Little is known

about how a caring concern is maintained. Also whether a caring concern in fact is necessary for, or to the advantage of, being a nurse and doing nursing.

- *Hypothesis generation.* Very often the researcher in qualitative research does not have any *a priori* hypotheses. Inquiry in the qualitative fashion might, however, elicit appropriate hypotheses. The present research also did not begin with any *a priori* hypotheses, merely a guiding question.
- *Theory development.* Qualitative research results in theory development at some level such as is found in grounded theory and phenomenological constructs.

#### 2.4.4

#### AREAS IN WHICH UNSTRUCTURED, QUALITATIVE APPROACHES ARE MOST PROMISING

In addition to the purposes of qualitative research listed above, Benoliel (Polit and Hungler 1991:498) identified four broad areas in which unstructured, qualitative approaches are most promising, namely in:

- environmental influences of care-giving systems;
- the decision-making process;
- people's adaptation to critical life experiences, such as chronic illness or developmental changes; and
- the nature of nurse-client social transactions in relation to stability and change (Polit and Hungler 1991:489).

It would seem that all four of these areas are involved in the present research. Taking into consideration the student nurse's (as a care-giver), situation, context, moment to moment decisions and relationships, and her constitution of a life world, a qualitative research approach seems imperative for the present research.

## 2.5

### PHENOMENOLOGY

#### 2.5.1

#### ORIENTATION

According to Riemen (1986:90) the general *guiding question* in phenomenological research is: *What is the essence of this phenomenon as experienced by these people?* For Vaile and King

(Riemen 1986:89) the guiding questions are: *What is the phenomenon that is experienced and lived?*, and, *How does it show itself?*

These questions reflect the quintessence of the present research question namely: *How is a caring concern maintained?* and by implication, *What does it mean to be (a) caring (person)?*

Lowenberg (1993:64), however, states that the terms *phenomenology* and *phenomenological* are less useful in epistemological or methodological debates unless the specific meaning and assumptions of the term in that context are made explicit. To further complicate matters, phenomenology, is not just a research method, but also a philosophy and an approach (methodology) (Omery 1983:50). Basically, as a philosophy, phenomenology deals in the realm of the ideal, the pure and the perfect. As a methodology, phenomenology deals in the practical world of concession, compromise, and approximation (Swanson-Kauffman & Schonwald 1988:97). Fouché (1990:376) contributes to this distinction by pointing out that *the [phenomenological] human scientist is concerned with gaining understanding in his own field whereas the philosopher's concerns are more encompassingly epistemological and ontological*. Fouché further states that according to Husserl, only the phenomenological philosopher should bracket the *natural attitude*<sup>11</sup> and suspend existential belief. The phenomenological human scientist should not bracket the natural attitude, but only the presumptions likely to hinder progress in his field<sup>12</sup> (Fouché 1990:376). The reason for this apparent contradiction is that phenomenological philosophers strive to articulate a coherent and cohesive description of existence, of *being-in-the-world* while phenomenological researchers strive to understand and describe lived experiences (Swanson-Kauffman & Schonwald (1988:97). However, for Von Eckartsberg (1986:18) a dialectic between life and thought is the same as that between existentialism (a focus on the problems and themes of life itself, of existence) and phenomenology (which focuses on the explication of the intentional structures of consciousness in general). This is evident in that the *pure* phenomenology of Husserl was later enriched by the *existentialist movement* (Von Eckartsberg 1986:11) in the tradition of Kierkegaard and Nietzsche.

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<sup>11</sup> *Our naive faith in the objective existence of the world and other people. The everyday unreflected attitude of naive belief (Cohen 1987:31).*

<sup>12</sup> *See bracketing paragraphs 2.6.3, 6.3 and 6.6.4.2.*

Expanded into *existential-phenomenology*, associated primarily with Heidegger, Sartre and Merleau-Ponty, it recognises the importance of preconscious lived experience, i.e. the phenomenon of *the lived body*.

As Luijpen (1969:85) points out, research methodology, ontology and epistemology cannot be divorced from one's basic philosophical anthropological convictions which places *philosophy* (in this instance phenomenological philosophy) squarely in the realm of research (methodology).

Consequently, this chapter is based on the argument that philosophical phenomenology essentially defines phenomenology as a methodology and as a research method, and ultimately has bearing on the logic of methods chosen for data collection and analysis in any specific phenomenological research undertaking. This is in line with Cohen's (1987:31) remark that while phenomenology has much in common with other qualitative approaches, one of the major differences is the importance of the philosophical base of this tradition. However, some authors, like Omery, maintain that phenomenological research needs not necessarily be based on the phenomenological philosophy (Omery 1983:50).

### 2.5.2

#### HISTORICAL CONTEXT OF PHENOMENOLOGY

*Phenomenology* is rooted in the philosophical tradition of Edmund Husserl (Polit and Hungler 1993:327-328). According to Jennings (1986:1232), Husserl's principle mission was to save philosophy from its immediate crisis, a world view philosophy, and to restore its kingdom by reviving philosophy's original, yet unfulfilled, ideal of a *rigorous science* in pursuit of absolute knowledge of the world. Husserl believed that philosophy should be concerned with *essences*,<sup>13</sup> and its goal must be the clear comprehension of the essential nature of reality (Jennings 1986:1231).

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<sup>13</sup> *An essence is a fact or entity that is universal, eternally unchanging over time, and absolute. Conversely, an essence is not restricted to personal opinion, and is not dependent on logical arguments. At the same time, however, essences do not "exist" apart from the conscious experience beholding them. In other words, essences do not "float around", so to speak, waiting for a mind to behold them and thereby actualise them as real "being". Rather, essences are immanent. They are grasped in an act of reflective consciousness. For this reason, consciousness commands the fundamental position . . . that constitutes all forms of "being" in the world (Jennings 1986:1232-3).*

Husserl rejected naturalism and positivism<sup>14</sup> because they do not give a complete and accurate picture of reality. Rather, naturalism is only a perspective on the reality that pervades scientific inquiry in the sciences. Husserl recognised the enormous problems caused when naturalism relegates all possible phenomena in the world, including and especially human consciousness, to experimentally manipulable events of physical nature (Jennings 1986:1233; Cohen 1987:31). He intended phenomenology to be an alternative *scientific* approach to the study of consciousness, but not in the modern sense of *scientific* by virtue of using the experimental method. However, Husserl did not *flatly* reject the experimental investigations of psychology, but, he emphasised that an enormous amount of careful phenomenological groundwork was necessary before these experimental studies could be justified.

With regard to naturalistic and positivistic psychology<sup>15</sup>, Husserl asserted that psychology imposes many components of the pure conscious phenomena that are not found when its essence is grasped in acts of immediate *seeing* (by virtue of the phenomenological method). The preconceptions carried into the psychological analysis not only contaminate descriptions of *pure* consciousness in the first place, but these implicit concepts also remain untouched by the experimental method, and then enter the final, supposedly objective and true, empirical statements about consciousness (Jennings 1986:1235). Therefore, because psychology does not realise how its preconceptions can influence its analysis of consciousness, Husserl claimed that psychology is likely to remain phenomenologically *naive*. Clearly then, it is crucial to understand that Husserl's criticisms of psychology were not meant to *undermine empirical psychology but to give it a foundation, to elevate it to a science* (DeBoer 1987:479 in Jennings 1986:1236). Basically, phenomenology could help psychology make the implicit assumptions and preconceptions that guide its investigations more explicit (Jennings 1986:1236).

The psychologists' *naivete* regarding phenomenology, feared by Husserl appeared in quite another disguise. Husserl's original foundational function of phenomenology has been overlooked by modern psychologists, who, for the most part, mistakenly considered personal

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<sup>14</sup> Positivism refers to the direct application of the principles of the natural sciences to research in the human sciences.

<sup>15</sup> The reader is reminded of Wertz's argument that the present research question places this research in the realm of psychology. See paragraph 1.2.

reports of subjective experiences as phenomenological studies (Jennings 1986:1240). According to Giorgi (1983:129), phenomenology is misunderstood, especially within psychology, because it is uncritically identified with other methods and concepts with which it shares a number of characteristics. Identifying phenomenology with introspection is the most common error. The heart of the confusion is that both phenomenology and introspection are descriptive in orientation and both are interested in the investigation of consciousness (Giorgi 1983:130; Van Vuuren 1991:14). For Jennings, the forgotten distinction between phenomenology and psychology is that the former analyses the essential character of various types of conscious acts, whereas the latter studies the empirical components of actual subjective experiences corresponding to actual existent environmental events (Jennings 1986:1240). Husserl (Von Eckartsberg 1986:6-7), consequently drew an explicit distinction between phenomenology and psychology which were conceived in three separate and necessary domains of investigation, namely:

**Pure psychology**, which is the study of the essential structures of consciousness comprising its ego-subjects, its acts, and its contents - therefore not limited to psychological phenomena - carried out with complete suspension of existential beliefs.

**Phenomenological psychology** which is the study of the fundamental types of psychological phenomena in their subjective aspects only, regardless of their *embeddedness* in the objective context of a psychological organism.

**Empirical psychology**, the descriptive and generic study of the psychical entities in all their aspects as part and parcel of the psycho-physical organism; as such it forms a mere part of the study of man, i.e. of anthropology (Von Eckartsberg 1986:6-7).

Using phenomenology in psychology is in some circles still not well received. According to Omery (1983:55) and Riemen (1986:89) this is so because:

- psychology, like nursing, experiences direct competition with medicine, a science which uses natural scientific research methods effectively;
- the development of the definite methodology seems to have been an attempt to increase the legitimacy of the method [of phenomenology], since psychology was already established within an academic setting where the natural scientific method dominated; and
- possibly, this is due to the sensitivity of psychology because so much of its original

knowledge is rooted in philosophy.

### 2.5.3

#### THE ESSENTIAL ATTRIBUTES/CHARACTERISTICS OF PHENOMENOLOGY

To understand the original essentials of phenomenology, the reader is reminded of the primordial phenomenological dialectic<sup>16</sup>, explicated previously, on which phenomenology is primarily founded. This provides the stage for the concept *intersubjectivity*<sup>17</sup>, an important concept in phenomenology proper (Cohen 1987:31). The essence of phenomenology resides in two issues; *intentionality*<sup>18</sup> and the original *phenomenological method* which includes the *epoché*<sup>19</sup>, *reduction* and *free imaginative variation*. These aspects will be dealt with in more detail later in this chapter during the discussion of the *existential-phenomenology*. At this point Fouché's (1990:376) succinct summary of the Husserlian method suffices. According to Fouché:

The Husserlian reduction is *phenomenological* by virtue of the first step, the epoché, in that it leads us back to the phenomenon, to "pure" experience. It is *transcendental* in that in another procedural step or phase it leads us to a residue which cannot be bracketed. For Husserl, this transcendental residue is consciousness and it is the ultimate datum, given with apodictic self-evidence. The reduction is also *eidetic* in that in a further step, it can lead the investigators to the *eidós* or essence or meaning of their object.

Because phenomenology has to do with the *intuiting* of essence, Husserl sometimes called it an *eidetic science*. Like any science, it aimed at providing lasting and objective-universal knowledge, to separate the arbitrary and accidental from the necessary and the permanent, i.e. the essential. To accomplish this, Husserl augmented the process of phenomenological bracketing with what he called *free imaginative variation*. With this method, the noematic<sup>20</sup> object was to be varied in imagination by altering its constituents to test the limits within which it retained its identity, to discover its variants (Von Eckartsberg 1986:6). Today it is recognised that the same

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<sup>16</sup> See paragraph 2.3.

<sup>17</sup> The belief in the existence of others who share a common world (Cohen 1987:41)

<sup>18</sup> According to Husserl, consciousness is intentional. This means that consciousness is always, and essentially, oriented towards a world of emergent meanings. Consciousness is always "of something" (Luijpen 1969:113).

<sup>19</sup> "Epoché" or "phenomenological reduction" involves the attempt to put all one's assumptions about the matter being studied in abeyance, to "bracket" them (Luijpen 1969:113). Also see paragraphs 2.6.3, 6.3 and 6.6.4.2.

<sup>20</sup> That which is objective as it is given subjectively as to its objective sense, as to modalities of being and as to the subjective modes in which it is given (Husserl 1925:158).

can be accomplished by observing the phenomenon under study in different natural settings (empirically)<sup>21</sup> (Alant and Romm 1987:41).

Although the basic underlying argument of phenomenology holds the primacy of the subjective experience and thus also sets the basis for qualitative research, this primordial view of phenomenology is, however, to some degree incompatible with the assumptions underlying the present research. As indicated by the theoretico-conceptual, methodological-technical and ontological commitments on which this research is founded<sup>22</sup>, the nature of the research question and the research object (maintenance of a caring concern) is conceived of as being *existential* in nature, that is, it points to the individual's definition of self as being caring or as being a *caring being*. Alant and Romm (1987:6-8) point out that, ontologically, phenomenology and existentialism can be categorised as being humanistic in nature which is perfectly acceptable to the present study. Epistemologically, however, phenomenology is objectivistic in nature (the *eidos* can present itself to the perceiver which indicates some form of *completeness*). Existentialism, in contrast, is ascribed to the non-objectivistic epistemological category. The latter implies an incompleteness and openness associated with a *necessity* to *maintain* or at least, the potential for change. Thus, a non-objectivist epistemological category (existentialism or reflexivism) is more in line with the assumptions that underlie the present research. This calls for an altering in the basic phenomenological argument, a marriage between existentialism and phenomenology as represented in *existential-phenomenology*.

#### 2.5.4

#### TYPES OF PHENOMENOLOGY

According to Riemen (1986:90), there is not only *one* or *a* phenomenological methodology, but rather a variety of methods that all hold the primacy of the subjective experience or as Cohen (1987:31) puts it, *a variety of methods attempting to provide answers to important questions on deep human concerns*.

Cohen (1987:31) states that it is difficult to describe the term *phenomenology* or the

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<sup>21</sup> This is operationalised in Chapter 9.

<sup>22</sup> See paragraph 1.4.

*phenomenological movement* since the philosophy has changed considerably over time, both across different philosophers and within each philosopher. Nonetheless, according to Lowenberg (1993:64), the term *phenomenological method* usually refers to one of two specific approaches. In the first instance, the term refers to the researcher capturing the *lived experience* of participants. In the second instance, *phenomenological method* involves the *hermeneutical method* and the analysis of text to arrive at symbolic meanings. The hermeneutic perspective is increasingly incorporated within the broad range of interpretive approaches in that reality is seen as consisting of buzzing chaos that must be interpreted cognitively, rather than as an objective reality waiting to be discovered. This view of hermeneutics is also commonly labelled a *constructionist* or *constructivist* perspective. Language provides the mediation between individual cognitive processes and the socially shared and cultural aspects of interpretation. Yet, the hermeneutic method pertains specifically to one type of phenomenological research approach (Lowenberg 1993:65).

This statement on hermeneutic phenomenology by Lowenberg (1993:65), and the terms used by Polit and Hungler (1993:327-328) and Riemen (1986:90) are different from that of Omery (1983:51) who distinguishes between different steps in the phenomenological endeavour rather than between different types of phenomenology. As Omery further puts it, the six different steps, common to all philosophical phenomenological endeavours identified by the historian Spiegelberg (Omery 1983:51), have inspired social scientists using the phenomenological method rather than having been applied (as individual types of phenomenology) by these scientists. These six steps are:

- *Descriptive phenomenology* or the direct investigation, analysis, and description of the phenomenon under study as free as possible from preconceived expectations and presuppositions.
- *Phenomenology of essence* or the so called essential phenomenology conducted by perception and probing of the phenomenon for typical structures or *essentials* and for the relationships between structures.
- *Phenomenology of appearances* in which attention is given to, or the phenomenon under study is watched for, ways it appears in different perspectives or modes of clarity, i.e. determining the distinct from the hazy surrounding it.

- *Constitutive phenomenology* in which the constitution or the way in which the phenomenon establishes itself or takes shape in the conscience is explored.
- *Reductive phenomenology* or detaching the phenomenon of our everyday experience from the context of our naive or natural living, while preserving the content as fully and as purely as possible.
- *Hermeneutical phenomenology* interpreting the concealed meanings in the phenomenon that are not immediately revealed to direct investigation, analysis, and description (Omery 1983:51). Von Eckartsberg (1986:23) also mentions the so-called *hermeneutical-phenomenological studies*, the *data base* of which is conceived of more broadly than in the empirical protocol studies (Von Eckartsberg 1986:23).

In the *empirical reflective psychological approach*<sup>23</sup> applied in the present research, traces of all six of these steps are evident, but, not in any specific sequence. For this reason, these six *steps*, with regard to the present research, should be seen as *dimensions* of phenomenological methodology and the research act. None of these steps or dimensions was thus applied as a distinct phenomenological methodology, or method, during the present research.

*Existential-phenomenology* (the *methodology* according to which the present research is structured) represents a distinct refinement the phenomenological philosophy and methodology and epitomises a dialectic between the apparently contradicting philosophical orientations of phenomenology and existentialism. This phenomenology, according to Von Eckartsberg (1986:23), features three distinct branches, namely:

- research in terms of *structural* orientation which aims at revealing the essential general meaning structure of the given phenomenon in answer to the implicit guiding research question: *What is it, essentially?*
- research which focuses primarily on the articulation of the *process* of human experience which answers the question: *How does it happen?*
- research using concrete descriptions of experiences as data to critically examine and *validate phenomenological constructs*, using focused experiential research to illustrate the usefulness of phenomenological constructs in understanding everyday events in terms

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<sup>23</sup> A detailed explanation of the procedure involved in this approach is given in Chapter 8.

of phenomenological constitution (Von Eckartsberg 1986:23).

In the present study, in answering the research question: *How is a caring concern maintained?*, both the questions, *What is it, essentially?*, and, *How does it happen?* are being answered.

## 2.6 EXISTENTIAL-PHENOMENOLOGY

### 2.6.1 ORIENTATION

As indicated previously, the pure phenomenology of Husserl has been enriched by the existentialist movement in the tradition of Kierkegaard and Nietzsche (Von Eckartsberg 1986:11; Brockelman 1980:3). In a way this led to more congruency between ontological and epistemological questions<sup>24</sup>. *Existential-phenomenology* inherited from existentialism not only the distrust of speculation, but also the *primacy* of existence (concrete experience), the sense of richness, and the intention to tie philosophical reflection to it. Pure phenomenology, on the other hand, provided a disciplined method and methodology by means of which the researcher can get to the existence or the experience; that is to scientifically investigate existence and experience (Brockelman 1980:52). The chief gain of the existential-phenomenology is then to have united an extreme subjectivism (existentialism) with an extreme objectivism (phenomenology)<sup>25</sup> by means of a reflective analysis of our everyday *experience-in-the-world* (Brockelman 1980:52).

That the two points of view in fact came together in Brockelman's (1980:51) opinion is startling [*sic*]. The differences between these two points of view are summarised in Table 2.1.

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<sup>24</sup> See the epistemological and ontological incompatibility with the research question and intent discussed in paragraph 2.5.3.

<sup>25</sup> See paragraph 2.5.3 as well as paragraphs 2.6.2 and 2.6.4.

**TABLE 2.1: THE DIFFERENCES BETWEEN THE EXISTENTIALIST  
AND THE PHENOMENOLOGICAL POINTS OF VIEW  
THE EXISTENTIAL-PHENOMENOLOGICAL PARADOX**

EXISTENTIALISM		PHENOMENOLOGY	
1	Seeks to clarify the non-rational dimensions of our experience.	1	Conceives of itself as a kind of rationalism
2	Attacks essentialism	2	Is a type of essentialism
3	Radically subjectivistic	3	Radically objectivistic (Brockelman 1980:52)
4	Shows the unique	4	Depicts the typical
5	Handles concreteness	5	Deals with essences
6	Concerned with the reality of the individual	6	Interested in the structure of consciousness Natanson (1970:66)
7	Spiritualistic in nature	7	Materialistic in nature
8	Emphasises living	8	Emphasises thinking (Von Eckartsberg 1986:17)
9	Focuses on problems and themes of life itself	9	Focuses on the explication of the intentional structures of consciousness in general (Von Eckartsberg 1986:17)
10	Focuses on ontology and ontological issues	10	Focuses on epistemology and epistemological issues (Walters 1995:794)
11	Founded on spiritual knowing or understanding	11	Founded on sensitive (sense) knowing (Luijpen 1969:119)

However, Brockelman (1980:51) feels that, perhaps too much has been made of the differences between these two philosophical orientations since both these approaches:

- share a distrust of metaphysical speculation in and for itself;
- strive to focus upon experience as it is lived-through (from the inside);
- are radically empirical;
- are human as opposed to nature-oriented [*sic*]; and
- seek to tie philosophy more closely to experience.

Expanded into *existential-phenomenology*, associated primarily with Heidegger, Sartre and Merleau-Ponty, this confluence recognises the importance of preconscious lived experience, i.e. the phenomenon of the *lived body*<sup>26</sup>. It emphasises that being in the world involves more than

<sup>26</sup> This a complex set of inter-relationships with one's past and future and with things and other people. It is in fact the relationships themselves. (Thus in debt to the phenomenology for the concept of intentional field or intentionality). To have human experience at all is to have it "within." This does not mean that we live "in" the world or "within" the world in a spatial sense. Rather, human experience as such is "worldly" (Brockelman 1980:53-4).

human consciousness (as is the case with Husserlian thought) and encompasses the total embodied human response to a perceived situation. Such insight leads existential phenomenologists to focus their work on human situated experience.

**Existential-phenomenology** could thus be interpreted as referring to the application of the phenomenological method to the perennial problems of human existence<sup>27</sup> (Von Eckartsberg 1986:7). Thus, existential-phenomenology is the attempt to reflectively evoke and verbally articulate, by means of the phenomenological method of description, various phenomena including a variety of invariant structures or conditions of our experience to itself as it is lived-through within the *world* or horizon of ordinary experience<sup>28</sup> (Brockelman 1980:52).

In the same vein May (Riemen 1986:89) defines existential-phenomenology as *ideally to take the human being as he exists, a living, acting, feeling, thinking phenomenon, at this moment in an organic relationship to us*. Existentialism (and existential-phenomenology) seeks not only to understand mankind in concrete lived situations and lived moments but also man's responses to these moments. In this regard it is significant that Sartre (1988:95), in her discussion of different research methodologies, classifies the phenomenological approach or methodology, as the *personal* way to knowledge in terms of Carper's four ways of knowing<sup>29</sup>.

The following statement by Luijpen (1969:85) summarises this succinctly:

The primitive fact itself of the new movement [existential-phenomenology], of the new style of thinking, was reflected upon and expressed after Kierkegaard's existentialism and Husserl's phenomenology had, as it were, fused in the work of Heidegger. At present it is realised that the new style of thinking uses as its primitive fact, its fundamental intuition, its all-embracing moment of intelligibility, the idea of existence or, what may be considered synonymous with it, the idea of intentionality (Luijpen 1969:85).

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<sup>27</sup> *Existence refers to the concrete, biographical, and embodied life of named persons who are characterised by uniqueness and irreplaceability. Existential-phenomenology studies existence in terms of the person's involvement in a situation within the world. It aims, in its ultimate objective, at "the awakening to a special way of life, usually called authentic existence" (Von Eckartsberg 1986:12).*

<sup>28</sup> *The world of ordinary experience is the "world" we live-through as opposed to the "world" we have constructed from our assumptions, fundamental interpretations and thoughts. It is the setting of our everyday lives as opposed to the world conceived of as the totality of object-things (Brockelman 1980:53)*

<sup>29</sup> *Empirical, personal, and aesthetical, and ethical knowing (Carper 1979).*

## 2.6.2 INTENTIONALITY<sup>30</sup>

With the coining of the word *existential-phenomenology* by existential phenomenologists, it was necessary to revisit the development of the term *intentionality*. This word took central place in the work of Husserl and was metaphorised as an *intentional arrow* symbolising the one-directional act of the *ego-cogito-cogitatum*<sup>31</sup>, an ego directing its attention towards an object revealing its sense or meaning. In existential-phenomenology, however, intentionality became redefined as a *dialogal, relational dynamic of self-other interaction* (Von Eckartsberg 1986:14).

For the present research, as explained previously<sup>32</sup>, Husserl's notions, especially his earlier notions, are not all compatible with the present research question. Maintenance and caring, and being caring are not directionally intentional in the sense of an *objective* something that can *speak for itself*. Rather, it is the lived experience of being - of being caring and maintaining that caring being (concern).

The importance of *intentionality* in the present research becomes more conspicuous in light of the redefinition of the term by Scheler and other more recent philosophers (Von Eckartsberg 1986:15).

For Scheler the primordial human act of *intentionality* is one of *value-ception*. He emphasises the emotional and *trans-rational* nature of our relating to the world and to one another and concentrates on loving and hating, i.e. value laden acts by means of which we construct our lives. Caring as implied in the research question is accommodated by this definition of intentionality as *value-ception*. That is, *being caring* and *acting out of a caring concern* are reflective of a

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<sup>30</sup> Synonyms for intentionality as the primitive fact in existential-phenomenology are: for Marcel, participation; and for Merleau-Ponty, presence (Luijpen 1969:86); for May (1969:227) the "missing link between mind and body"; for Scheler, "value-ception"; for Sartre, "the existential project" and; for Heidegger, "culture building" (Von Eckartsberg 1986:15).

<sup>31</sup> According to Luijpen (1969:101) phenomenology also sees the subject (ego)-as-cogito, or human knowledge, as "intentionality."

<sup>32</sup> See paragraph 2.5.3.

particular *value-ception* and value orientation<sup>33</sup>.

For Sartre, the notion of intentionality is linked with existential choices and radical freedom to make commitments and to choose our future. Sartre's key notion in this context is the *existential* project, characterising the way a person chooses his or her long-range life commitments and life direction in and through all particular acts of involvement (Von Eckartsberg 1986:15). Intentionality as a property of consciousness is directed towards being. It is an activity, *not* a stable factor or a variable (Cohen 1987:33). The fact that a person can choose a life commitment again accommodates the present research intent; the *maintenance* of a caring concern.

In Heidegger's notion of being-in-the-world, which radicalizes the subject-object notion and bridges the subject object split, Dasein's<sup>34</sup> basic ontological structure is characterised by *Care*; concerned presence; a world-openness. The priority of the subject (or person, or ego) yields to the unitary and coequal relationship of mutual implication or *relational totality*; caring-being-in-the-world (Von Eckartsberg 1986:15). This is also in line with the Scheler's concept of *value-ception*.

In his later works, Heidegger developed this notion into *dwelling* by which he meant our caring, sparing, *spatialising* and temporalising *presencing* and *eventing* of being. This might also be called *culture building* (Von Eckartsberg 1981 in 1986:15). Dwelling is concerned with our authentic presence to *our* situations, *our* things, *our* people. Heidegger thus directs, in a normative dimension, our concern with the authentic and good life in deep relationship to the ground of being (Von Eckartsberg 1986:15). This normative dimension is also reflected in the present research intent, *maintaining caring*. This is also in line with the assumptions underlying the present research which inevitably reflects the researcher's pre-scientific<sup>35</sup> understanding of

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<sup>33</sup> The fundamental definition of caring given in Chapter 3 and the discussion of the phenomenon "caring" illustrates this point in detail.

<sup>34</sup> The word "Dasein," although ambiguously used by Heidegger, is generally accepted as an untranslated technical term of his philosophy, meaning the mode of existence of the human being (Blackham 1991:88).

<sup>35</sup> As scientific themes, nature and mind do not exist beforehand; rather, they are formed only within a theoretical interest and in the theoretical work directed by it, upon the underlying stratum of a natural, prescientific experience [Erfahrung]. Here they appear in an original intuitable intermingling and togetherness; it is necessary to begin with this concretely intuitive unity of the pre-scientific experiential world

the phenomenon *maintenance of a caring concern*.

Intentionality thus brings us to existence itself; to a non-objective stance as compared to the objective humanism of a Husserlian phenomenology<sup>36</sup>. Thus, the meaning-giving subject is no longer the unit of analysis. Meaning resides not solely within the individual nor solely within the situation but is a transaction between the two so that the individual both constitutes and is constituted by the situation (Benner 1985:7; Allen et al. 1986:29). This implies that *existence* is what is real (to the individual).

As Brockelman (1980:54) expresses intentionality: *to exist humanly means to be already related, to necessarily be involved in and with things and others*. There is no such thing as human experience apart from the environment or other people. There is no *self* apart from the *external world* and no external world apart from self. All there is, is our familiar (so familiar that it is often unnoticed) *world* of experiential interrelationships (Brockelman 1980:54). As May (1969:244) puts it: *Without intentionality we are indeed 'nothing.'*

The *world* is specifically envisioned as a pre-conscious experiential field. It is the *always-assumed* but *rarely-explored* condition for the possibility of *whatever happens* (Brockelman 1980:55). Rather than an *objective* world of *things-in-themselves* which is supposed to lie behind the various interpretations we have of it, such an *objective world out there* is seen to be an *ideal*

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*and then to elucidate what theoretical interests and directions of thought it predelineates, as well as how nature and mind can become unitary universal themes, always inseparably related to each other, in it. . . . We go from the concepts in question for us, nature and mind, as concepts defining provinces of science, back to the world which precedes all sciences and their theoretical intentions, as a world of pre-scientific intuition, indeed as a world of actual living which includes world-experiencing and world-theorizing. . . . Admittedly, this world has quite a changing countenance. Not only do we experience it as variable and as forever transforming itself, but even our "apprehensions" change; . . . whatever gives itself to our simple regard as seen, heard, or in any way experienced, upon closer consideration, includes [such] sediments of previous mental activities . . . it is thus questionable whether and actually pre-scientific [and pre-scientific] world can ever be found in pure experience (Husserl 1925:40-41). For this reason the term "pre-scientific" knowledge in this research is defined as the knowledge and viewpoint the researcher had regarding the object of intent namely "maintenance" prior to the analysis of the data. With reference to informants, "pre-scientific" knowledge pertains to their experiences and the way in which they admit to maintaining a caring concern. Scientific knowledge, then, for the purpose of this research is the result of the data analysis, which in itself is already pre-scientific to future development in this respect.*

<sup>36</sup> See paragraph 2.5.2.

interpretation we have brought to life, an interpretation based upon and presupposing what we are calling the world of ordinary experience. The very conception of *things* out there could only be developed and posited on the basis of a process of bodily and perceptual exploration of the world. Rather than the world we assume we *know* beforehand and which we use to explain our perceptual experience (sense impressions etc.), it is actually the other way around: we can understand that *ideal* world of objects only in so far as we take a close look at our ordinary, bodily, perceptual experience through which we have constructed such an *ideal* or never directly-perceived *world* of objects (Brockelman 1980:55). Thus, the world is there before any possible analysis of our's (Brockelman 1980:56)<sup>37</sup>.

As the context of the understanding of the contributing dimensions in the constitution of meaning widened to include the role of our self-moving body, our essential intersubjectivity, and our embeddedness in language and culture, the meaning of intentionality changed from an emphasis on mostly cognitive understanding to one of existential engagement in the creation of a way of life (dwelling) (Von Eckartsberg 1986:16). Thus, over time, our understanding of intentionality has undergone a shift in emphasis or focus, from *consciousness* to *culture building* acts, from *value free* phenomenological reflective analysis operating under the self-imposed disciplines of several steps of bracketing (epoches) to *passionate value-engagement* and *existential commitment*. We moved from the primacy of knowing to the primacy of life praxis, to *enactment*<sup>38 39 40</sup> (Von Eckartsberg 1986:17). In a sense, the movement in the definition of intentionality is also a movement from an *organicismic* viewpoint of intentionality to a more

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<sup>37</sup> This latter interpretation of Brockelman's, that the world is there before we are, opens the stage for an important methodological concept in qualitative research - the hermeneutic circle.

<sup>38</sup> In the present research it is assumed that the same shift in emphasis that took place regarding intentionality can be attained in/with the research informants. That is, bringing the individual informant in touch with him/herself, to allow the informant to reflect on caring, no longer in terms of what caring is or ought to be (cognitive consciousness), but in terms of the personal individual culture of being caring, the enactment and passionate value-engagement of being a caring being.

<sup>39</sup> It is the researcher's ultimate wish and hope that caring within the nursing profession will follow the same path of development as did intentionality. From mere distant idealistic, objectivistic, cognitive consciousness to a culture of caring enactment.

<sup>40</sup> In a certain sense, this also implies a potential to *action research*, to rectify what is wrong during the process of research through the necessary involvement of informants. In the present research this would imply guiding the respondents to authentic self. However, in some circles, this might be viewed as therapy. Nonetheless, the possibility still exists for action research to be conducted via the existential-phenomenological approach.

*contextualistic* viewpoint<sup>41</sup>.

More important regarding the present research and the ontology/epistemology unity is the fact that there is a close inner relationship between caring and intentionality suggested by the fact that *the root word "tend" - to take care of - is the center of the term intentionality* (May 1969:228). It is thus in intentionality, caring, and will that the individual finds his identity.

### 2.6.3 REDUCTION<sup>42</sup> AND BRACKETING<sup>43</sup>

As stated above, our understanding of intentionality has undergone a shift in emphasis or focus, from consciousness to culture building acts, from value free phenomenological reflective analysis operating under the self-imposed disciplines of several steps of *bracketing* to passionate value-engagement and existential commitment. It is thus evident that reduction and bracketing also must have undergone a shift in focus and understanding.

When Husserl first defined the subject-as-*cogito* as intentionality, he *bracketed* the actual existence of the worldly meaning to which the subject is oriented. Husserl actually suspended his judgement of the actual existence of the worldly meaning. This posed a critical problem - whether an external reality corresponds with the contents, representations and concepts of the encapsulated, isolated and closed *cogito*. For idealism, meaning is the content of the *cogito*, and this content in its being is not distinct from the *cogito* (Luijpen 1969:114). For realism, meaning is totally divorced from the *cogito* and its being is wholly foreign to the *cogito*.

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<sup>41</sup> According to Coward (1990:164), *organicism* represents the interpretive or the traditional phenomenological model, while *contextualism* represents the viewpoint that change occurs as a function of the interaction between the changing phenomenon and the changing context (environment) which implies a complete interdependence between the phenomenon and the environment.

<sup>42</sup> Reduction is not the same as over simplification in naturalism, positivism and psychologism, which Husserl criticised. Rather, reduction enters into the "fundamental meditation" of phenomenology, the purpose of which is to obtain pure and unadulterated phenomena that are attainable in the "naive" or "natural" attitude, the everyday, unreflected attitude of naive belief. The purpose of reduction is to prepare us for critical examination of what is undoubtly given, before our interpreting beliefs enter in. Husserl also used the Greek word "epoche" (Cohen 1987:32).

<sup>43</sup> According to Walters (1995:792), while the three terms "phenomenological reduction," "epoch" and "bracketing" are synonymous, they are different metaphors for the change in attitude that Husserl contends is necessary for a rigorous philosophical enquiry.

Husserl did not initially see that the *bracketing* of the being of meaning is possible only if one starts from the supposition that the *cogito* is an isolated reality, filled with contents (Luijpen 1969:114). However, it is precisely this supposition that one rejects when one affirms intentionality. Husserl increasingly became aware of this inconsistency in his own thinking and the idea appeared less and less in his work until finally it disappeared altogether. Accordingly, there are no traces of this in the work of Heidegger (and Merleau-Ponty) (Luijpen 1969:114). The methodological implication of Husserl's enlightenment is thus that the phenomenological human scientist should not bracket the natural attitude<sup>44</sup>, but only the presumptions likely to hinder progress in his field (Fouché 1990:376). This in turn suggests that the return to the things themselves is a return to the *lived world* and implies the recognition of the *existent*<sup>45</sup> subject-as-cogito with its many standpoints as the most original experience in the world (Luijpen 1969:116). This recognition is the execution of the phenomenological *reduction* - a return to original experiences and the original world, stripped of the superstructure of theories which have been added to it (Luijpen 1969:112).

### 2.6.3.1

#### **Bracketing as the ethical dictum of phenomenological research**

Husserl's statement, quoted above, that the human scientist should not bracket the natural attitude, but only the presumptions likely to hinder progress in his field (Fouché 1990:376), makes bracketing as intended in later phenomenology, and in the present research, the ethical imperative of accurately *interpreting* lived experiences by the researcher (Swanson-Kauffman & Schonwald 1988:98). These authors continue by saying that:

In fact, the very worth of a phenomenological portrayal of reality must be judged in terms of how validly the researcher represents the experiences of those who live the reality.

Bracketing as the setting aside of researcher assumptions prior to and during the research to accurately portray the reality of informants represents the first layer of bracketing. A second layer of bracketing involves, prior to and during each interview, reducing the influence of the witness

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<sup>44</sup> *Our naive faith in the objective existence of the world and other people.*

<sup>45</sup> *That which has to do with being and becoming rather than with things in themselves as objects (Luijpen 1969:116).*

of all previous informants in order to fully heed the story of the one who is being queried (Swanson-Kauffman & Schonwald 1988:98).

Thus, bracketing becomes:

... a concrete attempt to negotiate the empirical with the experiential (Swanson-Kauffman & Schonwald 1988:98).

In this negotiation, and the consequent attempt to reconcile personal knowledge and beliefs with the witness of informants, several leaps of faith should be made by the researcher. These include researchers' beliefs that:

- our experiences and knowledge, while valid, may not be the reality of those we seek to describe;
- we are capable of eliciting and hearing the reality of our informants;
- the personal stories of our informants will express a reality sufficiently unique or cohesive so that any *a priori* assumptions of our own will not influence their interpretation. However, since we raise the research question, we cannot help but express opinions about that which we believe is worth studying (Swanson-Kauffman & Schonwald 1988:99).

The need for bracketing as defined and discussed up to this point is also evident in Van Vuuren's (1991:11) caution that the failure of the student to get in touch with his/her own perspective (epoché) and to get in touch with the phenomenon (eidetic intuition) leads to serious shortcomings in research. For example, to see what one is looking for is a common error. The selection of a psychological topic is based on personal issues or motives which can limit the findings by the self-deceptive tendencies of the research (Van Vuuren 1991:11).

### 2.6.3.2

#### Ways in which to bracket

According to Swanson-Kauffman & Schonwald (1988:99), there are different ways in which we can bracket our experiential knowledge of the phenomenon under study. These include:

- We must state clearly our conscious assumptions about that which we are investigating. This is done in great detail in this research report. Section C of this report contains the

researchers assumptions of the phenomena *caring* and *maintenance* as he perceived it prior to conducting the empirical investigation (interviews). Section C thus contains the researcher's *pre-scientific* notion of the object of intention.

- The articulation of personal assumptions which takes the place of the conceptual framework section in traditional studies. In this regard the reader is referred to appendix 1 which contains the original research proposal for the present research. The discerning reader will also note that the researcher's understanding of the existential-phenomenology and other methodological concepts associated with the present research have undergone a noticeable refinement, including the original proposed title for this research<sup>46</sup>.
- Although, to some phenomenological researchers the fact that a literature study is done may seem like heresy, Swanson-Kauffman & Schonwald (1988:99) believe that it is a practical concession to the realities of the research world. The researcher corroborates this statement. The reader is once again referred to Section C of this report.

Finally, to Merleau-Ponty (Von Eckartsberg 1986:5) it is questionable whether one can really bracket one's presupposition about a phenomenon. The argument is that a totally presuppositionless vantage point cannot be secured, because as we put one presupposition out of action, we uncover beneath it more hidden ones. Our vital interests and existential involvement with people and things in the world are of fundamental character and would not allow themselves to be entirely undercut. Nevertheless, Merleau-Ponty felt the aim of phenomenological reduction to be an extremely fruitful one, for, by uncovering our presuppositions and interrogating them, we can clearly advance our understanding of the phenomenon under consideration<sup>47</sup> (Von Eckartsberg 1986:5).

#### 2.6.4

#### EPISTEMOLOGY AND ONTOLOGY

There is a close relationship between *intentionality*, and *epistemology* and *ontology*. Whatever

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<sup>46</sup> *If caring or Care constitutes the essence of being as indicated by Heidegger, then, the idea of "meta-caring" of caring above and beyond caring itself is absurd except if such care and caring is acknowledged to be located in a deity (God) besides man (Researcher's own insight).*

<sup>47</sup> *The researcher also experienced this phenomenon during the present research - the literature review and "objectification" of the researcher's presuppositions of the phenomena "caring" and "maintenance" could have gone on almost ad infinitum.*

the focus or definition of *intentionality*, it forms the basis for *epistemology*. As May (1969:226) puts it, intentionality is a way of knowing reality - an epistemology. It carries the meaning of reality (*ontology*) as we know it. Essentially all these are founded in *Care*.

Our concern with epistemology at this point is a concern with the criteria (dimension and nature) of *knowledge* (meaning and social reality), that will render knowledge as acceptable and legitimate *research data*. It is only when we have established the criteria for knowledge that we can design strategies to elicit knowledge from informants; that we can design data gathering instruments and techniques and create methods for data analysis<sup>48</sup>. Epistemological (and ontological) considerations are thus pivotal in the quest for valid and reliable research data and conclusions drawn from such data.

As indicated previously, intentionality, as defined by existential-phenomenology, brings us to existence itself; to a non-objective stance as compared to the objective humanism of a Husserlian phenomenology<sup>49</sup>. Thus, the meaning-giving subject is no longer the unit of analysis. Meaning resides not solely within the individual nor solely within the situation, but is a transaction between the two so that the individual both constitutes and is constituted by the situation (Benner 1985:7). The knowledge process (epistemology) is essentially part of the process of constituting a life world (ontology).

In this regard, Von Eckartsberg (1986:17) points out that:

Living informs expression (language and thinking), and in turn, thinking-language-expression reciprocally informs and gives a recognizable shaped awareness to living. Meaning, experience as meaningful, seems to be the fruit of this dialogue between inchoate [just begun; undeveloped] living and articulate expression. Whereas living is unique and particular, i.e. **existential**, thinking tends toward generalization, toward the universal, the essential, the **phenomenological**.

We thus live within the tension between inchoate living and articulate expression - *in between* these levels of participation. So, the tension and interdependence between life (existence/ontology) and thought (epistemology) are expressed in the very name of the

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<sup>48</sup> These issues are discussed in Section D, chapters 6, 7 and 8.

<sup>49</sup> See paragraph 2.5.

*existential-phenomenological* approach and constitute what can be called the *existential-phenomenological paradox*<sup>50</sup> (Von Eckartsberg 1986:17). Human life (ontology) is thus neither subjective consciousness alone nor a passive and empty receiver of a *real* world out there; neither mental nor purely physical; neither individual alone nor purely social; neither rational nor simply emotional; neither determined nor purely free. It is none of these and all of these (Brockelman 1980:56).

The dialectic between life and thought is the same as that between existentialism (focusing on the problems and themes of life itself, of existence) and phenomenology (which focuses on the explication of the intentional structures of consciousness in general) (Von Eckartsberg 1986:18). Thus life is thinking and thinking is (about) life. Ontology and epistemology (being and knowledge) are thus inseparable. This tension is also inherent in the very organization of language, which can move on either or both levels simultaneously, with *descriptive specificity* and *uniqueness* and/or in the mode of *universalizing conceptualisations* and *judgement*. Language can encompass and interrelate both levels through mixed, multi levelled discourse, and by means of such expressive tools as metaphors, symbols and proper names, each of which constitutes a special class of *concrete universals* (Von Eckartsberg 1986:18). This also accommodates to some extent Brockelman's definition of existential-phenomenology<sup>51</sup>.

In addition to Von Eckartsberg's dimensions of epistemology, namely that it is both *descriptive specific* or *unique* and *universalized conceptualisations* and *judgemental*, Luijpen (1969:117) adds that it is utterly impossible to isolate certain moments of knowing from each other such as *sensitive* (sense perception: the here and now seeing, hearing, feeling, etc.) and *spiritual knowing* (understanding). There is no purely *sensitive seeing* in man, a seeing that would not be permeated by spiritual consciousness and understanding. Although it is impossible to obliterate the distinction between sense perception and understanding, it is also very difficult to understand

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<sup>50</sup> For a summary of the issues resulting in this paradox see Table 2.1 and 2.2. Also see research results on paradoxes as contained in Table 10.2, paragraph 10.2.3.2.1.3.

<sup>51</sup> *Existential-phenomenology is the attempt to reflectively evoke and verbally articulate, by means of the phenomenological method of description, various phenomena, including a variety of invariant structures or conditions of our experience to itself as it is lived-through within the "world" or horizon of ordinary experience (Brockelman 1980:52).*

the distinction correctly. As Luijpen (1969:119) puts it, *on the one hand my consciousness is a consciousness of what is, of that by which a thing is what it is, of the essence, nature or quiddity of something. On the other and, my consciousness is a consciousness of the "this", the "here and now" of something. Thus, one can easily be tempted to isolate these distinct aspects*<sup>52</sup>.

However, sensitive knowing (seeing) is permeated with spiritual consciousness and understanding. On the other hand, it is also certain that my spiritual understanding is never isolated from sense knowledge (Luijpen 1969:120). Through my knowing, a particular worldly thing is raised above meaning nothing to me to a level of meaning something to me - it has received intelligible meaning for me. However, the essence of a thing is also imposed on me. I cannot arbitrarily give any meaning to the world. This gives a provisional terminus to the expression I give to what I understand. That which I understand imposes it upon me, it is interiorised, assimilated in and by my understanding, and it is embodied and expressed in *language* (Luijpen 1969:121). Though the meanings available to the individual can undergo transformations, they are limited by a particular language, culture and history (Benner 1985:5; Allen et al. 1986:29). These expressions resulting from my understandingly-being-in-the-world, are known as *ideas* or *concepts*. Luijpen (1969:121) summarises this by stating that:

Through my understanding I dwell in my world as a world of essences, a system of intelligible meanings, but encipher as I express that intelligibility in my ideas and in words, I dwell in a "world of ideas". Thus, there is a world of ideas, however, this world of ideas is not autonomous. The word of ideas is produced by me and my world. My subjectivity-as-cogito is a dwelling in the world on "two" levels, and "one" of these "two" levels is a dwelling in a world of essences. I give expression to this dwelling through and in the immutable idea, which I embody in language. In this way, I dwell in a "world of ideas".

Luijpen's language usage in this quotation is highly reminiscent of Heideggerian vocabulary. The

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<sup>52</sup> This could pose a problem. If we allow ourselves for a moment to ignore the entwinement of these two ways of knowing, the present research act would sequentially imply a stimulation of the informants sensitive knowing via the research question, which will result in spiritual knowing (or self-understanding) that will be presented to the researcher as sensitive knowledge which he/she then will interpret in terms of his/her existing spiritual knowing. Or we can argue as May (1969:227-8) does, that, the act and experience of consciousness itself is an ongoing moulding and remoulding of our world; self related to objects and objects to self in inseparable ways; self participating in the world and also observing it; neither pole (self or world) being conceived without the other. However, this does not mean that we cannot for a moment bracket the objective side of experience or the subjective side of it, eg. when I get the results on a pathology test, I bracket for a moment how I feel about it. I first want to understand as clearly as possible the measurements. However, after this, my responsibility is to put these objective facts back into the context in which they have meaning for me (May 1969:227:8).

pertinence of language, culture and history in human *dwelling* (ontology and epistemology) necessitates data gathering and data analysis methods and techniques that will recognise that our privileged access to meaning is *not* numbers but rather perception, cognition and language (Von Eckartsberg 1986:2) displayed through such expressive tools as metaphors, symbols and proper names, each of which constitutes a special class of *concrete universals* (Von Eckartsberg 1986:18). Research thus calls for language mediation through interviews, discourse, existential descriptions and the like, as well as content analysis of the result of the data collected through the compilation of phenomenal descriptions and psychological profiles and the process of open coding and constant comparative analysis<sup>53</sup>.

Luijpen continues by stating that when I really *understand*, I leave out of consideration the concretely individual, the *this, here and now* which, nonetheless, characterizes every object. However, that which is *essential* to an object, is drawn to the foreground of my *existence's* field of presence, and the concrete and individual characteristics of the object are pushed into the background. In my concept, only that is expressed which in my field of presence figures as the foreground, and the background is left out of consideration. The terminus, the result of my understanding does not express the individual character of my encounter (or the object). It contains only one single abstract idea, eg. house, beauty, whatever. The abstract concept retains only an implicit reference to the individual, in the sense that it connotes that, of necessity, the concept can be realised only in the individual (Luijpen 1969:124). The implication hereof for the present research and other phenomenological studies is that through the research endeavour we must reconstruct (analyse, concretise and expand) individual informant's understanding (concepts). In the present research this means concretising the individual informants understanding of the phenomena *maintenance* and *caring*.

Luijpen's argument for understanding as conceptual abstracts also has, in the true nature of the existential-phenomenological paradox, a counter viewpoint. Gendlin illustrates this through what he terms *direct reference*<sup>54</sup> (Jennings 1986:1238). Although a person may puzzle over what sort

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<sup>53</sup> See Chapter 8.

<sup>54</sup> During psychotherapy, it is often observed that the client is distinctly aware of an important inner feeling experienced, but the client does not yet possess the "words" or ideas to formulate an understanding of just what that experiential feeling is about (Jennings 1986:1238).

of *this* or *it* she or he is aware of, there is nothing at all vague about the definite way she or he *feels it* and attends to *it* (Jennings 1986:1238). The *it* is only vague conceptually, however, the client can clearly attend to it, talk about it, point to it, sense its special tonal qualities, and feel it change in response to various conceptualisations or therapeutic events. The inwardly felt datum is entirely meaningful though it is not yet labelled or formulated into an explicit conceptualization<sup>55</sup> (Jennings 1986:1238). *Felt experiencing* (or what Heidegger called *Befindlichkeit*) is a much richer sense/sensation [than conceptualisation or theory] encompassing a multitude of potential meanings, one aspect of which may be formulated in terms of *this* or that concept or statement (Gendlin cited in Jennings 1986:1239). It may thus also be the researcher's task in existential/phenomenological studies to assist the informant to *conceptualise* such *felt experiences*. Thus, during data gathering and analysis, such *vague* expressions and *beating about the bush* on the part of informants should not at all be ignored, but should be interrogated.

The systematisation and the *proceduralizing* of knowledge from implicit to explicit are essentially an everyday activity and general human ability: *to reflect on experience* (Van Kaam 1969:305 as quoted in Von Eckartsberg 1986:19). This implies *reflexivism*, an approach which assumes that the knowledge process (epistemology) is essentially part of the process of constituting a life world (ontology). There is thus no clear cut difference between epistemology and ontology, and value free knowledge is not pursued<sup>56</sup>.

To summarise, a synopsis of some of the dimensions of existential-phenomenological epistemology (knowing, knowledge and ontology) is given in Table 2.2.

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<sup>55</sup> In this instance *direct reference* become more than a concept in psychology, it becomes an essence in perception and in phenomenological epistemology (Researchers own insight).

<sup>56</sup> *Objectivity* is however strived for in the sense that personal preconceived ideas are examined in order to disclose the roots of knowledge. Also see bracketing as an ethical imperative: paragraphs 2.6.3, 6.3 and 6.6.4.2.

TABLE 2.2 : SUMMARY OF THE DIMENSIONS OF EXISTENTIAL-PHENOMENOLOGICAL EPISTEMOLOGY (KNOWING AND KNOWLEDGE)

EXISTENTIAL	PHENOMENOLOGICAL
Descriptive specific or unique	Universalised conceptions and judgements
Sensitive knowing or sense perception	Spiritual knowing and understanding
Inchoate living	Articulate expression
Concepts and conceptualisation	Direct reference or "felt experience"

## 2.7

### OTHER RESEARCH IMPLICATIONS OF AN EPISTEMOLOGY OF LINGUISTIC NATURE

According to Lowenberg (1993:63), both theory and research in the social sciences are increasingly emphasising everyday life experience, the importance of multiple, relativistic constructions of reality, and the ambiguity and complexity inherent in both everyday life and the research enterprise.

In addition to the *ad hoc* implications that an existential-phenomenological methodology and philosophical anthropology have for research, there are four additional issues that need to be clarified in terms of this methodology and philosophical anthropology, namely: **theorising** or **theory construction**, **empirical research**, **interpretive research**, and **language and hermeneutics**.

#### 2.7.1

#### THEORISING

##### 2.7.1.1

##### Definitions

Although there are many definitions of what a *theory* entails, for the purpose of the present study, the concept theory is defined as:

a coherent set of hypothetical, conceptual, and pragmatic principles forming a general frame of reference for a field of inquiry (Ellis 1968:217)

From this definition two aspects need to be clarified namely: *hypothetical principles* (tentativeness) and *general frame* (theory as generalisation).

### 2.7.1.2

#### Tentativeness of theory

The cognizant reader might be riddled by the usage of the term *hypothetical* (assumed) in a definition of the term theory where such a theory had clearly been derived from empirical referents. It can be argued that if a theory is arrived at through inductive reasoning (as is proclaimed by the present study), and it is really a valid and reliable portrayal of reality, then nothing is left *assumed*. The fact is that, due to the ever changing life context, whatever is presented at any moment in time as representative of a phenomenon is exactly just that, *transient*. Thus it can only be assumed that theory about any phenomenon is at any point in time still relevant, valid and reliable. These are also the reasons why theory testing is conducted, to verify the assumed relevance, validity, reliability and generalisability of a theory. The notion of *tentativeness* is, however, also inherent in the unavoidable concomitant issues of *interpretation* and a *non-value free orientation* which characterise existential-phenomenological research. Provisional and conditional statements in theories also result from the fact that during psychological research, more happens in everyday life than the research analogue can imitate and more happens in the research situation than the researcher can record (Giorgi 1983:148).

### 2.7.1.3

#### Theory as generalisation

The conversant reader might further be perplexed by the fact that emphasis on the uniqueness of *existence* makes it impossible to do justice to the aspects of universality and generality (eg. theory building). The *exclusive* emphasis on the uniqueness, and the exceptional character, of existence imply as a consequence that individuals' (informants') assertions about *existence* are applicable to their own *existence* only. In principle, these assertions possess no validity beyond the individual's life. As a matter of fact, it cannot go beyond a monologue of *solitary meditation* (Luijpen 1969:32). However, the separation between individual subjects is surmounted in several ways in the existential-phenomenological approach. Notable denominators<sup>57</sup> are phenomenology itself, interpretation and the nature of language.

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<sup>57</sup> "Denominator" as a metaphor in this instance is viewed in the same way as a common denominator computed to relate fractions of differing values to one another in a fractional calculation.

As Von Eckartsberg (1986:17) points out:

Whereas living is unique and particular, i.e. **existential**, thinking tends toward generalization, toward the universal, the essential, the **phenomenological**.

Within Heideggerian thinking, Benner (1985:5) states that self is not a radically free arbiter of meaning. Though the meanings available to the individual can undergo transformations, they are limited by a particular language, culture and history. It is also on this lack of total freedom of the individual, this limitation of the individual on which and argument towards theory construction in this study is articulated. Meaning is not (completely) based on the private meanings given by individual subjects or on a consensus of private meanings (intersubjectivity). It is shared and handed down culturally through language, skills and practices and is directly perceived by the individual. Experience is always already interpreted - it is never perceived as sense data to be interpreted by the subject.

Benner (1985:7) continues by pointing out that the Heideggerian (and the existential-phenomenological) position expects not only the unique or the idiosyncratic but common and recurring similarities and differences as well. Methodological individualism of primordial existentialism is avoided by finding commonality and therefore teleological explanation and predication based on background (culture, language etc.), skill, meanings, and practices (thus cultural dwelling) shared in a people with a common history and common situations (in the case of the present research nursing students in their experience of being caring in the educational setting.) According to Benner this point of view (held by Heidegger and consequently also by existential-phenomenologists) abandons an assumption of naturalism (rational empiricism) that phenomenology (attempts) to generate theory from the standpoint of a monological observer who stands outside the situation and has private meanings that are then tested or matched against public activities. The Heideggerian model of the person (both the researcher and the informer) does not expect that the person can ever gain such a privileged transcendental position (Benner 1985:8).

## 2.7.2

## EMPIRICAL RESEARCH

Empirical research, according to Lowenberg (1993:66) utilises observable evidence as data. Empirical data can be utilised for analysis within all three epistemological traditions (phenomenology, interactionism and ethnography), however, the precise definition of what qualifies as *empirical* vary, and the claims made for what data represent diverge widely. The social sciences, including psychology, have moved from an emphasis on behaviourism to a recognition that *important human phenomena, both intrapsychic and interactional, cannot be reduced to observable behaviour* (Lowenberg (1993:66). So, *empirical* has come to include self-reports, perceptions, stories, and text, as well as observable behaviour (Lowenberg 1993:66). Initially, *empirical research* was based on observable phenomena that could be measured. Over time, however, symbolic meanings came to be seen as accessible and empirical, as participants' experiences came to be viewed as legitimate (Lowenberg 1993:67).

Existential-phenomenologists defend their empiricism in different ways. According to Giorgi, Fisher and Murray (1975:XI):

Our research is empirical in that shareable, replicable observed events or personal reports are its data. Moreover, we remain true to each of the individual subject's ways of embodying the general structure that we discover through examination of specific, situated instances.

Fisher and Wertz (1979:136) maintain that:

by empirical we (existential-phenomenologists) refer to a) our reflection upon actual events and to b) our making available to colleagues the data and steps of analysis that led to our findings so that they might see for themselves whether and how they could come to similar findings.

Giorgi, Knowles and Smith (1979:179) state that:

Up to now, empirical-phenomenological psychology proceeded by collecting protocols descriptive of the subject's experience (e.g., learning, envy, anxiety, etc.) and systematically and rigorously interrogating these descriptions step by step to arrive at the structure of the experience.

The data-source for existential-phenomenological studies can vary from the collection of many protocols of described experience to the utilisation of a single account of a subject. The data may also come from audio and videotapes and from speak aloud protocols or from thinking aloud

(Von Eckartsberg 1986:21). The focus of the investigation can be directed at arriving at the *general structure* of a phenomenon in terms of a synchronic formulation of essential constituents or as a *process structure* of a phenomenon that delineates the diachronic unfolding of the phenomenon in terms of essential stages aligned sequentially (Ricoeur 1979 as quoted in Von Eckartsberg 1986:22).

From the existential-phenomenological argument, Wertz (1984) developed the *Reflective Empirical Research* approach (or empirical psychological reflection [EPR]), the approach adopted<sup>58</sup> for the present research in conjunction with the *constant comparative approach*. This approach (EPR) is a refinement of, and is articulated on, the *comprehensive theoretical approach*<sup>59</sup> and the *phenomenal research approach*<sup>60</sup> found in phenomenological psychology.

While the latter two approaches freed the researcher from traditional theories and methods, delivering him to a fuller expression of the lived world with all its complexity and ambiguity, *empirical reflective research* goes beyond phenomenal research by explicitly *utilising the researcher's powers of reflection on the data* (Wertz 1984:32). One such power is *interpretation* which is discussed below.

The research is empirical in the sense that it is based on the data of immediate pretheoretical experience. Rather than resting with a mere list of reported components of a description, *empirical reflective research* attempts to disclose their *meaning*, including their implicit

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<sup>58</sup> See Chapter 8 on data analysis.

<sup>59</sup> *The comprehensive theoretical approach forms a dialectic among three constituents: psychological theories, lived world descriptions and phenomenologically informed reflections. Each constituent is transformed through dialogue with the other two. However, the major shortcoming of this approach lies in the relatively informal role of the lived world. Procedures for the appropriation of lived meanings are not developed in their own right. Researchers utilise examples of the phenomenon from their own pasts, their imagination, observations of others and dialogue with others, but a systematic cultivation of the empirical plane is lacking (Wertz 1984:30).*

<sup>60</sup> *Phenomenal research is an attempt at abstaining from any preconceptions or hypothetical ideas and instead secure knowledge based solely on empirical expressions of the phenomenon. The results of these operations may remain at the idiographic level or may be used to formulate general findings. In either case, results represent the full array of reported constituents of the phenomenon with no additions, subtractions or judgements of relative importance by the researcher (Wertz 1984:30-31). The value of this approach, according to Wertz (1984:31) is that it surpasses the rigidly restrictive empirical methods of quantitative psychology on the one hand and the informality of empirical work in comprehensive theorising on the other. Its limitations stem from its excessive restriction on the researcher's presence which is virtually impossible to live by.*

dimensions, relations, and relative importance with the essential structure of the phenomenon (Wertz 1984:32).

There is no question here of imposing meaning, for reflection is not speculation but genuine *finding*, requiring the most rigorous grasp of the essence of the phenomenon. The researcher thereby grasps the whole of the phenomenon *through the part* expressed by the subject, making explicit the implicit roots of the matter (Wertz 1984:32).

### 2.7.3

#### INTERPRETIVE RESEARCH AND HERMENEUTICS

According to Lowenberg (1993:64), more disciplines are presently actively embracing interpretive approaches. However, as late as 1986, Von Eckartsberg was still of the opinion that the interpretive activities of hermeneutical psychology were less well defined and more idiosyncratic than those of empirical-phenomenological psychology. Consequently, he differentiated between the two approaches on the grounds of different data sources used (Von Eckartsberg 1986:21).

Hermeneutics and interpretive research relate to the present research in that hermeneutics as the art of interpretation concerns the correct understanding of a revelation formulated in the word, *spoken or written*, with the result that knowledge is considered to be of a lingual nature. The origin of this notion resides in the Greek thought of *logos* designating being, as it is revealed in language (Peeters 1990:156). The same order of being is found in the work of Heidegger and other existential phenomenologists. Methodological approaches within *interpretive research* most commonly referred to are qualitative and inductive research, along with hermeneutics and everyday life perceptions (or existential-phenomenology). Basic to all these approaches is the recognition of the interpretive cognitive processes inherent in social life (Lowenberg 1993:58).

Peeters (1990:164) cautions that the conception of language as a system of signs permitting communication is reductionistic. Language is ontologically linked to the fact that we are a body - through our bodies we are part of the living world which we can share with others via language. However, explication (and interpretation) is of necessity mediated by *natural language*. Since the latter is irrevocably polisemic, it needs a relationship with a *context* and also dialogue in order

to be correctly understood. Consequently, the importance of locating the researcher as a participant in the research process, with regard to both power and status inequities, has been increasingly emphasised and analysed with focus on reflexivity and the examination of *taken-for-granted* assumptions of all the participants and the researcher (Lowenberg 1993:63). In contrast to Peeters' concern about the polisemic nature of natural language, Von Eckartsberg (1986:16) points out that the existential-phenomenological approach to psychology also proceeds on the assumption that identically named experience refers to the same reality in various subjects. Van Kaam (Von Eckartsberg 1986:17) puts it as follows:

If we collect descriptions (of a named, i.e. linguistically specific experiences) then we have to assume that others are focusing their attention on the same kind of experience, that we are when we describe our experience. This statement is founded on the supposition that experience, with all its phenomena, is basically the same in various subjects.

The advantage of the present research design regarding both Peeters' and Von Eckartsberg's viewpoints, is that the *live-texts* (context, history, sociality) were in fact synchronous with one another and that of the researcher. Informants all came from a rather *uniform* context and sociality<sup>61</sup> and texts were analysed and interpreted by the researcher in a short period of time.

## 2.8 CONCLUSION

In this chapter a motivation for, and an overview of, the philosophical anthropology, methodology, ontology and epistemology underlying the present research study are given. Practical research implications of these in view of the existential-phenomenology are also indicated. Related research issues and approaches such as theory building, hermeneutics and interpretive research are also addressed. The pivotal point of articulation of all these issues is *language*. This has an important bearing on the selection of data gathering methods and methods for data analysis which are discussed in chapters 6, 7 & 8.

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<sup>61</sup> In this regard also see the procedures for purposive sampling discussed paragraph 6.2.

*SECTION C*  
*THE RESEARCH ACT:*  
*PRELIMINARY IDENTIFICATION*  
*AND MANIFESTATION OF*  
*THE OBJECT OF INTENTION*

## THE IMPETUS OF SECTION C

This section reports on the first stage of the research which, according to Wertz (1984:33), entails defining an area of study which further necessitates clearly naming and describing the phenomenon under investigation. Whether the researcher is motivated primarily by a theoretical/conceptual problem, a practical problem and/or a personal encounter, the first moment of the research is a preliminary identification of the phenomenon in the light of the research interest. At this point in time, the researcher is in an apparent paradoxical position of having to understand the phenomenon prior to conducting the research. However, it is actually the case of the researcher entering the *hermeneutic spiral*<sup>1</sup> which has preceded him. This is the researcher's entry point into the research process which delivers her/him to a circumscribed area of existence (Wertz 1984:33). As Colaizzi (1973:28) puts it: *Without first disclosing the foundations of a phenomenon, no progress whatsoever can be made concerning it, not even a first faltering step can be taken towards it, by science or by any other kind of cognition.*

This also implies that the discrepancies that might exist between the phenomenon itself and what is already known about it, a discrepancy between human and scientific realities, must be solved. The researcher often proceeds in this phase by conducting a dialogue between *pre-scientific* observations of the phenomenon and the knowledge expressed in the literature. The latter is criticised on ground of the former so that the discrepancies between the lived and the known are articulated (Wertz 1984:34). Riemen (1986:90) also insists that in phenomenological analysis the researcher should state his or her presuppositions regarding the phenomenon under investigation. Later these preoccupations should be bracketed or suspended so as not to impose an *a priori* hypothesis on the experience<sup>2</sup> to fully understand the experience of the subject (informant).

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<sup>1</sup> *The writing and rewriting, the constant search for deeper meaning, change not only the understanding of particular part of the study but also the totality of the study, which again require a rewriting. This constant search for new understanding has been called the "hermeneutic circle" which contains the possibility of deeper understanding. The understanding that it is not yet finished is very real (Morse 1991:66). This also points towards the researcher entering a situation already there, before him/her; a situation with a history "in absence" of the researcher.*

<sup>2</sup> See "bracketing" paragraphs 2.6.3, 6.3 and 6.6.4.2.

With reference to the present guiding research question:

**How is a (professional) caring (concern) maintained by the student nurse (as care-giver)?**

the following two concepts need to be addressed in the literature review:

- the concept *caring* as qualifier for;
- the process of *maintenance*.

Consequently, this section (Section C) deals with the following issues relating to the preliminary identification and manifestation of the object of intention:

- an analysis and explanation of the concept *caring* (Chapter 3) within the parameters set by Van der Wal (1992);
- a literature review of psychological constructs that presuppose *maintenance* as implied by the research question (Chapter 4);
- a literature review of psycho-social, sociological, cultural-religious, philosophical-ethical and theoretical-conceptual constructs that presuppose *maintenance* as implied by the research question (Chapter 5).

With reference to chapters 4 and 5, the following operational definition of the term *maintenance* (*human maintenance*) served as a guideline throughout the literature review:

Human maintenance is any internal process aimed at sustaining and stabilising personal integrity and inner composure with the intent of optimising and maximising human potential.

As this definition, and the selection of topics, were based on the researcher's *pre-scientific* perception of the concept and phenomenon *maintenance of a caring concern*, the topics contained in chapters 4 and 5 are discussed as synonymous to the concept *maintenance* and **not** as antecedents to this concept. Anticipating the latter at this stage of the research would constitute the preempting of theory.



# CHAPTER 3

## PRELIMINARY IDENTIFICATION AND MANIFESTATION OF THE OBJECT OF INTENTION: “CARING”

*Caring, is caring, is caring.  
Anonymous (Informant)*

### 3.1 INTRODUCTION

As part of the literature review and an analysis of the research question and the object of intention, the following are considered in this chapter:

- the phenomenon caring<sup>3</sup>, within the parameters set by Van der Wal (1992);
- the legitimacy (logic/validity) of the research question, and the legitimacy of a concern about maintaining a caring concern;
- the *existential trinity* of *Care, will* and *meaning* as catalyst in maintaining a caring concern;
- codependence as a counterfeit, or contra case, of caring.

### 3.2 CONCEPTUAL GROUNDING

The guiding research question for the present research, like any other question, was derived from a certain understanding by the researcher of the phenomenon to which the question pertains. In this instance, such an understanding is the result of research previously conducted by the researcher into the phenomenon *caring*. The present research serves as an extension of this previous research and is aimed at theory extension and refinement.

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<sup>3</sup> *The phenomenon caring is not the object of intention per se, however, caring is the qualifier for the phenomenon “maintenance” and is for this reason important to the present study.*

The word *maintenance* contained in the guiding research question suggests that change in a caring concern is imminent; that without constructive effort, *change* might take place. The conceptual model of caring, arrived at by Van der Wal (1992), also anticipates the possibility of change in a person's caring concern by positing *variants of professional care and caring*. These variants, however, do not describe the process of the potential change in any specific terms.

### 3.2.1

#### QUALIFICATION FOR THE USE OF THE SPECIFIC CONCEPTUAL MODEL

At this point the question can duly be asked if the chosen model presents a *sound* foundation for the research question. In this regard, the reader is reminded that the present research is an extension of the development of a theory on, or reconstruction of, the phenomenon caring previously arrived at by the researcher (Van der Wal 1992). The research question is thus, in terms of qualitative research and in grounded theory research, a further *hypothesis* that must be investigated.

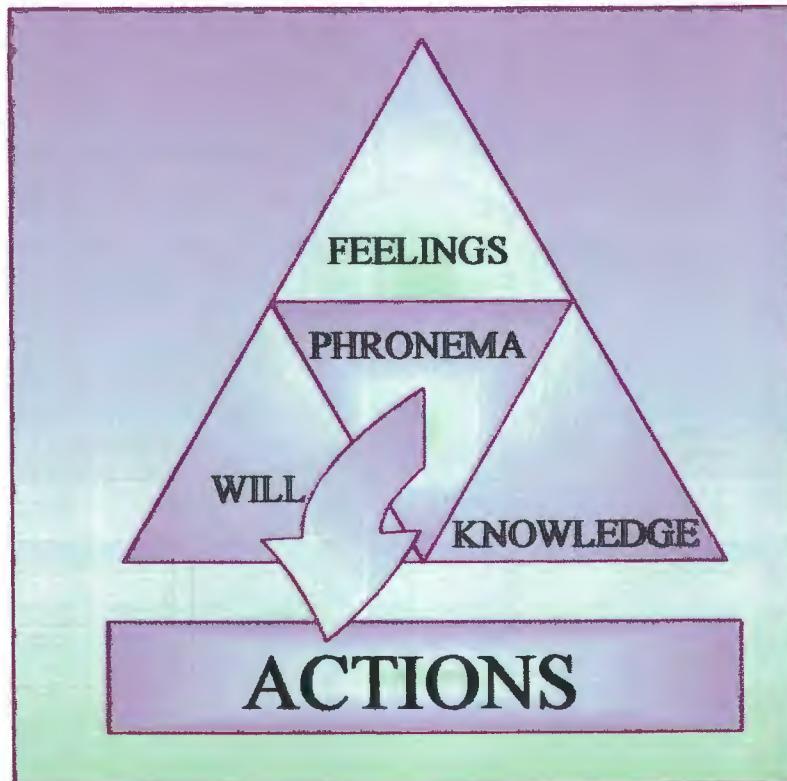
Further, in addition to the measures which have been taken regarding *adequacy* (validity) and *credibility* (reliability) during the foundational research in constructing a *conceptual model of caring* (Van der Wal 1992:106-109), this *model* has also been introduced to several professional groups through both active participatory group work and as formal congress and symposia readings. The model was accepted during all these sessions.

In addition, literature support could be obtained for all major aspects of this model. However, the model also features unique aspects which, up to the moment of its construction, had not been described in the literature in exactly the same way.

#### 3.2.1.1

##### The essential structure of the phenomenon *caring*

The essential structure of professional caring as perceived by Van der Wal (1992) is depicted in Figure 3.1. *social discourse*



**Fig. 3.1: The Essential Structure of Caring**

**1) PHRONEMA**

**Will** (Conative)(Wanting and willing to be caring and to get involved in peoples' lives)

**Feelings** (Affective: attitudes)

**Knowledge** (Cognitive and Psychomotor: Generic caring concepts, lay caring, scientific knowledge and skills ["know how" and "can do"])

**2) ACTIONS**

The actual implementation and "acting out" of the *phronema*.

The essential structure of caring was arrived at after the main attributes of caring, depicted in table 3.1, had been categorised through the process of axial coding. The attributes of caring

contained in Table 3.1 were compiled through open coding during the process of constant comparative data analysis.

TABLE 3.1: SINGLE WORDS AND PHRASES INDICATING THE NATURE OF CARING

Accommodation	Contact	Helping	Non-possessiveness	Self-generating
Accompaniment	Conviction	Holism	Non-threatening	Self-maintaining
Acknowledgement	Democracy	Honesty	Not rigid	Service
Action	Devotion	Hope	Nurturing	Situation specific
Affection	Discipline	Humanism	Offering help	Skills
Association	Distance	Human mode of	Oneness	Spontaneity
An attitude	Doing	being	Participation	Supervision
Authenticity	Effort	Interest	Power	Support
Availability	End in itself	Inviting	Presence	Sympathy
Balance	Emotion	Individualism	Rational	Therapeutic
Being there	Empathy	Interaction	Reciprocity	Trust
Calling	Fairness	Innovative	Respect	Unbiased
Commitment	Faith	Involvement	Responsibility	Unity
Communication	Feeling	"A life-force"	Secrecy	Universality
Competency	Freedom	Knowledge	Security	Warmth
Concern	Giving meaning	Listening	Self-actualization	Way of life
Confidentiality	Growth	Maturity	Self-care	Willingness (Will)
Consideration	Guidance	Non-directive	Self-development	

The criteria Van Der Wal (1992:244) used to categorise these attributes of caring (Table 3.1) to reveal the essential structure of caring (Figure 3.1) are as follows:

### 3.2.1.1.1 *The will*

The *will* component includes words that indicate some strong motivation, willingness, and/or determination, eg. devotion, willingness, conviction, commitment. The will is also perceived of as an altruistic-humanistic value orientation primarily directed at the wellbeing of fellow human beings.

### 3.2.1.1.2 *Feelings*

*Feeling* as part of the phronema of caring presented the researcher with a choice between the words *emotion* and *feeling*. According to Gouws, Louw, Meyer and Plug (1979:73), emotion is a complex condition in which an organism experiences and shows signs of activation of the central nervous system, intestinal reactions and feelings such as apprehensiveness, fury, joy, anxiety, and empathy. Emotion entails more than mere feeling because the whole organism is involved in an emotion. It can also be observed more easily and objectively than a feeling

because of the physiological changes that take place. Such an intense experience is not what is meant by the words included in this category. Feeling (Gouws et al. 1979:105) per se gives a much closer definition, namely an awareness which forms part of an emotion and a vague impression almost synonymous with intuition. However, it is not to say that empirically, caring is without emotion; just that feeling is more fundamental than emotion and consequently provides for a wider range of applicable concepts that constitute this phenomenon. Words which are representative of feelings are: love, warmth, kindness, affection, and the affect.

#### **3.2.1.1.3**

##### ***Knowledge***

*Knowledge* as a category includes words (nouns) which pertain to both knowledge and skills eg. competency, skills, knowledge, knowing self.

#### **3.2.1.1.4**

##### ***Actions***

The category *actions* includes verbs, nouns describing a verb, and nouns pertaining to skills and/or actions; eg. doing, skill, listening.

#### **3.2.1.2**

##### **Literature support for the present conceptualisation of caring**

Support for the components identified by Van der Wal's (1992) regarding the essential structure of caring is also reflected in the work of various authors. This support is fragmented in the sense that individual authors support the model only partially. However, the model is also supported, as a whole, by authors collectively.

Before attending to the individual variants of caring, the above claim needs to be substantiated/qualified.

#### **3.2.1.2.1**

##### ***The will component***

According to Heidegger (1962), *Care* and *will* are manifestations of the same experience and are as such inseparable from *being*. Thus, what and who a person is, is reflected by what he *wills* or what he cares for and about. To *will*, one needs to have something matter. That is, to *care*. The

**will** component thus becomes the most basic and essential component of caring and the maintenance of caring. This aspect is pursued in more detail later in this chapter<sup>4</sup>.

Various other authors have also implied a will component for caring. Roach, for instance, points out that care is a *human mode of being*. At the base of Roach's work is the idea that the *desire* to care and to be *committed* is human (Forrest 1989:816). In the same vein Griffin (1983:289) maintains that caring denotes a *primary mode of being* in the world. In addition, Gaylin (Carper 1979:145) sees caring as *biologically programmed* into human nature.

The will component of caring also finds reverence in the work of Riemen (1986:100), according to whom the cluster (category) *nurses' existential presence* in caring includes nurses' physical and mental presence available to the client's use. This could also be translated with phrases such as *being there*, an unremitting *readiness* and *willingness* of the nurse.

According to Sarvimäki (1988:462), the *moral* component of caring involves nursing's *commitment* to other people as an expression of a value according to which it is morally good to help people.

#### 3.2.1.2.2

##### *The feelings component*

A *feelings* component of caring also finds expression in the work of several authors. According to Nyberg (1989:9), one use for the word care is that of indicating a *feeling* (I care deeply for you). Gaut (1979:56) concurs with Nyberg. To Sobel (1969:2612) human caring is that *feeling* of *concern*, *regard*, and *respect* one human being may have for another. According to Hirshfeld (Kitson 1987:156) *without emotional involvement . . . the [caring] relationship could neither be developed in a mutually beneficial way nor be maintained in a manner acceptable to both parties*. With reference to the feelings component of caring, Carper (1979:14) believes the root definition of nursing care and caring reflects the exercise of serious attention, caution, protection, and *concern*. Through this expression of *human compassion* and *worry* the carer looks after the patient (Barker 1989:134). For Pellegrino (Fry 1989a:16) as well, integral care is a moral

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<sup>4</sup> See paragraph 3.2.1.4.

obligation of health professions which implies care in the sense of *compassion* or *concern* for another person.

The supremacy of feelings over knowledge in caring is verbalised by Noddings who states that: *To care is to act not by fixed rule but by affection and regard* (Dunlop 1986:667).

#### 3.2.1.2.3

##### *The knowledge component*

*Knowledge* as a component of the essential structure of caring is emphasised by Mayeroff (1971:9) who sees *knowledge* and *knowing* as processes in caring among other processes (e.g., alternating rhythms, patience, honesty, trust, humility, hope, and courage). Knowledge also forms part of the definition of caring by Leininger (1988a:9), Griffin (1983:289), Nyberg (1989:10), and Valentine (1989:29).

#### 3.2.1.2.4

##### *The actions component*

Pertinent references to the *actions* component of caring are found in the following authors' works. Gaut (1979:79) points out that: *To treat caring as a verb (work only) puts the focus on its action sense and sets aside certain other senses of caring such as, . . . caring as a virtue or quality.*

To Lindberg, Hunter, and Kruszewski (1990:5): *Caring should involve more than just carrying out nursing procedures . . .* This is echoed by Forsyth et al. (1989:165) who regard caring as the means, or tool used, to put nursing concepts into *practice*.

The relationship between the action component and the knowledge component of caring is also emphasised by Pellegrino (Fry 1989a:16) who states that integral care should reflect care as *doing* for others that which they cannot do for themselves, and seeing to it that all necessary *procedures* in patient care are carried out with conscientious attention to detail and with exemplary skill.

As far as caring as overt action is concerned, Leininger (1988a:9) defines **caring** and **care** as: ... *in a generic sense those assistive, supportive, or facilitative acts toward or for another individual or group with evident or anticipated needs to ameliorate or improve a human condition or lifeway*. She also defines the concepts **professional caring** and **professional nursing care** in terms of actions taken. Professional caring is identified as . . . *those cognitive and culturally learned actions, techniques, processes, or patterns that enable (or help) an individual, family, or community to improve or maintain a favourable healthy condition or lifeway* (Leininger 1981a:9). Professional nursing care is further defined as: ... *those cognitively learned humanistic and scientific modes of helping or enabling an individual, family, or community to receive personalised services through specific culturally defined or ascribed modes of caring processes, techniques, and patterns to improve or maintain a favourably healthy condition for life or death*.

#### 3.2.1.2.5

##### **Support for the relationships among the components of caring**

A number of authors also suggest certain relationships among the components as reflected in the essential structure of caring as perceived by Van der Wal (1992). It must, however, be appreciated that in these definitions the feelings component is not always differentiated. The concept *phronema* and the refinement of this concept are a theoretical contributions made solely by Van der Wal (1992).

According to Nyberg (1989:10): *Caring begins as an interest in someone, which expands through knowledge to a feeling and a commitment to assist the person . . .* (Nyberg 1989:10). Griffin (1983:289) is in no doubt that it is the emotional element of the caring activity that **motivates** and **energises** nursing action, thus enabling one to call it caring. Griffin draws attention to the fact that the concept of caring as applied to nursing has an activities and an attitudes aspect, the latter of which is a complex intertwining of cognitive, moral, and emotional factors.

In visually reconstructing caring, Valentine (1989:29) also contends that caring is of dual nature. The core of caring according to Valentine consists of psychological elements (which are affective or cognitive in nature), **put into action** by **interaction** that is either social or physical in nature.

Benner and Wrubel, in this regard, state: . . . *being connected, to have things matter . . . caring fuses thoughts, feelings, and action; it fuses knowing and being*<sup>5</sup> . . . (Moccia 1990a:212). Benner and Wrubel (1984:170) are also of the opinion that: *We do violence to caring when we separate in our practice the distinctions we are able to make conceptually between the 'instrumental role' [activities component] and the 'expressive role' [emotions component]*.

The relationships between the components of the essential structure of caring as conceived of by Van der Wal (1992) are also evident in the holomic approach of Koldjeski (1990:52) who identified the following as the essence of care and caring:

- **Being** (presence, experiencing, actualising, expressing compassion, concern, and love for other);
- **Relating** (personally, interpersonally, and transpersonally); and
- **Doing**: (professional nursing decisions and actions or nursing therapeutics).

The emotions/action duality attributed to caring is however not a modern or a recent point of view. In James 2:15-17 the apostle states:

15) Suppose there are brothers or sisters who need clothes and don't have enough to eat. 16) What good is there in you saying to them, 'God bless you! Keep warm and keep well!' -if you don't give them the necessities of life? (Good News New Testament and Psalms: today's English version. 1977. New York: American Bible Society).

### 3.2.1.3 Variants of *caring*

As indicated above the word *maintenance*, as contained in the research question, requires that the conceptual model on which the research question is founded allows for fluctuation of the phenomenon caring. By cross matching the presence and /or absence of the essential structural attributes of the phenomenon caring, different *variants* of *caring* are created which accommodate the called for fluctuation and change, and fundamentally legitimise an apprehension about maintaining a caring concern.

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<sup>5</sup> As will become evident later in this chapter, *being* is taken to imply "will" (via *Care*). This is partially based on Heidegger's (1962) existential philosophy.

Table 3.2 depicts the result of such a crossmatch of the essential structural components of caring.

TABLE 3.2 VARIANTS OF CARING					
VARIANTS OF CARING"	PROFES- SIONAL CARING (C1)	LAY CARING (C2)	CARING ABOUT (C3)	CARING FOR (C4)	APATHY (C5)
Will	✓	✓	✓	X	X
Feelings	✓	✓	✓	X	X
Generic caring	✓	✓	✓	X	X
Professional knowledge	✓	X	✓	✓	X
Action	✓	✓	X	✓	X

In this model, five variants of *caring* are described, of which three (lay caring, caring for and caring about) jointly form *professional caring*, the variant of caring of primary interest to the present study. The result of the crossmatch also provides for differentiating model, borderline, related and contrary cases of the phenomenon under investigation as classified by Walker and Avant (1995:42-45). It should also be noted that the different models representing the *anatomical* essence of the variants of caring are in a way highly abstract and condensed representations of reality. Although not fully descriptive of any specific incident, these models are universally representative of all *variants of caring*.

#### 3.2.1.3.1 *Professional caring*

In terms of Walker and Avant's (1995:42) classification, *professional caring*, as depicted in table 3.2, represents a *model case*; it provides for all the critical attributes of the phenomenon *professional caring*.

*Professional caring*, as the focus of the present research, represents the type of caring implied in the research question. Since professional caring is a combination of three distinct variants of "caring" (*caring for, caring about, and lay and generic caring*), the potential for change, in the sense of emphasising one of these *variants of caring* over professional caring, is provided for.

A concern about keeping professional caring intact, which would reflect an integration of the phronema and actions components, thus has some justification.

### 3.2.1.3.2 *Lay caring*

With *professional caring* as the model case, *lay caring* forms a borderline case; a case containing some of the critical attributes of the model case but not all of them (Walker and Avant 1995:43).

In *lay caring*, professional nursing knowledge and skills are absent. At this stage, the reader's attention must be drawn to the fact that the inclusion of lay caring as a component of professional caring can be problematic. Kitson (1987:164) concludes that lay-caring and professional caring differ in the extent to which professional care sets itself up as a specialist service (meeting the care needs of those who are either unable to care for themselves or others in an acceptable manner), and not in professional caring's impersonal nature nor its complexity (Kitson 1987:164). In contrast to this, Melia (1983:16) points out that, at the functional level, the student nurse abandons her lay status almost overnight during her socialisation towards professional caring. Campbell (1984:85) has the following to say about lay caring:

... the professional cannot love (or hate) a person as a relative or friend does. There is a necessary detachment in professional care. Yet, it is love which the professional offers, however moderated. It is a reaching out to another in the desire to enhance the value which is seen, and such reaching-out requires the non-rational connection which feeling alone can create. We employ the professional helper to maintain this balance of reason and emotion.

However, it can neither be ignored that professional caring demands actions and skill quite different to lay caring under similar circumstances, nor can it be disregarded that the situation might present itself in which no nursing or medical knowledge or skill can benefit the patient any longer and that at such a point in time sheer humane (lay) caring is indicated - even for the professional care-giver. It is, however, also true that in professional caring, technology and techniques are *humanised* through lay caring and generic caring concepts. More over, Pepin (1992:128) regards lay caring as the only natural source of caring available to the caring professions. It is also interesting to note that it would be through the inclusion of lay caring as a component of professional caring that culture care and the delivery of culturally congruent care would enter professional care and nursing curricula.

Concerning the research question the presence and importance of the lay caring component in professional caring should be investigated, i.e. whether lay caring (essentially humanistic caring) is maintained in professional caring and under what conditions. Again, the possibility of an alternative to professional caring is obvious and the concern regarding the maintenance of professional caring, legitimate.

### 3.2.1.3.3 *Caring about*

In terms of Walker and Avant's (1995:44) classification, *caring about* would be an example of a related case of *professional caring*.

In the *caring about* attitude, though the phronema is present in its totality, actions are absent. This has two implications. First, it can be argued that maintaining the phronema is essential as this represents the individual's, and collectively, the nursing profession's moral and ethical conscience (Van der Wal 1992:289). This is what connects one caring encounter to another. In terms of the research question, we are interested in how this positive phronema (interest, readiness, willingness and ability) to care is maintained; how this serves as motivation for action, should the opportunity present itself.

Noble as such a moral and ethical conscience (phronema) might be, it is useless if not acted upon. So, our second concern is about caring becoming but lip service should *caring about* become the mind set of an individual care-giver or the profession. This resembles Reverby's (1987:5) notion that caring has become a qualitative descriptor of nursing. It has been taken on by nurses, more as an identity than as work.

When examining the legitimacy of the research question, the following would be important:

- the circumstances under which the *caring about* attitude becomes predominantly habitual; and,
- the circumstances that lead to the conflicting situation in which the care-giver, in spite of an intact phronema, does not act according to situational demands. This would be an investigation into *immoral behaviour*; that is, doing what a person believes is wrong, or not doing what a person believes she or he should be doing.

#### 3.2.1.3.4 *Care for*

In terms of Walker and Avant's (1995:44) classification, *caring for* is also an example of a related case of *professional caring*.

In *caring for*, generic and lay caring attributes are absent. In essence, the humanistic or humane component of caring is lacking. The care-giver adhering to this type of caring is but doing his or her job; implementing scientific knowledge, skill and technology. It might even be that caring in this instance is service to science, technology and procedure, however, not service to mankind. The concern of the research question in this instance would be why these *care* actions became devoid of a humanising emotional investment of the care-giver.

#### 3.2.1.3.5 *Apathy:*

*Apathy*, in terms of Walker and Avant's (1995:44) classification, is a contrary case to *professional caring*. Griffin (1983) uses the term *being crippled* to refer to this phenomenon.

*Apathy*, or being without emotion or feeling, refers to a state in which a person is unable to, or refuses to, express feeling or is unable to commit himself or herself in any meaningful way to other people or to a particular course of action (Van Schaik 1977:149). Van Schaik further suggests that *apathy is the meaning of 'carelessness'* . . . In support of this, May (1969:289) asserts that care is a state in which something does matter; it is the opposite of apathy. In essence, apathy implies *nihilism* - not nothingness, but absence of caring and meaning, a state of *meaninglessness* (Frankl 1984:177). However, being apathetic need not be a permanent state. As Frankl (1984:86-87) puts it, man can preserve a vestige of spiritual freedom, of independence of mind, even in the most terrible conditions of psychic [sic] and physical stress. This is obtained by the last of the human freedoms - *to choose one's attitude in any given set of circumstances* (Frankl 1984:86). It is this spiritual freedom - which cannot be taken away - that makes life meaningful and purposeful (Frankl 1984:87). With this, Frankl returns the *crippled* care-giver to professional caring and gives support to the possibility of maintaining a caring concern, the central theme of the present research.

#### 3.2.1.4

##### The importance of the *will* component of the *phronema*

On closer examination of the variants of caring, the will component of the *phronema* appears to be always accompanied by both the feeling and generic and lay caring components. This phenomenon calls for closer investigation of the will component.

Will, for the purpose of the present study, is defined as an altruistic humanistic intention (directedness) of the individual; as wanting to be caring, and choosing to be caring, in an ethical, altruistic, humanistic manner. The will component of the *phronema* of caring is composed of attributes such as *will* and *willingness*, *commitment*, *conviction*, *devotion*, and *effort*, and by caring being a *calling*, *a human mode of being*, *a life force*, and *a way of life* (Van der Wal 1992:243).

This definition is also in line with the philosophical anthropology<sup>6</sup> underlying the present study, and subsequently in line with Heidegger (May 1969:290) who sees Care as the essence of being, as the source of will; a function of the whole person. Care and will are two aspects of the same experience. When fully conceived, the care-structure includes the phenomenon of *Selfhood*. Heidegger thus thinks of *Care* as the basic constitutive phenomenon or essential existential<sup>7</sup> of human existence. Care is thus ontological since it constitutes man as man (May 1969:290).

May (1969:291) corroborates Heidegger's point of view that will and Care are two aspects of the same experience. Such a view of caring, according to May, makes it possible for us to distinguish between two closely associated terms namely *wishing* and *willing*. As Macquarrie (May 1969:291) puts it, wishing is like *a mere hankering, as though will stirred in its sleep . . . but did not get beyond the dreaming of action*. On the other hand, will is the full-blown, matured form of wishing, *and is rooted with ontological necessity in care* (Macquarrie in May 1969:291). Will and wish cannot be the basis for care, but rather vice versa; they are founded on Care. We cannot will or wish if we did not care to begin with (May 1969:290). Thus, in an individual's

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<sup>6</sup> The discussion that follows should be read in conjunction with the anthropological model posited in paragraph 2.5 and the ensuing discussion of the term intentionality in paragraph 2.6.2.

<sup>7</sup> Existential in this instance refers to human being and becoming, as opposed to the characteristics of things (Scudder 1990:59).

*conscious act*, will and Care go together and are in a sense identical. This identicality, and fully conceived will, is possible only in the models of *professional caring* and *lay caring*; instances where the phronema (conscience) directs actions (acts).

*Wishing* on the other hand is merely consciousness, a promise of future *will* and *Care in the act*. Hence, wishing is best represented by the construct *caring about*. In this regard, Mayeroff (1971:1) also indicates that *caring* should not be confused with simply having an interest in what is happening to another.

May (1969:291) also insists on clearly distinguishing Care and will from *sentimentality*. Sentimentality, according to May (1969:291) is thinking about sentiment rather than genuinely experiencing the object of it. Sentimentality glories in the fact that one has a certain emotion. It begins subjectively and ends there. But, Care is always directed at something. Sentimentality also lacks the necessary *conscious act* and is therefore also best represented by the *caring about* variant of caring .

Brown et al. (1992:35) also point out that what *motivates* us (wills us) is the desire to care. This closely resembles Heidegger's position quoted above. However, as Brown et al. put it, the way in which we become more motivated and caring, the way Care (will) improves and maintains itself, is by becoming more like the person we imagine we should be - the *ethical self* according to Noddings (1984:50). Thus, to *strive*, (to become more like the person we imagine we should be) is the real ethic of caring (Brown, Kitson, & McKnight, 1992:35). Concerning the focus of the present research, such an ethical self is possible only within the parameters of the *professional caring* variant, the type of person the care-giver (nurse) should be.

In summary, in defining Care (and will), a distinction should be made between Care or will as the existential essence of authentic being and wishing and sentimentality as representative of inauthentic being.

TABLE 3.3 SUMMARY OF THE CONCEPT "WILL" AS IT PERTAINS TO THE DIFFERENT VARIANTS OF CARING

Professional caring: The will component is present in humanistic-altruistic and humane terms which motivates action and represents the essence of being and authenticity. Both things and people matter. Care as the essence of being is present.

Lay caring: The will component is present in humanistic-altruistic and humane terms which motivates action and represents the essence of being and authenticity. Both things and people matter. Care as the essence of being is present.

Caring about: The will component, although humanistic-altruistic in nature, is not fully conceived and is present in the sense of wishing and/or sentimentality. In this instance there might be promise of future full-fledged care and caring. Care and caring are thus also not fully conceived. Inauthenticity is present. Things and people matter. Care as the essence of being is present.

Care for: The will component is absent in terms of a humanistic-altruistic humaneness, however, it might be present concerning ulterior motives. Inauthentic being exists and caring is not fully conceived. Care rendered may, however, be to the benefit of others although it is not necessarily intentional. Things matter more than people. Care as the essence of being is present though not necessarily ushered in an ethical direction.

Apathy: The will component is absent in terms of a humanistic-altruistic value system, as well as in the sense of the essence of being. Authenticity and inauthenticity are inconsequential as (theoretically) care as the essence of being does not exist. Nihilism and meaninglessness exist. Should this state be possible, it resembles death itself as well as being "bracketed" out of existence.

Now that the variants of caring have been clarified and the foundation of the concern about maintaining caring has partially been established by these nuances in caring, the reader may well be concerned as to whether theory has not been preempted; whether the research question has not been answered before any research has been conducted. The answer is: *No!* Only the *focus* of the research question has been illuminated. The following issues, pertaining to the research question, are still unanswered:

- Do care-givers have a *will to caring*, wish to care sometimes, or do they persist in drowning in sentimentality?
- How does this come about?
- How is this experienced by the care-giver?
- How does she or he feel about it?

The possible questions one can ask are legion, however, these depend on the cues informants give during actual empirical research and interviews.

### 3.3 THE LEGITIMACY OF THE CONCERN ABOUT *MAINTAINING A CARING CONCERN*

Although aspects of this topic have been indicated during the explication of the variants of caring above, the underpinning of the interest in the maintenance of a caring concern by the care-giver, need to be clarified in more detail. Evidence is thus presented that the guiding research question is in fact legitimate or founded. This section thus also augments the problem statement and the background illustration contained in the first chapter of this report.

#### 3.3.1 EXISTENTIAL PHILOSOPHICAL FOUNDATION

With the brief introduction to Heidegger's view on the essence of man, above, the impression might have been left that as *Care* constitutes *man*, care is a constant given which renders a concern about its maintenance superfluous. However, this was neither the intention of the present researcher nor that of Heidegger.

*Care* in this most basic and fundamental expression is value neutral as well as morally and ethically neutral. Care at this level is but an attribute - a fundamental potential. There is nothing good or bad about it. Care ultimately refers to *having something matter*. However, when we refer to *caring* as defined previously we acknowledge that the *Care* essence of being has been guided into an ethical direction. That is, within a certain context (such as nursing, culture, religion), *Care* (having something matter) is expressed as *caring* which by its very nature is right and good - an ethic.

Although Heidegger invested *Care* with great positive value and range, he also stated that when we do not care, we lose our being, and care is the way back to being (May 1969:290). Care is thus not at all intended to be a *given* with being. At this point the Heideggerian concepts of authentic and inauthentic being as *states of Dasein*<sup>8</sup> come into play (Steiner 1989:98-99). In no sense does *inauthentic* indicate that *Dasein* has lost its being. Inauthenticity does not mean *being-no-longer-in-this-world* but amounts to quite a distinctive kind of being-in-the-world. Where

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<sup>8</sup> *Dasein*, although ambiguously used by Heidegger, is generally accepted as an untranslated technical term of his philosophy, meaning the mode of existence of the human being (Blackham 1991:88)

authenticity points to being in possession of one self, inauthenticity points to *being-part-of-the-world* (Steiner 1989:98-99). Inauthenticity is thus another way in which everydayness is seized upon. But how is the authentic *Dasein* recaptured? According to Heidegger (Steiner 1989:99) this is attained through *Sorge*, translated in English by the words *care, caring, concern, apprehension*, and the like. Again, we have possibility, change and fluctuation. Authentic being, as implied by Heidegger, would include both the *lay caring* and *professional caring* constructs. However, our interest in this discussion is with professional caring, because the present research focuses on student nurses as professional care-givers.

By having situated being within the essence of Care, Van Schaik's (1977:144) comment that *unselfish care* provides for *self-care* becomes important. Within the parameters set by the philosophical thought of Heidegger of *care* as the essence of being, any degree of unselfish care, or care in which self is offered, is self-care. Care maintains care and through this a caring concern within self is generated. Consequently, **not** maintaining a caring concern, or the caring ethic, borders on *self-deception*.

Self-care as essentially the maintenance of caring must not be confused with self-care in the sense of grooming oneself and generally looking after oneself. The latter are but a manifestation of an already present caring concern. Fundamentally, self-care is *caring sustaining itself*. There is thus, ultimately, no such thing as *meta-caring* or caring beyond caring - a higher level or purer form of care and caring. Concern about caring, and caring *for* and *about* **caring** are essentially a manifestation of *care* - the essence of being.

Blackham (1991:95), with regard to Heidegger, states that personal existence is self-projecting. It is not what it *is*, but what it will be. It is *homo viator*<sup>9</sup> and *its concern* for what it is to be is expressed in the term *Care*. This *concern for what it is to become* is also captured in a sense in the guiding research question.

Blackham (1991:95) further points out that according to Heidegger, *Care* expresses one's being in the grip of particular relations and preoccupation in this world. This latter aspect also points

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<sup>9</sup> *Man in transit, always becoming, never complete* (Kneller 1971:73).

directly towards the main focus of the present research: the disposition of the student nurse as care-giver's preoccupation in the field of nursing caring and the reasons for any specific disposition.

Preoccupation in this world, particular relationships and predispositions as relative states of being are also addressed to by Sartre (1973). According to Sartre (1973:26), man first exists, and only afterwards does he define his essence. The same can be said of care-givers and their essence of being caring in professional terms. The question, however, remains to what extent such a definition of self is durable. Man is a thinking, willing and experiencing being. Change concerning orientation towards self is imminent and the concern about *maintaining* a caring concern is thus sustained.

In this study it is argued that in order for the care-giver to maintain a caring concern, that is to be an authentic being, he/she must find *coherence in time*; that is, past actualities, present action and future possibilities regarding Care as the essence of being should be related harmoniously to one another. The Heideggerian notion of *lived time* becomes important (Scudder 1990:61). Although the primacy of possibility over actuality is asserted, both are important, for, it is in actuality that possibility resides. Naturally, the individual's perception of the actuality and/or possibility in any situation at any moment in time will influence the state of Dasein, and ultimately, as far as this research is concerned, the variant of caring the individual adheres to.

With this, the legitimacy of concern about the maintenance of care and a caring concern has been qualified from an existential point of view. But, what empirical evidence does the literature provide?

### 3.3.2

#### EMPIRICAL EVIDENCE IN SUPPORT OF THE CONCERN ABOUT *MAINTAINING A CARING CONCERN*

Several authors have indicated that caring is contextual; that caring is influenced by situational factors. Numerous factors that might influence caring can be listed. Some of these are discussed in Chapter 1. However, the focus of the present discussion is limited to a selected number of empirical instances which pertinently involve aspects of caring as reflected by the conceptual

model of caring of which the present research is an extension.

### 3.3.2.1 Maintaining objectivity and involved detachment

According to Brown et al. (1992:32), in order to, and before we engage with someone in any life experiences (e.g., caring), we must be able to assure the other person of our commitment to act on their behalf and be *willing* and prepared to sustain continued interest in their experience over time. Although the professional care-giver cannot love (or hate) a person as a relative or friend does, there consequently is a necessary detachment in professional care. It is still love which the professional care-giver offers, however, tempered or restrained. This is a reaching out to another in the desire to enhance the value which is seen in the other. Such reaching-out requires a non-rational connection which feeling alone can create (Campbell 1984:85). However, what if this *feeling* becomes endangered and dangerous? Even if the care-giver is aware of the fact that caring involves *humility* as well as *being prepared to be hurt by the other person* (Van Schaik 1977:141), where and when do care-givers, as mortal beings, draw a line between care that leaves one utterly vulnerable, and therefore becomes a threat to survival, and self-care. When do devotion, trust and compassion begin to threaten one's self-identity? Furthermore, what happens when one cares for an essentially unlovable person? (Van Schaik 1977:144). Thus, at what stage can professional caring no longer be maintained?

It is, however, not only the *will* and *feeling* components of the phronema of professional caring which are implicated in maintaining objectivity in professional caring. Campbell(1984:83) points out that the professional obtains *knowledge* to help others, however, that knowledge gives both detachment and power. It is a hard demand that this detachment should not be used for the protection of self, nor the power for the enhancement of self (Campbell 1984:83). So, the possibility exists that the knowledge component of the phronema of caring may become more important than the feelings and emotions components in professional caring. Thus, perhaps quite subtly, the care-giver might move from professional caring to *caring for* or even in an intellectual way to *caring about*. Again, the legitimacy of a concern about maintaining professional caring is evident.

### 3.3.2.2 Professional caring versus "care for"

Another question which is also directly related to maintaining objectivity in professional caring is whether the care-giver takes on *an objective* or *a participant attitude* (Brown et al. 1992:6).

If we return to the basic concern which lead to the researcher's initial involvement in studying the phenomenon caring, namely the present crisis in nursing (Van der Wal 1992:4-8), and the background to this study, in the words of Brown et al (1992:33), it is relatively easy to imagine how, in a situation of conflict and tension, the care-giver may come to doubt the necessity for caring to be based on a mutual, reciprocal, trusting interaction with the one cared for. According to these authors (Brown et al. 1992:33), there is a temptation to reduce caring to a set of services offered to the other person; a collection of actions to be performed.

In this regard, Noddings (1984:25) warns that the danger exists in caring ceasing to be an activity based on engrossment<sup>10</sup> and motivational displacement<sup>11</sup> and becoming instead an activity of abstract problem-solving. With the latter the focus is not on the person being cared for but on the problem. In essence what is lacking in this instance are the *feelings* and *generic* and *lay caring concepts* contained in the phronema. Clearly, in terms of Van der Wal's (1992:283) conceptualisation, this implies moving from professional caring to *caring for* or mere problem-solving.

The essence of the problem might stem from the person entrusted with caring taking on the objective attitude<sup>12</sup> (Brown et al. 1992:32). Thus, while certain requirements for care-taking (the objective measurable criteria) may be satisfied, the interpersonal humanistic character of the interactions between the carer and the one cared for are missing. If this happens only the illusion

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<sup>10</sup> A "brief feeling with another (Noddings 1984:25).

<sup>11</sup> The powerful motivational shift that occurs for many when taking responsibility for a caring relationship (Noddings 1984:33).

<sup>12</sup> Brown et al (1992:6) define the objective attitude as looking at whatever one is looking at in an especially detached way. In this attitude the spectator watches what is going on but remains separate from it. The objective attitude does not rule out physical intervention. A difference should thus be made between being involved and participating. Objective should not be seen as the opposite of subjective. Objective here points to *itemising* the other. In this instance *objective* has the same result as being *subjective*. In both instances the other, as a person, is negated and degraded.

of caring remains. However, any but the most fleeting interpersonal relationships will typically involve a mixture of objective and participant<sup>13</sup> attitudes.

The difference between the objective attitude and the participant attitude is not fundamentally that one attitude is emotional and the other unemotional. As Brown et al. (1992:9) explain: *there are feelings that are characteristic of the participant attitude and are not compatible with the objective attitude. These include resentment, gratitude, forgiveness and anger* (cf. Strawson 1982:62 cited in Brown et al. 1992:9). The objective attitude can be an entirely dispassionate attitude, however, it can also be sustained by very negative emotions. Both attitudes are sometimes hard to sustain. With regard to the present research, the questions are sustained as to: *How is a participant attitude (associated here with professional caring variant) maintained?* or *When, where and why do care-givers change from the participant to the objective attitude?*

Moreover, on the theme of *professional caring* versus *caring for*, it should be borne in mind that the recipient of care is a stakeholder in the caring relationship. Among other things, she or he must be willing to respond to the one caring. As Brown et al. (1992:45) put it, *Perhaps the real test for caring relationships is where the commitment, engrossment, and motivational displacement of the carer are neither recognised nor desired by the recipient of care.* The question that results from such situations relates to whether it is possible to care for another person when natural affection and receptivity break down? Thus, in terms of the conceptual model on which the research question is founded, if the lay caring and generic caring attributes are removed from professional caring and this becomes *caring for*, do professional carers move from natural responsiveness to an objective ethical and moral *responsibility* to provide care in spite of the non-response from the other person?<sup>14</sup> And, if so, *Does the care-giver experience the same fulfilment in rendering care than in being caring? How is a caring concern and attitude maintained, if maintained?*

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<sup>13</sup> *Instead of being a detached spectator, one is a participant which makes for involvement of the same kind as the other person's. Also, I remain in my personal viewpoint, and do not seek to see things from some impersonal viewpoint or, as Nagel (Brown 1992:7) called it, a view from nowhere.*

<sup>14</sup> *See Van der Wal (1992:295) on hypotheses associated with different outcomes of caring.*

### 3.3.2.3

#### The viability of professional altruism

Questioning altruistic caring is not only limited to academic psychology. Some nurses also doubt its existence in the nursing profession. Campbell (1984:12) for instance is convinced that the seeming altruism of professionals is a luxury they can readily afford, when there is no challenge to their social status, professional privilege and material security in acting in this manner. Disinterested concern is manifested, however, when there is a real cost to the self in expressing altruistic caring. Campbell (1984:6) further states that there is a very delicate balance between indifference and professional detachment. Whereas detachment might accompany the *professional caring* variant, indifference could accompany any of the other variants of caring except lay caring. Even more important is Campbell's suggestion that professional self-advancement, rather than professional care and caring, is the main concern of the professional care-giver. Campbell (1984:6) also quotes Titmuss who says that we might well regard professions as *associations for spreading the gospel of self-importance*. If this is true of all professional care-givers, this research would then naturally be redundant. The maintenance of a caring concern would under such circumstances not be an issue. Campbell (1984:9), however, clarifies this point by contemplating an alternative. According to him *personal service professions* combine knowledge and skill with empathy and integrity. In such skilled altruism, personal service professionals provide a paradigm of love, which also serves self-interest (such as career interests). However, Pepin (1992:128) is of the opinion that love and labour, as the two main components of caring, became to be seen as separate dimensions of caring, experienced in different settings (home versus institutions and work places), with labour becoming predominant over love in institutions (Pepin 1992:128). Although rooted in women's work, nursing in institutions became *routinised* as it was partly deprived of the affective aspect of caring and of the shared knowledge of experience (lay caring). In striving for recognition, nurses are faced with the necessity of emphasising the work aspect of caring, running the risk of rejecting *altruism* and caring itself. This point illustrates the present interest for maintaining a caring concern well<sup>15</sup>.

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<sup>15</sup> *Altruism is discussed in more detail in paragraph 5.2.2.*

### 3.3.2.4

#### **The absence of lay and generic caring concepts**

According to Brown et al. (1992:10), in a sense, we all know how to relate to others in a participant way. This is knowledge we all have. But, those who come to talk and think in a professional way can be in danger of forgetting, overlooking, or losing sight of that knowledge to the extent the officially approved, professional ways of thinking, are tailored to the objective attitude (Brown et al. 1992:10). This is especially true in the transition from lay to professional caring where the risk of conflict between lay caring concepts and professional caring concepts, is particularly acute in nursing. While socialisation may still be incomplete, the transition at a functional level has to happen very quickly. At this functional level, the nurse abandons her lay status almost overnight (Melia 1983:16). Naturally, this has implication for the research question since the phronema of the professional caring construct is devoid of its lay caring component. Once again an array of questions becomes pertinent to the present study.

The concern about maintaining a caring concern further illustrated by research conducted by Hutchinson (1984: 88-89) who identified nurses' coping strategies as creating meaning emotionally, technically and/or rationally. Creating meaning emotionally puts the nurse closest to the client whereas creating meaning rationally puts the nurse farthest from the client.

There are surely many more sources for a concern about the maintenance of a caring concern, however, the abovementioned few suffice for the purpose of the present research.

### 3.4

#### **MEANING IN LIFE AND CARING: A FACTOR IN FRAMING THE RESEARCH QUESTION**

Now that the legitimacy of an apprehension about maintaining a caring concern has been established, the question remains as to why some care-givers maintain a caring concern while others apparently do not. By addressing this question, theory is not preempted. However, the answer to this question serves to further illuminate the existential foundations of the research question and the research undertaking as such. According to Harrison (1990:125), the answer to the above question can partially be found in one of the basic elements of caring itself; *creating meaning*.

Creating meaning as the essence of caring is also supported by Heideggerian thought. For Heidegger, as interpreted by Steiner (1989:26 and 101), it is *Care (sorge)* that makes human existence meaningful, that makes a man's life significant. To be-in-the-world in any real existentially possessed guise, is to care, to be *besorgt* ("careful"[full of care] or concerned).

Care, as the *primordial state of being*, that is, the fundamental state of "isness" (Heidegger cited in Steiner 1989:26; 101), in Frankl's (1984:98) view implies that, ultimately, man should not ask what the meaning of his life is, but rather he must recognise that it is he who is asked what the meaning of his life is. In this regard Van Schaik (1977:148) points out that in the history of philosophy, *care* is stated as of intrinsic importance in the problem of meaningfulness. Both Rollo May and Paul Tillich are also concerned with the problem of how man, particularly in the 20th century, is to find meaning in life in the face of a deep seated experience of anxiety (Van Schaik 1977:149). May (1969:292) characterises the existence of this anxiety by relating it to the dichotomy between the individual's *rational and emotional life* on the one hand and the split between *himself and his fellow man* on the other. In terms of the conceptual model on which the research question is founded, a dichotomy with regard to the individual care-giver's rational and emotional life would point to a dichotomy between the feelings and generic and lay caring components of the phronema on the one hand and the knowledge and skill component on the other hand. Such a dichotomy, the research question anticipates, could lead to over emphasis being placed on either of these components which, for differing periods of time and under different circumstances could lead to *caring for* and *caring about*. It is however, also anticipated that, in extreme cases, the care-giver might totally abandon the caring concern. In such an instance the variant of *caring* would be labelled apathy. This corresponds with Frankl's (1984:154) concepts of *existential frustration* and the *existential vacuum* - a private and personal form of *nihilism* defined as the contention that being has no meaning (Frankl 1984:123-125).

Naturally the opposite of such a meaningless attitude is care, for, according to May, *Care is a state in which something does matter; care is the opposite of apathy* (Van Schaik 1977:149). The person who offers professional care seeks (perhaps unknowingly) to restore the lost in unity and meaning in modern life. Penitence, hope, realism, and a search for a lost harmony are all appropriate and necessary for people who aspire to care (Campbell 1984:14).

Frankl (1984:131-133) in this regard illuminates the research question by stating that according to the principles of logotherapy we can discover meaning in life in three different ways, namely by:

- creating a work or doing a deed;
- experiencing something or encountering someone; and
- the attitude we take towards unavoidable suffering (Frankl 1984:131-133).

In caring, in nursing, all three of these aspects are present. However, in the light of the research question, the attitude we take towards unavoidable suffering - finding meaning in suffering - essentially pertains to the suffering of the student nurse as care taker, a suffering possibly caused by a *vulnerability* created by being caring and by assisting others in finding meaning in their suffering.

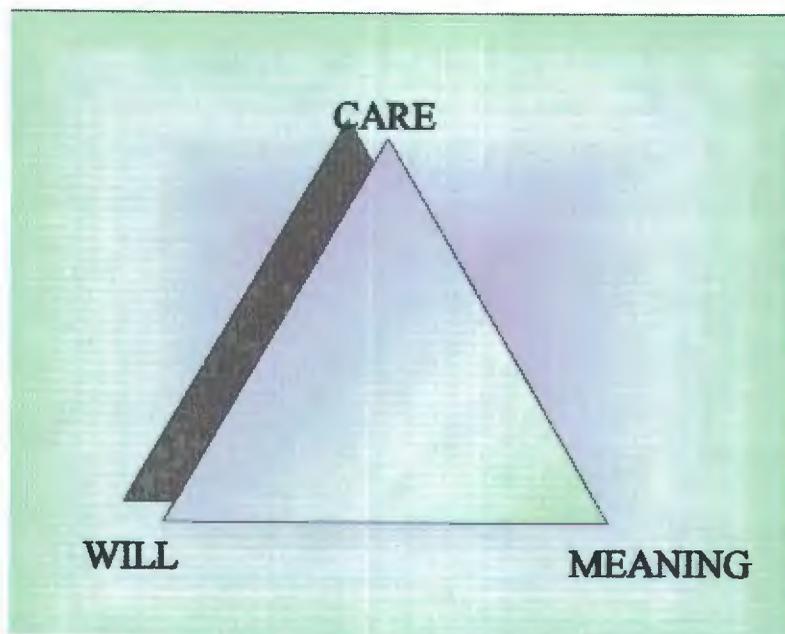
That caring contributes to meaning in life is also claimed by several other authors. Midlarsky (1991:241) points out that helping others has the capacity to enhance the sense of caring and care and *the value in one's own life*, and also that *well-being* of the care-giver accompanies helping and caring. Des Prez (1976 as quoted by Midlarsky 1991:241) also indicates that sharing in helping is the central stabilising and *meaning giving* aspect in the helper's life.

It must be pointed out that in this present discussion the concern about *meaning* does not indicate a psycho-pathological approach to the research topic. *Meaning* is existential in nature. As Lawson (1977:44) puts it: *The question 'Why?' is not so much a demand for a reason as a word that reflects the questioner's attitude to the situation, and the feeling of meaninglessness is not a symptom of sickness, but proof of humaneness. Only man can feel the lack of meaning because only he is aware of meaning* (Lawson 1977:44). The question regarding meaning in life is thus an existential question portraying the individual's involvement in his/her existence. Ultimately it is reflective of *Care*.

### 3.5 SUMMARY: EXISTENTIAL TRINITY

The term *maintenance*, contained in the research question, up to this point is articulated with the *will component* of caring (as constructed in the conceptual model of professional caring from

which the research question stems) and is discussed in terms of an *act of will* or *willingness* to care sustained by its capacity for creating *meaning in life*. Care (caring), will and meaning thus form an *existential trinity*; they are inseparable from one another. Since the literature review forms part of the overall research endeavour the conceptualisation of an existential trinity of Care, will and meaning involved in the maintenance of a caring concern constitutes an important moment in both the preliminary and the final manifestation of the object of intention. Figure 3.2 gives a structured (traditional) representation of this trinity.



**Fig 3.2**  
**Holomic representation of the**  
**interrelated nature of the existential trinity of**  
**Care (caring) will and meaning**

### 3.6 CODEPENDENCY THE COUNTERFEIT OF *CARING*

In an attempt to better understand the object of intention of the present research, namely, *caring* (and consequently maintenance, too), codependency is posited as a counterfeit of caring against which *caring* can be contrasted

In this regard, Campbell (1984:105) states that the choice of a care-giver to care for people in need presumably stems from some need in the care-giver, which gains satisfaction when his/her working life is spent in an encounter with illness or social disability. The needy person obviously needs to be helped, but that help most likely comes from someone who needs to be needed. Unless we recognise the element of personal need leading people into professional caring, we shall fail to see how damaging some forms of over-commitment can be<sup>16</sup> (Campbell 1984:105). One damaging manifestation of such an over-commitment is *codependency*. Summers (1992:70) warns that codependency is a disease so subtle that its symptoms may be perceived as desirable qualities rather than signs of a disabling disorder. Mullaney (1993:6), in reaction to the *pop-psychology* (Koldjeski 1990:50) usage of the term *codependency*, and the direct line of comparison that is drawn between caring and codependency, states that *Codependency has nothing to do with caring. The image of codependency is one of instability, and the process of codependency is about being unrelational*. However, being unrelated or *unrelational*, is what undermines the essence of caring - the existence of caring. The concept *codependency* thus deserves attention since *maintenance* of caring is all about staying related (as is the case with care).

### 3.6.1 DEFINITIONS OF CODEPENDENCY

Codependency can be defined on several levels - as a psychological concept, as a working guide for patients (codependents) and as a new and discrete disease (Cermak et al. 1989:132).

According to Klebanoff (Caffrey and Caffrey 1994:14) codependency entails those skills developed to deal with the internalised oppression arising from living in a patriarchal world. According to Roberts (1983:21-30), this internalised oppression leads to self-hatred and low self-esteem, often expressed in *horizontal violence* towards each other and emulation/imitation of the depersonalised technologically focussed practices valued by patriarchy.

Mallison (1990:7) and Shelly (1991:3) quote Benner in saying that the codependent label is the latest attempt to pathologize the caring professions - that in fact, it displays society's failure to

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<sup>16</sup> This naturally also sustains a concern about the maintenance of a caring concern in its purest, authentic and ethically moral sense and appearance.

distinguish between addiction and commitment.

Snow and Willard (Caffrey and Caffrey 1994:13) define codependency as:

. . . any act or behavior that shames and does not support the value, vulnerability, interdependence, level of maturity, and accountability/spirituality of a nurse, colleague, or patient.

Codependency is also defined as:

- the pattern of painful dependency on compulsive behaviours and on approval from others in an attempt to find safety, self-worth, and identity (Clark and Stoffel 1992:822);
- self-defeating behaviours that diminish an individual's capacity to initiate or participate in loving relationships (Larson in Yates and McDaniel 1994:32);
- a primary disease of lost selfhood (Whitefield in Yates and McDaniel 1994:32);
- any act or behavior of a nurse that meets other's needs at the expense of her own (Yates and McDaniel 1994:33);
- a neglect of one's personal needs because of an extreme preoccupation with external objects and persons ( Cermak et al. 1989:131)

### 3.6.2

#### CARING IN COMPARISON TO CODEPENDENCY

Herrick (1992:12) points out that the codependency rhetoric uses words that define *caring*. To be codependent is to be a *caretaker*, to be an *enabler*, and the like. This naturally necessitates a distinction between the two terms; caring and, the counterfeit, codependency.

Montgomery (1993:14) defines caring as *a natural state of social involvement and representativeness that is an integral part of our human condition*. Caring, in contrast to codependency, is an empowering relationship, that stems from a solid basis of self-worth, is non-judgemental, spontaneous, and experienced as a spiritual bond between those involved in the caring relationship (Caffrey and Caffrey 1994:15). This empowering relationship is further illustrated in that in the caring relationship, and in caring, *interdependence* is the issue, which is totally different to *codependence*. When two people become interdependent they share personal power with each other. However, when a person becomes *codependent*, he gives another person

power over his self-esteem (Cermak et al. 1989:132).

This definition of interdependence (as opposed to codependence) provides for the concept *accommodation* to be considered when distinguishing between caring and codependency. Sherman et al. (1989:27) suggest the following guidelines towards accommodation:

- choosing own values based on an understanding of compromise and reality of the situation;
- challenging the right of “shoulds” and resisting other definitions of what reality is;
- differentiating emotions from actions and distinguishing understanding from doing what is expected; and
- recognising that what makes one feel good usually is good.

Observable actions of codependency (as listed below) may in some instances appear to the outsider as being caring. However, what it lacks essentially, in the opinion of the researcher (Van der Wal 1996:42), to make it caring, is *growth* on the part of both the care-giver and the receiver of care.

### 3.6.3

#### FEATURES AND OUTCOMES OF CODEPENDENCY

Codependency is both a condition and a process and is self sustaining and addictive (Chappelle & Sorrentino 1993:42; Ralph 1993:87). The following are some of the characteristics of codependency:

- Caring for others at the expense of caring for oneself (Caffrey and Caffrey 1994:13).
- Enmeshment of one’s own personal identity, needs, and feelings in caring for others, (Caffrey and Caffrey 1994:13), distorted boundaries, and not being able to distinguish other’s responsibilities and problems from one’s own (Yates and McDaniel 1994:34). Codependents thus have difficulty perceiving they have an identity outside of their role as carer.
- Both participants in the relationship are involved in attempts to control one another, places, things and the outcome of events and neither participant is empowered in a way that fosters self-actualization (Caffrey and Caffrey 1994:13; Yates and McDaniel 1994:34).

- Feelings of powerlessness that precede burnout (Caffrey and Caffrey 1994:15).
- Codependency (or caretaking) is motivated by false feelings of duty or of responsibility for others and has a basis of fear rather than love (Caffrey and Caffrey 1994:15).
- Codependent *caring* is fuelled by fear of rejection, abandonment, failure, or conflict which leads to feelings of shame, guilt, anger, or jealousy (Caffrey and Caffrey 1994:15).
- Codependent *caring* is dependent on clients and others in the bureaucracy /patriarchy to feed one's self-esteem, to make one feel worthwhile, competent and happy (Caffrey and Caffrey 1994:15; Yates and McDaniel 1994:34).
- High scores on codependency are also associated with high scores on the *external locus of control* (Clark and Stoffel's 1992:827).
- Dishonesty by minimising one's problems and emotions.
- Being out of touch with one's feelings.
- Perfectionism.
- Low self-esteem.
- Inability to accept one's innate worth as a person.
- Fear and anxiety.
- Depression.
- Self-centredness.
- Going to extremes with work relationships.
- Assuming a martyr role.
- Distorted perception of reality; the super nurse syndrome (Cermak et al. 1989:134-135; Kijek 1989:11; Sherman et al. 1989:26; Zerwekh & Michaels 1989:112; Bennett et al. 1992:80B; Clark and Stoffel 1992:821-822; Farnsworth and Thomas 1993:181; Ralph 1993:87; Caffrey and Caffrey 1994:15; Yates and McDaniel 1994:34).

Summers (1992:70-71) summarises these features and outcomes in five categories: *control*, *guilt*, *struggling consciousness*, *damaged boundaries*, and *denial*. Ralph (1993:87-88) identifies the codependent nurse as the *professional rescuer* caught up in the a triangle of codependent roles of *rescuer*, *persecutor*, and *victim*, ultimately resulting in *burnout*<sup>17</sup>. According to Fagan-Pryor

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<sup>17</sup> A disease of over commitment that is cause by chronic work stress and that is typically characterised by a negative affect (Clark and Stoffel 1992:823).

and Haber (1992:26), the following are the core areas of symptoms in codependency namely: *low levels of self-esteem, difficulty in setting and maintaining boundaries, being over responsible and overcommitting oneself, and experiencing difficulty in living moderately*. Davidhizar and Eshleman (1992:16-17) see the major characteristics of codependency as being *dependency on others, over sensitivity, excessive feelings of responsibility, guilt over not meeting the expectations of others, and poor self-esteem*. According to Herrick (1992:14), codependency is characterised by *low self-esteem, over-control, dependency, perfectionism, super-responsibility, repression of feelings, loss of spirituality, manipulation, the care taker role<sup>18</sup>, and denial*. It is thus quite understandable why Clark and Stoffel (1992:823) warn that codependency could lead to workaholism. It must, however, also be noted that some of the behaviours identified with codependency can exist outside the disease entity (Sherman et al. 1989:27; Farnsworth and Thomas 1993:181).

#### 3.6.4

#### ORIGIN AND CONTINUANCE OF CODEPENDENCY

Originally, *codependency* described a person who was emotionally involved with a chemically dependent person and who developed an unhealthy pattern of coping with this situation, as a reaction to another's addiction problem (Summers 1992:70; Zerwekh & Michaels 1989:109). The core of the etiology of codependence is, however, related to low self-esteem. As professionals began to understand codependency better, more groups of people appeared to have it, including nurses (Zerwekh & Michaels 1989:112) and the health care system at large (Clark and Stoffel 1992:823).

Codependent nurses may be born or made (Yates and McDaniel 1994:33). Fagan-Pryor and Haber (1992:24-28) explain codependency in terms of Bowen's concept of *undifferentiated self*. According to Bowen (Fagan-Pryor and Haber 1992:25), the level of differentiation evidenced in an individual is determined by, what he calls, the *togetherness force*. The greater the

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<sup>18</sup> This in fact means *taking care away from the client*. According to Bennett et al. (1992:80C) caretaking entails constantly trying to anticipate and meet needs of others and doing for others what they can do for themselves. In a discussion of codependency from a feminist point of view, Malloy and Berkley insists that "caretaking" can be seen as a strength of women, including nurses, if not defined as "dysfunctional behaviour." However, the colloquial use of the words "care" and "take" is more often than not in the sense of a command, of being in charge, etc., eg. "take care of that ..." or "I'll take care of it." Explicit definitions are thus all important to distinguish between the colloquial and the formal academic use of words.

togetherness force, the more an individual's thoughts, feelings, and behaviours are determined by other people, and the greater an undifferentiated sense of self.

Traditionally the idea of a *good woman* is the good codependent. Nursing, as primarily a female occupation, provides abundant opportunities for practising codependent caretaking under the guise of caring (Caffrey and Caffrey 1994:13).

Nursing education and socialisation can also help foster codependency. The values of care giving and nurturing that nursing education emphasises make nurses more sensitive to patients' needs, but this can *drive them too strongly* (Yates and McDaniel 1994:33). As Yates and McDaniel put it, many of us can remember being praised by our teachers for exhibiting self-sacrifice, for doing even more at the bedside than was expected of us. In giving too much we are in jeopardy of losing ourselves (Yates and McDaniel 1994:33).

Society, too, expects nurses to be achievers and care takers, strong and capable yet warm and nurturing. Nurses can try too hard to live up to these ideals. Hospitals and other workplaces may likewise encourage or even force codependent behaviour. Hospital administrators and managers may stress putting patients first at all cost (Yates and McDaniel 1994:33).

It is plausible that the inability to distinguish between caring and codependency exists because social institutions (including health care and educational institutions) depend on codependency and reward it under the guise of commitment. According to Montgomery (Caffrey and Caffrey 1994:15) caring that is free of codependence may actually be considered threatening to health-care systems in which economic well-being is the goal and all decisions are carefully monitored for their contribution to these economic goals. A system that cares for and empowers care-givers loses ultimate control over care-givers' decisions. And *caring is beyond control by any authority and therefor is an ultimate expression of freedom and autonomy* (Montgomery 1993:29; Caffrey and Caffrey 1994:15).

### 3.7 CONCLUSION

In this chapter, the concept *caring* was illuminated in terms of Van der Wal's (1992) explication of the concept. In addition, the research question was also clarified. Care, will and meaning were identified as concomitant elements in caring forming an existential trinity in the maintenance of caring. In an attempt to further illuminate the essence of the phenomenon caring, a counterfeit of caring namely codependence was identified and discussed, further supporting the legitimacy of the apprehension over the maintenance of a caring concern.



# CHAPTER 4

## PRELIMINARY IDENTIFICATION AND MANIFESTATION OF THE OBJECT OF INTENTION: PSYCHOLOGICAL CONSTRUCTS PRESUPPOSING *MAINTENANCE*

*Although the world is full of suffering,  
it is full also of the overcoming of it.*  
Helen Keller

### 4.1 INTRODUCTION

In this chapter, *maintenance*, as contained in the research question, is revisited and elaborated upon to comply with the requirements set for *bracketing* in existential-phenomenological research as explained in Chapter 2. The following should be kept in mind when reading this chapter:

- Numerous constructs have been identified from the literature which imply *maintenance* in human existence and being. These are from the fields of psychology, sociology, theology, philosophy, religion and ethics, and are of both inter-personal and intra-personal nature. In this chapter only concepts, phenomena and structures from the field of psychology are considered.
- These phenomena *collectively* represent the researcher's pre-scientific understanding of, and assumptions about, the object of intention. The literature review is thus *not* aimed at describing any of the phenomena included in this chapter exhaustively. The researcher consulted mainly sources of cumulative nature such as the results of concept analyses and overview articles which necessarily involves secondary sources. If a literature review is to be judged by the number and diversity of references, then this chapter and the

following should be judged together under the rubric: *The manifestation of, and concern for, human maintenance.*

The psychological constructs exemplary of human/existential *maintenance* contained in this chapter are discussed within the broader frame of reference of the concepts of *salutogenesis* and *fortigenesis*.

In addition to contributing to a preliminary manifestation of the object of intention in this research, the contents of this chapter, and the following chapter, also served to implement one of the principles of neuro-linguistic programming<sup>1</sup> (NLP), namely to expand the researcher's vocabulary to alert him, during data analysis, to specific concepts emerging from the data whereby bracketing<sup>2</sup> and objectivity<sup>3</sup> were enhanced.

## 4.2 BASIC ORGANISATIONAL FRAMEWORK

The researcher's basic pre-scientific<sup>4</sup> understanding of the phenomenon *maintenance* as pertaining to a caring concern, and as implied in the research question, is at this point of the research report best expressed in *salutogenic* and *fortigenic* terms. Maintenance also encompasses what is known in psychology as an individual's *personal repertoire* and *self-control* (regulation) processes.

In qualitative fashion, a discussion of quantitative research results was deemed inappropriate for the present discussion. Where possible, the descriptions of psychological constructs are conducted under the following headings:

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<sup>1</sup> Specifically important at this point is the NLP principle that our perceptions are limited and even restricted by the language we use (Battino 1983:225).

<sup>2</sup> Bracketing in this instance is defined, not as keeping in abeyance that which the researcher knows, but, allowing this knowledge to surface, getting into contact with what one presupposes, in order to be able to distinguish that from the lived phenomenon as it emerges from the research. See paragraphs 2.6.3, 6.3 and 6.6.4.2.

<sup>3</sup> See See paragraphs 2.6.3, 6.3 and 6.6.4.2.

<sup>4</sup> The present research is defined as "scientific" to the researcher. What is "pre-scientific" is that which the researcher presently has some notion about.

- definition;
- defining attributes<sup>5</sup>;
- importance to the present study; and
- correlates (an indication of shared defining attributes, and/or instances where individual constructs serve as antecedent to, or outcome of, another construct.)

#### 4.2.1

#### THE SALUTOGENESIS AND FORTIGENESIS PARADIGM

According to Strümpher (1990:165) a new paradigm<sup>6</sup> is emerging in psychology. Numerous writings and research projects in psychology point to a shift from a *pathogenic approach* to a *salutogenic* and *fortigenic* approach.

The concept of *salutogenesis*, is derived from the Greek words *salus*, which means *health*; and *genesis* which means *origin* (Strümpher 1990:265). However, according to Strümpher (1992:12), the term *fortigenesis* is more descriptive of the paradigm which opposes the *pathogenic* paradigm than the term *salutogenesis*. Introducing the fortigenic concept is not to deny the need to search for the origin of health. It is, however, also imperative to point to the closely related origins of the strength needed to be effective at other end-points of human functioning.

The word *fortigenesis* is derived from the Latin words *fortis* which means *strong*, and *genesis* which points to the *origin* of things. The Latin word *fortis* is the root from which the English word *fortify* is derived and means to impart physical strength; vigour or endurance; or to strengthen mentally or morally. These words are all indicative of the word *maintenance* as contained in the research question and therefore also of the physical strength, vigour, endurance and mental and moral strength needed to maintain a caring concern.

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<sup>5</sup> Defining attributes are consistently occurring characteristics of a concept that help to distinguish it from others (Walker & Avant 1988:39).

<sup>6</sup> Aspects of beliefs so fundamental that they are immune from empirical testing. A paradigm is characterised by long periods of calm during which 'normal science' is practised by the scientific community working to 'broaden and deepen' the explanatory scope of a theoretical account based on a single set of fundamental beliefs. During this time research is directed at the articulation of those phenomena and theories that the paradigm already supplies (Kuhn cited in Strümpher 1990:265).

Fortigenesis and fortitude, reflects on a particular philosophy of life. It is the opposite of the *pursuit of happiness* (hedonism). The human condition is basically stressful and life is a matter of “*heterostasis, disorder, and pressure toward increasing entropy*”<sup>7</sup> (Antonovsky 1987:2 in Strümpher 1992:13). To deal with such existential or life phenomena, one needs a philosophy of life, and a psychology, concerned with strengths and their origins (Strümpher 1992:13). Considering the point made in Chapter 2 about Care and caring constituting the essence of being, and the *existential trinity* of Care (caring), will and meaning, the appropriateness of a salutogenic/fortigenic presupposition regarding the object of intention becomes more evident. However, speaking of fortigenesis, with emphasis on *strength*, does not mean that boundless strength is available for all life situations (Strümpher 1992:31). Fortigenesis is about strength as a psychological property, not tied to the contents of a particular set of values. As Strümpher (1992:32) puts it:

It is the strength of structure and not the content of values that should be considered in explaining effectiveness at end-points of human functioning. Confounding the two is, however, an ever present danger.

In studying the *maintenance* of a caring concern, with values so intensely related to, and entangled with, the concept *caring*, this danger may be ever present and worth paying special attention to during data analysis and theory construction.

Examples of salutogenic and fortigenic constructs, and consequently constructs that imply *maintenance*, in the field of psychology are: Antonovsky's concept of *sense of coherence*, Kobasa's *hardiness*, Bandura's *self-efficacy*, and Cohen's *coping*, Colerick and Thomas's *stamina*, Ben-Sira's *potency* and Rosenbaum's *learned-resourcefulness* (Strümpher 1990:275; Wills 1992:97). To these sources, Zika and Chamberlain (1992:134) add, amongst others, the work of Viktor Frankl. Some of these constructs are discussed below. All of these salutogenic and fortigenic constructs essentially deal with human meaning, meaning giving and meaning in life (Wills 1992:97). These constructs are thus primarily linked to caring via the *existential trinity* of Care (caring) will and meaning.

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<sup>7</sup> Entropy, according to Joos, Nelson and Lyness (1985:89) is the tendency of the system to break down, to increase its disorder. Living systems, like human beings, are able to counteract the effects of this. Entropy is also the measure of the randomness or disorder in a system.

#### 4.2.2 PERSONALITY REPERTOIRES

According to Staats (Rosenbaum 1988:484), the term *personality repertoire* refers to a constellation of complex skills which are evoked by many situations and which also have the quality for providing the basis for additional learning. However, a personality repertoire, is not a personal trait, but rather a set of behaviours, cognitions and affects that are in constant interaction with the social and physical environment. This could possibly be related to the structure of the *phronema* and the *actions* component of caring as perceived by Van der Wal (1992:242). The *constant interaction with the social and physical environment* referred to by Staats also implies connectedness, adaptation and reaction which in turn form the basis for maintenance. The concept *personal repertoire*, in the researchers opinion, is fundamental to one's ability to *maintain*, and consequently to categorise the psychological constructs suggesting human maintenance which follow.

### 4.3 PSYCHOLOGICAL CONSTRUCTS PRESUPPOSING *MAINTENANCE*

#### 4.3.1 SELF-REGULATION (SELF-CONTROL)

According to Nerenz and Leventhal (Rosenbaum 1988:484; Strümpher 1990:273) any efforts to cope with stressful events involves attempts of self-regulation.

##### 4.3.1.1 Definition

Combining the essence of self-control, as perceived by Nerenz and Leventhal (Rosenbaum 1988:484), and Rosenbaum's and Rolnick's (1983:519) self-control or self regulation, results in the following definition of the concept self-regulation:

the process involved in all attempts and efforts to cope with stressful events through responses cued by internal events and directed at reducing the interference caused by stressful events (Rosenbaum 1988:484).

##### 4.3.1.2 Defining attributes

The self-regulatory process, according to Rosenbaum (1988:486), consists of the following sub-

processes:

#### **4.3.1.2.1**

##### ***Representation***

During the process of representation the individual experiences, without any conscious effort, a cognitive and/or emotional reaction to change within him/herself or in the environment (Rosenbaum 1988:485; Strümpher 1990:273). Disruptions of ongoing behaviours, plans and well-established expectations may trigger *automatic* thoughts about such things as one's self-worth and one's basic beliefs; an emotional cognitive reaction (Rosenbaum 1988:485-486). This process is also called self-monitoring by Schunk and Carbonari (1984:241).

#### **4.3.1.2.2**

##### ***Evaluation***

Changes are evaluated, first as desirable or threatening, then, if threat is appraised, changes are evaluated as to whether anything can be done to alleviate it. If anything can be done to alleviate the negative effects of a situation this is referred to as coping; a conscious evaluation of stressors (Rosenbaum 1988:486). This process is also called self-evaluation by Schunk and Carbonari (1984:241)

#### **4.3.1.2.3**

##### ***Action (coping).***

This process contains active responses to minimise negative effects of any disruption (Rosenbaum 1988:486; Strümpher 1990:273). Schunk and Carbonari (1984:241) also call this process self-reinforcement.

Each of the above three self-regulatory processes is influenced by both situational and personality factors.

In addition, Kanfer (Rosenbaum 1988:489) points out that there are also two types of self regulation, namely:

- corrective self-regulation; and
- anticipatory self-regulation.

*Corrective self-regulation* occurs when ongoing behaviours are disrupted and the individual's efforts are directed at resuming normal functioning. *Anticipatory self-regulation*, on the other hand, is initiated when the person recalls certain information that disrupts the progress of a planned, or habitual, behaviour (such as taking too much sugar). In this instance, disruption is self-generated. Whenever a person engages in anticipatory self-regulation, he delays immediate gratification for the sake of future consequences, and copes with the frustrations of stresses produced by the delay.

#### 4.3.1.3

##### **Importance to the present study**

According to Rosenbaum (1988:488) self-control (self-regulating) behaviours are very private events, the only way to find out whether or not subjects are using them is by questioning the subjects directly. *Maintenance*, as contained in the research question, if equated to the term *self-regulation (self-control)*, thus substantiates to some degree the use of the formal open unstructured qualitative interview<sup>8</sup> as a data gathering method.

The issues of *the delay of immediate gratification* as well as *the questioning of one's self-worth* during disruptive situations, as mentioned above, may also surface during care and caring and may lead to the individual questioning his or her personal caring concern or *being caring*. During the present research, these issues were also considered during the engineering<sup>9</sup> of a purposeful informant sample. The willingness of the student nurse as care-giver to delay immediate gratification and to cope with resulting stress also indicate the presence of maintenance of a caring concern.

#### 4.3.1.4

##### **Correlates**

By definition, all salutogenic, fortigenic, coping and adaptive structures and adaptive responses can be related to self-control (self-regulation). However, although learned-resourcefulness, hardiness and sense of coherence are all personality repertoires which may have stress buffering

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<sup>8</sup> See paragraph 7.4.

<sup>9</sup> See paragraph 6.2.1.

effects, they mitigate the effect of stressful events in different phases of the self-regulation process. Sense of coherence and hardiness are postulated to influence the individual's *evaluation* of a stressful disruption. Learned-resourcefulness is postulated to influence the persons *actions* towards reducing the interfering effects of his or her reactions to stressors and not to his or her primary appraisal of the stressor (Rosenbaum 1988:487).

#### 4.3.2

#### GENERALISED RESISTANCE RESOURCES

Although generalised resistance resources are mainly associated with the work of Antonovsky and are as such closely related to the development of the construct and the maintenance of *coherence*, they are presented, for analytical purposes, in this study as an independent set of variables associated with the origin of *maintenance*, or variables antecedent to *maintenance*. These resources facilitate effective tension management in any situation where it is demanded, however, specific resistance resources for specific situations are not denied by the generalised resistance resources concept (Strümpher 1990:268).

##### 4.3.2.1

##### The range of general resistance resources

Antonovsky described the range of generalised resistance resources as including:

- *physical and biochemical generalised resistance resources* such as immuno-suppressors and potentiators;
- *artefactual-material generalised resistance resources*, particularly wealth, status and power;
- *cognitive generalised resistance resources*, particularly knowledge-intelligence contingent on education, which includes both skills and knowledge;
- *emotional generalised resistance resources* of ego identity;
- *coping strategies*, as overall plans of action for overcoming stressors;
- *interpersonal-relational generalised resistance resources*, like social support and commitment; and
- *micro-sociocultural generalised resistance resources*, of ready answers provided by one's culture and social structure, including religion (Antonovsky in Strümpher 1990:268).

According to Antonovsky (Strümpher 1990:268), *all generalised resistance resources have in common that they facilitate 'making sense out of the countless stressors with which we are constantly bombarded'*. It cannot be denied that in caring, the care-giver is constantly bombarded by stressors of diverse nature. Thus, in this situation too, generalised resistance resources help make sense of the situation. It is this *helping to make sense* that implies *maintenance*.

#### 4.3.2.2

##### **Importance to the present study**

According to Sullivan (1989:337), nursing itself can be viewed as a generalised resistance resource. Following logically on this is the question as to the resistance resource *potential* of caring and being caring. Whether caring, in and of itself, generates caring, or, as Bevis (1983:51) claims, whether caring is by its very nature and definition only, and always, good.

#### 4.3.3

##### **SENSE OF COHERENCE**

According to Antonovsky (1984a:5; Strümpher 1990:268) the question about salutogenesis is answered by the construct of *sense of coherence* which develops through repeated experience of sense-making through generalised resistance resources.

#### 4.3.3.1

##### **Definition**

Antonovsky (Antonovsky 1984a:6; Sullivan 1989:338) first defined the term *sense of coherence* as:

A global orientation that expresses the extent to which one has a pervasive, enduring, though dynamic, feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected.

Later, Antonovsky (1984a:6) defined *sense of coherence* as:

a pervasive, enduring confidence that: (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands proposed by these stimuli; (3) these demand are challenges, worthy of investment and engagement (Sullivan 1989:338; Anson 1993:160).

Strümpher (1990:268) defines a sense of coherence as:

It embraces components of perception, memory, information processing, and affect, into habitual patterns of appraisal, based on repeated experiences of sense-making that have been facilitated by generalised resistance resources.

According to Antonovsky (1993:972), the following applies to the construct *sense of coherence*:

- It is very explicitly *not* a substantive (major) coping strategy, as is a mastery orientation or an internal locus of control. A person with a strong sense of coherence has a set of fundamental rules. The tactics, however, are flexible.
- In contrast to Kobasa's *hardiness* construct, or Bandura's *self-efficacy*, the *manageability* component of the sense of coherence is defined in terms of the resources that are at one's disposal, not that one is in control of the requisite resources. As Antonovsky (1984b:119 and 1993:972) indicates, the latter would mean that no one else could be trusted; the former that the required resources may also be in the hands of a legitimated trusted other - a spouse, a friend, God, etc.
- The sense of coherence model recognises the immanence of conflict in all existence. Although different from Kobasa's version of *challenge*, based on the *existential concept of the search for meaning and authenticity*, it does share with Kobasa the idea that when a person with a strong sense of coherence or hardiness is confronted by conflict, that person will search for meaning and resolution, and not seek to escape the burden (Antonovsky 1993:972).

#### 4.3.3.2

##### Defining attributes

The three major defining attributes of the *sense of coherence* are inextricably intertwined and can really only be separated for analytical reasons. According to Antonovsky (Antonovsky 1984a:6-7; Strümpher 1990:268; Zika & Chamberlain 1992:134; Anson et al 1993:160; Antonovsky 1993:972) these constitute:

- *comprehensibility*, the cognitive component, or making sense cognitively, where stimuli derived from internal and external environments are structured, predictable and explicable. Open-ended situations are tolerated because there is confidence. One makes sense of them. The opposite of *comprehensibility* is a sense of *chaos* and *randomness*;

that life is accidental, cognitively ununderstandable. In this instance, internal stimuli are perceived as *noise* rather than information;

- *manageability*, the instrumental component of coherence, in which instance resources are available to meet the demands posed by stimuli. In relation to comprehensibility, it must be noted that life could be considered as comprehensible, however, consistently *unmanageable*. People manage through their own resources, through expert help of a legitimate authority, including God;
- *meaningfulness*, the motivational component, in which instance demands are considered challenging, and worthy of investment and engagement. It is also, in a sense, the emotional counterpart to *comprehensibility*. Making sense in emotional terms implies that people care (Antonovsky 1984b:119).

Individuals with a low sense of coherence who perceive internal and external stimuli as noise, as inexplicable disorder and chaos, and as unpredictable in future, experience the events of life as unfortunate things that happen to them and victimise them unfairly. Such persons also feel that nothing in life matters much, or worse, view these events as unwelcome demands and wearisome burdens (Antonovsky 1987:17-18).

#### 4.3.3.3

##### **Importance to the present study**

*Comprehensibility*, as a defining attribute of the sense of coherence, implying *order* and *predictability*, is of primary importance to the present research. As Antonovsky points out, order and predictability are not enough since the individual can see life as *comprehensible*, however, constantly unmanageable. In the present crisis in health services, and in nursing in particular, in this country, viewing the caring situation as *unmanageable* may have vast implications for the individual's orientation (caring and appreciation) towards that situation. Further, Antonovsky's (1984b:119) remark that *making sense in emotional terms implies that people care* has direct bearing on the present study and relates a sense of coherence directly to Care and will via the trinity of Care, will and meaning.

Coherence is also implied in the instrument<sup>10</sup> that was used to engineer a purposeful informant sample.

#### 4.3.3.4

##### Correlates

A sense of coherence is related to:

- human meaning and *eternal matters* including spiritual matters and spirituality (Wills 1992:96);
- meaning and meaningfulness (Zika and Chamberlain 1992:134; Antonovsky 1993:972);
- salutogenesis and a salutogenic effect (Antonovsky in Anson 1993:160); and
- social integration and occupational self-directedness (Strümpher 1990:268-9).

In addition to these, Rosenbaum (1988:487) hypothesised that the main impact of sense of coherence (and hardiness) is on the primary *appraisal of stressors* and not on the manner in which the individual copes with such stressors.

*Manageability* may strongly suggest a strong internal *locus of control* (Antonovsky 1984a:7). However, Sullivan (1989:338) cautions that, unlike empowerment and locus of control, the sense of coherence is not dependent upon the controllability of events as much as upon two related factors: that events are comprehensible rather than bewildering; and that events are under *some kind of control*, though not perhaps one's own. Further, manageability is closely related to White's concept of *sense of competence*<sup>11</sup> (Antonovsky 1984b:118).

#### 4.3.4

##### POTENCY

Potency is also a mechanism that prevents the tension that follows occasional inadequate coping, from turning into lasting stress (Strümpher 1990:272).

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<sup>10</sup> Kapp and Shosröm's *Personal Orientation Inventory (POI)*. See paragraph 6.2.1.1.

<sup>11</sup> *The sense in a living organism of its fitness or ability to carry on those transactions with the environment which result in maintaining itself, growing and flourishing* (Antonovsky 1984b:118)

#### 4.3.4.1 Definition

Ben-Sira (1985:399), who constructed the concept, defines *potency* as:

a person's enduring confidence in his own capacities as well as confidence in and commitment to his/her social environment, which is perceived as being characterized by a basically meaningful and predictable order and by a reliable and just distribution of rewards.

#### 4.3.4.2 Defining attributes

In operational terms Ben-Sira defines *potency* as comprising the mechanisms of:

- *Self-appreciation* and *mastery*. Potency is not a defensive reaction. Contrary to defence mechanisms which are commonly accepted as reactions to the *inability* to cope, *potency* implies confidence in one's abilities (Ben-Sira 1985:399).
- *Commitment* to society (in contrast to *alienation*).
- *Perception* of society as meaningful and ordered (in contrast to *anomie*) (Strümpher 1990:272; Ben-Sira 1985:399). Perceived meaningfulness, distributive justice and basic order are essential prerequisites for being able to elicit from society meaningful rewards or a perception enhancing commitment to society. In contrast to this, alienation implies withdrawal whereas commitment implies confidence in one's ability to elicit the expected responses from society in return for one's efforts.

#### 4.3.4.3 Importance to the present study

Of major importance to the present study is Ben-Sira's (1985: 397) observation with regard to potency, that *if resources were initially inadequate for 'maintaining' homeostasis, how can they become efficacious in its restoration, considering the presumably greater effort needed for restoring than for maintaining*. The question at this point is whether care-givers consider, and under what conditions they consider, maintenance (personal potency) of a caring concern rather than neglect (relinquishment) and later restoration of that concern (including the restoration of interpersonal relationships).

Another major issue is that of the *just distribution* of rewards. Although it is often argued,

especially from an altruistic point of view, that in caring rewards are not considered, reward and satisfaction with caring do raise questions about the care-givers prolonged commitment to caring. This issue touches on creating meaning through caring.

#### 4.3.4.4

##### Correlates

Potency correlates, among other constructs and concepts, with hardiness, wellness, and salutogenic variables (Strümpher 1990:272); coherence, hardiness, mastery and autonomous personality (Rotter in Ben-Sira 1985:399).

#### 4.3.5

##### STAMINA

#### 4.3.5.1

##### Definition

Thomas (Strümpher 1990:272) states that *stamina* is essentially:

the physical and moral strength to resist or withstand disease, fatigue, or hardship; endurance.

Colerick (1985:997) defines *stamina* as bringing to mind:

the qualities of personal strength . . . such as mental vigor, vitality and endurance . . . entails resiliency and 'staying power'; the strength (physical or moral) to withstand disease, fatigue or hardship . . . well-tested convictions that obstacles are surmountable and that personal growth is an outcome of personal struggle.

#### 4.3.5.2

##### Defining attributes

According to Colerick (1985:999) stamina is characterised by:

- *The capacity for growth.* A person who has this capacity shows a propensity to seek new areas of self expression, relatedness and productivity, as well as, curiosity and an openness to experimentation (Colerick 1985:999). It seems as if this characteristic implies a general creative ability.
- *Personal insight* that focuses on the individual's self-awareness. More specifically on how 'in tune' he or she is with what he or she does and why (Colerick 1985:999). High levels of insight are characterised by an ability to describe personal strengths and

limitations, and by an awareness of one's effect on others.

- *Life perspective* which is of importance as *an individual with a developed life perspective has a sense of personal biography. Low scorers on life perspective do not easily make links to the past and have little sense of the future. High scorers draw on past experience in meeting the present and in planning for the future; he or she views current functioning within the context of the entire life course* (Colerick 1985:999).
- *Likelihood of functional breakdown* which estimates the probability that a person will become unable to carry out the activities of his or her daily living (Colerick 1985:999).
- *General competence* that focuses on the individual's *ability to meet the demands of the environment, to cope with life changes effectively in both work and family spheres* (Colerick 1985:999).

Colerick also links *adaptive potential* (early family relationships, past health and educational attainment) to levels of stamina (in later life) an effect which may occur directly or indirectly through *cognitive appraisal* (i.e. personal outlook, manner of assessment, etc.) (Colerick 1985:998-1001).

These two concepts, adaptive appraisal and cognitive potential, are defined as follows:

- *Adaptive potential* refers to personal resources and is similar to Antonovsky's *personal generalised resistance resources*. Three personal resources in early life have been identified namely:
  - *Family origins*. The variables included in this resource are the degree to which independence in childhood was facilitated, the extent to which parents or primary care-takers shared the same values, the degree to which years of early family life were beset by loss, the extent to which the primary care-taker was a self-defeating or martyr type person, and the degree to which the family of origin emphasised *togetherness* (Colerick 1985:999).
  - *Level of education*. This accounts for many of the differences that are observed in attitudes, problem solving ability, activity patterns, community participation, and characteristics of social networks among age strata (Colerick 1985:999).
  - *Health*. In view of Strümpher's (1990 and 1992) inclusion of stamina in his

discussion on *salutogenesis* and *fortigenesis*, it is assumed that *health* in the Colerick's definition encompasses more than mere physical health.

- *Cognitive appraisal* contain two constructual patterns:
  - *Triumph*. This connotes a sense of mastery, of personal control or efficacy, of optimism about the course of times. It is reflected by the degree of active, constructive coping behaviours, evidence of problem solving, degree of challenge, incremental anticipations of the future, and extent of anticipatory planning to meet future demands (Colerick 1985:999).
  - *Support*. Support includes perceptions of others in terms of availability and willingness to assist (physically and emotionally) in times of need, as well as the tendency of the individual to *move toward others* (Colerick 1985:1000-1001).

Research indicates that stamina is strongly associated with aspects of cognitive appraisal. Individuals with high levels of stamina also tend to have *triumphant* perceptions of hard times. Less important to stamina are interpersonal and contextual factors. Thus, stamina may be viewed as, on the one hand, being rooted in childhood legacies and social resources, and on the other hand, stamina is highly responsive to *event interpretation* (Colerick 1985:1003).

#### 4.3.5.3 Importance to the present study

Although Colerick's discussion on stamina is mostly with regard to *later life*, the salutogenic and fortigenic, and also *maintenance*, implications are undeniable.

The *capacity to grow* and allowing other to do so is a recurring theme in caring literature. The capacity for growth, within the parameters of the present study, points to maintenance in the sense of a constant reorientation and continuing adaptation of the individual (care-giver) to a fluid caring situation and consequently a continuing orientation to self as being caring. This also implies *learning*.

*Personal insight* and self-awareness could, in existential terms, be important to the present study because of the care-giver's self-perception of being caring. This is further directly related to the

authenticity of the care-giver and could influence the maintenance of a caring concern. This is also directly related to how in tune the care-giver is with what she or he does. Similarly a *life perspective* implies a certain value orientation and commitment, an outlook on the future which could contribute to meaning giving, sensibility and, ultimately, *maintenance*.

The *adaptive potential* should alert the researcher to the importance of aspects such as family origins, educational level and health (physical and mental) in maintaining a caring concern. This again is related to self-image. The importance of poor self-image has been demonstrated in the discussion on codependency in the previous chapter. Further, the *cognitive appraisal* constructs of triumph and support seem related to *maintenance*.

#### 4.3.5.4 Correlates

Some statements by Colerick on stamina are reminiscent of both the *sense of coherence* and *hardiness* (Strümpher 1990:273). It also seems as though Colerick (1985:997) suggests a *hierarchy* or sequence of:

ego resiliency<sup>12</sup> → stamina → hardiness.

It is also interesting to note that caring, as defined by Mayeroff (1971:x) implies allowing others to grow. Caring thus facilitates or sustains the development of stamina, which has as a defining attribute, a capacity to *growth*.

#### 4.3.6 SELF-EFFICACY

Mowat and Laschinger (1994:1105) postulate that *self-efficacy* might be the answer to the question why some care-givers report feelings of burden during care and caring while others appear to derive a great deal of personal satisfaction from caring. More fundamentally, Bandura (1982:122) states that *indeed, people often do not behave optimally, even though they know full*

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<sup>12</sup> A stable personality dimension which is defined by resourceful adaptation to changing circumstances and environmental contingencies . . . and flexible invocation of the available repertoire of problem-solving strategies (Block and Block 1980:48 in Rosenbaum 1988:491).

well what to do. This is because self-referent<sup>13</sup> thought also mediates the relationship between knowledge and action.

#### 4.3.6.1

##### Definition

According to Bandura (Mowat & Laschinger 1994:1107), *self-efficacy* refers to:

individuals' perceptions of confidence in their ability to complete a specific task or behaviour successfully.

A second definition by Bandura (Schunk and Carbonari 1984:231) states that *self-efficacy* refers to:

personal judgements of how well one can organize and complement patterns of behavior in situations that may contain novel, unpredictable, and stressful elements.

According to Schunk and Carbonari (1984:230), it is the sense of:

I can do.

The word *efficacy* is derived from the Latin word *efficacitas* meaning *power*. Synonyms include: *virtue*, *potency*, *force*, and *efficiency*. Together these words have the qualities of *strength*, *competency*, *power*, *energy* and *goodness* in common. Efficacy, pertaining to human beings, implies, *the power to produce effects or intended results and to accomplish or bring to pass* (Mowat & Laschinger 1994:1106).

#### 4.3.6.2

##### Defining attributes

##### 4.3.6.2.1

##### General attributes

According to Mowat and Laschinger (1994:1008) the components of self-efficacy are:

- *confidence*: a firm personal belief that one can master a particular task;
- *capability*: the ability to actually carry out the behaviour;

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<sup>13</sup> According to Bandura (1982:122), the basic phenomenon addressed in self-referent thought is self-efficacy or personal efficacy.

- *persistence*: the ability to maintain the acquired behaviour over time; and
- *strength*: the ability to cope effectively with stress and other phenomena requiring great personal effort.

#### 4.3.6.2.2 *Expectations*

Having certain expectations is another defining attribute of self-efficacy.

##### 4.3.6.2.2.1 *Types of expectations*

Bandura (Mowat & Laschinger 1994:1107) describes *self-efficacy* in terms of two types of *expectations*:

- *Outcome expectation* which comprise of the individual's belief that a given behaviour will lead to a given outcome. However, according to Schunk and Carbonari (1984:233), outcome expectations are conceptually distinct from perceptions of efficacy. Persons may believe that a given behaviour will result in a certain outcome, but this knowledge will not influence their behaviour if they simultaneously doubt their capability to perform.
- *Efficacy expectations* which entails the belief that one can successfully perform a task to achieve the expected outcome (Mowat & Laschinger 1994:1107).

##### 4.3.6.2.2.2 *Expectation dimensions*

According to Mowat & Laschinger (1994:1107), the above expectations vary with regard to three dimensions:

- *magnitude* (the complexity of the tasks people believe they can accomplish);
- *strength* (which determines the individual's level of confidence to perform the behaviours); and
- *generality* (the extent to which self-efficacy expectations for one situation may extend to another situation).

#### 4.3.6.2.2.3

##### *Expectation sources*

Bandura (Bandura 1982:126) and others (Schunk and Carbonari 1984:234; Mowat and Laschinger 1994:1107) maintain that self-efficacy expectations are derived from four sources namely:

- *Performance attainment* which implies that repeated success at an activity will raise perceptions of efficacy in performing it, whereas failures will lower them. Once a strong sense of efficacy is inculcated, an occasional failure should not have adverse effects, particularly if it is attributed to insufficient effort or unusual situational demands (Schunk and Carbonari 1984:234). Enactive attainment provides the most influential source of efficacy information *because it can be based on authentic mastery experience* (Bandura (1982:126).
- *Vicarious experience* pertains to the fact that much of our *capability self-knowledge* is acquired in the absence of actual self-performance. Individuals routinely observe the actions of others and gain a certain amount of efficacy information in the process. Vicarious experiences constitute a weaker source of efficacy information than actual performances, because the effects of observation on perceived efficacy can be negated by one's subsequent efforts (Bandura 1982:127; Schunk and Carbonari 1984:234).
- *Verbal persuasion* or social persuasion (Schunk and Carbonari 1984:235) can also induce a change in perceived efficacy. Like vicarious knowledge, the beneficial effects of persuasive information on perceived efficacy can be negated by actual performance experiences. The sense of efficacy instilled by persuasion is validated by actual performance success (Bandura 1982:127; and Schunk and Carbonari 1984:235).

#### 4.3.6.2.3

##### *Cognitive processing of efficacy information*

According to Bandura (1982:127) and Schunk and Carbonari (1984:236), although judgements of self-efficacy are influenced by past performances, they are not mere reflections of those performances. In processing efficacy information from different sources, people take into account cues associated with their sources. These cues can influence efficacy appraisals beyond the effects that are due to performance outcomes and include:

- *Perceived task difficulty.* The effects on self-efficacy of performance outcomes are tempered by the perceived difficulty of the task. Success in performing a task that is thought to be easy will raise perceptions of efficacy less than success in more difficult tasks. Task difficulty information is mainly acquired from two sources, namely, social norms and objective task demands (Schunk and Carbonari 1984:236).
- *Effort expenditure.* The role of effort is stressed by attribution theory partly because effort is, unlike ability, task difficulty and luck, under volitional control and is amenable to change. Self-efficacy theory postulates that the amount of effort necessary to succeed at a task affects efficacy appraisals (Bandura 1982: 123; and Schunk and Carbonari 1984:236).
- *Situational circumstances.* Extensive support does little to promote perceptions of efficacy if people attribute the change to external factors. A sense of efficacy develops when personal responsibility is assumed (Schunk and Carbonari 1984:237).
- *Outcome patterns.* The pattern of successes and failures play an influential role in the development of perceived efficacy. The perception of improvement over time should result in a sense of maintenance or further improvement (Schunk and Carbonari 1984:237).
- *Model characteristics.* The perceived similarity between oneself and role models influences perceptions of efficacy. Model similarity is based on two criteria: *shared experiences* and *personal attributes* (Bandura cited in Schunk and Carbonari 1984:237).
- *Persuader credibility.* The expertise and trustworthiness of a model (communicator) also effect the perceived efficacy of a person. Credibility can, however, also arise from perceived similarity between the observer and the persuader (model) regarding experiences or attributes (Schunk and Carbonari 1984:23).

#### 4.3.6.3

##### **Importance to the present study**

According to Stevenson (Mowat and Laschinger 1994:111), the possession of high levels of *self-efficacy* by individuals is expected to equip these individuals to withstand the stress of care giving (and caring) better. Schunk and Carbonari also (1984:231) imply that perceptions of

efficacy influence how much effort people will expend and how long they will persist at a task, especially in the face of difficulties. *Perceived* efficacy affects thought patterns and emotional reactions. Persons who feel inefficacious are apt to mull over it excessively, and in the process may experience a high degree of stress. This may also be the case in highly stressful caring situations.

Schunk and Carbonari (1984:233) further state that in the self-efficacy model, attributions are sources of efficacy information. Perceived efficacy is influenced by both ability and non-ability (inability) factors. Among the latter, the amount of effort required for success is prominent. This is reflected in the literature on care and caring in discussions on the burden of care and caring, the time consuming nature of care and caring, the emotional investment care and caring require, and the emotional draining effect (burnout) these might cause the care-giver. These issues all accentuate the importance of the efficacy construct in understanding the maintenance of, or persistence in, care and caring.

Perceived self-efficacy further helps to account for such diverse phenomena as change in coping behaviour, level of physiological stress reaction, self-regulation of refractory behaviour, resignation and despondency to failure experiences, self-debilitating effects of proxy control and illusory inefficaciousness, achievement striving, growth of intrinsic interest, and career pursuits (Bandura 1982:122), all of which might have bearing on *maintaining* a caring concern and care.

If, as Bandura (1982:122) states, self-referent thoughts, and with them, perceived self-efficacy, mediate the relationship between knowledge and action, self-efficacy becomes important to the present research in that it can be postulated that the knowledge and action components of the *phronema* and the action component of caring (Van der Wal 1992) and care are connected by perceived *self-efficacy*

#### 4.3.6.4 Correlates

Within the attributional<sup>14</sup> framework the factor most similar to *self-efficacy* is *ability attribution*

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<sup>14</sup> In this instance attributions are the perceived causes of behaviour. Individuals tend to attribute their successes and their failures to one or more of the perceived causes, such as ability, effort, task difficulty and luck (Schunk

(Schunk and Carbonari 1984:233). Self-efficacy shares, semantically at least, a number of components with other associated constructs. These include: *virtue, potency, force, and efficiency*. Together these words have the qualities of *strength, competency, power, energy and goodness* in common (Guralnik in Mowat & Laschinger 1994:1106).

#### 4.3.7 HARDINESS

According to Kobasa (1979:3), hardiness considers factors in the stress reaction that serve to deflect the negative impact of stressful events. The hardy personality type formulated by Kobasa builds on *existential* psychological theory (Kobasa 1979:3) and is consequently appealing to the present research. These theories suggest that persons develop strong tendencies toward commitment, control and challenge if they have experienced in early life considerable breadth and variety of events; stimulation and support for exercising the cognitive abilities of symbolisation, imagination, and judgement; approval and admiration for doing things themselves; and role models who advocated hardiness (Kobasa et al. 1982:176).

##### 4.3.7.1 Definition

A summative definition of the concept of *personality hardiness* states that:

Personality hardiness, the antithesis of existential neurosis, is a personality construct, derived from existential psychological theory, that buffers stress through a sense of challenge, control and commitment (Kobasa et al. 1982:176).

##### 4.3.7.2 Defining attributes

On the basis of *existential personality theory*, Kobasa (Strümpher 1990:270) proposes *personality hardiness* as a global personality construct consisting of three components, namely:

- *Commitment (vs. alienation)*, a belief in the truth, importance and value of what one is and what one is doing; also a tendency to involve oneself actively in many situations in life (Strümpher 1990:270). In Kobasa's (1979:4) opinion, committed persons have a belief system that minimises the perceived threat of any given stressful life event. The encounter with a stressful life event is mitigated by a sense of purpose that prevents one

from giving up on one's social context and on oneself in times of great pressure. Committed persons feel an involvement with others that serves as a generalised resistance resource against the impact of stress (Kobasa 1979:4). Committed persons tend to involve themselves in whatever they are doing or encounter, instead of alienating themselves from these. They also have a generalised sense of purpose that allows them to identify with situations and events and find these meaningful. Also, they have invested enough in themselves and in their relationship with the social context that they cannot easily give up under pressure (Kobasa et al. 1982:169; Ganellen and Blaney 1984:157).

- *Control (vs. powerlessness)*, a tendency to believe and act as if one can influence the events of one's life through what one imagines, says and does, with an emphasis on personal responsibility (Strümpher 1990:270). Kobasa identifies three types of control namely *decisional control* (the capability of autonomously choosing among various courses of action to handle stress), *cognitive control*, (the ability to interpret, appraise and incorporate various sorts of stressful events into an ongoing life plan, thereby deactivating their impact) and *coping skills* (repertoire of suitable responses to stress through a characteristic motivation to achieve across all situations) (Kobasa 1979:3).

The *control* disposition is thus a tendency to feel and act as if one is influential (rather than helpless). Being influential is supported by imagination, knowledge, skill and choice. In terms of coping, a sense of control leads to actions aimed at transforming events into something consistent with an ongoing life plan (Kobasa et al. 1982:169; Ganellen and Blaney 1984:157).

- *Challenge (vs. threat)*, is an expectation that change, rather than stability, is the norm of life, and that change will present one with opportunities and incentives for personal development (Kobasa et al. 1982:170; Strümpher 1990:270) through attempts to transform oneself (Kobasa et al. 1982:170). This demands cognitive flexibility which allows for the integration and effective appraisal of the threads of new situations. The basic motivation in *hardy* persons allows them to persist even when the new information is exceedingly incongruous and maximally provokes strain and stress (Ganellen and Blaney 1984:157).

Strümpher (1990:272) concludes that the major shortcoming of Kobasa's conceptualisation is her measuring of pathogenic variables, in a *negative* state. Wagnild and Young (1991:157) questioned whether *hardiness* is actually being measured by this instrument. Tartasky (1993:225) even suggests that the concept of *hardiness* should be reconceptualised and reoperationalised for empirical testing. However, Strümpher (1990:272) maintains to regard *hardiness* as a construct of *salutogenic (fortigenic)* importance despite the problems regarding conceptualisation, measurement and validity.

Ganellen and Blaney (1984:158) speculate that *hardiness* and *social support* may be inter-personal and intra-personal sides of the same coin of coping resources. Hull et al. (1987:520) also question the unity of the three defining attributes of *hardiness* and thus whether *hardiness* as an independent construct does exist.

#### 4.3.7.3

##### **Importance to this study**

Of major importance to the present study is Kobasa's conceptualisation of personality *hardiness* as consisting of commitment and challenge. With reference to *maintenance*, the presence of these two attributes would secure maintenance, whereas their absence would erode it.

#### 4.3.7.4

##### **Correlates**

*Hardiness* is related to both self-efficacy (Kobasa et al.1982:176) and generalised resistance resources (Kobasa et al. 1982:175).

#### 4.3.8

##### **LEARNED RESOURCEFULNESS**

It is assumed that the behaviours that comprise learned resourcefulness are acquired in different degrees by most people without any formal training (Rosenbaum 1988:483).

#### 4.3.8.1

##### **Definition**

According to Meidhenbaum (Rosenbaum 1988:483) learned resourcefulness is the belief one has that one can effectively deal with *manageable levels of stress*. Rosenbaum extended this

construct to include not only beliefs but also skills, and self-control behaviours, which all people learn in different degrees through informal training from the moment of birth. Thus, according to Strümpher (1990:273) learned resourcefulness is not a personality trait, but a *personality repertoire*<sup>15</sup>.

#### 4.3.8.2 Defining attributes

According to Meichenbaum (Rosenbaum 1988:483), learned resourcefulness results from acquiring the following skills:

- *self-monitoring* of maladaptive thoughts, images and behaviours;
- *problem-solving* skills; and
- *emotion regulation* and other skills.

Consequently, the Self-control Schedule (SCS) with which learned-resourcefulness is measured, covers:

- the use of cognition and self-instruction (*self-statements*) to cope with (control) emotions and physiological responses;
- the application of problem-solving strategies;
- the ability to delay immediate gratification; and
- a general belief in one's ability to self-generate internal events (self-efficacy) (Rosenbaum and Rolnick 1983:94; Rosenbaum 1988:483).

#### 4.3.8.3 Importance to the present study

According to Strümpher (1990:273), one's learned-resourcefulness comes into play when one decides to pursue an initial goal, despite breakdown in this attempt and the anxiety that this causes. Thus, learned resourcefulness, in practice, provides a basis for further learning; it is a source of information for judgements of self-efficacy in coping, which implies *maintenance*.

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<sup>15</sup> A set of complex behaviours, cognitions and affects that are in constant interaction with the person's physical and social environments and are evoked by many situations, but which also provide the basis for further learning (Strümpher 1990:273).

#### 4.3.8.4 Correlates

There is research evidence indicating that high levels of resourcefulness are associated with the effectiveness of both corrective and anticipatory *self-regulation* (Rosenbaum 1988:490).

One's level of learned resourcefulness is postulated to influence one's *self-control expectancies* only under specific conditions (eg. prior involvement with a situation) (Rosenbaum 1988:487). Learned-resourcefulness is also related to *self-control* since people high on learned-resourcefulness use more self-control methods during stressful encounters than low resourceful people (Strümpher 1990:174).

#### 4.3.9 OCCUPATIONAL SELF-DIRECTION

According to Antonovsky (Strümpher 1992:24), basic fortigenic development takes place before a person reaches young adulthood, however, development continues throughout life. Since adults spend a large number of hours at work, the impact of work on *fortigenesis* (or *occupational self-direction*) should be investigated. This naturally is also true of the nurse and the student nurse.

##### 4.3.9.1 Definition

Occupational self-direction represents the individual's amount of *autonomy, job decision latitude, empowerment, and internal-external locus of control* within the occupational setting (Strümpher 1992:24-5).

##### 4.3.9.2 Defining attributes

Strümpher (1992:26-27) cites different research results on variables in different occupations which influence the direction of individuals. Three job conditions were repeatedly found to be conducive to the development of *occupational self-direction* or fortigenesis in the workplace. These are:

- *Substantive complexity* of work which reflects the degree to which performance of work requires thought and independent judgement. It implies making decisions on the basis of ill-defined or apparently conflicting contingencies. Coordinating and synthesising data,

as well as negotiating with people, are excellent examples hereof, while control over the pace of one's work and working under time pressure also contribute to occupational self-direction.

- *Closeness of supervision* reflects the worker's freedom to disagree with his/her supervisor, the extent to which the supervisor tells the worker what to do instead of discussing it with him/her, the importance in the job of doing what one is told to do, and how closely the worker is supervised.
- *Routinisation* reflects variability, in terms of doing different things in different ways and not being able to predict what may come up.

According to Strümpher (1992:27) the essence of these three variables can be described in terms of two opposing poles. On the one extreme we have the use of initiative, thought and independent judgement in work, attention to internal dynamics as well as external consequences, being open minded and being trustful of others. On the other extreme of this dimension is *conformity*.

#### 4.3.9.3

##### **Importance to the present study**

According to Kohn and Schooler (Strümpher 1992:28), in men at least, occupational self-direction leads to self-directed orientations towards self and society. Men who are self-directed in their work are consistently more likely to become non-authoritarian, to develop personally more responsible standards of morality, to become self-confident and not self-deprecatory, and to become less fatalistic, less anxious, and less conformist to their ideas.

From the work by Kohn and Schooler (Strümpher 1992:28), it is evident that the process of development of (occupational) self-direction, is not just from work to personality but also from personality to work.

Since the present study on the maintenance of a caring concern cannot exclude the workplace, the arena in which professional nursing care and the caring conscience are executed, Strümpher's (1990:269) statement: *it seems evident that the sense of coherence must also impact significantly on how work is approached and performed*, also applies to the present study.

A person with a strong sense of coherence in the workplace would probably:

- make cognitive sense of the workplace, perceiving its stimulation as clear, ordered, structured, consistent and predictable information;
- perceiving work as consisting of experiences that are bearable, with which one can cope, and as challenges that one can meet by availing oneself of personal resources or resources under control of legitimate others; and
- making emotional and motivational sense of work, as well as challenges, worthy of engaging in and investing one's energy in (Strümpher 1990:289).

According to Antonovsky (1984a:7), *one must care enough about what one does in life, about what goes on in one's life, to wish to engage in it. Life is seen as a challenge, not a burden, as worthy of commitment. This is . . . meaningfulness . . . of things making sense, the subjective motivational element.* This clearly implies a number of characteristics of *caring* itself (e.g., commitment), however, at this point it might seem as though care and caring support the *maintenance of meaningfulness* and thus also *a sense of coherence*, instead of it being the other way round; a sense of coherence supporting the *maintenance of caring*. At this point the reader is referred to the *existential trinity*<sup>16</sup> of Care (caring), will and meaning and the intricate *holomic interwovenness* of these three components.

The concept of *boundaries* introduced by Antonovsky (1984a:7; 1984b:119) is also of importance to the present study. According to Antonovsky, a sense of coherence is not an all encompassing *being in charge* and *being able*. One does not need to feel that one can handle all problems in life (eg. the super nurse syndrome), as long as one feels that one can manage well in what matters. However, *it is inconceivable that one puts totally beyond the boundaries one's own feelings and beliefs, family and friends, a major sphere of activity and existential issues.* If these are indeed not included within one's boundaries, then, by definition, one does not experience or attributes *meaning* (Antonovsky 1984a:7; 1984b:120).

According to Sullivan (1989:338), a strong sense of coherence does not depend upon goal achievement or need satisfaction so much as upon one's faith in the lawfulness or logical

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<sup>16</sup> See paragraph 3.5.

expectancy of events. Thus caring in itself, and the disappointments that goes with it, should of themselves not lead to a diminishing caring concern.

#### 4.3.9.4

##### Correlates

Evidence of the overlap between (occupational) *self-directedness* and Antonovsky's concept of sense of coherence, is found in Antonovsky's statement that *self-directedness implies the belief that one has the personal capacity to take responsibility for one's actions and that society is so constituted as to make self-direction possible* (Kohn & Schooler 1982:1276 in Strümpher 1992: 27).

#### 4.4

##### SUMMARY

Tables 4.1 through 4.5 summarise the antecedents, attributes, outcomes and correlates of the object of intention as perceived of by the researcher pre-scientifically (that is prior to the present scientific (research) investigation). The antecedents, attributes, and outcomes often overlap. This is not due to poor conceptualisation and inadequate analysis and categorisation on the part of the researcher. This overlap stems from, and resides in, the human condition and the holomic (all-at-once) nature of that condition.

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**TABLE 4.1 SUMMARY OF PRESCIENTIFIC MANIFESTATION OF ANTECEDENTS  
OF THE OBJECT OF INTENTION AS REFLECTED BY  
SELECTED PSYCHOLOGICAL CONSTRUCTS**

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Admiration	Imagination	Situational and personality factors.
Age strata networks	Job decision latitude	Social support
Approval	Judgement	Stimulation
Breadth of life experience	Independence	Substantive complexity of work
Cognitive development	Initiative	Symbolisation
Community participation	Perceived psychological state	Togetherness
Disturbances	Performance attainment (repeated success)	Values congruency
Educational level	Positive attitudes	Variety of life experiences
Faith	Problem solving ability	Verbal persuasion
Generalised resistance resources	Resourcefulness	Vicarious experience
	Role model characteristics	

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**TABLE 4.2 SUMMARY OF PRESCIENTIFIC MANIFESTATION OF *ATTRIBUTES* OF THE OBJECT OF INTENTION AS REFLECTED BY SELECTED PSYCHOLOGICAL CONSTRUCTS**

Adaptive potential	Flexibility	Power
Anticipation	Fortigenesis	Problem-solving skills
Assurance	Freedom	Productivity
Autonomy	Fundamental rules ( <i>virtue</i> )	Relatedness
Awareness of one's effect on others.	Habitual patterns of appraisal	Representation
Capacity for growth	Hardiness	Resiliency
Challenge	Independent judgement in work	Salutogenesis
Cognition and self-instruction	Initiative	Self-expression
Cognitive appraisal	Internal locus of control.	Self-appreciation
Commitment	Introspection	Self-awareness
Competence	Job decision latitude	Self-control
Comprehensibility	Learned resourcefulness	Self-efficacy
Confidence	Life perspective	Self-evaluation
Control	Life biography	Self-monitoring
Convictions	Management of resources	Self-regulation
Coping	Mastery	Self-reinforcement
Creating meaning	Meaningfulness	Sense of coherence
Creativity	Mental strength	Sense of <i>can do</i> .
Curiosity	Moral strength	Sense of personal biography
Delay of immediate gratification	Motivation	Skills
Efficiency	Non-conformity	Stamina
Effort	Non-routinisation	Tendency to <i>move toward others</i>
Ego resiliency	Occupational self-direction	Triumph
Emotion regulation skills	Open mindedness	Trust of others.
Empowerment	Openness to experimentation	Vigour
Endurance	Persistence	Virtue
Energy	Personal insight	Vitality
Evaluation	Physical strength (Health)	
Expectation	Positive thinking	
	Positive self-image	
	Potency	

**TABLE 4.3 SUMMARY OF PRESCIENTIFIC MANIFESTATION OF *OUTCOMES* OF THE OBJECT OF INTENTION AS REFLECTED BY SELECTED PSYCHOLOGICAL CONSTRUCTS**

Adventurousness	Job endurance	Problem solving
Anticipation	Learning	Resilience
Appraisal of stressors	Mastery	Resistance
Assuredness	Meaning	Risktaking
Commitment.	Morality	Role consistency
Confidence	Non-authoritarian	Self-confidence
Conflict resolution	Ongoing life plan	Self-directed orientations
Constructive coping	Optimism	Sense making
Delaying immediate gratification	Perseverance	Sense of purpose
Efficacy	Persistence	Sense making
Endurance	Personal control	Stress reduction
Interference reduction	Personal reflection	Tension management
Involvement	Planning	Tolerance

**TABLE 4.4 SUMMARY OF PRESCIENTIFIC MANIFESTATION OF *CORRELATES*  
OF THE OBJECT OF INTENTION AS REFLECTED BY  
SELECTED PSYCHOLOGICAL CONSTRUCTS**

Ability attribution	Mastery	Self-theories
Attribution theory	Meaning	Sense of competence
Autonomous personality	Occupational self-directedness	Sense of coherence
Efficiency	Peak experience	Social integration
Ego resiliency	Personality repertoires	Spirituality
Fortigenesis	Potency	Stamina
Generalised resistance resources	Salutogenesis	Virtue
Hardiness	Self-control	Wellness
Internal locus of control	Self-efficacy	
Learned resource-fulness	Self-regulation	

#### 4.5 CONCLUSION

In this chapter, the manifestation of the research ontology, *maintenance*, is identified in an introductory (preliminary) manner through the description of different psychological salutogenic and fortigenic structures. A tabulated summary of the antecedents, defining attributes, outcomes and correlates of the different psychological constructs are also presented. A combined phenomenological description (definition) is contained in the conclusion to Section C.



# CHAPTER 5

## PRELIMINARY IDENTIFICATION AND MANIFESTATION OF THE OBJECT OF INTENTION: SPIRITUALITY, ASSOCIATED CONCEPTS AND NURSING THEORIES PRESUPPOSING *MAINTENANCE*

*It is only a person's own spirit within him  
that knows all about him: . . .*  
1Cor. 2:11

### 5.1 INTRODUCTION

This chapter is an extension of the researcher's pre-scientific<sup>1</sup> conceptualisation of the concept *maintenance* as implied in the research question. The content of the pre-scientific conceptualisation of the researcher is summarised in the following definition which served as a guideline for the selection of content for this section of the literature review:

Any internal-psycho processes or structures indicating that change in the intra-psycho and inter-psycho spheres might be anticipated and which take place in an attempt to sustain and stabilise personal integrity and inner composure with the intent of revitalising and maximising human potential and connectedness.

Whereas the previous chapter focussed on the theoretical psychological structures reflecting *maintenance*, the present chapter focuses on *maintenance* from experiential, existential, psycho-social and philosophical points of view. These inevitably overlap with the previously discussed psychological constructs.

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<sup>1</sup> See footnote 4 Chapter 4 and footnote 35 chapter 2, paragraph 2.6.2.

Besides *spirituality* this chapter also deals with concepts closely associated with human spirituality. These include: *altruism* (vs egoism), *empathy*, *helping and prosociality*, *virtue* and *transcendence* and *self-transcendence*. Supplementary phenomena that are discussed include: hope, virtue and acceptance. The individual discussion follows the following framework:

- Definition
- Defining attributes
- Antecedents
- Outcomes
- Correlates

Indications of maintenance and a concern for the maintenance of a caring concern as reflected by 16 nursing theorists are also briefly commented upon. Of special importance in this regard are the caring oriented theories of Watson (1985; *The Philosophy and Science of Caring*), Boykin and Schoenhofer (1993; *Nursing as Caring*), Erickson, Tomlin and Swain (1983; *A Theory of Modeling and Rolemodeling*) and the preparatory work by Gwen Sherwood (*Maintaining Self in Caring for Others*).

## 5.2 SPIRITUALITY AND ASSOCIATED CONCEPTS AND NURSING THEORIES PRESUPPOSING MAINTENANCE OF A CARING CONCERN

A recent visit to the United States of America and interviews with Dr Jean Watson, Dr Ann Boykin, and especially, Dr Gwen Sherwood reaffirmed in the researcher's mind the importance of the concept and phenomenon *human spirit* in caring. At this stage of the research, spirituality also seemed a foundational and encompassing concept in human caring and the maintenance thereof.

### 5.2.1 SPIRITUALITY

#### 5.2.1.1 Orientation

According to Goddard (1995:814), the interest and concern regarding metaphysical and eschatological issues make spirituality relevant to nursing by virtue of the ascription of meaning and purpose to human existence. During the present research study, spirituality also held

implications for both the research ontology (caring and maintaining a caring concern) and methodology (the research design). This is in a way supported by Von Eckartsberg's (1983:199-205) advancement of a spiritual dimension to the study of the human psyche. According to Von Eckartsberg (1983:205):

Without a genuine openness to and recognition of the reality and inescapability of the theodimension and god-consciousness [sic] (Von Eckartsberg, 1981b) in human life and experience - without a realm that is super ordinate and hence "ruling" and inspiring, passion-arousing, value-positing, conscience-creating, relationship-establishing, and loyalty-demanding - the level of human self-consciousness and wilfulness, of psychological theorizing, remains shallow and inadequate, unable to account for the fullness of the human life-drama.

This places psychological research, and the present research, *beyond* the level of third force psychology (eg. Maslow) in the realm of fourth force psychology, the so-called level of *transpersonal* psychology. This paves the way for spirituality to be researched and to be better understood. It also links with contemporary thought of some nurse theorists working on the phenomenon *caring*, notably that of Watson (1985) and Boykin and Schoenhofer (1993). The leaning towards spirituality and the spiritual, meaning, transpersonal psychology, and personal transcendence inevitably has implications for the total research design. It supports an open qualitative, experiential and existential approach to the research topic.

The concepts *spirit* and *spirituality* are, however difficult to define (Emblen 1992:41). According to Goddard (1995:809), *the highly abstract nature of spirituality, its frequent synonymous interchange with religiosity, the difficulty in articulating differences between psychosocial and spiritual domains, and the dismissal or denial of metaphysical concerns by some, all contribute to conceptual confusion and inability to define this phenomenon adequately*. The literature also reflected this in that antecedents, defining characteristics and outcomes of spirituality often constitute or share the same concepts. This holomic (all-at-once) nature of human phenomena resides in the human condition and forms the epitome of the self-impregnating nature of human phenomena such as spirituality, love, and caring.

The problem with defining the terms *spirit* and *spirituality* was further complicated by the fact that despite Western society's traditionally tripartitioned view of personhood as *distinctly* biophysical, psychological and spiritual, the spiritual dimension was banished to relative

obscurity while engaging in ongoing and contentious debates surrounding mind-body<sup>2</sup> interactions (Goddard 1995:805).

### 5.2.1.2 Origin of the word

The word *spirituality* comes from the Latin word *spiritus* meaning *breath of life* (Elkins et al. 1988:5-18; Dombeck 1995:38). This implies a way of being and experiencing that comes about through *awareness* of a transcendent dimension to being. It is characterised by certain identifiable values in regard of self, others, nature, life, and whatever one considers to be the Ultimate.

Dombeck (1995:38) points out that because the word *spiritus* is connected to the Latin word *anima* the word *spirit* is often related etymologically to *soul* or *self*. *Spirit* literally means whatever gives life to, or animates, a person. An inability to distinguish clearly between the psychological and the spiritual dimensions ensued and the often referred to identification, or interchange, of spirituality and religiosity resulted in the inability to define spirituality clearly (Goddard 1995:808; Hamner 1995:3, Wilderquist 1991:5).

### 5.2.1.3 Spirituality versus religion

Several authors indicate that spirituality is not to be confused with religion. According to Moore, spirituality *has to do with depth value, relatedness, heart, and personal substance* and is not an *object of religious belief or . . . something to do with immortality* (Goddard 1995:809). However, spiritual activity may be related to existential or to metaphysical subjects and involves introspection, reflection and, often, a sense of *connectedness* to others or the universe. Metaphysical spirituality generally centres on God, or a deity, while existential spirituality focuses on humanistic values, beliefs or principles which guide and direct one's life (Goddard 1995:808). Elkins et al. (1988:9), in a discussion of humanistic-phenomenological spirituality, also indicate that spirituality is different from religiosity.

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<sup>2</sup> In the USA (as is the case recently in the RSA) discussions on spirituality are extremely popular as affirmed by the innumerable writings on the topic of spirituality and mind-body interaction stocked in book shops.

Whether the concept spirituality should include or exclude religiosity is illuminated by Lawson. According to Lawson (1977:44), answers to the question Why?, as it pertains to meaning in life, can be grouped into two *classes: particular*<sup>3</sup> and *cosmic*<sup>4</sup>. The loss of meaning in either or both these senses generates questions about meaning in life (Lawson 1977:44). Some people affirm that life has meaning in the cosmic sense whereas others deny it. However, very few have tried to maintain that life cannot have meaning in the particular sense. As Macnamara (1977a:15) points out, a person may regard the cosmos as meaningless but could still consider his life as meaningful. Clearly the question of either particular meaning or cosmic meaning is bound up with the much-debated question whether or not a deity exists (Macnamara 1977a:14). Whether spirituality should include or exclude religion thus depends on the individual's perception of a deity and the part that particular and cosmic meaning in life plays in the individual's life. This is also dependent upon the way in which the ambient community commonly uses the terms religion and spirituality (Emblen 1992:41). Emblen continues to point out the difference between spirituality and religion by saying that if spiritual needs are identified as religious needs only, human transcendental needs and relational needs may be omitted. These are needs that emerge from the struggle with survival issues of meaning and hope. In this regard, Widerquist (1991:2) states that a spiritual need is probably universal for all persons, regardless of religious persuasion. However, a religious need rests in a particular religion. Emblen (1992:41) concluded that spirituality is currently the broader term and may subsume aspects of religion.

#### 5.2.1.4 Spirituality versus the psychological

Piles (1990:36) distinguishes between psychosocial/emotional needs and spiritual needs and between spirituality and psychosocial elements. Wilderquist (1991:5) also feels that attempting to separate the spiritual and the psychological for definition is not wrong, however, he maintains that their complexity also requires exploration and emphasis to avoid over simplification. Research conducted by Fehring, Brennan and Keller indicates that spiritual variables may

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<sup>3</sup> Ebersole and Quiring (1991:114) use the term "terrestrial meaning in life". This corresponds to Van Schaike's "particular meaning in life". Terrestrial meaning in life encompasses those personal involvements that are of central importance only to the individual concerned.

<sup>4</sup> Meaning in the cosmic sense implies the presence of an all-encompassing master plan or world view of the universe typically involving a creator and often includes a promise of life after death (Ebersole and Quiring 1991:114).

influence psychological well-being (Fehring, Brennan and Keller 1987:391).

More clarity comes from the work of McCarthy. *Spirit* is differentiated from *the psychological* and is understood as the essential core of being that transcends, extends, permeates and activates the whole of existence (McCarthy 1992:138). According to Bruteau (McCarthy 1992:138) the spirit is the living essence of the self, transcendent of the particular traits that compose what we call *personality*. The defined elements of our personality, like other defined beings, properly identify themselves by mutual negation - by not being one another. However, *person* is not defined *not being person*. *Person* is unbounded activity of freely projecting subjective energies. It transcends all descriptions, all categories under which we can be classified. Dombeck (1995:38) corroborates this by stating that spirituality is not just one of many aspects of persons; rather, it is at the core of one's physical nature, psychological awareness and functioning, social relations, and connectedness with one's world. *Connectedness* with one's world points directly towards *maintenance* in the researcher's pre-scientific conceptualisation of these concepts.

#### 5.2.1.5 Definition

For Goddard (1995:809) spirituality is an approach to life which is made manifest in ordinary or in extraordinary circumstances; it is a pervasive force operating through commonplace events and encompasses all aspects of being. It is a way of *experiencing* life, individuals, and one's phenomenal environment (Goddard 1995:808). Kaye and Robinson (1994:218) define spirituality as personal views and behaviours that express a sense of relatedness to a transcendent dimension or something greater than one's self.

Haase et al. (1992:143), see spirituality as an integrative and creative *energy* based on belief in, and a feeling of, interconnectedness with a power greater than self. They continue by saying that *spirituality* is a basic inherent quality of all people. However, the phenomenon that actually varies between individuals is *spiritual perspective*, a highly individualised awareness of one's spirituality.

According to Dugan (1988:109) the term *spirit* refers to ...a realm of human experience accessible to all. The term *spirit* may also refer to . . . a deep life, experienced subjectively or

*inwardly by an individual through the unconscious life of the soul.* The spirit of a person also connotes to his or her *unique essence*, which may be discerned over time in the ways that **person** *relates to* events of life. One may also try to depict the human spirit descriptively as:

that part of the person that is most deeply concerned with feelings, with the need for meaning in life, with convictions, belief systems, values, dreams, interpersonal relationships, relationship to God, and so forth (Dugan 1988:109).

The upper needs in the human needs hierarchy as constructed by Maslow (Dugan 1987:110) also serve as indicators of spirituality in the individual. However, as indicated previously, it is the researcher's opinion that spirituality transcends that third force humanistic and Maslowian psychology, and finds itself in the fourth force realm, the realm of the transpersonal. This is in a way corroborated by Elkins et al. (1988:10-12) who indicate that humanistic spirituality consists of a transcendent dimension, meaning and purpose in life, mission in life, sacredness of life, material values, altruism, idealism, awareness of the tragic, and fruits of spirituality. McCarthy (1992:138) sustains this by stating that the spirit, as the essence of self, is a precondition for transcendence. Spirit is understood as the essential core of being that transcends, extends, permeates and activates the whole of existence (McCarthy 1992:138). This also implies the *relational* essence of spirit, of having something and/or others matter. This is corroborated by O'Brien (Labun 1988:314) who defines spirituality very broadly as *that which inspires in one the desire to transcend the realm of the material*. In more particular terms, O'Brien states that *spirituality*:

- is an aspect of the total person which is *related* to and *integrated* with the functioning and expression of all other aspects of the person (O'Brien cited in Labun 1988:314-315)
- has a *relational nature* which is expressed through interpersonal relations between persons and through a *transcendent* relationship with another realm; (O'Brien cited in Labun 1988:314-315); and
- involves relationships, behaviours and feelings which demonstrate the existence of *love, faith, hope, and trust*, therein providing meaning in life and a reason for being (O'Brien quoted by Labun 1988:314-315).

McCarthy's and O'Brien's points of view again accommodate the concern with the maintenance of a caring concern as they emphasise transcendence, relationships, relating and connectedness.

These attributes, in the pre-scientific opinion of the researcher, are foundational to human maintenance.

#### 5.2.1.6 Defining Attributes

Several defining attributes of the concepts spirit and spirituality can be identified. These include:

- *Creative energy* that is constant yet in dynamic, evolutionary flux (Haase et al. 1992:143). In this regard, Dombeck (1995:38) refers to the close association between the Latin words *spiritus* and *anima*, and consequently to the literal meaning of *spirit* as whatever gives life to, or animates, a person;
- A *transcendent dimension* which is an experientially based belief that there is a transcendent dimension to life. The spiritual person believes in the *more*; whether God or the pure psychological view that the transcendent dimension is simply a natural extension of the conscious self into the unconscious or *Greater Self* (Elkins et al. 1988:10). The spiritual person is one who has experienced the transcendent dimension, often through what Maslow called *peak experience*, and who draws personal power through contact with this dimension (Elkins et al 1988:10). Haase et al. (1992:143) refer to this defining attribute as *connectedness* with others, nature, the universe or God. Spirituality is seen as unifying and integrating the physical, emotional and spiritual dimensions of the person. Renetzky (Ross 1994:40) in this instance adds belief and faith in self, others and God as defining attributes of spirituality.
- *Meaning and purpose in life* (Elkins et al 1988:11) which mean *confidence that life is deeply meaningful and that one's existence has purpose*. The spiritual person has further filled the *existential vacuum* with an authentic sense that life has meaning. In this regard the distinction between *meaning in life* and *purpose of life* made by Ebersole and Quiring (1991:114-115) is also applicable. Haase et al. again call this defining attribute *belief* which relates to a belief in something greater than the self, an intangible domain, and a faith that positively affirms life (Haase et al. 1992:143). Renetzky (Ross 1994:439) adds *fulfilment* to meaning and purpose in life as a defining attribute of spirituality.
- *Mission in life* or a sense of *vocation* which implies that the individual has a responsibility to life, answers a calling, has a mission to accomplish, and even, a destiny to fulfil (Elkins et al. 1988:11).

- *Sacredness of life.* The spiritual person is often filled with awe, reverence and wonder, even in a *nonreligious* setting. Such a person is able to *sacralize* and *religionize* all of life (Elkins et al 1988:11).
- *Material values* which are important, although, the spiritual person knows that *ontological thirst* can only be quenched by the spiritual and that ultimate satisfaction is found not in material but spiritual things (Elkins 1988:11).
- *Altruism.* The essence here is that for the spiritual person, we are our *brothers' keeper*. The spiritual person has a strong sense of social justice, and is committed to altruistic love and action. No man is an island and we are all part of a common humanity (Elkins 1988:11).
- *Idealism.* The spiritual person accepts things for what they are and for what they can become and is committed to high ideals - the actualization of positive potential in all aspects of life (Elkins 1988:11). This implies *striving* which to Watson (1985:57) is a central concept in the definition of the concept *spirituality*. Dr Watson reaffirmed this during personal conversations (September 1996). This also goes hand in hand with having a life mission (Personal conversations with Dr Gwen Sherwood, September 1995). In this instance Renetzky (Ross 1994:439) adds the attributes *hope* and *will* to life.
- *Awareness of the tragic.* The spiritual person is solemnly conscious of the tragic realities of human existence; aware of human pain, suffering, and death (Elkins 1988:11-12). This is also inferred by Dombeck (1995:39-40).
- *Awareness.* Spiritual awareness means being attentive to one's spirit and to what is of ultimate concern in one's life (Dombeck 1995:38).
- *Fruits of spirituality.* The fruits of spirituality include, a discernable effect upon one's relationship to self, others, nature, life, and whatever one considers being the Ultimate (Elkins 1988:12). Such *fruits of spirituality* also include the following *gifts*<sup>5</sup> by which human spirit is shared with others:
  - The gift of *love in caring and compassion* (Bolman and Deal 1995:68, 79-85). This gift also includes self love, care for the care-giver, and ultimately, caring enough to find out what really matters to others.

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<sup>5</sup> These gifts form an important theoretical and practical foundation of Sherwood's work at the School of Nursing, Houston Medical Centre, Houston, Texas and were reaffirmed by Dr Sherwood during personal communications in September 1996.

- The gift of *power in autonomy and influence* (Bolman and Deal 1995:68, 87-92). By giving this to others, this gift is also returned to self. In essence, this points to the relational dimension of spirit.
- The gift of *authorship in accomplishment and craftsmanship* (Bolman and Deal 1995:69) in the pragmatic world. This gift represents the feeling of putting one's own signature on one's work. It is the sheer joy of creating something of lasting value - of adding something special to our world. In terms of the present research this also spells *meaning in life*.
- The most important gift, however, is the gift of *significance* (Bolman and Deal 1995:68, 95); significance of what one does, of self, of life. This points towards self-actualisation and living life to its fullest. Without the other three gifts, this gift to others is not possible. In fact, this is also a gift to self.

#### 5.2.1.7 Antecedents

Although spirituality and spiritual growth can be viewed as self sustaining and self impregnating, certain factors could help in advancing spirituality in the individual.

According to Goddard (1995:808-809), spiritual growth occurs as a result of, and is expressed through, the mundane activities of daily life, such as poetry, music, art, stories, social relationships and altruism. Haase et al. (1992:143 & 145) in turn view love, understanding or wisdom, and pivotal life events as the potential enablers of one's spirituality. These are also corroborated by Goddard (1995:813). Midlarsky (1991:242), in discussing the relationship between helping and meaning in life, states that through helping, a sense of vital attachment to broader humanity, *in almost a spiritual sense*, is experienced.

According to Kaye and Robinson (1994:218) certain life events such as caring for others may increase a person's spiritual perspective. However, as Goddard (1995:808-809) indicated previously, altruism precedes spirituality, which might indicate that caring too might enhance spirituality.

Dombeck (1995:38) sets out four clusters of themes that evoke spiritual awareness, namely the awareness of human incompleteness, human relatedness, uncertainty of direction, and suffering and healing. All these awarenesses are painfully present in the everyday lives of care-givers and may thus also be important in maintaining a caring concern.

### 5.2.1.8

#### Outcomes

According to Haase et al. (1992:143), the outcomes of spirituality and spiritual integrity are:

- *Purpose and meaning in life.* Spirituality represents the highest values in life and enables and motivates one to find meaning and purpose in life (Haase et al. 1992:143).
- *Guidance of human values.* Spirituality influences the perceptions, beliefs and philosophies of life that guide conduct (Haase et al. 1992:143).
- *Self-transcendence.* Spirituality contributes to personal transcendence beyond the present context of reality, thus helping the individual to reach out and rise above personal concerns and the realm of the material (Haase et al. 1992:143).

For Van Kaam (quoted by Goddard 1995:809) the human spirit is the core, or essential part, of the person which is a dynamic and creative force that acts to:

- precipitate change and integrate all the dimensions of one's life;
- deepen a person's growing and changing, continuously involved in a process of emerging, becoming, and transcending of self. It is through this gestalt process that life is imbued with meaning and a sense of purpose for existence.

The outcomes of spirituality, according to Goddard (1995:813), are:

- internal human harmony, or holism. (This points directly towards maintaining intrapsychic integrity.)
- serving as a source which the individual can draw upon in periods of personal crisis to maintain or restore a sense of stability in life. (To this Kaye and Robinson (1994:218) add that spirituality may be a source for alleviating stress, an aid in care-giver coping, and may affirm a sense of wholeness and well-being during caring. This latter outcome is directly related to the concern with maintaining a caring concern.)
- serving as the primary locus of healing, with the associated ability to influence general

health and wellness (Goddard 1995:810). This is achieved through energy, which can be focused internally, that fortifies and strengthens positive thinking Goddard (1995:813). This energy can also be used creatively to achieve harmony and to mobilize or enhance internal defences, thereby facilitating well-being and inner healing. In return, this again is closely related to the definition of *salutogenesis* and *fortigenesis*<sup>6</sup> discussed in the previous chapter and directly in line with the concern about maintaining a caring concern.

For McCarthy (1992:155), spirituality is the foundation of an evolving consciousness enabling the development of *community* as a mutual and dynamic human endeavour.

#### 5.2.1.9

##### Correlates

Keeping in mind the problems experienced with defining the terms *spirit* and *spirituality*, it can be anticipated that these terms will show correlates (relationships) with numerous other concepts, terms and phenomena in this area.

Implied in Goddard's (1995:813) work are the concepts generalised resistance resources<sup>7</sup>, sense of coherence<sup>8</sup> and salutogenesis and fortigenesis<sup>9</sup>.

The terms *spirit* and *spirituality* are also linked to the following concepts and phenomena:

- meaning in life, meaning and purpose of human existence;
- altruism and idealism;
- interrelationships and relationality;
- connectedness to self, others, and another realm;
- the transpersonal, transcendental, transcendence and self-transcendence;
- hope, faith, trust and love;
- personality;

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<sup>6</sup> See paragraph 4.2.1.

<sup>7</sup> See paragraph 4.3.2.

<sup>8</sup> See paragraph 4.3.3.

<sup>9</sup> See paragraph 4.2.1.

- energy, force;
- experience;
- acceptance (Haase et al. 1992:145-6).

According to Emblen (1992:41) the nine words that appear most often in definitions of spirituality are: personal, life, principle, being, God (god), quality, relationship, and transcendence.

#### 5.2.1.10

##### **Importance to the present study**

In addition to indications given above as to the importance of the terms, concepts and phenomena spirit and spirituality to the present study, the following aspects are also important.

- *Importance regarding the research ontology (topic):*

*Connectedness* in human terms implies having a vested interest in whatever one is in contact with. In terms of the present study this could be supportive to a caring concern<sup>10</sup> in the sense that without connectedness caring is not possible which implicates connectedness in *maintenance* as implied in the research question. However, more important is the *integrative* nature of spirituality especially its potential and possible role in the integration of the components of the *phronema*<sup>11</sup> of caring as identified by Van der Wal (1992).

Spirituality as *guidance of human values* (Haase et al. 1992:143) influences the perceptions, beliefs and philosophies of life that guide conduct. It thus also guides a caring concern. In addition, meaning in life as an outcome of spirituality is important since meaning forms a trinity with Care (caring), and will<sup>12</sup>. Meaning in life is also associated with various aspects relating to the salutogenic and fortigenic structures discussed in Chapter 4, eg. sense of coherence and hardiness.

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<sup>10</sup> See paragraph 1.3. Benner's definition of caring as connectedness.

<sup>11</sup> See paragraph 3.2.1.1.

<sup>12</sup> See paragraph 3.5.

- *Importance regarding the methodology*

As indicated previously, a leaning towards spirituality, meaning, transpersonal psychology, and personal transcendence supports an open qualitative, experiential and existential approach to the research topic. Apart from this, knowledge of the phenomenon spirituality can be also be applied to data gathering by:

- acknowledging that moments of deep significance are most often shared non-verbally (Dugan 1987:115) which compels the interviewer to sight observation;
- creating a situation that is characterised by sensitivity, based on trust;
- remembering that some people require very little from care-givers in the way of spiritual support beyond that of basic human sensitivity, kindness, respect and a willingness to help if they are asked (Dugan 1987:115). Thus, it may fundamentally not be all that costly for informants to attain the ethic of caring;
- respecting the belief system and religious practices of the individual as ways of nourishing a sense of personal meaning (Dugan 1987:116). During the present research, the researcher thus also had to respect the spirituality of individual informants without affirming or denying the *truth* or *falsity* of their beliefs.
- offering support, not solutions, through empathetic listening. Responding therapeutically and accompanying the individual in his or her personal search, knowing that the meaning, compassion and hope the individual is seeking are within self. They only need to be discovered. Offering support instead of solutions was of vital importance during interviews conducted as solutions would immediately have distorted the phenomenon under survey;
- nourishing the human spirit within oneself (Dugan 1987:116). The researcher during this phase of the research developed an acute awareness of certain aspects of his own spirituality, notably, generating meaning from and attributing meaning to the present study.

- *Importance regarding the epistemology*

The essence of spirituality as *a deep life, experienced subjectively or inwardly* (Duncan 1987:109) emphasise an earlier epistemological verity namely that not only *objective factual knowledge* could pass as data, but also, and preferably, *experiential, existential, and lived*

*accounts by informants*. This places the present research again within the qualitative paradigm.

## 5.2.2 ALTRUISM

According to Elkins (1988:11), for the spiritual person, we are our *brother's keeper*. The spiritual person has a strong sense of social justice, and is committed to *altruistic* love and action. In the same vein Goddard (1995:808-809) states that spiritual growth occurs as a result of, and is expressed through, among other things, *altruism*.

### 5.2.2.1 Definition

The term altruism has been used to describe the selfless caring for others (Smith 1995:785). This is corroborated by the Webster Dictionary, which defines altruism as *a principle or practice of unselfish concern for, or devotion to, the welfare of others; opposed to egoism*. For Nagel (Milo 1973:120), however, altruism is not abject (grovelling) self-sacrifice, but merely a willingness to act in consideration of the interests of other persons, without the need of ulterior motives and even with some inconvenience to one self. If we conceive of altruism as involving self-renunciation and self-abasement, altruism becomes more vice than virtue (Milo 1973:2). Nagel's point of view is confirmed by Macaulay and Berkowitz (Smith 1995:786), who state that altruism is *behaviour carried out to benefit another without anticipation of rewards from external sources*. This forms the essence of Hoffman's definition too. However, Hoffman (1981:124) adds that altruistic behaviour promotes the welfare of others without *conscious* regard of one's self-interest. Altruistic behaviour is also defined as a sub-type of *prosocial behaviour*; as voluntary behaviour intended to benefit another, which is not performed with the expectation of receiving external rewards or avoiding externally produced aversive stimuli or punishment (Eisenberg and Miller 1987:92).

### 5.2.2.2 Synonyms

The following synonyms for the term *altruism* could be considered within the definitions stated above:

- *Benevolence* (to be disposed to promote the prosperity and happiness of others).
- *Charity* (beneficence and being liberal in benefactions to the poor). Altruism from this

point of view is acting in response to the needs of others.

- *Considerate* (being observant of the rights and feelings of others.) This adds a dimension of empathy to altruism.
- *Self-sacrifice* (giving up something of oneself for others or from conscience which attributes the selflessness of altruism) (Smith 1995:786).

### 5.2.2.3 Defining Attributes

In addition to the synonyms of altruism, aspects of compassion, responsibility and commitment should be added to the concept *altruism*. However, critical attributes according to Smith (1995:787) include:

- a sense of personal responsibility for another's well being;
- a sense of compassion for another;
- a sense of empathy;
- an uncalculated selfless commitment to the needs of others. (In the opinion of the researcher, the latter remains a questionable and debatable attribute.)

### 5.2.2.4 Antecedents

According to Aronfreed (Milo 1973:108), altruism may be acquired through behaviour-contingent or observational learning. However, its socialisation is always dependent on the individual's capacity for empathetic and vicarious experiences.

Other sources for altruistic caring besides empathy have also been suggested such as Oliner's *altruistic personality*; Kohlberg's *principled moral reasoning*; and Batson's *internalised prosocial values* (Batson 1990:344). However, in none of these concepts is clear evidence that helping is altruistic. *So, if there are other sources of altruistic caring other than empathy, they are yet to be found* (Batson 1990:344). Consequently, the antecedent of empathy<sup>13</sup> also apply to altruism.

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<sup>13</sup> See paragraph 5.2.3.

### 5.2.2.5 Outcomes

According to Smith (1995:789), the consequences of altruistic behaviours are:

- A vicarious pleasure in the welfare and happiness of others. This is corroborated by Cialdini and associates (Midlarsky 1991:246) who view altruism as a behaviour which acquires the capacity, through the process of socialization, to dispel bad moods and to produce good moods.
- A sense of relief when it appears that the needs of others have been met.
- Good is equated with caring for others.
- The exclusion of self may result in disequilibrium in relationships if only others are legitimised as the recipients of care. This in the opinion of the researcher is contradictory to Smith's (1995:787) statement that selflessness is an attribute of altruism.
- Care of other may be considered as selfish (Smith 1995:789). This may be the case where caring takes on the form of *taking care of* or *care taking*.

### 5.2.2.6 Correlates

In most theoretical discussions, *prosocial* behaviours motivated by altruistic motives have been linked conceptually to *empathy* (Eisenberg and Miller 1987:92).

### 5.2.2.7 Altruism versus self-neglect

Establishing the boundaries of the concept of altruism makes it possible to distinguish this concept from a related concept of self-neglect (Smith 1995:787). This is important in the present research as self-neglect, like selflessness, might erode the caring concern.

In altruism, there is an unselfish devotion to and concern for another, while self-neglect refers to intentionally neglecting care of self, despite available resources and knowledge. In self-neglect there is no specific purpose expressed or clearly identifiable reason for engaging in the behaviour (Reed and Leonard 1989:45), while in altruism there is an awareness that one's behaviour has consequences for another individual (Smith 1995:787).

### 5.2.2.8 Altruism versus codependency<sup>14</sup>

Altruism and co-dependency should also not be confused. As in altruism, there is a sense of responsibility for other people present in co-dependency, however, in the latter, people are described as feeling anxious and guilty when others experience suffering. The co-dependent person is driven to control events and people through helplessness, guilt, coercion, threats, advice, manipulation or domination. There is a constant monitoring of self, and actions, to appear to others the way one thinks people want one to appear. In altruism, judgements are tied to feelings of empathy and compassion, and are concerned with resolution of real as opposed to hypothetical dilemmas. Further, in altruism, the focus is on the act of doing for another, not on the manipulation of the other for self (Smith 1995:787). The researcher's insight is that, fundamentally, in altruism there is *appreciation* whereas in co-dependency there is *guilt*.

### 5.2.2.9 Altruism versus egoism

For Milo (1973:1), no issue is more central in moral philosophy than that concerning the relative merit of the claims made upon our conduct by our self-interest and the interest of others. The traditional views of both evolutionary biology and psychology leave little room for altruism (Hoffman 1981: 121). Batson (1990:336) emphatically states that the answer to the question whether we value others for their own sake or for our own, implicitly given by psychologists is:

the only persons we are capable of caring about, ultimately, are ourselves . . . Altruism, the view that we are capable of valuing and pursuing another person's welfare as an ultimate goal, is pure fantasy. We are 'social egoists' (Batson 1990:336).

This view of Batson's is supported by the numerous *self*-theories found in the psychology. However, Hoffman (1981:122-124) states that the mechanisms of group selection, kin selection and reciprocal altruism suggest there may be a biological basis for human altruism. Batson (1990:338) also contemplates that human beings might perhaps be more social than even socio-psychologists would lead us to believe. Recent evidence suggests that, to some degree and under certain circumstances, we are capable of caring for the welfare of others for their sakes and not simply as a more or less subtle way of caring for our own welfare (Batson 1990:338). This

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<sup>14</sup> For a more detailed discussion of codependency see paragraph 3.6.

sentiment is also reflected in the writings of Hume. Hume argued that the possibility of making moral judgements presupposes a peculiar sentiment (that of benevolence, humanity, or sympathy) distinct from and not reducible to self-love or self-interest (Milo 1973:16). Milo continues by stating that altruism and benevolence are constituted by a capacity, which all men have in at least some measure, to be directly moved by the happiness or misery of others (Milo 1973:16). According to Nagel (Milo 1973:121) there is a thing such as pure altruism, independent of motivation by benevolence, love, sympathy and the like. However, it may not occur in isolation from other motives. It is also neither paradoxical nor counter-intuitive to maintain that one automatically has a reason to help someone in need if there is no reason not to (Nagel in Milo 1973:130). The researcher's opinion in this regard is that what appears as *not caring* behaviours to the observer, might be very caring and altruistic indeed within the frame of reference of the care-giver. In this instance, Aronfreed (Milo 1973:108) points out that altruistic and sympathetic behaviour are identified more accurately by the conditions under which they occur than by the specific forms which they may assume.

According to Batson (1990:340), in an egoistic vein, relieving the suffering of others is but *instrumental* in reaching the ultimate goal, namely receiving certain benefits. The altruistic conviction, however, is that the ultimate goal in caring is the relief of the suffering of others, while the possible personal benefit which might come from such caring is an *unintended* consequence. In essence this means that from an egoist point of view, *not to care* implies *self-denial*, whereas, from an altruistic point of view, to care, might imply *self-denial*. As Batson (1990:336) puts it, it is a question of values. Do we value others for their own sake (*a terminal value* or altruism), or for ours (*an instrumental value* or egoism)?

If the egoistic viewpoint of caring is considered, the concern about maintaining a humanistically based caring concern would be redundant. One would accept that caring and helping would be sporadic, calculated and biased according to the care-giver's needs. However, if the altruistic approach is considered, then, maintenance of a caring concern becomes an ever present readiness, willingness and ability to become involved in the affairs of others, activated by others' needs. In the researcher's opinion, the difference could further be illustrated by focussing on the meaning of the word *more* as it pertains to egoistic and altruistic caring. In the case of the latter, *more*

would imply an alteration in *quality* whereas in the former it would imply *quantity*, or an increase in frequency of caring. In addition, *frequency* pertains to *incidental* caring and thus not to *sustained* caring and the *maintenance* of a caring concern in humanistic terms.

Batson et al. (1989:922-933; 1990:336-345) also tested<sup>15</sup> the *empathy-altruism hypothesis*, which states that *empathy evokes truly altruistic motivation* (Batson 1990:341), against the following egoistic alternatives or hypotheses (Batson 1989; 1990):

- The *aversive-arousal reduction* hypothesis

This hypothesis states that: *Empathetic distress is unpleasant and helping the victim is usually the best way to get rid of this source*. In spite of the popularity of the *aversive-arousal reduction* hypothesis, this egoistic explanation of helping behaviour seems wrong (Batson 1990:341).

- The *empathy-specific self punishment* hypothesis

This hypothesis claims that *we have learned through socialization that an additional obligation to help, and so additional shame and guilt for failure to help, is attendant on feeling empathy for someone in need. When we feel empathy, we are faced with impending social or self-censure above and beyond any general punishment associated with not helping* (Batson 1990:342). Batson (1990:343) reports that in three studies conducted, using different techniques, all three studies confirmed the pattern predicted by the empathy-altruism hypothesis and not to the empathy-specific self-punishment explanation.

- The *empathy-specific reward* hypothesis

According to Cialdini et al., this hypothesis maintains that it is *the need for the rewards of helping, not the rewards themselves, that is empathy specific: Feeling empathy for a person who is suffering involves a state of temporary sadness, and the empathetically aroused individual is motivated to relieve this negative affective state. Relief can be obtained through any rewarding, mood-enhancing experience, including, but not limited to, the social and self-rewards that accompany helping* (Batson 1990:343). Two studies conformed to the pattern as predicted by the empathy-altruism hypothesis (Batson

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<sup>15</sup> These results indicate that altruism is possible, not that egoism does not exist. The individual still has the choice of attitude and approach. However, it is exactly this choice that supports a concern with maintaining a caring concern.

1990:343). The same hypothesis was used by Batson et al (1989:922-933) under the term *negative state relief*. The 1990 research results corroborate the 1989 results.

Batson (1990:345) concludes that:

it seems more likely that we need to worry about protecting and nurturing the fragile flower of altruistic caring. Before we can do this, we need to know the flower is there. Psychology, including social psychology, has assumed that it is not. I hope I have convinced you that it does exist . . . .

This stance by Batson is also supported by the emergence of the concept *prosocial intelligence*<sup>16</sup> and associated terms. However, the problem still exists that truly altruistic acts might be rewarded in some material way or that the focus of *prosocial behaviour* might be *to engage in an act for its own sake* (Grusec 1991:15). This makes the circumstances and orientations of caregivers pertinent in the maintenance of a caring concern and consequently a concern about the maintenance of a humanistic altruistic caring concern.

### 5.2.3 EMPATHY

The idea that empathy is a major determinant in prosocial and altruistic responding has been widely accepted among psychologists. According to Gagan (1983:66) any helping relationship involves the complexities of empathy, regardless of the depth of the relationship. Accordingly, empathy has invariably been identified, implicitly and explicitly, by nursing theorists as central to caring, nursing competence and the nurse-patient relationship (Bennett 1995:36).

However, empathy as a phenomenon remains elusive and much ambiguity surrounds its definition (Brink 1991:24) and is frequently embedded in other processes (Bennett 1995:37). These statements are sustained as Cavanagh (1995:320) terms the psychological counterpart to religious and philosophical compassion *empathy*. For the purpose of the present research, this viewpoint is retained and compassion is not discussed as an individual manifestation of the phenomenon *maintenance*.

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<sup>16</sup> See paragraph 5.2.4.2. On Prosociality.

### 5.2.3.1

#### Origin of the word

The word empathy was introduced into the English language as an equivalent for the German word *Einfühlung* which literally means *feeling into*. This word was used to describe a person who *really understands*. Another root word is the Greek word *empathia*, meaning *affection and passion with an overtone of suffering*. The *em* prefix in this Greek word means *in* or *into* which suggests the idea of entering *into* a strong feeling or connection with another (Barrett-Lennard (1981 as quoted by Brink 1991:24). According to Brink (1991:24) the Latin equivalent is borrowed from the Greek *pathos* which could mean *feeling* or *perception*.

As the meaning of empathy evolved it became to involve *perceptual* and *interactional* events. This is largely due to psychoanalysts' development of the skill *to understand the client*; *to see with his eyes and listen with his ears*; to put themselves in the shoes of the client (Brink 1991:24).

### 5.2.3.2

#### Definition

According to Bennett, a key conceptual debate is whether to consider empathy as cognition or affect. Thus, whether it is an intellectual understanding of what the other is thinking or feeling, or viscerally *feeling* what the other is feeling? In other words: Is it recognising emotion or sharing it? Is it *role-taking* or the actual experience of emotion? (Bennett 1995:37-38). According to Bennett (1995:38) the accepted view, coming from nursing literature, is that empathy is *imaginative role-taking*.

Brink (1991:24) in an analysis of contemporary literature found that empathy has been defined in terms of an innate human ability or personal predisposition or trait; a learned skill; an emotional phenomenon in which one person experiences a feeling of another person; a cognitive understanding of the situation of another person; a state and a process. This is partially corroborated by Bennett (1995:38).

Ohbuchi and Mukai (1993:244) quote Feshbach in defining empathy as a vicarious experience of another's emotions through *perspective taking*<sup>17</sup>. According to Rogers (Brink 1991:24) empathy means to sense the client's world as if it were your own, without ever losing the *as if* quality.

To Eisenberg and Miller, (1987:61) empathy is the ability to comprehend the affective or cognitive status of another, whereas, Travelbee (1966: 137 in Brink 1991:24) sees empathy as the ability to share in the other person's experience. In turn, Ludeman (1968:277 in Brink 1991:24) defines empathy as entering into the *spirit* of another and becoming aware of being *nearly* identical with him or her. Kallish (1971:203 in Brink 1991:24) states that empathy is the ability to enter into the life of another person and to accurately perceive his or her current feelings and understand their meaning.

To Watson (1979:28-30) empathy is the ability to experience, and thereby understand, another person's perceptions and feelings and to communicate these understandings. For Janzen (1984:3 cited in Brink 1991:25) empathy is *a psychological process of . . . feeling into a client's thinking; sensing, comprehending and sharing his or her internal frame of reference*. However, despite the commonly accepted definition of empathy as the act of *feeling into* another's affective experience, there is no consensus whether the empathiser actually experiences affect that is similar to the other's (Bennett (1995:38).

La Monica's (1981:398 in Brink 1991:25) definition serves as a summary:

Empathy signifies a central focus and feeling with and in the client's world. It involves accurate perception of the client's world by the helper, communication of this understanding to the client and the client's perception of the helper's understanding.

### 5.2.3.3 Defining Attributes

According to Bennett (1995:37) a key conceptual debate is whether to consider empathy as cognition or affect.

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<sup>17</sup> This term is equated to role-taking by Clary and Orenstein (1991:63).

Dageneis and Meleis (1982:415) identified the sub-dimensions of empathy as *adaptability*, *sociability*, *consideration* and *sensitivity*.

Table 5.1 contains a summary of the dimensions, components and defining attributes of the phenomenon *empathy* as arrived at by Morse (1992:274).

TABLE 5.1 COMPONENTS OF EMPATHY

	EMOTIVE COMPONENT	MORAL COMPONENT	COGNITIVE COMPONENT	BEHAVIOURAL COMPONENT
<b>DEFINITION</b>	The ability to subjectively experience and share in another's psychological state, emotions and intrinsic feelings	An internal altruistic force that motivates the practice of empathy	The intellectual ability to identify and understand another person's feelings and perspectives from an objective stance	Communicative response to convey understanding of another's perspective .
<b>OTHER LABELS</b>	Natural empathy, trait empathy, intrinsic sensitivity, emotional empathy, affective empathy, raw identification, and emotional tie.	A moral predisposition, a flash of intuition, an empathetic disposition.	State empathy, empathetic response, sophisticated empathy, clinical empathy, role taking, perceptive talking.	Mirroring of non-verbal behaviours, interactional empathy, behavioural expression of empathy, expressed empathy.
<b>ASSUMPTIONS</b>	<ol style="list-style-type: none"> <li>1) Emotional distress is contagious. Individuals experience the distress of others vicariously when they perceive the other's distress.</li> <li>2) The ability to be empathetic is natural, inherited potential that develops with maturity</li> </ol>	<ol style="list-style-type: none"> <li>1) The empathetic person must enter into and know himself before extending empathy to others. Thus, becoming empathetic is a conscious and deliberate process.</li> <li>2) An empathetic desire is dependent upon:               <ol style="list-style-type: none"> <li>a) an unconditional acceptance of the other;</li> <li>b) a commitment to understand the other; and</li> <li>c) a belief in the universality of the human needs and sense of obligation to assist others to meet their basic needs.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1) One can comprehend another's experience from a more objective stance than others themselves.</li> <li>2) This component of empathy is a teachable and measurable skill, built on natural abilities.</li> </ol>	<ol style="list-style-type: none"> <li>1) Empathetic behaviour may be viewed by an independent observer.</li> <li>2) Observed behaviour is indicative of empathy</li> <li>3) Empathetic behaviour can be demonstrated with higher or lower degrees of empathy and is measurable</li> <li>4) There is a readiness by the other to receive help.</li> <li>5) Empathetic responses will facilitate the personal growth of the other.</li> </ol>
<b>STRATEGIES/ MANIFESTATIONS</b>	<ol style="list-style-type: none"> <li>1) Emotional arousal in empathiser</li> <li>2) Empathiser perceives self responding emotionally to other's emotional cues.</li> </ol>	<ol style="list-style-type: none"> <li>1) Exercise of one's willpower to either attend to, or engage with another, or to avoid and distance oneself from the other.</li> <li>2) Attitude of receptivity and availability to others.</li> </ol>	<ol style="list-style-type: none"> <li>1) Imagining, comprehending, reasoning, analysing, critical review.</li> <li>2) Using the 'as if' quality.</li> <li>3) Deliberate distancing away from the vicarious emotions and movement towards cognitive processing of the whole situation</li> </ol>	<ol style="list-style-type: none"> <li>1) Body posturing</li> <li>2) Mirroring</li> <li>3) Active listening</li> <li>4) Four levels of empathetic responses according to Carkhuff's model</li> <li>5) Perception-checking, validation</li> <li>6) Reflection</li> <li>7) Self-disclosure</li> </ol>

#### 5.2.3.4

##### Correlates

In most theoretical discussions, *prosocial behaviours* motivated by *altruistic* motives have been linked conceptually to empathy (Eisenberg and Miller 1987:92). Bennett (1995:38) links empathy to *imaginative role-taking*. Brink (1991:24), in an analysis of contemporary literature, found that empathy has been defined in terms of an innate human ability or personal predisposition or trait; a learned skill; an emotional phenomenon in which one person experiences a feeling of another person; a cognitive understanding of the situation of another person; a state and a process. This implies, among other correlates, altruistic predisposition or the altruistic personality, social learning and cognition.

#### 5.2.3.5

##### Antecedents

According to Forsyth (1979:55) empathetic individuals are those who *possess keen insight, imaginative perceptiveness and social acuity about other persons*. To Eisenberg and Miller (1987:92), a prerequisite for empathetic behaviour is the ability to *differentiate* between one's own feelings and inner state and that of others. If a person cannot do this, affective arousal is likely to result in personal distress which will lead to egoistically motivated helping rather than altruistically (and empathetically) induced helping.

Other personal characteristics essential in facilitating empathy are: self confidence, the ability to listen (Zderad 1969 and Tyner 1985:395), self-disclosure, paying full attention, authentic presence, honesty, truth, non-judgemental approach (Tyner 1985:395), maturity and experience (Rawnsley 1980:245; Griffin 1983:290), healthy psyche (Rawnsley 1980:245; Griffin 1983:290), flexibility (Rawnsley 1980:246; Griffin 1983:290), self knowledge (Rawnsley 1980:246; Griffin 1983:289), courage (Travelbee 1984 in Brink 1991:28), perceptiveness (La Monica 1981:391), compassion (La Monica 1981:391).

Dauids and Davids (Bennett 1995:46) found that nurses who are *very much in touch with their patients' experiences* demonstrated:

- secure knowledge of the more technical aspects of nursing care;

- self-esteem reinforced both by appreciation for their patient and by respect from their colleagues.

#### **5.2.3.6 Outcomes**

Although it is not always possible to determine whether prosocial behaviour and altruism are outcomes of, or antecedents to empathy, Smith (1995:786) maintains that they are outcomes of empathy.

#### **5.2.3.7 Importance to the present study**

The importance of empathy regarding the research question is that empathy is foundational to all altruistic and other prosocial activities. The presence and maintenance of empathy thus seems fundamental to the maintenance of a caring concern. In addition, Bennett (1995:36) points out that empathy has invariably been identified, implicitly and explicitly, by nursing theorists as central to caring, nursing competence and the nurse-patient relationship (Bennett 1995:36). The maintenance of an empathetic disposition is thus imperative to the maintenance of a caring concern.

#### **5.2.3.8 Empathy versus sympathy**

Brink (1991:24) cautions that the terms empathy and sympathy are often used interchangeably, however, these concepts should be differentiated. The differences between empathy and sympathy are listed in Table 5.2.

It seems that the main difference between empathy and sympathy resides in Rogers' (Brink 1991:24) emphasis on 'as if' in his definition of empathy as sensing a client's world *as if* it were one's own. This means staying aware of the fact that it is *not* one's own world. It also implies being both close to, and distant of, another person. Maintenance, as implied by the research question, again becomes a concern.

TABLE 5.2 DIFFERENCES BETWEEN EMPATHETIC AND SYMPATHETIC PERSON	
EMPATHY	SYMPATHY
1) Maintains a sense of objectivity 2) Offers support and understanding 3) "Borrows" the client's feelings 4) Maintains self-identity 5) Is a stable personality factor 6) Affective state stemming from the apprehension of another's emotional state or condition. 7) Congruent with the other's emotional state or condition.	1) Is subjective 2) Offers condolence and pity 3) "Takes on" the client's feelings 4) Loses self-identity (Bradley and Edinberg 1986:89) 5) Depends on interaction between two persons (Gruen and Mendelsohn 1986:314) 6) An emotional response stemming from another's emotional state which is not identical to the other's emotions 7) Consists of feelings of sorrow and concern for other's welfare (Eisenberg and Miller 1987:91-92) 8) Sympathy is the emotional component of empathy (Feshbach in Ohbuchi and Mukai 1993:244).

#### 5.2.4 PROSOCIALITY

*Caring* is encountered in sociology in the concepts *prosociality* and *prosocial behaviour*. Midlarsky (1991:238) equates prosociality with *help* and *helping*. Other terms equated with prosocial behaviour and prosociality are *generic caring* attributes and *lay caring*.

##### 5.2.4.1 Definition

Prosocial behaviour has generally been defined as voluntary, intentional behaviour that results in benefits for another; the motives are unspecified and may be positive, negative or both (Eisenberg and Miller 1987:92). Consequently, altruistic<sup>18</sup> behaviour is defined and classified as a sub-type of prosocial behaviour (Eisenberg and Miller 1987:92).

*Prosociality* or *prosocial behaviour* (Oliner 1979:36-60; Oliner 1983:273-276) together with the domain of *social intelligence* (Walker and Foley 1973:839-864; Keating 1978:218-223; Ford and Tisak 1983:196-206; Marlowe 1985:4-5, 27; Marlowe 1986:52-58) form the domain of

<sup>18</sup> See paragraph 5.2.2.

*prosocial interest.*

#### 5.2.4.2

#### Defining Attributes

- ***Prosocial interest***, by definition, refers to one's level of interest in, and concern for, others combined with one's sense of self-confidence in dealing with others (Marlowe 1985:4).
- ***Prosocial behaviour and prosociality***. The range of behaviours defined as prosocial in nature is wide and diverse. Overall, psychologists agree that prosocial behaviours involve positive social acts in which something is given to another without any apparent gain to the giver (Oliner 1979:41). This links prosociality and altruism directly to the interest and concern for others found in the definition of social intelligence.

According to Oliner (1979:41): *Primarily, prosocial behaviours have been said to include altruism, aiding, helping, donating, sympathising and cooperating.* Oliner (1983:273) continues by saying that social scientists call such positive behaviours as *love, care, and compassion* prosocial behaviours. Similarly, words like *compassion* and *love* are called *prosocial motivations* (Oliner 1983:273).

According to Rosenhan (Oliner 1979:41), prosocial behaviours include: *concern* for others, acts of *helpfulness, charitability, self-sacrifice, and courage* where the possibility of reward from the recipient is presumed to be minimal or non-existent and where, on the face of it, the prosocial behaviour is engaged in for its own end and for no apparent other. To Mussen and Eisenberg (Oliner 1979:42) prosocial behaviour refers to actions intended to aid or benefit another person without the actor's anticipation of external rewards. However, Oliner warns that too often words such as cooperation and interdependence are called prosocial in nature while in fact they are not. Behaviours may be considered prosocial behaviours only if they are based on concern for the well-being of others, and not on a concern for self-gain, thus, behaviours which evidence altruism, generosity, compassion, and caring (Oliner 1979:36).

- ***Social intelligence***: *Social intelligence*, according to Thorndike's 1920 definition (Walker and Foley 1973:842), includes the idea of the *ability to understand others and to act or*

*behave wisely in relating to others.* Through research conducted by Marlowe (1985:4; 1986:55) an independent domain of *social intelligence* was established. This domain of intelligence contains five sub-domains, namely:

- *Prosocial interest*: one's level of interest in and concern for others combined with one's sense of self-confidence in dealing with others.
- *Social efficacy and social skills*: behaviourally observable actions which promote social interaction.
- *Empathy skills*: abilities not necessarily directly observable, although they may be, which promote the understanding of another person's thoughts, beliefs and feelings.
- *Emotionality*: the degree to which one is sensitive to the role of affect in human behaviour, both within oneself and within others.
- *Social anxiety*: the level of anxiousness one experiences in social situations (Marlowe 1985:4; 1986:55).

#### 5.2.4.3 Antecedents

Jarrett (1991:65) identifies the following internal mediating variables and external and environmental determinants involved in prosocial behaviour:

- *Intermediating variables*
  - *Cognitive factors* which include:
    - Social understanding (possessing knowledge of others thoughts and feelings, knowledge of the consequences of one's actions, knowledge of alternative courses of action in social situations, and knowledge of social role relationships.
    - Concepts of fairness and justice
    - Belief about the prosocial characteristics of self and others.
  - *Affective/Motivational factors* including:
    - Commitment to prosocial values
    - Concern for other and self
    - Empathy and sympathy

- Emotional response to one's own social and moral actions
- Pride and satisfaction
- *Behavioural competencies* such as:
  - Communication skills
  - Ability to negotiate
  - Ability to perform particular prosocial acts
- *Personality factors* including
  - Self-control and impulse control
  - Self-esteem
  - Sense of efficacy
  - Assertiveness
  - Social orientation (Jarrett 1991: 65).
- *External and environmental determinants*
  - Opportunity to learn prosocial behaviours
  - Participation in prosocial activities
  - Approval of reward for prosocial behaviour and disapproval and punishment for antisocial behaviour
  - Communication of prosocial norms, values and expectations
  - Nurturance, sensitivity clarity, consistence and responsiveness in social relationships
  - Opportunities for reciprocal interaction with peers (Jarrett 1991:65).

For Maslow (Haymes et al. 1984:24) the foundations of prosocial behaviour are learned largely in the service of meeting belongingness and love needs. However, whereas Maslow attributes prosocial behaviour largely to ascent within his needs hierarchy, cognitive developmentalists have focussed on moral reasoning. There is much evidence linking prosocial behaviour to moral maturity. Staub (1978:259) posits in this regard that *moral reasoning is an index of prosocial values, and may be considered an index of motivation*. With regard to the final manifestation of the object of intention, this returns us to the conscience component or process underlying the

maintenance of a caring concern.

#### 5.2.4.4

##### Outcomes

The outcome of prosociality, according to Jarrett (1991:65) are prosocial behaviours such as cooperation, compromising, comforting, helping, rescuing, donating, sharing, and meeting one's responsibilities.

#### 5.2.4.5

##### Importance to the present study

Prosocial behaviour or prosociality in many ways resembles and augments caring and care. This is especially true since prosociality evidences altruism, generosity, compassion, and caring (Oliner 1979:36). The concern with *maintenance* implied by altruism, and discussed previously<sup>19</sup>, also applies in some instances to prosociality.

As indicated above, the definition of prosocial interest as a domain of social intelligence has direct bearing on the maintenance of caring as it refers to one's level of interest in, and concern for, others (Marlowe 1985:4). A maintenance of prosocial interest and intelligence could thus foster the maintenance of a caring concern. Prosociality, in turn, is relevant to caring as it complements the components of lay caring and generic caring as contained in Van der Wal's (1992:242) conceptualisation of caring and the variants of caring. Prosociality and prosocial behaviours contain the basic elements of lay caring and are as such foundational to professional caring and the maintenance of a caring concern. However, *caring*, as implied and defined in the present research is not equated to helping. Nonetheless, as Oliner (1979:37; 1983:274) puts it, a significant percentage of human behaviour is prosocial, and without prosocial behaviours or *transcendent concerns for others*, there can be no caring, irrespective of the societal level or role occupation involved. Thus, an understanding of prosociality *per se* and the maintenance of prosociality are fundamental to the maintenance of a caring concern.

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<sup>19</sup> See paragraph 5.2.2.7.

#### 5.2.4.6 Correlates

In most theoretical discussions, prosocial behaviours motivated by altruistic motives have been linked conceptually to empathy (or sympathy) (Eisenberg and Miller 1987:92). Prosociality and prosocial behaviour are also most often referred to as *help* and *helping* in the literature and are often used as synonyms for care, caring, and altruism. In addition, prosociality is correlated with justice, equality, self-control, self-esteem, sense of efficacy and assertiveness (Jarrett 1995:65).

#### 5.2.5 HELP (AND HELPING)

*Helping* is the word most often associated with the term prosociality and prosocial (Midlarsky (1991:238).

#### 5.2.5.1 Definition

*Prosocial behaviour*, or *helping*, refers to actions undertaken on the behalf of others (Midlarsky (1991:238). The fact that helping is *on the behalf* of others distinguishes *helping* from *caring* as defined in the present research. Doing things on *behalf* of others implies *care taking*<sup>20</sup> and taking over, possibly to the extent of limiting growth in the one helped within the context of the helping situation. This is contradictory to Mayeroff's (1971:1)<sup>21</sup> definition of caring. In addition, helping is generally also more spontaneous, unstructured, unplanned and unforeseen than professional *caring* as defined for the purpose of the present research.

#### 5.2.5.2 Defining Attributes

Help and helping's connection to altruism (and even egoism) and empathy via the concept of prosociality ascribes the defining attributes of these phenomena. It seems as if these defining attributes also depend on, and reside in, the circumstances under which, and conditions under which, help is rendered. Defining pertinent attributes is thus rather intricate.

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<sup>20</sup> Also see paragraph 3.6.3. on codependency.

<sup>21</sup> To care for another person, in the most significant sense, is to help him grow and actualize himself (Mayeroff 1971:1)

### 5.2.5.3 Antecedents

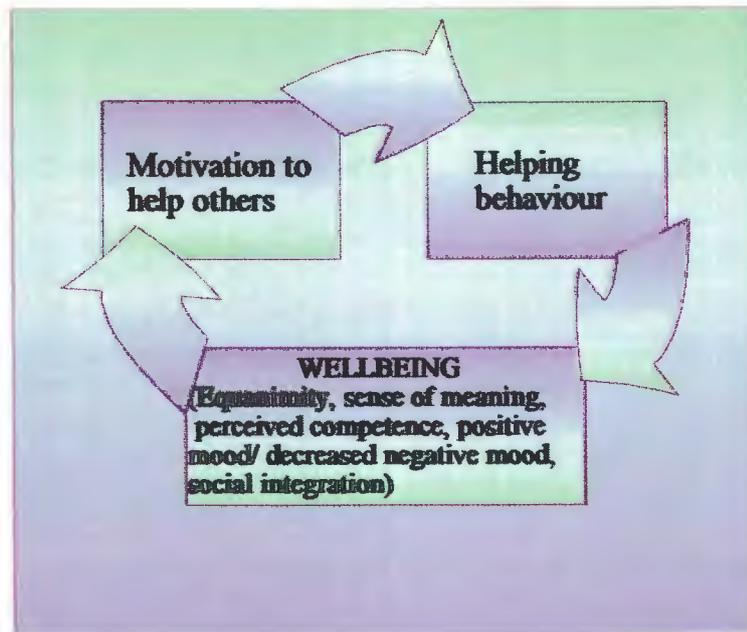
In this regard, the question remains as to what dispositions affect decisions to initiate help. The classic issue in the literature concerns helpers' motives and whether they are (or can be) altruistic<sup>22</sup> as opposed to egoistic. However, a combination of two dispositions seems important at this point, namely *motive* and *ability*. According to Heider (Clary and Orenstein 1991:59), *effective personal force* is viewed as a multiplicative function of these two factors. A motivational force consists of intentions and exertions, and a power/ability factor, refers to a person's skill at the task and the difficulty of performing that task. These two factors are necessary, but alone are not sufficient, to elicit helping behaviours. Effective helping depends on both. Potential helpers, then, may have the motivation to help but not the ability to help, may have the ability but not the motivation, or may have neither. The effective helper, however, would be expected to have both motivation and ability. However, ability must be considered *vis-à-vis* the specific helping task. In terms of Van der Wal's (1992:242) conceptualisation of the phronema of caring the question regarding the maintenance of a caring concern also involves the relationship between the will and emotions component versus the knowledge and the actions components. Thus in essence also the willful withholding of caring actions, or the execution of them, in situations which demand caring. This effectively points out that our concern should probably not be focussed exclusively, or even primarily, on the intention (will, wanting to, altruistic feelings and emotional psychological make-up) of the care-giver, but also on the *ability* of the care-giver, including his or her physique, mental state, skill and knowledge. These can also be linked to the emotions, and knowledge components of the phronema of caring, in which instance knowledge involves both *knowing about*, *knowing how* and *can do*. As Clary and Orenstein (1991:63) put it, there is more to helping (and caring) than intentions. The opposite may also be true, namely that there is more to helping than ability to help. Wanting to help and constantly being frustrated in this by lacking the ability or the opportunity to do so might erode the caring concern (intention to care or to help).

Like caring, help and helping seem self-impregnating - themselves antecedents to future helping behaviours. This is illustrated by Midlarsky (1991:250) through the reciprocal relationships

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<sup>22</sup> See paragraph 5.2.2.9.

among the following aspects:



**Fig. 5.1**  
**The self-impregnating nature**  
**of help and helping**

#### 5.2.5.4 Outcomes

In addition to the well-being outcomes illustrated above, which also serve as antecedents for further helping, the following outcomes of helping were identified by Midlarsky (1991:241-242) and others:

- *Helping has the capacity to enhance the sense of meaningfulness and the value in one's own life.* In this regard, Des Prez (1976 as cited in Midlarsky 1991:241) states that sharing in helping is the central stabilising and meaning giving aspect in human lives. Also, through helping, a sense of vital attachment to broader humanity, *in almost a spiritual sense* is experienced (Midlarsky 1991:242). Notwithstanding the motivation for helping, whether altruistic or egoistic, these outcomes might sustain a caring concern.
- *Involvement in helping activities is postulated to have a positive impact on self-*

*evaluations*. In this regard, Midlarsky (1991:242) refers to *perceived competence*<sup>23</sup> and related concepts of *personal control orientations*<sup>24</sup>, *self-esteem* (which includes the global feeling of self-worth), and *self-efficacy*<sup>25</sup> (defined as *the performance-based cognition that one has the ability to control behavioral outcomes*) (Bandura 1986 quoted by Midlarsky 1991:242).

According to Kahana et al. (Midlarsky 1991:242), even in situations that have the potential to undermine self-esteem, positive self-regard can be restored through effective helping, and even under extreme stress people can emerge as effective helpers. This is classically corroborated by Frankl's (1984) revelations about the life experience in Nazi concentration camps.

Midlarsky (1991:242) also indicates that congruent with the hypothesised relationship between successful helping and perceived competence is Bandura's concept of *enactive attainment*<sup>26</sup>. Enactive attainment enhances one's *self-efficacy* appraisals, which might result in an overall more positive feeling towards self.

In accordance with the *helper-therapy* principle (Midlarsky 1991:243), helping may serve as an alternative to *perceived helplessness*. *Social comparison theory* also finds a place in explaining the positive effect helping others might have on self-evaluation. In this instance, it is hypothesised that successful helping may lead to increased self-esteem because those whose helping behaviours constitute a productive outlet are able to make favourable comparisons between themselves and others.

The rendering of help may also result in *positive moods*. This prediction is based on the notion that altruism reinforces one's self-image. The sense of *rightness* resulting from

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<sup>23</sup> See paragraph 5.2.5.2.

<sup>24</sup> See paragraph 4.3.1.

<sup>25</sup> See paragraph 4.3.6.

<sup>26</sup> See paragraph 4.3.6.2.2.3.

involvement in altruistic activities may lead people to reward themselves with good moods for helping (Midlarsky 1991:246). Further, besides augmenting positive moods, helping may result in alleviating negative moods. In the *negative-state relief model* advanced by Cialdini and associates (Midlarsky 1991:246; Batson et al. 1989:922-933) altruism is viewed as a behaviour which acquires the capacity, through the process of socialization, to dispel bad moods and to produce good moods. All in all, helping in itself is apparently *salutogenic*<sup>27</sup> in nature.

- *Enhanced social integration* may be another source of benefit derived from helping. Altruism is a concept associated with solidarity, or the sense of *we-ness* (Midlarsky 1991:247). It is argued that just as the sense of we-ness may lead to altruism, continued involvement in generous acts may promote social integration or a sense of community among people who were initially strangers to one another as well as among people who are kin (Midlarsky 1991:247).

Caution, however, is in order when discussing the effect of helping on social integration. Under certain circumstances, helping may actually interfere with social integration. For instance, under conditions of high cost for the helper and a less than salutary outcome for the recipient, the sense of social integration may be threatened. This caution has direct bearing on the concern about maintaining a caring concern. However, it was anticipated that *high cost* and *less than salutary outcome* will be defined differently by individual informants.

#### 5.2.5.5 Correlates

Help and helping correlate and have relationships/links with prosociality, care, and under certain conditions, altruism, empathy, wellness and spirituality. Positive outcomes of help and helping are related to well-being, both conceptually and empirically.

Hopefulness (hope) is derived from the support (help) people give and receive from others (Yarcheski et al. 1994:289). McGee (1984:38) also suggests that a mutuality exists between *hope* and help. In addition, help and helping are linked to self-efficacy, enactive attainment, self-

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<sup>27</sup> See paragraph 4.2.1.

control, and perceived competence.

#### 5.2.5.6

##### **Importance to the present study**

The importance of help and helping behaviours with regard to the present study is the same as that regarding prosociality<sup>28</sup> and altruism<sup>29</sup>. The accent Midlarsky places on *motive* and *ability* as far as helping behaviours are concerned applies to the present concern too. Motive and ability presuppose all the constituents of the phronema of caring, while helping behaviours *per se* implies the actions component of caring (Van der Wal 1992:242).

#### 5.2.6

##### **HOPE**

According to Day (1970:369), philosophers, in modern times, have not concerned themselves much with *Hope*. According to Grady (1970:56), hope is a topic scarcely considered by philosophers of any age. Most recent investigations into this phenomenon are from the field of psychology.

##### 5.2.6.1

##### **Definition**

According to Day (1970:369) hope can be defined in terms of *desire*, *aversion*, *probability* and *belief*. In a sense, hope is a result of two components, namely, desire and subjective probability. Herth (1993:544), sees hope as a dynamic inner power that enables transcendence of the present situation and which fosters a positive new awareness of being. Haase et al. (1992:143) define hope as:

an energized mental state involving feelings of uneasiness or uncertainty and characterized by cognitive, action-oriented expectations that a positive future goal or outcome is possible (Haase et al. 1992:143)

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<sup>28</sup> See paragraph 5.2.4.

<sup>29</sup> See paragraph 5.2.2.

According to Marcel, as interpreted by Grady (1970:58), hope is the affirmed non-acceptance of any datum condemning the world and depriving one of one's integrity. Hope is so fundamental to human existence that Grady (1970:59) refers to it, in Heideggerian terms, as an *existentiale*<sup>30</sup>.

Marcel (Grady 1970:61) sees hope phenomenologically as:

Hope is essentially the availability of a soul which has entered intimately enough into the experience of communion to accomplish in the teeth of will and knowledge the transcendent act - the act establishing the vital regeneration of which this experience affords both the pledge and the first fruits.

From this citation it is clear that for Marcel, hope is not specific to *this or that object or objective*. Instead, hope is a *Gestalt* of a totality of the individual's existence (past, present and future) with others in the world. This reveals *the world* in its comprehensive universality as infinitely meaningful and marks one's life as genuinely responsible and purposeful. In fact, hope is the meta-situation, a ground for everyday commerce (exchange), since it grounds our deciding and acting in man's primordial and total being in *the world* (Grady 1970:62).

*Hope, in a technical sense, is more than the sunny view that everything will work out alright.* Hope entails believing one has both the will and the way to accomplish one's goals (Goleman 1995:87)

#### 5.2.6.2 Defining Attributes

The defining attributes presented here are based on those identified by Haase et al. (1992:143) and some of the hope-fostering categories compiled by Herth (1993:542-543). These include:

- A focus on time that emphasises the future (Haase et al. (1992:143). However, Herth (1993:543) contradicts this attribute of hope. *Time refocusing*<sup>31</sup> as an attribute, in contrast to Haase et al.'s findings, implies focusing less on the future and more on living one day at a time (Herth 1993:543). This in the researcher's opinion speaks more of coping than

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<sup>30</sup> *That which has to do with being and becoming, rather than with objects (Heidegger as translated by Stambough 1996:53).*

<sup>31</sup> *This leaves the impression that Herth (1993:543) identified the phenomenon coping rather than hope.*

of hope.

- An energised, action orientation (Haase et al. 1992:143).
- A goal or desired outcome which could be either generalised or particularised. This serves as a motivational force (Haase et al. 1992:143). This is analogous to Herth's category *attainable expectations* which implies having within sight possible aims and goals, as well as recognising when to adjust these expectations. This ability to redefine expectations seems necessary for engaging hope in ever changing situations (Herth 1993:543) and is also pertinent in the definition by Morse & Doberneck (1995:284)<sup>32</sup>.
- A feeling of uncertainty, uneasiness, or other related feelings of discomfort (Haase et al. 1992:14). Stubblefield 1995:20), in this regard, also refers to *yearning* and *uncertainty* found in hope.
- *Cognitive reframing* or consciously using thought processes to reappraise, restructure and transform threatening perceptions into a more positive frame. Cognitive reframing may mean letting go of expectations or the desire for things to be different, and establish a sense of perspective, which can thereby set the stage for the emergence of hope (Herth 1993:542). The term *acceptance*<sup>33</sup> seems to become important at this stage.

### 5.2.6.3

#### Antecedents

According to Haase et al. (1992:143) the antecedents to hope are:

- *A pivotal life event* or stressful stimuli such as loss, major decisions, hardships, suffering and uncertainty (Haase et al. 1992:143). According to Marcel, *there can, strictly speaking, be no hope except when the temptation to despair exists.*
- *Positive personal attributes* such as a personal philosophy of life that conveys a sense of meaningfulness; a sense of optimism that personal growth comes through struggle (Haase et al. 1992:143).
- *Connectedness* with other or God, or an indication of mutuality, and being able to expect

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<sup>32</sup> Detail on the findings of these authors have been omitted as their definition of hope is nothing more, and nothing less than a rejuvenation of the nursing process and the problem solving process. Their abstraction has reached a level of generality that strips the concept 'hope' of all its defining attributes (The researcher's opinion)

<sup>33</sup> See paragraph 5.2.9.

assistance from others (Haase et al. 1992:143).

- *Sustaining relationships* which is defined as the presence of ongoing, supportive relationships that serve as an anchor and support (Herth 1993:542).
- *Spiritual beliefs*. The belief in a power greater than self, has also been described by caregivers as empowering their hope. Spiritual practices provided comfort and helped them find meaning that transcended human explanation of their experiences (Herth 1993:543);
- *Uplifting energy* that encompasses both physical and psychological dimensions. Caregivers need to balance available energy with external demands (Herth 1993:542). Low energy levels thus seem to be associated with hopelessness and vice versa. This may also indicate spiritual loss.

Snyder (Goleman 1995:87) found the following human attributes to accompany the hopeful individual:

- ability to self-motivation;
- feeling of resourcefulness;
- self-reassurance that things will work out the best they can;
- flexibility to find different ways to solve a problem or achieve a set goal;
- ability to switch goals should they appear to be unattainable; and
- breaking down formidable tasks into smaller segments.

#### 5.2.6.4 Outcomes

According to Haase et al. (1992:143) the outcomes of hope include, a sense of personal competence in meeting goals, a winning position, peace, and the ability to transcend self and situations.

According to Wilderquist (1991:5), hope is a *healing force*. It is the *healing* element that appropriates hope in a discussion of human maintenance. Marcel, as interpreted by Grady (1970:58) states that wherever the phenomenon of hope is found, the person manifesting it is *relaxed*. This is called *patience*. However, Grady (1970:62) warns that hope does not guarantee improvement in the world or growth in the individual.

### 5.2.6.5 Correlates

Hope has relations with human spirituality, optimism, patience, acceptance, perception, and, as an *existent*, with human becoming.

### 5.2.6.6 Importance to the present study

Hope is seen as an attempt to sustain and stabilise personal integrity and inner composure, and is as such indicative of human maintenance. The concern with maintenance is yet in another way involved with hope. Hope can be dashed. The counter phenomena to hope are fear (Day 1970:369) and despair (Marcel cited in Grady 1970:59). Our concern is with avoiding these and maintaining hope.

### 5.2.7 OPTIMISM

Optimism is described as a common sense component of personality with positive effects on physical well-being, behavioural outcomes and psychological well-being (Stubblefield 1995:19). Stubblefield continues by stating that optimism is theoretically embedded in the behavioural *self-regulation*<sup>34</sup> model of Scheier and Carver. According to Goleman (1995:89), optimism is rooted in *self-efficacy*.

Optimism is based on illusion. The traditional belief that accurate perceptions of the self, the world, and the future are necessary components of mental health is increasingly difficult to maintain. All individuals live by some degree of self-deception. A degree of self-deception is necessary for mental health. Optimism, hope, and positive thinking - drawn on illusion of reality - are characteristic of psychologically sound people (Stubblefield 1995:20). Optimism thus is an internal attempt to sustain and stabilise personal integrity and inner composure with the intent to revitalise and maximising human potential (Goleman 1995:86-90).

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<sup>34</sup> See paragraph 4.3.1.

### 5.2.7.1 Definition

Optimism and hope are related but not identical (Stubblefield 1995:20; Goleman 1995:86). Goleman (1995:89) categorises both these attributes as an emotional intelligent attitude or as *emotional intelligence*. Optimism is not to hope for a desirable event but the expectation of it. Being confident that things will work out positively resembles a feeling akin to optimism rather than hope. Optimism does not incorporate the components of yearning and uncertainty found in hope (Stubblefield 1995:20; Goleman 1995:87).

According to (Stubblefield 1995:21) optimism is positive *outcome expectancies for current and future events related to a feeling of competence and control over the situation or situations*. Seligman (Goleman 1995:88) defines optimism in terms of how people explain to themselves their successes and their failures. The optimist sees failure as due to something that can be changed.

### 5.2.7.2 Defining attributes

Stubblefield (1995:21) identifies three defining attributes of optimism, namely:

- *A positive outcome expectation.* This entails striving for success at the outset and dealing with failure when it happens.
- *An orientation towards the present and the future.*
- *A sense of competence and control over the situation* (Stubblefield 1995:21).

In addition the individual should be able to:

- identify attainable goals;
- persist in goal attainment efforts;
- apply problem-solving and coping mechanisms;
- seek social support;
- emphasise positive aspects of stressful situations;

- attribute failure to external causes<sup>35</sup>; and
- *hope* for positive outcomes (Stubblefield 1995:22).

### 5.2.7.3

#### Antecedents

According to (Stubblefield 1995:22) the antecedents of optimism are:

- probability of success;
- availability of alternatives;
- presence of external sources;
- sense of being lucky or favoured by others;
- increased self-esteem;
- internal locus of control;
- unrealistic assessment of personal risk;
- unrealistic appraisal of ability; and
- uncertainty of possible outcomes (in the opinion of the researcher a *tentative certainty* would be a more exact description).

### 5.2.7.4

#### Outcomes

According to Lazarus et al. (1980 in Stubblefield 1995:22) the positive emotions associated with optimism may act as:

- *breathers* allowing people to take a break from coping;
- *sustainers* of action causing people to *persist* in the act of adversity;
- *restorers* facilitating recovery.

Goleman (1995:88) further suggests that optimism buffers people against falling into apathy, hopelessness, and depression in the face of critical life experiences.

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<sup>35</sup> This does not indicate a general external locus of control orientation within the optimist, however, as Goleman (1995:89) explains: "By not seeing themselves but something in the situation as the reason for their failure, they can change their approach in the next call." This, in itself, reflects optimism.

### 5.2.7.5

#### Importance for the present study

Positive illusions in response to a specific situation may promote such aspects of mental health as happiness and contentment, the ability to care for others and the capacity for creative, productive work (Taylor and Brown 1988 in Stubblefield 1995:20). Optimism thus represents a certain perspective on human maintenance. It is also the *persistence* associated with optimism which makes this concept appealing to the researcher. Persistence and endurance in the mind of the researcher are highly associated with human maintenance.

The fact that optimism counteracts apathy has direct bearing on the maintenance of a caring concern. As Van der Wal (1992:242) indicates, the loss of a caring concern results in apathy.

### 5.2.7.6

#### Correlations

Optimism has correlations with *locus of control* as optimists attribute failure to external rather than internal causes and as situation specific rather than global. It also correlates with hope and positive thinking via *self-deception* drawn on an illusionary perception of reality. Further, hope and optimism, although related, are not identical constructs (Stubblefield 1995:20). Optimism, like hope, is also positively correlated with self-efficacy (Goleman 1995:89).

## 5.2.8

### SELF-TRANSCENDENCE

According to Reed (1991:65) transcendence is also a *little-studied* phenomenon. However, it was found that researchers and authors sharing the present field of study very often refer to the concept *self-transcendence*. In fact, the majority of writings founded on existentialism at some point embrace this concept.

#### 5.2.8.1

##### Definition

Self-transcendence refers broadly to a characteristic of developmental maturity whereby there is an expansion of self-boundaries and an orientation towards broadened life perspectives and purposes (Reed 1991:64).

*Transcendence* implies going further without leaving behind. Instead of an ascent away from that which is transcended, it is a movement towards it; recaptured, intensified and transfigured. It is thus a process of integration that includes all understandings held throughout the process of change and growth to new horizons (McCarthy 1992:138). The process of transcendence is the process of existence and extends and involves the fullness of the person; mentally, physically and spiritually. It is experienced through physical embodiment (McCarthy 1992:139-140).

According to Reed (Haase et al. 1992:144) self-transcendence is:

the experience of extending one's self inwardly in introspective activities, outwardly through concerns about the welfare of other, and temporally such that the perceptions of one's past and anticipated future enhance the present

Transcendence is a level of awareness through which a person achieves new perspectives and experiences that exceed ordinary physical boundaries (Kaye and Robinson 1994:218-219; Widerquist 1991:5) through *rising to the realm of the possible as well as the actual* (Reed 1991:67). Dossey (1995:40) defines transcendence as: . . . *to raise one's ordinary state of consciousness above control at a lower material level; to be aware, moment by moment of what is true in both inner and outer experience; to become conscious of one's wholeness, complete in each moment.*

Reed (1991:74) distinguishes between *spiritual* self-transcendence and *physical* self-transcendence whereby we are returned to the (pseudo-) dichotomy of particular/cosmic, terrestrial/extraterrestrial, and existential/theistic, dimensions of spirituality<sup>36</sup> and meaning in life<sup>37</sup> and ultimately life and being.

#### **5.2.8.2 Defining Attributes**

The following defining attributes of self-transcendence has been compiled by Haase et al. (1992:144):

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<sup>36</sup>See paragraphs 5.2.1.2, 5.2.1.3 and 5.2.1.4.

<sup>37</sup> See paragraph 3.4.

- Reaching out beyond self-concern.
- Stepping back from and moving beyond what is.
- Extending self-boundaries inwardly, outwardly and temporally (Haase et al. 1992:144).

### 5.2.8.3

#### Antecedents

For self-transcendence to be realised, the following are required:

- An inherent tendency of humans to move beyond their own self interest (Haase et al. 1992:144). This implies altruism, altruistic helping and empathy.
- A spiritual perspective that encourages one to reach out beyond one's self (Haase et al. 1992:144) because the spirit as the essence of self is a precondition for transcendence (McCarthy 1992:157).
- A pivotal life event or stressful stimuli. These events or stimuli may initiate cognitive restructuring processes that lead to choices, the outcomes of which can be views and behaviours indicative of self-transcendence (Haase et al. 1992:144).
- Human work that enlarges the goals and visions of a person describing work not just as an economic activity, but also a means of human self-creation, of shaping the world and of structuring human relationships (Haase et al. 1992:144; Frankl 1984:133)<sup>38</sup>.
- *Acceptance* of an inescapable situation that cannot be changed frees energy for moving beyond or transcending the situation and may lead to broader perspectives, activities and purpose (Haase et al. 1992:144; Frankl 1984:133).

### 5.2.8.4

#### Outcomes

The outcomes of self-transcendence are as follows:

- Sense of *well-being* (Haase et al. 1992:145; Kaye & Robinson 1994:376).
- Enhanced feeling of *self-worth*.
- Greater sense of *connectedness* with self, other, nature and God (Haase et al. (1992:143). Community as a relational form of being presupposes a capacity for transcendence. For the person as a being-in-community the constitution of self, meaning and community emerge in a contemporaneous way (McCarthy 1992:157).

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<sup>38</sup> In this regard also see "Occupational self-direction." Paragraph 4.3.9.

- *Personal growth* (Haase et al. 1992:145). Self-transcendence reaches beyond self and is as such the overcoming of egoism. As far as self-transcendence theories are concerned, these extend beyond the achievement of self-identity as the ultimate developmental goal to include an interdependent self-definition based on a strengthened sense of identity with the greater environment (Reed 1991:67).
- Finding *purpose* and *meaning in life*.
- A sense of being *healed* (Haase et al. 1992:145).

#### 5.2.8.5

##### Correlates

Transcendence has a spiritual dimension and is also a coping mechanism (Kaye & Robinson 1994:376) and correlates with altruism, spirituality and meaning in life. It also correlates with altruistic helping behaviours and acceptance of self and other.

#### 5.2.8.6

##### Importance to the present study

The reference to transcendence as a coping mechanism (Kaye & Robinson 1994:376) implies transcendence as maintenance. Further, *transcendence* implies going further without leaving behind. Instead of an ascent away from that which is transcended, it is a movement towards it; recaptured, intensified and transfigured. It is thus a process of integration that includes all understandings held throughout the process of change and growth to new horizons (McCarthy 1992:138). This latter statement by McCarthy also speaks of change and maintenance. Nothing is departed from or left behind. Everything is recaptured, intensified, and mostly, transfigured.

The human ability of *transcendence* also has methodological implications. Even though phenomenology is not the same as introspection, transcendence as the ability to *introspection* (Reed in Haase et al. 1992:144) has implications regarding:

- The essence of the ontology under investigation; that is, the inner existential life experience of the individual regarding *being* caring; and
- the data collection techniques and strategies employed to reveal the *inner*; the environment in which the research is conducted, which is independent from introspective recollections (reflection); and the degree of rapport established with informants.

### 5.2.9 ACCEPTANCE

The concept *acceptance* did not originally feature in the researcher's understanding of the structure of the concept *maintenance*. However, with the frequent reference in the related literature to self, self-regard, self-image, self-awareness and transcendence, the concept *acceptance* became pertinent.

#### 5.2.9.1 Definition

Acceptance is a present-oriented activity requiring energy and is characterised by receptivity towards, and satisfaction with, someone or something, including past experiences/circumstances, present situations, others and ultimately, the self (Haase et al. 1992:144).

#### 5.2.9.2 Defining Attributes

According to Haase et al. (1992:144-145) acceptance portrays the following defining attributes:

- *Receptivity and satisfaction.* Receptivity towards and satisfaction with anything, including past circumstances, present situations, other and self.
- *A temporary orientation* towards the present. This enhances being in the present.
- The process of acceptance requires *energy*. Without this energy, the person may give up.
- Acceptance is a *process* of resolving issues within oneself; a process of self-acceptance. Central to acceptance is the resolution of the fear and resistance to that part of oneself that is rejecting an unwanted experience (Haase et al. 1992:144).

#### 5.2.9.3 Antecedents

Antecedents to acceptance are:

- The presence of an *unresolved personal issue*, something either cognitively resisted, not acknowledged or feared.
- Acceptance may occur following *stressful stimuli or pivotal life events*.
- As a result of stressful events, a person's related issues become more salient and there are *a need and motivation to accept* (Haase et al. 1992:144).

#### 5.2.9.4 Outcomes

The results of acceptance are:

- facilitation of personal growth manifested as increased self-worth and personal freedom, personality integration and a greater sense of awareness;
- elimination of the tension surrounding previously unresolved issues, freeing energy once used for resistance, concern or anticipation;
- peace and a sense of being healed, which may be psychological, physical and/or spiritual;
- some degree of self-transcendence; and
- feelings of connectedness similar to those associated with spirituality (Haase et al. 1992:144).

#### 5.2.9.5 Importance to the present study

Methodologically, self-acceptance could imply more openness during interviews. Regarding maintenance, the act of resolution of fear and resistance to unwanted experiences spells a willingness towards risk taking. It also implies courage. These are all conceptually related to maintenance as implied by the research question.

#### 5.2.9.6 Correlates

Acceptance correlates with spirituality and transcendence and also with self-concept and courage.

#### 5.2.10 VIRTUE

Maintenance, equated to persistence, is perhaps most pertinently defined by the word *virtue*. However, for some reason, the word *virtue* seems to have fallen into disuse. Especially in nursing literature, information on this concept is rather scanty, notwithstanding the fact that nurses think and talk in terms of virtues and vices a very great deal (Brown et al.1992: 20).

The field of virtue ethics has much to contribute to the understanding of the personal dimension of action. Within the framework of virtue ethics as applied to nursing, care and caring are ethics; the standard by which nursing actions are compared for excellence. Caring is viewed as both a

personal and a professional virtue.

### 5.2.10.1 Definition

According to Elliott (1993:317) no central, well-defined nature can be ascribed to the concept virtue. The most common proposals for the proper definition of *virtue* are:

- virtue as a skill or technical ability;
- virtue as a trait of character; or
- virtue as a disposition or tendency to act in a particular way in specific contexts.

Elliott (1993:329) concludes that in search of the nature of virtue, two dimensions can be followed, a psychological and a moral one. However, on the psychological side, virtues are extremely difficult to identify and require an inner state distinct from other inner states. No such psychological state has yet been identified (Elliott 1993:329). On the moral side<sup>39</sup>, virtues are much easier to define. They are those states or qualities of a person that have moral worth. For a personal quality to have moral worth it must be something that a person could *willfully* develop or neglect (Elliott 1993:329). This willfulness immediately incurs a concern about human *maintenance*.

Finally, Elliott concludes that, *virtues . . . are moral constructs*. They are whatever traits, dispositions, or skills that have moral value. Considerations of the nature of virtue can only come from within some more general moral belief system; only after we have specified what has value and why it does (Elliott 1993:329). Virtue as a moral issue is also found in the writings of early Greek philosophers. According to Plato (*The Republic* quoted by Clambake 1990:180) virtue is the wisdom of one who discovered the forms and ideas of the good and is drawn to them so that conscious action in opposition to these ideas is not possible. This passionate nature of virtue is corroborated by several authors.

According to Tillich (1952:27) *virtue* is the power of acting exclusively according to one's true nature. The degree of virtue is the degree to which one is striving to, and able to, affirm one's

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<sup>39</sup> This is also the direction in which the researcher's contention points.

own being. *It is impossible to conceive of any virtue as prior to the striving to preserve one's own being. Self-affirmation is virtue altogether* (Tillich 1952:27-28). To act unconditionally out of virtue is the same as to act under the guidance of reason, to affirm one's essential being or true nature.

According to Dent (1986) and Meilaender (1984) as quoted by Clambake (1990:179):

Virtue - is a spontaneous, and consistent inspiration by an individual to unequivocally express basic traits of excellent character that facilitate action from a moral and philosophical base.

There is, however, a popular view of virtue which must be disclaimed. Virtue is often related to beneficence and duty. Confusion results when virtue is based on a sense of duty. Expression of virtue is an *aspiration*, not an *obligation* (Clambake 1990:185). Linking virtue with duty is a deontological<sup>40</sup> notion that makes conscientiousness the supreme human excellence (Clambake 1990:179). The question for virtue is, *What shall I be?* rather than *What does the role demand?* (Brown et al. 1992:20). Virtue claims, that to be, is to do (Clambake 1990:185). Thus, *being* caring implies *doing* caring. As long as the caring virtuous person *is*, caring will be maintained.

The intense fusion of being and doing in virtue is also illustrated by Brown et al. (1992:28-29). According to these authors, in moral deliberation, virtue involves no preoccupation with rules or explicitly formulated principles. A virtuous person does not have to call to mind a moral rule in any situation. For the virtuous such a rule is redundant. The situation presents itself and calls for certain conduct. The virtuous person acts accordingly.

To Brown et al (1992:29) an important aspect of a virtuous person is that his first response is likely to be his considered response. For the virtuous person, the unthinking response is one that, in the main, she or he does not regret or wish she or he could dissociate herself or himself from. An important aspect of a virtuous person is that his or her first response is likely to be the same as his or her considered response.

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<sup>40</sup> According to this approach, any act congruent with one's duty is right. Conversely, any act contrary to one's duty is wrong (Curtin and Flaherty 1982:48).

### **5.2.10.2 Defining Attributes**

It would seem as though virtue:

- contains skills, technical abilities and character traits of moral worth;
- is self affirmation and the expression of the essence of being;
- has no preoccupation with rules or explicitly formulated principles of conduct;
- includes automation of conduct; and
- symbolises authenticity.

### **5.2.10.3 Antecedents**

Antecedents to virtue are will and an existing general system of moral values.

### **5.2.10.4 Importance to the present study**

As indicated previously, the willfulness in deciding what the content of virtue should be and the involvement of an existing more general moral belief system immediately incurs a concern about human maintenance. As such, virtue gives the most pertinent definition of the researcher's conceptualisation of the maintenance of a caring concern available.

Virtue is the expression of personal excellence of character. In nursing, caring is claimed to be the central virtue that initiates and moulds action. In contrast to the caring ethic, the virtue of caring is a standard of excellence in being (Clambake 1990:179). As Clambake further suggests, in professional behaviour, care and the ethic of caring shape and influence the professional community's definition of virtuous caring. Conversely, the virtue of caring shapes and influences how the caring ethic and care are expressed on a personal level (Clambake 1990:179).

It seems that the ultimate form and format of maintaining a caring concern would be to cultivate a virtue of caring. To Clambake (1990:178) one means of recovering the moral foundation of nursing practice is for each nurse to develop a personal virtue of caring based on a well explicated ethic of caring. Naturally, the process of cultivating such a virtue and the maintenance of such a virtue would always be a question of personal choice and venture, and an indication of a concern about maintaining caring. The concept virtue does bring to mind a certain sense of

stability and maintenance of a moral character and caring if caring forms part of such a moral character. If caring is a virtue, this is sustained and maintained.

#### 5.2.10.5 Correlates

As implied in the section, *virtue* correlates, among other, with being, will, authenticity and morality.

### 5.3 MAINTENANCE AS PORTRAYED IN NURSING THEORIES

In this section the guideline definition of maintenance is directed at the portrayal of maintenance in nursing theories. Very few theorists have addressed the issue of human maintenance *per se*. However, aspects of such maintenance are implied in many existing nursing theories. Most of the time this is done with reference to disease\illness\health\well-being.

In the light of the part that the literature review plays in the present research, namely to allow the phenomenon under survey a preliminary manifestation as seen by the researcher for the purpose of bracketing<sup>41</sup>, the interpretation of aspects indicative of maintenance is done rather freely. This was achieved mainly through an extension of the term health to include *well-being*.

#### 5.3.1 FLORENCE NIGHTINGALE

In her classic treatise *Notes on Nursing* (Nightingale 1859), under the rubric *Chattering Hopes and Advices* Nightingale indicated that *false hope* was depressing because this caused worry and fatigue. This is also an important issue found in the work of the 20th century existential philosopher, Marcel. Lobo (1995a:39) points out that Nightingale believed that good news helped patients in becoming healthier. Traces of hope and optimism as instrumental in, and indicative of, human maintenance and the maintenance of personal integrity are thus evident in Nightingale's thought.

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<sup>41</sup> See paragraphs 2.6.3, 6.3 and 6.6.4.2.

## 5.3.2

## VIRGINIA HENDERSON

Of Henderson's 14 basic human needs, number 12 is indicative of maintenance and sustenance of the care-giver's personal integrity, and consequently maintenance, as interpreted by the researcher, namely:

- Work in such a way that there is a sense of accomplishment (12) (Furukawa & Howe 1995:72)

In terms of Maslow's human needs hierarchy this human need is on the level of *esteem needs* (Falco 1995:148). Esteem needs also fit the researcher's prescientific notion of the phenomenon *human maintenance*.

## 5.3.3

## DOROTHEA OREM

Orem's *self-care* concept has not been explicated to the extent that human maintenance can be defined in terms thereof. However, maintenance is implied in the self-care requisites identified by Orem (Foster & Bennett 1995:101-102). Self-care requisite number 8 states:

... human functioning and development within social groups in accord with human potential, known human limitations, and the human desire to be normal. *Normalcy* is used in the sense of that which is essentially human and that which is in accordance with the genetic and the constitutional characteristics and talents of individuals.

Development and movement indicate change and as such form the basis of a concern about direction and outcome, and consequently about maintenance. Maintenance, in this instance, is also represented by the paradoxical phenomenon of a *dynamic equilibrium*.

## 5.3.4

## DOROTHY E JOHNSON

A most striking example of maintenance as viewed by the researcher, at this point in the development of the research, is Johnson's conceptualisation of the *attachment* or *affiliation* subsystem. According to Johnson (Lobo 1995b:129-130) this is the first response system to develop in the individual. The optimal functioning of this subsystem allows *social integration, intimacy and the formation and maintenance of a strong social bond*. Naturally, if this subsystem

is not developed sufficiently, or if it is in any way impaired, caring and the maintenance of a caring concern could be questioned.

### 5.3.5

#### FAYE GLENN ABDELLAH

Of Abdellah's 21 nursing problems the following 7, when projected on the student nurse as care-giver, reflect aspects of human maintenance as perceived by the researcher.

- Identification and *acceptance* of positive and negative expressions, feelings and reactions (12).
- Facilitation of the maintenance of effective verbal and nonverbal communication (14).
- Promotion of the development of productive interpersonal relationships (15).
- Facilitation of progress towards achievement of personal spiritual goals (16).
- Facilitation of an awareness of self (and others) as an individual with varying physical, emotional, and developmental needs (18).
- Acceptance of the optimum possible goals in light of limitations; physical and emotional (19).
- Usage of community resources as an aid in resolving problems (20) (Falco 1995:147).

In terms of Maslow's *Human Needs Hierarchy* items 14, 15, and 16 from Abdellah's list represent the *belonging and love needs*. Items 12, 18, 19, and 20 represent the level of *esteem needs* (Falco 1995:148-149). As with Henderson's 14 basic components of nursing care, Abdellah's 21 nursing problems do not provide for the accomplishment of self-actualisation (Falco 1995:149). However, within the researcher's prescientific conceptualisation of maintenance, self-actualisation itself is best described as being fluid and as being in a state of dynamic equilibrium. This apparent paradox necessarily annuls the concept of *having arrived*, a false feeling of security and antonymous to existentially associated terms such as *strive*, and *becoming*.

### 5.3.6

#### ERNESTINE WIEDENBACH

Wiedenbach identified three essential components for a nursing philosophy:

- a reverence for the gift of life;

- a respect for the dignity, worth, autonomy, and individuality of each human being; and
- a resolution to act dynamically in relation to one's beliefs (Bennett & Foster 1995:182).

All three these components could imply *maintenance*. However, Wiedenbach's main emphasis is on the second component. If this component is projected onto the student nurse as care-giver, the following beliefs about the nurse as a human being and her capacity for maintenance become evident:

- Human beings are endowed with the unique potential to develop within themselves the resources that enable them to maintain and sustain themselves.
- Human beings basically strive towards self-direction and relative independence, and desire not only to make the best use of their capabilities and potentialities but also to fulfil their responsibilities.
- Whatever humans do represent their best judgement at that moment in time.
- Self-awareness and self-acceptance are essential to the individual's sense of integrity and self-worth (Bennett & Foster 1995:182).

All these statements imply a tendency in the individual towards gathering integrity in the sense implied in the guideline<sup>42</sup> for this literature review.

### 5.3.7

#### MYRA ESTRIN LEVINE

In Levine's theory the concepts *adaptation*, *conservation* and *integrity* imply maintenance. For Levine, *adaptation* is the process by which *conservation* is achieved for the purpose of sustaining *integrity* (George 1995c:196).

With regard to adaptation, Levine states that: *One of the most remarkable things about living species is the number of levels of response that permit them to confront the reality of their environment in ways that somehow maintain their well being* (George 1995c:197). Levine continues by saying that adaptation is the *best fit of the person with his or her predicament of time and space*.

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<sup>42</sup> See paragraph 5.1.

Conservation in turn: . . . *defends the wholeness of living systems by ensuring their ability to confront change appropriately and retain their unique identity* (George 1995c:197). Conservation describes how complex systems continue to function in the face of severe challenges; it provides not only for current survival but also for *future vitality* through facing challenges in the most economical way possible (George 1995c:197). This is achieved in four spheres, namely the levels of *energy* of the individual, and the *structural, personal, and social integrity* of the individual. Integrity generally refers to *being in control of one's life . . . to exercise decisions on all matters . . . without apology, indebtedness or guilt* (George 1995c:199). All of these point towards human maintenance.

### 5.3.8

#### MARTHA E ROGERS

The principle of *homeodynamics* contained in Rogers' theory of *Unitary Man* is also similar to what the researcher envisions maintenance to be. Homeodynamics constitute *integrality, resonancy, and helicy* (Falco & Lobo 1995b:131).

There are a constant mutual interaction and mutual exchange between individuals and their environment whereby simultaneous moulding is taking place in both at the same time. This moulding is one of *association* and not of *causality*. Thus, *integrality* is the continuous, mutual, simultaneous interaction process between human and environmental fields (Falco & Lobo 1995b:133). Maintenance is fundamentally expressed by the following terms: continuous, mutual, simultaneous and interaction.

### 5.3.9

#### CALLISTA ROY

The words *adaptation* and *coping* in Roy's theory are almost synonymous with the term maintenance as perceived by the researcher. However, it is Roy's conceptualisation of the *cognator* subsystem of adaptation which best describes what the researcher has in mind. According to Roy (Galbreath 1995:255) the cognator controls processes which are related to higher brain functions of *perception* or *information processing, judgement, and emotions*. Perception, or information processing, is related to the internal processes of *selective attention, coding and memory*.

### 5.3.10 BETTY NEUMAN

Maintenance as perceived by the researcher is reflected by the following propositions from Neuman's nursing theory:

- Each individual client system has evolved a normal range of responses to the environment that is referred to as a *normal line of defence*, or *wellness/stability state*. It represents change over time through coping with diverse stress encounters.
- The individual is a *dynamic* composite of the interrelationships of variables - physiological, psychological, sociocultural, developmental and spiritual. Wellness is on a continuum of available *energy* to support the system in an optimal state of system stability (maintenance).
- Implicit within each individual system is a set of internal resistance factors<sup>43</sup> known as lines of resistance which functions to stabilise and return the individual to the usual state of wellness or possibly a higher level of stability following an environmental stressor reaction (George 1995e:289-290).

### 5.3.11 JOSEPHINE E PATERSON AND LORETTA T ZDERAD

The fact that the Paterson and Zderad theory of Humanistic Nursing is founded on an existential-phenomenological-humanistic approach (Praeger 1995:303) makes it appealing to the present research. Maintenance is inherent in the concept *presence*; the quality of being open, receptive, ready, and available to another person in a *reciprocal* manner.

### 5.3.12 JEAN WATSON<sup>44</sup>

Much of what has been said in this chapter, apart from what is found in nursing theories, is revisited by Watson's ten *carative* factors. When projected onto the student nurse as care-giver, these carative factors clearly show moments of human maintenance as perceived by the researcher. The following carative factors are abstracted for this purpose:

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<sup>43</sup> See paragraph 4.3.2.

<sup>44</sup> Dean of the School of Nursing, Center for Human Caring, University of Colorado, Denver, Colorado USA. Personal vis-a-vis conversations September 1996.

- The formation of a humanistic altruistic<sup>45</sup> system of values.
- The installation of hope<sup>46</sup> and faith.
- The cultivation of sensitivity<sup>47</sup> to one's self (and others).
- The development of helping<sup>48</sup>-trust relationships.
- The promotion of the expression of positive and negative feelings (Talento 1995:319).

## 5.3.13

## ROSEMARIE RIZZO PARSE

The second phase of Parse's relationships of principles, concepts, and theoretical structures of *human becoming* implies human maintenance. According to Parse cocreating rhythmic patterns of relating implies living the paradoxical unity of revealing-concealing and enabling-limiting while connecting-separating (Hickman 1995:342). The term *cocreating* is especially reminiscent of maintenance as perceived by the researcher. It is also the paradoxical unities that necessitate maintenance in the sense of maintaining dialogue and preventing *arrival*.

## 5.3.14

## ERICKSON, TOMLIN AND SWAIN

The tension captured in the concept *affiliated-individuation* in the Modeling and Role-Modeling theory by Erickson, Tomlin and Swain (1983:68) is indicative of maintenance. Of further appeal is the fact that *affiliated-individuation* differs from interdependence in that it is an intra psychic phenomenon and can occur without being reciprocated. Especially in the maintenance of a caring concern, this independence of reciprocation might be consequential. In addition Erickson et al. (1983:70) employ the term *equilibrium* which is also appealing to the researcher and the present research.

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<sup>45</sup> See paragraph 5.2.2

<sup>46</sup> See paragraph 5.2.6

<sup>47</sup> See paragraph 5.2.8

<sup>48</sup> See paragraph 5.2.5

## 5.3.15

GWEN SHERWOOD<sup>49</sup>

Although Gwen Sherwood has not yet constructed a complete theory of maintaining a caring concern, the statements which follow are a preparatory attempt in this direction. With the emphasis place on care and caring as the essence of being in this research, *self* in Sherwood's *basic principles for maintaining self in caring for others* can be replaced by the words *caring concern*. Thus, basic principles for maintaining a caring concern in caring for others.

- Be knowledgeable.
- Value the other as a human presence.
- Be accountable for your actions.
- Be open and creative to new ideas.
- Connect with others.
- Take pride in yourself.
- Like what you do.
- Recognise the moments of joy in the struggle of living.
- Recognise your own limitations.
- Rest and begin anew (in personal conversation with Dr Sherwood.)

## 5.3.16

ANNE BOYKIN<sup>50</sup> AND SAVINA SCHOENHOFER

Several points in Boykin and Schoenhofer's work imply the maintenance of a caring concern. The fundamental premise of their work is that *all humans are caring*. The underlying assumptions are:

- persons are caring by virtue of their humanness;
- persons are caring moment to moment;
- persons are whole or complete *in the moment*;
- personhood is a process of living grounded in caring; and
- personhood is enhanced through participating in nurturing relationships with caring

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<sup>49</sup> Dr Sherwood is an Associate Professor at the School of Nursing, University of Texas at Houston Medical Centre and Adjunct Faculty to the Institution of Religion. (Personal vis-a-vis conversation September 1996.)

<sup>50</sup> Dean of the School of Nursing, Florida Atlantic University, Boca Raton, Florida, USA. Personal vis-a-vis conversation. September 1996.

others (Boykin and Schoenhofer 1993:3).

During personal discussions with Dr Boykin on what is to be done should a person lose his or her caring concern, Dr Boykin was adamant that no person could ever be uncaring or without caring. If she were to rewrite any of her publications, she would never use the word uncaring or *without caring*. She corroborated the researcher's understanding of this statement which is as follows:

From a Heideggerian<sup>51</sup> point of view, no person can be without caring or care, since "having something matter," is the essence of being. Should a person be without caring, he or she falls into an existential vacuum and nihilistic abyss (to use Frankl's words). One should, however, understand that to have something matter is in itself neither ethical/moral nor unethical/immoral. The caring we usually refer to is doing what is "good" and "right." Thus, whatever a person does can be seen as an attempt to maintain personal integrity and is a reflection of "something that matters." We are, however, compelled to guiding that "something that matters" in an ethical direction. All helping professions are, within their specific sphere of interest, ultimately involved in guiding the essence of being, - that is care - into a specific ethical and moral direction. This fundamentally spells socialisation and education - learning humans to be human. Nurses do this in the field of health and personal experience amidst a whole array of medical, technological and scientific procedural interventions.

One should clearly understand that, as Dr Boykin put it during our conversations: *Our assumption that all persons are caring does not require that every act of a person is necessarily caring*. Considering the present interest in the maintenance of a caring concern, this concern also takes on a regard for optimising instances of caring acts.

The following statements from the work of Boykin and Schoenhofer imply maintaining, regaining, nurturing, and discovering a caring concern :

- As we learn to live fully, with each of these (caring) experiences *it becomes easier to allow self and others the space and time to develop innate caring capabilities and authentic being* (Boykin and Schoenhofer 1993:7).
- . . . *one continues to grow in caring competency, in fully expression self as caring* (Boykin and Schoenhofer 1993:22).
- In the fullest sense, nursing (caring) cannot be rendered impersonally, but must be offered in a spirit of *being connected* in oneness (Boykin and Schoenhofer 1993:36).
- While all nurses may have (or at least may have had) a sense of self as caring person,

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<sup>51</sup> See Chapter 2. "Care" as the essence of being.

practising within this theoretical framework [the caring curriculum at FAU<sup>52</sup>] requires a *deliberate commitment to developing this knowledge* (Boykin and Schoenhofer 1993:45).

- . . . the nurse may not be fully aware of self as caring person until stories (experiences) are *articulated* and *shared* (Boykin and Schoenhofer 1993:49).
- The process of knowing other and self as caring is lifelong (Boykin and Schoenhofer 1993:81). (My italics.)

#### 5.4 SUMMARY

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**TABLE 5.3 SUMMARY OF PRESCIENTIFIC MANIFESTATION OF ANTECEDENTS  
OF THE OBJECT OF INTENTION AS REFLECTED BY  
SELECTED CONSTRUCTS**

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Ability	General moral belief system	Self-impregnating nature
Adjustment of expectations	Goal orientedness	Self-confidence
Altruism	Healthy psyche	Self-sustaining
Attachment	Help (and helping)	Self-boundaries
Attentiveness	Honesty	Self-concept
Authentic presence	Illusion	Self-disclosure
Awareness of:	Internal locus of control	Self-esteem
* human incompleteness	Listening skills	Self-regulation
* human relatedness	Love	Sense of obligation
* uncertainty of direction	Maturity	Sense of being lucky
* suffering and healing	Meaningfulness	Setting of personal boundaries
Caring	Moral predisposition	Spirituality
Commitment	Motivation	Stressful stimuli
Compassion	Motive	Supportive relationships
*essentially started at home	Mundane activities	System of moral values
*modelling of compassion	Non-judgementalness	Truth
* tutoring compassion	Optimism	Uncertainty
* reward compassion	Other directedness	Unconditionality
* punishing lack of compassion	Perceptiveness	Unrealism
Connectedness	Pivotal life events	Unresolved personal issue
Courage	Positive personal attributes	Uplifting energy
Desire	Potential	Vicarious experiences
Empathy	Principled moral reasoning	Willingness
Energy	Probability of success	Wisdom
Expectation	Prosocial values	
External sources	Religious orientation	
Flexibility	Self-knowledge	

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<sup>52</sup> Florida Atlantic University, Boca Raton, Florida, USA.

**TABLE 5.4 SUMMARY OF PRESCIENTIFIC MANIFESTATION OF ATTRIBUTES  
OF THE OBJECT OF INTENTION AS REFLECTED BY  
SELECTED CONSTRUCTS**

Acting unconditionally	Idealism	Self-identity
Activity	Insight	Self-actualization
Adaptability	Imaginative role-taking	Self-significance
Adjustment of expectations	Imaginative perceptiveness	Self-confidence
Affection	Integration	Self-affirmation
Affirmation of being	Integrative energy	Self-transcendence
Altruism	Integrity	Self-sacrifice
Answers a calling	Interaction	Self-love
Anticipation	Interest in others	Self-confidence
Appreciation	Introspection	Self-acceptance
Aspiration (not an obligation)	Intuition	Selflessness
Authenticity	Love	Sense of competence
Authorship	Material values	Sense of control over situations
Autonomy	Meaning and purpose in life	Sense of relatedness
Awareness of being	Mission in life	Sense of competence
Awareness of the tragic	Morality	Sense of vocation
Awe	Non-anticipation of rewards	Sense of objectivity
Becoming vulnerable	Non-egoistic	Sensing
Belief in God	Non-judgemental	Sensitivity
Belief systems	Non-selective	Sharing
Benevolence	Not self neglecting	Situatedness
Benevolence	Not codependent	Sociability
Broadened life perspective	Not manipulative	Social acuity
Caring	Openness	Social intelligence
Charitability	Optimism	Spirituality
Cognitive reframing	Paradoxical living	Spontaneity of considered response
Commitment	Passion	Stable personality factor
Communication	Perception	Striving
Compassion	Persistence	Strong sense of justice
Concern for other	Personal involvement	Sympathy
Confidence	Positive outcome expectancies	Time orientation:
Connectedness	Problem solving	* past
Consideration	*goal setting	* present
Courage	*awareness of the cost of not	* future
Creative energy	achieving the goal	* enhanced the present
Creativity	*planning	* temporary orientation towards the
Destiny to fulfil	*assessment, selection of internal	present
Discomfort	and external resources to achieve	Transcendence of presence
Dynamic inner power	the goal	Transcendence
Emotionality	*reevaluation and revision of the	Trust
Empathy	plan	Uncertainty
Energized mental state	Prosociality	Understanding
Energy	Reaching out beyond self	Uneasiness
Excellence of character	Reason	Unselfishness
Expanding self-boundaries	Receptivity	Values systems (identifiable)
Expectancies	Reflection	Voluntariness
Faith	Relatedness	Wisdom
Filled <i>existential vacuum</i>	Relationship to God	Wonder
Generosity	Relationships with others	Yearning
Help (and helping)	Responsibility to life	
High ideals	Responsibility	
Hope	Responsivity	
Humanistic values	Reverence	
	Satisfaction	

**TABLE 5.5 SUMMARY OF PRESCIENTIFIC MANIFESTATION OF *OUTCOMES*  
OF THE OBJECT OF INTENTION AS REFLECTED BY  
SELECTED CONSTRUCTS**

Assuredness	Growth	Rising above realm of the material
Authenticity	Healing	Self-esteem
Authorship	Holism	Self-transcendence
Awareness of being.	Hope	Self-love
Beneficence	Hopefulness	Self-definition
Caring	Increased morality	Self-identity
Compassion	Integrity	Self-transcendence
Confidence	Internal human harmony	Sense of meaning
Consciousness	Mental health	Sense of connectedness
Coping	Optimalisation	Sense of relief
Counteracting of helplessness	Overcoming of egoism	Sense of vital attachment to broader humanity
Discernable effect upon	Patience	Sense of rightness
* one's relationship to self	Peace	Sense of <i>we-ness</i>
* others	Perceived competence	Sense of identity
* nature	Persistence	Sense of well-being
* life	Personal growth	Sense of wholeness
* the Ultimate	Personality integration	Sense of personal competence
Dispelling bad moods	Positive moods	Significance
Equality	Problem-solving	Social integration
Equanimity	Prosperity and happiness	Solidarity
Feeling of self-efficacy	Psychological well-being	Stress reduction
Feeling of self-worth	Relaxation	
Feelings of connectedness		

**TABLE 5.6 SUMMARY OF PRESCIENTIFIC MANIFESTATION OF *CORRELATES*  
OF THE OBJECT OF INTENTION AS REFLECTED BY  
SELECTED CONSTRUCTS**

Acceptance	Help and helping	Prosociality
Altruism	Hope	Psychological well-being
Authenticity	Human existence.	Relationality
Being	Idealism	Salutogenesis
Care	Lay caring	Self-concept
Compassion	Locus of control	Self-regulation
Courage	Love	Sense of coherence
Efficacy	Meaning in life	Social intelligence
Empathy	Morality	Spirituality
Enactive attainment	Optimism	Transcendence
Faith	Peak experiences	Transpersonal psychology
Fortigenesis	Personal control orientations	Well-being
General resistance resources	Personality	Will
Generic caring		

## 5.5

### CONCLUSION

In this chapter the findings of the literature review on concepts indicative of human maintenance were reported. These concepts were selected on the basis of the researcher's *pre-scientific* understanding of the phenomenon *maintenance* and are from the fields of psychology, sociology, philosophy and nursing theory. The topics are discussed according to antecedents, attributes, outcomes and correlates. The importance of each of the chosen concepts regarding the present research was also indicated. Summaries of each of these issues were given in qualitative fashion. A final phenomenal definition follows in the conclusion to Section C

## CONCLUSION TO SECTION C

In this section the researcher gave an explication of his *pre-scientific* understanding of the phenomenon *caring* and *maintenance* (human maintenance). Indications supporting a concern about maintenance were also pursued which served to further substantiate the problem statement of the present research.

The following aspects regarding the concepts included in the literature review are especially noteworthy:

- Care (caring), will and meaning form an inseparable existential trinity.
- The concepts included in the literature review proved to have implications regarding the ontology, methodology, and in some instances, the epistemology involved in the present research.
- Due to the holomic nature of the human condition, definite demarcation of antecedents, attributes and outcomes, in some cases, were extremely difficult. The problems of definite demarcation and overlap are also illustrated by the correlates that were identified. These correlates give an indication of topics, concepts and phenomena to which any of the chosen concepts are directly or indirectly, via other concepts, related.

Finally, after much deliberation, the researcher's pre-scientific<sup>53</sup> understanding of the phenomenon *human maintenance* is expressed in the following phenomenological description:

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<sup>53</sup> See footnote 34, paragraph 2.6.2 and footnote 4, paragraph 4.2.

**PHENOMENOLOGICAL DESCRIPTION:  
THE RESEARCHER'S PRESCIENTIFIC UNDERSTANDING OF THE CONCEPT  
MAINTENANCE**

*Human maintenance is a meaningful, continuing, self-impregnating process of humanity, of inward and outward expansion of boundaries of authentic being through self-transcendence by which humanity and meaning are bestowed upon, and revitalised within, self and others, continuous with the flow of living<sup>54</sup>. Human maintenance, by its very nature, is caring.*

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<sup>54</sup> *Living, not life! Life is something out there. Living is an existential and experiential quality of being.*

*SECTION D*  
*THE RESEARCH ACT:*  
*DISCLOSURE OF*  
*THE OBJECT OF INTENTION*

## ORIENTATION TO SECTION D

Since existential-phenomenological psychology attempts to account for the fullness of human life by reconceiving psychology on properly human grounds, it sets aside the natural science model in favour of a *human science* model. Consequently, our privileged access to meaning and experience is not numbers, but rather perception, cognition and language. This suggests that the way for psychology to comprehend human behaviour and experience, as it is actually lived in the everyday social setting, is to begin by soliciting descriptive accounts of our experiences in such settings (Von Eckartsberg 1986: 2). This is the starting point for existential-phenomenological psychology - the arena of everyday life action and experience (*experiaction*<sup>1</sup>).

Naturally, *experiaction* does not stand still, waiting for us to study it. Like time itself, life is forever streaming on and changing. Fortunately, by way of articulation and reflection we can preserve our *experiaction* as narrative, as *life-text*, and even submit it to rigorous and systematic investigation. While we live more than we can say, we can express more than we usually do if we make the effort, and nothing prevents us from describing our *experiaction* more carefully. With our ability to observe, remember (recall), report, and reflect on both our own and on others' experience and action, we have a rich source of materials from which to build a truly human science psychology (Von Eckartsberg 1986: 3).

With reference to the above, this section reports on the way in which the object of intention, the research topic, was revealed or disclosed. As such, this section comments on the operationalisation of the methodology<sup>2</sup> through the research act. As a general guideline, the reader should note the following:

- As the phenomenon under study resided in informants' experience, both suitable (purposive) informants and the research topic (maintenance of a caring concern) had to be disclosed. Since the research (guiding) question explicitly implies persons who are

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<sup>1</sup> Husserl has given us the metaphor of "life-world" (everyday life action and experience) to this term (Von Eckartsberg 1986:2).

<sup>2</sup> See paragraph 1.10.

caring and who experienced self as being caring, informants were selected according to their performance on the Personal Orientation Inventory (POI), a scale measuring self-actualisation in existential terms. Initially, informants were also selected according to experiential descriptions of individual experiences of being caring, however, this practice was later discontinued due to high informant mortality at this phase of sampling for informants.

- A formal interview setting was created which to some extent decontextualised the object of intention during the research. Consequently, this qualitative study is not a naturalistic<sup>3</sup> study, both informants and the setting were engineered (manipulated) or purposefully selected.
- The linguistic nature of the data called for formal unstructured qualitative interviews as data collection technique. Regarding data analysis, this necessitated interpretation and reflection which resulted in:
  - using Wertz's empirical psychological reflection to arrive at individual psychological descriptions
  - ultimately, using open and axial coding, combined with comparative data analysis and theoretical sampling of literature to arrive at, and clarify, phenomenal descriptions of the object of intention.
- Due to the above, this study is *not* totally value free.

The arrangement of this section is as follows:

- Chapter 6: Sampling, reliability (appropriateness), validity (adequacy), and ethical issues.
- Chapter 7: Data gathering according to the unstructured, formal qualitative research interview.
- Chapter 8: Data analysis: Wertz's empirical psychological reflection.

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<sup>3</sup> *This term refers to the natural setting, the setting of everyday life, experience and living - experiaction. Not to be confused with "natural" as pertaining to the natural sciences.*



# CHAPTER 6

## DISCLOSURE OF THE OBJECT OF INTENTION: THE RESEARCH DESIGN: SAMPLING, RELIABILITY, VALIDITY, AND ETHICAL ISSUES

*A scientist always works within a frame  
of presuppositions,  
some of which may be made explicit,  
but many of which remain unconscious.  
It is not possible to be a completely neutral observer,  
a mere recorder of facts and events,  
which would be what a presuppositionless science requires.  
(Kistner 1990:59)*

### 6.1 INTRODUCTION

According to Wertz (1984:35): *Based on the preliminary identification<sup>4</sup> of the phenomenon, the researcher extends his selective powers to a bestowal of privilege on certain subjects, situations, and descriptions in manifesting the phenomenon for research [My emphasis].* As Freilich (1977:257) puts it: *The researcher . . . 'engineers' people and situations to get the type of data required by the study.*

Sampling inevitably involves moving away from the lived world's fullness, the multiple manifestations of the phenomenon, and the imposition of limits on the researcher's perspective. However, an implicit wisdom attempts to preserve the phenomenon within its lived world

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<sup>4</sup> See Section C, Chapters 3, 4, and 5.

context(s); the phenomenon *shows itself from itself*, it does so in answer to the researcher's choices (Wertz 1984:35).

The diversity of *subjects* (informants), *situations* and *data* utilised in phenomenological research, and empirical reflective research, testifies to the lack of *a priori* procedures in sampling. Nonetheless, general principles can be detected in these choices such as:

- a *telos* of a disciplined naivete; and
- a critical openness which *makes* unknown features of the phenomenon *available* for research (Wertz 1984: 35).

These result in the *informants*, *situations*, and *data*, which will be most valuable for the research, being co-determined through a dialectical process that occurs between the research interests (Chapters 1, 2, and 3), the eidetic sense of the phenomenon (Chapters 3, 4, and 5), and the possibilities of its manifestation in the lived world (Chapters 6, 7, and 8).

## 6.2 SAMPLING

### 6.2.1 SAMPLING FOR INFORMANTS

Based on the literature on the erosion of caring in the educational setting<sup>5</sup> it is hardly conceivable that any student nurses could be caring in the colloquial sense of the word. However, the researcher departed from the assumption that some still do. To identify these informants, the researcher set out on a rather elaborate process of purposeful sampling informants to be included in the present study.

As Wertz (1984:35) puts it, the researcher considers the diversity of informants in the lived world in relation to the phenomenon under study in the light of his interest and makes choices by discerning the reference of the latter (researcher's interests) to the former (informants). Thus, *some subjects rather than others are utilised for manifesting the phenomenon* (Wertz 1984:35).

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<sup>5</sup> See paragraph 1.5.2.2.

The minimal criterion for the selection of informants is whether the potential informant has, or can develop, some illuminating relation to the phenomenon. The researcher may consider the subjects' specific way of relating to (living through, avoiding, or being capable of) the phenomenon. In this instance the researcher, during the present research, selected informants for participation in the study, firstly on the grounds of their performance on the Personal Orientation Inventory (POI), and secondly (initially), on the grounds of their experience of being caring as portrayed by individual experiential descriptions of this experience.

It is sometimes also suggested that highly verbal informants are desirable, however, it should not be assumed that the less articulate do not precisely express their own style of experiencing a lived reality (Wertz 1984: 36). During the present research no distinction was made between these two pseudo groups.

Criteria for the number of informants to be included in a study can be based on several aspects related to the subjects, the situation and the data; the whole phenomenon. During the present research, potential informants were identified as those scoring higher than the average for the group on the Personal Orientation Inventory (POI)<sup>6</sup>. However, this was coupled with the analysis achieving a stable articulation unchanged by the addition of new data from subjects (Wertz 1984: 36). Thus, in general qualitative terms, subjects were selected to the study until *saturation*<sup>7</sup> was reached. This resulted in 19 informants being selected and 17 being interviewed, all from the higher echelons.

#### 6.2.1.1

##### **Phase One: Sampling according to the Personal Orientation Inventory (POI)**

Using questionnaires and numeric measurements to select informants during a qualitative study should not be seen as method slurring or as mixing two incompatible research paradigms. The results obtained through administering the POI questionnaire were not used to a quantitative end; to establish cause-effect relationships pertaining to the research phenomenon, or to test and

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<sup>6</sup> See discussion paragraph 6.2.1.1.8.

<sup>7</sup> This term is used with the necessary caution as phenomenologists presume that everything about a phenomenon cannot be known.

validate hypotheses with a given statistical probability (Parse, Coyne and Smith 1985: 4).

The rationale underlying the use of the POI is, in reversed fashion, firmly vested in the linguistic epistemology resulting from an existential-phenomenological methodology. As Von Eckartsberg (1986:16) states, the existential-phenomenological approach to psychology proceeds on the assumption that identically named experiences refer to the *same* reality in various subjects. Van Kaam (Von Eckartsberg 1986: 17) puts it as follows:

... If we collect descriptions (of a named, i.e., linguistically specific experience) then we have to assume that others are focusing their attention on the same kind of experience, that we are when we describe our experience. This statement is founded on the supposition that experience, with all its phenomena, is basically the same in various subjects.

This also means that if we *give* descriptions of a named, i.e. linguistically specific, experience, it will be understood, broadly, as the same experience by others. The statements contained in the POI questionnaire represent linguistically specific experiences. Informants' responses to these statements therefor reflect the individual informant's perception and acknowledgement/denial of these selective issues as they pertain to self. The POI does not contain any Likert scale like responses, but merely expects the respondent to choose between two alternatives contained in 150 paired statements. The respondent is thus merely to indicate the absence or presence of an experience with reference to self.

#### **6.2.1.1.1 Assumptions**

To understand the argument for the use of a quantitative measuring instrument at this point of the present qualitative research instrument, the following assumptions should be kept in mind in addition to the one quoted above:

- Man is self-aware
- Language or words, in a broad sense, have relatively the same meaning to different people
- The more homogeneous the population, the less variation in the meaning of linguistic symbols (language)
- Attributes or phenomena of personal and existential nature can be identified, differentiated from one another, abstracted, and reflected upon

- Individuals can judge the presence of named experiences and attributes within self and as qualities of self

#### 6.2.1.1.2

##### *Description of the instrument:*

The POI measures self-actualisation in individuals. In South Africa, the POI is classified as a Level C psychometric instrument. Legally, only registered psychologists may interpret the results hereof. These tests may also not be published or reproduced in any form. For this reason the test per se is not contained in the appendices. However, the test was administered under the auspices of a registered psychologist. A statement to this effect is contained in appendix 2. Appendix 3 and appendix 4 contain respondents' consent and the answer sheets which respondents had to complete.

Although not measuring caring per se, some attributes of caring are included in the scale, and it definitely, by definition at least, identifies codependent tendencies in terms of an overall low score on all the sub-scales contained in the POI.

The POI consists of 150 two-choice comparative-value-statement items reflecting values and behaviour of self-actualisation (Knapp 1976: 2). Since scale scores are *normative* rather than *ipsative*, with scores on one scale in general not being dependent upon responses to another scale, Shostrom (Knapp 1976:3) maintains that the POI is **not** a forced choice instrument - an aspect appealing to anyone undertaking qualitative research. The POI is further appealing to the present research as the researcher could select any combination of the sub-scale to engineer a purposeful sample without muddling with the psychometrics of these sub-scales.

Scales included in the POI are: Time-Competence, Inner-directedness, Self-actualising value, Existentiality, Feeling Reactivity, Spontaneity, Self-Regard, Self-Acceptance, Nature of Man-Constructive, Synergy, Acceptance of Aggression, and Capacity for Intimate Contact (Shostrom, Knapp & Knapp 1976:34-35).

*Self-actualizing value (SAV)* measures the affirmation of primary values of self-actualising people. The high score indicates that the individual holds and lives by the values characteristic

of self-actualising people, while low scores suggest the rejection of such values. Items compiling this scale cut across many characteristics.

**Existentiality (Ex)** measures the ability to situationally or existentially react without rigid adherence to principles. Existentiality measures one's flexibility in applying values or principles in one's life. It is a measure of one's ability to use good judgement in applying general principles. Higher scores reflect flexibility in the application of values, while low scores may suggest a tendency to hold to values so rigidly that they become compulsive or dogmatic. In this regard Pribram (Gendron 1990:280) describes caring as a context sensitive behaviour: *Caring for someone is not so much doing something as doing it at the right time in the right place, when needs are felt and communicated.*

**Feeling Reactivity (Fr)** measures sensitivity or responsiveness to one's own needs and feelings. A high score indicates the presence of such sensitivity, while a low score suggests insensitivity to these needs and feelings. Sensitivity towards self and others is also an issue in both caring and codependence. Care-givers should be sensitive to their own needs. The whole issue of self-awareness is touched hereby. This sensitivity should also be portrayed by the researcher as part of his reactivity analysis framework<sup>8</sup>. For this reason the researcher also completed the POI<sup>9</sup>.

**Spontaneity (S)** measures freedom to react spontaneously, or to be oneself. A high score measures the ability to express feelings in spontaneous action. A low score suggests that one is fearful of expressing feelings behaviourally. Naturally, this ability does not only have bearing on interpersonal relationships in general, but is of vital importance in interviewing - selecting an informant that is candid and responsive.

**Self-regard (Sr)** measures affirmation of self because of worth or strength. A high score measures the ability to like oneself because of one's strength as a person. A low score suggests feelings of low self-worth. This characteristic is important as far as the qualifying phenomenon

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<sup>8</sup> See paragraph 6.6.6 and appendix 9 and 10.

<sup>9</sup> The result of this venture was rather disturbing and cautioned the researcher to much more discretion during each stage of the research process.

caring and its counterfeit codependence are concerned. As indicated in chapter 3<sup>10</sup>, codependence is based on low self-esteem. Informants who obtain high scores on this scale would probably be less inclined towards codependent and oppressive behaviour.

*Self-Acceptance (Sa)* measures the affirmation or the acceptance of oneself in spite of one's weaknesses or deficiencies. A high score suggests acceptance of self and weaknesses, and a low score suggests inability to accept one's weakness. This gain is closely associated with the distinction between a codependent and a non-codependent person.

*Nature of man - Constructive (Nc)* measures the degree of one's constructive view of the nature of man. A high score suggests that one sees man as essentially good and can resolve the good/evil, masculine/feminine, selfish/unselfish dichotomies in the nature of man. A high score, therefore, measures the self-actualizing ability to be synergetic in one's understanding of human nature. A low score suggests that one sees man essentially as bad or evil. Viewing caring as an ethic, doing what is "right" and "good" and doing this to people unconditionally, compels one to such a synergetic understanding of human nature. Also, believing that man is inherently good implies that man is inherently capable of doing good. Caring is a prime example of such human excellence. The respondent that believes in self as inherently good will more likely involve self in good and helping acts such as caring acts.

*Synergy (Sy)* measures the ability to be synergetic; to transcend dichotomies. A high score is a measure of the ability to see opposites of life as meaningfully related. A low score suggests that one sees opposites of life as antagonistic. When one is synergistic, one sees that work and play are no different, that lust and love, selfishness and selflessness, and other dichotomies are not really opposites at all.

In terms of Van der Wal's (1992:275) definition of caring as balancing the existential contradictions of man's life, this characteristic becomes even more important. Synergism might also be important in viewing caring as an extension of one's personal life, not something apart from it which might erode the *rest*, or be eroded by the rest, of one's existence.

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<sup>10</sup> See paragraph 3.6.

*Acceptance of aggression (A)* measures the ability to accept one's natural aggressiveness - as opposed to defensiveness, denial, and repression of aggression. A high score indicates the ability to accept anger or aggression within oneself as natural. A low score suggests the denial of such feelings. Defensiveness, denial and repression are hallmarks of codependence and not of the caring inclined person. Informants with high scores on this scale thus reflect more acceptable characteristics than those with low scores on this scale.

*Capacity for Intimate Contact (C)* measures the ability to develop *contactful* relationships with other human beings, unencumbered by expectations and obligations. A high score indicates the ability to develop meaningful, *contactful*, relationships with other human beings, while a low score suggests that one has difficulty with warm interpersonal relationships. This, again, contrasts caring and codependence. Respondents scoring high on this scale again will be preferred informants.

#### 6.2.1.1.3

##### *Reasons for selecting the POI*

In addition to the researcher's previous involvement with the POI<sup>11</sup>, this instrument was also selected because the scales contained in the POI are based on the most important characteristics of self-actualisation as proposed by the *humanistic existential* personality theories of Maslow, Rogers, Perls, Ellis, Glaser, and others (Cilliers 1984: 232). The POI is compiled for measurement of values and conduct which may be of profound importance in the development of a self-actualised person. Robbins (1992:30) considers the POI *still as a well designed measure of Maslow's conceptualisation of self-actualisation*.

The preliminary manifestation of the object of intention<sup>12</sup> implies self-actualisation and self-care. However, mention was also made of the counterfeit to caring, namely, codependence. Although the POI measures neither caring nor codependence per se, this instrument does give an indication of some aspects related to these phenomena. As codependence implies lack of optimisation of the personal potential to growth (Van der Wal 1996:92-101), lack of self-actualisation, in

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<sup>11</sup> See Van der Wal (1992:92-101)

<sup>12</sup> See Section C, Chapters 3, 4 and 5.

existential terms, is implied. As the etiology of codependence is related to low self-esteem (Zerwekh and Michaels 1989:111), the self-perception scale on the POI, which measures self-regard and self-acceptance, indicates a tendency towards this phenomenon. Care and caring orientations are most strongly identified by the Capacity for Intimate Contact scale. Naturally, with *Care* taken as the essence of being, and the premium put on caring as an ethic, human self-actualisation is implied by care and caring, as is meaning in life<sup>13</sup>.

In addition to these issues, the following advantages as listed by Fogarty (1994:435) make the POI appealing to the present research:

- The POI takes only 30 minutes to complete;
- It is a self-report inventory that taps positive aspects of personal functioning rather than negative or pathological aspects. This is especially appealing to the present research as, as indicated earlier, within the existential foundation of the research, questions about existence, existentiality and meaning in life are not indicative of psychological pathology but of human involvement in the immanent signification of their lives.
- The POI is resistant to the effects of response bias. Socially desirable responses are not obvious and research indicates that subjects find it difficult to respond in such a way as to *be making a good impression*.

#### 6.2.1.1.4

##### *Interpretation of the POI*

According to Cilliers (1984: 237) the twelve sub-scales of the POI give a combined image of the individual's self-actualisation. However, these scales must be interpreted individually. This is facilitated by the fact that scale scores are *normative* rather than *ipsative* with scores on one scale in general not being dependent upon responses to another scale (Shostrom as cited in Knapp 1976:3). High scores on the individual scales indicate that the specific aspect of self-actualisation is strongly present in those individuals, and vice versa (Cilliers 1984: 237).

#### 6.2.1.1.5

##### *Reliability and validity of the POI*

Reliability and validity indices for the South African milieu could not be obtained. The same is

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<sup>13</sup> See paragraph 3.4.

reported by Cilliers (1984:237) and confirmed by Cilliers in personal conversation with the assurance that attempts towards the standardisation of this scale in the South African context is in progress. However, the creators of the POI supply strong evidence to this effect obtained from research conducted in America and elsewhere. Some of these results follow.

In order to establish the instrument's predictive validity, an attempt was made to see if the POI actually measured self-actualisation as observed by therapists (Shostrom, Knapp & Knapp 1976: 36). The Self-Regard scale and the Self-Acceptance scale were among those which discriminated significantly in this test for validity (Shostrom et al 1976: 36).

In addition, Fox, Knapp and Michael (Shostrom et al 1976: 37) pursued the hypothesis that hospitalised psychiatric patients would represent a non-actualising population. This sample scored significantly lower on all the POI scales than the normal adult samples reported in earlier studies by Shostrom. Moreover, in relating changes in POI scores to changes of Actualising Therapy, Shostrom and Knapp found that all POI scales significantly differentiated a sample of out-patients who were only just started therapy from those in advanced stages of psychotherapy (Shostrom et al 1976: 36).

In a study by Knapp, the Eysenck Personality Inventory (EPI), which measures neuroticism, correlated negatively with self-actualisation as measured by the POI (Shostrom et al 1976: 38). The POI was also tested against several other measurement scales to establish its predictive validity, namely the Comrey Personality Scales, the Guilford-Zimmerman Temperament Survey, and the Sixteen Personality Factor Questionnaire. To some extent, all supported the previous findings (Shostrom et al 1976: 40).

Tests for construct validity, the degree to which an instrument measures what it is supposed to measure, were also conducted, with varying degrees of significance between scales in the POI (Shostrom et al 1976: 40-42).

More recently, Fogarty (1994:435) states that the POI continues to be a useful measuring instrument. The following are some of the more recent implementations of the POI on which the

researcher could lay his hands:

- Robbins (1992:29-35) found a significant correlation between various of the POI sub scales and the Templer/McMordie Death Anxiety Scale and a self constructed Self Efficacy scale.
- In a study on the mediation of gender schemata between sex role identity and self-actualisation, Faulkender (1991:1019-1029) established significant and near significant main effects for sex-role on the following sub-scale of the POI: Inner directedness, Self-actualising value, Feeling reactivity, Acceptance of aggression, and capacity for intimate contact (Faulkender 1991:1022).
- Sheffield, Carey, Patenaude & Lambert (1995:947-956) in a study on the relationship between interpersonal distress and psychological health used the POI in conjunction with the Inventory of Interpersonal Problems (IIP). Subjects' scores on the IIP correlated significantly with the following sub-scales on the POI: Inner-directed support, Time competence, Capacity for intimate contact, Acceptance of aggression (Sheffield et al. 1995:952).
- Lewis (1996:59-64) implemented both the POI and the ROSY (Reflections of Self by Youth Scale) in a study on self-actualisation in gifted junior high school students. Findings indicate that only on the Time competence scale of the POI the mean was slightly lower than the mean score for students, while on the Inner directed scale, there was no mean difference.

Descriptive statistics relating to the present administration of the POI are contained in appendix 8. No advanced inferential statistics were conducted during the present study as this would serve little, if any, purpose. The literature support given above is regarded as sufficient support for using the POI to the effect that it has been used in the present study.

#### **6.2.1.1.6**

##### ***Administering the POI questionnaire***

The questionnaires were administered to volunteer respondents in a formal classroom setting. Each respondent was supplied with a booklet in which the dual paired statements were contained. The instructions for the completion of the test were read to the respondents. The whole procedure was conducted under supervision. Respondents were not allowed to confer on any responses with

one another. Clarification was given whenever a respondent required such clarification.

The questionnaires were administered to 58 respondents from four different hospitals, representing both urban and rural areas, at a nursing college. Biographical details are presented in Table 6.1.

<b>TABLE 6.1 INFORMATION ON THE ADMINISTRATION OF THE POI</b>	
Total test number administered	58
Tests spoiled*	3
Total tests calculated	55
1st Year students	47
4th Year students	8
Female African	2
Female Non-African	45
Male African	3
Male Non-African	5
Average age	21
Range of age	18-37

\* Either tests were not fully completed or more than 10 pairs of items were left unanswered or both items forming a pair were indicated as applying to the respondent.

#### **6.2.1.1.7**

##### ***Calculating the results of the POI***

The POI questionnaires come with a computer program which simplified the calculation of scores on the different scales tremendously. The results are contained in appendix 7 (raw scores and selection of informants), and appendix 8 (descriptive statistics).

#### **6.2.1.1.8**

##### ***Criteria for the selection of informants:***

Initially the researcher thought about selecting only those respondents that scored equal to or

higher than the upper limit (21.49) of the average variability<sup>14</sup> for the group. This would have constituted an elite group. However, only five respondents met this stringent criterium. This is understandable in the light of a SD = 2.67 (appendix 8). The next logical criterium would have been to select those respondent that scored higher than the average (18.82). This would have left the researcher with 29 informants. These were considered potential informants. Research interviews were eventually conducted with 17 of these informants from the *upper echelon*, that is, all with scores falling in the range of scores higher than the upper level of the average variability (21.48) and the average (18.82). That is scores equal to or higher than 20.11 ( $[(18.82+21.48) \div 2]$ ) (appendix 7).

#### 6.2.1.1.9 *Population*

The maximum population from which respondents could have been drawn includes all nursing students in South Africa. However, the sample was selected from a convenience sample of available nursing colleges, students, and hospitals.

#### 6.2.1.1.10 *Number of informants*

As indicated in Appendix 7, 19 informants were selected for the present research. Details about these informants are contained in table 6.2.

TABLE 6.2 INFORMANTS SELECTED ACCORDING TO PERFORMANCES ON THE POI	
Number selected	19
Informant mortality	2
Interviews conducted	17
African females	2
Non-African females	14
African males	0
Non-African male	1

<sup>14</sup> The area of dispersion reaching from the level of the average minus the SD to the level of the average plus the SD.

### 6.2.1.2

#### Phase Two: Sampling according to experiential descriptions

The intention of this phase was to further engineer an informant sample according to informants' descriptions of the experience of being caring. The intention was to:

- create self awareness within potential informants of self as being caring;
- define the experience of being caring; and
- establish consensus as to what caring entails.

Despite the guidelines and questions that were provided to guide informants, they found the exercise in solitary introspection very difficult. Consequently some informants did not return their description. They were, however, willing to continue with the interviews. The five (5) descriptions of the *experience of being caring* that had been returned were analysed before these informants were interviewed. It was found that the experience of being caring and a definition of caring could also be abstracted from interview data. The researcher also had the opportunity to negotiate fundamental concepts (caring and maintenance) with informants during the interviews. For these reasons the researcher decided to discontinue the use of experiential descriptions as a parameter for informant selection.

### 6.2.2

#### SAMPLING OF SITUATIONS

Three considerations are of utmost importance when engineering a situation from which data will be collected, namely:

- the best manifestation of the phenomenon;
- methodological criteria; and
- ethical considerations.

According to Wertz (1984: 37), the researcher exerts his presence most strongly when he constructs the situation in which the research is conducted, however, the researcher may also allow subjects to choose a situation in response to an open-ended question such as: *describe the situation in which you experienced the phenomenon under study*. It is clear that the *situation* does not ultimately refer to the physical area in which the data are collected but to informants associative reflection. Based on the theory of "environmental association" (Wertz 1984:38), it

is not denied that collecting data in the actual setting, in which the experience of being caring is most vividly remembered, could contribute to a more complete recollection. However, it is hardly conceivable that the actual situation in which being caring was experienced could be recreated physically as the human involvement and experience of that specific moment cannot be recreated physically, but only by reflection. In the absence of such human involvement the original physical situation might even be experienced as repulsive (e.g. the scene of a road accident).

To reiterate Von Eckartberg's (1986:3) view: *Fortunately, by way of articulation and reflection we can preserve our experience as narrative, as life-text, and even submit it to rigorous and systematic investigation.* This statement qualifies the use of the **formal** open qualitative interview, leaving the informant at this point in time to submit her *life-text* to her own rigorous and systematic investigation (in a formal setting).

For further reference to the *methodological issues* pertaining to the situation (setting), namely:

- the extent to which the situation provides for the manifestation of the phenomenon;
- the degree to which it fulfils special requirements of the research interest (e.g. generality and practicality); and
- the degree to which it is accessible to the preferred mode of data collection (Wertz 1984: 37),

the reader is referred to the section on the evaluation of samples<sup>15</sup> and to the formal unstructured qualitative research interview<sup>16</sup>.

### 6.2.3 DATA SAMPLING

#### 6.2.3.1 Direct empirical data

Data may refer to many different matters in the research situation (e.g., things, other people, the subjects' goals, past, behaviour, etc.) and may be generated from different points of view such as the informants' own, or others' simultaneous, and/or retrospective, points of view. The data

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<sup>15</sup> See paragraph 6.2.4.

<sup>16</sup> See Chapter 7.

used in Reflective Empirical Procedures are descriptions; ultimately verbal ones (Wertz 1984: 38).

Strategies such as a non-directive interview style are often devised to preclude the generation of researcher-biased data and to maximise the researcher's evocation of a valid description of the phenomenon (Wertz 1984: 40). Data generation is a selective process by which the researcher attempts to make manifest those aspects of the situation/phenomenon which are relevant to the research interest and faithfully express the pre-scientific matter under investigation. What is appropriate data depends on the phenomenon under study. Although the most revelatory<sup>17</sup> data is often implied in the research interest and the preliminary identification of the phenomenon, its ultimate value and limits are often disclosed in the analysis and practical application<sup>18</sup> (Wertz 1984: 40).

#### 6.2.3.2

##### **Theoretical sampling**

Often, the research process does not end with the formulation of the findings; that is, the phenomenological description of the objects of intention. A further moment of research is required to relate the findings to various sectors of the life world within which the research is situated. One direction researchers often take is to relate their findings to other psychological theories and practices (Wertz 1984:45). This is also the direction that was taken during the present research. The phenomenon (phenomenological description) was related, through the process of *theoretical sampling*,<sup>19</sup> to the fields of:

- the caring ethos;
- nursing education;
- the psychology of education; and
- psychological theory .

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<sup>17</sup> *The researcher's best understanding of this neologism is that it is a collective noun for the words "relevance," "revelation," "elevation," and "evaluation."*

<sup>18</sup> *See Section F.*

<sup>19</sup> *See paragraph 6.2.3.2.*

Care and caring, as the essence of being, were also related to some methodological issues and issues pertaining to the philosophy of science.

#### 6.2.4

#### EVALUATION OF SAMPLES [*RELIABILITY AND VALIDITY*]

Evaluating samples in qualitative research includes the evaluation of both the respondents and the data selected for *reliability* and *validity*. However, reliability and validity are not only treated differently in qualitative research, but are also named differently. Table 6.3 displays a summary of some of these different terms and are presented here to orientate the reader towards the discussion to follow.

<b>TABLE 6.3: SYNONYMS FOR VALIDITY AND RELIABILITY IN QUALITATIVE RESEARCH</b>	
<b>Validity</b>	<b>Reliability</b>
Adequacy	Appropriateness
Evidence	Credibility
Internal validity	External validity
Internal verification	External verification
Sufficiency	Generalisability
Quality	Transferability,
The best available approximation of truth.	Fit, Grab and Work

##### 6.2.4.1

##### **Evidence and establishing adequacy (validity)**

The linguistic epistemological assumption that identically named experiences refer to the same reality in various subjects, has special meaning in the quest for adequacy in existential-phenomenological research. Von Eckartsberg (1986:17) points out that the relationship between language and experience is a difficult psychological conundrum. The question is: *How it is possible that we can say what we experience and yet always live more than we can say, so that we can always say more than we in fact do? How can we evaluate the adequacy or inadequacy of our expressions in terms of its doing justice to the full lived quality of the experience described?* (Von Eckartsberg 1986: 17).

In this regard, Morse (1989: 122) points out that adequacy refers to the *sufficiency* and *quality*

of the data. This means assessing the relevance, completeness, and the amount of information obtained. If the data are adequate, there are no areas not accounted for or serendipitous regarding the emergent construct of the phenomenon (theory). The test for adequacy is ultimately whether the reconstruction (theory) makes sense (Morse 1989: 123). In Cook and Campbell's (Chenitz and Swanson 1986: 10) terms, this (validity) refers to *the best available approximation of the truth of propositions*. According to Ray (1994:27), all knowledge generated through research is considered approximate, that is, all concepts, theories, and findings are limited and approximate and open to possibilities rather than considered final, predictable, linear or causal.

Chenitz and Swanson (1986: 10-11) prefer the terms *evidence* and *establishing adequacy* when referring to validity in qualitative research. The term internal validity is used by Cook and Campbell (Chenitz and Swanson 1986: 10) in this regard.

The evaluation of trustworthiness of any single project is inevitably a matter of judgement, whereby *skilled researchers* use their tacit understanding of actual, situated practices in their fields of inquiry to do their work, to make claims for it, and to evaluate the work of others (Sandelowski 1993:2).

#### 6.2.4.1.1

##### *Threats to adequacy (internal validity) in qualitative research*

Adequacy in qualitative research is threatened by a number of factors (Denzin 1989b: 20-21) such as:

#### 6.2.4.1.1.1

##### *The events preceding data collection*

These include the history or events that occurred before the data collection or those that intervene during the data collection. In this research, informants were asked during the social talk preceding the interviews whether anything *important* relating to maintaining a caring concern had happened to them in the recent past. However, where these did occur, the impact of such happenings on this study is not clear.

## 6.2.4.1.1.2

*Subject maturation*

Subject maturation as a result of the relationship with the investigator and the research can skew information regarding the phenomenon under investigation. Contamination in the sense of informants *informing* one another about aspects relating to the object of intention could have the same effect. Although the researcher is suspicious of certain data units that were gathered from informants from the same hospitals, in other words informants who were well acquainted with one another, contamination could not be proved.

## 6.2.4.1.1.3

*Subject mortality*

Subject mortality, or those leaving the study for whatever reasons, also occurred during the present research, in addition to the loss of *potential* informants (those who did not return to the researcher after having been asked to provide him with an experiential description of the experience of being caring). Two informants who complied to the criteria set for performances on the POI could not be interviewed due to *a very busy work schedule*.

## 6.2.4.1.1.4

*Reactive effects*

Reactive effects of the researcher are a factor with which qualitative researchers are most concerned. This pertains to the ways in which the researcher's presence and actions in the situation affect the respondents. For this reason the researcher kept a reactivity analysis framework<sup>20</sup> at hand. All observations indicative of reactivity in both the researcher and the informants were noted and were later pursued.

## 6.2.4.1.1.5

*Changes in the observer*

This includes changes in the observer or the extent to which the observer is affected by the participants and the scene. These changes need careful analysis through field notes or introspection (Denzin 1989b: 172-175). In this instance, the researcher, some time prior to this research, even prior to the initial literature research conducted for this research, jotted down his personal views on the maintenance of a caring concern. Throughout this research, the researcher

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<sup>20</sup> See paragraph 6.6.6 and appendix 9 and 10.

kept this construct in mind, ever mindful not to allow this to influence the analysis of data. However, it must be admitted that some of the features of the mental construct of caring the researcher had prior to the present research, also feature in the psychological constructs that emerged during the present research (emergent theory), but, so do aspects from the literature.

#### **6.2.4.1.2** ***Measures taken***

Consequently, the quest for validity in *reflective empirical research* should be upheld at every stage of the research procedure (Wertz 1984:32-46). Measures taken in this regard are discussed in paragraphs 6.2.4.1.2 through 6.2.4.1.5.

##### **6.2.4.1.2.1** ***Validity during the preliminary identification of the phenomenon:***

At this most general level of research the researcher's interest is questioned; whether it is truly psychological. According to Wertz (1984:34) any interest in personal participation in the immanent meaning of lived situations is genuinely psychological. We can also question the researcher's grasp of the *specific identity of the phenomenon*. Husserl (Wertz 1984: 34) has pointed out the danger of empirical psychology's lack of a proper eidetic foundation, without which subsequent methodological procedures, may be inappropriate and worthless. During the present research, the phenomenon under study, the maintenance of a caring concern, is well-founded, both on previous empirical research<sup>21</sup> in the form of grounded theory research and a vast literature support<sup>22</sup>. The framing of the research question also implies reflection on the phenomenon under study, and it is for the reader to decide whether adequate insight in the phenomenon is shown by the researcher.

##### **6.2.4.1.2.2** ***Validity during the level of the manifestation of the phenomenon:***

At the level of sampling, validity regarding both subjects and settings should be questioned. In the case of *the selection of subjects*, validity has to do with both the veridical (truthful)

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<sup>21</sup> Van der Wal (1992).

<sup>22</sup> The reader is referred to Section C, Chapter 4, 5 and 6.

manifestations of examples of the phenomenon and with the generality of the sample (roughly analogous to internal and external validity in experimentation). The question of whether a subject reveals the phenomenon can only be answered by a rigorous fore-understanding of the phenomenon. It is for this very reason that the researcher, during the present research, has conducted both an encompassing literature review and has employed a rather unorthodox process of informant selection for the study. The latter is directly articulated on the existential phenomenological underpinnings (methodologically, epistemologically and ontologically)<sup>23</sup> of the present study.

The generality of the subject population are, however, more difficult to assess, for without an empirical basis for comparison, the researcher is left with his imagination of possible subjects beyond the actual population (Wertz 1984: 37). During the present research the variables that could have influenced the generality of the sample are, amongst others, cultural ( both the exclusion of some cultures and the inclusion [mixing] of cultural perspectives), the level of training of students, the curriculum taught by the college, and the demography of the different hospitals. Within the situational confines of the present study, the selected informants are questionably general with reference to the total population.

The question of validity of *the situation* is virtually the same as for the choice of subjects, namely: *Do research situations manifest the phenomenon and allow the researcher to pursue all his interests?* Validity is again achieved and assessed by relating the preliminary identification of constituents and variations of the phenomenon to preliminary reflective analysis of life-world situations. During the present research, the researcher was interested in the linguistic accounts pertaining to the object of interest only. The setting in effect was that of the individual informant's recollections of experiences. Thus, although a formal data collection setting was used, the actual "naturalistic setting" was not, and could not be, tampered with.

#### 6.2.4.1.2.3

*Validity during data collection and data sampling:*

At this point, the question of validity is whether the research *instrument*, which includes both the

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<sup>23</sup> See paragraph 6.2.1.1 on the POI used to engineer a purposeful informant selection.

researcher and the informant, actually *measures* what it is supposed to measure; the hypothesised variable. In terms of qualitative research, the question is whether the description expresses the truth, and whole truth, of the situation as it is lived by the subject. Such descriptions must not be derived from any theory or conceptual explanation by the describer, but must refer to what was originally lived (Wertz 1984: 39). The question of validity at this level was attended to by allowing, and by encouraging, informants to describe *their* experience of being caring. Emphasis was placed on the experience of being caring and maintaining a caring concern being *their*'s, and not a compilation of theory and knowledge *about* maintaining caring obtained through formal education and instruction.

One could also call to question the *a priori* validity of verbal expressions due to the involvement of the researcher in data generation, and, the possibility of omissions, concealments and deceptions in descriptions, whether deliberate, naive, or unconsciously motivated, by informants. However, Wertz (1984:39) is convinced that informants' more than occasional veridical (truth) disclosures rule out *a priori* invalidity (Wertz 1984: 39). Also, the researcher's use of the descriptions is not based on a naive acceptance of verbal data *per se*. Rather, the researcher is forced to reflect rigorously on the problems each project poses for verbalisation in order to actualise the potential validity of verbal descriptions. The researcher's role, which is also *potentially* on the side of valid data, must therefore be reflected upon in his manner of treating the subjects, posing questions, observing, and dialoguing so the threats to valid descriptions are eliminated. During the present research, in addition to the *reactivity analysis framework*<sup>24</sup> used for this purpose, a non-directive interview style<sup>25</sup> was employed to preclude the generation of research-biased data and to maximise the researcher's evocation of the valid description of the phenomenon (Wertz 1984 39-40).

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<sup>24</sup> In this regard the reader is referred to the section on reactivity and the reactivity analysis framework that follows: paragraph 6.6.6 and appendix 9 and 10.

<sup>25</sup> See Chapter 7.

## 6.2.4.1.2.4

*Validity during the handling of data*<sup>26</sup>:

The question of validity during this phase has to do with the extent to which the researcher actualises the potential of the data for expressing the original organisation of the phenomenon. It is quite possible that different ways of performing each operation of this phase are equally valid. However, there is also in each operation the possibility of *relative invalidity*. Rigorous reflection on each operation is the means of guarding against, and remedying, this threat. It is quite possible that the researcher discovers an ambiguity in the data which cannot be adequately resolved and must return to the data collection phase to generate the data required for a completely satisfactory manifestation of the original phenomenon (Wertz 1984: 41). During the present research it was not possible to return to informants<sup>27</sup>. For this reason the researcher clarified ambiguities and uncertainties during the interviews. Whenever informants confirmed the researcher's understanding and rephrasing, these were included in the paraphrasing of individual psychological descriptions as *original data*.

## 6.2.4.1.2.5

*Validity during the sense making phase:*

Truth at this point presupposes the validity of previous phases of the research. The conduction of each sense-making operation<sup>28</sup> allows for both valid variations as well as lacks and errors that engender invalidity. The validity of psychological formulations of all kinds and levels rests on the precision and comprehensivity with which it refers to the immanent structures that essentially constitute the phenomenon under study. The structure must be internally *cohesive* and include all constituents of the phenomenon expressed implicitly and explicitly in the descriptive data base. According to Wertz (1984: 44), general formulations must encompass any valid description of an example falling within its scope. All psychological statements must be born out by positive exemplification by *naive* descriptions. Thus, if a revelatory description which is not reflected in the psychological formulation, or if the psychological formulation makes a statement that is not implicit, or receives counter-evidence in the original description, the formulation is

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<sup>26</sup> In this regard see paragraph 8.4.2.

<sup>27</sup> See substantiation, paragraph 6.2.4.4.

<sup>28</sup> See paragraph 8.4.3.

*invalid*. The necessary and sufficient (essential) constituents of the phenomenon which emerge from the researcher's psychological formulation must be a faithful reflection of the situation(s) to which the data refer. These criteria for validity are of course far more stringent than those of experimentally supported hypotheses since they demand veridical (truth) reference to every actual subject, every bit of data, and in the case of general assertions, every possible (not merely probable) manifestation of the phenomenon included in the specific scope of the formulation (Wertz 1984: 45).

In addition to the measures mentioned above, to ascertain adequacy (validity), the following were also taken:

- A random sample of individual psychological descriptions were checked by colleagues.
- To further maintain evidence and adequacy all categories and subcategories were returned (related) to the practical field and were substantiated with data from literature. This included a comparison and discussion of the data obtained from interviews and comparative analysis with philosophical, theoretical, and conceptual models and constructs identified in the literature. Literature was applied to augment data at this stage.

#### 6.2.4.2 Credibility and appropriateness (reliability)

##### 6.2.4.2.1 *General discussion*

Chenitz and Swanson (1986:10-11), in this instance, prefer the term *credibility* to that of reliability, while Cook and Campbell (Chenitz and Swanson 1986: 10) use the term *external validity* to refer to reliability in qualitative research.

According to Morse (1989:122) methods of sampling in qualitative research must be *appropriate*, which refers to the *degree to which the choice of informants and methods of selection 'fits' the purpose of the study* as determined by the research question and the stage of the research. An *appropriate* (reliable) sample is guided by informant characteristics and the type of information needed by the researchers (Morse 1989: 123). In this regard the reader is

referred to the section on sampling of informants<sup>29</sup>. The ultimate test in this instance is whether or not the method for the selection of the sample contributed to, or facilitated, understanding of the research topic. Thus, reliability in qualitative research and existential-phenomenological research does not pertain to reliability in terms of exact replication of the study and results. Rather, it points to the affirmation of the question: *If I apply this theory to a similar situation will it work, that is, allow me to interpret, understand, and predict phenomena?* (Chenitz and Swanson 1986: 13).

External validity refers to the *generalisability* or, in qualitative research terms, the *transferability* of a proposition about a causal relationship across populations. This is echoed by Denzin (1989b:21-22) who states that external validity rests on generalisability or transferability. In this instance the researcher needs to demonstrate that the cases he studied are representative of the class of units to which the generalisation is made (Denzin 1989a: 171). The greater the range and the variation sought through *theoretical sampling*<sup>30</sup>, the more certain it is that the data are generalisable or transferable to other members of the same class, or units, of the phenomenon under study. In this instance the reader is also referred to Section E on the application of the phenomenon in the practical setting. This clearly indicates some degree of transferability of the phenomenon and the integration of the phenomenon with existing theory in the ethics of caring, nursing education, general education, psychological theorising and to some extent with the philosophy of science .

The *credibility* of the theory, or general phenomenological profile, is also important in establishing adequacy. The theory must thus *fit*, have *grab*, and *work* (Chenitz and Swanson 1986: 13). Respectively this means that:

- the categories that are generated must be indicated by the data and applied readily to the data (fit);
- the theory (general psychological profile) speaks to, or is relevant, to the social or practice world and to the persons in that world (grab); and

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<sup>29</sup> See paragraph 6.2.1.

<sup>30</sup> See paragraph 6.2.3.2.

- the theory (general psychological profile) has relevance or usefulness in explaining, interpreting, and predicting phenomena under study (work) (Chenitz and Swanson 1986: 13).

#### 6.2.4.2.2

##### ***Precautions taken:***

During the present research, in addition to maintaining adequacy, credibility was also maintained through the following measures:

- All aspects implemented to maintain evidence and adequacy (validity) are also applicable to the maintenance of credibility.
- As Morse (1989: 122) suggests, informants were selected according to criteria specifically set for this research<sup>31</sup>.
- Credibility also depends on the way in which data are collected and analysed. This is reported on in detail above and in the discussion to follow.
- Both Afrikaans-speaking and English-speaking informants were interviewed in this research. In order to maintain the exact meaning of Afrikaans informants, analysis was conducted first, and only afterwards were the emerging constructs and profiles translated into English.

Notwithstanding the previous measures regarding reliability, and views on reliability, Sandelowski (1993:2) is of the opinion that the effort to establish reliability is often completely unwarranted in many qualitative projects and may, paradoxically, serve only to weaken claims to validity.

#### 6.2.4.3

##### **The relationship between reliability and validity**

Sandelowski (1993: 2) cautions that one of the most important threats to phenomenological validity, and, therefore, to construct validity of qualitative projects, is the assumption that validity depends on reliability; that research participants respond consistently over time, and that a panel of experts other than the researcher(s) code information in the same way. What is embedded in

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<sup>31</sup> See paragraph 6.2.1.1.8.

these examples is the notion that reality is external, consensual, corroboratory, and repeatable. What is forgotten is that in the naturalistic/interpretive paradigm, reality is assumed to be multiple and constructed rather than singular and tangible. In phenomenological terms, repeatability is not an essential (or necessary or sufficient) property of the things themselves. Good qualitative data reduction seizes the *essence* of a phenomenon. It does not *flood us with so much detail that we are left with hardly a perception of the phenomenon at all* (Sandelowski 1993: 3). Scientific notions of replicability are often completely at odds with the phenomenological validity sought by researchers working within the naturalistic/interpretive paradigm. Sandelowski thus implies that member, and other, checking is not a *de novo* enterprise, but to affirm that the researcher's deductions and interpretations are, in Cook and Campbell's (Chenitz and Swanson 1986: 10) terms, *the best available approximation of the truth of propositions*.

A second critical factor, according to Sandelowski, invalidating the assumption that a valid work is always a conventionally reliable one is the inherently revisionist nature of the stories participants tell in interviews. This also has implications for the use of member validation of syntheses made by the researcher. The task of the researcher when confronted with different versions of a life event is not to dismiss them as simply inconsistent with each other or to dismiss the storyteller as an unreliable informant. Rather, the researcher might consider whether the versions are truly inconsistent, or, if inconsistent, why discrepancies exist, or whether the two discrepant accounts even represent the same story<sup>32</sup> (Sandelowski 1993: 4). As Von Eckartsberg points out, when the researcher makes the existential turn and conceives of psychology as a human science, as a science of interpretation, a hermeneutic science rather than a measurement science, then *validity* has a different meaning - something akin to structural face validity using the criterion of intuitive self-evidence:

Once an insight regarding the structure of human experience has been articulated and pointed out to you like a hidden figure in a picture, your perception and understanding - even your life - is permanently changed. From then on forward, you cannot not see it. Something has revealed itself to you; new eyes have been given to you as a consequence of your effort of understanding. It is validity justified by vision and revelation, and it has the validation power of a mystical experience. The truth-experience itself justifies the communication of it (Von Eckartsberg 1983: 200).

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<sup>32</sup> See paragraph 7.4.8.

This also returns us to Cook and Campbell's (Chenitz and Swanson 1986: 10) perception of *the best available approximation of the truth of propositions*.

#### 6.2.4.4

#### The question of member validation <sup>33</sup>

The discerned reader may be puzzled by the absence of member (informant) validation/checking of findings. As indicated earlier, it was not possible to return to most of the informants for such confirmation. In this regard, despite Wertz's caution above, Sandelowski (1993:1) is of the opinion that too much emphasis is placed on the term *rigour* in qualitative research that threatens to take us too far from the *artfulness*, versatility and sensitivity to meaning and context that mark qualitative works of distinction. However, scholars have increasingly disputed the *conflation* of validity with either truth or value, and the reification, commodification, and reduction of validity to a set of procedures. In this regard, Ayres and Poirier (1996:163) point out that: *The interpretive researcher . . . must in the course of analysis develop a construction of meaning both trustworthy as data and faithful to the beauty and uniqueness of each individual story (transcript of interviews - text)*. In this regard Mishler (Sandelowski 1993: 2) states that, because no *general rules* can be provided for appraising validity in particular studies or domains of inquiry, and because no standard procedures can be determined either for assigning weights to different threats to validity, or for comparing different kinds of validity, validation is less a technical problem than a deeply theoretical one.

*Member validation* illustrates well, not only the tenacity of the idea of reliability as the essential basis for validity, but also the complexity of all such techniques directed towards ensuring rigour in qualitative research. Researchers engage in member validation (or checking) every time they seek clarification for, or elaboration of, meaning and intention from the people they interview. However, Sandelowski (1993: 4) points out that its potential to enhance qualitative work belies the deeply theoretical and ethical difficulties involved in this technique that may serve paradoxically to undermine the trustworthiness of the project. What is often lost in the discourse

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<sup>33</sup> Also called the *member check*, is a technique scholars have proposed for establishing the validity of a researcher's interpretations of data collected from participants and for ensuring that these participants have access to what has been made of their experiences. Member validation is an ongoing process throughout the life of a qualitative project (Sandelowski 1993: 4).

on member checking is the recognition that both researchers and participants are *stakeholders* in the research process, concerned with staking certain claims (to telling the truth, to being right), maintaining certain personas (as good persons, subjects, scientists) and with frequently divergent interests, commitments, and goals. According to Sandelowski (1993: 5), even when members and researchers seem to have the same goals (such as to tell a good story or to promote an agenda), they may not. After all, there are different stories to tell and different agendas to promote. In addition hereto is also the question of *false consciousness*. There are consequently certain drawbacks regarding member validation in qualitative research (Sandelowski 1993:5-7) namely:

- The actuality of the individual participant in the research might be out of touch with the possibility illustrated by the researcher's synthesis of different accounts (or vice versa). Participants in the research inevitably look for themselves and their own reality in the researcher's account of their lives. However, researchers strive to represent multiple realities in a way that still remains faithful to each participant's reality. Scientific abstractions appear to the participant to be far removed from the *conventionalities and literalness* of the researcher's account (synthesis) of their everyday lives. As Sandelowski (1993: 5) puts it: *Indeed, "generalizations (of any kind) always tell a little lie in the service of a greater truth.*

This point might be the most important in the present research. Caring as an innate human attribute and ethic of salutogenic and fortigenic nature might be constellations removed from the reality of a *careless* and *anti-connectedness* dominated environment in which the individual informant might find herself. Though the vibrance of human potential implied by caring (as perceived by the researcher due to an adherence to an existentialist position) could be absent from the experience of informants (due to not having had the opportunity to rely on this potential completely) the presence hereof in the emergent theory might still be accurate, provided the interpretation of data supports this.

- There may be a difference in view between the researcher and participants of what a fair account is, although both strive for positing such an account. Whereas participants may be motivated to consent to participate in research to justify their actions or to defend the

inevitability of certain outcomes, researchers may be motivated to conduct research to evaluate actions and to show the possibility of a variety of outcomes (Sandelowski 1993: 5).

- The typically narrative nature of interview data makes the problem of determining accuracy of meaning and intention a deeply theoretical and moral one. The stories that participants tell in interviews are themselves constantly changing; a life event previously told as a tragedy may subsequently be told as a romance. It must also be remembered that stories are time-bound interpretive, political and moral acts. Researchers employing the member checking process are always obligated to ensure that any correction of contents or feeling tone is warranted as a correction and not a new story that must be analysed for its meaning and relation to other stories. Analytic decisions become moral ones in the case of participants who wish to retract or alter information previously provided (Sandelowski 1993: 5-6).
- Participants may also not be in the best position to check the accuracy of an account. They may have forgotten the information provided. This may be the case especially if information was elicited at a time when the informant was highly emotional (Sandelowski 1993: 6). The latter aspect was encountered several times during the present research. Some informants became very emotional when talking about the devastation of caring in the nursing profession<sup>34</sup>.
- There is also the problem to determine when to initiate a formal member-checking process and what synthesis of data to present to the participants to check. Because the member-checking process is itself a variable that may influence the findings, the researcher has to make decisions about when, during the research project, to initiate formal procedures. The very act of reading a transcript for accuracy may not only lead the member to provide additional data that have to be analysed, but it may itself also cause the member (participant) to revise his or her view and/ or influence events still to be experienced in the course of the study (Sandelowski (1993: 6).

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<sup>34</sup> See *Individual Psychological Profile 11, paragraph 9.2.11.*

- The target audience of research is often not the same as the population from which participants are selected. Some lay rendition of the findings presented in everyday language accessible to participants may differ greatly from a scholarly synthesis that may be accessible to other scholars only. As lay and scholarly syntheses are necessarily different from each other because they must adhere to different rules for presenting data and often reflect different purposes, these syntheses may not be consistent with each other. The level of advancement of the participants must thus be kept in mind when employing member checking. However, as Sandelowski (1993: 7) points out, neither of these versions (lay or scholarly) will be lies nor will they constitute the whole truth.

It is the researcher's conviction that during the present research, up to the construction of individual psychological profiles on the object of intention (maintenance), informants could still have invested lay contributions, however, with the compilation of a general phenomenological construct and the application of this construct to the practical field, the focus necessarily shifted from *lay* experience to academic contemplation.

- There is also the problem that in order to minimise conflict, participants may be reluctant to disagree with researchers' interpretations. The researcher has to determine whether the lack of convergence or consensus between the researcher and participants or among participants themselves necessarily invalidates an interpretation. Responses of participants during member-checking are shaped by:
  - the nature of the interaction and interpersonal relationships within the research setting;
  - social norms concerning politeness and consensus building; and
  - frank conflict of interests and needs (Sandelowski 1993: 7).

It must be stressed at this point that Sandelowski's position on member checking should not be seen by the reader, and was not used by the researcher, as *an easy way out* of a difficult, time consuming, and often a self-exposing, emotional draining event. Rather, Sandelowski's position taken on during the present research, qualifies the researcher's persistence despite the situational realities of the present research.

### 6.3 BRACKETING<sup>35</sup> AND REDUCTION<sup>36</sup>

As stated previously<sup>37</sup>, our understanding of the focus of intentionality has changed from consciousness to culture building acts, and from value free phenomenological reflective analysis operating under the self-imposed disciplines of several steps of *bracketing* to passionate value-engagement and existential commitment. It is thus evident that our understanding of reduction and bracketing must also have changed as regards its focus and understanding.

Giorgi (1981:82) describes the process of bracketing and reduction as follows:

Bracketing means that one puts out of mind all that one knows about a phenomenon or event in order to describe precisely how one experiences it . . . Husserl introduced the idea of the phenomenological reduction, which, after bracketing of knowledge about things, means that one is present to all one experiences in terms of the meanings that they hold out for consciousness rather than simple existents.

This view of bracketing is also held by Von Eckartsberg (1986:5), Swanson-Kauffman & Schonwald (1988:98) and others.

#### 6.3.1 BRACKETING AS THE ETHICAL DICTUM OF PHENOMENOLOGICAL RESEARCH

Husserl's statement, quoted previously, that the human scientist should not bracket the natural attitude<sup>38</sup>, but only the presumptions likely to hinder progress in his field (Fouché 1990:376) makes bracketing as intended in later phenomenology, and in the present research, the ethical imperative of *accurately interpreting* informants' accounts of lived experiences by the researcher

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<sup>35</sup> According to Walters (1995:792), while the three terms "phenomenological reduction," "epoch" and "bracketing" are synonymous, they are different metaphors for the change in attitude that Husserl contends is necessary for a rigorous philosophical enquiry.

<sup>36</sup> Reduction is not the same as over simplification in naturalism, positivism and psychologism, which Husserl criticised. Rather, reduction enters into the "fundamental meditation" of phenomenology, the purpose of which is to obtain pure and unadulterated phenomena that are attainable in the "naive" or "natural" attitude, the everyday, unreflected attitude of naive belief. The purpose of reduction is to prepare us for critical examination of what is undoubtedly given, before our interpreting beliefs enter in. Husserl also used the Greek word "epoche" (Cohen 1987:32).

<sup>37</sup> See paragraph 2.6.2.

<sup>38</sup> Our naive faith in the objective existence of the world and other people.

(Swanson-Kauffman & Schonwald 1988:98). According to Swanson-Kauffman & Schonwald:

In fact, the very worth of a phenomenological portrayal of reality must be judged in terms of how validly the researcher represents the experiences of those who live the reality.

Bracketing as the setting aside of researcher assumptions prior to, and during, the research to accurately portray the reality of informants represents the first layer of bracketing. A second layer of bracketing, prior to and during each interview, involves reducing the influence of the witness of all previous informants in order to fully heed the story of the one who is being queried (Swanson-Kauffman & Schonwald 1988:98). Thus, bracketing becomes:

... a concrete attempt to negotiate the empirical with the experiential (Swanson-Kauffman & Schonwald 1988:98).

In this negotiation, and the consequent attempt to reconcile personal knowledge and beliefs with the witness of informants, several leaps of faith (assumptions) should be made.

### 6.3.2

#### THE ASSUMPTIONS ON WHICH BRACKETING IS FOUNDED

According to Swanson-Kauffman & Schonwald (1988:99), bracketing is founded on the beliefs (assumptions) that:

- our experiences and knowledge, while valid, may not be the reality of those we seek to describe;
- we are capable of eliciting and hearing the reality of our informants;
- the personal stories of our informants will express a reality sufficiently unique or cohesive so that any *a priori* assumptions of our own will not influence their interpretation. However, since we raise the research question, we cannot help but express opinions about that which we believe is worth studying (Swanson-Kauffman & Schonwald 1988:99).

The need for bracketing as defined and discussed up to this point is also evident in Van Vuuren's (1991:11) caution that the failure of the student (researcher) to get in touch with his/her own perspective (epoché) and to get in touch with the phenomenon (eidetic intuition) leads to serious

shortcomings in research. For example, to see what one is looking for is a common error. The selection of a psychological topic is based on personal issues or motives which can limit the findings by the self-deceptive tendencies of the research (Van Vuuren 1991:11). Regarding the present research, the differences and similarities that exist between the researcher's *pre-scientific* notion of the phenomenon *maintenance*, and the result of the research (the *scientific understanding* of the researcher), serve as a measure hereof. It is up to the reader to resolve this.

### 6.3.3 WAYS IN WHICH TO BRACKET

According to Swanson-Kauffman & Schonwald (1988:99), there are different ways in which we can bracket our experiential knowledge of the phenomenon under study. These include:

- We must state clearly our conscious assumptions about that which we are investigating. This was done in great detail in this research. Section C of this report contains the researcher's assumptions on the phenomena "caring" and "maintenance" as he perceived it prior to conducting the empirical investigation (interviews).
- The articulation of personal assumptions, in a traditional research proposal, takes the place of the conceptual framework section. This was also done. Please see appendix 1. The discerned reader will also note that the researcher's understanding of the existential-phenomenology and other methodological concepts associated with the present research have undergone a noticeable refinement including the original proposed title for this research<sup>39</sup>.
- Although, to some phenomenological researchers the fact that a literature study is done may seem like heresy, Swanson-Kauffman & Schonwald (1988:99) believe that it is a practical concession to the realities of the research world. It is only by allowing what the researcher already knows to surface in his mind that bracketing can be attempted. In the present research this statement is corroborated by the researcher.

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<sup>39</sup> *If caring or Care constitutes the essence of being as indicated by Heidegger, then, the idea of "meta-caring" of caring above and beyond caring itself is absurd except if such care and caring is acknowledged to be located in a deity (God) besides man (Researcher's own insight). Also see the original research proposal, appendix 1.*

### 6.3.3.1 Burke's perceptual palette in bracketing

In addition to the above ways of bracketing, personal discussions with Dr Tina Burke<sup>40</sup> also brought new insight to the researcher. The concept *pentimento*<sup>41</sup> at this point became analogous to that which could occur to the life stories of our informants if bracketing is not executed by both the researcher and the informants. The *pentimento* effect could be due to informant imposed *extras* and researcher imposed *extras* to the life stories of informants. If both parties do not attempt bracketing, the constructs we arrive at will most certainly show a *pentimento* flaw. It is for this reason that informants were pertinently asked to give accounts of personal experiences without any cultivated educational theoretical additions.

In addition to the *pentimento* concept from the art and science of painting, Burke also distinguishes a human *perceptual palette*; the mind's display of ethical, empirical and personal knowledge domains. Like the colours of the artist's palette, these domains created by real life experiences and the life experiences of others known to us are the *paint* through which we *compose* pictures of our understanding the meaning of others' lives; of the data informants give us. Burke distinguishes six<sup>42</sup> components of the perceptual palette which the researcher found very helpful in the process of bracketing and in instructing informants about the kind of information sought.

#### 6.3.3.1.1 *Virtual experience*

This implies living other lifetimes through the stories told to us by others (and from the arts). This involves events and ideas known to us through the imagination and the senses rather than from personal acquaintance. In this instance, Swanson-Kauffman and Schonwald's second level of bracketing applies, namely; bracketing, prior to and during each interview, reducing the influence of the witness of all previous informants in order to fully heed the story of the one who

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<sup>40</sup> *In personal conversation, Denver, Colorado, September 1996.*

<sup>41</sup> *Pentimento refers to parts of a painting that was painted over, however, that shows through the over layer. This is also an important concept/analogy in human experience and ethicality*

<sup>42</sup> *It is interesting that there are also six components to the composition of any piece of (painted) art: line, form, texture, colour, nuance, and perspective (Researcher's comment).*

is being queried (Swanson-Kauffman & Schonwald 1988:98).

#### 6.3.3.1.2

##### *Real experience*

This represents our own lived experience; the researcher's and the informants' own experience of being caring and their quest to maintain that concern. Naturally this is what the researcher must keep in abeyance, in addition to his theoretical knowledge of the phenomenon, to allow for the informants *real experience* to surface in descriptions, because, it is exactly these *real experiences* of the informants the researcher is interested in.

#### 6.3.3.1.3

##### *Imagination*

Imagination represents a complex mental process, involving the intellect, the emotions, and the body. Imagination is the instrument of self-knowledge. This tool allows us to make sense of the world and the reality of others. Although self-knowledge is imperative to the researcher during qualitative research and bracketing, imagination, in addition to being an important tool in understanding what others say, could, if mal applied, distort the verbal picture others are trying to sketch. Typically, the researcher, during bracketing, could not allow his imagination to run free.

#### 6.3.3.1.4

##### *Wide-awakeness*

According to Burke, wide-awakeness is a plane of consciousness in which the person is fully attentive and interested in what is going on in life. Since this is the opposite of complacency, wide awakeness is necessary for persons to discern moral dilemmas and to attend to the decisions that these demand. Bracketing, during the present research, allowed for such wide-awakeness. It thus underscores Swanson-Kauffman and Schonwald's statement that bracketing is the ethical imperative of accurately **interpreting** lived experiences by the researcher (Swanson-Kauffman & Schonwald 1988:98).

### 6.3.3.1.5 *Living metaphor*

Through the process of integrating knowledge from multiple perspectives one creates a richly developed image of the life of others. This *colour* from the perceptual palette might seem a contradiction to bracketing. However, *living metaphor* refers to the general psychological profile arrived at, after having gone through all the steps of data analysis according to Wertz<sup>43</sup>. Without different informants' contributions, and keeping these contributions to the closest approximation of the truth through bracketing, such a general psychological profile or *living metaphor* will not be possible.

### 6.3.3.1.6 *Freedom and Discovery*

Freedom and discovery represent the openness of existential time and space necessary to create new ideas. Naturally, through not imposing one's own ideas on informants' stories, by applying bracketing as defined above, this freedom to discover is realised for informants. This can also be attained through the concomitant therapeutic effect that formal unstructured qualitative interviews might have on informants, namely; self-discovery.

Finally, to Merleau-Ponty it is questionable whether one can really bracket one's presupposition about a phenomenon. The argument is that a totally presuppositionless vantage point cannot be secured, because as we put one presupposition out of action, we uncover beneath it more hidden ones. This is corroborated by Kistner (1990:57). Our vital interests and existential involvement with people and things in the worlds are of fundamental character and would not allow themselves to be entirely undercut. Nevertheless, Merleau-Ponty felt that the aim of phenomenological reduction to be an extremely fruitful one, for by uncovering our presuppositions and interrogating them, we can clearly advance our understanding of the phenomenon under consideration<sup>44</sup> (Von Eckartsberg 1986:5).

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<sup>43</sup> For an overview of this process see Table 8.5.

<sup>44</sup> The researcher also experienced this phenomenon during the present research - the literature review and "objectification" of the researcher's presuppositions of the phenomena "caring" and "maintenance" could have gone on almost "ad infinitum."

## 6.4 TRANSCRIBING, TEXT, AND INTERPRETATION

The capricious nature of the spoken word, and the immediate understanding (interpretation) of that word do not allow fully for bracketing. The spoken word should best be recorded and transcribed, whereby it becomes *lingering* to allow for rethinking, bracketing and interpretation.

### 6.4.1 TO TRANSCRIBE OR NOT TO TRANSCRIBE

Transcriptions are the researcher's raw data, and useful transcripts are necessarily selective ones (Ochs, 1979 cited in Sandelowski 1994:312). Like photographs, transcripts capture something, but not everything, "out there". They also alter that something. Its ontology is, therefore, both realist and constructed. Once an interview is transcribed, the transcript itself typically takes on an independent reality, but one that is constructed from the interaction between talk and the human beings who listen to and make choices about what to preserve. The transcript becomes the researcher's raw data. Yet, interview data are never truly raw, but rather themselves products of a particular social interaction (the research interview), and of a particular rendering and *reduction* of personal experience into words (narrative construction/ rendition) (Sandelowski 1994:312).

There are several questions that researchers should ask themselves in order to make informed choices about the nature of a transcript, especially in light of the refrain "*verbatim transcript*" so often found in qualitative research (Sandelowski 1994:312). Pressing questions include:

- *Is the transcript necessary to achieve the research goal?*

Sandelowski points out that in some cases transcripts are not necessary and note taking during the interview might suffice. During the present research, however, both recording of interviews and complete transcripts were conducted. However, as Sandelowski (1994:312) points out, transcribing and proofreading a transcript of an interview against the sound recording and memoing (preserved in field notes) of that interview, become complex exercises not only in accurately representing what was said, but also how it was said. (This was also the researcher's experience).

- *If a transcript is required, what features of the interview event should be preserved and what features can safely be ignored?*

The researcher should have a clear sense of the research product he wants, so he will create the data that will yield that product (Sandelowski 1994:312). During the present research, the researcher first analysed or paraphrased transcripts to arrive at individual psychological descriptions of the phenomenon *maintenance*. This served to acquaint the researcher with the general structure of the phenomenon. After this, the original transcripts were reanalysed through open coding, categorisation and axial coding to arrive at a phenomenal description, and also to investigate occurrences during the interviews which might have biased data<sup>45</sup>.

- *What notation system will be used?*

Sandelowski (1994:313) discusses the importance of notations such as punctuation, pauses, accentuation of words and phrases, and the like. During the present research the researcher also indicated accent by italicising words or by naming occurrences: “laugh,” “cry,” “becoming emotional” etc.

- *What purpose, besides investigator analysis per se will the transcript serve?*

In addition to the researcher’s analysis of the transcripts, to arrive at an understanding of the maintenance of a caring concern, these transcripts<sup>46</sup> also served as basis for the evaluation of the researcher’s analysis by peers and promoters (Sandelowski 1994:314). The transcripts and analysis can also serve as educational tools.

#### 6.4.2 TEXT AND INTERPRETATION

At the point when the dialogue between interviewer and respondent has been transcribed and turned into words on paper, it is called *text* (Ayres and Poirier 1996:164). For Iser and Kermode (Ayres and Poirier 1996:164), reading a text activates the *interpretive process*<sup>47</sup> - or reader response to the text. This action naturally has epistemological implications for (the present)

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<sup>45</sup> See paragraphs 6.6.6 and 7.6.5.4.4. as well as appendices 6.9 and 8.

<sup>46</sup> A data supplement of 500 pages was compiled containing initial codes and categories.

<sup>47</sup> See paragraph 2.7.3.

research.

The interpretive process occurs in the mind of the reader and is essential to the realisation of meaning. Without interpretation the text is inert and meaningless. The meaning of the text arises from the interaction of mind (including the personal history) of the reader with the content of the text (which in turn arose from the mind and personal history of the author, or in the case of research, the interviewee). This interpreted meaning is the first of many virtual texts<sup>48</sup> from which analysis grows and flourishes (Ayres and Poirier 1996:167).

Iser (Ayres and Poirier 1996:165) suggests that *virtual texts* have two poles namely, the *artistic*<sup>49</sup> and the *aesthetic*<sup>50</sup>. This is corroborated by Swanson-Kauffman and Schonwald (1988: 104) and Sandelowski (1993:1). The researcher must approach informants and subject matter with a sense of awe, empathy, and appreciation. During the present research the research also attempted to approach text in this naive manner through bracketing.

The reader-response<sup>51</sup> theory views the text as the vehicle for meaning. Yet, meaning only occurs when the text interacts with the mind of the reader. As Iser (1980:54 cited in Ayres and Poirier 1996:165) puts it:

The . . . text activates our faculties, enabling us to recreate the world it represents. The product of this creative activity is what we might call the virtual dimension of the text . . . This virtual dimension is not the text itself, nor is it the imagination of the reader; it is the coming together of text and imagination.

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<sup>48</sup> *The artistic text and the aesthetic text intersect to form the virtual text. Caution should be taken not to interpret "virtual" as meaning that somewhere a real, objective, and authentic text exists; a concept of a text whose meaning is fixed within itself, a text the reader approaches passively, a text whose only correct interpretation the reader can receive, or not, depending on his ability and industry (Ayres and Poirier 1996:165).*

<sup>49</sup> *This is fashioned by the author, or in the case of qualitative research, by the interviewee or respondent/informant.*

<sup>50</sup> *This is accomplished in the mind of the reader - in the case of qualitative research, the researcher.*

<sup>51</sup> *Reader-response theory is an omnibus term unifying a range of interpretive strategies that locate the meaning of a text beyond the boundaries of the text itself. During the present research, field notes, including the Reactivity Analysis Framework compiled by the researcher, served this purpose.*

This again has implication regarding *validity*. Cook and Campbell's (Chenitz and Swanson 1986: 10) insistence on validity through maintaining *the best available approximation of the truth of propositions*, applies.

According to Kermode (1983:136 cited in Ayres and Poirier 1996:165), texts *always have their secrets*. No text explains everything. This is also one of the assumptions on which the present research is founded, namely, that everything about a phenomenon cannot be known. However, our responses as readers, and the context in which we read, define for us the secrets we wish to investigate (Ayres and Poirier 1996:165). That is, it determines the aspect we wish to further investigate in collaboration with the interviewee. This articulates with the engineering of data as indicated previously .

During the present research, the researcher acknowledged all these, *shortcomings* (in traditional research terms) of qualitative data and utilised these as potentially justified data resources - especially during the return of the phenomenon to the practical field or the application of the phenomenon.

## 6.5 A METHODOLOGICAL CONTRADICTION?

To the discerned reader it might seem that bracketing (whether defined as compromising oneself with what one knows about the research object and keeping this knowledge from clouding one's judgement or as keeping what one knows in abeyance) and interpreting (understanding in the light of what one knows) are a contradiction of terms. The researcher's perspective on this is that it is a quasi conundrum; that the tension implied between these two terms is in fact non-existent. Any tension present is located in the phenomenon *bracketing* itself. That is, keeping in abeyance specific issues regarding the research object, and , neither too much nor too little of that. It also seems that on any continuum of which bracketing forms the one pole, the other must be occupied, not by interpretation, but by some other antonym such as *free invention*. Both of these would then be absolute and theoretical terms. Interpretation would find itself on such a continuum in a position falling short of, on the one hand, *bracketing oneself out of existence*, and on the other hand, inventing mental constructs totally free from any existing understanding, concepts and the

like. In both instances, what is known would be irrelevant. However, interpretation has everything to do with what is relevant. In the same sense, and in both instances, one could quote Dewey's<sup>52</sup> argument that nothing that one comes into contact with could be completely and utterly different from anything else one has previously encountered. For, should this happen, we would have no *cognitive schemata* in terms of which to perceive, observe and interpret such a phenomenon. Further, even if we would be able to observe or perceive such a phenomenon, we would not be able to communicate our observation, or our perception.

## 6.6 ETHICAL CONSIDERATIONS

The interactive nature of qualitative research raises ethical questions that non-qualitative researchers ask less frequently (Glesne and Peshkin 1992:109). However, due to the formal nature of the present research undertaking, many of the ethical problems associated with covert field research have not been encountered. On those that were encountered, two positions could be taken: that of the ethical absolutist and that of the situational relativist<sup>53</sup> (Plummer 1983:141). During the present research, Plummer's suggestion that a combination of these approaches be followed in research was complied with.

The researcher also adhered to *The Statements on Ethics* by the American Anthropological Association (Glesne and Peshkin 1992:111). His ethical conviction and commitment<sup>54</sup> are contained in Table 6.4.

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<sup>52</sup> *The researcher credits Dewey with having said this, however, does not have any proof hereof.*

<sup>53</sup> *The absolutist relies heavily on professional codes of ethics and seeks to establish firm principles to guide all social sciences research. The relativist believes that solutions to ethical dilemmas cannot be prescribed by absolute guidelines but have to be "produced creatively in the concrete situation at hand" (Plummer 1983:141)*

<sup>54</sup> *In this statement the original word "anthropologist" was replaced by the word "researcher."*

**TABLE 6.4: THE RESEARCHER'S ETHICAL CONVICTION AND COMMITMENT**

*In research, researcher's paramount responsibility is to informants. When there is conflict of interest, these individuals must come first. Researchers must do everything in their power to protect the physical, social, and psychological welfare, and to honour the dignity and privacy of those studied.*

- a Where research involves the acquisition of material and information transferred on the assumption of trust between persons, it is axiomatic that the rights, interests, and sensitivity of those studied must be safeguarded.*
- b The aims of the investigation should be communicated as well as possible to the informant.*
- c Informants have a right to remain anonymous. This right should be respected, both where it has been promised explicitly and where no clear understanding to the contrary has been reached.*
- d There should be no exploitation of individual informants for personal gain. Fair return should be given them for all services.*
- e There is an obligation to reflect on the foreseeable repercussions of research and publications on the general population being studied (Glesne and Peshkin 1992:111).*

For the purpose of clarity, anticipated ethical issues and ones encountered during the present research are discussed under the headings: *The Informant*, *The Researcher /Informant Relationship* and *The research Design/Undertaking*. However, the contents of these categories do overlap.

### 6.6.1 THE INFORMANT

As indicated in the Researcher's Ethical Conviction and Commitment in Table 6.4, the researcher's paramount responsibility is to informants. According to Seaman (1987:22-26) informants have several rights, including:

#### 6.6.1.1 The right not to be harmed.

With reference to the present research this relates to psychological harm; stress, strain, anxiety, and the like caused by reflecting on the question of maintaining caring. Of the utmost importance in this regard are new insights that might be developed by the informant; any session of catharsis might also be "therapeutic" in a sense. During the present research the researcher did his utmost to respond appropriately and humanely to informants *outpourings*. Often informants were clearly

emotional and stressed<sup>55</sup> by reflecting on their concern about caring in an environment that apparently lacks a caring ethic.

Another important issue for the researcher/interviewer is not to ask willful questions. Although probing is of the utmost importance in qualitative research, the researcher was ever mindful of interviewees' verbal and nonverbal cues; whether to probe or to leave the question until a later stage.

#### 6.6.1.2

##### **The right to self-determination and to informed voluntary consent.**

According to Seaman (1987:23) informed consent means that informants are free from constraint and coercion of any kind. Informed consent is applicable in all cases where a potential physical or emotional risk exists. Asking students (informants) to reflect on their caring self might cause some emotional suffering in the light of the present crisis in nursing in South Africa.

According to Chenitz and Swanson (1986: 158) human subjects have the right to know what will happen to them if they decide to participate in an investigation - what procedures will be used, how much time will be involved, the potential risks and benefits. Regarding these and various other aspects, formal agreements<sup>56</sup> were entered into by the researcher and respondents. These also served as informed consent.

In obtaining informed consent, the following issues were discussed with informants:

- The purpose of the project and its general value.
- All the procedures used in the research and why these were used.
- The informants' part in the research, including the amount of time and energy that the research will take.
- Possible pain, discomfort, stress and loss of autonomy or dignity.
- How the researcher would guard privacy, confidentiality and anonymity.
- The manner in which data will be used (Seaman 1987:23; Glesne and Peshkin 1992:112).

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<sup>55</sup> See *Individual Psychological Profile 11*, paragraph 9.2.11..

<sup>56</sup> See appendices 3, 5 and 6.

Glesne and Peshkin (1992:111) point out that informed consent neither curbs the abuse of research findings nor creates a balanced relationship between researcher and informants. Though, it does contribute to empowering the researched. This has implications for the *power differential*<sup>57</sup> issue in research.

With further regard to informed consent, Glesne and Peshkin (1992:112) state that relationships during research continually undergo informal renegotiation as respect, interest and acceptance grow or dwindle for both the researcher and the informant. As the research relationship develops, the researcher may be invited to participate in ways he or she hoped but could not seek access to in the beginning. This results when research becomes collaborative and cooperative (Glesne and Peshkin 1992:112). During the present research, due to its formal nature, written consent was obtained from all informants at every stage of the sampling and data gathering processes. Even though a relatively short period of time was spent with each informant, a good relationship developed with each informant.

### 6.6.1.3

#### **The right to privacy.**

The right to privacy of informants entails protecting their confidence and preserving their anonymity. During the present research this required of the researcher to become an expert in evading direct inquisitive questions from outsiders; especially from those (colleagues and superiors) that had some hunch of what might have been said by some informants. However, the researcher always tried to answer such questions in a way that it balanced his unqualified obligation towards informants with the natural interest of others in the preliminary findings; especially where these others were members of the institution at which the research was conducted who had *some right* to know what was going on ( Glesne and Peshkin 1992:118). For instance, some tutors bluntly asked the researcher whether students experienced caring from them.

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<sup>57</sup> See paragraph 6.6.2.2.

#### 6.6.1.4

##### **Confidentiality and anonymity.**

*Confidentiality* refers to the researcher's ability to keep data sources protected; and *anonymity* refers to the researcher's ability to keep informants nameless (Seaman 1987:24).

In an attempt to maintain the highest possible level of confidentiality and anonymity, all interviews were taped, paraphrased, coded and categorised in privacy. Tapes never left the hands of the researcher. No names were used on tapes nor on the transcripts. Preliminary findings were also not discussed with "interested" outsiders, especially not within an institution at which data were gathered. Anonymity regarding the institution at which the research was conducted was also maintained. For this reason the names and addresses of such institutions were omitted from this report.

#### 6.6.1.5

##### **The right to maintain self-respect and dignity.**

During the present research the researcher was compelled to side with the views of informants in the sense of never having been judgmental. In this regard the *Interviewer's Self-appraisal Schedule*<sup>58</sup> was of tremendous help, not only regarding what informants told the researcher, but also regarding personal matters relating to informants e.g. affectations, mannerisms, hairstyle, and the like. Whatever informants told the researched, this was accepted as truth. Besides, this is one of the assumptions on which this research is founded, that one person's personal truth is not necessarily another person's personal truth.

In instances where informants became very emotional, the researcher also did his best to console them without letting them feel ashamed.

#### 6.6.1.6

##### **The right to refuse to participate or to withdraw from participation without fear of recrimination.**

During the process of obtaining informed consent from informants, it was clearly stated that informants could withdraw from the study at any time should they feel like it. No questions were

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<sup>58</sup> See appendix 9 and 10.

asked. The researcher is also convinced that by having allowed this, no information was given under coercion and that the truth - the reliability and validity - of the data was to some extent secured.

### 6.6.2

#### THE RESEARCHER/INFORMANT RELATIONSHIP

Ethical issues relating to the researcher/respondent relationship include the presentation of the research to the respondent, the power differential in this relationship, and strategies to equalise researcher/respondent power. Paterson (1994:301) states that the role and relationship dilemmas that arise during qualitative research make this type of research particularly vulnerable to certain threats of incredibility in the interpretation and reporting of the research findings. *Reactivity*<sup>59</sup>, the response of the researcher and the research informants to one another during the research process is of special importance (Paterson 1994:301). However, reactivity is not necessarily a limitation in qualitative research; it is an inherent element of the research which must be recorded. Not taking cognizance of reactivity is an ethical issue since reactivity consists of emotional valence, distribution of power, importance of the interaction, goal of the interaction, and the effect of normative or cultural criteria. However, other elements might also be present.

During the present research, data were analysed for examples of reactivity. These are reported elsewhere<sup>60</sup>.

#### 6.6.2.1

##### Emotional valence

Emotional valence is representative of the feeling or tone that exists between the researcher and the informants during the research. This is usually determined by the level of trust established between these parties. The trust of the informants may determine the nature of the data that they are willing to share with the researcher. At the onset of the research, when the researcher is a stranger, the informants may share only that information which is prudent to expose to those who are unknown and yet not trusted. It is believed that during the present research, due to the

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<sup>59</sup> A classic example of reactivity is the Hawthorne effect.

<sup>60</sup> See paragraph 6.6.6.

process of informant sampling, by the time that the researcher started data collection on the object of intention, a certain degree of trust had already been established between the researcher and the informants.

An important issue in the emotional valence between the researcher and informants is that of *over identification* of the researcher with the informants. Although over identification can be cognitive (e.g. adopting the informants point of view on an issue), it generally refers to the researcher's empathy with the informants. It is a matter of concern that a researcher who identifies too much with the informants viewpoint, or empathises too strongly with their situation, will be unable to analyse data critically. Without critical analysis, the researcher is at risk of misinterpreting, or prematurely analysing, data. This in turn implies the credibility of data. However, Connors (Paterson 1994:304) disagrees with the supposition that qualitative researchers should avoid over identification, stating that the feelings of the researcher contribute data to qualitative research. She thus advocates the fostering of reciprocal, collaborative dialogue with research informants.

Emotional valence during research may, at times, be determined by the personal characteristics and by the demeanor of the researcher or the informants. Appearance, age, marital status, gender, race, and personality of both parties may result in certain reactive effects (Paterson 1994:305). For this reason the researcher designed a self appraisal schedule<sup>61</sup>.

#### **6.6.2.2 Power differential**

Subjects in qualitative research have more power in the researcher/subject relationship than is the case in quantitative research (Chenitz and Swanson 1986: 159). However, this is still a crucial ethical aspect to be dealt with in qualitative research. In this study an attempt at equalising the power differential was made by obtaining informed consent from the respondents as discussed above. This also helped in establishing rapport with informants.

Chenitz and Swanson (1986: 160) also warn that it is always the safest never to conduct research on the researcher's own clients since this relationship already implies a power differential in

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<sup>61</sup> See appendix 9 and 10.

favour of the researcher. Respondents in this research were not clients of the researcher (not students of the University of South Africa), however, the researcher's association with an institution of "higher" education probably did contribute to an association with power over informants.

Another important aspect relating to the power differential is the question of *gender interviews*. Whether we acknowledge it or prefer to negate it, we still live in a male dominated and to some extent, chauvinistic society. Fontana and Frey (1994:169), in this regard, state that apart from being condescending towards women, the traditional interview paradigm does not account for gender differences. According to Denzin (1989a:116), *gender filters knowledge*. Thus, the gender of the interviewer and the interviewee or informant does make a difference, as the interview takes place within the cultural boundaries of a paternalistic social system in which masculine identities are different from feminine ones.

Feminist researchers have suggested ways to circumvent the traditional interviewing paradigm. It has been suggested that interviewing is a masculine paradigm embedded in a masculine culture and stressing masculine traits while at the same time excluding from interviewing traits such as sensitivity, emotionality, and others that Western culture views as feminine. All these *feminine* traits<sup>62</sup> were of the utmost importance during the present research as these are often directly associated with *caring* (consequently, caring is often divorced from the masculine concept). In its commitment to the maintenance of the integrity of the phenomenon caring, existential phenomenological methodology, as does post modern ethnography (Fontana and Frey 1994:370), adheres to a new interview style which includes:

- a heightened moral concern for subjects/informants;
- an attempt to redress the male-female hierarchy and existing paternalistic power structure;
- paramount importance placed upon membership, as the effectiveness of male researchers in interviewing female respondents has been largely discredited; and

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<sup>62</sup>The researcher's opinion is that these traits are not so much feminine specific as being culturally labelled as such. Consequently these have been barred from the conceptual model of masculinity, men and being male. It is thus the researcher's contention that these so called feminine attributes are in fact human attributes distortedly genderised.

- the realisation that the old “distanced” style of interviewing cuts the subjects involvement drastically and, thus, rather than giving us an “objective” interview, gives us a one-sided and therefore inaccurate picture (Fontana and Frey 1994:370).

According to Paterson (1994:305), the distribution of power in qualitative research refers to the perceptions of either the researcher or the informants that the one has more or less status or authority than the other. Participants who perceive that they are subordinate or lesser in power to the researcher may wish to please the researcher or to gain the researcher’s approval. This may naturally alter their usual response and behaviour accordingly. It is especially research that is based on brief interactions with informants that is prone to collecting data skewed by this effect.

Another important issue regarding the power differential is the informant’s perception of the researcher as either an *insider* or an *outsider*<sup>63</sup>. However, both these positions have both advantages and disadvantages.

During the present research the researcher did his utmost to avoid the above mentioned pitfalls. Arrangements during the present research were of such a nature that the research interview was changed into a conversation. In addition, the researcher is convinced that his interest in and concern for caring reflects a less *masculine* orientation and accordingly a less directive approach or elevated self-concern.

### 6.6.2.3

#### Goal of the interaction

At times, because of factors beyond the researcher’s control, the informants may not perceive the goal of the research to be as stated in the written description of the study<sup>64</sup>. Of special importance is the confusion which might result between research and therapeutic goals in qualitative research. Several authors described occasions during data collection, when informants begin to view the qualitative researcher as a counsellor rather than a researcher

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<sup>63</sup> This distinction is based on the degree to which the researcher is perceived, by informants, to know and understand the phenomenon under study (Paterson 1994:306).

<sup>64</sup> See the informed consent contract in this regard: appendices 3, 5, and 6.

(Paterson 1994:306). The development of a psychotherapeutic relationship between the researcher and the informant may result in the aim of the research being compromised by the informant's need for comfort and guidance (Paterson 1994:306). Naturally this has to be guarded against, however, it is doubtful whether the therapeutic potential of the qualitative interview can be fully restrained.

During the present research, data were also analysed towards identifying this tendency and this is reported elsewhere<sup>65</sup>.

#### **6.6.2.4 Importance of the interaction**

The perceived importance of the interaction influences how the researcher or the informants will respond to it. The "insider" researcher may not inquire about, or observe that which she or he regards as routine or obvious. The bored, tired, or discouraged researcher may inadvertently portray a disinterest in the informant and the research topic. A tendency has been identified for researchers who are bored by the mundane, sometimes tedious, aspects of data collection to concentrate on the exotic or atypical. This naturally distorts data and has ethical implications (Paterson 1994:307). Informants may also negate their contribution to the field of study because they believe that what they know is uninteresting or apparent to everyone. They may thus omit details or may fail to mention experiences they perceive as meaningless and unimportant (Paterson 1994:306). For this reason the researcher, during the present research, made a point of reassuring informants that nothing is unimportant in what they have to tell and also that there is no right and no wrong in what they have to contribute.

#### **6.6.2.5 Normative and cultural criteria**

Normative and cultural criteria refer to the standards, norms, and "shoulds" of behaviour, which are directed towards the persons involved in the research (data collection). Because normative criteria are often reflections of an individual's personal values, contravention of normative criteria generally evokes emotional responses. Consequently, research incidents entailing

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<sup>65</sup> See data display 6.1, paragraph 6.6.6.

normative criteria frequently also entail emotional valence. Thus, trust and rapport are enhanced in qualitative research when the researcher is sensitive to the cultural and social norms of the participants (Paterson 1994:307).

Although informants of different cultural orientation were interviewed during the present research, the guiding research question probably framed the experience of, and the maintenance of, a caring concern of informants in a Western oriented medical context. However, the intention of the present research was not to study the maintenance of a caring concern transculturally. This may be both a limitation of the present study and a recommendation for future research on the topic.

#### **6.6.2.6**

##### **The development of friendships**

Should the researcher befriend some of the informants, information might be acquired in the context as friendship rather than in the context of the research. The dilemma is whether the researcher should handle such information as research information; whether it should be treated in the same way as all other information; or whether it should be excluded from the research on the grounds of it being revealed to the researcher in *confidence* (Neuman 1991: 12-13; Glesne and Peshkin 1992:117).

The researcher believes that this never became an issue during the present research. Although the researcher tried to equalise the power differential, this never got to the point of befriending informants. Besides, the researcher's gender, age and academic status, and the formal arrangements during interviews and other data gathering sessions, did not really allow for *friendships* to be established. However, this also did not put a wedge between the researcher and the informants.

#### **6.6.2.7**

##### **Deception**

Deception entails misrepresentation in whatever form. This may enter the research in a number of subtle ways (Neuman 1991:12-13; Glesne and Peshkin 1992:120). During the present research it was not possible for the researcher to misrepresent his person as he is well-known at the

institutions at which the research was conducted. However, deception as an ethical problem, may take on other, rather subtle, dimensions. For instance, was the researcher totally honest about the significance of the study? Did the issue of arriving at a theory of the maintenance of caring, and the benefits this might have for the researcher, carry as much weight as the possible benefits that such a theory could have for future generations of nurses? Whatever the researcher's answers to these questions, there is also always the possibility of self-deceit. In essence, an answer to this entails a reconciliation of the egoistic-altruistic<sup>66</sup> dichotomy.

In addition, during the publication of results, certain ethical standards could encourage researchers to eliminate whole sections of their findings; a form of deceit. During the present study the researcher omitted information only in cases where such information did not contribute to the construction and clarification of the research object (object of intention).

#### 6.6.2.8 Reciprocity

Glazer (1982:50) defines reciprocity as: *the exchange of favors and commitments, the building of a sense of mutual identification and feeling of community.* Glesne and Peshkin (1992:122) state that, as informants willingly open up their lives to researchers; giving time, sharing intimate stories, and frequently including them in both public and private events and activities; researchers become ambivalent, alternately overjoyed with the data they are gathering, and worried by their perceived inability to reciprocate adequately. However, Glesne and Peshkin (1992:122) point out that equivalency may be the wrong standard to use in judging the adequacy of one's reciprocity. What the researcher has to his/her means to reciprocate with is the means to be grateful, by acknowledging how important informants' time, cooperation, and words are; by expressing one's dependence on what informants have to offer, and by expressing one's pleasure in having their company. Good listening, with its attendant reinforcement, catharsis, and self-enlightenment are the major returns researchers can readily give to interviewees (Glesne and Peshkin 1992:123).

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<sup>66</sup> See paragraph 5.2.2.9.

During the present research the researcher's indebtedness to informants also became an issue to him. This was mostly due to a negative orientation towards, and experience with, the implementation of research findings. Sometimes the researcher felt, and still feels, that in the present climate of an ill interpreted importance and nature of a "grassroots" approach, work of advanced academic standard is not appreciated and looked down upon, even by fellow academics. Informants, in this climate, might be wasting their time and effort. However, meaning was derived on the short term during the research by having made a point of thanking informants for their contributions and by elaborating appreciation for their involvement.

#### 6.6.2.9

##### **Exploitation of informants**

Any relationship provides for exploitation. In research this involves getting more from informants than what they get in return and is closely related to reciprocity. In qualitative research this can be a serious problem of having a bad conscience (Glesne and Peshkin 1992:112-113). Merely listening to informants' stories during the present research did not free the researcher from a feeling of exploiting the informants. However, the researcher did not promise informants anything in return for their contributions. The findings of the research will be communicated to the institutions at which the research was conducted. The report is also available to all who are interested. The researcher's only obligation now is to publish articles on the findings to create an interest in these findings. Timid as it might sound, after this, the ball will be in the others' court.

Some consolation, however, came from Glesne and Peshkin (1992:113) who state that: *If the standard of ethicality [of research] is solving the problems of the people from whom we collect data, and solving them right away, then much research is doomed never to begin.*

#### 6.6.3

##### **THE RESEARCHER**

Regarding the researcher him or herself, there are two major sources of ethical concern, namely that of personal prejudice and the question of acceptance.

### 6.6.3.1 Prejudice<sup>67</sup>

The interviewer/researcher brings to the relationship with informants his own set of predetermined attitudes, which may profoundly affect that relationship. He has the natural tendency to impute to others his own feelings<sup>68</sup> and may thus seriously misunderstand his informants' situation and problem (Garrett 1942:21). Garrett warns that we usually think of prejudices as large overall attitudes, such as race, class, religious and political prejudices. However, many productive prejudices are rather subtle and easily escape notice. The researcher, for instance, finds exaggerated dislikes for males wearing earrings, or teenagers clothed all in black. He also finds exaggerated fondness of teenagers interested in classical music and who are caring towards younger brothers and sisters in a maternal manner. In addition to this, Garrett also indicates that we all have our distinct ideas of what is really tolerable. Naturally all these might influence the research undertaking and might skew information, thus creating ethical questions; questions relating to honesty, validity, reliability and so forth.

### 6.6.3.2 Acceptance

Tolerance and acceptance go hand-in-hand. However, it is not easy to say how an interviewer/researcher can accept unconventional behaviour or attitudes on the part of informants and yet maintain his own and community standards (Garrett 1942:22). The issue of ethical importance here is also that a judgmental attitude could lead to informants refraining from being open and honest, thus further skewing the outcome of the study. Such a judgmental attitude is also often seen as infringing upon the individual right to freedom of whatever nature. As Garrett (1942:23) puts it, as the researcher/interviewer's experience grows, he recognises that there are a wide range of individual variations in human responses to a given situation. This may lead him to try to accept all such behaviour, to carefully refrain from evaluating it. But, this is an extremely limited understanding of the concept of acceptance, involving as it does, only an arid, non-judgmental impartiality. Real acceptance is primarily acceptance of the feelings given expression

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<sup>67</sup> See appendices 9 and 10.

<sup>68</sup> *A helpful step in discovering our own prejudices is to jot down a list of those we know others possess. A little self-scrutiny will then convince us that these are not as alien to our own attitudes as we may have assumed (Garrett 1942:31). The researcher complied with this. See data display 6.1, paragraph 6.6.6.*

by behaviour and does not necessarily involve acceptance of unsocial behaviour at all; real acceptance involves positive and active understanding of these feelings and not merely a passive refusal to pass judgement (Garrett 1942:23).

However, Garrett (1942:24) warns that in accepting behaviour and attitudes, interviewers and researchers too often say: "I understand" blocking the informants' attempt to present details that would be needed for a more specific understanding. In such cases, it would have been much better to say: *I do not understand*. During the present research, the researcher tried to be ever mindful of this, and not to block conversation.

In the relationship between the researcher/interviewer and the informant, intellectual understanding is clearly insufficient unless it is accompanied by emotional understanding as well. To know about emotions and feelings is not enough. One must be able to sense their existence and their degree and quality (Garrett 1942:25). In the researcher's opinion this is the ethic of caring in nursing research; caring applied to nursing research; the object of intention turned onto itself through a humane research process.

#### 6.6.4 THE RESEARCH DESIGN

Apart from the rights of informants and the ethical issues stemming from the researcher/informant involvement, the research design and research act also create certain ethical questions and problems.

##### 6.6.4.1 Evaluation of samples<sup>69</sup>

The evaluation of samples in qualitative research, that is establishing reliability and validity, has ethical implications. If validity and reliability are not maintained, the outcome of the study is questionable. As such, the publication of findings is pretentious and unethical. In this regard the reader is referred to the section on validity (adequacy) and credibility (reliability)<sup>70</sup>.

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<sup>69</sup> See paragraph 6.2.4

<sup>70</sup> See paragraph 6.2.4.1 and 6.2.4.2.

#### **6.6.4.2 Bracketing**

To reiterate, as Swanson-Kauffman and Schonwald (1988:98) indicated, bracketing<sup>71</sup> is the tool used to meet the ethical dictum of portraying accurately the reality of the phenomenon as it is lived and described by the informants (Swanson-Kauffman & Schonwald 1988: 98). Transgressing this dictum would constitute unethical behaviour.

#### **6.6.4.3 Intervener/Reformer**

During research, the researcher often acquires information that is potentially dangerous to some people. This is the reward, but also the burden, of trust. This ethical dilemma is concerned about what to do with such information. This issue may take on dimensions closely associated with the *Pedagogic meliorate I*<sup>72</sup>. The question is: *How wrong should a situation be before one should intervene?* Another consideration is whether intervention will not perhaps distort future information given by informants. As Glesne and Peshkin (1992:115) state, there is no clear-cut guideline. This whole issue is context bound. The main principles to adhere to are anonymity, confidence, trust, and the like.

#### **6.6.4.4 Advocate**

This matter is closely related to that of intervener/reformer issue. The researcher at some stage of the research might find him/herself wanting to take an open stand on a certain issue. However, instead of wanting to change something in the research site, the advocate champions a cause (Glesne and Peshkin 1992:115). This may, for instance, relate to the "Justice seeking I"<sup>73</sup>.

#### **6.6.4.5 Value free research**

Linked to bracketing, reliability and validity is the question of value free research. The question regarding value free research is of paramount importance in social research in general and in

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<sup>71</sup> See paragraph 6.3.1.

<sup>72</sup> See paragraph 7.6.5.4.4.

<sup>73</sup> See paragraph 7.6.5.4.4.

qualitative research in particular. According to Becker (Chenitz and Swanson 1986: 156): *Convincing arguments suggest ... that all research is ... contaminated by the personal and political sympathies of the researcher.* Weber maintained that all science involves values in the selection of problems to be studied. Once the problem is selected for study, however, the scientific investigation and analysis, whether of physical or social phenomena, must be value free, for only then can objective knowledge be obtained (Timasheff and Theodorson 1976: 144-145). In this regard the reader is returned to the question and importance of bracketing and the evaluation of samples.

#### 6.6.5 PUBLICATION

The issue of privacy, confidentiality and anonymity arise again during publication. Glesne and Peshkin (1992:118) report on a number of studies in which, although the researchers used fictitious names for both informants and places/settings, these were easily identified by readers. The fact that interviews have to be published in exact transcribed form also poses a major problem. In this regard Chenitz and Swanson (1986: 162) suggest that pseudonyms be used and that case material not relevant be distorted. Smaling (1994:7), however, is of the opinion that, whereas in traditional interviewing, anonymity is regarded as an incentive for interviewee openness, in the qualitative interview, the interviewee's contribution to the research and the restructuring of the research must be taken seriously<sup>74</sup> and may be of such a nature that explicit acknowledgement<sup>75</sup> of the interviewee as co-researcher may be in order (Smaling 1994:7).

During the present research, the more conservative (traditional) point of view, that of anonymity, was adhered to. However, this does not answer the question whether informants were to have been acknowledged. In addition, although complete transcripts have not been published, sections (data units) from transcripts are included in this report serving as evidence for the construction of categories. Vignettes of paraphrased individual psychological structures are also included in

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<sup>74</sup> *To be taken seriously can be called a dialogical-hermeneutical right (Smaling 1994:7).*

<sup>75</sup> *It is amoral to use insights of respondents and not to mention them if they have contributed substantially to answering the research question (Smaling 1994:7).*

this report<sup>76</sup>. These inevitably compromise the anonymity of informants.

#### 6.6.6

#### REACTIVITY ANALYSIS FRAMEWORK

In order to further secure validity and reliability, and also to take into consideration some potential ethical issues, the researcher opted, in addition to the *researcher's self appraisal schedule*<sup>77</sup> for a Reactivity Analysis Framework.

The sources of reactivity in qualitative research are often hidden from the immediate view and the consciousness of the research and co-researchers. The researcher must strive to identify how reactive effects have fashioned the way in which data were presented (by informants), collected and reported. This process, in Lincoln and Guba's words (Paterson 1994:308) is enhanced by the ability of the researcher to be *powerfully self aware*.

According to Paterson (1994:308) a number of strategies, including journaling, bracketing, memo writing, peer review and member checks, are advocated for assisting the qualitative researcher in identifying reactive effects. However, a more pertinent framework is suggested by Paterson.

The *Reactive Analysis Framework* enables the researcher to return, in a reflective mode, to an experience which has occurred during the research process. This focuses the research experience according to the lenses of the five themes of the framework (emotional valence, distribution of power, importance of the interaction, goal of the interaction, and the effect of normative and cultural criteria) (Paterson 1994:311-314).

The reactivity analysis framework acknowledges the lived experience of the researcher and the informants. Knowing what one has lived through as a qualitative researcher is viewed by the phenomenologist as an *interpreted experience*; a self-consciousness that serves to expand awareness and directs the researcher to the possibility of decision and further action through the

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<sup>76</sup> See the whole of Chapter 9.

<sup>77</sup> See appendices 9 and 10.

enhancement of *intuiting*<sup>78</sup>.

A reactivity analysis framework is especially important regarding the following:

- The reactivity analysis framework helps researchers to identify changes in their role as observer over time. Feelings and attitudes of the researcher, which may effect data collection, are sources of data to be analysed for the information they contain and for what they contribute to the research (Paterson 1994:310).
- Reviewing the emotional valence of data is useful because it often precipitates a catharsis, particularly when reactions to what has been observed or heard are intensely emotional. Acknowledging these emotions helps researchers to regain a sense of perspective and emotional balance (Paterson 1994:310).
- When the reactivity analysis framework is used to analyse research data, the analysis results in methodological issues (Paterson 1994:310). This is especially true with regard to *validity* and *reliability*.

Data display 6.1 contains examples of both prejudice and reactivity.

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**DATA DISPLAY 6.1**  
**REACTIVE ANALYSIS AND PREJUDICES**

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● **Pedagogic meliorist I**

- R: They call this moderated love . . . Researcher gave a mini lecture on this topic (Data: 152)
  - R: Is caring taught intentionally in the program you are following (Data: 152)
  - R: (In response to informants reference to positive self talk) Yippee, now I know what to suggest as curriculum content (Data: 185)
  - R: Do you feel that tutors and ward staff show enough caring towards you? (Data: 199)
  - R: The researcher explains the paradox of caring by seemingly not showing caring in the traditional sense of the word (Data: 12)
  - R: The researcher explains the salutogenic and fortigenic nature of caring (Data: 14)
  - R: They (College and hospital personnel) do not always allow you to be caring (Data: 298)
  - R: How do you feel about the caring component contained in the curriculum (Data: 423).
  - R: And there are people who become completely isolated due to this (Alexithymia) (Data: 483).
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Continued on the next page.

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<sup>78</sup> *Intuiting, the exercise of conscious critical reflection in order to understand the lived experience of the researcher. It requires the researcher to be hyperattentive to his or her own feelings, values, and beliefs, and to their influence on the research process. It also demands that the researcher be able to move back and forth between understanding self and understanding the informant. Intuiting is achieved through the use of the reactivity analysis framework.*

Continued from the previous page.

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• **Ethical maintenance I**

• R: The researcher confessed to sometimes not lending a helping hand where it was obviously needed (Data: 181)

• **Judgmental I**

• R: The worst part to me is that one need not feel that way. The mere fact that one is dealing with a fellow human being should be enough to elicit that warm humane feeling (Data: 292)

• **Sympathy seeking I**

• R: Do not mind the tape recorder. I will retype every word spoken - verbatim. It takes me about two days to do only that (Data: 314)

• **Gender focused I**

• R: Do you think there is a difference in the caring rendered by the different sexes (Data: 365)

• **Pedant/Show off I**

• R: You said earlier that at a stage you were afraid you might take you (psychiatric) patients "home with you." This is called a problem with "affiliated individuation." In other words, affiliated but also distant (Data: 415).

• R: There is a word in psychiatry for this phenomenon namely: *alexithymia* (Data: 483).

• **Virtuous I**

• R: Me too, I never nursed technology/ the machines. I think the ideal behind technology is to leave more time for caring (Data: 467).

• **Goal of the interaction**

○ *Social talk*

• I: Like last night a friend of mine phoned and said . . . (then follows a story not related to the interview but definitely about letting the researcher know more about the informant's private life and circle of friends) (Data: 145).

○ *Catharsis.*

• This is a therapy session for the informant to air her "grief" (Data: 442) See vignette on "loosing caring". (Chapter 9, Individual Psychological Profile 12)

• Long story on bad feeling between informant and a friend. Not directly related to context of relating to patients rather than being at logger heads. The informant rather tried to "impress" or illustrate with private scenarios in which she is the stoic heroine. (Data: 24)

• I: When I care for someone it is often not reciprocated (Data: 28) (This is a personal experience of opinion of the informant which does not bear any direct influence on the topic.)

○ *Therapy.*

• I: "I couldn't previously . . . I still want to cry when I talk about it." R: "Feel yourself free to do so." (See red note Data: 452).

• I: People are prejudiced towards people staying in D... ( Informant was making a statement about herself and the area in which she resides.)

• I: People do such terrible things to you . . . (Data: 147). What followed was an account of a non-specific situation in which the informant had been wronged.

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In some instance the researcher's (R:) and informants' (I:) exact words are quoted. In other instances notes made by the researcher during data analysis are quoted.

## 6.7 CONCLUSION

In this chapter an overview is given of the research act. Of special importance is the question of research validity and reliability, and ethical considerations and the relationship among these. This

is fundamentally a question regarding the maintenance of objectivity during research. However, it is clear that objectivity, in traditional research terms as the exact account of data as presented by informants, is problematic in qualitative research.

As suggested in this chapter and in the following two chapters, the researcher maintained objectivity (as honesty and truthfulness) by including both purposeful and theoretical sampling. By having kept an open mind and by having applied bracketing, objectivity was further enhanced. Further more, the results of the researcher's interpretations of informants stories were submitted to colleagues for their criticism.

However, whatever the degree of objectivity, this does not automatically provide for an unbiased stance. As Morse (1989: 125) points out: *The major criticism of volunteer, purposeful, and nominated samples is that these samples are biased by virtue of the selection process. These sampling methods facilitate the selection of a certain type of informant with a certain type of knowledge.* However, this is exactly the reason for using these sampling methods (Morse 1989:125). An unbiased sample, randomly chosen, violates the qualitative principle of obtaining information from experts and the principle of the sample size adequacy.



# CHAPTER 7

## DISCLOSURE OF THE OBJECT OF INTENTION: DATA COLLECTION: THE FORMAL UNSTRUCTURED QUALITATIVE INTERVIEW

*The opposite of a correct statement  
is a false statement.*

*The opposite of a profound truth  
may well be another profound truth.  
(Niels Bohr)*

### 7.1 INTRODUCTION

In an attempt to disclose (reveal) the research object (object of intention), methods and strategies for data collection must be employed. In this chapter the data collection method and techniques concerning the phenomenon under investigation are discussed and reported on. The present concern is with the *open unstructured formal qualitative research interview*<sup>1</sup>.

### 7.2 METHODOLOGICAL UNDERPINNINGS

This chapter should be read in conjunction with Chapter 2 in which the methodology and the philosophical anthropology underlying the present research are discussed. Pertinent in this regard is Von Eckartsberg's (1986: 16) statement that the existential-phenomenological approach to psychology proceeds on the assumption that identically named experience refers to the same

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<sup>1</sup> *NB: Due to the stupendously long descriptive name of this type of interview the word "interview" will be used during the rest of this study to refer to this type of research interview. However, in instances where this type of interview is discussed in comparison with other types of interviews this longer descriptive label will be adhered to. Shorter versions include "qualitative interviews," and dialogical-hermeneutical interviews. The abbreviation QRI will so be used.*

reality in various subjects. Van Kaam (Von Eckartsberg 1986: 17) puts it as follows:

This basic identity of experience is an axiom in psychology . . . This axiom seems to be confirmed by daily experience . . . If we collect descriptions (of a named, i.e. linguistically specific experience) then we have to assume that others are focussing their attention on the same kind of experience, that we are when we describe our experience. This statement is founded on the supposition that experience, with all its phenomena, is basically the same in various subjects.

In this regard, Charon (1989: 43) quotes Hertzler in saying:

What is not expressed in language is not experienced and has no meaning...

The latter statement may in some way be contradicted by the principle of *direct reference*<sup>2</sup>, however, it is supported by the concept *alexithymia*<sup>3</sup>. Nonetheless, these statements by Von Eckartsberg and Hertzler sustain the following assumptions about interviewing:

- Interviewing demands an epistemology of linguistic<sup>4</sup> nature;
- We are capable of eliciting and hearing the reality of informants; and
- Personal stories of informants express a reality sufficiently unique or cohesive so that any *a priori* assumptions of our own will not influence their interpretation<sup>5</sup> (Swanson-Kauffman & Schonwald 1988: 99).

### 7.3

#### WHY THE FORMAL UNSTRUCTURED QUALITATIVE INTERVIEW?

##### 7.3.1

##### GENERAL ISSUES:

The philosophical anthropology underlying this study, and consequently the accompanying methodology, demand data collection methods that will not distort the everyday *life world* of informants. Such data collection methods must allow informants to reveal *their personal*

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<sup>2</sup> See paragraph 2.6.4, table 2.2 and footnote 54 in chapter 2.

<sup>3</sup> *a* = without, *lexi* = words; *thymus* = emotions (seat of emotions). Thus: without words to describe emotions (Goleman 1995:51).

<sup>4</sup> See paragraph 2.6.4 and 2.7.

<sup>5</sup> However, since we raise the research question, we cannot help but express opinions about that which we believe is worth studying (Swanson-Kauffman & Schonwald 1988: 99). In addition we still have to apply bracketing.

experience of *their* life world.

According to Smaling (1994:1) the *standardised interview* has several distorting characteristics while the *qualitative interview*<sup>6</sup>, especially the dialogical-hermeneutical type, can be truly objective in the sense of doing justice to the object of study. Whereas standardised interviews lead to decontextualisation and disempowerment, (that which the underlying methodology and philosophical anthropology call the scientist to guard against), qualitative interviews allow for contextualisation of the interview situation and empowerment of the interviewee within the interview situation (whether natural or formal) and within the context of ethnic, social and political affairs (Smaling 1994:1).

This is also corroborated by Fontana and Frey (1994:365) who state that unstructured interviews provide a greater breadth than other types of interviews, given their qualitative nature. However, the researcher who uses the unstructured qualitative approach to interviewing commits what structured interviewers would see as two *capital offenses*:

- he *answers questions* from respondents; and
- he *lets his personal feelings* influence in that he deviates from the *ideal* cool, distant and rational interviewer<sup>7</sup>.

Whereas the structured interview aims at capturing precise data of a codeable nature to explain behaviour within pre-established categories, unstructured open qualitative interviews attempt to understand the complex nature of members of society without imposing an *a priori* categorisation that may limit the field of inquiry (Fontana and Frey 1994:366). It is for this very reason that the latter approach to interviewing was selected for the present study. It meets the requirements implied by the methodological underpinning of this study.

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<sup>6</sup> A semi-standardised and a semi-structured interview of which the response categories are not prefixed, may already be called qualitative. However, this is a borderline case. There are a variety of qualitative interviews, ranging from this case to the qualitative interview in which several or even only one topic is given. The interview approach used in the present research is of the latter type.

<sup>7</sup> See comments on gender interviewing and the feminine approach, paragraph 7.8.5.1.

## 7.3.2

## THE POTENTIALITIES OF THE QUALITATIVE RESEARCH INTERVIEW

In addition to the above, Smaling (1994:1) identified *typification of the interview*, *contextualisation* and *empowerment* as three *potentialities* of the qualitative interview which make this method of data collection even more appealing to the present study.

## 7.3.2.1

**Typification of the interview**

In this instance Smaling (1994:5) points out that the qualitative research interview is dialogical-hermeneutical<sup>8</sup> in nature. The importance of a dialogical-hermeneutical approach to interviewing is that the meaning of questions and answers is something to be *produced, promoted, and negotiated* by the conversations and non-verbal interactions between the interviewer and the interviewee. As a result, new and even more relevant questions may be formulated. Consequently, the dialogical-hermeneutical type of qualitative interview makes it possible to avoid the weaknesses of the standardised interview, especially that of *decontextualisation* and *disempowerment* (Smaling 1994:6).

## 7.3.2.2

**Contextualisation**

The dialogical-hermeneutical approach to qualitative interviewing enables the interviewer to deal explicitly with personal (racial, social, political and cultural) contexts of the interview as well as the uniqueness of the interviewee. The interviewer and the interviewee can reach mutual understandings on the different meanings of a question and the phenomenon contained in that question. Data display 7.1 contains some examples of negotiation that occurred during the present research. References pertain to the data supplement that was compiled. Also note that

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<sup>8</sup> A hermeneutical approach to qualitative interviewing implies that the verbal and the non-verbal behaviours of the interviewer has to be understood and interpreted by means of a process characterised by the so-called "hermeneutical circle." In the hermeneutical circle parts of the interviewee's behaviour are interpreted and reinterpreted from the whole, and the whole is interpreted and re-interpreted from the parts. This understanding and interpreting process also implies a process of self-clarification on the part of the interviewer because his or her fore-understanding or pre-suppositions are being confronted by the interviewee's behaviour. Hence, the hermeneutical process already has a dialogical flavour. To become more truly dialogical, the interviewer's behaviour has to be seen as being understood and interpreted by the interviewee as well. This hermeneutical reciprocity has been called "double hermeneutics" by Giddens (Smaling 1994:5). In this regard the reader is reminded of the researcher's attempt at bracketing through an extensive literature review and the attention paid to reflectivity and prejudice (paragraphs 6.6.6 and 7.6.5.4.4 and appendices 9 and 10)

negotiation and clarification need not necessarily involve lengthy discussions.

Apart from the intellectual cognitive aspect involved in the phenomenon under study, the interviewee's emotional involvement in that phenomenon can also be studied. Questions directed

<b>DATA DISPLAY 7:1 INCIDENTS OF NEGOTIATION DURING INTERVIEWING</b>
<p><b>Incident 1: Definition of caring and work/job</b>  R: So you sometimes just do your job?  I: My job or my relationship with the patients?  R: The way I see it, your job and your relationships with patients are the same thing; caring, isn't it (Data: 117)</p>
<p><b>Incident 2: Clarification of the term <i>caring</i></b>  R: See, implied in caring is to do things . . . (Data: 187)</p>
<p><b>Incident 3: Definition of knowledge</b>  R: What about knowledge? Would that help you?  I: What kind of knowledge?  R: Exactly. What kind of knowledge would . . . ? (Data: 139)</p>

at interviewees may not have an unequivocal (absolute) meaning for the interviewee. Moreover, there is no guarantee that the interviewer was able to break down the question adequately beforehand. In this regard, Smaling (1994:6) states that: *The precise and the differentiating meaning of the question has to be produced within a discourse and is the result of the interviewing process, and not a prerequisite.*

Another important aspect of being able to contextualise the interviewing process is that *natural language* can be used and with it, presuppositions the researcher might have (Smaling 1994:6). Presuppositions in natural language refer also to leading questions - questions based on the researcher's understanding or presupposition as it is created/formed by the information given by the interviewee. In this regard, Kvale (1983:189) stresses that leading questions should not be eliminated from the qualitative research interview, however, the different types of leading questions and their influence upon answers should be analysed. The issues in question here are, naturally, *scientific objectivity* and a sustained *unbiased* approach by the researcher. In this regard, Kvale (1983:190) further points out that: *The solution is . . . not to work towards a*

*technical objectivity in question but a reflected subjectivity with respect to question-answer-interaction.* During the present research, however, the researcher omitted all responses which followed on leading questions; questions generated by the researcher and not based on informant responses. These data units were also omitted from the paraphrased individual psychological constructs.

### 7.3.2.3 Empowerment

According to Smaling (1994:6), the qualitative interview, especially the dialogical-hermeneutical type, allows for participation of the interviewee in the interview process. Because of the responsive, participatory and collaborative character of the interview process, the interviewee becomes a co-interviewer. This empowers the interviewee in the interview situation if the researcher is *authentic*, that is, being truly dialogical without being manipulative (Smaling 1994:7). Adherence to this, during the present research, is evident from the omittance from data analysed, of all responses that followed on leading questions.

## 7.4 UNDERSTANDING IN QUALITATIVE RESEARCH INTERVIEWS

Closely related to the above motivation for the use of unstructured formal qualitative research interviews during this study, are the twelve modes of understanding in qualitative interviewing identified by Kvale. These twelve modes of understanding also reflect the existential-phenomenological anthropology and methodology<sup>9</sup> underlying the present study and were all adhered to by the researcher.

### 7.4.1 LIFE-WORLD

The subject of the qualitative research interview is the life-world of the interviewee and his relationship to it. Of importance is the fact that the qualitative research interview is *theme* oriented and not person oriented (Kvale 1983:174). Maintaining this orientation probably distinguishes the qualitative research interview from *therapy* and guards against it becoming a therapy session. Kvale (1983:179) states that drawing a strong line between a qualitative research

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<sup>9</sup> See paragraph 2.3.

interview and a therapeutic interview may be difficult. Both may imply increased self awareness and change, however, the emphasis is upon intellectual understanding in the research interview and on personal change in the therapeutic interview (Kvale 1983:179).

During the present research, moments of therapy also surfaced and were inevitable due to the highly emotional involvement of informants with the object of intention.

#### 7.4.2 MEANING

The qualitative research interview seeks to describe and understand the meaning of central themes in the life-world of the interviewee. The main task in interviewing is to understand the meaning of what is said. Although common discourse often takes place on a factual level, the qualitative research interview seeks to cover the factual and the meaning level, although it is usually more difficult to interview systematically on the meaning level (Kvale 1983:175). It is necessary to listen to the directly expressed descriptions as well as what is said “between the lines” and seek to formulate the implicit messages and send these back to the interviewee (Kvale 1983:175). This again necessitated conversation and negotiation throughout interviews conducted during the present research.

#### 7.4.3 QUALITATIVE

The qualitative research interview aims at obtaining as many descriptions of the different qualitative aspects of the interviewee’s life-world as possible. Precision in description and stringency in meaning interpretation in qualitative interviews corresponds to exactness in quantitative measurements (Kvale 1983:175). The whole issue of adequacy (validity) and appropriateness (reliability)<sup>10</sup> again becomes pertinent.

#### 7.4.4 DESCRIPTIVE

The qualitative research interview aims at obtaining uninterpreted descriptions. The interviewee describes as precisely as possible what she or he experiences and feels, and how she or he acts.

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<sup>10</sup> See paragraphs 6.2.4.1 and 6.2.4.2.

It is primarily the task of the researcher to evaluate the question about why the interviewee experiences and acts as she or he does (Kvale 1983:175). To attain this, the researcher during the present research opted for a conversational, and to some extent, interrogational, interview style.

#### 7.4.5 SPECIFICITY

According to Kvale (1983:176), the qualitative research interview seeks to describe specific situations and action sequences in the life-world of the interviewee. General opinions are not investigated, however, opinions might yield information of interest in itself. As indicated previously, the researcher explicitly asked informants to give an account of *their* experience of maintaining a caring concern.

#### 7.4.6 PRESUPPOSITIONS

The qualitative interview attempts to gather descriptions, as rich and as presuppositionless as possible, of the relevant themes of the interviewee's life-world. The interviewer should be curious and sensitive to what is said (and what is not said), and critical of his presuppositions and hypotheses during the interview. According to Kvale (1983:177), presuppositionless also implies, for the interviewer, a critical consciousness of his/her own presuppositions <sup>11</sup>.

#### 7.4.7 FOCUSSED

The qualitative research interview focuses on certain themes of the life-world of the interviewee. According to Kvale (1983:176), it is neither strictly structured with standardised questions, nor entirely "nondirective" but focussed on certain themes. During the present research no specific themes were being introduced to the interviewee, although the researcher anticipated such themes, based on the literature review. These themes included, amongst others, *Care, will and meaning*<sup>12</sup>. Nonetheless, Kvale (1983:176) maintains that in the area focussed on, it is up to the researcher to bring forth the dimensions she or he deems important. The task of the interviewer

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<sup>11</sup> In this regard the reader is referred to the concept "bracketing" discussed in paragraphs 2.6.3 and 6.3 and the purpose of the initial literature review contained in Section C (Chapters 3, 4 and 5).

<sup>12</sup> See paragraph 3.5.

is to focus upon, or guide informants towards, certain themes, but *not to guide the interviewee towards certain opinions about these themes* (Kvale 1983:176). This was also acceptable to the researcher throughout the present research. However, instances during which the researcher compromised Kvale's caution occurred mostly in the form of the *Justice-seeking I* and the *Pedagogic meliorate I*<sup>13</sup>.

#### 7.4.8 AMBIGUITY

Statements derived through an interview may sometimes be ambiguous. Some expressions in the research question may imply several alternative interpretations, and the interviewee may give apparent contradictory statements during the interview. It is in this instance the task of the interviewer to clarify whether ambiguities and contradictory statements are due to failure in communication between the interviewer and the interviewee, or whether they reflect real inconsistencies, ambivalences and contradictions the interviewee has to live with; whether these are perhaps context dependent. Contradictions in statements are not necessarily due to faulty communication in the interview situation, or the personality structure of the interviewee, but may be adequate reflections of objective contradictions in the life-world of the interviewee (Kvale 1983:177).

Data display 7.2 contains an example of such an "ambiguity" from *one* of the informant's accounts. The **bold** text implies the ambiguity.

<b>DATA DISPLAY 7.2 AN EXAMPLE OF DATA "AMBIGUITY"</b>
<p>I cannot always be sure that what I do is "caring" for the patient. I <b>need confirmation</b> from patients to know whether I have been caring. Caring is a <b>highly individualistic</b> experience for patients. I always try to care for patients, even if patients do not appreciate it or regard it as caring.</p> <p>I sometimes feel that as long as I do my best; what is right for the patient, what is purposeful, and <b>what is important to patients from my point of view</b>, I am caring. As long as I have done what I could; my best. (Data: 89)</p>

<sup>13</sup> See par 7.6.5.4.4 and Appendix 9 and 10.

#### 7.4.9 CHANGE

During the interview the interviewee may discover new aspects regarding the object of intention and may suddenly see relationships which she or he has never been conscious of before. The traditional requirement of the scientific method has been that data should be reproducible; an observation should, in principle, be able to be repeated at a later time. By implication, by *replicating* an interview, correspondence between descriptions and meanings given in the successive interviews should be attained. In a qualitative interview, though, it may in principle be impossible to obtain intra-subjectively reproducible data in this sense. The interviewee cannot repeat the meanings she or he started off with in the first interview, because she has, during that interview, obtained a new insight in, and increased consciousness of, the object of intention (Kvale 1983:177). This statement by Kvale also supports Sandelowski's (1993) argument regarding the problems related to member checking<sup>14</sup>.

#### 7.4.10 SENSITIVITY

According to Kvale (1983:177), data obtained through different interviewers using the same interview guide may be different due to the varying sensitivity of the interviewers. This was not an issue during the present research since the researcher conducted all the interviews himself. However, the researcher did experience a shift in sensitivity in the sense of a shift in focus on themes as the research proceeded. Nonetheless, sensitivity is a methodological issue as the requirements of sensitivity, and the emphasis on fore-knowledge about the topic, may conflict with the presuppositionless attitude supposedly maintained by some researchers.

#### 7.4.11 INTERPERSONAL SITUATION

The interview is an interaction between two people. In this relationship, as in participant observation, the interviewer as a person is the method or instrument of data collection. The interviewer should be cognisant of the interpersonal dynamics of the situation and take these into consideration in the situation and also in the interpretation and analysis of the data obtained during the interview. The reciprocal influence of interviewer and interviewee on both the

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<sup>14</sup> See paragraph 6.2.4.4.

cognitive and the emotional level is not primarily a source of error but a strong point of the qualitative research interview. Rather than to seek to reduce the importance of the interpersonal interaction in the situation, what matters is to recognise and apply the knowledge of this interaction in the interview (Kvale 1983:178).

#### 7.4.12 POSITIVE EXPERIENCE

A well carried through qualitative research interview may be a rare and enriching experience to the interviewee. It is probably not a very common experience from everyday life that another person, for an hour or more, is only interested in, sensitive towards, and seeks to understand as well as possible, one's experience of a subject. In practice it may often be difficult to terminate a qualitative interview, as the interviewee will often wish to continue the dialogue (Kvale 1983:179). This has also been the experience of the researcher during the present research.

### 7.5 THE INTERVIEWER/RESEARCHER

As Glesne and Peshkin (1992:76) put it, because there are so many acts to orchestrate, effective interviewing should be viewed the way that good teaching is; one should look for improvement over time, for continued growth, rather than for mastery or perfection. This was quite reassuring to the researcher during the present research. However, he also tried to reflect as closely as possible the attributes, qualities and techniques discussed below.

#### 7.5.1 LISTENING SKILLS

Interviewers are listeners *par excellence* (Glesne and Peshkin 1992:76; Morse and Field 1995:91). This is a recurring theme in the discussion that follows and is implied in many of the attributes, attitudes and techniques critical to the interviewer. Listening implies listening to both the informant and the information.

#### 7.5.2 CELEBRATING THE INTERVIEWEE

Regarding the characteristics and general conduct of the interviewer, Schatzman (Chenitz and Swanson 1986: 68) is of the opinion that:

There is no more important tactic ... than to communicate the idea that the informant's views are acceptable and important.

During the present research, the researcher made every effort to reassure informants that whatever they had to contribute could be important towards attaining the goals set for the research.

### 7.5.3 REVERENCE

Closely related to celebrating the interviewee is Swanson-Kauffman and Schonwald's contention that there is an art to phenomenological description; an aesthetic aspect regarding phenomenological inquiry. The researcher must approach subjects and subject matter with a sense of awe, empathy, and appreciation. Creativity and a willingness to take chances are often times the phenomenological investigator's only key to entering, sharing, and reporting on the reality of others (Swanson-Kauffman & Schonwald 1988:103). Having had previous experience in qualitative research, the researcher was well aware of these issues, however, guarded against becoming blasé about them.

### 7.5.4 FLEXIBILITY AND ADAPTABILITY

Although the researcher must be hyper attentive during the interview, she or he must also be neither too critical nor too accepting of his/her beliefs about the emerging concepts. The researcher changes for the interview in the following ways. First, the researcher becomes aware of how similar or how different the informant's story is from his or her own. In the case of a similarity, the researcher also feels understood. When the situation is dissimilar to that experienced by the researcher, she or he or she continues to experience new insights (Swanson-Kauffman and Schonwald 1988:103). The latter requires an openness; a flexibility closely related to sensitivity, ambiguity, change, and positive experience discussed above. The divergence between the researcher's pre-scientific conceptualisation of the object of intention and the *scientific* result of this study attests to difference in experience and also to the *openness* of the researcher.

#### 7.5.5 BEING INTELLIGENT

The interviewer also pursues the principle of being intelligent, always keeping the objectives of the study in mind, always remembering what had already been said and the like (Chenitz and Swanson 1986: 68). Being attentive allowed the researcher to direct the interviews sensibly by asking appropriate questions and pursuing relevant concepts, themes and topics. During the present research, the researcher scribbled down topics as these were expressed by informants so as to avoid asking questions which might compromise the researcher with not being attentive.

#### 7.5.6 ESTABLISHING RAPPORT

This issue is discussed at a later stage<sup>15</sup> in more detail. However, at this point it suffices to point out that the researcher's quest for intelligence is accompanied by the researcher's quest for emotional security; being free from anxiety, being able to empathise with the respondents, communicating warmth, and putting respondents at ease (Chenitz and Swanson 1986: 68). Rapport is tantamount to trust, the foundation for acquiring the fullest, most accurate disclosure an informant is able to make. Rapport is established by showing interest in what informants have to say and by carefully communicating exactly what one wishes to accomplish or are interested in (Glesne and Peshkin 1992:104).

#### 7.5.7 PERSONAL INVESTMENT

Unlike a positivist paradigm that values distance and objectivity, the outcome of phenomenological inquiry and interviewing depends on the researcher's ability to engage with the informants' reality. It does, however, not mean that the researcher has to have lived each story, but that the researcher should be able to approach each story empathetically. The phenomenological researcher intuits the other's reality by being open to identify with the other's self and considering the other's reality as a possible reality for himself or herself (Swanson-Kauffman and Schonwald 1988: 101-102). The mere fact that the present research results are documented attests to the latter.

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<sup>15</sup> See par 7.6.5.4.

## 7.5.8

## HYPER SENSITIVITY

To elicit data, especially *data of a more personal nature*, the researcher has to move into a mode of being that is:

- hyper attentive to the informant's words and gestures;
- totally believing that the informant is an expert on the topic of inquiry by virtue of the fact that she or he has lived his/her own experience of the phenomenon under study; and
- on-the-spot creativity in assisting the informant to reflect on the meaning of events as they are discussed.

According to Swanson-Kauffman and Schonwald (1988: 102), such hyper attentiveness, belief and creativity are all reliant on the researcher's self engaging in the data gathering process. In effect, the researcher's role is to move back and forth between intuiting and verifying with the informants as the informant's story unfolds.

## 7.5.9

## ANTICIPATION

A good interviewer looks ahead and asks: *What does this situation call for?* This also includes all the planning that goes into preparing for the actual interviewing; venues, time schedules, equipment and the like (Glesne and Peshkin 1992:79). The spontaneity and unpredictability of the interview exchange sometimes precludes planning probes ahead of time. The researcher must, accordingly, think on his feet (Glesne and Peshkin 1992:77).

Some of the aspects which the researcher could not have anticipated during the present research include the following:

- That students from distant hospitals, attending the college at which the research was conducted, would leave the college before the analysis of interviews had been completed.
- That governing bodies, who gave permission for research to be conducted at their institutions, would later demand that the research report be submitted to them for scrutiny before being submitted for examination. Naturally, this caused a somewhat awkward situation and the researcher had to decline the offer to conduct research at these institutions.

### 7.5.10 NAÏVETY

Naïvety implies the researcher's special learner role (Glesne and Peshkin 1992:80). It entails a frame of mind in which the researcher sets aside his or her assumptions (pretensions, in some cases) that she or he knows what the informants mean when they tell him/her something, rather than to seek explanations about what they mean<sup>16</sup>. The difficulty in being naïve in this sense is that assumptions generally are useful for simplifying our relations with others. It will be rather tedious and painful to keep on asking: *What do you mean?* or *Tell me more.* (Glesne and Peshkin 1992:80). This goes hand in hand with being intelligent. By indiscriminately going about this the researcher could also frustrate the interviewee.

During the present research the researcher often had to ask for clarification, especially regarding informants' experience of caring as being *nice*; an experience which proved to be extremely difficult to verbalise. However, the researcher pardoned himself for having had to ask for clarification yet again whenever this happened more than once during an interview.

### 7.5.11 ANALYTIC

In conjunction with being anticipating and naïve, the good interviewer must cultivate an analytic attunement towards interview material. Analysis does not exclusively refer to a specific stage in the research process. It is a continuous and continuing process. Interviewing is thus not only devoted to data acquisition. It is also a time to consider relationships, salience, meaning and explanations; four analytical acts that not only lead to new questions, but also prepare the researcher/interviewer for the more concentrated period of analysis that follows the completion of the data collection (Glesne and Peshkin 1992:81). During the present research, the researcher constantly kept the data analysis process as proposed by Wertz<sup>17</sup> in mind and attempted to ask probing questions in line with this process without distorting the naturalness of the phenomenon under study. Being *analytic* at this level is derived from the researcher's initial interpretation and understanding, or lack of such understanding.

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<sup>16</sup> Bracketing as defined for the purpose of the present research is also implied by this.

<sup>17</sup> See chapter 8; Table 8.5 for an overview of this process.

## 7.5.12

## BEING DOMINANT BUT ALSO SUBMISSIVE (PARADOXICALLY BILATERAL)

This issue has to do with the much debated question of power differential in the interview situation. Although non-hierarchical relationships may be possible in participatory research, in formal settings, like that created during the present research, the researcher maintains a dominant role that reflects his or her definition of the purpose of the research. As long as the purposes of the research are the researcher's, the researcher maintains a power imbalance. Such a hierarchical situation need not necessarily go without caring and mutual warmth. There is no viable role for interviewers as cold, impassive, distant interrogators. Rather, interviewers are multidimensional human beings *not so hellbent on data collection as to ignore the interview as interaction between two human beings* (Glesne and Peshkin 1992:83).

The researcher needs to be unpatronisingly understanding, empathetic, supportive, and if possible, contributory in terms that reflect the informant's conception of personal needs. The researcher's terms of dominance emerge in the intent to control the direction, shape and flow of the interview. *Skilful assertiveness* should be enforced to keep informants on track. However, this dominance is countered by an act of submissiveness on the part of the researcher as portrayed by his or her listening; the heart of good interviewing. Informants can also decide when to stop an interview or when to opt out of the research. Such power is substantial and its extent indicates how dependent the researcher is on the informants' willingness to participate. However, the researcher will remain dominant for as long as the interview remains a means to an end she or he has fashioned and is pursuing (Glesne and Peshkin 1992:82). During the present research, the experience of the researcher with regard to groups of students' giving way to group pressure and resulting unwillingness to participate in the research was disheartening. However, those individuals who participated gave their full cooperation.

## 7.5.13

## BEING NONREACTIVE, NONDIRECTIVE AND THERAPEUTIC

This entails the question as to how much of one's non-researcher self can be present in the interview situation without contaminating or distorting the interview. The question is not whether the interviewer will be different in the role as interviewer, but *how* she or he will be different. As researcher, one apprehends what informants mean and feel and, rightly, communicate that to

them. However, what the researcher does not usually communicate is that s/ he also shares (or does not share) these meanings and feelings. Doing so would establish the researcher's meanings and feelings resulting in informants shaping their's accordingly (Glesne and Peshkin 1992:84). This naturally will distort the data collected and could unethically force preempted theory.

Not communicating one's feelings and meanings to informants does, however, not indicate that the researcher takes on a zombie like attitude. On the contrary, the researcher shows interest by acknowledging what informants disclose with comments such as: *That must have been awkward.* Or: *It really must have hurt!* (Glesne and Peshkin 1992:84). The main idea is to communicate to informants that one has heard what they said, and that one grasps their feelings. This also demonstrates that the concern of the interviewer extends beyond the collection of data to include the well-being of the informant (Glesne and Peshkin 1992:84).

The attempt at promoting successful data collection has the concomitant effect of therapy (Glesne and Peshkin 1992:84). The aforementioned ways of listening, decentring and celebrating what the informants had to say are therapeutic. Glesne and Peshkin (1992:85) regard the therapeutic aspect of the interview as part of what the researcher/interviewer can return to informants. In other words, reciprocate, or *paying in kind*. Swanson-Kauffman and Schonwald (1988: 102) also point out that often informants confuse the open qualitative interview as data gathering technique in phenomenological research with a *caring therapeutic encounter*. It is, however, not surprising since, rarely do any of us experience the opportunity to feel so genuinely understood by another person as with the authentic openness that is part of the qualitative interview. This is corroborated by Morse and Field (1995:93).

#### 7.5.14 PATIENCE IN PROBING

According to Glesne and Peshkin (1992:85) qualitative researchers (and phenomenological researchers) operate from the assumption that they cannot exhaust what there is to know about their topic. An interview may be stopped for several reasons, eg. running out of time, running out of wit for further productive exploration, being satisfied with a partial conceptualisation of the phenomenon, and the like. However, as long as the research and the interviews are in progress it remains a situation of *what else?* and the better one probes, the longer the interview becomes.

Probes are requests for more explanation, clarification, description and evaluation. It also takes on numerous forms, such as silence, sounds, single words, complete sentences. All these were employed throughout the present research. It is especially silence that has value in the qualitative interview (Glesne and Peshkin 1992:85-86) and which was also practised during the present research.

#### 7.5.15

#### OTHER ATTRIBUTES

Numerous additional attributes of a good interviewer/researcher can be listed. However the knowledgeable, caring, sensitive and awe filled individual would probably be the best choice.

### 7.6

#### THE FORMAL UNSTRUCTURED QUALITATIVE RESEARCH INTERVIEW (QRI)

##### 7.6.1

##### DEFINITION AND PURPOSE

The *formal* character of this interview technique is derived from the *formal setting*, as opposed to the *natural setting*, in which the interviews were conducted. *Unstructuredness* signals the openness, and interactive potential, of this type of interview. Consequently, Morse denoted the term *unstructured interactive interview* (Morse and Field 1995:90) to this type of interview.

The purpose of the unstructured interview is to obtain information in the respondent's own words, to gain a description of the object of intention, and to elicit detail (Chenitz and Swanson 1986: 60). These interviews focus on elucidating the respondents' perceptions of the world without imposing on them any of the researcher's views (Polit and Hungler 1993:201). While time-consuming, lengthy, and difficult, this approach helps the researcher to get inside the respondent's private world; to discover factors that influence daily life and to investigate ways in which the external world is integrated with the respondent's internal world, or to uncover evidence of processes at work in the respondent's mind and personality (Seaman 1987:291).

During unstructured interviewing the researcher may use an interview guide containing a set of brief, general questions, a topical outline or a major theme (Chenitz and Swanson 1986: 67). During the present research, no interview schedule or formal topical outline was used.

### 7.6.2 LOCATING INFORMANTS

Chenitz and Swanson (1986: 66) state that *formal* interviews are conducted when a researcher desires in-depth information that can best be obtained in a private setting and from respondents recruited from predetermined sites. This refers to sampling which in qualitative research, and correspondently in existential-phenomenological research, takes on a totally different form from its counterpart in quantitative research<sup>18</sup>.

### 7.6.3 ASSESSING THE SETTING

The formal interviews were conducted in a venue provided by the institution which guaranteed privacy, safety, and no interruptions. With the permission of the institutions at which the research was conducted, telephones were unplugged during interviews. A notice was also pasted to the door stating that an interview was in progress; **DO NOT DISTURB**. Comfortable seating arrangements were provided throughout the research.

### 7.6.4 INTERVIEW CALENDAR

During formal interviews, time and venues are explicitly prearranged. In this study too, the most important consideration was to economise on the time of the researcher/interviewer, informants, and institutions. Whenever the interviewer was ready to conduct an interview, interviewees were contacted by using the information given on the sampling questionnaires. As suggested by Chenitz and Swanson (1986: 72), at least one hour was planned for each session. However, the researcher observed the respondents closely for signs of respondent fatigue and respondent saturation such as listlessness, disinterest, irritability, repetition of information, tone of voice, etcetera. In such cases the interviews were discontinued. This left the respondent with the feeling that the researcher had obtained what she or he had aimed for. It also left the opportunity intact for future interviews. No more than two interviews were conducted on one single day. All interviews were conducted in the respondent's private time.

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<sup>18</sup> See paragraph 6.2.

## 7.6.5 STRUCTURING THE INTERVIEW

### 7.6.5.1 The interview schedule

As indicated previously, during the present research, the researcher did not use an interview schedule. The research question was put to informants. Within the *How* of the research question the *Why* is also implied. However, *The precise and the differentiating meaning of the question [had] to be produced within a discourse and [was] the result of the interviewing process, and not a prerequisite* (Smaling 1994:6). Consequently, the research questions were rephrased as follows:

- How do you maintain your caring concern?
- How do you maintain a vested interest in your patients?
- What keeps you caring?
- Why do you continue being caring?
- Why do you sometimes act *uncaringly*?
- What do you do when becoming uncaring?

The main concepts in the research question were also negotiated during the interviews. After this, the interviews took its natural course. In Chenitz and Swanson's words (1986: 67):

The interviewer introduces a pertinent theme and questions are framed to pursue the development of the theme. The interviewer is ever mindful to follow the respondent's major concern or viewpoint.

This implies a funnel approach to interviewing, the approach followed during the present research. In the funnel approach the researcher starts with a general question, and follows with more specific questions (elicited during the interview). According to Chenitz and Swanson (1986: 75) this approach is especially valuable should the interviewer wish to discover unanticipated responses. Informants are motivated to give detailed descriptions of an event, and the interviewer wants to avoid imposing his frame of reference on respondents.

During the present research, the manners in which informants at times interpreted the research question were in themselves quite informative, and elicited valuable information on the research

topic; the maintenance of a caring concern.

#### **7.6.5.2**

##### **Introducing the interview**

In introducing the interview the researcher first explained the aim of the research to informants and acquainted them with their possible contribution towards this end. Establishing a relationship and introducing the topic were greatly facilitated by the information about the informants which the researcher had previously obtained by means of the biographical information provided during the administration of the POI<sup>19</sup>. During this phase informed consent<sup>20</sup> which had been obtained earlier during the research was reaffirmed.

According to Chenitz and Swanson (1986: 73) it is of utmost importance to let respondents realise that there are no right or wrong answers to the questions the researcher may ask. This aspect was explicitly stated to respondents.

#### **7.6.5.3**

##### **Information sought**

Although the formal interview is all about the linguistic expression of personal experience, this is not the only type of information obtainable, or of consequence, during the formal interview. The following information was also elicited.

##### **7.6.5.3.1**

###### ***Demographic information***

According to Chenitz and Swanson (1986: 70), demographic information can best be obtained at the end of the interviews when a relationship is well established. However, during the present research such data were collected during the purposeful sampling procedure. Although demographic data are not considered that important in purposive sampling and to the present research, these data are contained in Table 6.2.

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<sup>19</sup> See paragraph 6.2.1.1.6.

<sup>20</sup> See appendices 3, 5 and 6.

#### 7.6.5.3.2 *Field notes*

In this regard Fontana and Frey (1994:368) point out that: 1) notes should be taken promptly and regularly; 2) everything must be written down, no matter how unimportant it might seem at the time; 3) one should try to be as inconspicuous as possible in note taking; and 4) one should analyse one's notes frequently.

This was mainly achieved through field notes, a reactive analysis schedule, and a self-appraisal schedule on which personal prejudices were noted and dealt with <sup>21</sup>.

#### 7.6.5.3.3 *Nonverbal elements in interviewing*

According to Glesne and Peshkin (1992:77) the interviewer listens and looks, aware that feedback can be both verbal and nonverbal. She or he observes the informant's body language to determine what effects one's questions, probes, and comments have on informants to decide whether to adjust the direction of the interview accordingly.

According to Gordon (1980:335) there are basically four kinds of nonverbal techniques of importance in interviewing:

- *Proxemic* communication which refers to the use of interpersonal space to communicate attitudes;
- *Chronemic* communication or the use of pacing of speech and length of silence in conversation;
- *Kinestic* communication which includes any body posture or movements; and
- *Paralinguistic* communication which includes all the variations in volume, pitch and quality of voice.

Of the abovementioned, proxemic and kinestic communication were observed during interviews and their occurrence were noted against the counter of the audio recorder. Chronemics and paralinguistic communication were observed directly during the interviews and during the

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<sup>21</sup> See paragraphs 6.6.6 and 7.6.5.4.4. and appendices 9 and 10.

transcription of these interviews.

#### **7.6.5.3.4**

##### ***Private information***

According to Chenitz and Swanson (1986: 74) almost all interviews elicit private information. In this respect, informed consent served to protect respondents from exploitation and disclosure of identity which might be damaging. In this study, private information mostly contained examples of uncaring actions experienced by the respondents at some stage. The researcher, however, adhered to the conditions necessary to elicit private information as proposed by Chenitz and Swanson (1986: 75) including having:

- been comfortable with the topic area;
- given permission to respondents to speak of their concerns about private areas; and
- assured a private place and sufficient time for an unhurried interview.

#### **7.6.5.4**

##### **Rapport**

According to Glesne and Peshkin (1992:93), in qualitative inquiry the nature of relationships depends on two factors:

- the quality of our interactions to support research (rapport); and
- the quality of one's self-awareness to manage the impact of self on research;

#### **7.6.5.4.1**

##### ***Definition***

According to the Merriam-Webster's Dictionary, rapport is the relation characterised by harmony, conformity, accord, or affinity. It refers to the confidence of a subject in the operator (as in hypnotism, psychotherapy, or mental testing) with willingness to cooperate (Merriam-Webster's). In qualitative research, rapport is a distance-reducing, anxiety-quieting, trust-building mechanism that primarily serves the interest of the researcher. Rapport is a necessary, but not sufficient, condition for obtaining good data. It is also intended to acquire continual access to information (Glesne and Peshkin 1992:94).

Fontana and Frey (1994:367) see rapport as synonymous with empathy. Because the goal of qualitative unstructured interviewing is *understanding*, it is of paramount importance for the

researcher to establish rapport. Close rapport with respondents opens doors to more informed research, but it may also create problems<sup>22</sup>, as the researcher may become a spokesperson for the group studied, losing his or her distance and objectivity.

#### 7.6.5.4.2

##### *Establishing rapport*

This involves all the attitudes, characteristics and techniques ascribed to the good interviewer. However, two goals are pertinent, namely, deciding on how to present oneself and how to gain trust.

- *Deciding on how to present oneself:*

The decision of how to present oneself is very important, because after one's presentational self is *cast*, it leaves a profound impression on the informants and has great influence on the success (or failure) of the interview, and ultimately of the study. Sometimes, however, inadvertently, the researcher's representational self may be misinterpreted (Fontana and Frey 1994:367). During the present research the researcher aimed at appearing casual though professional. This demanded a certain blend of attire and conduct.

- *Gaining trust:*

Gaining trust is essential to an interviewer's success, and even once it is gained, trust can be very fragile indeed; and *faux pas* by the researcher may destroy days, weeks, months of painstakingly gained trust (Fontana and Frey 1994:367). Although the researcher was also mindful of this possibility, he cannot tell whether, and to what extent, trust might have been ruined.

#### 7.6.5.4.3

##### *Maintaining rapport*

Attunement to nonverbal communication can tell whether rapport has been established (e.g. time watching). However, reciprocity must figure in rapport. Rapport is also more readily established and maintained if both parties get something from the situation. People will be more willing to talk about personal matters once they have come to know the researcher/interviewer. This naturally takes time and requires authenticity on the part of the researcher. Although contact over

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<sup>22</sup> See the erosion of rapport to follow; paragraph 7.6.5.4.4.

an extended period of time does not assure the development of rapport, time may prove to be a determining condition (Glesne and Peshkin 1992:96). Due to the short time spent with informants during the present research, the extent to which rapport was established may be questioned. However, compliance on the part of informants was at least established and nothing that indicated dissonance was observed.

Like access to the research field, rapport is something that must be maintained. This involves constant attunement to the emerging needs of the relationship. The researcher should constantly reassure informants, build trust and confidence, and give *sense* and *meaning* to the situation. It is, however, of the utmost importance to remember that the development and the maintenance of rapport involves more than the consideration of one individual at any moment in time. It calls for an awareness of interactions among all involved in the research (Glesne and Peshkin 1992:97). In this regard it is feasible to remain above the politics of the setting in which the research is conducted. However, this does not free the researcher from needing to understand the political landscape and pitfalls of this setting. Maintaining access is also associated with becoming informed about the setting's social and political structure so that you can shape your conduct (Glesne and Peshkin 1992:98). The practical application of this is illustrated in the next paragraph.

#### 7.6.5.4.4

##### *Erosion of rapport:*

Glesne and Peshkin (1992:104) identified six prejudicial<sup>23</sup> manifestations of the "I" during their research which can shipwreck the total research endeavour. In each instance the "I" attempts to maintain part of itself by imposing it upon informants and the setting. This naturally may lead to the researcher becoming displeasing to the culture of the setting, and to being seen as domineering (even intimidating), wilful and inconsiderate. Naturally, informants can also reflect these prejudices.

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<sup>23</sup> The word that Glesne and Peshkin (1992:93) use is "subjectivity." The researcher substituted this with the word "prejudice" as subjectivity has a different connotation within the qualitative and phenomenological research endeavour which makes for unnecessary confusion if used in two different ways.

These prejudices identified by Glesne and Peshkin (1992:104) are:

- *Ethnic-maintenance I*: Throughout the present research the researcher had to guard against this prejudice as a number of informants were not of the same ethnic group as the researcher. If not curbed, the ethnic maintenance self might easily progress to naked racism.
- *Community-maintenance I*: This refers to a misplaced loyalty towards the community in which research is conducted (Glesne and Peshkin 1992:104).
- *Justice-seeking I*: This represents the defensive self, the product of identification with the population researched. With reference to the present research this involved a sensitivity towards issues that withheld students from doing what they really wanted to do; to be caring.
- *Pedagogical-meliorist I*: This is also a defensive self and results from being a nurse tutor. It involves planning (scheming) ways in which to ameliorate conditions in the educational setting one deems counterproductive to the maintenance of a caring concern. The researcher often found himself telling students what conditions in nursing education should be.
- *Nonresearch-human I*: This is the part of self that truly may be called subjective and involves the communal I. The way I was treated by individuals in the different research settings naturally influenced my general orientation towards it.

To these, the researcher added two additional possible prejudices he felt (at this specific stage in his life) could cloud relationships. These are the *Gender-maintenance I* and the *Generation-maintenance I*. The implication of gender differences in interviewing has been discussed previously, and the importance hereof emphasised. The *generation-maintenance I* refers to the difference in age, the generation gap, between the researcher and informants. This was necessary to observe as the researcher does not have children, which if he had, could have been in the age group in which most of the students presently fall. Naturally, the researcher lacks appreciation for some of the teencult manifestations, including their general attitude towards older people; especially middle-aged white males, representative of an era best forgotten.

The main advantage of an awareness of these prejudices is that the researcher can be on the

lookout for them. Naturally one often cannot change the way one feels about and towards certain people and situations, however, one can prevent such feeling from having a negative influence on the research undertaking.

These six potential prejudices are contained in a self-appraisal schedule<sup>24</sup> which the researcher completed for each interview as part of the field notes he kept. The researcher reflected on these to modify his attitude.

#### 7.6.5.5

##### **Data analysis during the interview:**

The systematisation and the *proceduralizing* of knowledge in terms of existential-phenomenological psychology are essentially everyday activities and a general human ability: *to reflect on experience*. The procedure is generally as follows:

- We report and describe - narratisation;
- We think further about something in order to conceptualise it;
- We keep asking: What does this mean? What does it say? What is concealed in it? What becomes revealed through dwelling with it patiently? What secret lies hidden in it?

This is the *reflective attitude*, an openness towards listening to Being in all its particular manifestations. It involves a dynamic dialogue between two levels of description: the everyday level of narrative language and the more general and condensing achievement of reflective analysis, i.e. structural conceptual language. Existential-phenomenologists refer to this general process of meaning-articulation as *explication*<sup>25</sup>. By explication, implicit awareness of a complex phenomenon becomes explicitly formulated knowledge of its components (Van Kaam 1966: 305 as quoted by Von Eckartsberg 1986: 19). By means of *explication* we discover what the necessary and sufficient conditions and constituents of the event under study are, i.e. what the structure of the phenomenon under study is. Explication, as any form of interpretive reading/listening or hermeneutics, is a *qualitative research procedure* in that it wishes to arrive

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<sup>24</sup> See appendices 9 and 10 and paragraphs 6.6.6 and 7.6.5.4.4.

<sup>25</sup> Since this word has specific meaning to existential-phenomenology and phenomenologists, the researcher decided not to use this word in the research report, even though in some situations this word might have given a better and clearer description than the words *explanation*, *explain*, etc.

at an understanding, and circumscription, of *what* the phenomenon essentially entails as a lived human meaning (structure), and *how* it is lived by individuals in their everyday existential lived contexts (style) (Von Eckartsberg 1986: 20). This is corroborated by Glesne and Peshkin (1992:81) who also point out that data analysis does not refer to a single specific stage in the research process only.

#### **7.6.5.6 Bracketing <sup>26</sup>during the interview**

Bracketing, the setting aside of the researcher's assumptions prior to, and during, the research, is closely entwined with an analytic approach to data analysis. It is also a methodological attempt at accurately portraying the realities of informants. Through bracketing, the researcher attempts to reduce his or her own assumptions about the reality of the phenomenon under study. This might be referred to as the first layer of bracketing. A second layer of bracketing involves, prior to and during each interview, *reducing* the influence of information obtained from all previous informants in order to fully heed the story of the one who is being queried/interviewed (Swanson-Kauffman & Schonwald 1988: 98).

In effect, bracketing is the tool used to meet the ethical dictum of portraying accurately the reality of the phenomenon as it is lived and described by the informants (Swanson-Kauffman & Schonwald 1988: 98). As indicated previously, this is achieved by:

- recognising that our experiences and knowledge, while valid, may not be the reality of those we seek to describe;
- stating clearly our conscious assumptions about that which we are investigating. This was done explicitly through a comprehensive literature review on the philosophical anthropological model, the methodology, and the epistemology underlying the present research (Chapter 2), and the research topic and ontology *maintenance* (Chapter 3, 4, and 5).

#### **7.6.5.7 Recording**

All interviews were tape-recorded for the following reasons:

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<sup>26</sup> See paragraph 6.3.

- Note taking during an interview is difficult. Interviewees may gain the impression that the interviewer is not listening because she or he is so busy concentrating on the note taking.
- Important information could slip the attention of the interviewer in the process if not tape recorded.
- Notes are often in an overall incomplete state.

Permission to tape-record the interviews was obtained from both the authorities of the institution at which the research was conducted and the individual informants prior to the commencement of the research. The interviews were later transcribed in the exact words of the interviewees after which data analysis commenced.

#### 7.6.5.8

##### **Closure of individual interviews**

All closures to interviews were tentative. In this way the researcher provided for follow up interviews should the necessity arise. However, as indicated previously, during the present research most of the respondents could not be reached for follow up interviews.

#### 7.7

##### **THE GOOD INTERVIEW**

According to Swanson-Kauffman and Schonwald (1988: 102) the marks of good qualitative interviews are:

- If at the end of the interview the client answers to the question: *Is there anything more about your experience with (the phenomenon) that you believe is important and that we may not have touched on?* with the response: *No way, you actually got me talking about feelings about (the phenomenon) that I was not even aware of;* and
- If the client immediately or weeks later says: *Thank you, that really helped me to make sense of the whole experience.*

During the present research one informant actually stated that she enjoyed the interview (Data: 365).

## 7.8 POSSIBLE PROBLEMS

With reference to concerns considered during interviewing the reader is referred to the following ethical considerations discussed previously<sup>27</sup>: anonymity, variability in qualitative research, and gender interviews. In addition to these, problems regarding the talkative informant, the one not answering the question, and the making of contradictory statements were also encountered.

### 7.8.1 INFORMANTS NOT ANSWERING QUESTIONS

Informants not answering questions includes talking about remotely related issues. Reasons for this could be that the question is not clear or the informant first had to settle him/herself. This could be very challenging to the interviewer's patience. However, in some instances, prefacing might be critical to a successful interview. If respondents keep on turning away from questions, it might be a "polite" way of indicating that they do not wish to answer these questions (Glesne and Peshkin 1992:89). For these reasons the researcher provided for the negotiation of meaning, clarification of the main concepts contained in the research question, and conversation. One informant's body language clearly indicated a stubborn willfulness in answering questions. The only response she was willing to give was: *I have never given it any thought. Or: I haven't thought of it in that manner.* The interview was discontinued after 15 minutes. The information that this interview produced was not included in the data analysis.

Most of the informants at some or other point dwelled from the point of discussion to air their concerns, mainly about atrocities being committed in the clinical field and conditions in the clinical field that erode caring<sup>28</sup>.

### 7.8.2 THE TALKATIVE INTERVIEWEE

Far removed from the problem of resistance is the problem of talkative informants. However ,

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<sup>27</sup> See paragraph 6.6.

<sup>28</sup> See paragraph 10.2.2.

respondents who wander off from the topic should be curbed in a subtle way. One should not abruptly shift to a topic distant from that an informant focuses on at any time (Glesne and Peshkin 1992:90). During the present research the researcher also tried not to be too abrupt, however, at times abruptness seemed the only way in which to remind informants of the goal and topic of the interview.

### 7.8.3

#### CONTRADICTIONARY STATEMENTS.

In interviews, as in ordinary conversation, informants may make contradictory statements. Although it may be entirely appropriate in conversation to point out the contradiction this has no place in interviewing. One should rather consider the possibilities contradictions connote: the evolution of the informant's thinking about the topic, the respondent's confusion about the topic; the informant's being comfortably of two minds about the topic, existential and contextual differences that allow for apparently contradicting opinions on the same topic (Glesne and Peshkin 1992:90). Contradictions may also be more trustworthy data than calculated uncomplicated data. The researcher accepted these, however, at times informants were questioned about, what appeared to the researcher to be, contradicting statements. For instance, sometimes informants explicitly stated that one should care for all equally, and then contradicted this by saying that they themselves decide for whom, and to what extent, they will be caring.

The problem of contradictory statements seems to be closely related to the problem of ambiguity<sup>29</sup>.

### 7.8.4

#### GENERAL PROBLEMS

More general problems the interviewer should try to avoid include: disturbances during the interview, distractions of the interviewee's attention and failing equipment. The researcher anticipated all these occurrences and planned to avoid these. However, all of these problems were also experienced during the present research.

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<sup>29</sup> See par 7.4.8 and data display 7.2.

## 7.8.5 SPECIFIC PROBLEMS

### 7.8.5.1 Gender issues

During the present research gender issues were of specific importance since the researcher is male and the majority of informants were female. Although the present research methodology does not allow for value free knowledge and science, taking into consideration the possible influences that gender differences might have on the research result, contributed to a more *objective* approach in the overall research endeavour.

Fontana and Frey (1994:169), in this regard, state that apart from being condescending towards women, the traditional interview paradigm does not account for gender differences. According to Denzin (1989:116), *gender filters knowledge*. Thus, the gender of the interviewer and the interviewee or informant does make a difference, as the interview usually takes place within the cultural boundaries of a paternalistic social system in which masculine identities are different from feminine ones.

Feminist researchers have suggested ways to circumvent the traditional interviewing paradigm. It has been suggested that interviewing is a masculine paradigm embedded in a masculine culture and stressing masculine traits while at the same time excluding from interviewing traits such as sensitivity, emotionality, and other that culture view as feminine. During the present research all these *feminine* traits<sup>30</sup> were of utmost importance as these are often directly associated with *caring* and consequently, caring is often divorce from the masculine concept. Nevertheless, commitment to maintaining the integrity of the phenomenon in existential phenomenological methodology, as does post modern ethnography (Fontana and Frey 1994:370), commits the researcher to a new style which includes:

- a heightened moral concern for subjects/informants;
- an attempt to redress the male-female hierarchy and existing paternalistic power structure;

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<sup>30</sup>The researcher's opinion is that these traits are not as much feminine specific as being culturally labels as such. Consequently these have been barred from the conceptual model of masculinity, men and being male. It is thus the researcher's contention that these so called feminine attributes are in fact human attributes distortedly genderised.

- paramount importance placed upon membership, as the effectiveness of male researchers in interviewing female respondents has been largely discredited; and
- the realisation that the old “distanced” style of interviewing cuts the subjects involvement drastically and, thus, rather than giving us an “objective” interview, gives us a one-sided and therefor inaccurate picture (Fontana and Frey 1994:370).

The researcher adhered to all these aspects during the present research and trusts that the report supports this.

### 7.8.5.2 Alexithymia

A general occurrence during interviews was that informants could not pertinently describe an experience associated with caring namely, *feeling good*<sup>31</sup>. The word *alexithymia* is used to label this phenomenon and this word is defined and used in this instance in its etymological form<sup>32</sup>, and not as a psychiatric diagnosis. The fact that informants are sometimes left without words to describe certain feeling, experiences and awareness is perhaps a more prevailing methodological issue in existential and experiential research than what is reported. Data display 7.3 exhibits some of the incidences of this phenomenon during the present research.

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#### DATA DISPLAY 7.3 EVIDENCE OF ALEXITHYMIA

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- It is difficult to say why I am caring, I cannot express it (Data: 79)
  - I am no good at expressing such (my) feelings (Data: 324)
  - It is difficult to define “feeling good” (Data: 456)
  - It is difficult to describe. I feel good. I feel I mean something to someone (Data: 457).
  - I am not good with words, I’ll rather give an example (Data: 461).
  - Verbalising one’s feelings is a general human problem, and more specifically in nursing (Data: 482).
  - It is very difficult to talk to them (first year students) about caring (Data: 483).
  - I cannot tell what this “feeling good” entails (Data: 505) .
  - It is difficult to define “feeling good.” It is almost like self-contentment (complacency) but not so *egotistic*.
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<sup>31</sup> See paragraph 10.2.4.1.

<sup>32</sup> *a* = without, *lexi* = words; *thymus* = emotions (*seat of emotions*). Thus: without words to describe emotions (Goleman 1995:51).

Informants in a study conducted by Smith (1992a:55) also stated that the caring presence made them feel warm in ways they *could not describe*. Alexithymia is also illustrated by Gendlin through what he terms *direct reference*<sup>33</sup> (Jennings 1986:1238).

#### 7.8.6

#### STANDARD OBJECTIONS AGAINST QUALITATIVE RESEARCH INTERVIEWS

In addition to the problems one might anticipate during the qualitative interview, Kvale (1994:147-173) also identified ten standard objections levelled at qualitative research interviews (QRI). These objections are reminiscent of signs and symptoms of phenomenologophobia and should be read in conjunction with this section. These objections also reflect the accusations levelled at qualitative research in general from a positivist point of view. Kvale (1994:147) suggests that because these objections are so highly predictable, the researcher should take these into account when designing, reporting and defending a qualitative interview study. In a sense, presenting these objections at this point serves as standards against which to evaluate the present research endeavour.

##### 7.8.6.1

##### **The QRI is not scientific**

The main accusation at this point is that data gathered through the QRI only reflects common sense and that it is unscientific. The major issue involved in this objection is what one considers as the *correct* definition of science. According to Kvale (1994:149-150) there is no definition that pertinently excludes qualitative research from scientific endeavour. However, some accepted core concepts of the meaning of the word *science* do exist, namely that science is *the methodical production of new, systematic knowledge* (Kvale 1994:150). The degree to which the present research defends the objection in question in terms of this definition is for the reader to resolve.

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<sup>33</sup> *During psychotherapy, it is often observed that the client is distinctly aware of an important inner feeling experience, but the client does not yet possess the "words" or ideas to formulate an understanding of just what that experiential feeling is about. (Jennings 1986:1238). Also see paragraph 2.6.4.*

### 7.8.6.2

#### **The QRI is not objective**

The issue of objectivity of the QRI is not a mere question of conceptual clarification; it is linked to a pervasive dichotomy of objectivism and subjectivism in Western thought. In order to overcome this dichotomy, and not to get trapped in either a positivist objective received view or an everything goes sort of relativism, Kvale (1994:153) proposes that an argument in the hermeneutical tradition, that is, opting for a dialogical conception of truth, be pursued. In this instance, true knowledge is sought through a rational argument by participants in discourse. Of utmost importance in this regard is the paradox that the medium of discourse is language, which is neither objective nor universal, nor subjective or individual, but intersubjective.

In defence of the objection of objectivity and Kvale's proposition in this regard, the reader is reminded of the dialectical phenomenological anthropology<sup>34</sup> underlying the present study and the conversation like approach that was followed during the present interviews as indicated earlier in this chapter. Again, it is up to the reader to decide whether the researcher's qualification of the objectivity of the QRI holds.

### 7.8.6.3

#### **The QRI is not trustworthy**

The main argument here is that QRI data are biased. This is admitted as the present research is not intended to be value free. But, to return to the objection, Kvale (1994:154) refers to the work done by Rosenthal who has demonstrated how expectancies of the experimental subjects and researchers may unintentionally influence the results of experiments. The whole issue surrounding a bias free science is founded on the misconception that one could practice science, or any part of one's life, free of assumptions, presuppositions and the like; in sterility. As Kvale (1994:151) puts it, bias in research cannot be completely avoided, however, can be counteracted by carefully checking for effects of bias in subjects and researchers. Regarding the latter, efforts by the researcher to formulate explicitly and reflect upon his/her own presuppositions and prejudices will be a step towards counteracting their unwitting influence on research findings. In the present research, an attempt towards this end is reflected by:

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<sup>34</sup> See paragraph 2.3.

- the researcher's approach towards leading questions<sup>35</sup>;
- attention paid to objective/subjective interpretation;
- bracketing through a extensive literature review;
- the keeping of a reactive analysis schedule
- keeping a self-appraisal schedule reflecting certain personal prejudices; and
- the contrast between the researcher's *pre-scientific* notions and the *scientific* (systematic) research result.

#### 7.8.6.4

##### **The QRI is not reliable**

According to Kvale (1994:156) the main issue at this point is that data are not reliable due to leading questions asked during interviews. The issues of leading questions has received much attention due to a naive empiricism; a belief in neutral observational access to an objective social world. However, as Kvale points out, within an alternative view, the interview is a conversation where the data arise in an interpersonal relationship, coauthored, and coproduced by the interviewer. The decisive issue then is not whether to lead or not to lead, but, *where* the interview questions lead, whether they lead in important directions, yielding new and worthwhile knowledge (Kvale 1994:156). Also, Glesne and Peshkin (1992:75) point out that the outcome of interview data over different sessions may vary or differ for a number of reasons. Its variability derives from who is conducting the interview with whom, on what topic, and at what time and place. Interviewing in short brings together different people and personalities. This returns us to the question of reliability and validity<sup>36</sup> in qualitative terms and of value free research.

#### 7.8.6.5

##### **The QRI is not intersubjective**

The objection here is that different interpreters find different meanings in data; again, that data and interpretation is subjective. However, Kvale (1994:157) indicates that two types of subjectivity are of importance at this point.

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<sup>35</sup> See paragraph 7.3.2.2 and data display 7.1.

<sup>36</sup> See paragraph 6.2.4.1.

Biased subjectivity involves unprofessional work. Readers only notice evidence that support their own opinions. Consequently, they selectively interpret and report statements to justify their own conclusions, thereby overlooking counterevidence. Contrary to this, *perspectival subjectivity* appears when readers, adapting different perspectives and posing different questions to the same text, come up with different interpretations of the meaning of the text. A subjectivity in this sense of multiple perspectival interpretations is one of the specific strengths of research based on interviews (Kvale 1994:157). In existential phenomenological research, and in empirical reflective psychology, a hermeneutical mode of understanding allows for a legitimate plurality of interpretations. Further, the quest for understanding, demands the reconstruction of multiple realities. This is attained by both diverse individual accounts by informants and the technique of imaginative variation<sup>37</sup>.

#### 7.8.6.6

##### **The QRI is not a formalised method**

To those opposing the QRI, it is too person dependent; that is, interviews are not intersubjectively reproducible and thus do not provide reliable, objective data. In this regard, Kvale (1994:159) points out that the focus on the interviewer as instrument puts strong demands on the empathy and competency of the interviewer. When one gives up the idea of a detached, nonintervening researcher, who the researcher as a human being is, greatly affects the outcomes of the research. Traditionally, the competencies of the researcher include knowledge of methods, however, to this should be added knowledge of epistemology, analysis of everyday language, attention to the ethical dimensions of (social) research and also aesthetic sensitivity. All these issues have been addressed previously and it is up to the reader to judge the significance of these issues as pertaining to the objection in question.

#### 7.8.6.7

##### **The QRI is not scientific hypothesis testing**

The objection here is that QRIs are only explorative in nature. Contrary to this objection, exploratory descriptive studies may themselves be an important part of *science*. As Kvale (1994:160) points out: *Experimental testing of hypotheses is no necessary criterion or goal for*

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<sup>37</sup> See paragraph 8.4.3.1.2.2.8 and 8.4.3.2.1.3.

*social research*. The nuanced descriptions of the phenomenon under study have intrinsic value and constitute one of the strengths of the QRI.

#### 7.8.6.8

##### **The QRI is not quantitative**

The QRI is sometimes dismissed as unscientific because it does not result in quantitative data, and quantification is often seen as the very criterion of *science*. Kvale, however, points out that the qualitative and quantitative, the essential character of something versus the amount of that something, are closely interwoven. Often, for instance, an investigation starts with a qualitative analysis of the existing knowledge of a phenomenon and the development of precise qualitative concepts and hypotheses for the specific study. The following phase, that of data collection and analysis may be mainly quantitative. However, despite the conceptual and practical interwovenness of the qualitative and the quantitative aspects of (social) science, a dichotomized conception with bias towards the quantitative side may still prevail (Kvale 1994:163).

In qualitative research there is a tendency, even today, to quantify, or to keep book (record) of the number of appearances that certain concepts, words, or data units make during a study. In the opinion of the researcher this is to no avail. During the present research, the relationships between concepts, phenomena, words and the like determined the importance these concepts had for the *accurate* description of the phenomenon and not the number of times such items were encountered.

#### 7.8.6.9

##### **The QRI does not yield generalisable results**

A major objection from pro-positivists is that the QRI often involves too few subjects (informants). As Kvale puts it, the number of subjects (informants) tends to be either too small or too large. Too small to make statistical generalisations and too large to make penetrating interpretations. This whole issue is further related to establishing adequacy (validity)<sup>38</sup> and credibility and appropriateness (reliability)<sup>39</sup>.

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<sup>38</sup> See paragraph 6.2.4.1.

<sup>39</sup> See paragraph 6.2.4.2.

#### 7.8.6.10

#### **The QRI is not valid**

The perception of opponents to the QRI in this instance is that the QRI rests on subjective impressions. Again, *validity* is in question. With the broadened scope of empirical data presently propagated in the social sciences and specifically in the qualitative arena, an alternative concept of validity - going from correspondence with an objective reality to defensible knowledge claims - validity is ascertained by examining the sources of invalidity. Validation becomes investigating, continually checking, questioning, and theocratically interpreting findings (Kvale 1994:167). This method of validation is also built into Wertz's process of Empirical Psychological Reflection to which the reader will be introduced in the next chapter; chapter 8.

### 7.9

#### **CONCLUSION**

In this chapter, the unstructured open formal qualitative research interview is discussed. The assumptions on which such an interview is based as well as its methodological and epistemological underpinnings are identified and listed. Practical issues relating to conducting interviews are discussed, including the attitudes, characteristics and techniques that make for a good interviewer. Attention is also paid to types of information elicited through interviewing and problems which could be encountered during interviewing.

Although not always indicated, the researcher did his utmost to meet all the demands that make for good interviewing as discussed in this chapter.



# CHAPTER 8

## ~~X~~ DISCLOSURE OF THE OBJECT OF INTENTION: SYSTEMS AND METHODS FOR DATA ANALYSIS

*Method is not the way to truth.  
On the contrary, truth eludes the methodical man.  
Understanding is not conceived as  
a subjective process of man over and against an object  
but the way of being of man himself.  
(Palmer 1969:163)*

### 8.1 INTRODUCTION

The purpose of data analysis in qualitative research is to impose order on a large body of information so that general conclusions can be reached and communicated in the research report (Polit and Hungler 1991:500; 1993:329). According to Wertz, data analysis, or rather *the analysis of the phenomenon*, is a movement from a *naive* description of events to a *psychological* description of those events (Wertz 1983b:35). Describing the structure of experience transforms experience to concept (1993:18)

However, there are no systematic universally accepted rules for analysing and presenting qualitative data although various systems and processes have evolved (Polit and Hungler (1993:329). Qualitative researchers also seldom discuss in any detail the way in which they analyse data (Polit and Hungler 1991:505). The process employed in this research, is that of *Empirical Psychological Reflection (EPR)* refined by Wertz (1983a, 1983b, 1984, and 1985) from the work of Colaizzi, Giorgi and Van Kaam. The reason for selecting Wertz's approach of Empirical Psychological Reflection is that:

- It is well developed as a broad framework for understanding (qualitative) data analysis.

- It represents elements from the work of exponents (e.g. Colaizzi, Giorgi and Van Kaam, and others) in existential phenomenology who's methodologies also found their way into research in nursing (See table 8.3).
- It refers to elements of the practice of science and research found in the original phenomenological tradition, such as imaginative variation (although the latter was refined during the present research<sup>1</sup>)

## 8.2

### GENERAL OVERVIEW OF DATA ANALYSIS IN QUALITATIVE RESEARCH

Regardless of the data gathering method, a critical task for the researcher in qualitative research is to develop a *method* for indexing the data. That is, the researcher must be able to gain entry to parts of the data without having to read and reread the set of data in its entirety (Polit and Hungler 1993:329). This mainly occurs through the development of *codes*. During the present research, the researcher also coded and categorised different *meaning units*<sup>2</sup>. This was done, however, only after individual psychological constructs of the object of intention had been paraphrased. Meaning units and data chunks were also coded in accordance with the page number in the Data Supplement<sup>3</sup>, eg (Data: 233) indicating page 233 of the data supplement. In this way anonymity of informants was further secured.

Conceptually meaningful themes that develop within categories usually cut through categories to include several categories. The search for themes involves not only the discovery of shared themes across subjects but also a search for natural variation in the data. Themes must also be grouped according to *existential* or *contextual variation* (when, why, where, etc.) (Polit and Hungler 1993:331). To alert the researcher to these *existential* and *contextual variations* the *semantic relationships*<sup>4</sup> developed by Spradley and extended by Casagrande and Hale (Spradley

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<sup>1</sup> See the Introduction to chapter 9, and paragraph 9.1.

<sup>2</sup> A meaning unit is a part of the description whose phrases require each other to stand as a distinguishable moment. Generally, the theme of a unit can be named or differentially identified in a single sentence (Wertz 1985:165).

<sup>3</sup> A data supplement of 500 pages has been compiled which reflects all the phases of data analysis.

<sup>4</sup> See Table 8.1 on semantic relationships.

1979:110) as well as the *families of theoretical codes*<sup>5</sup> constructed by Glaser (Wilson 1989:485) were projected onto the data by questioning the data and meaning units regarding *identity* or *nature* and possible *relationships*.

Despite aids in analysis such as the semantic relationships by Spradley and Casagrande and Hale (Spradley 1979:110-111), using an iterative<sup>6</sup> approach is almost always necessary. During the present research this operation was also imperative especially during the *interpretive and practical extension of the phenomenon* discussed in Section F in which instance the researcher also returned to the content of the literature review to facilitate the theoretical implementation of the results of the *empirical psychological reflection* process.

**TABLE 8.1: THE SEMANTIC RELATIONSHIPS  
DEVELOPED BY SPRADLEY AND CASAGRANDE AND HALE**

1	Strict inclusion	X is a kind of Y
2	Spatial	X is a place in Y, X is a part of Y
3	Cause-effect	X is a result of Y, X is the cause of Y
4	Rationale	X is the reason for doing Y
5	Location for action	X is a place for doing Y
6	Function	X is used for Y
7	Means-end	X is a way to do Y
8	Sequence	X is a step or stage in Y
9	Attrition	X is an attribute or characteristic of Y
10	Contingency	If X then Y (If one gets dirty one washes)
12	Operational	X is defined with respect to an action (A pipe is that which is smoked)
13	Comparison	X is defined in terms of its similarity and/or contrast with Y.
14	Exemplification	X is defined by citing an appropriate co-occurring factor Y
15	Synonym	X is defined as an equivalent to Y
16	Antonym	X is defined as the negation or the opposite of Y
17	"Provenience"	X is defined with respect to its source, Y
18	Grading	X is defined with respect to its placement in a series or spectrum that also includes Y (Yellow is when something is white, but not very white)
19	Circulatory	X is defined as X (Values clarification is the clarification of values)

(Spradley 1979:110-111)

<sup>5</sup> See Table 8.2 on families of theoretical codes.

<sup>6</sup> This means the researcher derives themes from the narrative material, goes back to the materials with the themes in mind and sees if the materials really do fit, and then refines the preliminary thematic analysis of some of the informants (or data sources) . . . (Polit and Hungler 1993:331).

**TABLE 8.2: FAMILIES OF THEORETICAL CODES  
ACCORDING TO GLASER**

	<b>FAMILY</b>	<b>MEMBERS</b>
1	The six Cs	Causes, contexts, contingencies, consequences, covariance, and conditions
2	Process	Stages, phases, passages, transitions, careers, orderings, trajectories, sequences, cycles
3	Degrees	Limits, ranges, intensity, amount, boundaries, rank, average, grades, criteria
4	Dimensions	Elements, facets, properties, segments, aspects, sections
5	Types	Kinds, styles, classes, genres
6	Strategies	Tactics, mechanisms, techniques, ploys, procedures
7	Interactions	Reciprocity, covariance, interdependency
8	Identity/self	Self-image, self-concept, self-worth, self-evaluation, self-realisation
9	Cutting points	Boundaries, breaking points, bench marks, tolerance levels, turning points
10	Culture	Norms, values, beliefs, rules
11	Consensus	Agreements, contracts, definitions of the situation, opinions, conformity
12	Mainline	Social control, recruitment, socialisation, status passage, stratification, social mobility
13	Ordering	Temporal, conceptual
14	Units	Groups, nation, organisation, social world, society, family, role, status

(Wilson 1989:485)

### 8.3

#### **FOUNDATIONAL ELEMENTS OF WERTZ'S EMPIRICAL PSYCHOLOGICAL REFLECTION APPROACH (EPR)**

As indicated above, the *Empirical Psychological Reflection* of Wertz stems from the work of different researchers in phenomenological psychology, namely, Van Kaam, Colaizzi, and Giorgi. These researchers' works are described by Von Eckartsberg (1986) as existential-phenomenological in nature.

Although evidence of the use of Wertz's approach in phenomenological research could not be found in the literature on nursing research, Beck (1994:499-510) reports that phenomenological research based on the methods of Colaizzi, Giorgi and Van Kaam are quite popular. Table 8.3 summarises the information obtained by Beck.

TABLE 8.3: POPULARITY OF PHENOMENOLOGICAL METHODS		
METHOD	PERIOD	FREQUENCY
Colaizzi	1986-1993	13
Giorgi	1988-1992	10
Van Kaam	1989-1992	5

A comparative summary of the approaches of these researchers is contained in Table 8.4.

**TABLE 8.4**  
**SUMMARY OF THE DATA ANALYSIS SYSTEMS OF WERTZ, VAN KAAM, COLAIZZI AND GIORGI.**

WERTZ	VAN KAAM	COLAIZZI	GIORGI
<p><b>Step 1:</b> The problem and question formulation:            The phenomenon.            Identify and name the phenomenon.            State a "hypothesis" or research question.</p>	<p><b>Step 1:</b> The problem and question formulation:            The phenomenon</p>	<p><b>Step 1:</b> Discovering a Fundamental Structure of the phenomenon (FS) by Individual Phenomenological Reflection (IPR).</p>	<p><b>Step 1:</b> The researcher reads the entire description straight through to get a sense of the whole.</p>
<p><b>Step 2:</b> The data generation situation:            The protocol of life text:            Obtaining a descriptive narrative of the lived experience.            Experiences are queried and dialogue is developed.</p>	<p><b>Step 2:</b> Data generating situation:            Collecting descriptions.</p>	<p><b>Step 2:</b> Obtaining a Fundamental Description (FD) of the phenomenon by means of a Phenomenal Study (PS).            1. Consider all statements with respect to their significance.            2. Eliminate all repetitive statements.            3. Classify all relevant statements into natural categories.            4. Reformulate raw statements into succinct expressions.            5. Arrange components into a series of statements accepted as the FD of the phenomenon obtained by PS.</p>	<p><b>Step 2:</b> The researcher reads the same description more slowly and delineates each time a transition in meaning is perceived with respect to the intention of discovering the meaning of the phenomenon.</p>
<p><b>Step 3:</b> Data analysis Explication and interpretation.            Data are read and scrutinised for its <i>psychologic</i> (Wertz 1984 as cited in Von Eckartsberg 1986: 27). This is done through:            ■ Researcher taking a stance:            1. Empathetic presence to the described situation            2. Slowing down and patiently dwelling            3. Magnification and amplification of details            4. Turning from subjects to immanent meanings            5. Suspending belief and employing intense</p>	<p><b>Step 3:</b> The data study procedure:            Explication:            1. Listing and preliminary grouping.            2. Reduction.            3. Elimination.            4. Hypothetical identification.            5. Application.            6. Final identification.</p>	<p><b>Step 3:</b> Obtaining a Fundamental Description of the phenomenon via Empirical Phenomenological Reflection (IPR):            1. Realising that the search for an <b>extensive</b> FD involves sacrificing substance for the sake of including as much detail as possible from the relevant sources, whereas opting for a <b>substantial</b> FD necessitates sacrificing detail in order to achieve a substantially intense description. Colaizzi's recognition choice was for both poles of the continuum,</p>	<p><b>Step 3:</b> The researcher eliminates redundancies.            She or he clarifies or elaborate the meanings of the constituents by relating them to each other and to the sense of the whole.</p>

interest

■ Active cognitive operations:

1. Recognition and utilisation of an "existential base"
2. Distinguishing constituents
3. Reflection on judgement and relevance
4. Grasping implicit meaning
5. Relating constituents
6. Imaginative variation
7. Conceptually guided interrogation
8. Psychological languaging

■ Explication and articulation of phenomenological findings to the phenomenon:

1. Finding general insight in individual reflections
2. Comparing previously analysed individuals
3. Generating imaginative variation of new instances
4. Explicit formulation of generality

**Step 4:** The presentation of the results: The Formulation.  
(Wertz 1984 and 1985) Also see the detailed explication which follows)

**Sep 4:** Presentation of results: The final formulation.  
(Von Eckartsberg 1986:30-41)

thus realising the need to present **two** FDs instead of only one (Von Eckartsberg 1986:46).

2. Reflective interpretation of each statement.
3. Interrogation of each meaning-expression with respect to its significance resulting in clusters of meaning-expression.
4. Recognition that each cluster of meaning-expressions exhibits an interdependency which demand that they be synthesised into a single theme or the so called **extensive** FD.
5. Abstracting all specifics from the interrelated clusters of meaning-expressions obtained in phase 3 above, resulting in the **substantive** FD through EPR.

**Step 4:** Discovering a Fundamental Structure (FS) of the phenomenon via Empirical Phenomenological Reflection (EPR) (Von Eckartsberg 1986:42-54).

**Step 4:** The researcher reflects on the given constituents still expressing essentially in the concrete language of the subject. Transference from colloquial language of the subject to the language of psychology.

**Step 5:** The researcher synthesises and integrates the insights achieved into a consistent description of the structure of the phenomenon. The structure is communicated to other researchers for purpose of confirmation or criticism. (Von Eckartsberg (1986:55-79).

### 8.3.1 BRANCHES IN EPR

According to Von Eckartsberg (1986:23), *Empirical Existential-Phenomenological Studies*, from which Empirical Psychological Reflection is deduced, can be divided into three distinct branches, namely:

- Research in terms of *structural* orientation which aims at revealing the essential general meaning structure of the given phenomenon in answer to the implicit guiding research question: *What is it, essentially?*
- Research which focuses primarily on the articulation of the *process* of human experience which answers the question: *How does it happen?*
- Research using concrete descriptions of experiences as data to critically examine and *validate phenomenological constructs*, using focussed experiential research to illustrate the usefulness of phenomenological constructs in understanding everyday events in terms of phenomenological constitution (Von Eckartsberg 1986:23). (This corresponds to Wertz's phase of *Interpretive and practical extension of the phenomenon* contained in Section F.)

During the present research all three of these *branches* were included to give a comprehensive account of the object of intention. As such these branches of research serve to reveal major elements of the object of intention. The latter of the three branches of *empirical psychological reflection*, strictly speaking, falls outside the scope of the present chapter and discussion and is realised in Section F, the *Interpretive and Practical Extension of the Phenomenon*.

### 8.3.2 EPR AS SEQUENTIAL ANALYSIS

Miles and Huberman (1994:87) classify the process and procedure of data analysis developed by Wertz as *sequential analysis*. According to these authors, data, during the *Empirical Psychological Reflection* of Wertz, undergo a five step analysis, namely:

- Familiarisation through readings
- Demarcation into numbered units
- Casting of the units into temporal order

- Organising clusters of units into scenes; and
- Condensing these organised units into narratives with non-essential facts dropped (Miles and Huberman 1994:86).

### 8.3.3

#### ANALYTICAL TRANSFORMATIONS DURING EPR

An analysis of the work of Wertz shows that the process of data analysis developed by Wertz consists of *four analytic transformations of data*, namely: *Individual Case Synopses*, *Illustrated Narrative*, *General Condensation*, and *General Psychologic Structure* (Miles and Huberman 1994:86).

#### 8.3.3.1

##### The Individual Case Synopses

This synopsis aims at disclosing what is essential to each person's experience. Close proximation of the respondent's own words are used and the original length is reduced by about one third (Miles and Huberman 1994:86). Naturally the latter depends on the density of applicable data contained in descriptions.

#### 8.3.3.2

##### The Illustrated Narrative

These narratives cut across cases by enumerating all the possible sequences, then picking out the model ones, and then moving up still another notch to find a generic sequence. In this the researcher looks for key words, themes and sequences to find the most characteristic accounts. This approach helps keep the connection between different segments. According to Miles and Huberman (1994:87), by simply extracting and clustering segments in which a theme appears, as we do with conventional coding and pattern coding, we are much better able to look across a data set within single or multiple cases. But, we may lose the contextual information that tells us why and how the pattern appeared specifically. We also run the risk of combining codes for analysis, when the context of the code would have told us that they are not in the same thematic or conceptual family. Ideally *interim analysis* will preserve both the contextual, over-time dimension, and the more *paradigmatic* variable oriented view (Miles and Huberman 1994:87).

In the section on data presentation, the discerning reader will note that similarly sounding phrases are contained in separate categories and themes. The reason for this is that these phrases were derived from different contexts. Categories and themes represent not only different components of the phenomenon under survey, but also indicate different components across different *contexts*. Further, to maintain contextual alertness, categories and themes were compiled only after paraphrased individual psychological *synopses* (descriptions) had been constructed.

#### 8.3.3.3

##### **The General Condensation**

This is a compact description of the characteristics common to the transcriptions. However, Wertz never clearly stated how he managed to *encompass all individual cases* (Miles and Huberman 1994:87). During the present research the researcher opted for the construction of themes and categories, keeping in mind the predicaments concerning the maintenance of *context*.

#### 8.3.3.4

##### **The General Psychological Structure**

In this instance, the analysis is nested in a more conceptual frame, and is connected to a body of knowledge lying outside the data set. The researcher works *iteratively* in several ways, including: the analysis of several transcripts, the extraction of a general psychological profile, and the use of that profile on another set of transcriptions. At the same time the synopses, condensations, and narratives are used as cross-checking devices.

Wertz (1985:160) states that the process of Empirical Psychological Reflection is not *the* process of data analysis. Such a claim, he maintains, would contradict the very meaning of phenomenology, namely, not to seize upon any particular method and impose this everywhere. Rather, it is suggested that appropriate methods precisely in contact with each phenomenon, and different investigators, should be developed. However, Wertz (1985:160) also points out that Empirical Psychological Reflection is particularly interesting, useful, and powerful inasmuch as its steps seem to be present in one way or the other, even if implicitly or quickly passed over, in all phenomenologically oriented psychological research. Wertz (1983a:107) thus sees his suggestion as merely a variation of the phenomenological method in psychology.

However, the system for, or process of, data analysis presented in this chapter and according to which existential descriptive data were approached is compiled from several studies conducted by Wertz (1983a, 1983b, 1984, and 1985) and is thus also not *the* process and method *per se* proposed by Wertz.

#### 8.4

#### THE PROCESS OF EMPIRICAL PSYCHOLOGICAL REFLECTION (EPR)

Wertz (1985:162) indicates that the data analysis<sup>7</sup> (actually the whole phenomenological research endeavour) has four steps<sup>8</sup>:

- The first phase, *data constitution*, provides raw descriptive data, the foundation of qualitative research.
- The second phase transforms the raw data into *individual phenomenological descriptions* or single examples of the phenomenon under study.
- The third phase involves the advent of *psychological reflection* on each one of these examples and yields an individual (the idiographer) psychological structure of each.
- Finally (the fourth phase), analysis moves beyond the individual to the generally essential, yielding the *general (nomothetic) psychological structure* of the phenomenon.

Each of these phases is a refinement of the previous one. The pinnacle of the research endeavour, however, remains the final general structure, insofar as it is an integration of all previous moments of the research (Wertz 1985:161).

##### 8.4.1

##### DATA CONSTITUTION

Psychological reflection does not come from *nowhere* or arise from a groundless base. Its point of departure is the description in everyday language<sup>9</sup> of an event in the life world<sup>10</sup>. In the present instance, the maintenance of a caring concern. The extent to which a description is faithful and

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<sup>7</sup> *Analysis does not refer to any sort of objectifying reduction of data into static elements but rather, the explication of the dynamically flowing phenomenon.*

<sup>8</sup> *A summary of this process is contained in Table 8.5.*

<sup>9</sup> *See the epistemological argument in paragraphs 2.6.4 and 2.7.*

<sup>10</sup> *See data gathering methods in Chapter 7.*

comprehensive to the way the event was originally lived through is the measure of its value for psychological reflection and knowledge (Wertz 1983a:199).

#### 8.4.2

#### HANDLING OF DATA

What is eventually done in this phase of the research naturally depends on the kind of data collected and the kind of analysis required. The grouping of data may be different for a researcher interested in preserving the integrity of each individual's experience from the one interested in comparative finding across individuals according to distinct themes (Wertz 1984:40). During the present research the researcher aimed at compiling a general psychological construct of the phenomenon *maintenance of a caring concern*.

At any stage during the handling and the analysis of the data the researcher may encounter ambiguities which cannot be adequately resolved and must return to the data collection phase to generate data required for a completely satisfactory manifestation of the original phenomenon. The whole process of data gathering, data generation and data analysis may thus become a *hermeneutic circle* process.

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**TABLE 8.5: THE EMPIRICAL PSYCHOLOGICAL REFLECTION ANALYSIS  
PROCESS: TREATMENT OF DATA**

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**1) DATA CONSTITUTION**

■ Gather data

- Use experiential descriptions and the open formal qualitative interviews
- Verbatim transcripts are made

**2) HANDLING OF DATA**

■ Constitution of a relevatory description

- Read the interview openly
- Demarcate meaning unite in the interview data
- Judge which constituents are relevant
- Group the relevant constituents
- Discard redundant statements and redescribe the event in the first person language

**3) ANALYSIS OF DATA (SENSE MAKING)**

■ The idiographic (specific) level of analysis.

- Compiling an Individual Phenomenal Description (IPD)
- Compile a psychological analysis of the individual (PAI) or an individual psychological structure (IPS) from the IPD
  - The basic stance or attitude of psychological reflection
    - . Empathetic immersion in the world of description
    - . Slowing down and dwelling
    - . Magnification and amplification of the situation
    - . Suspension of belief and employment of intense interest
    - . The turn from objects to their meanings
  - Various possible activities of psychological reflection
    - . Utilisation of an "existential baseline"
    - . Reflection on judgement
    - . Penetration of implicit horizons
    - . Making distinctions
    - . Seeing relations of constituents
    - . Thematisation of recurrent meanings or motifs
    - . Interrogation of opacity
    - . Imaginative variation and seeing the essence of the case
    - . Languaging
    - . Verification modification and reformulation
    - . Using existential-phenomenological concepts to guide reflection
    - . Compiling individual psychological structure of the phenomenon under study

■ The nomothetic (general) level of analysis

- Procedures in nomothetic analysis
    - Seeing general insight in individual structures
    - Comparison of individual descriptions
    - Imaginative variation
    - Explicit formulation of generality
-

### 8.4.2.1 Constitution of a relevatory<sup>11</sup> description

The final offering of the data handling phase is a well organised description of the experience under study in *the first person* (Wertz 1985:164). The ideal is that *each* description should exclude irrelevant material and include all material which is relevant to the phenomenon under study to express the phenomenon exactly and precisely as experienced (lived through). The product of the different operations, are succinct, orderly descriptions made out of the original expressions of their authors. The procedures aim at helping the researcher *centre* on the phenomenon *as put by the describers*.

According to Wertz (1984:40-41; 1985:164) the following five operations are involved in the process of constituting a relevatory [sic] description:

#### 8.4.2.1.1 *Reading or listening to the data openly*

This should be done with no specific attitude. Thus, bracketing should already be applied at this early stage of data analysis. Empathy is created by the researcher to understand the experience instead of being a mere spectator (Wertz 1985:164).

#### 8.4.2.1.2 *Demarcating meaning units*

According to Wertz (1985:165), this step is largely anticipatory of the coming analysis, which will eventually thematise, or focus on, parts or constituents of the description. Since the whole protocol or interview transcript cannot be apprehended at a single glance, a more workable summary (*analysis construct*) is necessary. However, at no stage are any of the located meaning units apprehended outside of their context or their location to the whole protocol. If done properly, this operation also insures that all data are carefully treated and accounted for.

Wertz (1985:165) points out that this operation has no right or wrong way of being conducted and should not be enacted in a technical way because, meaning units are *meaning-units-for-the-*

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<sup>11</sup> The researcher's best understanding of this neologism (Wertz 1985:164) is that it is a combination of the words "relevance," "revelation," "evaluation," and "elevation."

*researcher*. Not too much time should be spent on brooding over this problem (Wertz 1985:166). As Wertz puts it, *the proof of the pudding is in the final results of the research*.

On completion of this step, the researcher should compile a list of meaning units<sup>12</sup> for each interview transcript/description (Wertz 1985:166).

#### **8.4.2.1.3**

##### ***Judging which constituents are relevant***

According to Wertz (1985:167), judging which constituents of a description are relevant to the phenomenon under study is the most crucial operation of the data handling phase of data treatment and analysis. In all research, the researcher has to discriminate between those aspects which contribute to his understanding from those that do not. The researcher's comprehension is challenged to find relevance any way it can, and his choices are based on his specific ability to do so. The burden of proof rests on him. While it is possible for one researcher to fail to see the relevance of a meaning unit, another may do so. Thus, *in this operation the limits of a given researcher may be revealed*. For this reason it is also expedient to seek for assistance from other people interested in the phenomenon under study.

#### **8.4.2.1.4**

##### ***Regrouping the relevant constituents***

This is done according to the intertwined meaning of constituents and by placing them in temporal order so that they accurately express the pattern of the original event. This operation is especially fruitful in interview data which tend to *jump around* (Wertz 1985:168).

#### **8.4.2.1.5**

##### ***Discarding redundant statements and rewriting the event from the first person perspective***

This rewriting is done more or less in the informant's own language. It is the result of the rewriting of meaning units that will serve as the basis for further analysis. According to Wertz (1985:168) it may be considered a preparatory phase in which the psychological interest in the phenomenon has not been made explicit. However, inasmuch as this phase involves

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<sup>12</sup> These lists are contained in the data supplement and are presented as data in the form of themes and categories in Chapter 10.

understanding, judgements of relevance, and coherent organising, it draws implicitly on the special interest of the researcher.

The result of this phase of data treatment and analysis is a description of the informants' expressions and would thus strike subjects as obvious restatements of their own experience with no analysis or interpretation. For this reason, the result is called an *Individual Phenomenal Description* (Wertz 1985:169).

### 8.4.3

#### ANALYSIS OF DATA (SENSE MAKING)

The *telos* of this section of data analysis is psychological significance based on *structural understanding*. This is achieved through an open dialectic between the researcher's explicit psychological reflection and the *naive* description<sup>13</sup> of the subject, in which their mutual implications for each other yield an original comprehension of the phenomenon. This phase further comprises three distinct stages, namely:

- the general stance of the researcher;
- the active operation of empirical reflection; and
- the operations used to achieve generality in understanding the phenomenon (Wertz 1984:41-42).

#### 8.4.3.1

##### The idiographic (specific) level of Analysis

##### 8.4.3.1.1

##### *The individual phenomenal description (IPD)*

The individual phenomenological description still represents the naive everyday account of a single person of the event under study (Wertz 1983a:198). However, all irrelevant statements are excluded. This description is an end product of a multiplicity of research activities elaborated on under the heading *Constitution of a relevatory description* (par 8.4.2.1) above.

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<sup>13</sup> *The pre-scientific description of the informant.*

#### 8.4.3.1.2

#### *Compiling a psychological analysis of the individual (PAI) from the IPD*

According to Wertz (1983a:203; 1985:173), the limit of the Individual Phenomenal Description is that the psychology of the instance (*maintaining caring*) has not yet been expressed. The *telos* of the present phase of the research is psychological intelligibility of the individual example of the phenomenon. This involves articulation of:

- the immanent significations of the situation(s) in which the subject participates (including some which have remained hidden from, or have been taken for granted by, the subjects themselves); and
- the structural identity in the single case (i.e. the interrelation of immanent meanings).

In this phase, the researcher rereads every Individual Phenomenal Description and thinks it through psychologically. She or he expresses his findings in a way he deems most revelatory of the particular case, or as Wertz (1983a:204) calls it, an Individual Psychological Structure (IPS).

According to Wertz (1983a:204) within this, and the rest of the idiographic level of analysis, five components of *the researcher's basic stance* or attitude towards the everyday description and eleven *operations*, out of which psychological insights emerge, can be differentiated. This is a very complex process as the researcher both *finds* and *makes* sense pertaining to the phenomenon under study at the same time (Wertz 1985:173).

#### 8.4.3.1.2.1

#### *The basic stance or attitude of psychological reflection*

Some of the constituents of psychological reflection together constitute what we might call *the founding posture of the researcher*. Although they can be differentiated, these are inextricably canescent and mutually implicative aspects of a unitary outlook on an already given description of some person's participation in his situation (Wertz 1983b:36).

The overall outlook of the researcher during this phase has been characterised as one of openness, wonder, and love (Wertz 1984:42). Most importantly, however, it begins with bracketing or suspending of preconceptions and a fresh *immersion* in the lived reality to which

the description refers. This process is unlike any kind of hypothesis checking or deductive logic (Wertz 1984:42) and involves the following:

#### 8.4.3.1.2.1.1

##### *Empathetic immersement in the world of description*

Psychological insight is achieved, not through external spectator ship but, on the basis of full empathetic *immersement* (Wertz 1983b:36). The researcher uses the descriptions as a point of access from which to make the subject's living of situations his own (Wertz 1983a:204). She or he reads through the descriptions again and again until she or he attains an empathetic familiarity with them (the empathetic entry). Each reading brings new meanings into his grasp, allowing him to gain ever fuller access to the situation as it was lived. With all his humanity, the researcher approaches the goal of complete absorption in the described existence (Wertz 1983b:36). This turns the researcher from spectator to one who experiences the joy, pain, excitement, and anxiety, of the informants. By using the informant's descriptions to take up the informant's situation in a vital way prepares the researcher to reflect explicitly upon the individual instance of the phenomenon (Wertz 1983a:204; 1983b:36). This operation is involved throughout the data analysis as is the case with bracketing (Wertz 1985:174).

#### 8.4.3.1.2.1.2

##### *Slowing down or dwelling*

As one is reading and living through the described experiences, one does not pass through this realm as if it is already understood or as if something beyond it is more important (as subjects and explanatory researchers often do) (Wertz 1983b:36). Instead, the researcher must slow down, linger, reflect, and reread to make the meaning of each meaning unit explicit (Wertz 1983a:205; 1983b:36-37; 1985:174).

#### 8.4.3.1.2.1.3

##### *Magnification and amplification of the situation*

Whenever the researcher lingers with a meaning unit, its significance becomes magnified. What, for the naive reader would seem unimportant might become vital to the researcher (Wertz 1983a:205; 1983b:37; 1984:174).

## 8.4.3.1.2.1.4

*Suspension of preconceived beliefs and employment of intense interest*

This is a modification of the original natural, naive empathy through which the researcher entered the subject's situation in the first instance. The researcher now takes a step back and wonders what this way of living the situation is all about. By breaking his original fusion with the subject and the situation, the researcher equips himself to reflect, to think *interestedly* about where the informant is, how he got there, what it means to be in the situation, how the informant landed in the situation and the like. When the researcher ceases to be absorbed in the subject's world of naive belief, however, he does not judge the truth or falsity of the experience but becomes interested in the specific constitutive processes the informant participated in. The researcher must disentangle himself from the informant's immediate experience to see its genesis, relations, and overall individual structure (Wertz 1983a:206; 1983b:37-38; 1985:174).

The attitude of the researcher goes beyond naive empathy while sustaining an intense interest in the reflected domain. Rather than remaining simply absorbed in the world of description, the researcher suspends belief in the validity of the subject's experience of the situation, not to doubt or question its reality, but, to pursue an interest in how it comes to pass; its precise structure, and its psychological consequences. The researcher breaks his original fusion with the subject in order to think over the subject's involvement from a distance (Wertz 1983b: 37).

## 8.4.3.1.2.1.5

*The turn from objects to their meanings*

The previous operation, taken together with the present one, are akin to what Husserl called the phenomenological epoché (Wertz 1983b:38). It must be stressed that the researcher in this instance is not concerned about the reality (or unreality) or the logic (or illogic) of the objects or states of affairs described by the subject. The researcher turns his attention from the facts to their meanings. He is interested in the way the situation appears to the informant, the meanings of the objects and events for him and the participation in terms of which such meanings arise. This delivers the researcher to the situation precisely *as experienced*, and *as behaved*, or more generally, *as meant* by the informant. This is in part what makes the research psychological, rather than *scientific* or philosophical; the study of the individual's (informant's) participation in the immanent signification of lived experiences (Wertz 1983a:206; 1983b:38-39; 1985:175).

#### 8.4.3.1.2.2

##### *Various possible activities of psychological reflection*

During the process described above, the researcher engages in a number of more specialised activities. These activities are distinguishable only on the theoretical and explicational level. In reality they overlap, and are mutually implicating, forming an inextricable unity (Wertz 1983a:206). These activities entail:

#### 8.4.3.1.2.2.1

##### *Utilisation of an "existential baseline"*

All the above mentioned aspects lead to the establishment of an existential baseline. According to Wertz (1983a:207; 1985:175), implicit in the researcher's frame of reference are the norms of psychological existence; typical everyday life in which the phenomenon under study is not profoundly present or in which other phenomena predominate. Looking at it in this manner, the phenomenon under study is not an absolute entity but a variation of other phenomena. Every phenomenon stands out against a background in which it is profoundly present. Thus, each protocol is brought into view as a modalisation or variant of normal everyday life or as a contrast with other protocols or phenomena (Wertz 1983b:39). The researcher's active interrogation of this contrasting ground of the phenomenon informs him/her of its precise outline (Wertz 1983a:207; 1983b:39-40; 1985:175).

With regard to the present research, such an *existential baseline* is the assumption that the essence of being is Care and the reflection of this *Care* in professional nursing caring. During the present research informants were also called upon to reflect on their continued caring orientation amidst the everyday quandaries of caring as a job, insensitivity, burnout, being overburdened and living a life outside the confines of the clinical caring situation.

#### 8.4.3.1.2.2.2

##### *Reflection on judgement*

The statements which the researcher included in the Individual Phenomenal Description (ID) as revelatory to the phenomenon under study are now being reflected upon and judged. With regard to each statement, the researcher asks himself about the *how*, the *why*, and the *what* of each

statement<sup>14</sup>. Reflection and judgement is thus constantly in play throughout data analysis (Wertz 1983a:207; 1983b:40; 1985:175). The researcher may ask him/herself how he or she understands the subject matter that a given statement reveals. In this way he delves into his preconceptual everyday familiarity with the described situation to question and articulate its sense (Wertz 1983b:40).

#### 8.4.3.1.2.2.3

##### *Penetration of implicit horizons*

Initially, Wertz (1983b:41-42) identified *Grasping implicit meanings* and *Relating constituents* as two separate phases in the analysis process, but now (Wertz 1984:43) combines them in the *penetration of implicit horizons*.

The description itself is not the ultimate object of reflection despite its necessity. Reflection ultimately addresses the informant's participation in the network of immanent significations which make up his or her lived reality. Once the researcher is firmly situated in the informant's world, he can reflect on things not mentioned in the description but demonstrably present, even if implicit, in the informant's living (Wertz (1983a:207). In all of this, the researcher does not understand merely what the subject says about the situation, which could amount to an implicit atomism, or could be paralysing. He uses the description to penetrate deeper to implicit horizons. It is precisely the apprehension of implicit immanent significations that constitutes the fuller psychological sense which the researcher achieves (Wertz 1983a:214; 1985:175-176). Although the *naive* description is the necessary point of access to the lived experience and reality under study, it is often the ambiguous depth of the latter which is the researcher's ultimate object of interrogation.

#### 8.4.3.1.2.2.4

##### *Making distinctions*

In his earlier work Wertz (1983b:44; 1984:43) called this phase *Conceptually guided interrogation*.

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<sup>14</sup> See par. 8.3.1.

According to Wertz (1983a:208; 1985:176), once one is fully involved in the subject's situation, many kinds of distinctions are made. This is achieved by asking of each statement what it expresses that is different from the others. In this phase, the researcher is sensitive to different aspects of a single situation (eg, temporal, spatial, constituents)<sup>15</sup>. Distinguished constituents compose the complex structure of meanings immanent in the informants' lived situation (Wertz 1983b:40).

#### 8.4.3.1.2.2.5

##### *Seeing relations of constituents*

In this phase, the researcher addresses to each distinguishable constituent, the following questions:

- What has this to do with that, and that, and that?
- What has this to do with the whole?
- What place does this occupy and what contribution does it make?

The researcher is thus attuned to *coherence*, the *physiognomy* of structure. In thinking through the togetherness and relationships of constituents, the researcher sees relative priorities, for some aspects of the phenomenon inevitably depend upon presupposed others (Wertz 1983a:208; 1983b:41; 1985:176).

#### 8.4.3.1.2.2.6

##### *Thematisation of recurrent meanings of motifs*

The researcher in this phase looks for the unity and consistency of diverse experiences (Wertz 1983a:209; 1983b:42-43; 1985:176). Seeing recurrent themes amidst diversity is an incipient identification of essential aspects of the described situation, a movement towards generality (Wertz 1983b:42).

#### 8.4.3.1.2.2.7

##### *Interrogation of opacity*

In analysing the data (descriptions), there are always vague areas which perplex the researcher.

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<sup>15</sup> See Table 8.1 and Table 8.2

This problem is encountered throughout the research and data analysis. Often, sense is made by dwelling with special persistence in these areas and interrogating their context (Wertz 1983a:209; 1985:176). During the present research, self-deceit, suffering and aesthetic experiences are such perplexing areas.

#### 8.4.3.1.2.2.8

##### *Imaginative variation<sup>16</sup> and seeing the essence of the case*

The researcher needs to know about all constituents, implicit horizons, relations, and themes; and how their variation or absence would change the psychological meaning of the case in question (Wertz 1983b:43). This is attained through exercising imaginative variation which involves imagining whether any of the themes identified could be different or even absent while still presenting the individual's psychological reality, thus, whether any of the themes or meaning units are essential to the phenomenon under study (Wertz 1983a:209; 1983b:43-44; 1985:176). After all, one of the characteristics, though not *the* characteristic, is that phenomenology is interested in pinpointing the essence of a phenomenon.

#### 8.4.3.1.2.2.9

##### *Languaging*

Through this phase, the researcher attempts to express the sense he is making with regard to the phenomenon under study. *Language* in this instance pertains to all themes, phrases, distinctions, relations, horizons, and the like. The goal is to construct psychologically revelatory descriptions, and thus the result of this phase is no longer strictly expressed in the subject's own language but in that of the researcher, since it is *his* psychological reflection that is being expressed.

The translation of the description into psychological language is not mere translation into or replacement with the abstract, sedimented terms of psychology (Wertz 1983b:15). According to Wertz (1983a:210), what is involved here is original speaking on the part of the researcher, for this phase is *psychology in the making*. As his speaking originates from the researcher's own contact with the case, it is highly personal and specific to the case; the researcher speaks *his* reflection with *his* context of knowledge as *he* encountered the psychology of the case. The

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<sup>16</sup> In this regard see the presentation of Individual Psychological Profiles as "variations" of the phenomenon "maintenance." Today it is recognized that the same can be accomplished by observing the phenomenon under study in different natural settings (empirically) (Alant and Romm 1987:41).

researcher may often take words from everyday discourse, but when he does so, it is in this context, that the meanings of these words become special. They are now psychological terms and refer precisely to the subject's participation in the situation (Wertz 1983a:210; 1983b:44; 1985:176-177). To this extent, the description is no longer naive and everyday, but *reflective* and *psychological* (Wertz 1983b:44). Metaphors, analogies, and even terms borrowed from psychology and other disciplines such as philosophy can be used. *Care is taken, however, to use these terms in a precisely descriptive rather than in an inferential or explanatory way* (Wertz 1983b:45). This phase in fact implies moving from, or transforming, phenomenon (in)to concept.

#### 8.4.3.1.2.2.10

##### *Verification, modification and reformulation*

Whenever speaking in psychological terms is involved, there is a distance between what is said and the subject's original description. The danger thus exists of the researcher losing contact with the subject's lived situation. Therefore, the researcher must constantly return to the original descriptions with his reflective statements to verify, modify and negate his newly emerging reflections. He implicitly asks: *Is everything I am saying accounted for in the original description?* Naturally, the researcher heads for a fit as tight as possible with the original description and draws on all the operations above to achieve this (Wertz 1983a:210; 1983b:45; 1985:177).

#### 8.4.3.1.2.2.11

##### *Using existential phenomenological concepts to guide reflection*

Wertz (1983b:44) also called this phase *Conceptually guided reflection*. This is a secondary operation and its working is upon the procedure discussed above.

For a concept to be valuable in guiding descriptive insight, it must be rigorously descriptive itself. Secondly, to appropriate a concept developed elsewhere, it must be rigorously applied to the case at hand, which must avail itself to this by virtue of its own structure (Wertz 1983b:44). The researcher may, however, also use a general theoretical abstraction to guide his thinking about the concept. Such abstractions might be *internal versus external horizons*, and *self-world-others* structures. Whenever any part of these aspects is maintained by the informant, the researcher automatically reflects on how the others are implicitly involved in the phenomenon.

Should the reader be alarmed that such conceptual guidance might become a set of blinkers, narrowing down the researcher's scope and view, Wertz is more optimistic. According to Wertz (1983a:211), the danger here is not the imposition of concepts which distort the researched matters, a danger which exists when one uses traditional explanatory concepts. Since existential phenomenological concepts are developed in the light of the phenomena themselves (through the above procedures), they illuminate these phenomena in radically descriptive ways, and therefore, can only help the researcher see what is really there but might have been overlooked. The danger here is not so much the imposition of alien meanings but rather that of lazy reflection and a superficiality when the researcher only sees in a protocol what preconceptuality leads him to notice. Conceptual guidance should facilitate true discovery and original contact with a protocol rather than replacing it (Wertz 1983a:211; 1985:177-178; 1983b:44).

#### 8.4.3.1.2.2.12

##### *Compiling an Individual Psychological Structure of the phenomenon*

At this point the *Individual Psychological Structure* of the phenomenon is given. In this research, examples of these *reconstructions* of the individual experiences are presented in Chapter 9.

The limit of the presentation of the Individual Psychological Structure is that it reflects only an individual instance of the phenomenon. However, the aim of phenomenological research is to present a general structure of the phenomenon by means of which it is attempted to comprehend a great diversity of examples (Wertz 1983a:228).

#### 8.4.3.2

##### **The nomothetic (general) level of analysis**

This phase is based on the achievements of the previous, the idiographic, phase. It moves from the psychology of the individual case of the phenomenon to the psychology of the phenomenon in general - the *General Psychological Structure*. This achievement involves the understanding of diverse individual cases as individual instances of something more general, and articulating this generality of which they are particular cases (Wertz 1983a:228; 1983b:46).

#### 8.4.3.2.1

#### *Procedures for nomothetic analysis*

##### 8.4.3.2.1.1

##### *Seeing general insights in individual structures*

Certain constituent meanings, relations, and the like, articulated in the *Individual Psychological Structures* are already true of all cases even though achieving such generality was not the explicit goal of individual analysis. This is understandable when we remember that the realm of immanent meaning is an ideal one and as such is not strictly attached or limited to the real individual experience in terms of which it emerges. Therefore, it does not necessarily pertain only to one person's private reality. Further, *structure* is a term of knowledge, differentiated as such from the original individual's living from which it is extracted. On this account, the findings of the previous phase can be applied beyond the original context in which they were discovered and pertain to many individuals (Wertz 1983a:228).

Wertz (1983a:228) also points out that, the opposite is also true. Even though immanent meanings, and the structural knowledge of them, transcend the individual, this does not mean that they are necessarily true for all, or even many, individuals. It is therefore necessary that the researcher determines which features of the individual structures manifest as general truths and which do not. This can be attained by rereading the *Individual Psychological Structures*, and rather than taking them as referring to the particular case, take them as referring to all cases. In doing this, the researcher can see that some statements about the informant's participation in immanent meanings, and the structural relations, can be taken as true in the general context, others cannot, and still others are equivocal and require further analysis (Wertz 1983a:228-229; 1985:189).

While it is true that certain described constituents and structural relations *immediately appear* as true for all references, the researcher cannot simply assume this truth uncritically.

Because the researcher must be critical of his pronouncements of generality, and is filled with questions when he interrogates individual structures for their generality, other possibilities of

his presence during this phase must come into play (Wertz 1983a:229; 1983b:46-47; 1985:189). The *psycho-logic* of the individual instance, including constituent meanings, their relations, etc., as they make up a single lived reality, may also occur in other situations in the informant's own life and in others' lives. This is possible because the psychological domain (the realm of immanent meanings in the personally lived) is not a private reality tied to a particular isolated situation or individual person alone. A given psychological structure may in a significant way reemerge in the life of the same person or others (despite the sense in which each moment of psychological life is unique by virtue of its temporal position). However, since a given psychological structure is not necessarily true for all or even many individual cases in all its aspects, such reference beyond the particular instance must be intuited by the researcher. By going over the final formulations regarding an individual case, the researcher may attempt to judge the scope of reference of each assertion (Wertz 1983b:47).

#### 8.4.3.2.1.2

##### *Comparison of individual descriptions*

Rather than assuming that any statement in the *Individual Psychological Structure* is true for all, the researcher must actually *find* it in all the individual structures he has analysed. Thus, each Individual Psychological Structure is compared to all the others for differences and similarities. The similarities, when *language*d, are general statements which may become part of the *General Psychological Structure* of the phenomenon. In this comparison, the researcher may refer to the original phenomenal descriptions. In doing so, the researcher may find descriptions and situations which were not previously noticed. This then serves as a double check. According to Wertz (1983a:230-231), to be a generally valid insight, it is not required that structural features must have already been made explicit in all cases, but that it can be found in the other cases upon further reflection. This procedure in data analysis is not a mere cross checking for correspondence of actual statements, or anything like a *content* or *factor analysis procedure*. It is rather a deeply reflective penetration into the Individual Psychological Structures, in the light of other such structures, to find common features that are sometimes highly implicit. Thus we do not compare to find simple correlations of psychological statements but continue to reflectively interrogate the original descriptions while striving for the most specific and precise general insight. This is a very complicated process and could be conducted in many different ways (Wertz 1983a:230; 1983b:47-48; 1985:189-190).

#### 8.4.3.2.1.3 *Imaginative variation*

Imaginative variation must again be employed if the researcher wishes to achieve a generalisability beyond the actual cases to which he has access to through the available descriptions. However, in this instance, it is not applied to gain insight into the essential psychological structure of individual cases but to gain insight into the *generally essential*. The parameters for variation are opened further in this phase than in the previous one. According to Wertz (1983a:321), rather than varying details *imaginally* to see the *eidos* of one informant's living of the phenomenon, one now imagines any and all possible variations to see what is consistently necessary for them to qualify as an instance of the phenomenon under study.

Indeed, imaginative variation is necessary for research to establish its limits since it is the researcher's access to phenomena other than, and beyond, the one he is studying and has sought descriptions of. Through its use, the researcher can determine what generally counts as phenomenon within the scope of the research and what does not (Wertz 1983a:232; 1983b:48-49; 1985:190).

#### 8.4.3.2.1.4 *Explicit formulation of generality*

The researcher must formulate the essential, that is, both the necessary and the sufficient conditions, constituents and structural relations which constitutes the phenomenon in general, that is, in all instances of the phenomenon (Wertz 1983a:235).

There are two critical questions at this stage, namely:

- *Can we have the phenomenon without this?* If the answer is "no" as evidenced by the empirical data or imaginative variation, then the statement is necessary for the phenomenon. If the answer is "yes", it is not applicable and should be omitted from the general structure.
- *If we have just this, do we have the whole phenomenon?* If the answer is "yes", then the formulation is sufficient. If, however, the answer is "no," it is not sufficient and more statements must be included to reveal the whole (Wertz 1983a:235; 1983b:49-50; 1985:190). This could be seen as a built in validity measure.

The final presentation of findings at the end of this phase may vary greatly according to the researcher's interest and style. It often includes examples from the *naive* descriptions which illustrate the psychological formulations (Wertz 1984:44).

## 8.5

### **ANALYSIS FOR REVEALING THE STRUCTURE OF THE PHENOMENON**

Data analysis at the *idiographic* level is portrayed in table 8.6. Data presentation in chapters 9 and 10 contains the result of analysis at the *nomothetic* level. Table 8.7 below gives an example of analysis of text content with regard to methodological issues such as reactivity analysis, alexithymia, negotiation and the like.

TABLE 8.6: EXAMPLE OF DATA ANALYSIS  
AT THE IDIOGRAPHIC LEVEL

TEXT	INDIVIDUAL PSYCHO DESCRIPTION	DATA UNITS*	INDIVIDUAL PSYCHO STRUCTURE*	CODES**
I: Too strict discipline undermines my caring concern.	Too strict discipline undermines my caring concern.	Too stringent/harsh discipline undermines my caring.	Harsh discipline.	Erosive factor (9)
I: I don't know why I am caring. I care spontaneously. That's me, from childhood.	I care spontaneously. That's me, from childhood.	I care spontaneously.	Spontaneity.	Mode of caring (2)
I: If I cannot care for people it feels as though something is amiss. Caring makes me a better person I feel better about myself when doing things for others Not only in the hospital setting. Outside too. It makes me care more.	Caring makes me a better person.  Being caring makes me care more.	If I cannot care for people it feels as though something is amiss. Caring makes me a better person I feel better about myself when doing things for others. Not only in the hospital setting. Outside too. It makes me care more.	??  Self-image. Ditto.  Caring is self expanding. Maintenance of caring.	??  <b>Reason for caring and Feeling good</b> Ditto (3:2)  Promoting caring (6.4) Caring is self-sustaining (4:1)

\* Methodological issues were also identified and coded in these three columns. See table 8.7.

\*\* These codes represent the initial categories and themes which revealed the general psychological structure.

## 8.6 ANALYSIS OF TEXT FOR METHODOLOGICAL ISSUES

TABLE 8.7: EXAMPLE OF DATA ANALYSIS  
ANALYSIS FOR METHODOLOGICAL ISSUES

TEXT	INDIVIDUAL PSYCHO DESCRIPTION	DATA UNITS	INDIVIDUAL PSYCHO STRUCTURE	CODES
I: Verbalisation is a general problem and also specific to nurses	It is a problem to me to verbalise my feelings.	Verbalising one's feelings is a general human problem, and more specifically in nursing.	Alexithymia.	Alexithymia (15)
R: There is a word for this in psychiatry namely <i>alexithymia</i>		There is a word in psychiatry for this phenomenon namely: alexithymia (Data:483).	"Pedant I."	Reactivity and prejudice (17)
ooo	ooo	ooo	ooo	ooo
I: My job, or my relationship with patients? (NB)			Work/job versus "caring."	Negotiation and clarification (16)
R: Your job and your relationships with your patients are virtually the same thing... not?				
ooo	ooo	ooo	ooo	ooo
R: What about knowledge? Would that help you to get more involved with your patients?		R: What about knowledge? Would that help you to get more involved with your patients?	Knowledge and types of knowledge	Direct question. Leading the informant.
I: What kind of knowledge?		I: What kind of knowledge?		
R: Exactly, what kind of knowledge?		R: Exactly, what kind of knowledge?		Cancel. Negotiate <i>knowledge</i> . (16)
ooo	ooo	ooo	ooo	ooo
R: Caring implies doing things. So, do knowledge and skill help you care more - to become more involved with people?			Concept "caring."	Negotiation and clarification (16)
			Researcher leading informant.	(Ignore data immediately following this.)

**8.7****CONCLUSION**

In this chapter, *Empirical Psychological Reflection* as a data analysis process is discussed. This process was derived by Wertz from the work of Colaizzi, Giorgi and Van Kaam. The present representation of the process was compiled by the researcher from Wertz (1983a, 1983b, 1984, and 1985). The process is mainly iterative and consists of both an idiographic and a nomothetic phase. Although the terms were not used by Wertz, indications are apparent that open coding, categorisation, constant comparative analysis, theoretical sampling and axial coding are also acceptable in reflective empirical psychological research.

***SECTION E***  
***PRESENTATION OF THE DATA:***  
***FINAL MANIFESTATION OF THE***  
***OBJECT OF INTENTION***

## ORIENTATION TO SECTION E

After the introductory disclosure<sup>1</sup> of the object of intention and after having planned for the final disclosure<sup>2</sup> of the object of intention, these plans are put into operation. The combined means for identifying the object of intention (the phenomenon) is *reflection* on the (psychological) literature and the lived world, with priority going to the latter (Wertz 1984: 34). In this section (Chapters 9 - 11), the lived world of maintaining a caring concern, or the final manifestation of the object of intention, is reported upon as follows:

- Chapter 9: Final manifestation of the object of intention: The idiographic phase<sup>3</sup>: Individual profiles of the maintenance of a caring concern.

Profile 1: The relational approach grounded in self  
 Profile 2: Affirmation, reciprocation, reassurance and balance  
 Profile 3: Awareness, self-awareness and situational awareness  
 Profile 4: Integrating, generating, expanding and aligning  
 Profile 5: Sharing, soothing and being soothed  
 Profile 6: Sincerity, non-exploitation and inverted caring  
 Profile 7: Getting it all in the open  
 Profile 8: Creating challenges and economising on caring  
 Profile 9: Comprehensive integration and external stimulation  
 Profile 10: The caring ethic as existential essence  
 Profile 11: Being involved  
 Profile 12: The inversion of the erosion of caring

- Chapter 10: Final manifestation of the object of intention: The nomothetic phase: Themes and categories.
- Chapter 11: Final manifestation of the object of intention: The nomothetic phase: Presentation of a general phenomenological profile.

An outline of the contents of chapter 10 and chapter 11 is given on the next page. The coloured areas indicate the core categories and processes, the final manifestation of the object of intention.

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<sup>1</sup> See Section C on the preliminary manifestation of the object of intention which also represents the researcher's "prescientific" view of the phenomenon "maintenance."

<sup>2</sup> See Section D on the research act and the disclosure of the object of intention.

<sup>3</sup> See paragraph 8.4.3.1. In this instance, the terms *idiographic description*, *individual phenomenal description*, and *individual psychological profile* are used synonymously.

## OUTLINE OF CHAPTERS 10 & 11

### 1) The Caring Phenomenon (10.1) ●

- 1) General Indicators (10.1.1)
- 2) The "T" Quintessence in Caring (10.1.2)
- 3) Attributes of Caring (10.1.3)
- 4) Caring Versus Knowledge and Skill (10.1.4)
- 5) Caring Versus Quality Care (10.1.5)
- 6) Outcomes of Caring (10.1.6)
- 7) The Encompassing Nature of Caring (10.1.7)
- 8) The Enduring Nature of Caring (10.1.8)

### 2) Erosive Factors (10.2) ●

- 1) Special Problems of the Student Nurse and Neophyte (10.2.1)
- 2) Aspects Relating to Self (10.2.2)
- 3) Imbalance Among the Phronemic Components (10.2.3)
- 4) Emotional Involvement (10.2.4)
- 5) Physical Exhaustion (10.2.5)
- 6) Theory, Practice and Teaching (10.2.6)
- 7) Administrative Issues (10.2.7)
- 8) Work Conditions (10.2.8)
- 9) Patient Characteristics (10.2.9)

### 3) Factors in the Maintenance of a caring concern (10.3) ●

#### 1) External Resources (10.3.1) ●

- 1) Human Support Resources (10.3.1.1)
- 2) Personal Preferences (10.3.1.2)
- 3) Time Factor (10.3.1.3)

#### 4) Knowledge (10.3.1.4) ●

- 1) General Indicators (10.3.1.4.1)
- 2) Scientific, Medical and Technological Knowledge and Skills (10.3.1.4.2)
- 3) Human Nature and the Humanities (10.3.1.4.3)
- 4) Experiential and Situational (10.3.1.4.4)
- 5) Teaching and Learning Caring (10.3.1.4.5)

#### 2) Internal Factors (10.3.2) ●

##### 1) Eminence of Self (10.3.2.1) ●

- 1) General Indicators (10.3.2.1.1)
- 2) Contextualising Self in Caring (10.3.2.1.2)
- 3) General Strategies for Maintaining Self (10.3.2.1.3)
- 4) Care-giver Attributes (10.3.2.1.4)
- 5) Motivational Domains 10.3.2.1.5 ●
  - 1) Will and Conscience (10.3.2.1.5.1)
  - 2) Religious Domain (10.3.2.1.5.2)
  - 3) Ethical Domain (10.3.2.1.5.3)
  - 4) Cognitive Domain (10.3.2.1.5.4)
  - 5) Fear of Punishment (10.3.2.1.5.5)

##### 6) Modes of Caring (10.3.2.1.6) ●

- 1) General Indicators (10.3.2.1.6.1)
- 2) Spontaneous/Free Willed/Imperative (10.3.2.1.6.2)
- 3) Rational Mode (10.3.2.1.6.3)
- 4) Ethical Mode (10.3.2.1.6.4)
- 5) Altruistic/egotistic Mode (10.3.2.1.6.5)

##### 7) Benefits Derived From Caring (10.3.2.1.7) ●

- 1) General Indicators (10.3.2.1.7.1)
- 2) Altruistic Reasons and Benefits (10.3.2.1.7.2)
- 3) Global concern about caring (10.3.2.1.7.3)
- 4) Egoistic Reasons and Benefits (10.3.2.1.7.4)
- 5) Quasi egoistic/altruistic reasons (10.3.2.1.7.5)

##### 8) Strategies for Alleviating Stress/ Tension (10.3.2.1.8)

##### 9) Relationships Among the Phronemic Components (10.3.2.1.9)

#### 2) Caring is Self-sustaining (10.3.2.2) ●

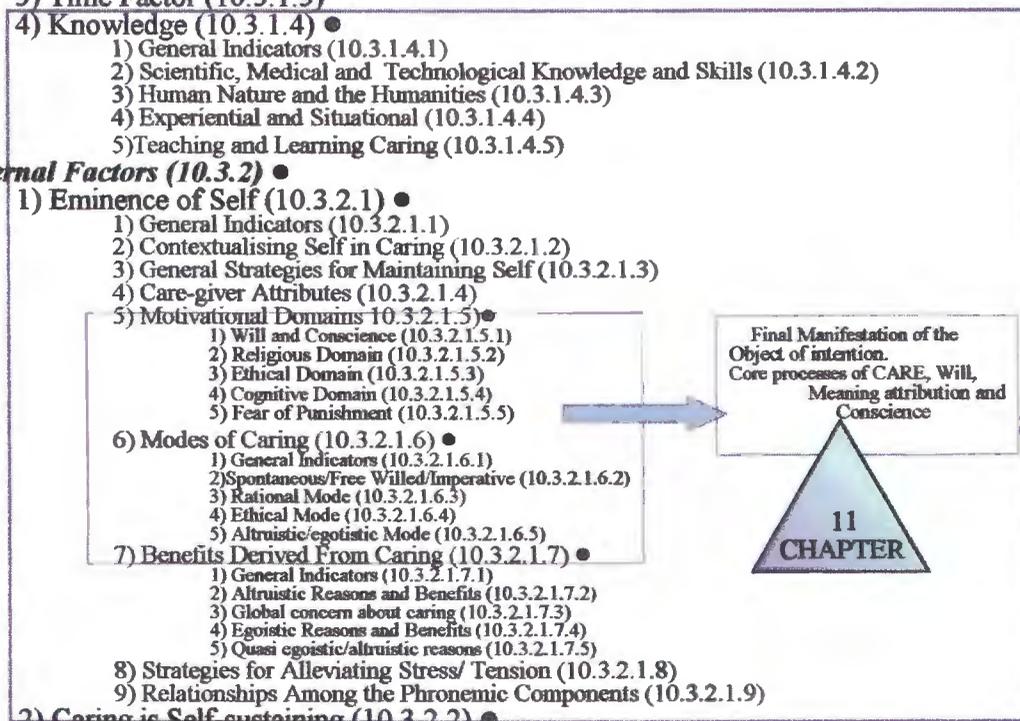
- 1) General Indicators: Caring Erodes Flippance (10.3.2.2.1)
- 2) Nursing Care Develops Caring (10.3.2.2.2)
- 3) Caring Cultivates Caring 10.3.2.2.3)

#### 3) Strategies for Advancing Caring (10.3.3) ●

- 1) Personal Strategies (10.3.3.1)
- 2) Situational Strategies (10.3.3.2)
- 3) Sharing Caring (10.3.3.3)
- 4) Strategies for Advancing Caring Globally (10.3.3.4)
- 5) Students' Concern About Caring (10.3.3.5)
- 6) Strategies for Feigning Caring (10.3.3.6)

### 4) Core Experiences (10.4) ●

- 1) Aesthetic Experience/Feeling Good (10.4.1)
- 2) Suffering (10.4.2)





# CHAPTER 9

## FINAL MANIFESTATION OF THE PHENOMENON: IDIOGRAPHIC PHASE: PRESENTATION OF INDIVIDUAL PSYCHOLOGICAL PROFILES

*The good traveller has not fixed plans and  
is not intent on arriving.  
The good artist lets his intuition lead him  
wherever it wants.  
The good scientist has freed himself of concepts and  
keeps his mind open to what is.*  
Lao-tzu

### 9.1 INTRODUCTION

This chapter contains the result of the idiographic<sup>4</sup> phase of the data analysis. True to Lao-tzu's wisdom quoted above, the researcher kept an open mind during the analysis for, and presentation of, the unique phenomenal essences of each individual's unique account presented in this chapter. These unique accounts or profiles contain the absolute essence of the *maintenance* of a caring concern as presented by individual informants. The profiles are totally decontextualised and abstracted from *surroundings*. In line with Wertz's empirical psychological reflection, transcripts of interviews (data) were paraphrased, shuffled and grouped into entities to acquaint the researcher with the data; to get a feel for it and to get into the data. Through this process, and a process of the elimination of reoccurring data, the researcher seized upon the central story or theme in each description. These profiles thus do not represent the *exclusive* ways in which informants maintain a caring concern. They present the most individual, striking, and unique

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<sup>4</sup> See paragraph 8.4.3.1.

ways amidst the other profiles<sup>5</sup>. It should also be noted that the number of profiles does not correspond with the number of informants. Not all informants came up with a unique way of maintaining a caring concern. In these instances the researcher has chosen the most dense profile for publication. All the profiles are thus *individual ones*. In a way, these profiles introduce the reader to, and acquaint the reader with, the informants.

Bracketing, putting out of mind what was experienced during previous interviews and analysis, became imperative in constructing these individual profiles. Without this deliberate step the researcher could not see unique essences each story yielded. Without *bracketing*, everything seemed the same. Bracketing was enhanced through the process of elimination; of reading, rereading, condensing, contrasting, comparing, and questioning the contents of individual accounts (stories) over and over again. This was an extremely tiresome and labourious exercise<sup>6</sup>, however, also a very rewarding one. The researcher is convinced that without this phase, he would not have been able to proceed to the phase of theme and category construction and the eventual construction of a general phenomenological profile or essence<sup>7</sup>.

In this chapter only the essential individual profiles are presented. No discussion of these profiles is conducted, however, footnotes are used to illuminate certain aspects of some of the profiles.

Finally, the reader is reminded that the presentation of these profiles also represents the variation of the phenomenon *maintenance*, though not an *imaginative variation* thereof<sup>8</sup>.

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<sup>5</sup> The more "general" ways of going about maintaining a caring concern are presented in Chapter 10 in themes and categories together with the data contained in this chapter.

<sup>6</sup> This step in data analysis took more effort than the construction of themes and categories contained in chapter 10.

<sup>7</sup> See chapter 11.

<sup>8</sup> Today it is recognized that the same results as those attained by imaginative variation can be accomplished by observing the phenomenon under study in different natural settings (empirically) (Alant and Romm 1987:41).

## 9.2 PROFILES

### 9.2.1 PROFILE 1: THE RELATIONAL APPROACH GROUNDED IN SELF

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#### DATA DISPLAY 9.2.1

#### PROFILE 1: THE RELATIONAL APPROACH GROUNDED IN SELF

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*I am in interaction with others through caring which in turn helps me to maintain caring. My caring developed through nursing actions. I also became more observant and developed an intuitive sensitivity regarding individuals' needs. My intuition is founded on my experience which enhances both my involvement with patients and my caring. I also gained knowledge of the human nature that helps me to show caring.*

*I further show, and enhance my caring, through good interpersonal relationships with patients. If I would apathetically go about doing my job, patients would not confide in me and this will not reflect caring.*

*I often crack a good joke to ease situations. It definitely makes it easier to be caring towards patients. Conversation is also very important to me in maintaining a caring relationship with others.*

*Without a social life outside the hospital walls, I would have "cracked." Well spaced working hours also contribute to preserving my caring concern, as do good relationships with colleagues.*

*Knowing myself is essential to me to care for others. Without a healthy self-image or knowledge of myself, patients' attitude towards me would influence me tremendously. I would tend to take things up too personally, especially if patients do not seem to like me, which will influence my caring concern negatively.*

*I cannot be caring if I do not experience caring myself. "One must fill a glass to drink from it." (Data: 510)*

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## 9.2.2 PROFILE 2: AFFIRMATION, RECIPROCATION, REASSURANCE AND BALANCE

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**DATA DISPLAY 9.2.2**  
**PROFILE 2: AFFIRMATION, RECIPROCATION, REASSURANCE**  
**AND BALANCE**

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*I sometimes feel that as long as I do my best; what is right for the patient, what is purposeful, and what is important to patients from my point of view, I am caring. However, I need confirmation from patients to know whether they consider our relationship as being caring to maintain my caring concern. I find it especially easy to care for patients that are caring in return; if the caring I render is accepted.*

*I also benefit from caring for patients; it is usually returned to me. I feel good about this and am reassured that I do good. I experience satisfaction with having done my best. I am reassured that I can do something good, that I am caring. I care more for people because of this reassurance.*

*When I do not like a patient, I try to learn why I dislike that patient by socialising and associating with that patient. I try to be open to patients all the time. However, I still prefer working with people I like.*

*For me, caring moment to moment is not a matter of obligation but a matter of free will; of wanting to care.*

*I prioritise when I have an overload of work to determine whom needs caring most. Those whom I "neglect" I inform about the situation, assuring them that I care about them and will attend to them later.*

*I like most attending to patients who need active professional nursing care. I cannot give only emotional support the whole day. I am healed when I do more physical nursing for a while after having been through some emotional stress with a patient. I must strike a balance between emotional and physical caring. Emphasising one over the other is senseless. Striking a balance in order to cope is especially necessary because I am a sensitive person. If I do not do this, I may lose my caring concern altogether.*

*I must also keep some distance too. If I get too involved, I do not leave any space for myself; only for those I am caring for. I then become oppressed and could stop caring altogether in the sense of having emotional affinity for patients. I combat this by visiting friends who allay my emotionality and anxiety through laughter (among other things) and distract my mind. (Data: 511).*

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## 9.2.3 PROFILE 3: AWARENESS, SELF-AWARENESS, &amp; SITUATIONAL AWARENESS

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**DATA DISPLAY 9.2.3**  
**PROFILE 3: AWARENESS, SELF-AWARENESS AND**  
**SITUATIONAL AWARENESS**

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*I just care; it is spontaneous. I am caring for no reason other than the fact that caring is needed. I need self-confidence to be caring towards a person. I need to remind myself (more often) that I have the self-confidence to involve in caring acts.*

*I cultivate caring through caring. I am personally enriched by the caring I render. I also feel better about myself. The acknowledgement that I get from others for my caring is not as important as feeling good about myself.*

*My caring concern is sustained by caring among our group since caring is a group effort.*

*My caring concern grows as I live life. My personal hardships make it easier for me to be caring towards others.*

*The deficit between what I can do for a patient and what he can do for himself to some degree determines my involvement with that patient - my caring for that patient.*

*I need to get used to the situation and people involved to act in correspondence to my caring concern. If I am not familiar with a situation, especially outside the hospital, I am not sure whether to act or not. I feel that in the wards caring is more allowed. It is like there is a boundary. In the wards you may care (it is expected and the right thing to do). It is my perception of what is expected of me that motivates me to act out my caring concern. The more I am familiar with a situation and the people involved, the easier it is for me to show my caring concern in that situation. I also consider knowledge of the other person to be important in this regard. If I have knowledge of that person's circumstances, it is easier for me to show that I care. I need knowledge about the condition of the patient which makes me care more for that patient. The urgency of an emergency also prompts me to act more spontaneously/ immediately.*

*The more I can do for that person the more I can show how much I care.*

*My Christian faith is a source of my caring. My conscience to me is the Holy Spirit's involvement in my life. Knowledge also forms part of my conscience. If I know what to do, and I do not do that . . . I need to do what I know and feel is right and correct to maintain my caring concern. I need to do my best, no matter what little effect it might have. It makes me feel good. I care because: "How would I have felt, had I been in that person's position?" (Data: 512-513).*

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## 9.2.4 PROFILE 4: INTEGRATING, GENERATING, EXPANDING AND ALIGNING

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**DATA DISPLAY 9.2.4****PROFILE 4: INTEGRATING, GENERATING, EXPANDING AND ALIGNING<sup>9</sup>**

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*When I do not care about people I feel there is something amiss. Caring makes me a better person. I feel better about myself and it is as if I am caring more for more people. Not only in the hospital setting. Outside the hospital also. It really makes me care more. A little bit more every time. My caring developed (grew) through caring. It made me a more mature person in comparison to when I first started nursing.*

*Caring in the hospital setting definitely made me more spontaneous regarding caring in general. I am inherently an introvert. I do not easily show my feelings. However, through nursing it became more spontaneous. The skills that I acquired create more opportunity for me to be caring in.*

*If I am more open, I find it easier to be caring. If there is better communication, and others are open towards me, I feel that I receive something in return.*

*I memorise positive aspects which sustain my caring in future situations.*

*I feel frustrated when finding myself in a situation for which I lack the required skill. I feel incompetent, unsure of myself, helpless, and it deprives me of the liberty to show my caring concern. In such instances, however, I employ colleagues as an extension of myself to render caring to patients.*

*I think my spiritual and religious conviction are very important in aligning the positive and negative aspect in caring. The one should not be emphasised to the neglect of the other. I always keep in mind both the positive and the negative elements.*

*My conscience does play an important role in caring. One aspect of my conscience is knowledge and skill. If I do not act in correspondence hereto, my conscience accuses me. I feel guilty. I also have a religious component to my conscience. My conscience also relates to fear of punishment. However, I experience all these aspects as positive. Without these I would have gone through life without any anchor. It definitely serves to maintain my caring concern (Data: 516-517).*

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<sup>9</sup> In the integrative/generative approach the informant maintains a caring concern through extending caring beyond the clinical setting, creating caring through caring by deliberately fusing actions, feelings, knowledge and convictions.

## 9.2.4 PROFILE 4: INTEGRATING, GENERATING, EXPANDING AND ALIGNING

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**DATA DISPLAY 9.2.4**  
**PROFILE 4: INTEGRATING, GENERATING, EXPANDING**  
**AND ALIGNING<sup>9</sup>**

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*When I do not care about people I feel there is something amiss. Caring makes me a better person. I feel better about myself and it is as if I am caring more for more people. Not only in the hospital setting. Outside the hospital also. It really makes me care more. A little bit more every time. My caring developed (grew) through caring. It made me a more mature person in comparison to when I first started nursing.*

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*My conscience does play an important role in caring. One aspect of my conscience is knowledge and skill. If I do not act in correspondence hereto, my conscience accuses me. I feel guilty. I also have a religious component to my conscience. My conscience also relates to fear of punishment. However, I experience all these aspects as positive. Without these I would have gone through life without any anchor. It definitely serves to maintain my caring concern (Data: 516-517).*

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<sup>9</sup> In the integrative/generative approach the informant maintains a caring concern through extending caring beyond the clinical setting, creating caring through caring by deliberately fusing actions, feelings, knowledge and convictions.

## 9.2.4 PROFILE 4: INTEGRATING, GENERATING, EXPANDING AND ALIGNING

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**DATA DISPLAY 9.2.4**  
**PROFILE 4: INTEGRATING, GENERATING, EXPANDING**  
**AND ALIGNING<sup>9</sup>**

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*When I do not care about people I feel there is something amiss. Caring makes me a better person. I feel better about myself and it is as if I am caring more for more people. Not only in the hospital setting. Outside the hospital also. It really makes me care more. A little bit more every time. My caring developed (grew) through caring. It made me a more mature person in comparison to when I first started nursing.*

*Caring in the hospital setting definitely made me more spontaneous regarding caring in general. I am inherently an introvert. I do not easily show my feelings. However, through nursing it became more spontaneous. The skills that I acquired create more opportunity for me to be caring in.*

*If I am more open, I find it easier to be caring. If there is better communication, and others are open towards me, I feel that I receive something in return.*

*I memorise positive aspects which sustain my caring in future situations.*

*I feel frustrated when finding myself in a situation for which I lack the required skill. I feel incompetent, unsure of myself, helpless, and it deprives me of the liberty to show my caring concern. In such instances, however, I employ colleagues as an extension of myself to render caring to patients.*

*I think my spiritual and religious conviction are very important in aligning the positive and negative aspect in caring. The one should not be emphasised to the*

## 9.2.6 PROFILE 6: SINCERITY, NON-EXPLOITATION AND INVERTED CARING

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**DATA DISPLAY 9.2.6**  
**PROFILE 6: SINCERITY, NON-EXPLOITATION AND**  
**INVERTED CARING**

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*To maintain my caring concern, I should not allow patients to manipulate me. Neither should I allow patients to exploit me to their benefit on my account. It is not that I cherish any special expectancies for my caring. The longer I am in nursing the easier it becomes to detect when I am, or my caring is, exploited (misused). I defend my caring potential by avoiding it being misused (exploited).*

*I should ascertain that I am not being bribed into "caring." The whole process of caring should be a very sincere one between myself and the patient. The patients should not think that because I am empathetic (empathic) he could bribe me into doing any special favours. Such favours are from myself (out of myself). It comes from me because I want to do them, not because I am bribed into doing them. My caring is thus maintained by my perception of the sincerity of the patient.*

*For instance during our psychiatric training, there were a number of rapists and child molesters (paedophiles), certified as psychiatric cases, only to escape imprisonment. I distanced myself from these people. To me it is not a constructive situation. In such instances I think caring in the traditional sense of the word rather strengthens them in their evil. It is, however, not that I do not care about them. It is rather paradoxical. By not showing caring in the traditional ways and means I show my caring concern and maintain it. It is very much a case of being cruel to be kind. I must refrain from caring to show my caring. If I do not act in this manner, I become part of a sick situation. I become a pawn. By not being involved I do the right thing. I care and maintain my caring concern. By being absent I am best presented. It is this complete contradiction. A very unfulfilling situation. I do the right thing but it feels wrong.*

*Caring gives me a warm feeling. Often I would see a patient who would remind me of another patient I cared for. All these patients' caring come together to fuse into one huge feeling of caring. It expands. The more one cares for others the greater caring becomes. Fond recollections are very important to me. In the end, this is what matters. At this stage in my life it is all about memories regarding my patients (Data: 520-521).*

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## 9.2.7 PROFILE 7: GETTING IT ALL IN THE OPEN

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**DATA DISPLAY 9.2.7**  
**PROFILE 7: GETTING IT ALL IN THE OPEN**

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*Nothing will ever make me not being caring towards my patients. Though I am a person that becomes angry easily, I also calm down quickly. I feel guilty and uneasy whenever I become annoyed with patients. However, when I do become annoyed with a patient I tell it to him in a civilised manner. I do not get involved in a fight. I can talk about the matter. This way I know where I stand. If I do not settle the situation, I will not feel like getting in touch with, or involved with, that patient. I shall avoid that patient. By not being on "speaking terms" creates an unpleasant situation which influences my caring concern negatively. I thus always return to my patients to determine how they feel. I cannot just allow myself to feel negative and to decide that onward I am not going to do anything for that patient. I cannot leave patients undignified in that manner.*

*Whenever something impedes on my attitude towards a patient it shows in my interactions with that patient, not in my work. I shall, for instance, not involve in small talk. I shall do but my job, and not the little extras. I also find that I sometimes have to force myself into doing certain things that need to be done. This is not satisfying to me. However, I always try to place myself in the patient's position.*

*When I become frustrated, I lack job satisfaction. This makes me depressed and unhappy. I usually smoke more and spend more time escaping in the "sluice". This helps me regaining perspective. These breaks definitely benefit my mental health.*

*My relationship with my colleagues is also very important in maintaining a caring concern. The attitude with which I go on duty is very important in this regard. I refuse to work with people I do not get along with. Working with them erodes my caring concern. Whenever my relationship with the people I work with hampers, it affects my caring concern towards patients negatively. For instance, I like talking to patients, however, if there are any bad feelings between me and my colleagues, I do not feel like doing this.*

*I discuss negative thing that happened to me with colleagues. In this way I alleviate tension . . . getting if off my heart. I need a listening ear. This definitely results in improved inter- relationships, caring and zest for work (Data: 522).*

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## 9.2.8 PROFILE 8: CREATING CHALLENGES AND ECONOMISING ON CARING

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**DATA DISPLAY 9.2.8**  
**PROFILE 8: CREATING CHALLENGES AND**  
**ECONOMISING ON CARING**

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*I shouldn't become too involved with patients. In my first year, I showed my caring much more. Later on it subsided. Not that I care less. I care all the time, however, I do not always show it in a specific manner at a specific point in time.*

*It is not that I have lost some of my caring since I started nursing. It is just that now I can see where it is really needed. I can distinguish better. During my first year, I wanted to give equally to all patients all the time. This became quite demanding. However, later on I could determine who needed more caring, or less for that matter. I use my caring more individually. I also learned to sum up a situation better. I am more able to determine which part of myself to give in a specific situation (self, knowledge, skill, etc.). Now that I have done psychiatric nursing, I must admit that my caring more and more takes on the form of the use of the therapeutic self. By caring selectively, I maintain my caring concern and I prevent burnout.*

*I have come to learn not to be totally sympathetic but more empathetic. I do pity patients, however, I also keep some distance. How I do this I do not know, however, I do. The extent to which my caring goes depends on the situation. However, I do not stay on after working hours.*

*Routinised work erodes my caring. I become bored. I prefer some action. I need a challenge. It makes the adrenaline flow. I like it. This is also why technology is also important to me. It also allows more time for emotional expenditure on the patients.*

*I care because I can give something of myself to others. This strengthens my self-image. Since I started nursing my self-image improved a lot.*

*I think caring cultivates caring. If I allow myself to be caring towards someone it is as if it just expands.*

*I find it necessary to talk to colleagues about my caring. However, often this takes on a selfish form; to receive acknowledgement from others for what I do. This usually happens when I feel down and feel that I do not receive the necessary acknowledgement from patients. However, this is temporary. Most of the time I do experience that patients appreciated what I do. This is also important to maintain my caring concern. (Data: 523-524).*

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## 9.2.9 PROFILE 9: COMPREHENSIVE INTEGRATION AND EXTERNAL STIMULATION

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**DATA DISPLAY 9.2.9**  
**PROFILE 9: COMPREHENSIVE INTEGRATION AND**  
**EXTERNAL STIMULATION**

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*I have this thing about caring for people not only because it is my work but for in case my mother or my child might some day lie here. I always keep this at the back of my head. This is why I make it as easy, as happy, and as friendly as possible for my patients. If I am not prepared to go to any effort, I cannot expect it from someone else either. I must do unto others as I would want them to do unto me and my loved ones.*

*Whether I feel good and caring is also related to the area in which I am working. I must find the environment appealing.*

*In some wards there is also a fragmentation of work. One does observations, the other medicines, the other bed baths, dressings and the like. It does not feel as if I get to my patients in such wards. I do not get the opportunity to work with, say, four patients who are my responsibility. I prefer all-encompassing work. That way I make better contact and I can be caring and maintain caring. This is what I like about midwifery. With those patients I have to complete a whole ritual. This is also what I liked about my psychiatric nursing. I was able to build a relationship of trust with my patients. To me it is also natural that one would be able to care for and being caring towards members of one's own culture more readily than for members of other cultures. Knowledge of the language, customs and the like just makes it easier. However, "I do not need any colour to be caring." I need to be involved in comprehensive nursing care to maintain a caring concern. If I cannot care for patients comprehensively, I sometimes come to think of the patient as the betadine dressing in bed two or the amputation in bed seven. I really do not like fragmented work.*

*I really do not think that in the course I am following, enough attention is given to caring per se. Even in the curriculum, caring is so fragmented and outspread. The whole course is too theory directed. Even the student counsellors are there in their offices. The total milieu must be a caring milieu. Consequently, I had to develop my caring concern myself. The curriculum does not provide guidelines in this regard. Although some students might benefit from such guidelines, to me it still is a case of the awakening already existing caring through the many opportunities which nursing provides (Data: 524-525).*

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## 9.2.10 PROFILE 10: THE CARING ETHIC AND EXISTENTIAL ESSENCE

**DATA DISPLAY 9.2.10****PROFILE 10: THE CARING ETHIC AS EXISTENTIAL ESSENCE<sup>10</sup>**


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*Most of the time caring holds an emotional benefit for me. It is all about feeling good about myself. Caring is something that I give, however, I also receive something in return. I feel satisfied. I mean something to someone else. This is why I am a nurse, and this is what maintains my caring.*

*I like one-to-one contact; not large busy wards. Working with fewer patients allows me to build caring relationships and to maintain those relationships. That is how I maintain a therapeutic relationship.*

*It often happens that I enter a ward and there is a patient with whom I just click. It is all about personality. I find caring towards a person that matches my own personality type easier. I care more easily for a patient with whom I get along well. It is an easier situation and I feel more comfortable.*

*My patients taught me to care. It grew on me. It is not theory taught in the classroom which prepared me to be caring or that maintains my caring. It is a combination of theory, clinical experience and interaction with individuals. My patients taught me much more than theory and clinical nursing ever could. Patients taught me what they expected (needed, wanted). This created a sensitivity towards patients' needs. My caring also stems from such a sensitivity towards others' needs.*

*I need to be caring towards myself too. If I am not caring towards myself, I cannot give to others. Whenever I start feeling negative, I start feeling like protecting myself; caring more about myself than for my patients. Caring makes me fit better with the image I have of **how** and **what** I should be. I rid myself of personal problems by caring instead of allowing problems to erode my caring. From time to time I really need to allow myself to be caring towards others. If I am not involved, things become too much for me. It is of the utmost importance that I stay in touch.*

*Respect and fairness are issues I am steadfast about. These are the cornerstones on which I found my nursing and caring.*

*Tolerance is a further way through which I maintain my caring concern; by accepting people and not passing judgement. However, I also expect the same from those I care for. I think that everything concerning caring revolves round respect and appreciation. If someone respects me, appreciates what I do and is*

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<sup>10</sup> The existential nature of this profile is deduced from concepts such as creativity, freedom, improvisation, connectedness, pragmatic versus theoretical living and the like.

*affectionate towards me, I feel good*

*Improvisation also helps me maintaining my caring concern. Through improvising, I exhibit more caring than when I have all the necessary facilities at my disposal. However, nursing has a splendid hierarchy and we wear our distinguishing devices showing everybody exactly where we fit into this hierarchy. However, this way we have robbed people of their individuality and their spontaneity. The freedom to be creative has been erased. Rules and regulations must be abided by under all circumstances. Nursing isn't any longer about what I can do but is all about blindly following instructions. This influences caring negatively. When someone touches my creativity, they touch my being.*

*My caring has everything to do with my gender; especially working with women. As a woman I identify better with women. It is something of a kind. It is a totally different dynamic. It is not a matter any longer of wanting to be caring. I am caring. I am caring because I am. It just is. This is what makes me a human being; the fact that I experience feelings that I cannot explain or rationalise. It is spontaneous.*

*I also like to keep some distance. I do not approve of familiarity. This also protects me. It is about my identity. The point is, there are boundaries of safe practice. If I do not set boundaries, I become too involved.*

*Presently, the teaching of caring leaves the nurse with more complexes than a caring concern. Caring is about respect and acknowledgement of individuality. My caring concern does, however, not influence my care of a patient. It is at this point that I rely on professional knowledge. It is, however, dangerous to say that I do not have to be caring to render quality nursing care. There is a fine balance to be maintained. However, quality care does not necessarily spell caring. I can render quality care without giving any expression of my caring.*

*Scientific knowledge serves a dual purpose. I think it definitely helps me to be more caring towards patients and to show my caring in appropriate ways. If I do not have the necessary skills, it would restrain me. I have also experienced that people tend to focus on the knowledge aspects only. Knowledge about how to care is important, however, it is finally about sensitivity, towards others and this sensitivity needs to be developed (Data: 525-527).*

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## 9.2.11 PROFILE 11: BEING INVOLVED

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**DATA DISPLAY 9.2.11**  
**PROFILE 11: BEING INVOLVED<sup>11</sup>**

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***Losing personal boundaries***

*I first started nursing in hospital X. I was very privileged to be there. However, I was not prepared for what awaited me. It was pleasant and exciting, however, the situation eventually got the better of me.*

*This was in 1989, a time during which we admitted large numbers of casualties from . . . One day we got an exceptionally massive influx of gruesome casualties and fatalities. Suddenly I just could not handle it. I couldn't care or being caring even though I wanted to. It was too shocking and horrid to me; that people could do such things to one another merely because of ideological differences. It was just too dreadful.*

*I couldn't handle it. I really felt for those people. I really did. I still do. It was almost as if their pain was also my pain. I felt like I wanted to take their pain upon myself. I felt so powerless/helpless. I felt like screaming. However, no one would hear me. Everybody just carried on. It was as if they were all wearing blinkers. I don't know whether they were all in a state of shock or whether this was some type of defence mechanism. However, they all seemed so harsh and hard. Doctors would bluntly order; "Nurse! Take off those bandages so that I can see what is going on underneath!"*

*In one such instance, I found a man's fingers blown to pieces. It was harrowing. If only I had more knowledge, I would have been able to **do** something. I wanted to be part in helping those people. I just wanted to do **something**; something to help. However, I couldn't. I could not care or be caring towards those people even though I wanted to.*

*I never realised the reality; of what nursing entailed - what caring in such a situation required. I wasn't fit for the task. In the first instance I was too young, and secondly, I haven't had the required knowledge. I learned a lot from this situation. I grew. I was squeezed ripe. However, I couldn't take it. I left.*

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<sup>11</sup> This data display contains an example of an informant who lost her caring concern. This interview was emotionally laden and to say the least, the researcher was emotionally moved and wondered how many students might have had the same experience, however, never took the time to reorient and to refocus; to distance self to regain perspective.

*It is not suggested that students should actually leave nursing after a similar encounter. What is suggested is that students open up and continue pursuing the caring ideal and experience of being instead of starting to "care for" without emotional investment in the situation to the detriment of the patient.*

***Regaining perspective***

*I stumbled from one job to the next. I did a lot of things; things that I am not particularly proud of. I was never again to be happy in my work. My parents gave me all the support that I needed, however, . . .*

*One day, while I was sitting idle, I said: "Jesus, if it is your will, I'd be so thankful if I could nurse again." Within the hour, the phone rang. The matron of the local hospital informed me that there was a post open for me. I returned immediately and nursing is still fantastic.*

***Regaining and maintaining caring***

*Now I care for others because I know what it feels like to be treated squalidly. We are all human beings capable of feeling, of being hurt, and of becoming annoyed. It is important to me to treat people the way I would like to be treated. The way I would like my loved ones to be treated. God gave me the ability to think, to contemplate things, and the privilege to be here as a nurse. I feel it my duty as a Christian to do this. I do this with a good heart. It is fulfilling.*

*I realise that nothing in life is perfect. Suffering is unfortunately part of life, however, not a pleasant part. I now accept this more readily than in the past. Still, I do my utmost. My best is enough. However, if it is God's will that someone should die, so be it. However, at least I did not just leave that person (again). I still feel helpless and powerless, however, not like previously. Presently I experience a helplessness which I can overcome through becoming involved with my patients. Being involved in the lives of patients makes me want to become more involved. This buffers guilt feelings.*

*Caring makes me feel good. It is very difficult for me to define "feeling good." It is almost like self-satisfaction, however, not as bad. I feel I mean something to someone. Perhaps God will be proud of me, because, I did things in the past of which I am not proud. However, then it wasn't I. Now it is me. It makes me feel that I am growing. I feel a different person. Caring to me means becoming a different (new) person internally. It gives meaning and substance to my life. Without this my life would be worthless. I do not want to be useless. I think I matured. I realise that life is not about immediate self satisfaction. I think this is why I do not become emotionally blunt. I realise that others can also hurt. This keeps me going. Caring is my calling (Data: 515-516).*

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## 9.2.12 PROFILE 12: THE INVERSION OF THE EROSION OF CARING

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**DATA DISPLAY 9.2.12**  
**PROFILE 12: THE INVERSION OF THE EROSION OF CARING<sup>12</sup>**

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*I sometimes only apply and practise scientific knowledge. This is caused by the dreary of doing the same thing over day after day. Some of the senior staff also contribute to this. I am sometimes there (on duty) only because I must be there, because I must earn money. However, this is not my philosophy of life. Such times are the worst of my life. I do not experience job satisfaction. I do only the necessary, the basic things I have to do.*

*If the professional scope of practice allowed me more and I had the necessary knowledge, I would be able to be caring towards more patients. I would be able to do more from myself for them.*

*I often seek help and guidance from my seniors, however, often they know less than I do.*

*I cannot work with drunkards. They continuously bring misfortune upon themselves. I know they are psychologically sick, but, I cannot do anything for them. The same goes for hobos. I am not really interested. It is a long term thing. They always come back. I cannot make contact with them. Contact enhances my willingness to translate my caring concern into actions.*

*If I cannot trust my colleagues to contribute to caring, the pressure becomes unbearable. I then tend to do whatever has to be done on my own. Consequently, I cannot manage the work delegated to me for that day and I cannot spend quality caring time with patients.*

*The more senior I become, the less time I have to be caring towards patients. More work and assignments are delegated to me. I no longer make contact with patients. My days are filled with running around, however, there is no time to stop by the patients. It should not be that way. I do understand that the management principles and all that which we are taught are important, however, these remove me from my patients; that which is important to me; the reason why I entered the nursing profession; caring. I become isolated, being taken away*

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<sup>12</sup> In profile 12 the informant expresses her concern about the maintenance of a caring concern in antithetic terms, contrasting what should be, by stating the opposite; that which erodes caring. Profile 12, however, does not reflect the informant's character set. She is in fact a very caring individual. This is her way of expressing her concern about maintaining a caring concern.

This profile does not speak of maintaining caring per se but of the erosion of caring. However, maintenance of caring is implied in the reverse implication of the informant's statements. By overcoming all these, or avoiding these issues, the informant is able to maintain a caring concern.

*from my patient to do other important administrative tasks which I do not want to do.*

*Whenever I have the time, I go to my patients. However, I usually go to those I favour. This erodes my caring for others. It is likely that I waste time this way and does not get to other patients who also need my caring. Sometimes, these patients whom I favour, are more therapeutic to me, than I am to them. They serve a purpose in helping me maintaining self.*

*I do not know how to avoid becoming emotionally blunt. However, I just think I should not become that. I try not to be like that. I still want to do a little extra. I am caring because it is nice. However, I cannot define this "nice." It is more than basic care, it is about genuinely getting into contact with the patients (Data: 513-514).*

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### 9.3 CONCLUSION

In this chapter, which serves as an introduction to the presentation of the analysed data, twelve individual psychological profiles emerging from the idiographic phase of data analysis, are presented. These profiles serve the same purpose as imaginative variation and also introduce the reader to the data overall. The essences of these profiles inevitably reappear in the presentation of the result of the nomothetic phase of data analysis presented as themes and categories in chapter 10 and 11. For this reason, the individual psychological profiles are not discussed in any detail at this stage.



# CHAPTER 10

## FINAL MANIFESTATION OF THE OBJECT OF INTENTION: PRESENTATION OF THEMES AND CATEGORIES

*Indeed, "generalizations" (of any kind)  
always tell a little lie  
in the service of a greater truth.  
(Sandelowski 1993: 5)*

### 10.1 INTRODUCTION

In this chapter, the analysed data are presented in the form of themes, categories, and sub-categories. This is the result of the *nomothetic* phase of data analysis as described in chapter 8.

The reader's attention is drawn to the following important aspects regarding the different themes and categories:

- All statements contained in the individual categories were made, and are quoted, in relation to the object of intention, *the maintenance of a caring concern*. Often, a non specific reference such as "it" is used. However, this "it" always refers to the object of intention. In addition, informants' own words are quoted, with the result that language style and grammar are often essentially colloquial and not academic; even *incorrect*.
- The same data units or data chunks are sometimes found in different categories. The reason for this is that within a single statement (sentence) two or more subjects are dealt with, however, these make sense only in relation to one another; much like non-directional hypotheses in quantitative research.
- In the different data displays "#" indicates the *sub* level category number while "●" indicates a further sub division of the category and "•" the individual data units.
- Each data unit or data chunk is provided with a reference as to where (more or less) it can be located in the data supplement that was compiled. For instance, "Data: 225" indicates

p. 225 of the data supplement. The data supplement contains all the different phases of data handling in the form of individual documents of each informant's contribution.

- In instances where categories are accompanied by sub-categories, an *overview* of the main points of the category is provided in tabulated format for the convenience of the reader.
- Table 10.1 provides such an overview of the main themes and categories in an abbreviated format and also represents the 69 data displays in which the organized data are contained.
- Themes and categories were compiled from the "raw" data. For these to emerge, the researcher had to reread individual transcripts repeatedly. Under no circumstances did the researcher categorise data according to preestablished literature, research findings, or theoretical structures. All literature support was specifically delved for, and pursued, *after* themes and categories had been established. This was an excessively time consuming endeavour.
- The reader might question the technical appropriateness of data presentation and data displays. Instead of impinging on the flow of the discussion by placing data displays at such a point as to accommodate data displays on a single page, the researcher opted for breaking data displays whenever necessary to keep the discussion in tact and to allow the reader to familiarise him or herself with the data content before the discussion is commenced. The data contained in the data displays are thus essentially part of the text.

Finally, with everything said about, and actions taken, during the research to meet the requirements of *bracketing*, *objectivity*, *moderated interpretations* and the like, issues relating to schemata<sup>1</sup> in cognitive learning theory, and consequently value free research, become pertinent once again. It must be remembered that *schemas and attention interact in an intricate dance* (Goleman 1997:79). As Britton (Goleman 1997:75) puts it: *Until we can group items . . . on the basis of their similarity we can set up no expectations, make no predictions: lacking these we can make nothing of the present moment*. Since the reader also has certain schemata pertaining to the content of this report, necessarily, the reader will also question the allocation of certain data units to specific categories. However, . . .

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<sup>1</sup> *A schema is a skeleton around which events are interpreted; as events are complex and layered, so schemas are interlocked in rich combination* (Goleman 1997:79).

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**TABLE 10.1: AN ABBREVIATION OF THEMES AND CATEGORIES**


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- 1) **The Caring Phenomenon (10.1) ●**
    - 1) General Indicators (10.1.1)
    - 2) The "I" Quintessence in Caring (10.1.2)
    - 3) Attributes of Caring (10.1.3)
    - 4) Caring Versus Knowledge and Skill (10.1.4)
    - 5) Caring Versus Quality Care (10.1.5)
    - 6) Outcomes of Caring (10.1.6)
    - 7) The Encompassing Nature of Caring (10.1.7)
    - 8) The Enduring Nature of Caring (10.1.8)
  - 2) **Erosive Factors (10.2) ●**
    - 1) Special Problems of the Student Nurse and Neophyte (10.2.1)
    - 2) Aspects Relating to Self (10.2.2)
    - 3) Imbalance Among the Phronemic Components (10.2.3)
    - 4) Emotional Involvement (10.2.4)
    - 5) Physical Exhaustion (10.2.5)
    - 6) Theory, Practice and Teaching (10.2.6)
    - 7) Administrative Issues (10.2.7)
    - 8) Work Conditions (10.2.8)
    - 9) Patient Characteristics (10.2.9)
  - 3) **Factors in the Maintenance of a caring concern (10.3) ●**
    - 1) **External Resources (10.3.1) ●**
      - 1) Human Support Resources (10.3.1.1)
      - 2) Personal Preferences (10.3.1.2)
      - 3) Time Factor (10.3.1.3)
      - 4) Knowledge (10.3.1.4) ●
        - 1) General Indicators (10.3.1.4.1)
        - 2) Scientific, Medical and Technological Knowledge and Skills (10.3.1.4.2)
        - 3) Human Nature and the Humanities (10.3.1.4.3)
        - 4) Experiential and Situational (10.3.1.4.4)
        - 5) Teaching and Learning Caring (10.3.1.4.5)
    - 2) **Internal Factors (10.3.2) ●**
      - 1) **Emphasis of Self (10.3.2.1) ●**
        - 1) General Indicators (10.3.2.1.1)
        - 2) Contextualising Self in Caring (10.3.2.1.2)
        - 3) General Strategies for Maintaining Self (10.3.2.1.3)
        - 4) Care-giver Attributes (10.3.2.1.4)
        - 5) Motivational Domains 10.3.2.1.5 ●
          - 1) Will and Conscience (10.3.2.1.5.1)
          - 2) Religious Domain (10.3.2.1.5.2)
          - 3) Ethical Domain (10.3.2.1.5.3)
          - 4) Cognitive Domain (10.3.2.1.5.4)
          - 5) Fear of Punishment (10.3.2.1.5.5)
      - 6) **Modes of Caring (10.3.2.1.6) ●**
        - 1) General Indicators (10.3.2.1.6.1)
        - 2) Spontaneous/Free Willed/Imperative (10.3.2.1.6.2)
        - 3) Rational Mode (10.3.2.1.6.3)
        - 4) Ethical Mode (10.3.2.1.6.4)
        - 5) Altruistic/egotistic Mode (10.3.2.1.6.5)
      - 7) **Benefits Derived From Caring (10.3.2.1.7) ●**
        - 1) General Indicators (10.3.2.1.7.1)
        - 2) Altruistic Reasons and Benefits (10.3.2.1.7.2)
        - 3) Global concern about caring (10.3.2.1.7.3)
        - 4) Egoistic Reasons and Benefits (10.3.2.1.7.4)
        - 5) Quasi egoistic/altruistic benefits (10.3.2.1.7.5)
      - 8) Strategies for Alleviating Stress/ Tension (10.3.2.1.8)
      - 9) Relationships Among the Phronemic Components (10.3.2.1.9)
    - 2) **Caring is Self-sustaining (10.3.2.2) ●**
      - 1) General: Indicators: Caring Erodes Flippance (10.3.2.2.1)
      - 2) Nursing Care Develops Caring (10.3.2.2.2)
      - 3) Caring Cultivates Caring 10.3.2.2.3)
    - 3) **Strategies for Advancing Caring (10.3.2.3) ●**
      - 1) Personal Strategies (10.3.2.3.1)
      - 2) Situational Strategies (10.3.2.3.2)
      - 3) Sharing Caring (10.3.2.3.3)
      - 4) Strategies for Advancing Caring Globally (10.3.2.3.4)
      - 5) Students' Concern About Caring (10.3.2.3.5)
      - 6) Strategies for Feigning Caring (10.3.2.3.6)
  - 4) **Core Experiences (10.4) ●**
    - 1) **Aesthetic Experience/Feeling Good (10.4.1)**
    - 2) **Suffering (10.4.2)**
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## 10.2

**PRESENTATION OF THEMES AND CATEGORIES**

Data were abstracted to the seventh level, with level 7 (seven) the most general and level 1 (one) the most specific (empiric). These consist of the following:

- Level 7 (Themes): 4
  - Level 6 (Major categories): 21
  - Level 5 (Sub categories): 7
  - Level 4 (Sub categories): 23
  - Level 3 (Sub categories): 13
  - Level 2 (Sub categories): 154
  - Level 1 (Data units. Most specific classes of empirical units): 537
- } Displayed in table 10.1
- } Contained in data displays.

For a quick overview of the different themes and categories see table 10.1.

## 10.2.1

**THEME 1: THE CARING PHENOMENON (CONTEXTUALISATION)**

*Perception is interactive; constructed. It is not enough for information to flow through the senses; to make sense of the senses requires a context that organises the information they convey, that lends to it the proper meaning (Goleman 1995:75).* The informants' perception of caring (and ultimately the researcher's interpretation of that perception) represents such a *context* within which *maintenance of a caring concern* is interpreted. The word caring, the qualifier for the object of intention, *maintenance*, as contained in the guiding research question, placed informants within a specific context<sup>2</sup>; a specific part of the lived world of the informants. This substantiates the revisitation of the phenomenon caring at this point of the data presentation.

Data display 10.1 exhibits the data units that compile this theme. This, however, is but a scanty abstraction of the phenomenon caring. Due to its diffuse occurrence throughout this research, numerous other categories also include data that pertinently define caring as perceived by informants during the present research.

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<sup>2</sup> To illustrate, had the following question been asked: "How do you maintain an attitude of aversion amidst all the love and devotion experienced in life?", the phenomenon, or object of intention, "maintenance" would have been placed within the context of "aversion."

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**DATA DISPLAY 10.1**  
**THEME 1: THE CARING PHENOMENON**  
**OVERVIEW**

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- General indicators (Data display 10.1.1)
  - The “I” quintessence of caring (Data display 10.1.2)
  - The attributes of caring (Data display 10.1.3)
  - “Caring” versus knowledge and skills (Data display 10.1.4)
  - “Caring” and quality care (Data display 10.1.5)
  - Outcomes of caring (Data display 10.1.6)
  - Encompassing nature of caring (Data display 10.1.7)
  - Enduring nature of caring (Data display 10.1.8)
- 

Due to the conspicuousness of caring in the present research, some of these categories are revisited later in this report and are expanded upon. This is not due to a lack of having something to say about the object of intention, or lack of data or insight into data. The reason is that some of these topics also emerged in a more specific, almost applied, format in the data. Put differently, informants substantiated the importance of the defining attributes of caring, in the maintenance of a caring concern, in different ways.

### 10.2.1.1

#### General indicators

Category 10.1.1 indicates the importance of the human ability to care and to be caring, albeit in terms beyond the scope of professional nursing care and caring.

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**DATA DISPLAY 10.1.1**  
**THEME 1: THE CARING PHENOMENON**  
**CATEGORY 1: GENERAL INDICATORS**

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- I think people are inherently selfish and a lot of these finer social skills, such as caring, have to be learned to be able to function socially (Data: 484).
  - I think this is the whole distinction which makes for a human being; the fact that I have feelings, such as caring, which are not always explainable or rational (Data: 496).
- 

The concern about maintaining a caring concern is highlighted by the fact that caring is an acquired social skill necessary for the functioning (and survival) of human societies. This is supported by Leininger (1981a:7-8) who states that the concept of care appears to have been critical to the growth, development, and *survival* of human beings for millions of years. This

statement is also in line with the anthropological model underlying the present research, namely that care, *having something that matters*, is the essence of being. The reference to *finer skills such as caring*, referred to by the informant, qualifies the argument and definition that *caring* is: *Care, directed in an ethical direction*. In its latter format, Care becomes what the informant referred to as *the whole distinction which makes for a human being; the fact that I have feelings (eg caring) which are not always explainable or rational* (Data: 496). This also refers to the process of socialisation towards social responsibility.

The statement, that caring is a distinguishing human attribute, is also supported by literature. To Roach: (1987: 45): *Caring is a human mode or manifestation of being*. The desire to care is human. Griffin (1983:289) corroborates this as follows: *It might be argued that to care is a part of one's concept of a person . . .* Noddings (1984:145) feels so strongly about the human nature of caring that she emphatically states: *Whatever I do in life, whomever I meet, I am first and always one-caring...I do not 'assume roles' unless I become an actor. 'Mother' is not a role; 'teacher' is not a role* (Noddings 1984: 145). Other authors, who also in some way attribute the human being with caring, include Gaylin (in Carper 1979:14), Watson (1985), Forrest (1989), Boykin 1994), Boykin and Schoenhofer (1993).

#### 10.2.1.2

##### The "I" quintessence of caring

Of great importance to the present study is the manifestation of "self" in caring as portrayed by the data contained in data display 10.1.2. This is evidenced by references made by informants to "I", "self", "myself", "me", and "yourself (oneself)."

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**DATA DISPLAY 10.1.2**  
**THEME 1: THE CARING PHENOMENON**  
**CATEGORY 2: THE "I" QUINTESSENCE IN CARING**

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- The whole *process* of caring must be (very) *sincere* (authentic) between me and my patient. I am empathetic and this should not be seen by the patient as a way of procuring special favours from me. Such favours are from *me/myself* (Data: 277).
  - Caring originates in *me* because I want to be caring and not because I am manipulated into being caring (Data: 278).
  - I *want something better* for my patients (Data: 445).
  - "I *can* do *better* for them" (Data: 454).
- 

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- Part of my caring is to help people find *meaning* in life and to show them that there is *something better* than what they have (Data: 459).
  - I want to put in some effort. That is what is important to me (Data: 461).
  - There is no objectivity here. It is all about *subjective interaction*. To me it is not objective observation (Data: 486).
  - I can be caring without becoming overly involved. I like putting distance between me and the patient. I do not approve of familiarity. Distance protects me. It is about my identity (Data: 496).
  - Knowledge about how to be caring and to care is necessary, but, fundamentally it is about perceptiveness and the advancement of that perceptiveness (Data: 501).
  - It is all about my *attunement* and how sensitive I am towards the needs of others. Caring grows from my sensitivity towards and respect for others. If I do not have unreserved respect for others I cannot be caring (Data: 488).
- 

The “I” as portrayed in data display 10.1.2 represents the intra personal aspect, that in which a caring concern resides. This aspect was implied in the guiding research question in the phrase: *maintenance of a caring concern by the care-giver*. Accordingly, this manifestation bears evidence to the successful translation of the general reference made to *the care-giver*, in the guiding research question, to the “self” or “I” by informants during the present research. In this instance Carper’s (Carper 1978:13-23; Silva, Sorrell & Sorrell 1995:1-13; White 1995:73-86) pattern of *personal knowing* becomes pertinent. As such the manifestation of the “I” is not only of ontological significance, but also of methodological and epistemological value. Ontologically, the reality of caring and the accompanying caring concern resides entirely within the individual informant as care-giver. The ontological question in terms of Carper’s pattern of personal knowing is: *Who am I?* (Silva et al. 1995:4). This question is partially answered by the category on: *The eminence of self in the maintenance of a caring concern*; (Data display 10.3.2.1 and ensuing displays). Methodologically, the implication is that *personal experiences* and self-awareness are focussed upon by referring to “self” in the caring context. Epistemologically, the *nature* of knowledge also becomes personal. In terms of Carper’s (1978:18-20) *personal knowing* the epistemological question is: *How do I come to know who I am?* (Silva et al. 1995:4). In a sense this question is answered by the research design; empirical psychological reflection. Thus, through reflection in context; the ontology: *Who am I in caring?*

At this point the reader should take caution not to adopt a biased position on the research and the ontology as though it is clearly a case of egoism. “I” as implied by the data in data display 10.1.2 should be seen in terms of its existential situatedness. An “I” endowed with freedom of

choice; an existence prior to an essence (to quote Sartre). An existence which becomes essence through executing freely the choice whether to be caring or not. However, only the intentions of that choice could reveal whether the caring is altruistic or egoistic. As will become clear from the *paradoxical strategy* applied in maintaining a caring concern (Data display 10.3.3) this whole matter is further complicated by students seemingly acting *uncaringly* in certain situations in order to communicate caring.

### 10.2.1.3

#### Attributes of caring.

The defining attributes of the phenomenon caring as contained in data display 10.1.3 are inadequate presentations of the rich diversity of attributes ascribed to caring in the literature. These are also meagre in comparison to the defining attributes of caring identified by the researcher during a previous study (Van der Wal 1992:217) on the phenomenon caring, of which the present research is a continuation. However, the present study is not on the phenomenon *caring* per se and, as indicated previously, the importance of reflecting on caring per se at this point in time is but for *contextualisation* purposes.

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**DATA DISPLAY 10.1.3**  
**THEME 1: THE CARING PHENOMENON**  
**CATEGORY 3: ATTRIBUTES OF CARING**

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- To me caring is a *relationship* (Data: 292).
  - Most of the time I feel that caring is *giving* something of self to others (Data: 404).
  - It is all about giving of yourself without ever giving personal information. It is how a *therapeutic* relationship is consummated and maintained. (Data: 485-486).
  - Caring is about *respect* and *acknowledgement* of individuality (Data: 490).
  - It is pure *spontaneity* (Data: 496).
  - I think that at the end of the day caring is all about *respect* and *appreciation* (Data: 505).
  - It is an exchange *transaction*. (Data: 87).
  - The whole process must be *sincere* (Data: 277)
- 

To summarise the content of data display 10.1.3, caring is a *sincere therapeutic transactional relationship marked by respect, spontaneity, appreciation, and acknowledgement of individuality to the betterment of the patient's life and the endowment of meaning to that life*. (For the latter attribute see data display 10.1.1)

The *therapeutic* nature of caring is also mentioned, among others, by Koldjeski (1990:52), Morse

et al.(1990:3), and McMahon and Pearson (1991:70-73). The latter authors relate therapy to caring via *presence*. Meaning as a factor in caring is pertinently referred to by Hutchinson's (1984: 88-89) and Watson (1985:54). The rest of the attributes of caring are collectively mentioned by whomever wrote about caring from a pro-humanity point of view.

The above summary also gives but a partial description of caring as the context within which the object of intention, *maintenance*, resides. Data displays 10.1.4 and 10.1.5 take the definition of caring, and the description of this phenomenon, a step further.

#### 10.2.1.4 Caring versus knowledge and skill

In addition to the attributes of caring identified in data display 10.1.3, data display 10.1.4 exhibits the relationships between the two major components of caring namely doing and feeling as identified by Griffin (Griffin 1983; Van der Wal 1992:281; Morrison & Burnard 1997:13).

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**DATA DISPLAY 10.1.4**  
**THEME 1: THE CARING PHENOMENON**  
**CATEGORY 4: CARING VERSUS KNOWLEDGE AND SKILL**

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- I need knowledge and skills to render caring. It does not do any good if there is only caring and no knowledge or skills. Caring alone does not help to improve a patient's condition. Knowledge and skill help me to show my caring because caring is not only about physical care. It is more focussed on the individual's emotional status, feelings, psyche. If you are only being caring you cannot do anything physical. If you are only skilled, you cannot do anything about the patients' emotional status. So, nobody can convalesce if there is an interference between these two aspects (Data: 31).
  - There are many patients with whom I do not have any interaction, however, I still **care** about their welfare. I am aware of the presence of these patients, however, I will not enquire about their person or any such thing (Data: 486-487).
  - Caring is something coming from my free will, it is not something that patients can demand. Especially not the little extra things (Data: 29).
  - Being caring also implies attending to the physical well-being of the individual and that the care that I render is of the highest standard and quality (Data: 288).
- 

From the content of data display 10.1.4 it seems that caring is conceived of as a relative independent experience and attitude. Griffin (1983:289) is in no doubt that it is the emotional element of the caring activity that motivates and energises nursing actions, thus enabling one to call it *caring*.

Throughout the present research, informants adhered to this almost dual, dichotomous view of caring; that caring is emotional and highly personal and individual, however, of no significance without the implementation thereof via appropriate actions, both lay and professional. It is also significant that caring is sometimes more pronounced in modest, mundane activities of personal choice that students do for patients than in grandiose actions displaying scientific knowledge and proficiency.

#### 10.2.1.5

##### Caring versus quality care

The relationship between “caring” and care identified in data display 10.1.4 is further qualified by the data contained in data display 10.1.5; caring versus quality care.

It is interesting that once again “caring” as an emotion is distinguished from care as actions taken to implement a caring concern. Of special importance is the indication that *quality* in care is independent of caring as an emotion or feeling. However, the reverse is not true. There cannot be any context for quality, without actions. Such actions can be either social or physical in nature (Valentine 1989:29).

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**DATA DISPLAY 10.1.5**  
**THEME 1: THE CARING PHENOMENON**  
**CATEGORY 5: CARING VERSUS QUALITY CARE**

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- Being caring also implies attending to the physical well-being of the individual and that the care that I render is of the highest standard and quality (Data: 288).
  - Caring does not influence the quality of my care actions. It is at this point that I draw on professional knowledge. If my caring concern influences my care activities I would become guilty of negligence, inequity and injustice. Quality care is not necessarily related to caring. However, it is also precarious to say that one does not need to be caring to render quality care. There is a fine balance. However, quality care does not necessarily go hand in hand with a caring concern. I can render quality care without explicitly showing my caring concern. Caring should not be confused with quality care. The best is a golden midway (Data: 490-492).
- 

As is the case with defining caring, one should also ask oneself, what exactly is meant by the term *quality care*. For many nurses this might indicate Pellegrino’s second, third and fourth senses of integral care, namely, doing for others what they cannot do themselves, by, taking care of medical problems experienced by the patient, and *seeing to it that all necessary procedures*

*in patient care are carried out with conscientious attention to detail and with exemplary skill* (Fry 1989a: 17). In this instance, the first sense namely *compassion* and *concern*, is overlooked.

The *golden midway* referred to by the informant, implies caring in terms of the professional caring model as proposed by Van der Wal<sup>3</sup>. That is, conceiving of caring in a holistic manner. It would also imply conceiving of the relationship between Care and caring as that of mutual involvement. It would also be appropriate to view the relationship between Care and caring in terms of Casagrande and Hale's (Spradley 1979:110) semantic relationship of *grading*<sup>4</sup>. Thus, *care* would display a spectrum of degrees of *caring*, which in turn will display a spectrum of degrees of *quality*. However, the degrees of quality and caring are not necessarily congruent. Such a course of argument also aligns us with a point of view of caring as being an attitude. Essentially, an attitude is *a disposition to respond favourably or unfavourably to an object, person, institution, or event* (Morrison & Burnard 1997:50). These authors further indicate that the common trend is to think of attitudes as consisting of an affective, a behavioural and a cognitive component; the so called ABC model of attitudes. This greatly illuminates the present discussion and is also what Van der Wal had in mind with reference to the phronema of caring; adding a conative component to the ABC model of attitudes. In this regard, Gaut (1979: 79), almost twenty years earlier cautioned: *To treat caring as a verb (work only) puts the focus on its action sense and sets aside certain other senses of caring such as . . . caring as a virtue or quality*. This was echoed by Benner & Wrubel (1984:170) who confirmed that: *We do violence to caring when we separate in our practice the distinctions we are able to make conceptually between the "instrumental role" (activities component) and the "expressive role" (emotions component)*. In this regard, Shiber and Larson (1991:63) state that all three components, the technical, the cognitive and the individualising or caring component must be present for there to be quality nursing care. Thus, in line with what is stated in chapter 3 on care and caring, caring encompasses care, however, the reverse is not true.

Making a point for not differentiating between caring and quality, Pirsig (Barker 1989:136) states that when one is not dominated by feelings of separateness from what she or he is working on,

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<sup>3</sup> See chapter 3 paragraph 3.2.1.3.1.

<sup>4</sup> See chapter 8 table 8.1.

then one can be said to 'care' about what one is doing. That is what caring really is, a feeling of identification with what one is doing. When one has that feeling then she or he also sees the inverse side of caring; quality itself.

#### 10.2.1.6

##### Outcomes of caring

Action results in reaction, cause (effect) or outcome. Data display 10.1.6 portrays the outcomes caring actions have for the care-giver<sup>5</sup>.

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**DATA DISPLAY 10.1.6**  
**THEME 1: THE CARING PHENOMENON**  
**CATEGORY 6: OUTCOMES OF CARING**

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- It is *nice* if I care for someone and it is noticed by others. It is, however, a good quality to have (Data: 404).
  - If I can import something positive in my own life by caring for others I *feel good* about myself (Data: 404-405).
  - I see caring as something which I give, however, I also get something back. I get a feeling of *satisfaction*. I mean something to someone. This is why I became a nurse. This feeling of *meaning something to someone*. It is an exchange transaction (Data: 487).
- 

The main theme regarding the outcome of a *caring* encounter as perceived by informants is that of joy, fulfilment, and job satisfaction. Words most often used by informants to describe the effect that caring has on them were that; *it is nice* and *it makes me feel good*<sup>6</sup>.

In instances where the outcomes of caring were perceived as negative, these were not due to caring but rather to the frustration of a caring concern resulting in unsuccessful attempts at being caring made by the informant. Evidence in this regard is contained in the theme 2 on the factors which are perceived to be erosive to caring and self. This calls to mind Bevis's (1981:49) comment that: *All other human feelings have potentially negative effects as well as positive ones, but caring by its nature and definition is only and always positive.*

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<sup>5</sup> This is the case because the interview was about the care-giver, not the receiver of care and caring.

<sup>6</sup> This lead to the construction of a specific category: Theme 4: Category 1: Aesthetic experience (Data display 10.4.1).

The outcomes of caring with regard to the care-giver should also be distinguished from another category that was compiled namely, *benefits* for the care-giver and *reasons* for caring (data displays 10.3.2.1.7 series .1 through .5). The difference is that both benefits and reasons for caring are predetermined expectations. The joy and fulfilment that comes with caring could be considered reason enough to enter into a caring relationship, however, this will not secure the expected outcome.

### 10.2.1.7

#### The encompassing nature of caring

This category in a certain way indicates the *scope* of caring; that caring as an intrapersonal experience is not limited to the clinical nursing field and the interpersonal. In addition, caring also seems to have a tradition.

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#### DATA DISPLAY 10.1.7

#### THEME 1: THE CARING PHENOMENON

#### CATEGORY 7: THE ENCOMPASSING NATURE OF CARING

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- I think I started caring when I was at school still. I care for all, people, animals, things ... (Data: 442).
  - Caring to me entails much more than just that which occurs at work. Our church is also a place of caring to me. It is not only at work. It is my whole life (Data: 465-466).
  - I care because others care about me (Data: 378)
  - I think definitely that my caring has to do with the way in which I was brought up. It is all about culture. It cultivates caring from an early stage in life. Like within the family and early environment (Data: 484).
- 

This category also alerted the researcher to caring that others, besides the informant (student nurses), experience. Consequently this category serves as a root category for two separate themes which are developed later namely: Theme 3: Category 1: Exoteric (external) factors involved in maintaining a caring concern, as opposed to Theme 3: Category 2: Esoteric (internal) factors that influence the maintenance of a caring concern.

### 10.2.1.8

#### The enduring nature of caring

The enduring nature of caring is substantiated by conceiving of caring as an attitude. As Morrison and Burnard (1997:50) indicate, attitudes are relatively stable over time. This may leave the

impression that a concern about the maintenance of a caring concern is superfluous, especially in view of the fact that, as the data contained in data display 10.1.8 indicate, any decline in caring is but temporary in nature. However, the reader should keep in mind that the informant sample was engineered. A specific group of people were chosen. Those who were capable of illuminating the object of intention; maintenance. As indicated during the discussion of the guiding research question<sup>7</sup> the phenomenon of the temporary decline of a caring concern is also included in the definition of losing and regaining (maintaining) a caring concern.

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**DATA DISPLAY 10.1.8**  
**THEME 1: THE CARING PHENOMENON**  
**CATEGORY 8: THE ENDURING NATURE OF CARING**

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- It has never happened to me that my caring concern vanished altogether (Data: 293).
  - My caring never completely ceases, it only stagnates for a while. I do not think any incident really diminishes my caring (Data: 417).
- 

This category also relates to quality of care (data display 10.1.5) and the fulfilling effect caring has on some care-givers (data display 10.1.6). The concern is with what happens in instances where the care-giver does not experience an encounter as a caring encounter. This has implications for both the patient and the care-giver. In this regard the reader is referred to *the individual Psychological Profile #11*<sup>8</sup> on the devastating effect the loss of a caring concern might have on the individual.

#### 10.2.1.9

##### In summary

From the data (evidence) contained in Theme: 1, data displays 10.1.2-10.1.8, caring is defined as:

*a fulfilling, positive, enduring, human attitude and tradition; residing in the individual as care-giver; that motivates the care-giver towards involving self, through both social and physical actions, in a sincere therapeutic transactional relationship with the one cared for; marked by respect, spontaneity, appreciation, and acknowledgement of individuality; to the betterment of the patient's life and the endowment of meaning to that life, and the life of the care-giver.*

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<sup>7</sup> See par 1.2.

<sup>8</sup> See chapter 9, paragraph 9.2.11.

To further abstract this definition, the researcher posits the following concise definition:

*Caring is the fulfilling willingness towards, and the actions taken towards, the meaningful socio-cultural and moral-ethical optimisation of human potential and humanity.*

The researcher, however, also corroborates Gaut's (1981: 19) statement: ... *I do not mean to imply that there will be a single clear and precise meaning [of caring], but rather that the term being defined has a family of meanings, related and broad in scope.*

### 10.2.2

#### THEME 2: FACTORS ERODING A CARING CONCERN

Factors eroding caring substantiates the concern about the maintenance of a caring concern. As Gaylin (Marz 1986:29) puts it, to become a caring person, one must be treated in a caring way, and this caring can be impaired or reinforced by the environment. In this regard, the reader is also referred to the background to the present research and the problem statement<sup>9</sup> contained in chapter 1 which should be read in conjunction with the content of the present category.

As indicated above, theme 2 serves to further substantiate the concern about the maintenance of a caring concern by the student nurse as care-giver. A whole array of factors is potentially detrimental to the care-giver's caring concern and the effect of these becomes initially overt in the care-givers' social communication with the receiver of care. As one informant put it:

When I do not feel positive towards a patient it shows first in my interaction with the patient - my talking to the patient. I will not just do small talk with that patient (Data: 331).

Data display 10.2 gives an overview of the factors that were identified from the data that have a potentially detrimental impact on the care-giver's caring concern.

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<sup>9</sup> See paragraph 1.6.

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**DATA DISPLAY 10.2**  
**THEME 2: EROSIIVE FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**OVERVIEW**

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- Special problem of the student nurse and neophyte (Data display 10.2.1)
  - Aspects relating to the self (Data display 10.2.2)
  - Imbalance among the phronemic components (Data display 10.2.3)
  - Emotional involvement (Data display 10.2.4)
  - Physical exhaustion (Data display 10.2.5)
  - Theory, practice and teaching (Data display 10.2.6)
  - Administrative issues (Data display 10.2.7)
  - Working conditions (Data display 10.2.8)
  - Patient characteristics (Data display 10.2.9)
- 

**10.2.2.1****Special problems of the student nurse and neophyte**

Many student nurses enter the profession at a time that they experience, in their quest for an integrated personal identity, a struggle within the spheres of two major life occurrences; establishing an identity amidst adolescent transformations that are taking place within themselves, and establishing a career identity. The data contained in data display 10.2.1 implicate the tension derived from both these spheres of personal development as potentially detrimental to a caring concern.

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**DATA DISPLAY 10.2.1**  
**THEME 2: EROSIIVE FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 1: SPECIAL PROBLEMS OF THE STUDENT NURSE AND NEOPHYTE**

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- **Gaining independence**

- In the beginning it was very difficult (ups and downs). It is the first time I am away from home. The first time that I have to do everything by myself . . . 's a big responsibility (Data: 122).

- **Abhorrence of student age and experience**

- It is difficult to care for people who abhor my youth and question my experience (Data: 68).

- **Student age and maturity**

- I did not realise what the reality of nursing in that situation entailed. What caring in that situation entailed. I think I was too immature (So I quit) (Data: 447).

- We (students) start nursing at the age of 18-19 years and we are exposed to situations for which we are not at all prepared (Data: 482).

- I felt so helpless in that first instance, I was very young and in the second place, I did not have the necessary knowledge (to be able to help. So I quit) (Data: 449).

- **Being a servant/Being misused**

- I see caring more as a job than a vocation in situations where I have to do things for the patients which they can do themselves. In such situations I do things because I must, not because I want to (Data: 196).

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Continued on the next page.

Continued from the previous page

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● **Unrealistic expectations, disillusionment and frustration**

- I entered nursing with the idea of helping people. Help them get better, relieving their pain - but often these are not achieved. If things do not work out I am frustrated (Data: 324).
  - To me it was too terrible that people could do that to one another merely due to ideological difference. Shooting one another. I just could not take it. It was horrifying. I could not care even though I wanted to. I quit my job (Data: 422-423).
  - It is such things, war, when you see that people do not care, that makes me feel discouraged (Data: 452).
  - The time when I am frustrated, I do not enjoy any job satisfaction. I tend to become somewhat depressed and unhappy (Data: 320).
- 

The problem of student age and maturity, gaining independence, being abhorred (disregarded, overlooked) and becoming disillusioned as potentially detrimental to a caring concern is succinctly attended to by Mellish and Brink (1990:53). According to these nurse educators, at the time that the nursing student enters the profession of nursing, the student has not fully completed the adolescent stage of her development and is still seeking a complete self image. She is subject to mood changes. No matter how lofty her service motives are, there are bound to be times of emotional tension. Feelings of inadequacy are also common. These student may even withdraw from the situation which is fraught with too many anxiety-producing conditions (Mellish and Brink 1990:53). In addition to this, Watson (1989a:45) points out that nursing has a continuing history of oppressing its young. Under these conditions, students cannot take responsibility for their own lives and shape society (Bevis and Murray 1990:328). Berman (1988:8) states that a dilemma emerges when students attempt to provide adequate care when they themselves are relatively fragile and vulnerable in terms of a (professional) self-image. According to Smith (1992b:211), the images aspiring nurses have about the profession may not prepare them for the reality of nursing. Harvey and McMurray (1997:385-386) also found *unrealistic* student expectation to be an erosive factor in caring. These issues also relate to self, self-concept, self-image and the like contained in data display 10.2.2.

#### 10.2.2.2

##### Aspects relating to self

In Theme 1: Category 2 (data display 10.1.2) the importance of self in defining caring has been evidenced by data. This theme and category should be read in conjunction with the present theme and category on erosive factors relating to self contained in data display 10.2.2.

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**DATA DISPLAY 10.2.2**
**THEME 2: EROSIIVE FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: ASPECTS RELATING TO SELF**


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**• Lack of personal boundaries**

•If I take too much of it (patients' problems) on myself, it is difficult because there is no space for myself inside me, only space for those I am taking care of. This oppresses me and could make me stop caring for patients (Data: 85).

•My private life does have an influence on my caring. Stress at home is conveyed into the work place (Data: 10).

**• Becoming too involved**

•When I started nursing, I was told not to become emotionally involved in patients' affairs. However, I become emotionally involved very easily. At the end of the day it boomerangs onto me (Data: 318-319).

•One should not become obsessive about patients. It is not healthy and is not caring either (Data: 415).

**• Lack of self-knowledge/ positive self-image**

•Without knowing myself I cannot care for others (Data: 12).

•If I do not have a good self-image and self-knowledge patients' attitude towards me would strongly direct my caring concern towards them. I shall take up issues too personally which will probably make me less willing to care. Should someone not like me I shall also be more likely to do but my job (Data: 12).

•It is difficult for me to be caring when I have problems at home or when I have a lot of tests to write (Data: 409).

**• Self neglect**

•One should care for oneself. If I do not care for myself I cannot give to others (Data: 494).

**• Negativity**

•Expressing negative emotions erodes my caring (Data: 34).

•If you are negative towards the working environment you are immediately more vulnerable (Data: 484)

•When I feel negative, I feel more like protecting myself and I would start caring more for myself that for my patients (Data: 494).

**• Personal bias**

•Whenever I have the time I spend it with my patients, however, I tend to attend only to my favourite patients. This inevitably erodes my caring for other patients who perhaps need my attention and caring more (Data: 385).

•(My own) Prejudices undermine my caring (Data: 502).

**• Student perception of non-caring**

•At work, it sometimes feels as though the matrons do not care. We are understaffed and cannot handle the work load. It makes me feel like quitting. Why must I care if they (staff) do not care (Data: 446).

•They (other staff members) were very hard (in an emergency situation). They did not *hear* me. So I quit (Data: 449).

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Fagan-Pryor and Haber (1992:24-28) explain the loss of self through caring as resulting from an overwhelming *togetherness force* which cause an individual's thoughts, feelings, and behaviours to become more determined by other people, with the subsequent development of a greater *undifferentiated sense* of self. Losing self in "caring" in this manner is a case of virtue becoming vice. Enmeshment of one's own personal identity, needs, and feelings in caring for others,

(Caffrey and Caffrey 1994:13), distorted boundaries, and not being able to distinguish others' responsibilities and problems from one's own are clearly not caring but rather codependence (Yates and McDaniel 1994:34); a case of lost *selfhood* (Whitefield in Yates and McDaniel 1994:32). Aroskar (1991:3) also points out that threats to individual boundaries occur in any health care interactions that involves the issue of mortality. This reminds care-givers of their own vulnerability.

Wells-Federman (1996:14) states that if one's tendency is to become over involved with patients, boundaries between oneself and the patient can become unclear. Often, this leads to overwork and oversolicitous helping that ignores the responsibilities, autonomy and resources of the patient. According to Benner and Wrubel (1984:375) the remedy for over involvement is not a lack of involvement but rather the right kind of involvement.

The negative effect caring may have on the care-giver and thus on caring itself is further well documented in the literature. In a major work, Maslach (1982) discusses burnout as a result of caring. The burden of care is also discussed by O'Neill & Ross (1991:111-121) as well as by Williams (1989). As far back as 1981, Goldstein et al (1981:24) stated that *coping with long term illness ... can be debilitating to the caretaker*. This was echoed by Aneshensel, Pearlin, Mullan, Zarit, and Whitlatch (1995:66:106).

The issue of self-neglect in nursing and caring is discussed by Smith (1995:287) as well as by Reed and Leonard (1989:45). Self-neglect refers to intentionally neglecting care of self, despite available resources and knowledge. This occurrence is also more indicative of codependence than of caring.

### **10.2.2.3**

#### **Imbalance among the phronemic components.**

During the discussion of the research question and the scope of the object of intention, maintenance, in chapter three the relationship among the different components of the phronema of caring was posited as a possible avenue for studying the maintenance of a caring concern. Naturally the reverse can also be pursued. Data display 10.2.3 displays data pertaining to the erosive effect which incongruence among three of the *phronemic* components might have on a

caring concern. The three components involved are: knowledge, emotions, and skill in combination with actions.

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**DATA DISPLAY 10.2.3**

**THEME 2: EROSION OF CARING CONCERN  
CATEGORY 3: IMBALANCE AMONG THE PHRONEMIC COMPONENTS**

- 
- It makes it difficult to cope if you do not balance the emotional and the actions components and in the end you just do not . . . It is possible to lose your caring concern this way altogether (Data: 83).
  - If I, apathetically, go about doing my job patients will not tell me anything and this will not reflect caring (Data: 7).
  - Erosion of caring also comes from the outside. Too much emphasis is placed on procedures to be executed correctly (Data: 24).
  - If I do not have knowledge I shall not be able to show to people that I care. On the other hand, if I am focussed on knowledge only, it is going to alienate me from my patient. Then I will no longer be there to care for them but to show off what I can do. (Data: 236).
  - Often people, when having a lot of knowledge, are inclined to put themselves on a dias after which the patient is no longer of any importance (Data: 237).
- 

A noteworthy aspect emerging from the data contained in data display 10.2.3 is that it is not only the absence of components in the relationship of the phronemic components that poses a problem, but also the relative over emphasis of any one at the expense of other components.

In the literature a concern about knowledge and skill taking precedence over ethics and caring seems to be the number one consideration as far as the relationship among the components of the caring phronema is concerned. 20 years ago Carper (1979:13) cautioned that health care providers are in danger of generalising scientific and technical expertise into the realm of an individual patient's values and beliefs. This may lead to reducing patients and clients to objects or abstractions, with scientific and technical expertise becoming an instrument of tyranny when untempered by a humanistic value system. Naturally the care-giver would have no humanistic caring relationship with such an *object*. This is supported by Brown et al. (1992:40-41) who point out the extent to which our use of language, and thinking about people, could, in a subtle way, marginalise those people to objects.

Nursing education, like other educational enterprises, in spite of what it may profess, teaches mostly the rules and procedures, rights and wrongs, specialised terminology, symptom and problem identification, basic disease processes, and technical intervention (Watson 1985 cited

in Watson 1989a:39). This is partially sustained by Evers (1984:14) who asserts that the lack of commitment to the study of ethics (including caring and feelings) is believed to be due to attitudes that limit learning to the cognitive domain and the educational programme to a scientific experience for students. This tendency, understandably, erodes a balance among the phronemic components.

#### 10.2.2.4 Emotional involvement

It is generally agreed that caring demands a high emotional investment. Data display 10.2.4 contains statements pertaining to both the presence and the absence of involvement in caring as having an erosive effect on caring.

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**DATA DISPLAY 10.2.4**  
**THEME 2: EROSIIVE FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 4: EMOTIONAL INVOLVEMENT**

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• **Absence of emotional involvement**

- It is . . . possible to have a lot of knowledge and skill without being interested in the patient . . . that is useless because you just do a job) (Data: 71).
- Sometimes caring is boring (Data: 81).

• **Presence of emotional involvement**

- It is not that caring is boring, it is sometimes emotionally just more exhausting than physical running around (Data: 71).
  - Patients can be very tiring emotionally. I become more emotionally drained than physically tired (Data: 9).
- 

The absence of emotional involvement turns what could have been a caring cultivating experience into a burden; a job. On the other hand, prolonged emotional involvement becomes emotionally depleting. With regard to the content of data display 10.2.4, Sorrells-Jones (1993:61) found no conclusive agreement as to whether or not, care-givers who do make compassionate connections with patients experience the same level of dissatisfaction and burnout as those care-givers who are disengaged or distanced from patients, that is, perceived by patients as uncaring or uninvolved. Clinically orientated executives concurred that connecting with patients in a caring manner establishes relationships which are mutually satisfying to both care-giver and receiver of care, whereby the dissatisfaction and perceived burnout are reduced. Non clinical executives were, however, less convinced that a relationship exists between caring (emotions) and care giving satisfaction ( Sorrells-Jones 1993:61).

The cost which emotional labour has on nurses is also illustrated by Smith (1992c:64-65 and 105). Managing emotional involvement in caring to reduce possible erosion of the caring concern is discussed by Morrison and Burnard (1997:72-74). Some potentially detrimental emotions resulting from intense emotional (caring) involvement which could account for feelings of emotional exhaustion are: feeling undervalued (not appreciated), anger, and guilt (Pitkeathley 1989:48-64). Aneshensel, Pearlin, Mullan, Zarit & Whitlatch (1992:291-292) relate despondency positively to several care related stressors such as role overload, guilt, and loss of self. In this regard, Burner (1986:50) points out that there is an increase in the number of nurses who regard bedside nursing as *monumentally boring, even degrading*.

Keim and Robins (Lachman 1996:6) studied nurses on night shifts and found that supervisor support and involvement decreased emotional exhaustion in care-givers.

#### 10.2.2.5 Physical exhaustion

Physical exhaustion is closely related to emotional involvement and the effect hereof. These two issues often go hand in hand. Data display 10.2.5 contains three data references to physical exhaustion and its effect on the maintenance of caring.

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**DATA DISPLAY 10.2.5**  
**THEME 2: EROSIIVE FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 5:PHYSICAL EXHAUSTION**

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- Sometimes you get the feeling that it is just another job . . . like when I work two 7-7's in a row (Data: 114).
  - When I become physically exhausted I become irritated which affects my caring negatively (Data: 333).
  - Fatigue makes me feel the I become more important and I become important to myself and they (patients) have to wait a while (Data: 348).
- 

An interesting point is the way in which the student (informant) attempts to maintain self when becoming physically (and presumably emotionally) exhausted. Self importance in this instance could indicate an attempt to self-care as opposed to self-neglect. Morrison and Burnard (1997:78) also found both physical and emotional exhaustion potentially erosive to care and caring.

### 10.2.2.6

#### Theory, practice and teaching

As indicated by the definition of *nursing education*, as it pertains to the present study, the educational field in which the student nurse finds herself consists of both formal classroom teaching and clinical nursing practice experiences. These according to Paterson and Crawford (1994:165) form a shared existential phenomenological ontology. Paterson and Crawford, however, are sceptical as to what extent caring interactions and transactions are conducted, and consequently learned, in such a shared existential phenomenological field. In view of what was said in the background to the present study, the experience of “interactions and transactions” is mostly on the cognitive level with doubtful interpersonal, humanistic, human (humane), and caring dimensions. Data display 10.2.6 contains empiric evidence in support of a concern about the effective learning of caring in the educational setting in nursing.

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#### DATA DISPLAY 10.2.6

#### THEME 2: EROSIIVE FACTORS IN THE MAINTENANCE OF A CARING CONCERN CATEGORY 6: THEORY, PRACTICE AND TEACHING

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- **Theory oriented teaching.**

- At the college we are taught theoretical knowledge about the types of patients one would encounter but at no stage is it explained how to deal with these patients. Eg., with accompaniment of the dying, the seven steps are given and that is that. Practical application and examples would have been much more helpful in my caring for these patients. It must be incorporated in practice (Data: 11).

- I cannot learn caring from books (Data: 13).

- I do not think that enough is done via the curriculum regarding caring. The curriculum is too theoretical. The curriculum really did not supply me with guidelines (Data: 423-424).

- The way in which we are taught (about caring) leaves me with more complexes than caring (Data: 501).

- **Clinical allocation**

- I sometimes encounter a situation in my work in which I cannot go any further because I do not have the necessary know how (Data: 380).

- I understand that the management principles I am taught are important but (due to these) I am drawn away from direct patient care, that which is important to me, my caring for patients, the reason why I became a nurse. I am isolated from my patients to complete other important tasks which I do not want to do (Data: 386).

- **Fragmentation of clinical experience**

- In (some wards) there is fragmentation of work. One does observations, the other bed baths. It does not feel as if I reach the patient. I do not get the opportunity to care for, say, four patients in a comprehensive manner. I can make contact with patients in a comprehensive care setting. Like in a surgical ward. If you are on dressings, that is all you do. You do not have the time to talk to patients. I really do not like such fragmentation of work. In my second year I did only dressings. It was *detesting*. Not that I did not like it. I do. However, that was all I was doing. I had no time to talk to patients. Later on the patient becomes the Betadine dressing in bed X and the like (Data: 412-413).

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● **Lack of knowledge and skill**

•Whenever I find myself in a situation in which I lack the necessary skills, I become frustrated. I feel incompetent towards the patient. I am unsure of myself; helpless. This robs me of my caring and how to show it (Data: 32).

•Presently, language is an obstacle in my caring quest (246).

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Looking closely at the data contained in data display 10.2.6 the behaviouristic pedagogy underlying the educational setting is striking. In this regard, Allen (1990:314) points out that nursing curricula still focus on *knowledge* (instead of knowing). Fragmentation of knowledge occurring in the objective curriculum, due to the formulation of specific behavioural objectives, is also reflected in clinical specialisation. This necessitates frequent reallocation of students to different specialisation fields to gain experience; a longstanding problem in nursing education. As Carper (1979:12) indicated, technological advances brought about specialisation areas with a necessary fragmentation of patient care. The handing over of care (from one specialist to another) can only result in fragmentation and a loss of the total picture and in patient care being split into a series of *tasks* (Chapman 1983:272). Regarding the latter Carter (1978:556) concurred that *programming, product*, and efficiency, are *thing* (task) words, while *meaning, commitment, and caring* are *people* (being) words. As Postlethwaite (1990:270) experienced: *In retrospect, I see that the caring seed ready to sprout within me became encapsulated and went into incubation as I focussed on technical, task-oriented skills and pathology*. In this regard Ray (1989:33) is of the opinion that not until the human enterprise was sufficiently challenged by rapidly growing technologies did the concept of caring and inter human knowledge reach any level of prominence. Consequently: *The nursing process philosophy and work method created greater emotional involvement for students than task allocation* (Smith 1992c:140). However, opportunities through which dialogue, practice in caring, and confirmation can be experienced are endangered when teachers fail to model caring behaviours (Hughes 1992:62).

Technology is not (necessarily) antithetical to caring. Technology makes caring a greater imperative (so to speak). Combining the two enables the nurse to view the patient holistically (Stevenson and Tripp-Reimer 1990:128). This is what Van der Wal (1992) has in mind with regard to his *professional nursing caring model*. As Jones and Alexander (1993:17) point out, since we have come to depend upon technology, both in our society and in nursing, it would be

difficult for nurses to care for patients in its absence.

Smith (1992c:119) also found that students experienced the frequent reallocation to clinical fields, to gather experience, stressful and also detrimental (or at least obstructive) to experiencing, and getting involved in, caring behaviours. Even students at the third year level indicated high anxiety levels when starting in a new ward. This could last for weeks and had mostly been due to expectations clinical staff had of them beyond their capabilities. This factor is also indicated in the data contained in data display 10.2.6.

### 10.2.2.7

#### **Administrative issues**

According to Scott, nursing's role has always been to extract from the bureaucracy its hidden humanity and to use it to 'civilise the system' (Moccia 1988:31). Today it seems as though that bureaucracy teaches nurse managers to believe that control is a primary responsibility of their jobs (Sorrells-Jones 1993:65). In turn, control fits perfectly with the behaviourist approach and is ultimately anti-caring as caring is the antithesis of possessing, manipulating, or dominating someone or any idea (Carper 1979:14).

In some way or the other, all the data contained in data display 10.2.7 on administrative issues involved in the erosion of a caring concern, imply control over the (student as) care-giver.

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#### DATA DISPLAY 10.2.7

#### **THEME 2: EROSION OF A CARING CONCERN CATEGORY 7: ADMINISTRATIVE ISSUES**

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- **Antediluvian administrative practice**

- One is still considered as not doing one's work should one just talk to patients. I am still rather to dust the window sills (Data: 13).

- **Financial constraints**

- When I started nursing it was about caring for people. Nowadays it is all about money (Data: 23).

- Because patients pay for their lying in they demand what I am not prepared to give (Data: 24).

- **Discipline**

- Too stringent discipline undermines my caring (Data: 25).

- Too strict discipline erodes my caring concern and spontaneity. It makes me feel pressurised and restricted (Data: 5).

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● **Routine work and routinised work**

•Some people work strictly according to routine. The only thing that matters to them is getting the work done - the so called *professional care*. I think that the higher one's rank, the longer one is in the profession, the more cynical one becomes. I think it is a huge problem. This I find a problem. It sometimes is as if I make a nuisance of myself by being caring. If someone needs a little extra personal attention, the work runs behind schedule and this poses a major problem to the person in charge (Data: 271-272).

•I think the system and the **routine** make people cynical. Things are done in a certain way and there is no time to pay that much attention to caring; always in a hurry. People feel they cannot continue in this manner and abandon caring altogether; continue without any conflict (Data: 289-290).

•The soul-deadening experience of routinised work sometimes makes me just do my job without any positive emotional investment (Data: 377).

•The more senior I become the less time I find to be really caring towards my patients. More work and tasks are delegated to me. I no longer make contact with patients. Routine work becomes the order of the day. My day is so filled that I do not find time to dwell with patients (Data: 385).

•I become annoyed if I have to repeat the same thing over and over again (Data: 445).

•Routine surely undermines my caring concern. I prefer casualties and labour ward - whatever does not maintain strict routine. I become bored with routinised work (Data: 335-336).

● **Staffing problems**

•It is sometimes difficult to relate my emotions to the work I do - caring to work. Firstly, we are short staffed. There are also certain things which must be done at a specific time . There isn't always time for *pudding and pie* (Data: 346).

● **Nursing hierarchy**

•The main problem with nursing today is that we have a beautiful hierarchy and we wear our distinguishing devices and show all exactly where we fit in this hierarchy. But, what did we do? We removed persons' individuality and with that their spontaneity (Data: 498). So, we fit nursing (and caring) into structures. The freedom of creativity is taken away from me as nurse. This in short is what is the problem with nursing and this erodes my caring. If someone muddles with my creativity they impose on my personality (Data: 499).

● **Career advancement**

•What really disturbs me is that one has to sacrifice one's caring if one wishes to advance in nursing. Those people who are caring are the ones that stay on the lower levels of the hierarchy. The system chokes caring out of you (Data: 504-505).

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A number of definitions of the phenomenon caring distinguish caring explicitly from routinised actions and control over the care-giver's behaviours, implying the erosive effect oppression has on caring and a caring concern. According to Carper (1979:14), caring cannot occur by sheer habit; nor can it occur in the abstract (Carper 1979: 14). Pribram (Gendron 1990: 280) in this regard points out that caring is context-sensitive behaviour: *Caring for someone is not so much doing something as doing it at the right time in the right place, when needs are felt and communicated*. Noddings in turn states that caring involves *...stepping out of one's own personal frame of reference into the others'...To care is to act not by fixed rule but by affection and regard* (Dunlop 1986:667). This notion also finds reverence in the work of Mayeroff (1971).

Considering the clinical practice area as an educational area, what is true about nursing education per se also holds for nursing administration and can be translated into “administrative terms”. The total behaviouristic approach in nursing education can be held chiefly responsible for the constraints to caring in the educational setting, namely: limited time spent with students individually, short clinical rotation, separateness of tutor and student because of an evaluatory focus, being both the coach and the referee, and the tutors’s lack of preparation for the clinical tutor role (Paterson and Crawford 1994:168). To reiterate Carter’s (1978:556) assertion; *programming, product*, and efficiency, are *thing* (task) words, while *meaning, commitment*, and *caring* are *people* (being) words.

With regard to the content of data display 10.2.6, Smith (1992c:122-125) also found that the degree to which individual ward management styles recognised or repressed students’ individuality emerged as an important factor in caring trajectories. Smith also found that students were conscious that the ward hierarchy made them *vulnerable* and *on the side of the patient*. Creativity is also described by Chally (1992:119) as relating to empowerment of student nurses. According to Chally, creativity is necessary if we are to advance the scholarly pursuit of the profession.

#### **10.2.2.8 Working conditions**

Working conditions as an erosive factor in the maintenance of a caring concern are closely related to the administrative and management problems experienced by students. Frustrations in caring for patients are caused by lack of time, nurse administrators, physical environment, fellow nurses, personal stress, and dilemmas, while coping is secured through focusing on immediate tasks, talking with and to co-workers, family, and friends, unwinding, and protecting oneself. Sources of comfort and support for nurses come from fellow nurses and teamwork unit supervisors (Forrest 1989: 820-821). Data display 10.2.8 contains data on some of these issues.

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**DATA DISPLAY 10.2.8**
**THEME 2: EROSIIVE FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 8: WORK CONDITIONS**


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- **Work load**

- The worst about nursing is the long hours; the hard work; conflict with colleagues (Data: 287).
- It is sometimes difficult to relate my emotions to the work I do - caring to work. Firstly, we are short staffed. There are also certain things which must be done at a specific time. There isn't always time for *pudding and pie* (Data: 346).

- **Lack of collegial cooperation**

- When I return after some time off to find that everything that I have achieved with and for the patient has been annulled, I feel quite discouraged. I tend to ask myself to what avail all my hard work (and caring) is (Data: 288).
- Working with some of the sisters in charge is also a problem. Sometimes I need guidance from them but some of them know even less than I do (Data: 377).
- Lack of cooperation from colleague is an obstacle in my quest for caring which causes me not being able to continue my "work." They hinder my attempts to put my knowledge into caring actions (Data: 378-379).
- When my colleagues annoy me I feel like not working with them any longer. I will do my work and they must do theirs. I will not put in any effort for them. I will go to some effort for the patients but not for them (Data: 420-421).
- I felt cross and disappointed that she (sister in charge) slammed the door in my face because I wanted confirmation on what I was doing, what I believed was right for the patient, while she was having tea (Data: 199).

- **Lack of communication**

- Too much technology and the fact that the patient in ICU is totally immobilised limits my caring since I cannot talk to the patient (Data: 281).
- There was this lady who had a CVA. I really cared about her. But, I became so frustrated. She could not speak (Data: 317).
- When I do not feel positive about a patient it shows first in my interaction with the patient - my talking to the patient. I will not just talk with that patient (Data 331).

- **Having to compromise**

- If caring is unacceptable to my superiors, I sometimes aim only at maintaining peace. I *compromise*; take the golden middle way. This, however, does not make me happy because I cannot really live my caring concern, however, I do keep the one in charge happy (Data: 274).

- **Culture, Colour, Language problems**

- Presently, however, language is a problem . . . (Data: 316).
- In the beginning we did not have this problem with colleagues being against caring. However, today it is much a black/white (colour) situation. If I care for a white person then I am accused of being a racist (Data: 329).

- **Futility of situation**

- It was very frustrating for me. Not the things that I did for her - the feeling of caring. I become frustrated and rebellious because such people (CVA) usually die. Or you try to help them, however, at the end of the day it does not make a difference (Data: 318).

- **Unsettled disputes/Friction**

- When I am annoyed with patients, I tell them so, in a civilised manner. Not fight with them. We can talk about it. Then, I know where I stand. If not, I won't want to enter that patients' rooms, or enquire about them (Data: 320).
- By not being on speaking terms with patients I create an unpleasant situation which influences my caring negatively (Data: 320).

- **Anti-caring doctrine**

- There are many people in the profession who are against caring, against doing that little extra for the patient. When one does it, it is wrong (Data: 328-329).
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•During my first year, I tried to care for everyone in every small detail. Later on it subsided, because I saw how the other went about doing their work. They just aim at getting things done and it is acceptable. It is almost the norm. There is not really any control over this. The sister in charge is not going to tell me to be more friendly or to care more for patients. As long as the work is done, and the report written, and all those things (Data: 348).

● **Physical environment**

•The environment is also important to me in maintaining a caring concern. Thinking about the state hospitals, the peeling paint on the walls and the torn, patched and stained linen. It “does not taste nice.” And, it seems not to bother some patients (Data: 359).

● **Frustration of caring**

•I sometimes do feel for patients without doing anything for them. The situation in the hospitals presently - you know... (Data: 314-315).

•The main frustration is when I feel that I do not make any progress (Data: 378).

● **Time constraint**

•More responsibilities (and having less time) influence my caring negatively (Data: 26) .

•As a senior student I can still care, however, I have that much less time available. I need to do much more and have more responsibilities. My time to care is much more limited (Data: 27).

•Some days there is no time to show my caring concern . . . I feel dissatisfied (Data: 270).

---

The essence of the contents of data display 10.2.8 is perhaps that when an event appears to be inconsistent with one's own spiritual belief or one's sense of meaning and purpose, it can leave one feeling vulnerable and unsafe. These may indicate occasions when it may be necessary to evaluate the need for a shift in values, beliefs, and actions important to personal growth and development (Wells-Federman 1996:19)

Smith (1992b:211) found that the most frequently cited source of stress in nursing is the excessive workload demand, giving students the feeling that they are in *a race against time*. Morrison and Burnard (1997:76) found the following aspect potentially erosive to a caring concern: stressful colleagues, feelings of inability to challenge established attitudes, no time for students, short student placements, staff shortage, and lack of positive results. Usually, a caring relationship is time consuming, both in establishing and in maintaining it (Bevis 1981:55; Chapman 1983:270). Time becomes an important factor in caring when it is in short supply (Bevis 1981:55, Chapman 1988:270 and Nelms et al. 1993:22). These issues are also corroborated by MacPherson in a discussion of the effects privatisation has on health services and caring in nursing (MacPherson 1989:33).

The anti-caring doctrine experienced by students might result from a number of sources,

including cultural conflict, however, it is also possible that as Boyer points out, the current educational practices indicate a *frightening almost 'anti-connectedness' to much of the world*. In the RSA, the general definition of “back to grassroots” points to a counteracting of such perceived *anti-connectedness*.

According to Hegyvary being a student nurse has always had its frustrations and challenges. But today's students seem to face increasing pressures and suffer from a decreasing support base (Hegyvary 1990:190).

Lachman (1996:6) reports on the following research finding relating to stress and work condition that might be detrimental to a caring concern:

- McCraine, Lambert, and Lambert studied rotating vs straight shifts, and found rotating shifts had higher scores on the burnout scale.
- Coffey, Skipper and Jung studied rotating vs straight shifts and found rotating shifts with night rotation had higher burnout scores and lower job performance ratings.
- Parasurama, Drake and Zammato studied all shifts. These researchers found night shifts to lend the highest organisational commitment and lowest stress levels.
- Robins, Roth, Keim, Levenson, Flentje and Bashor studied all shifts and found that during day shifts, managerial control, supervisor support, and peer support cohesion were positive buffers, while during nights, job clarity decreased stress levels (Lachman 1996:6).

#### 10.2.2.9

##### **Patient characteristics**

Certain patient characteristics have a definite erosive effect on students' caring orientation. These are especially the difficult, nagging, moaning patients. It is, however, also true that what is considered as being nagging and moaning is determined by situational elements, notable that of time, workload, and stress, and the relative importance/unimportance of patient requests within the situation. Data display 10.2.9 exhibits traits of the unpopular patient that emerged during the present study.

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**DATA DISPLAY 10.2.9**
**THEME 2: EROSION FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 9: PATIENT CHARACTERISTICS**


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- **Attitudes of patients**

- Most of the erosion of my caring comes from patients' attitudes (Data: 34).

- **Aggressive patients**

- It is difficult to care for patients who are aggressive (Data: 74).

- **The patient lacking appreciation**

- I would care less if someone does not appreciate what I do. It is as if that patient himself does not care and then I also do not care . . . I do not feel worthy (of a human being) (Data: 231-32).

- If I think that someone has the ability to realise that I try to do good and that person does not appreciate it, it makes my doing but my work (Data: 234).

- **The nagging, moaning patient**

- I am negatively affected by nagging people (Data: 189).

- The bad times are when you encounter difficult patients; nagging; dissatisfied; . . . in the end it has an effect on you. I do not feel like entering their rooms (Data: 286).

- Patients do make me cross, especially the nagging old ladies. Actually they complaint about nothing. However, I love old people (Data: 315).

- It is especially difficult to care for difficult patient who moans all the time over trivial things (Data: 347).

- It becomes difficult if they just go on and on . . . over small trivial things. Especially when I am busy with much more serious things. It really tires me (Data: 347).

- **The too proud patient**

- Most people do not know what caring is and cannot accept caring (Data: 29).

- Some people feel embarrassed (if caring is showed). They have their pride (Data: 181).

- **The apathetic patient**

- But, if they do not care I feel as though I cannot do anything right . . . (Data: 231).

- Sometimes it is as if these patients have stagnated, as if they are not interested in having anything better in life. It makes me furious. Why should I care if they themselves do not care? (Data: 445).

- I become annoyed with such (apathetic) patients because I know that there is something better in life for them (Data: 454).

- **The demanding patient**

- Because patients pay for their laying in they demand what I am not prepared to give (Data: 24).

- People whom I care for most are the ones that later turn against you complaining that you have not cared properly. It makes me very negative (Data: 24).

- **The manipulative "psychiatric" patient**

- I do not think that one can really care too much, however, in a profession such as nursing it may happen the you are manipulated by the patient. That is, using you to his advantage and your disadvantage. Being misused by a patient leaves an ill feeling. I feel abused (Data: 276).

- Some 'psychiatric' patients (rapists and child abusers) refute the objective of growing through caring. By caring in the traditional sense of the word they are strengthened in their evil. This is not a constructive situation to anyone involved. I feel I actually do something wrong by being caring towards such people (Data: 281-282).

- **The willful patient**

- The distance I maintain with my patient depends on certain aspects. There are certain conditions that people bring upon themselves. I do not have much pity for such people. They knew what they were doing, that they were harming themselves (Data: 354-355).

- I feel uncaring towards people who intentionally harm others or who do not care for themselves. If you do not love yourself, you cannot care about and for others (Data: 416).

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Smith (1992b:306-307) lists a whole array of characteristics of the unpopular patient. The

following directly support the data contained in data display 10.2.9:

- grumbling and complaining;
- suffering from conditions nurses feel could be better treated in other units;
- taking up more time and attention than is deemed warranted;
- having “own fault” diagnosis such as alcoholism and lung cancer; and
- those engendering feelings of incompetence in nurses.

Melia (1983:25-28) also discusses the erosive and unethical phenomenon in caring by labelling patients as being *difficult*, *unpopular* or *psychiatric*.

The reactions of nurses to these unpopular patients are clearly indicative of a lack of a caring concern. These include feelings of frustration, irritation, incompetence and job dissatisfaction all of which were encountered during the present research. The actions that nurses take in reaction to unpopular patients which were encountered during the present research and supported by Smith (1992b:307) are: ignoring or avoiding patients, indicating to demanding patients that others need their attention too; scolding and reprimanding patients, extending minimally adequate care, being cool detached and insensitive, and feeling guilty. Informants in a study by Forrest (1989:818) also indicated that the routine of task-related nursing care took precedence when the patient was deemed *hard to care for*.

### 10.2.3

#### THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN

According to Irvin and Acton (1996:160), self-care resources, which are equated to resources for the maintenance of a caring concern, may be internal (esoteric) or external (exoteric) as indicated in data display 10.3.

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#### DATA DISPLAY 10.3

#### THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN OVERVIEW

- 
- External (Exoteric) factors (Data display 10.3.1 series)
  - Internal (Esoteric) (Data display 10.3.2 series)
-

External resources are those *acquired* from the environment, such as social support (Irvin and Acton 1996:160). These resources were also identified during the present research and are contained in Theme 3.1 and discussed in paragraph 10.2.3.1 and ensuing paragraphs.

Internal resources, according to Irvin and Acton (1996:160), are those attributes developed over time as basic needs are satisfied and developmental tasks are *achieved*<sup>10</sup>. Self-worth, which arises out of every stage of life as needs are met, is an example of an internal resource (Irvin and Acton 1996:160). During the present study, *self* was also identified as the key concept in the maintenance of a caring concern. Caring, in addition, forms the essence of that self and is represented as the attitude to be cultivated. In effect, caring seems to be an attitude that cultivates itself. Internal factors in the maintenance of a caring concern are contained in Theme 3.2 and are discussed in paragraph 10.2.3.2 and ensuing paragraphs.

### 10.2.3.1

#### Category 1: External (exoteric) factors in the maintenance of a caring concern

Data display 10.3.1 gives an overview of the categories which compile theme 3: category 1: external resources in the maintenance of a caring concern.

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**DATA DISPLAY 10.3.1**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 1: EXTERNAL RESOURCES IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**OVERVIEW**

---

- Human support resources (Data display 10.3.1.1)
  - Personal preferences (Data display 10.3.1.2)
  - Time factor (Data display 10.3.1.3)
  - Knowledge (Data displays 10.3.1.4)
  - Teaching and learning (10.3.1.5)
- 

The reader might question the logic of considering “internal matters” such as personal preferences, knowledge and teaching and learning appropriate for inclusion in a category entitled *external matters*. The argument is that these aspects are all in a way *objective* and external. What

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<sup>10</sup> *The reader's attention is drawn to the fact that external resources are acquired and internal resources are achieved or cultivated.*

is internal, is the process through which the means supplied by these resources are utilised to attain the end; the cultivation of a caring self. Fundamentally, the difference resides in the difference existing between acquiring something and achieving something. In terms of Marcel's existentialism, this is the difference that exists between *to have* and *to be* (Clemence 1966:224).

### 10.2.3.1.1

#### *Human support resources*

According to MacPherson (1989:32), to *operationalise* the caring ethic in nursing, there must be a supportive social context. Data display 10.3.1.1 displays the social aids and sources which support the student's caring concern. The essence of these human resources is the degree to which these serve for the individual informant (student) to disclose self towards.

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#### DATA DISPLAY 10.3.1.1

#### THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN

#### CATEGORY 1: EXTERNAL FACTORS IN

#### THE MAINTENANCE OF A CARING CONCERN

#### #1: HUMAN SUPPORT RESOURCES

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##### ● General indicator

•When people are more open with me - patients, colleagues, personnel - it is easier for me to be caring . . . there is better communication (Data: 28).

##### ● Colleagues

•I think I need . . . helping each other (with reference to colleagues) (Data: 69).

•The best source of help is the persons I am working with. When I cannot do something I ask one of my colleagues to help me or to show me how to do it (Data: 69).

•I find that fellow students encourage and assist me where they can (Data: 135).

•Good relationships with my colleagues also help to maintain my caring concern (Data: 15).

•Some of my fellow students make up a support system, especially those that can really understand how I feel. Those in similar situations as myself. It is very important to talk (Data: 409).

•I find . . . fellow students are there when you need them . . . this helps me in seeing to (caring for) patients (Data: 135).

##### ● Patients

•I like entering a room and patients responding: "Jip! You are back?" (Data: 13).

•Patients often evaluate me and would make a comment such as : "You are quiet today." This revitalises any apathy (Data: 11).

•When people are more open with me - patients, colleagues, personnel - it is easier for me to be caring . . . there is better communication (Data: 28).

•When I do something extra for patients they usually appreciate it. This is a motivation for me; that, should I do it for other patients they will also appreciate what I do (Data: 229).

##### ● Family and friends

•I also think caring enters the profession from the outside (being cared for and not having domestic difficulties) (Data: 14).

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- 
- My family and friends are all sources of encouragement in caring however, they do not always realise what nursing caring is all about (Data: 243).
  - When everything is in order at home, my feelings component is also in tact (Data: 409).
  - I find family and friends outside the working place, the hard times we have shared, a source for the maintenance of my caring concern (Data: 192).
- 

During the present research informants consistently mentioned the importance of colleagues, both fellow students and registered nurses, in the maintenance of a caring concern. Biordi (1993:43) in this regard states that nurses (including student nurses) learn about adequacy by drawing on their most immediate resources - other nurses who had already faced similar questions. In this regard, Chally (1992:120) states that other students understand, like other friends cannot. However, students do bring very strong social support systems (family and friends) into the caring (educational) arena. Forrest (1989:821) found fellow students, teamwork and unit supervisors as sources of comfort and support to nurse students in their caring quest.

Beck (1992) also found fellow students a major source of support. In answering the question: *What are the sufficient constituents of a caring nursing student experience with another student?*, Beck found the following:

- *authentic presencing* in which instance students sensed that fellow students needed caring before the student disclosed it;
- *selfless sharing* without expectation of reciprocation of knowledge, expertise, thoughts, feelings, and the like;
- *encouragement* and unquestioning assistance to a student nurse who is often only an acquaintance; and
- *enriching effects*, or the gratitude, towards the caring student nurse that was often expressed by other students.

According to Shiber and Larson (1991:59), quality nursing care and caring is dependent upon the educational experience of a nurse, a nurse reference group, and the employing organisation. These authors further point out that there is evidence, both theoretic and empirical, to indicate that care-givers themselves cannot impart caring unless they themselves are cared for/or are a part of the caring environment.

According to Smith (1992b: 174) social support has been linked to positive mental health. The benefits derived from human support include, among other things, the release of emotions and feelings, coping with sensory overload, improved relations with patients, increased job satisfaction, and the like. In terms of Smith's (1992b:153) classification, data contained in data display 10.3.1.1 indicate a leaning towards informal human support, however, of both socio-emotional and instrumental nature.

One of the most effective ways to reduce distress and burnout is to develop a social support network with fellow nurses. Fellow colleagues can provide the insights and perspectives necessary to cope with commonly shared experiences (Wells-Federman 1996:24). As Uustal (1992:46) puts it, *collegiality is the ethic of caring shared among nurses and is a natural extension of the ethic of caring that also focuses on patient care and self-care for the care-giver.*

Wills (1991:268) differentiates between human support systems for the purpose of social integration and those aimed at providing functional support. With regard to the contents of data display 10.3.1.1, both family and collegial support could be of a social integrative nature. Allowing individual informants to feel at home; that they are understood and appreciated as individuals. However, functional support comes mainly (in some instances exclusively) from colleagues.

#### **10.2.3.1.2**

##### ***Personal preferences***

Personal preferences pertain mostly to specialisation areas informants prefer to work in. Although the preference and choice are internal, the actual environment is external and can be shared by others. It is, however, also acknowledged that individual informants experience these areas of preference in a unique manner, along with numerous other experiences, in the cultivation of a caring concern and the enaction of that concern. Data display 10.3.1.2 exhibits statements pertaining the special preferences.

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**DATA DISPLAY 10.3.1.2**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 1: EXTERNAL FACTORS IN**  
**THE MAINTENANCE OF A CARING CONCERN**  
**#2: PERSONAL PREFERENCES**

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- I obviously prefer working with people I like (Data: 76-77).
  - I am especially fond of children and people who have lost their zest for life (Data: 78).
  - I like caring for people especially the elderly (Data: 228).
  - And then, there are instances where things just happen to people. Children are very bad for me. I like working with children (Data: 355).
  - My feelings (caring) are closely related to my preference of work area. I prefer labour ward to any other. I detest male medical wards (Data: 411).
  - I am especially fond of the elderly because many of them are destitute and forsaken (Data: 443).
  - I prefer one to one contact. I am not especially fond of large busy wards. When working with smaller numbers of patients, a relationship can be established. It is how a therapeutic relationship is consummated and maintained. It is all about giving myself without ever divulging personal information (Data: 485-486).
  - I think the will to caring also has to do with gender. As a woman I relate better to women. For instance in a labour ward. It is something of your own kind. This makes it, not a question of wanting to be caring; I just am. It just happens - the fact that I exist (Data: 495-496).
- 

These preferences raise a number of ethical issues, such as benevolence, liking, gender-favouritism and possibly avoidance and neglect. Although preference of work area is presented as, and mostly indicated by informants as, a factor that enhances caring and the caring concern, one informant explicitly stated her dislike of working in certain specialisation areas. This could point towards the ethical problem of *liking* patients (Mayeroff 1971; Griffin 1983; Kahn and Steeves 1988: 211; Watson 1988b); that patients have to elicit caring from nurses; that they have to earn it through some counter performance.

**10.2.3.1.3**  
***Time factor***

Caring communication takes time (Mills and Pennoni 1986:122). Time usually becomes a factor in caring when in short supply. The statements contained in data display 10.3.1.3, although on the erosion of caring through limited time, imply time as being vital in establishing and maintaining a caring relationship and consequently in maintaining caring concern.

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**DATA DISPLAY 10.3.1.3**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 1: EXTERNAL FACTORS IN**  
**THE MAINTENANCE OF A CARING CONCERN**  
**#3: TIME FACTOR**

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● **In short supply**

- Sometimes you see a patient only for a short while and you cannot just adapt and go into depth with that patient (Data: 111).
- I find time in short supply a limiting factor in caring. I need time to sit down and talk with patients. I experience having to rush work . . . a stress factor impinging negatively on caring (Data: 128).
- (If I have to rush work) I end up being rude to patients (Data: 20).
- (Working against time) you become tense and it (caring) becomes an emotional burden (Data: 129).
- (With time in short supply) I also feel irritated, stressed out, . . . it gets to me emotionally . . . I become aggressive towards patients and myself (Data: 129).
- In stressful situations (where time is in short supply) I need to blame someone and the patient is usually the first target (Data: 129).
- (Being too busy/overloaded with work) makes me feel like my caring attitude has been taken away, stolen from me (Data: 133).
- I cannot just get into talking with patients about deep, private and serious things if I do not know them (Data: 84).
- As a senior student I can still care, however, I have that much less time available. I need to do much more and has more responsibilities. My time to care is much more limited (Data: 27).

● **Ample**

- As time goes on, I get to know my patients . . . the more involved I become with their lives (Data: 111).
- 

Time as an important factor in caring and the maintenance of a caring concern was identified by several authors (Noddings 1984:223; Bush 1988:181; Forrest 1989:820-821; Morrison and Burnard 1997:46). Time in nursing and caring seems to be defined in terms of the number of events taking place, or planned to take place, in between at least two other events, the present event and some *coming* event.

**10.2.3.1.4**  
**Knowledge**

The role that knowledge and skill play in maintaining a caring concern could be viewed within the cadre of the concept *mastery*; the control individuals feel they have over forces affecting their lives. The concept of mastery can also be equated to concepts such as self-efficacy, internal locus of control, personal control, perceived control of the environment and instrumentalism. These are antithetical of fatalism, external locus of control, powerlessness and learned helplessness (Smith 1992b: 155-156). According to Younger (1991:85), mastery consists of the elements of

certainty, change, acceptance, and growth. Mastery as such affirms the central thought behind the selection of some of the psychological constructs identified by the researcher as preliminary manifesting the object of intention<sup>11</sup>. As such, knowledge and skill lead students on the way to independent (self-reliant) professionals. Data display 10.3.1.4 gives an overview of the knowledge and skills required for such self-reliance and consequently, the maintenance of a caring concern.

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**DATA DISPLAY 10.3.1.4**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 1: EXTERNAL FACTORS IN**  
**THE MAINTENANCE OF A CARING CONCERN**  
**#4: KNOWLEDGE**  
**OVERVIEW**

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- General indicators (Data display 10.3.1.4.1)
  - Scientific/medical/technological knowledge and skills (Data display 10.3.1.4.2)
  - Knowledge on the human nature and the humanities (Data display 10.3.1.4.3)
  - Experiential and situational knowledge (Data display 10.3.1.4.4)
- 

The content of data display 10.3.1.4 is integrated by Schoenhofer's (1989:382) statement that, incorporating formal learning experiences involving personal and aesthetic knowing, as well as the more usual emphasis on empirical and ethical knowing is one important method of valuing caring as the spirit of nursing.

*10.2.3.1.4.1*  
*General indicators*

The general indicators regarding the role of knowledge in the maintenance of a caring concern, contained in data display 10.3.1.4.1, touch on a wide scope of events relating to care and caring.

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<sup>11</sup> See chapter 5.

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**DATA DISPLAY 10.3.1.4.1**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 1: EXTERNAL FACTORS IN**  
**THE MAINTENANCE OF A CARING CONCERN**  
**#4.1: KNOWLEDGE: GENERAL INDICATORS**

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- I think an ignorant person is a dangerous person (Data: 356).
  - If the scope of practice would allow me more and if I have more knowledge, I would be able to be caring towards more people/patients (There would be more opportunity for me in which to be caring) (Data: 380-381).
  - The more knowledge and skills the care-giver has, the more the opportunity to show her caring concern and the wider the range of people one can attend to (Data: 188).
  - If I have more scientific knowledge on a patients condition I would be able to understand better how the patient must feel and would also be able to develop empathy (Data: 334).
  - I think my knowledge is important for the safety of my patients (Data: 386).
  - The more I know the better I am able to help my patients. I can understand why they act/react the way they do. Knowledge helps me to become empathetic. I can imagine how patients must feel. Skills go hand in hand with knowledge (Data: 410).
  - I think one does need knowledge to care and be caring (Data: 500).
  - I need knowledge and skills to render caring (Data: 31).
  - Whenever I find myself in a situation in which I lack the necessary skills, I become frustrated. I feel incompetent towards the patient. I am unsure of myself - helpless. This robs me of my caring and how to show it (Data: 32).
  - If I do not have the required skills it inhibits me (Data: 501).
- 

From the content of data display 10.3.1.4.1 it is apparent that knowledge has implications for care and caring with regard to a number of issues. The affective or feelings components of caring is advanced through the cultivation of understanding and, eventually, empathy for patients. Legal liability is protected through combatting the dangers of ignorance and the expansion of personal possibilities within the professional scope of practice. Liability is also protected through seeing to the safety of patients. Through gaining more knowledge and skills, the informants (students) are also able to create more opportunities to care and be caring. Knowledge leaves informants with greater potential to care for a greater number and variety of people which in turn implies more equality and equal opportunities for different patients to be treated differently (according to need) (Bandman and Bandman 1985:67). This is a major ethical issue.

The informants' comments that knowledge and skills provide more opportunity for caring are encouraging in light of the prospective and mastery nature of this statement as opposed to a *crisis management* philosophy. This is also related to the comment that a lack of knowledge and skill inhibits students in rendering care and caring which is the antithesis to a well defined capable caring self maintained by mastery.

## 10.2.3.1.4.2

*Scientific, medical and technological knowledge and skills*

Data display 10.3.1.4.2 expands on scientific knowledge needed in the promotion and maintenance of a caring concern and should be read in conjunction with the contents of data displays 10.2.3 and 10.2.6 on the erosive effect these might have regarding the caring concern.

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**DATA DISPLAY 10.3.1.4.2**
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN****CATEGORY 1: EXTERNAL FACTORS IN****THE MAINTENANCE OF A CARING CONCERN****#4.2: KNOWLEDGE: SCIENTIFIC, MEDICAL AND TECHNOLOGICAL KNOWLEDGE AND SKILLS**

- 
- Knowledge of diseases and nursing care, knowing the seriousness, the results that could possibly come of, promotes my caring concern for the patient (Data: 140).
  - I need knowledge about the condition of the patient which makes me care more for that patient ... although I care for all people (Data: 187).
  - If I knew more, had more knowledge, I would have been able to **do** something (Data: 451).
  - Scientific knowledge definitely helps me to be more caring towards my patients and to show my caring in an appropriate manner (Data: 501).
  - Skills do not influence my caring concern (emotions) for the patient as much as does knowledge (Data: 141).
  - I feel that when I use modern technology, I show my caring and concern for the patient through that. Using and *Ivac* is just more safe, and is an indication of a personal concern about the patient's safety (Data: 356).
- 

Students draw on a wide range of knowledge to maintain a caring concern and involvement with patients. This knowledge includes knowledge of pathology, nursing science, medical science and skills, and knowledge of the individual reaction and experience (condition) of patients. Ample opportunity is created for the individual student as care-giver to obtain this knowledge. The guidelines for Regulation R425<sup>12</sup> (as amended) and Regulation R683<sup>13</sup> (as amended) outline the curriculum content in broad terms.

The importance of scientific knowledge and technology and accompanying skills in caring are

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<sup>12</sup> Regulation relating to the approval of and the minimum requirements for the education and training of a nurse (general, psychiatric and community) and midwife leading to registration.

<sup>13</sup> Regulations relating to the minimum requirements for a bridging course for enrolled nurses leading to registration as a general or a psychiatric nurse.

also discussed by Leininger (1988d:19-21).

The contents of data display 10.3.1.4.2 can also, in terms of Smith's (1992c:50) definition, be termed *formal knowledge*, that which are combined with *informal* (people-oriented) knowledge in the care of people. This also relates scientific and technological knowledge and skill to, what Benner (1990:12-13) calls, a distinction between practices and technologies of self. The informants' needs for scientific knowledge and technology in *caring* provide evidence of the informants creation of a practice design for caring rather than a technology design for caring. Knowledge as indicated in data display 10.3.1.4.2 is transformed into practice and ultimately into caring. As Benner (1990:13) puts it: *A practice is worked out in contexts that allow actualisation of the notion of good embedded in the practice*. This good (or right) is also inevitably grounded in the knowledge the individual care-giver possesses<sup>14</sup>. Gaut (1979: 108) also identified knowledge about what to do, as imperative in executing competencies needed in caring.

#### 10.2.3.1.4.3

##### *Knowledge of human nature and the humanities*

Knowledge of the individual and human nature as a factor in the maintenance of a caring concern are indicated by the statements contained in data display 10.3.1.4.3. This includes self-knowledge, knowledge and information pertaining to individual patients, psychiatric nursing knowledge, knowledge about caring, and cultural knowledge.

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#### DATA DISPLAY 10.3.1.4.3

#### THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN

#### CATEGORY 1: EXTERNAL FACTORS IN

#### THE MAINTENANCE OF A CARING CONCERN

#### #4.3: KNOWLEDGE: HUMAN NATURE AND THE HUMANITIES

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- **About the patient/ knowledge of human nature**

- I get to know my patients . . . and get more involved with them. It motivates me (towards caring) (Data: 112-113).

- If I know a patient better I would probably want to give more attention to that patient (Data: 151).

- I also consider knowledge important . . . knowledge of the other person. If I have knowledge of that person's circumstances, it is easier for me to show that I care (Data: 182) .

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Continue on the next page.

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<sup>14</sup> Also see paragraph 10.2.3.2.1.5 on the motivational domains, will and conscience.

Continued from the previous page.

- 
- I cannot just get into talking with patients about deep, private and serious things if I do not know them (Data: 184).
  - The more I am familiar with a situation and the people involved, the easier it is for me to show my caring concern (Data: 186).
  - Knowledge of human nature improves my intuition which in turn improves my caring (Data: 6).
  - **Self knowledge**
  - Without knowing myself I cannot care for others (Data: 12).
  - Self- knowledge as such is very important to me. If I do not know myself, how can I advise others (like in psychiatry) (Data: 414).
  - I think really knowing myself prevents me from caring too much. I will know when I become too involved (Data: 415).
  - **Psychiatric knowledge**
  - My caring also became more therapeutic. Especially after what I have learned in psychiatry (Data: 350).
  - Before we did psychiatric nursing we never talked about caring as such (Data: 422).
  - I definitely apply some of the things I was taught in psychiatry in caring (Data: 423).
  - Psychiatry helped me a lot regarding my caring (Data: 501).
  - I feel knowledge of psychiatry and of people in general helps me maintain my caring concern (Data: 278).
  - **Cultural knowledge**
  - To me it is logical that one would find it easier to be caring towards a person of the same culture as oneself. I can communicate better with such a patient. It is easier to understand (Data: 425).
  - **Knowledge about caring**
  - I think it is good to give structure to caring, and how to care and be caring. However, what they forget is to first tell us to care about ourselves. Be in touch with yourself first (Data: 500).
  - Knowledge about how to be caring and to care is necessary, but, fundamentally it is about perceptiveness and the advancement of that perceptiveness (Data: 501).
- 

The literature on care and caring also reflects authors' and researchers' convictions of the importance of knowledge of the humanities in caring. Forrest (1989:820) posits "oneself" as a major factor in caring. Smith (1990:80) further pertinently mentions the positive effect the psychiatric component of the curriculum has on personal development and ultimately for the quest of emotional labour in caring. With regard to cultural knowledge, Anderson (1987:13) states that nurses must be aware of their own cultural attitudes that might come in the way of caring. Gaut (1979: 108) also mentions the need for knowledge *about* the client to identify the need for care.

From the content of data display 10.3.1.4.3, it is further apparent that knowledge in the field of the humanities, be it personal or scientific, is used towards understanding self, understanding others, and differentiating between the two. This again brings to attention the issue of the

maintenance of personal boundaries<sup>15</sup>. The need for knowledge in order to care and be caring is especially positive in view of Bevis's (1989b:345) statement that:

Nursing and other caring practices have become paradoxical in the highly technical culture that seeks sweeping technological breakthroughs to provide liberation and disburdenment.

10.2.3.1.4.4  
*Experiential and situational knowledge*

Data display 10.3.1.4.4 contains statements on experiential and situation knowledge important to the maintenance of a caring concern. Naturally, both the client/patient and the student nurse as care-giver are involved in this situation and form part of the knowledge referred to.

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**DATA DISPLAY 10.3.1.4.4**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 1: EXTERNAL FACTORS IN**  
**THE MAINTENANCE OF A CARING CONCERN**  
**#4.4: KNOWLEDGE: EXPERIENTIAL AND SITUATIONAL**

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- **Situational/experiential**
  - The more I am familiar with a situation and the people involved, the easier it is for me to show my caring concern (Data: 186).
  - I think knowledge is important in caring. The more I experience things, the more I will be able to care (Data: 80).
  - My involvement with people results in better knowledge of human nature which improves my intuition (Data: 6).
  - The longer I am in the profession The more easily I can detect when a patient misuses me (Data: 276).
  - My feelings (emotions) are also carried forward to future situations with patients. I become less *overactive* in situations as if I am more prepared on what is waiting for me as a nurse. It makes it possible to do that extra something for the patient which they might need. I no longer withdraw or run away from the situation (Avoid the situation) (Data: 388).
  - If I knew more, . . . how one experiences (manages) such a situation (I would have managed it better) (Data: 451).
  - **As baseline data**
  - It is when I see the difference that I make (that I am motivated to be caring) (Data: 112).
- 

It is only through clinical experience and involvement that the student nurse, as care-giver, can experience the positive outcome of a caring encounter; *the difference that I make*. Naturally the opposite is also prevalent. However, from a positive maintenance of caring point of view,

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<sup>15</sup> See paragraph 3.6 on codependency and paragraph 10.2.2.2 and data display 10.2.2 on personal boundaries.

experience, experiential knowledge and situational knowledge are imperative in caring and in the maintenance of a caring concern.

Situational experiences encompass a wide range of experiences and knowledge in the cognitive, affective and psychomotor domains. This ultimately could result in, as one informant indicated, in the development of *intuition*. Intuitive perception allows one to know something immediately without conscious reasoning. Clinical intuition has been described as *a process by which we know something about a client which cannot be verbalised, or is verbalised poorly, or for which the source of knowledge cannot be determined. Direct client and patient contact is required for intuition to develop* (Guzetta 1995:164). Intuition as a way of knowing is important at this point as it represents the integration of all patterns of knowing; personal, empirical, ethical, aesthetical.

The counterpoint, not the opposite, of intuition is *reflection*, as implied in: *carrying forward feelings to future situations*. These *feelings* are probably composed of a mixture of cognitive and affective knowledge and recollections regarding certain occurrences. In fact, the *carrying forward* is indicative of reflection on previous experiences and situations, although not in a formal educational manner (eg. experiential learning and the reflective practitioner approach). In a sense, experiential and situational learning thus become what Marsick (1988:192) calls informal, on-the-job learning.

#### 10.2.3.1.5

##### *Teaching and learning caring*

Data display 10.3.1.5 exhibits statements on the teaching and learning of caring. The overall message from informants is that caring, if at all teachable, is so only to a limited extent. The data also indicate the experiential nature of developing an existing capacity for caring.

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 DATA DISPLAY 10.3.1.5

## THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN

 CATEGORY 1: EXTERNAL FACTORS IN  
 THE MAINTENANCE OF A CARING CONCERN

 #5: TEACHING AND LEARNING CARING
 

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- However, it is difficult to learn caring from others, perhaps by means of precept and example (Data: 359).
  - I had to develop my caring concern myself. The curriculum really did not supply me with guidelines (Data: 424).
  - In some wards there is fragmentation of work. One does observations, the other bed baths. It does not feel as if I reach the patient. I do not get the opportunity to care for, say, four patients in a comprehensive manner. I can make contact with patients in a comprehensive care setting. Like in surgical a ward, if you are on dressing that is all you do. You do not have the time to talk to patients. I really do not like such fragmentation of work. I my second year I did only dressing. It was awful. Not that I did not like it. I did. However, that is all I was doing. I had no time to talk to patients. Later on the patient becomes the Betadine dressing in bed X (Data: 412-413).
  - The caring I had was merely awakened by the many opportunities to be caring and to act upon my caring concern (Data: 425).
  - I really think that if I did not care when I first started nursing, I do so now in my fourth year. Patients taught me how to care. It grew on me (Data: 487-488).
  - I will not say that theory in the classroom setting teaches one to be caring. It is a combination of the theoretical, the clinical, the patients. Patients often teach me much more than do theory and clinical nursing science. Patients teach me what they want (Data: 488).
  - I like the fact that we rotate during our training. It brings me in touch with people whom I would not have met otherwise. There is a lot to be learned from the ordinary ward staff, those that will never become directors. Those that have much more to offer on the human and humane level. I learned by working with these people through role modelling. There are, naturally, those who model every thing I do not wish to be (Data: 502-503).
- 

Informants in a study conducted by Morrison and Burnard (1997:79) also indicate that students could be trained to carry out nursing procedures but not any form of emotional caring responses. Informants in the study by Morrison and Burnard also believed that to care and to be caring, individuals had to have an intrinsic capacity and willingness towards that quality. Consequently, the contents of this category should be read in conjunction with that of paragraphs 10.2.3.2.2.2 and 10.2.3.2.2.3, *nursing care develops caring* and *caring cultivates caring* respectively.

Role modelling and precept and example as ways of *teaching* caring are also suggested by the data contained in data display 10.3.1.5. The last statement suggests that the informant has a certain conviction of what caring entails and that she learns selectively from environmental stimuli. This corresponds to some extent with Nelms' et al. (1993:21) observation that students also learn about caring in and from uncaring circumstances. However, in a study conducted by Hughes (1992:67), nursing students described themselves as being dependent on, and vulnerable

to, the behaviours and actions of their clinical teachers.

### 10.2.3.2

#### **Category 2: Internal (esoteric) factors in the maintenance of a caring concern**

Esoteric pertains to *the informed* and is the opposite of exoteric. The informed in this instance is the caring individual and more precisely the individual living the essence of being (Care) through professional nursing caring. As Ray (1994:31) states, the esoteric refers to human consciousness, and the deep intuitive inner knowing or *interiority*.

As it will become evident from the reasons for, and benefits derived from caring<sup>16</sup>, maintaining self in caring is not egotistic, it is existential. Based on Care as the essence of being and caring as the ethically developed outcome of that Care, maintaining self *is* maintaining caring. It is also the essence of the aesthetic<sup>17</sup> experience. It is argued that the *noble* quality brought to the caring situation through good self-image and the aesthetic experience greatly overrides the possible negative affect that egoism might have.

Data display 10.3.2 summarises the factors that emerged from the present research indicative of the importance of the *self*<sup>18</sup> in caring and the maintenance of a caring concern.

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**DATA DISPLAY 10.3.2**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**OVERVIEW**

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- The eminence of self (Data display 10.3.2.1)
  - Caring as being self-sustaining (Data display 10.3.2.2)
  - Strategies for advancing a caring concern (Data display 10.3.2.3)
  - Strategies for advancing caring globally (Data display 10.3.2.4)
  - Students' concern about caring (Data display 10.3.2.5)
  - Strategies for feigning caring (Data display 10.3.2.6)
- 

<sup>16</sup> See paragraph 10.2.3.2.1.7 and data display 10.3.2.1.7 (series 1-5).

<sup>17</sup> See paragraph 10.2.4.1 and data display 10.4.1.

<sup>18</sup> In this regard, also see the "I" quintessence in caring, paragraph 10.2.1.2 and data display 10.1.2.

**10.2.3.2.1*****The eminence of self in maintaining a caring concern***

Forrest (1989:818) found self, among other themes, a major issue in the answer to the question: *What affects caring?* On closer analysis of self in caring, Forrest (1989:820) compiled the following categories indicating the aspects of self relating to the enhancement of caring and a caring concern: own experiences, beliefs, self-appraisal, and feeling good about self. The eminence of self in caring is viewed over in data display 10.3.2.1

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**DATA DISPLAY 10.3.2.1**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1: THE EMINENCE OF SELF**  
**OVERVIEW**

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- General indicators (Data display 10.3.2.1.1)
  - Contextualising relationships as caring relationships (Data display 10.3.2.1.2)
  - General strategies for maintaining self (Data display 10.3.2.1.3)
  - Care-giver attributes (Data display 10.3.2.1.4)
  - Motivational centre (The will) (Data display 10.3.2.1.5)
  - Modes of caring (Data display 10.3.2.1.6)
  - Reasons for and benefits derived from caring (Data display 10.3.2.1.7)
  - Strategies for alleviating stress (Data display 10.3.2.1.8)
  - Relationships among the phronemic components (Data display 10.3.2.1.9)
- 

The eminence of self in caring and the qualities brought to the caring situation by the self are illustrated by the following aspects relating to self. According to Noddings (1984:145), caring includes a component of *self-respect*. For Watson (1985:54) *self-healing* results from being caring which restores a sense of inner harmony regardless of the external circumstances. To Nyberg (1989: 15) a strong *self-concept* is imperative for commitment in caring. *Self-actualisation* was found by Johnson (1990: 132) to be facilitated by the relationships among whole persons within a partnership (caring encounter). According to Goldsbrough (1969: 68), involvement is possible only if the nurse's attitude is *for* and *with* the patient and the nurse is constantly in the process of evaluation and *self-realisation*. In a study conducted by Miller et al. (1990) students declared that they experienced movement towards *self-actualisation*, increased *self-worth*, *self-esteem*, and *self-confidence* which provided them with faith in themselves and hope for the future as caring interactions left them feeling happy, good, courageous, and proud

(Miller et al.1990: 129). Bush (1988: 181), in addition, found *self-congruency* a factor in the nurse tutor as care-giver. Morath and Manthey (1993:76) mention the self, self-respect, self-knowledge, and self-confidence for optimal collaborative performance in caring.

#### 10.2.3.2.1.1 General indicators

The general indicators of the eminence of self in caring are displayed in Data display 10.3.2.1.1. Reading through the data contained in this data display brings to mind the overall importance of identifying self and setting boundaries for self in caring. Ultimately it is about selfhood amidst and apart from caring; the paradox of being both close to and distant from the other<sup>19</sup>.

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**DATA DISPLAY 10.3.2.1.1**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.1: THE EMINENCE OF SELF**  
**GENERAL INDICATORS**

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- There is no objectivity here. It is all about *subjective interaction*. To me it is not objective observation (Data: 486).
  - The whole *process* of caring must be (very) *sincere* (authentic) between me and my patient. I am empathetic and this should not be seen by the patient as a way of procuring special favours from me. Such favours are from *me/myself* (Data: 277).
  - Caring originates in *me* because I want to be caring and not because I am manipulated into being caring (Data: 278).
  - If I do not care for and about myself, I cannot care for (and be caring towards) others. Everything starts in me. My self-image too (Data: 232).
  - Without knowing myself I cannot care for others (Data: 12).
  - Self- knowledge as such is very important to me. If I do not know myself, how can I advice others on their lives, eg. in psychiatric nursing care (Data: 414).
  - Knowing what makes me happy allows me to imagine what would make others happy (Data: 414).
  - I think really knowing myself prevents me from caring too much. I will know when I become too involved (Data: 415).
  - Caring makes me feel good. Feeling good makes me feel that I am *important* (I am in count). I mean something to someone else. **I am worth the effort**. I am okay (Data: 405).
  - When I feel negative, I feel more like protecting myself and I would start caring more for myself than for my patients (Data: 494).
- 

Continued on the next page.

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<sup>19</sup> Also see paragraph 5.3.14 on the concept of *affiliated-individuation* and also chapter 11, paragraph 11.3.6 on the *balance of conscience and will*.

Continued from the previous page.

- 
- I can be caring without becoming overly involved. I like putting distance between me and the patient. I do not approve of familiarity. Distance protects me. It is about my identity . The point is that there is a boundary. I appeal to boundaries for my safety as practitioner. If I do not, I become (too) involved (Data: 496-497).
  - If I cannot care for people it feels as though something is amiss inside me (Data: 25).
  - Such incidents (when superiors are not focussed on caring) leave me feeling intimidated. I feel that something about me is threatened and it is this inner aspect which I desperately wish to convey to others (Data: 274-275).
- 

The eminence of self in caring, or the caring self, is most profoundly expressed by the informants who experienced *something amiss and threatening to self* whenever they are frustrated in their quest to show their caring and to be caring.

The contents of data display 10.3.2.1.1 also return us to the issue of the importance of self-knowledge in maintaining a caring concern. The content, however, also implies themes about self in caring which are attended to below. These include the will as motivational component in self as caring being<sup>20</sup>, self-care, setting boundaries, feeling good about self<sup>21</sup>, and knowing self. In essence this implies self-concept of which Chally has the following to say: *A positive self-concept is important in any undertaking* (Chally 1992:119).

#### 10.2.3.2.1.2

##### *Contextualising self in caring*

Confirming a caring encounter; contextualising self in caring, is the ontological equal to defining caring for methodological and theoretical reasons in theme 1; contextualisation. Confirming a caring encounter is to contextualise self. It gives direction and meaning to actions and emotions. Data display 10.3.2.1.2 contains data suggestive of this phenomenon.

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<sup>20</sup> See paragraph 10.2.3.2.1.5.1 and data display 10.3.2.1.5.1.

<sup>21</sup> See paragraph 10.2.4.1 and data display 10.4.1.

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**DATA DISPLAY 10.3.2.1.2**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.2: THE EMINENCE OF SELF**  
**CONTEXTUALISING SELF IN CARING**

---

- **Individual perception/experience of caring**

- Most of the time you can't say: "I am caring for a patient." People tell me that I have been caring to them (Data: 61).
- Sometimes I may think that I have been caring to a patient but the patient may be against what I have done (Data: 61).
- Patients have spoken to me a lot and I have experienced (through this) that I have made a difference to them (Data: 112).

- **Confirmation that caring is desired**

- I cannot just show my caring concern (in public). Maybe that person does not want me to do it (Data: 180).
- I care about people no matter what, however, some people might feel embarrassed by it. They have their pride (Data: 181).

- **Confirmation that caring is established**

- My caring is reflected in good interaction with my patients and when patients are more open and prepared to discuss more private issues with me (Data: 7).
  - If I, apathetically, go about doing my job patients will not tell me anything and this will not reflect caring (Data: 7).
  - I know that caring has been established when good interaction between myself and a patient occurs. When a patient becomes more open towards me (Data: 1).
  - When people are more open with me I feel that caring is returned to me (Data: 28).
- 

The individual perception of caring implies adjustment of self towards, and in, the caring relationship. If caring is not required by someone, refraining from acting in a caring way in traditional terms may in fact constitute caring behaviour on the part of the care-giver. In the same way, unasked for attention may be seen as being uncaring. A number of definitions on caring, quoted previously, illuminate this point.

According to Carper (1979:14), caring cannot occur by sheer habit; nor can it occur in the abstract (Carper 1979: 14). Pribram (Gendron 1990: 280) in this regard points out that caring is context-sensitive behaviour: *Caring for someone is not so much doing something as doing it at the right time in the right place, when needs are felt and communicated.* Noddings in turn states that caring involves *...stepping out of one's own personal frame of reference into the others'...To care is to act not by fixed rule but by affection and regard* (Dunlop 1986:667). Each of these definitions in one way or another confirms that caring is not just another situation the individual is involved in and that the self in a caring situation must be confirmed and affirmed. Not every moment in

human life constitutes a human caring relationship or an established (traditional/historic) human caring relationship. Nonetheless, as Boykin and Schoenhofer (1993:4) puts it: *Our assumption that all persons are caring does not require that every act of a person is necessarily caring.*

### 10.2.3.2.1.3

*General strategies for maintaining self in the quest to maintain a caring concern*

With care the essence of being, caring resides in self. The erosion of a caring concern thus has implications for the maintenance of authentic being and consequently for self. Data display 10.3.2.1.3 contains data on strategies to maintain *self* in caring.

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#### DATA DISPLAY 10.3.2.1.3

#### THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN

#### CATEGORY 2: INTERNAL FACTORS IN THE MAINTENANCE OF A CARING CONCERN

#### #1.3: THE EMINENCE OF SELF:

#### GENERAL STRATEGIES FOR MAINTAINING SELF

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##### •Distance

- I can be caring without becoming overly involved. I like putting distance between me and the patient. I do not approve of familiarity. Distance protects me. I is about my identity (Data: 496).
- I learned not to be completely sympathetic but more empathetic. I do pity patients, however, I keep my distance. I don't know how, but I have learned to do it (Data: 352).

##### •Becoming self important

- Fatigue makes me feel that I become more important to myself and they (patients) have to wait a while (Data: 348).

##### • Variety and balance

- I like attending to patients who need more attention; medical help and procedures. Those who only want me to talk to them, to touch them . . . It is not a thing that I can do for the whole day. Standing next to her. . . Talk to her. . . I must be busy. Sometimes caring is boring (Data: 81).
- After having been involved with a patient emotionally, doing more physical nursing helps me regaining a balance (Data: 83).
- I have to balance the emotional and the actions components of caring. Especially if you are a sensitive person. If the one becomes more important than the other, it is pointless. (Data: 83).

##### • Creating challenges

- There is no challenge in doing the same thing over and over. This is detrimental to my caring concern (Data: 81).
- I prefer labour ward (and casualties) because I prefer a bit of action, a bit of an adrenaline squirt (to keep me going) (Data: 336).

##### • Managing hurt

- After each disappointment regarding caring, I work harder to avoid another incident. I am afraid of getting hurt, and caring harbours hurt (and disappointment) (Data: 29-30).

##### • Expressing deepest feelings/Catharsis

- To maintain my caring concern it is necessary for me to express my deepest feelings and experiences towards others (colleagues and friends) (Data: 298).
- 

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- **Self deception**

- Telling myself that I still have a choice, that I can quit nursing (and caring) should I feel like it (knowing that I will not do it) serves to bring me closer to the realisation that I actually care. I feel I still have control and can make decisions about my situation (Data: 240-241).

- I sometimes think that I will stop caring altogether. Especially after a bad day during which everything went wrong . . . even because of my own doing. I just feel like quitting and go do something else. But, after this, I just continue caring (Data: 354).

- **Accepting negative feelings**

- I won't say I feel bad because I become frustrated. It is my right to become frustrated (Data: 318).

- I try everything. If the Lord still decides on taking away a person, then . . . (Data: 462).

- It is a bad thing (terminal illness and inevitable death). I feel so helpless/ powerless. However not as helpless as in that (initial) situation. This is a helplessness I can overcome by becoming more caring and involved (Data: 463).

- **Caring itself as strategy**

- I also care to overcome personal problems instead of allowing these to undermine my caring (Data: 499).

- **Switching off**

- I do reach a point where I "switch off" my emotions (however, I never lose my caring altogether) (Data: 493).

- **Introspection**

- I look at the situation before deciding to also do the jump. I ask myself why I am touched by the situation. How does it affect me (Data: 493).

- **Self-care**

- One should care for oneself. If you do not care for yourself, you cannot give (Data: 494).

- **Creativity**

- Something that really helps me is improvisation through which I show my caring. Through improvising I care much more than when I have all the necessary equipment at my disposal (Data: 498).

- **Calling on a deity**

- I then remind myself that everything is not to my will, and that the Lord is always with me. So, I can overcome whatever (Data: 238)

---

As indicated prior to data display 10.3.2.1.3, maintaining self in caring and a caring concern are by definition (withing the philosophical anthropology underlying the present research) living one's life. This also represents the human condition, fraught with paradoxes and apparent contradictions which are only reconcilable within a holomic perspective; a perspective of the all-at-once-being-different-aspects such as being simultaneously antecedent, cause, outcome, effect, and the like. Data display 10.3.2.1.3 attests to these issues with reference to the maintenance of self in maintaining a caring concern. The content of this data display also implies certain of these apparent opposites the individual has to *reconcile* in an attempt to maintain self. These are displayed in table 10.2:

**TABLE 10.2**  
**PARADOXES IN MAINTAINING SELF**  
**IN CARING**

Being close vs keeping distance Self vs other Self-care vs other-care Egoism vs altruism Variety vs method (system) Challenge vs Boredom Self-deception vs "Being in touch" Caring vs need to be cared for Creativity vs routinised work (system) Introspection vs objectification Self vs a Deity
--

Strategies for maintaining self are ultimately aimed at a dialogue between and among these paradoxes.

It is the researcher's supposition that, should any one of these opposites be emphasised to the detriment of the other, the maintenance of self in caring, and the caring concern as such, are in jeopardy. This would call for a concern about the maintenance of a caring concern.

In addition to the paradoxes identified, self is maintained in caring through managing hurt, catharsis, temporary withdrawal, and accepting negative feelings. It is perhaps in temporary withdrawing that Boykin and Schoenhofer's (1993:4) notion that *the person is always caring* is best captured.

Taking the contents of data display 10.3.2.1.3 into consideration, it can thus be appreciated that Ehrenberg (1987:3) found that students reported the course on self-care in a caring curriculum the most beneficial of all the course work. Forrest (1989:821) found, among other issues, *protecting self* important in caring. This is echoed by Carducci and Carducci (1984:227) who pertinently state that the care-giver must care for self first in order to garner the strength to care for others. As far back as 1976 Hyde (1976:2) indicated the importance of self-care by the care-giver. She stated that *self* is an important area in research into caring. Caring of the care-giver, according to Hyde, needs attention as this brings about a renewal of the care-giver and manifests the process of *recycling* of caring.

Within the Care (caring), will, meaning trinity<sup>22</sup>, it should be noted that Hutchinson (1984:88-90) found that care-givers created meaning in three different ways which individually emphasises a different aspect of the phronema of caring. These include the maintenance of self through creating meaning emotionally in which instance the care-giver feel closest to the patient; creating meaning technically through monitoring intervention in which instance the care-giver feels separate from the patient; and finally, meaning is attributed rationally by imposing reason and logic to the situation in which instance the care-giver feels mostly divorced from patients.

The whole issue of maintenance of self in caring, balance, and self-care also has to do with healing<sup>23</sup>. Those who care must also recognise that, for knowledgeable and compassionate caring to be sustained, they must be willing to care for themselves and capable of doing so. In other words, they must be willing to awaken their healer within (Wells-Federman 1996:14). Caring for self before being able to care for others also implies that to be available to others, one must practise the skill of being present to self. This can be developed through mindfulness - the ability to focus on what one experiences moment to moment (Wells-Federman 1996:22). In essence, maintaining self in caring is also preventing self from becoming codependent<sup>24</sup>.

#### 10.2.3.2.1.4

##### *Care-giver attributes*

In this category the attributes of a care-giver<sup>25</sup>, necessary to sustain and maintain caring and a caring concern, is discussed. Data display 10.3.2.1.4 contains the data compiling this category.

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<sup>22</sup> See figure 3.2.

<sup>23</sup> Healing refers to an integration and balance of parts of oneself - physical, mental, emotional, spiritual, relationships, choices - leading towards personal growth and development. Healing therefor is not something that can be given to another. It is personal. All healing, without exception, is self-healing (Wells-Federman 1996:14).

<sup>24</sup> See paragraph 3.6.

<sup>25</sup> Some of these attributes can also be applied as strategies to maintain caring. See paragraph 10.2.3.3 and data display 10.3.3.

---

**DATA DISPLAY 10.3.2.1.4**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.4: THE EMINENCE OF SELF:**  
**CARE-GIVER ATTRIBUTES**

---

- **Self confidence**  
 • I think self-confidence is necessary to do that (caring) (Data: 182).
  - **Being inviting**  
 • I would be friendly (towards patients I do not know)) (Data: 184).
  - **Being compassionate**  
 • I feel compassion for those I care for (Data: 190).
  - **Having a positive self-regard**  
 • I need not step back. Even if they have more knowledge than I have. I am a person in my own right (Data: 201).  
 • I need not step back because some colleagues do not like me (Data: 201).
  - **Being empathetic**  
 • I do not know what makes me care about (these) people. I place myself in their position (Data: 226).
  - **Being tolerant**  
 • Tolerance is a further way for me through which I maintain my caring; by excepting people unconditionally and by not being judgmental. I expect the same in return. Prejudice undermines my caring (Data: 502).
  - **Respect and fairness**  
 • Respect and fairness are the cornerstones on which I found my caring (Data: 526).
  - **Self-care**  
 • I need to be caring towards myself too. If I am not caring towards myself, I cannot give to others (Data: 526).
- 

Numerous studies were conducted on the issue of care-giver attributes. A number are mentioned with special reference to the findings of the present research. Forsyth et al. 1989:165) compiled the following attributes of a care-giver: potential for self-expression, altruistic love, ability to distinguish caring for self from caring for others, trust, ability to break away from perceptual norms as appropriate, honesty, integrity and genuineness, ability to attribute worth to oneself and to others, and to communicate that worth regardless of discrepant values, empathy and courage. Harrison (1990:125) lists genuine interest, sharing of self, taking time with patients as attributes of a care-giver.

Morath and Manthey (1993:76) summarise the attributes of a care-giver for optimal collaborative performance as follows: caring for the self, self-respect, self-knowledge, and self-confidence. Morrison (1991:10) accentuates an interpersonal approach, high levels of motivation, economic use of time, and concern about others as major attributes supportive of a caring concern.

## 10.2.3.2.1.5

*The motivational domains*

The following main subsection in the eminence of self in the maintenance of a caring concern deals with the motivational domains involved in this process. Data display 10.3.2.1.5 gives an overview of the categories which comprise this intricate category.

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**DATA DISPLAY 10.3.2.1.5**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.5: THE EMINENCE OF SELF**  
**MOTIVATIONAL DOMAINS**  
**OVERVIEW**

---

- Will and conscience (Data display 10.3.2.1.5.1)
  - Religious domain (Data display 10.3.2.1.5.2)
  - Ethical domain (Data display 10.3.2.1.5.3)
  - Cognitive domain (Data display 10.3.2.1.5.4)
  - Fear of punishment (Data display 10.3.2.1.5.5)
- 

The section on the existential trinity of Care, will and meaning, and the discussion of the conative component of the phronema<sup>26</sup>, as conceptualised earlier during the present study, should be read in conjunction with the discussion of the present theme and category. As indicated in chapter 3, caring, as defined for the purpose of the present research, signifies *Care* as the essence of being, as conceptualised by Heidegger, ushered in an ethical direction. This bequeaths *caring* with an ethical demeanour; the *caring ethic*. Implied in this *ethic* is the understanding of good and evil; of doing good not bad. This *ethic*, in turn, is manifested in consciousness as conscience and will. Statements portraying the involvement of conscience and will in caring, and the maintenance of a caring concern, are exhibited in data display 10.3.2.1.5.1.

## 10.2.3.2.1.5.1

*Will and conscience*

Data display 10.3.2.1.5.1 exhibits the data that give evidence of two motivational domains in the maintenance of a caring concern namely will and conscience. The will component should be read in conjunction with the data contained in data display 10.1.2 on the “I” quintessence in caring.

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<sup>26</sup> See chapter 3, par. 3.2.1.1.

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**DATA DISPLAY 10.3.2.1.5.1**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.5.1: THE EMINENCE OF SELF**  
**MOTIVATIONAL DOMAINS**  
**WILL AND CONSCIENCE**

---

- **Will**

- Caring on a daily basis is not a matter of having to. I care because I want to (Data: 69).
- If you want to do it (caring) you will do it. If you do not want . . . then you won't do it (Data: 127)

- **Conscience**

- My conscience makes me return to patients after having been angered by them. I do not think that I have it in me to harbour any hard feelings (Data: 149 and 150).
  - My conscience plays an important role in caring (Data: 34).
  - I experience it (conscience) as something positive in caring (Data: 34).
  - I feel guilty when I become cross with patients (Data: 316).
  - If I do not act according to my knowledge and skill my conscience urges me. I feel guilty (Data: 34).
  - My patients are my first priority at work. Regarding the present conditions in the hospitals, if I do not do something, nobody else is going to (Data: 323).
  - Feeling like quitting makes me feel guilty. Because, if I forsake those patients; the patients need me (Data: 446-447).
- 

Will and conscience, in turn, are articulated on cognizance and experience which attributes (intimates) *conscience* and *will* with focus, contents (referents), direction and force (intensity). Cognizance and experience thus serve as motivational sources and include areas such as religion, science, ethics, socio-cultural aspects; all aspects of Carpers's (1978) patterns of knowing. Although the content (referents), focus, force, and direction of conscience and will are derived from the same sources, conscience and will are not necessarily aligned. According to Heidegger (transl. by Stambaugh 1996:254), conscience calls against our expectations and even against our will. *The call comes 'from me' and yet 'over me'*. In this regard Gaylin (1994:41) points out that the degree to which knowing good results in doing good can only be understood within the complex and conflicting currents operating within the confusing field of human motivation. The power of knowledge to inform behaviour will be greatly influenced by whether that knowledge is sown on soil of good conscience. Knowledge and experience are inseparable in the way they shape our conscience (Gaylin 1994:41). Knowledge and experience give rise to other motivational domains from which will and conscience evoke their focus, contents (referents), direction and force (intensity). Religion and other socio-cultural and philosophical orientations,

with their implied (associated) ethical standards, form a strong base for conscience. However, as will become clear from the discussion on the will and conscience<sup>27</sup>, conscience resides in Care (Heidegger 1962:207). In terms of the present research, having a conscience already speaks of caring, of an ethical demand made on the care-giver by himself. However, in some instances, in which will, conscience and the actual behaviours are not aligned, “caring” behaviours can be labelled *ritualistic*.

The domains involved in will and conscience are exhibited in data displays 10.3.2.1.2 through -5.

#### 10.2.3.2.1.5.2

##### *Religious domain*

Religion (data display 10.3.2.1.5.2), as part of the ethical aegis of nursing, was historically most profoundly represented during medieval times, when a religious image was held of the nurse as care-giver for the sick, who fulfilled her function as a Christian duty and a means to salvation (Curtin & Flaherty 1982:68). Today, Christianity as the essence of nursing and caring is probably conceived in that manner by Christians only. All the primordial religions proclaim caring as a central value. The measure of religious conviction of individuals and groups would thus determine the degree to which caring and nursing are viewed as a reflection of that conviction. It is thus not suggested that the Christian faith is the only religious source of will and conscience. However, during the present research, only the Christian informants gave evidence of the role that their religious convictions played in shaping their conscience. Although some informants indicated that their religion was *African* these informants did not give any indication as to how this influenced their conscience and will.

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<sup>27</sup> See chapter 11 paragraph 11.3.4 through -6.

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**DATA DISPLAY 10.3.2.1.5.2**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.5.2: THE EMINENCE OF SELF**  
**MOTIVATIONAL DOMAINS**  
**RELIGIOUS DOMAIN**

---

- As a Christian I have to continue the work of Christ (Data: 124).
  - I live according to: “do unto others . . .” (Data: 124).
  - My Christian faith is a source for my caring concern (Data: 203).
  - My conscience to me is the Holy Spirit involved in my life (Data: 204).
  - My conscience also has a **religious** component (Data: 34).
  - One should do unto others . . . (Data: 408-409).
  - The Lord gave me the gift (talent) to be able to think, argue; and the privilege to be here as a nurse. I feel it an obligation, as a Christian, to do such things (caring) (Data: 444).
- 

### 10.2.3.2.1.5.3

#### *Ethical domain*

Closely related to religion, culture and philosophy as sources of the content of conscience are the ethical standards implied by these sources. Data display 10.3.2.1.5.3 contains indications of the latter aspect.

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**DATA DISPLAY 10.3.2.1.5.3**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.5.3: THE EMINENCE OF SELF**  
**MOTIVATIONAL DOMAINS**  
**ETHICAL DOMAIN**

---

- **Equality:**
  - One must care for the person whom you do not like. Because even that person whom you do not like, or who does not like you, needs your help (Data: 65).
  - I want to give that person (the one I dislike) just the best I can do. The only problem is that I do not like him (Data: 66).
  - No matter what, I will by all means care for the patient I dislike (Data: 66)..
  - No situation really determines my caring. I care equally for all people (Data: 316).
  - Whenever my caring takes a turn for the worst, due to the patients, I am first annoyed with the patient and afterwards with myself. After all, I freely choose to be working here and caring is part of my work. I am supposed to care equally for all (Data: 417).
  - I would be even more caring towards a patient than I already am, if that patient is not treated justly or without respect (Data: 497).
- 

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- **Empathy**

- One of the things that makes me care is the thought of: "How would I have felt in that person's position?" (Data: 195).

- **Doing what is right**

- For me to show and maintain my caring concern I need to do what I know is right (Data: 199).

- I feel very bad when I neglect a patient or when I do but my work . I feel guilty (Data: 237).

- I must give it my all when caring. If I do not, I feel guilty (Data: 247).

- I grew up in a family in which we cared a lot about one another. This is why I treat others in the same way (Data: 269).

- **Doing my utmost**

- I cannot save all, however, if I have done my best I am satisfied. (Data: 462).

- My best is good enough (Data: 464).

- **Moralising**

- I care for people because in future I might find myself in the same situation. I cannot expect people to care for me if I did not care for others (Data: 228).

---

Ethics and the ethical, according to Bandman and Bandman (1985:4), are concerned with doing good and avoiding harm. These authors continue to say that the possibilities of doing good (or harm) depend partly on knowledge and partly on values. According to Goleman (1995:104) ethics, together with empathy, are the roots of altruism (caring). Thus, caring essentially is about doing good not harm.

Pertinent statements pertaining to caring as an ethic, and the involvement of ethics in caring, are made by several authors. An analysis by Leininger (1981a: 4) indicates that caring in the literature is at times presented or discussed as a philosophy, an ethic, and the like. To Fry (1988: 48) caring, without a doubt, has developed into an ethic in nursing. In addition, Koldjeski (1990:45-57) prefers the term caring ethic. Caring is also referred to in the literature as the ethical ideal (Noddings 1984: 193; 1988: 224).

#### 10.2.3.2.1.5.4

##### *Cognitive domain*

As indicated in paragraph 10.2.3.1.4 and data display 10.3.1.4 (series 1-5) informants indicated knowledge as an important external factor in the maintenance of a caring concern. . Data display 10.3.2.1.5.4 extends this category with emphasis on knowledge and the motivation towards being caring resulting from knowledge.

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**DATA DISPLAY 10.3.2.1.5.4**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.5.4: THE EMINENCE OF SELF**  
**MOTIVATIONAL DOMAINS**  
**COGNITIVE DOMAIN**

---

- Knowledge also forms part of my conscience. If I know what to do and I do not do that . . . (Data: 204)
  - One aspect (of my conscience) concerns **knowledge** and **skills**. If I do not act according to my knowledge and skill my conscience urges me. I feel guilty (Data: 34).
- 

To reiterate, Gaylin (1994:41) points out that the degree to which knowing good results in doing good can only be understood within the complex and conflicting currents operating within the confusing field of human motivation. Conscience mechanisms in people differ in structure and strength. In addition, many of the emotions supporting conscience also serve selfish *survival needs*. Even reasonable people sometimes ignore their understanding of the good. Fear, rage, greed and venality (selfishness, corruption) may serve as counter forces to good conscience (Gaylin 1994:41). This is illustrated by the following data chunk.

10.2.3.2.1.5.5

*Fear of punishment*

Data display 10.3.2.1.5.5 contains only one data unit on fear of punishment as a motivational factor in the maintenance of a *caring concern*.

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**DATA DISPLAY 10.3.2.1.5.5**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.5.5: THE EMINENCE OF SELF**  
**MOTIVATIONAL DOMAINS**  
**FEAR OF PUNISHMENT**

---

- Often my conscience is attached to fear of **punishment** (Data: 34).
- 

In terms of Kohlberg's (Bandman and Bandman 1985:53) moral development theory, fear of punishment, as a principle ruling an individual's actions (or motivation towards action), places

that individual at the lowest level of moral development. Although punishment, as such, has not been investigated during the present research, punishment should not be seen only in terms of legislative sanctioning (censure). Punishment can also include censure from colleagues and self rebuke, guilt feelings and the distortion of the ideal self. However, according to Gaylin (1994:40): *Lacking good will (conscience), knowledge alone will not change a person's behaviour. Only fear of punitive action of the law might work here.*

10.2.3.2.1.6  
*Modes of caring*

Each of the motivational domain components seems to have certain ways in which it is realised in the maintenance of a caring concern; an accompanying mode of caring. These modes of caring are exhibited in data display 10.3.2.1.6.

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**DATA DISPLAY 10.3.2.1.6**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.6: THE EMINENCE OF SELF**  
**MODES OF CARING**  
**OVERVIEW**

---

- General indicators (Data display 10.3.2.1.6.1)
  - Spontaneous/ Free willed/ Imperative (Data display 10.3.2.1.6.2)
  - Rational mode (Data display 10.3.2.1.6.3)
  - Ethical mode (Data display 10.3.2.1.6.4)
  - Altruistic/egotistic mode (Data display 10.3.2.1.6.5)
- 

The mode of caring experienced by the care-giver does, however, not necessarily correspond with the motivational domain. Individually these modes of “caring” does not constitute *caring*, however, collectively they do<sup>28</sup>.

10.2.3.2.1.6.1  
*General indicators*

Data display 10.3.2.1.6.1 contains the general indicators for the category *modes of caring*.

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<sup>28</sup> See paragraph 3.2.1.1.

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**DATA DISPLAY 10.3.2.1.6.1**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.6.1: THE EMINENCE OF SELF**  
**MODES OF CARING**  
**GENERAL INDICATORS**

---

- My interaction with patients is the most rewarding part of my work. When I feel closest to my patients I interact and converse with them. However, when I do not feel close to them I only do my job - what is necessary (Data: 331-332).
  - I do not show my caring towards different patients differently. However, inside myself I feel different towards different patients. I would more “*care for*” surgical patients and more “*lay caring*” for HIV patients (Data: 419).
- 

The term *mode* is perhaps best defined by the informant’s statement that *inside I feel differently*. Literature also supports the contents of data display 10.3.2.1.6.1. Hutchinson (1984:88), for instance, found that meaning in nursing (in intensive care) is created at three levels, namely emotionally, technically and rationally. When creating meaning emotionally, the nurse was found to be feeling closest to her patient, whereas, in creating meaning rationally the nurse felt most removed from her patient.

*10.2.3.2.1.6.2*  
*Spontaneous, free willed and imperative*

The statements contained in data display 10.3.2.1.6.2 pose somewhat of a conundrum. However, within the human condition of an all-at-once nature, the statements do make sense and are not necessarily contradictory or ambiguous.

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**DATA DISPLAY 10.3.2.1.6.2**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.6.2: THE EMINENCE OF SELF**  
**MODES OF CARING**  
**SPONTANEOUS/FREE WILLED/IMPERATIVE**

---

- My caring is sometimes just something that comes (Data: 61).
  - I care about people no matter their attitude. I just care. It is spontaneous (Data: 181).
  - Caring comes from my heart (Data: 13).
- 

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- 
- I care spontaneously. That's me, from childhood (Data: 25).
  - Caring is something coming from my free will, it is not something that patients can demand (Data: 29).
  - I do not know why I care. I just care. (Data: 227).
  - I think that if one is a caring person, caring returns to one spontaneously (one cannot *not* care) (Data: 274).
  - Caring originates in me because I want to be caring and not because I am manipulated into being caring (Data: 278).
  - I have always enjoyed helping people. I always wanted to become a nurse. It is just nice to care for people (Data: 315).
  - My patients are my first priority. It is the way I am (Data: 322).
  - I freely choose to be working here and caring is part of my work (Data: 417).
- 

The conundrum referred to is the fact that the terms *spontaneous*, *free will* and *imperative* resist one another. The spontaneity with which informants care makes their caring an imperative; *I just care; it is the way I am*. However in the same instance, whether to care or not to care, is also the informant's prerogative; choice<sup>29</sup>. Essentially this calls into question the concept of personal *autonomy*. As Gaylin (1994:37) puts it, the human condition in all its fluidity and paradoxical situatedness demands that we refrain from polarities and from polarising opposites. Human behaviour must be understood as occupying some point along a continuum from psychic [sic] determination to Kantian autonomy (Gaylin 1994:37). Fortunately, a concept of *freedom* does not demand total autonomy. We know that we always have an alternative choice, however, we also know that the *choice* is often less rational than we would like to believe (Gaylin 1994:37-38). Thus, in the mind of the researcher, the data contained in data display 10.3.2.1.6.2 most pertinently display what could be termed a *virtue*<sup>30</sup>; a spontaneous, and consistent inspiration by an individual to unequivocally express basic traits of excellent character facilitating action from a moral and philosophical base (Clambake 1990:179), and, as Elliott (1993:317) indicates, the concept of virtue, in addition, also includes skill and technical ability. Thus, whatever the situation, conditions, circumstances or the motivational domain involved, *caring* is taken with exemplar skill and technical ability, trait of character, and a disposition to act in a particular way, because *it is the way I am* (or want to be).

---

<sup>29</sup> This aspect is further discussed in Chapter 11 where the dialogue among the processes of Care, will, meaning and conscience, and the resulting reason (intuition) and actions taken are discussed.

<sup>30</sup> See paragraph 5.2.10.

## 10.2.3.2.1.6.3

*Rational mode*

In data display 10.3.2.1.6.3 the rational mode in caring is sustained by data.

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**DATA DISPLAY 10.3.2.1.6.3**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.6.3: THE EMINENCE OF SELF**  
**MODES OF CARING**  
**RATIONAL MODE**

---

- The urgency of an emergency prompts me to act (care) mediately (Data: 184).
  - As long as I have done my best (Data: 62).
  - If I do not like people I will not do whatever I do with that much *caring*. I will do but the basic things - not the extra caring things. I will only do my job (Data: 228).
  - My patients are my first priority at work. Regarding the present conditions in the hospitals, if I do not do something, nobody else is going to (Data: 323).
  - As long as I have done the things **I think** are right, purposeful, and important to the patient (Data: 62).
- 

As previously indicated, rationality was also found to be a factor in caring by Hutchinson (1984). Nurses who create meaning in nursing and caring rationally impose a sense of reason or logic on the realities of the situation (Hutchinson 1984:89). Thus, logic such as the urgency of the situation, doing but one's best, doing one's job, doing what one feels is right. Within the conceptualisation of caring, underlying the present study, as basically a union between feelings and actions, rational care has a rather ritualistic air about it.

In a study reported on by Carmack (1997:141), rationality is most succinctly demonstrated by a category labelled *letting go of the outcome*. In this instance informants reported that:

I say to myself: "I can only do what I can do." . . . And if I feel that I have given it a good effort, then I am satisfied and let go of the outcome, be it what it is.

The rational approach to "caring" is, however, not only evidenced by the complete devotion of the individual in the situation, regardless of what the outcome might be, but also in the exigency for the informant to get involved in a situation, due to the *emergency* of the situation and due to the fact that *no one else will do it* if the informant does not do it.

## 10.2.3.2.1.6.4

*Ethical mode*

Data display 10.3.2.1.6.4 contains statements on the ethical mode of caring; being caring with a sense of doing what is *right* and what is *good*. In addition to the sense of doing what is right and good, the data contained in this display also include ethical concepts such as equality, doing one's best, respect, fairness, appreciation and tolerance. However, there are also indications of possible *moralisation* due to the realisation of one's own vulnerability and humanness. For instance, to convey one's investment in caring as a *deposit* towards future caring needs of self and next of kin.

---

**DATA DISPLAY 10.3.2.1.6.4**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.6.4: THE EMINENCE OF SELF**  
**MODES OF CARING**  
**ETHICAL MODE**

---

- I freely choose to be working here and caring is part of my work. I am supposed to care equally for all (Data: 417).
  - I do my best (Data: 62).
  - I help those who need help to the extent that I am able and capable (Data: 63).
  - I need to do my best, no matter the little effect it might have (Data: 188).
  - I feel I need to help those who need help (Data: 188).
  - Not liking a person is no reason not to be caring towards that person (Data: 226).
  - We are all people. We can all *feel* and be hurt. It is very important to me to treat people the way I wish to be treated and for my loved ones to be treated (Data: 444)..
  - The cornerstones of my caring concern are respect, fairness, appreciation and tolerance (Data: 526).
- 

It is also acknowledged that, although stemming from an ethical domain of motivation, the ethical mode in caring could also be extremely rational in its execution. In fact, as stated previously, these modes of caring, like the motivational domains and the components of caring, are distinguished mainly for academic reasons. In living life and caring these are most of the time an all-at-once-situation in which analytically uncovered ambiguities merely contribute to the intricate patterns and richness of individual experience.

## 10.2.3.2.1.6.5

*Altruistic/egoistic mode*

A indicated previously, no issue is more central in moral philosophy than that concerning the relative merit of claims made upon our conduct by our self-interest and the interest of others (Milo 1973:1). In this regard the reader is also referred to the previous discussion on altruism and egoism<sup>31 32</sup>. The researcher, in this matter, scrupulously, sides with Batson's (1990:338) contention that human beings are capable of altruistic deeds. However, it is also recognised, as Batson (1990:344) indicates, that our scope of altruistic caring depends on, and is limited by, our feeling of empathy for others<sup>33</sup>. It is also noted in this instance that much of the negative orientation towards human altruism found in the literature probably stems from the positivistic paradigm and controlled experimental studies that were conducted, and which give a limited deterministic view of human actions (Pearce et al cited in Morrison and Burnard 1997:24-25).

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**DATA DISPLAY 10.3.2.1.6.5**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.6.5: THE EMINENCE OF SELF**  
**MODES OF CARING**  
**ALTRUISTIC/EGOTISTIC MODE**

---

• **Altruistic mode**

- Caring is love (Data: 13).
  - Most of the time I feel that caring is giving something of my self (self) to others. However, I do not necessarily expect something in return from the other (Data: 404).
  - I do not expect people going around thanking me all the time. Caring becomes part of me (Data: 405).
  - Even if patients do not show their appreciation, it is still pleasant to help them (Data: 315).
  - Patients feel happy because of what I do for them (Data: 63)
- 

Continued on the next page.

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<sup>31</sup> See paragraphs 5.2.2.1 and 5.2.2.9.

<sup>32</sup> Also see paragraph 5.2.5 on helping.

<sup>33</sup> See paragraph 5.2.3.

Continued from the previous page.

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● **Egotistic mode**

- Fatigue makes me feel that I become more important to myself and they (patients) have to wait a while (Data: 348).
  - It is like an investment in my own future. In this sense caring is somewhat selfish (Data: 419-420).
  - I care for people because in future I might find myself in the same situation (Data: 228).
  - Sometimes I don't know myself why I am caring. In a sense it is selfish. It is nice if I care for someone and it is noticed by others. It is, however, a good quality to have (Data: 404).
  - I really do not believe in some "Florence Nightingale self sacrifice." Only to give and nowhere to involve personal feelings. Or that which you can get out of it. I do not have much empathy with that approach (Data: 484).
- 

Campbell's (1984:85) statement regarding lay caring also seems appropriate at this point, namely that:

. . . the professional cannot love (or hate) a person as a relative or friend does. There is a necessary detachment in professional care. Yet, it is love which the professional offers, however moderated. It is a reaching out to another in the desire to enhance the value which is seen, and such reaching-out requires the non-rational connection which feeling alone can create.

If altruism is further defined as *behaviour carried out to benefit another without anticipation of rewards from external resources* (Smith 1995:786), or as behaviour **not** performed with the expectation of receiving **external** rewards or avoiding externally produced aversive stimuli and punishment (Eisenberg and Miller 1987:92) then the incidences of egoism in "caring" are drastically reduced. By definition then, behaviour which results in internal rewards does not pass as egoistic behaviour. This will become clearer later as the internal, or intra personal benefits<sup>34</sup> the care-giver gains from caring only serve to revitalise the caring concern and nurture caring. Caring is thus truly self-sustaining<sup>35</sup>. In addition, due to caring's nature and definition, it is hardly conceivable that caring could be anything but altruistic. As Bevis (1981:49) puts it: . . . *caring by its nature and definition is only and always positive*. The altruistic nature of caring also becomes apparent if Theme 1: *The Caring Phenomenon*<sup>36</sup> in which the object of intention, *maintenance*, is contextualised, is taken into consideration. It is especially Theme: 1, Category

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<sup>34</sup> See data display 10.3.2.1.7 *Benefits Derived for Caring*.

<sup>35</sup> See data display 10.3.2.2.

<sup>36</sup> See data display 10.1 series.

2: *The "I" Quintessence in Caring*<sup>37</sup> and Category 3: *Attributes of Caring*<sup>38</sup> that support Bevis' statement and which render caring a general altruistic demeanour. The sentiments the researcher has about caring are exactly those Kant (Gaylin 1994:40) expressed towards *good will*, namely that:

Even when good will is not acted upon, when it lacks the power to carry out its intentions . . . it would still shine like a jewel for its own sake as something which has its full value in itself (Kant cited in Gaylin 1994:40).

Thus, even if the care-giver gets involved in caring for the sake of the enriching experience it brings, or the for the purpose of cultivating the ideal self, caring *still shines like a jewel for its own sake as something which has its full value in itself*.

The argument that caring, by its very nature is altruistic is also captured by Morrison and Burnard (1997:45) in a category named *Concern for Others*. Pertaining to the present research, caring in the work by Morrison and Burnard is equated to altruism and uncaring to egoism. Table 10.3 exhibits this.

TABLE 10.3 CONCERN FOR OTHERS (Morrison and Burnard 1997:45)	
CARING	UNCARING
Puts other before self Gives freely of self Concerned for people  Aware of others	Selfish Egocentric Disinterested in people's welfare Lacks awareness of others

Despite informants' positive orientation towards caring, they could not exclude an egoistic component in their **care for** patients as indicated in data display 10.3.2.1.6.5. The arguments on altruism versus egoism are continued in the next category on the reasons for, and benefits derived from, *caring*.

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<sup>37</sup> See data display 10.1.2.

<sup>38</sup> See data display 10.1.3.

## 10.2.3.2.1.7

*Reasons for, and benefits derived from caring*

In order to maintain any action or attitude, such action or attitude must have some value for the person in question. The reasons for, and benefits derived from, caring serve as further motivation towards the maintenance of a caring concern. Data display 10.3.2.1.7 gives an overview of this category.

---

**DATA DISPLAY 10.3.2.1.7**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.7: THE EMINENCE OF SELF**  
**REASONS FOR, AND BENEFIT DERIVED FROM, CARING**  
**OVERVIEW**

---

- General indicators (Data display 10.3.2.1.7.1)
  - Patient centred reasons and benefits (Data display 10.3.2.1.7.2)
  - Global concern about caring (10.3.2.1.7.3)
  - Egoistic reasons and benefits (10.3.2.1.7.4)
  - Quasi Egoistic/Altruistic reasons and benefits (Data display 10.3.2.1.7.5)
- 

## 10.2.3.2.1.7.1

*General indicators*

The general indicators of the category *reasons for, and benefits gained from, caring* are neutral statements. One could, however easily read some egoistic orientation into it. But, the matter of the fact is that these statements do not pertinently point towards any external benefit to be gained, or punishment to be avoided, that would make it egoistic in nature. These statements also do not pertinently imply an internal benefit gained by the informant (carer). The mere need to care for others fall within the same category.

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**DATA DISPLAY 10.3.2.1.7.1**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.7.1: THE EMINENCE OF SELF**  
**REASONS FOR, AND BENEFIT DERIVED FROM, CARING**  
**GENERAL INDICATORS**

---

- Caring has certain benefits for me (Data: 485).
  - I feel a need to help those who need help (Data: 63).
- 

*10.2.3.2.1.7.2*

*Patient centred reasons and benefits*

Caring to the benefit of the patient points directly towards an altruistic orientation. In this category, the other, not the care-giver, is pertinently the focus of any caring interaction. Data display 10.3.2.1.7.2 contains different statements by which informants gave evidence of this altruistic orientation towards caring.

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**DATA DISPLAY 10.3.2.1.7.2**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.7.2: THE EMINENCE OF SELF**  
**REASONS FOR, AND BENEFIT DERIVED FROM, CARING**  
**PATIENT CENTRED (ALTRUISTIC) REASONS AND BENEFITS**

---

- I care for the sake of the patient, for her to get well and to be like me. I am well (Data: 63).
  - If I can make a difference in some one's life, why not (Data: 123).
  - I am caring for no another reason than the fact that caring is needed (Data: 194).
  - Patients feel happy because of what I did for them (Data: 63).
- 

In this instance informants are being caring: for the sake of the patient; to make a difference in some else's life; because caring is needed by another person; without expecting anything in return; and because it brings happiness into the life of others. This category is not further discussed as these issues have been dealt with previously<sup>39</sup>.

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<sup>39</sup> Also see data display 10.3.2.1.6.5 on the altruistic/egoistic mode of caring.

## 10.2.3.2.1.7.3

*Global concern for caring*

In this category, a caring concern is maintained, or rather sustained and promoted, not by direct human caring, but by extending caring beyond the work situation to the sphere of lay caring and interpersonal relationships. Data display 10.3.2.1.7.3 contains statements in this regard.

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**DATA DISPLAY 10.3.2.1.7.3**
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN****CATEGORY 2: INTERNAL FACTORS IN THE****MAINTENANCE OF A CARING CONCERN****#1.7.3: THE EMINENCE OF SELF****REASONS FOR, AND BENEFIT DERIVED FROM, CARING****GLOBAL CONCERN FOR CARING**

- 
- I care for people so that they can care for others (Data: 62).
  - That is the purpose of me being caring. I try to extend caring- to make it spread. If every body understand that we have to care, . . . there would not be these wars and robberies and murders. (But) maybe these people were not showed caring and now they . . . They are not cared for so they don't care (Data: 67).
  - Nursing (caring) makes it easier for me to show my emotions outside the hospital too (Data: 25-26).
  - Reaching my goals for caring motivates me to become even more caring towards people because that person is going to reach other people. It is like a grapevine (Data: 460).]
- 

By extending human caring beyond the confines of the work situation, caring becomes conceived of as a diffuse social conscience and the global nature of caring are conceptualised and conserved. This reason for caring attests to individual authenticity and genuineness regarding human caring. A concern about caring directed by others towards others and caring for the "idea" of caring (the concept *caring*), is also reflected in the work by Mayeroff (1971:7-8). According to Mayeroff:

To help another person grow is at least to help him to care for something or someone apart from himself, and it involves encouraging and assisting him to find and create areas of his own in which he is able to care. . . . I help a philosophical idea like "caring" grow by . . . various activities, seemingly disparate . . . turn out to be related as they are shown to provide the opportunity for caring (Mayeroff 1971:7-8).

Naturally, the statements contained in data display 10.3.2.1.7.3 are also indicative of an altruistic orientation of the care-giver.

## 10.2.3.2.1.7.4

*Egoistic reasons and benefits*

Data display 10.3.2.1.7.4 contains statements to the attestation of egoistic reasons for caring. These pronounced egoistic reasons for caring all speak of an awareness of the informants of their own vulnerability.

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**DATA DISPLAY 10.3.2.1.7.4**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.7.4: THE EMINENCE OF SELF**  
**REASONS FOR, AND BENEFIT DERIVED FROM, CARING**  
**EGOISTIC REASONS AND BENEFITS**

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- It is like an investment in my own future. In this sense caring is somewhat selfish (Data: 419-420).
  - I care for people because in future I might find myself in the same situation (Data: 228).
  - Sometimes I don't know myself why I am caring. In a sense it is selfish. It is nice if I care for someone and it is noticed by others (Data: 404).
  - I have this thing to care for someone not because it is my job, but because, maybe some day a next of kin of mine might be in that position (Data: 408).
  - If I do not go to any effort, I cannot expect it from others (Data: 408).
  - I care for a person so that he or she can be caring towards me (Data: 67).
  - I place myself in the patients position. I wouldn't want to lie there developing bedsores (Data: 325).
- 

The major theme among these statements is that caring is rendered because the informant anticipates a future need of caring in which instance the present caring would serve as a "deposit" without which the carer cannot claim any caring from others. Doing unto others as one would like them to do unto oneself, although an excellent social and personal practice, will not secure the reciprocation of caring in any future event. It would seem as though the avoidance of guilt feelings, present and future, plays a role in this reason (and perceived future benefit) for being caring. This in a sense is *rational morality* and a *manipulation of destiny*.

## 10.2.3.2.1.7.5

*Quasi egoistic/altruistic reasons and benefits*

Data display 10.3.2.1.7.5 contains statements which could be regarded as indicating egoistic reasons for, and benefits derived from, caring, however, these benefits are also imperative in the

maintenance of self and thus in the maintenance of a caring concern. For this reason these statements are categorised as quasi (partially) egoistic and altruistic. It seems, in certain instances, that egoism (egoistic reasons for caring and benefits derived from caring) to some extent secures altruism and that altruism serves as a moderator (mitigator) for egoism. *Egoism* to a certain level seems acceptable, and even necessary, in the maintenance of altruism<sup>40</sup>.

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**DATA DISPLAY 10.3.2.1.7.5**

**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**

**CATEGORY 2: INTERNAL FACTORS IN THE**

**MAINTENANCE OF A CARING CONCERN**

**#1.7.5: THE EMINENCE OF SELF**

**REASONS FOR, AND BENEFIT DERIVED FROM, CARING  
QUASI EGOISTIC/ALTRUISTIC REASONS AND BENEFITS**

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• **Reciprocation**

• I like patients that ask me questions about my life . . . it motivates me and encourages me to become involved with them (Data: 112-113).

• **Feeling good**

• I feel better about myself when doing things for others (Data: 25).

• I always get something out of my caring. It leaves me feeling **good**; not that it boosts my ego, but it gives me a warm feeling (Data: 275).

• Most of the time it is an emotional benefit. For me it is about feeling good about myself (Data: 485).

• **Enjoyment**

• I like to make contact with people . . . I enjoy it (Data: 72).

• **Reassurance**

• I feel that I am capable of doing something (good) (Data: 71).

• It reassures me that I can do certain things. (Data: 231).

• **Meaning in/to life**

• I also get something back. I mean something to someone. This is why I became a nurse (Data: 487).

• It (caring) makes my life meaningful (Data: 72).

• I am enriched by the experience (of being caring) (Data: 191).

• It makes me feel that I am not just here, I (really) exist. It gives meaning (to life) without which it is nothing (Data: 458).

• However, thinking about myself in thirty years time, I really would like to look back and to know that I have meant something to others. I think it is the greatest accomplishment of a human life. Life is not about making money and such things. Those things are not the important things in life (Data: 353).

• **Development of the ethical/ideal self**

• Caring makes me a better person (Data: 25).

• I become a better person through giving and sharing what I have (Data: 124).

• I become more like the person I want to be like (Data: 125).

• Caring helps fit me into the image of whom I must be and what I must do (Data: 496).

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Continued on the next page.

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<sup>40</sup> See argument following data display 10.3.2.1.6.5.

Continued from the previous page.

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• **Job satisfaction**

I get my **job satisfaction** from the feeling of having meant something to someone through caring (Data: 271).

• **Personality development**

• It changes me if I have appreciation for other or vice versa (Data: 230).  
 • I gain psychologically and emotionally from caring for patients. It makes me more determined (Data: 125).

• I hereby maintain my reputation and improve my personality (Data: 126).

• I feel better about myself (Data: 190).

• My caring grew through caring and I became a more mature person (Data: 25).

• My caring shapes my self-image. When people show appreciation I am positively oriented towards myself. But, if they do not care I feel as though I cannot do anything right . . . (Data: 231).

• When I first started nursing it was "bad" I wanted to resign, however, I realised that I was becoming a stronger person through caring (Data: 255).

• My character is shaped through caring for others (Data: 268-269).

• I care because I can give something of myself. It improves my self image. Since I started nursing my self-image definitely improved, probably because I am compelled to interact or to communicate with people (Data: 360-361).

• It is highly unlikely that I will leave the profession and caring because it gives me some security regarding my self-image (Data: 361).

• **Self actualisation**

• I feel that I **achieve** something when I cared for someone, no matter how hard I work. I feel I **achieved** a lot once I have shown my caring concern through actions (Data: 270).

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Seen within the existential trinity<sup>41</sup> of Care, will and meaning, the fact that caring makes a person's life meaningful is as much part of caring, and consequently as inseparable from caring, as any other emotion and action involved in caring.

Morrison and Burnard (1997:84-86) also confirm the present research findings. These authors found that *Personal Benefits Derived From Caring for Others* include: positive patient response, getting through to the patient, gratifying positive contribution, seeing patients as friends, being appreciated by patients, doing something worthwhile, enjoying a sense of achievement, learning about people, and personal development.

A further indication of the necessity to conserve on altruistic involvement and to balance this with *moderated* egoism comes from a study conducted by Morrison (1989:421-426) in which he found that when respondents had to compare themselves with an *ideal self* regarding caring,

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<sup>41</sup> See paragraph 3.5.

respondents did not respond to the *ideal self* as expected for the adjective pairs: *selfish* versus *giving freely of self*; *lacks awareness* versus *over protective*; and *empathetic* versus *lacks sensitivity*. It was expected that the *ideal self* element would be rated on the extremes of all these construct dimensions. The finding emphasises the *personal cost of caring for the carer*. As one respondent explained, rating herself on these extremes ... *may result in me being physically and emotionally drained* (Morrison 1989: 425). Other respondents stated that these extremes might result in burnout and stress, or that due to other priorities in caring and the fact that these might be unhealthy for both the receiver of care and the care-giver these extremes are unrealistic (Morrison 1989:424).

The importance of the maintenance of self and self-esteem, which permeates the contents of data display 10.3.2.1.7.5, is also supported by Beck (1993:31) who found that caring results in increased confidence and self-esteem levels for student nurses as care-givers. Students “marvelled” at the powerful impact that their “simple” caring actions had on themselves.

According to Marck (1990:49), reciprocity as a phenomenon in caring, allows both the nurse and the patient to benefit from the relationship. She continues to say that, therapeutic reciprocity is a mutual, collaborative, and empowering exchange of feelings, thoughts, and behaviours between nurse and client for the purpose of enhancing the human outcomes of the relationship for all parties concerned (Marck 1990:57). This indeed contributes towards the maintenance of a caring concern.

The experience of feeling good is also well documented and is discussed in more detail in Theme 4<sup>42</sup>.

#### 10.2.3.2.1.8 *Strategies for alleviating stress and tension*

The eminence of self in caring and in the maintenance of caring is further demonstrated by the strategies employed to alleviate stress and tension whereby caring is also maintained. Data display 10.3.2.1.8 contains data statements which illustrate this.

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<sup>42</sup> See paragraph 10.2.4.1 and data display 10.4.1.

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**DATA DISPLAY 10.3.2.1.8**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.8: THE EMINENCE OF SELF**  
**STRATEGIES FOR ALLEVIATING STRESS AND TENSION**

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- **General**

- If I become too involved, caring becomes too much. I need to discharge (unload) or switch off. It is of utmost importance to keep in touch with myself (Data: 500).

- **Socialising**

- I combat this (losing myself) by visiting friends. We will laugh and, for a moment at least, I will forget about . . . *my patients' problems* (Data: 85).

- If I have not had a full social life outside the hospital I would have "cracked up" (Data: 9).

- An unruffled husband at home helps me overcome my frustrations at work (Data: 380).

- **Time out**

- (When I am frustrated) I smoke more and take more time off in the sluice. It is just a breather I take before I am completely exhausted. I hereby try to "paste out" reality (Data: 321-322).

- I think I need to take some *time out* sometimes. I think it is a good thing. It is not a negative attribute. Sometimes I am just overloaded and become irritated and absentminded (Data: 420).

- **Self indulgence**

- If I do not allow myself to pity myself sometimes it (stress and exhaustion) will build up in me until I burst open (Data: 240).

- I feel it is sometimes necessary to cry in order to cleanse my *heart*. Once I had cried I feel better, a bit stronger (Data: 298-299).

- If I did not (start crying), I would have landed in Weskoppies (Data: 319).

- **Projection**

- When I become tired and drained I become frustrated. Although I still do my best under circumstances, I start showing that I am irritated, however, not towards patients. I find that I start throwing around utensils (Data: 248).

- **Hooked on the technological**

- There is such a lot of pain (heart ache and trauma). If I cannot manage this, if it becomes too much for me . . . I tend to deal more with technology than with the people. This becomes a protective mechanism (Data: 290).

- **Talking**

- Talking to other student about nursing care helps alleviating tension about these issues and it helps me improving my vitality for work and my relationship with colleagues (Data: 328).

- Talking to colleagues also helps to alleviate stress. I must defuse. Through this I learn that others experience the same problems in other wards (Data: 380).

- I was very afraid of doing psychiatric nursing. Talking to another helped me and also fostered listening to one another. This alleviated some of my stress and tension (Data: 423).

- When I am heavy heartened, I talk about it. "Company in distress makes sorrow less" (Data: 464-465).

- We talk a lot about our work. I think it helps to carry the burden (Data: 465).

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Baron (1990:18) points out with regard to emotional *time out* that one needs to recognise one's physical and emotional limitations. Time out is very personal like caring itself. What works for one person may not for another (Baron 1990:18).

With regard to *getting hooked on the technological*, the research findings by Hutchinson

(1984:89) are once again applicable. According to Hutchinson technical monitoring can become vitally important in creating meaning in the nursing situation. In a temporary attempt to escape the emotional realities of caring, the patient is cared for via the technological. This, to the informants still meant being *caring* towards patients.

Lachman (1996:7) sites the following positive factors for lessening stress and /or burnout in the workplace as observed by different researchers, namely: group cohesion; supervisor support which is inversely related to burnout; work-related support which is more beneficial than outside support; supportive communication; autonomy in decision making, reasonable control over work schedules<sup>43</sup>, aesthetic lounge for tea breaks, needed equipment available; autonomy; personal respect and empathy; problem-solving strategies, positive reappraisal, social support systems, self-control strategies; increasing sense of work involvement and job autonomy, job commitment recognition and fairness. The latter set of issues are also related to occupational self direction<sup>44</sup>.

#### 10.2.3.2.1.9

##### *Relationships among the phronemic components*

The relationships among the components of the phronema<sup>45</sup>, in different combinations, were also indicated by informants as being important in the maintenance of a caring concern. Statements in support of this are contained in data display 10.3.2.1.9.

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**DATA DISPLAY 10.3.2.1.9**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#1.9: THE EMINENCE OF SELF**  
**RELATIONSHIPS AMONG THE PHRONEMIC COMPONENTS**

---

- **General**

- I have never executed actions based on professional knowledge only (Data: 314).
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Continued on the next page.

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<sup>43</sup> *In this regard also see Occupational self-direction. Paragraph 4.3.9.*

<sup>44</sup> *See paragraph 4.3.9.*

<sup>45</sup> *Will, feelings and knowledge. Also see paragraph 3.2.1.1.*

Continued from the previous page.

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• **Knowledge and familiarity with patient**

• I also consider knowledge important . . . knowledge of the other person. If I have knowledge of that person's circumstances, it is easier for me to show that I care (Data: 182).

• Skills do not influence my caring concern (emotions) for the patient as much as does knowledge (Data: 141).

• **Doing and knowledge**

• My involvement with people results in better knowledge of human nature which improves my intuition (Data: 6).

• Knowledge and skill will never devoid me of caring (Data: 13).

• The skills I have acquired create more opportunity for me to be caring (Data: 27).

• I need knowledge and skills to render caring. It does not do any good if there is only caring and no knowledge or skills. Caring alone does not help to improve a patient's condition. Knowledge and skills help me to show my caring because caring is not only about physical care. It is more focused on the individual's emotional status, feelings, psyche. If you are only being caring you cannot do anything physical. If you are only skilled, you cannot do anything about the patients emotional status. So, nobody can convalesce if there is a interference between these two aspects. (Data: 31)

• I must have knowledge, however, all the knowledge in this world does not make for caring. But, if I do not have knowledge I shall not be able to show to people that I care (Data: 236).

• **Doing and feeling/emotional involvement**

• If I, apathetically, go about doing my job, patients will not tel me anything and this will not reflect caring (Data: 7).

• Erosion also comes from the outside. Too much emphasis is placed on procedures (Data: 24).

• If I do not like people I will not do whatever I do with that much caring. I will do but the basic things - not the extra caring things. I will only do my job (Data: 228).

• When I do something for someone I care to a certain extent. Even though the feelings my not be that good (Data: 227).

• **Doing and experience**

• The experience I gained from nursing help me to act out my caring concern. Previously I often did not put my caring concern into action. However, now it is much easier (Data: 284-285).

• **Knowledge and feeling**

• If I have more scientific knowledge on a patient's condition I would be able to understand better how the patient must feel and would also be able to develop empathy (Data: 334).

• **Physical and emotional**

• I think both the physical and the emotional aspects are important in caring. I cannot understand how the one can be emphasised to the detriment of the other (Data: 365-366).

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Griffin (1983: 289) draws attention to the fact that the concept of caring as applied to nursing has both an activities and an attitudes aspect, the latter of which is a complex intertwinement of *cognitive, moral, and emotional* factors. Kitson (1987:156) is of the opinion that without emotional involvement *...the [caring] relationship could neither be developed in a mutually beneficial way nor be maintained in a manner acceptable to both parties*. Benner and Wrubel (Moccia 1990a:212) state that *...caring fuses thoughts, feelings, and action; it fuses knowing and being and so is primary to our existence...it creates possibility...connection and concern ...sharing of help, allowing one to give and allowing another to receive* (Moccia 1990a: 212). In combination these authors support the notion of the importance of the phronemic components

in maintaining a caring concern. Informants, individually and collectively, also indicated the importance of a blend of all these components in caring.

The importance of knowledge about the patient has also been indicated in the category on knowledge as external factor in the maintenance of a caring concern<sup>46</sup>. Morrison and Burnard (1997:85) also mention the importance of learning about people to cope with nursing (caring) situations. These authors also found that learning about people helped nurses to become aware of their own reactions.

Although knowledge and skill can be detrimental to the caring attitude<sup>47</sup> if these take precedence over *caring*, some informants indicated pertinently that this is not likely to happen to them. In this regard, the statement that scientific knowledge about a patients condition contributes to the development of empathy for a patient, is quite significant. As Batson (1990:344) indicates, our scope of altruistic caring depends on, and is limited by, our feeling of empathy for others. It is also important that knowledge and skill allow the informant as care-giver more opportunities to get involved (taking action) with patients and to practice caring. This is important, as will become clear in the next section, caring (involvement) sustains caring. It is, however, also true that the opportunities for involvement by the care-giver are determined, and often restrained, by the scope of practice of the care-giver. As one informant<sup>48</sup> said:

If the scope of practice would allow me more and if I have more knowledge, I would be able to be caring towards more people/patients (Data: 380-381).

It is also clear from the statements contained in data display 10.3.2.1.9 that there must be a balance among the phronemic components to constitute caring and to maintain that caring concern.

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<sup>46</sup> See paragraph 10.2.3.1.4.3 and data display 10.3.1.4.3.

<sup>47</sup> See data display 10.2.3.

<sup>48</sup> See data display 10.3.1.4.3.

**10.2.3.2.2*****Caring is self-sustaining***

In this category, caring as being self-sustaining is reflected on. Closely related to the self-maintenance and sustenance of caring, and the cultivation of caring through caring, is the cultivation of caring through nursing actions. Data display 10.3.2.2 gives an overview of the general self-sustaining nature of caring.

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**DATA DISPLAY 10.3.2.2**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#2: CARING IS SELF-SUSTAINING**  
**OVERVIEW**

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- General indicators (Data display 10.3.2.2.1)
  - Nursing care develops caring (Data display 10.3.2.2.2)
  - Caring cultivates caring (Data display 10.3.2.2.3)
- 

**10.2.3.2.2.1*****General indicators***

Data display 10.3.2.2.1 contains statements generally indicative of the self-sustaining quality of caring.

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**DATA DISPLAY 10.3.2.2.1**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 2: INTERNAL FACTORS IN THE**  
**MAINTENANCE OF A CARING CONCERN**  
**#2.1: CARING IS SELF-SUSTAINING**  
**GENERAL INDICATORS**

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- **General/Caring erodes flippance**
    - I do think that a person can become emotionally blunted due to all the cruel things one has to witness, however, this has not happened to me yet. I have worked with people who became so hardened. I just think that one should not become like that. I try not to be like that. I still want to do the little extra. Caring helps met towards this (Data: 388-389).
    - If I am really caring I shall not suffer burnout (Data: 14).
- 

The general indicators for caring as being self-sustaining and self-maintaining make a strong point for the avoidance of flippance and personality shallowness. It reminds us once more of

Bevis' (1981:49) contention that caring is by its very nature only and always good. Thus, caring for the well intended and the good conscience is a source of revitalisation and renewal. As the one informant indicated, as long as she is caring, she will not suffer burnout. Burnout results when nurses are not allowed to care fully (Maslach cited in Harrison 1990:125). It is a peculiarly modern mistake to think that caring is the cause of burnout and that the cure is to protect oneself from caring to prevent the *disease* called burnout. Rather, the loss of caring is the sickness and the return to caring is the recovery (Benner and Wrubel 1984:373).

#### 10.2.3.2.2.2

##### *Nursing care develops caring*

The reverse of the generally held one-way notion that caring leads towards nursing (and other caring and helping professions), is suggested by the contents of data display 10.3.2.2.2.

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#### DATA DISPLAY 10.3.2.2.2

##### THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN CATEGORY 2: INTERNAL FACTORS IN THE MAINTENANCE OF A CARING CONCERN #2.2: CARING IS SELF-SUSTAINING NURSING CARE DEVELOPS CARING

- 
- I never thought about caring when I first started nursing. However, I quickly realised that caring is what it is all about. The profession cultivated caring within me (Data: 244).
  - When I first started nursing it was "bad" I wanted to resign, however, I realised that I was becoming a stronger person (Data: 268).
  - Previously, if a person complained about some heart ache or tragedy, I would have preferred to ignore it; being afraid of further upsetting that person. I am better able to handle such situations now (Data: 284).
  - The experience I gained from nursing helped me in living out my caring concern. Previously, I often did not put my caring concern into action. However, now it is much easier. Acting out my caring concern expands my caring concern. It is as if my caring really grows (Data: 285).
  - I find seeing patients leaving the hospital well very motivating (Data: 134).
  - My caring developed through nursing (caring) (Data: 6).
  - I did not initially want to become a nurse. However, that feeling when working with people makes it absolutely worth my while. Becoming and being involved with people kindled my caring (Data: 407).
  - My involvement with patients kindled my caring (Data: 407).
  - My caring definitely grew since I started nursing (Data: 417).
- 

Two relationships between nursing and caring are suggested by the data contained in data display 10.3.2.2.2. namely:

- entering nursing with a certain concern about caring for others, in which instance this

concern is enhanced by involvement in nursing actions; and

- entering nursing *without* a concern about caring for others, however, such a concern is kindled through involvement in nursing actions.

The former relationship, entering nursing with some concern about caring for others, in a way equates to Van der Wal's notion that professional nursing embraces a lay caring<sup>49</sup> component. In this instance James (1992:504) points out that the real challenge is not just to recognise emotional labour and its significance as a component of care, but to build upon the emotional labour which is already part of our health care system without destroying or *commercialising* the social fabric upon which it depends (lay caring), the only natural source of caring available to the caring professions (Pepin 1992:128).

The latter relationship, entering nursing *without* a concern about caring for others, is in contrast to many authors' views that neophytes enter the nursing profession because of their caring orientation (Chapman 1983; Morrison and Bernard 1997:12). It is at this point also interesting to note that according to Nelms et al. (1993:21) students also learn about caring in and from uncaring circumstances. Taking into consideration the number of erosive factors in the maintenance of a caring concern<sup>50</sup>, it is quite remarkable that informants maintain that nursing practice and the practice environment still serve to kindle their caring concern. In this instance Watson's (1985: 33) remark applies, namely that caring preserves a common sense of humanity and even *teaches us how to be human by identifying ourselves with others*. Nursing thus presents the individual student as care-giver with many opportunities to identify with others; to become aware of one's own vulnerability and humanity. It is this awareness that also assists in the maintenance of a caring concern.

#### 10.2.3.2.2.3

##### *Caring cultivates caring*

This self-impregnating nature of caring also deserves the definition of *conservation of caring*. Data display 10.3.2.2.3 contains statements exemplary of this aspect in the maintenance of a

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<sup>49</sup> See paragraph 3.2.1.3.2 and table 3.2.

<sup>50</sup> See data display 10.2 (series 1-9)

caring concern.

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**DATA DISPLAY 10.3.2.2.3**

**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**

**CATEGORY 2: INTERNAL FACTORS IN THE**

**MAINTENANCE OF A CARING CONCERN**

**#2.3: CARING IS SELF-SUSTAINING**

**CARING CULTIVATES CARING**

---

● **Involvement in individual caring encounters**

- It (caring) makes me care more for people (Data: 65).
- The way I handle certain caring situations (successfully) encourages me to continue caring (Data: 134).
- I cultivate caring through caring (Data: 191).
- Caring cultivates better observation, perception and intuition which in turn maintains a caring concern (Data: 6).
- "I must fill a glass of water to drink from it" (Data: 13).
- The feeling that I experience when caring and the patients' sensing this, inspires me to care more (Data: 229).
- The more I am being caring the more caring I become (Data: 286).
- The more I am exposed to the experiences nursing provides, the more skilled I become in detecting which patients needs caring more (Data: 296-297).
- Caring generates caring. Sometime I need to hold back on caring, however, once I allow myself to care about someone, it is as if caring escalates (Data: 363).
- It is a bad thing (terminal illness and inevitable death). I feel so helpless; powerless. However not as helpless as in that (initial) situation. This is a helplessness I can overcome by becoming more caring and involved (Data: 463).

● **Caring culture**

- I feel that caring is a group effort and that the group members should be caring among themselves to sustain a caring concern (Data: 193).

● **Self-care**

- If I do not care for and about myself, I cannot care for (and be caring towards) others. Everything starts with me (Data: 232).

● **Tradition of caring**

- Patients often remind me of other patients I cared for earlier. All the caring I rendered to, and had for those patients, together with that which I share with my present patients comes together and forms this huge caring experience (Data: 285).
- 

The self-maintenance of caring takes on four dimensions namely:

- personal involvement in individual caring encounters with others (patients);
- the establishment of a culture of caring (a caring milieu);
- self-care; and
- a tradition of caring.

The verity that caring cultivates caring in a sense implies the recycling of caring (Hyde 1976:2); how self-renewal of care-givers comes about. As Watson<sup>51</sup> stated, the only way to cultivate caring in students is to allow them to be caring.

### 10.2.3.3

#### **Theme 3: Category 3: Strategies for advancing caring**

In this category, strategies for advancing caring and the caring concern, the emphasis moves from the intra personal, the self, in the maintenance of a caring concern to the actions taken to maintain that concern; to advance caring. Taking into consideration the diffuse nature of caring, and the fact that caring cultivates caring, the importance of strategies to advance caring and creating opportunities for caring, becomes apparent. Data display 10.3.3 gives an overview of the category *Strategies for Advancing Caring* under the theme *Factors in the Maintenance of A Caring Concern*.

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**DATA DISPLAY 10.3.3**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 3: STRATEGIES FOR ADVANCING CARING**  
**OVERVIEW**

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- Personal strategies (Data display 10.3.3.1)
  - Situational strategies (Data display 10.3.3.2)
  - Sharing caring (Data display 10.3.3.3)
  - Strategies for advancing caring globally (Data display 10.3.3.4)
  - Students' concern about caring (Data display 10.3.3.5)
  - Strategies for feigning caring (Data display 10.3.3.6)
- 

#### 10.2.3.3.1

##### *Personal strategies*

Personal strategies in the advancement of a caring concern involve ways in which the individual care-giver goes about maintaining caring. These strategies are initiated by the care-giver and the care-giver is the only person involved in these strategies. As such, these are *internal* strategies, however, with perceived external outcomes. Some of these strategies involve the deliberate

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<sup>51</sup> Dean Jean Watson, Centre for Human Caring, University of Colorado, Denver, Colorado, USA. In personal conversation September 1996.

exercising of personality traits such as patients and clemency. Data display 10.3.3.1 contains statements composing this category.

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**DATA DISPLAY 10.3.3.1**

**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**

**CATEGORY 3: STRATEGIES FOR ADVANCING CARING**

**#1: PERSONAL STRATEGIES**

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• **Patience**

•When patients make me angry, I have patience with them and forgive them (Data: 66).

•What I do (when patients are aggressive) . . . I am patient with them (Data: 66).

• **Clemency (forgiveness)**

•(In the caring situation) I ask myself: "Why can't I forgive that person, and sort things out. Sort it out . . ." (Data: 66).

•When patients make me angry, I have patience with them and forgive them (Data: 66).

•(I maintain a caring concern) by returning to patients (who have angered me) and by not harbouring negative feelings towards them (**personal purity**) (Data: 150).

• **Body language**

•"I try to make my face clear to the patient; not to show my dislike" (Data: 74).

•If I always have a sour face this will reciprocate dislike (Data: 74).

• **Deliberately trying to like the patient/Introspection**

•When I feel that I do not like a patient, I try to find out why I do not like the patient. I try to socialise with that patient and to associate with him. Maybe I will see why I dislike that person (Data: 74).

• **Prioritising**

•If I have an overload of work, I sort it out, to find the ones who need caring most to attend to them first (Data: 79-80).

• **Keeping some distance**

•I must keep some distance . . . if not, I will take more of the patients' problems into me . . . I will lose my caring concern altogether (Data: 84).

•I feel . . . that I should not become too involved (Data: 192).

•I differentiate between being professional and becoming personal (familiarity). I observe the patients' reactions to determine how far I can go. I also have an intuition regarding this (Data: 9).

•I must maintain a certain distance from the patient. Maintaining a certain distance is determined by an inner feeling - when patients become too familiar with me (I am alerted) (Data: 35).

•I learned not to be completely sympathetic but more empathetic. I do pity patients, however, I keep my distance. I don't know how, but I have learned to do it (Data: 352).

•If I should cry over everybody that die, I shall land up in Denmark (Data: 462).

• **Existential reorientation/ Questioning meaning**

•I sometimes ask myself: "What am I doing here?" Questioning my decision to become a nurse makes me realise that I am not always happy here. However, I also realise that each vocation has its advantages and disadvantages. I realise that feeling negative is just a phase I go through (Data: 119-121).

• **Positive future perspective/Chosen attitude/Hopefulness**

•It (these ups and downs) is definitely not going to last my whole career (Data: 122).

•As time goes on, I am going to get better (at handling ups and downs) (Data: 122).

•I believe that my caring concern will grow as my professional life progresses (Data: 135).

• **Cognitive skills**

•**Intuition** enhances my caring ability (Data: 6).

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- **Humour**

- I like telling a good joke without being banal or creating familiarity. This eases the situation and caring can take place (Data: 8).

- **Avoidance technique (certain situations and patients)**

- I avoid such situations (where I just do not like the patient) by not giving extra of myself . . . in order not to create a situation which I cannot comply with and which I may regret later. I still do not wish to harm the patient. I do this for the benefit of both the patient and myself. By doing this, I actually show caring towards the patient (Data: 143-144).

- Keeping your distance (from people with totally incompatible personalities) actually means caring for those people (Data: 153).

- **Positive self talk**

- I need to remind myself more often that I have the self confidence to involve in caring acts (Data: 185).

- I tell myself that I can do things. I can be as good as others. I only need to persevere (Data: 239).

- **Gathering fond memories**

- The more warm feelings I gather the happier I am and the more caring I become (Data: 275).

- I gather memories/ recollections. To me this is what really matters in the end. At this moment in time, most of these memories and recollections are about patients. This is what it is all about. These memories/ recollections contain all I see and hear. It reminds me of specific patients. Not that I typify patients. Each patient is an individual and if one patient disappoints me I am not going to expect it from the following patient as well. However, often one sees resemblances. Together, these fond memories and recollections in the end forms a single global warm feeling (Data: 293-295).

- **Not generalising the negative**

- Each patient is an individual and if one patient disappoints me I am not going to expect it from the following patient (Data: 293-295).

- **Employing a positive attitude**

- I cannot remember only the negative things. It makes me completely negative. The positive things that I remember balance this out (Data: 31).

- **Accepting the negative/ambiguity/tolerance**

- If I cannot learn to live with the negative aspects of nursing, I shall not be able to persevere. I always try to motivate myself positively (Data: 239).

- **Introspection and reflection**

- We do not always realise that we care. It was only that once I had to reflect on my feeling (giving an experiential description for the purpose of this research) that I realised it (Data: 243).

- **Empathy/Understanding**

- I sometimes feel somewhat uncomfortable with some patients. I then usually try to place myself in the patient's shoes (Data: 316).

- I care for others because I can imagine what it must feel like to be ill (Data: 444).

- **Becoming more selective**

- Since my first year, I did not really lose my caring concern. I am only more capable of detecting where it is really needed and necessary. I can distinguish better. In my first year I wanted to care for (satisfy) all equally. It became bad. Later on I came to notice who really need caring. I did not really lose it. I only use it more selectively. Being selective helps maintaining my caring concern (Data: 350-351).

- **Speaking out**

- If I do not say anything about colleagues' slackness I will become like them and will not care any longer (Data: 421-422).

- **Restraint**

- I guard myself against becoming emotionally blunt by reminding myself that there is more to life than having my own needs satisfied immediately (Data: 467-468).

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• **Preventing being exploited**

- I protect my caring by seeing to it that it is (I am) not being misused (Data: 276).
- The longer I am in the profession the more easily I can detect when a patient misuses me (Data: 276).

• **Paradoxical strategy**

- By not showing caring in the traditional sense (towards certain psychiatric patients exploiting caring) I actually show my concern and caring. I think this really means being *cruel to be kind*. It is this contradicting situation. By not being present I am best represented (Data: 282-283).
  - This stagnation (in caring) is necessary to cope. I feel somewhat guilty if I become/react uncaring, or if I did not care the day. I need to rectify the situation by doing more the following day. This way my caring takes an upturn again (Data: 418).
- 

The most central impression gathered from the data contained in data display 10.3.3.1 is that of maintaining *connectedness*; of being connected and keeping that connection even though this might demand occasional temporary disconnection. The strategies employed to maintain this connectedness, is succinctly contained in the subcategory (strategy) of *positive self-talk*. As Baron (1990:17) states, the basic idea is: *I am what I think I am*. The *thinking of self* by informants is specifically reflected by strategies such as exercising patience, clemency, and tolerance, and by doing introspection, questioning the meaning, being hopeful, not generalising the negative and the like. The words we say to ourselves have an enormous impact on how we feel about ourselves (Baron 1990:17). If one changes the way one thinks and talks about oneself, one learns the language of self-nurturing instead of self-criticism. Wells-Federman (1996:18) also points out that when one acknowledges the mind-body connection and learns that there is a relationship among thoughts, feelings, behaviours, and physiology, healing can occur. In this regard some of the *avoidance* and *escape* strategies become important. The healing Wells-Federman refers to, in the present research, implies an ongoing process of reorientation; of growing and of maintaining a caring concern.

More pertinently, patience as a factor in maintaining a caring concern is mentioned by Beck (1993:29) and Mayeroff (1971:9). Empathy again is important as empathy determines the amount of caring we are able to give (Batson 1990:338).

#### 10.2.3.3.2

#### *Situational strategies*

Situational strategies, although initiated by the care-giver, involve actions external to the care-

giver. Data display 10.3.3.2 reports on these strategies.

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**DATA DISPLAY 10.3.3.2**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 3: STRATEGIES FOR ADVANCING CARING**  
**#2: SITUATIONAL STRATEGIES**

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- **Extending self through colleagues**

- If I lack skill in a certain area, I will ask someone else to help me and to show me how to do it (Data: 188).

- Whenever I lack knowledge and skills I get someone who is knowledgeable to help me, to serve as an extension of myself (Data: 32).

- Whenever I encounter a patient with whom I really cannot get along I usually look at the staff allocation to someone who might be more able to care for that patient. I change with that colleague, without the patient becoming aware of it. By so doing I positively show my caring towards that patient too. I extent myself through colleagues. Others may, however, not see my reaction as caring (Data: 503-504).

- **Administrative arrangements**

- *Working hours*: Well spaced working hours definitely helps me to maintain my caring concern (Data: 9).

- *Lenience and discipline*: Should they (administrative staff) be more lenient I would be more positive en willing to work harder (Data: 24).

- **Patient education**

- If only patients could learn to accept caring. By helping patients to accept our caring it will be much more pleasant to us (Data: 29).

- **Compromise**

- If caring is unacceptable to my superiors, I sometimes aim only at maintaining peace. I *compromise*; take the golden middle way. This, however, does not make me happy because I cannot really live my caring concern, however, I do keep the one in charge happy (Data: 274).

- **Technological assistance**

- Technology leaves me with more time to care for my patients (Data: 467).

- **Soothing situations:**

- Then I am annoyed with a patient, I tell him so, in a civilised manner. Not fight with him. We can talk about it. Then I know where I stand. If not, I won't want to enter his room, or to enquire about him (Data: 320).

- **Strengthening relationships**

- When my colleagues anger me, I ask myself: "With whom am I going to work if I am angry with them?" (Data: 66).

- Having good relations with my colleagues improves my caring concern for patients (Data: 66).

- **Talking to patients**

- What I do (when patients are aggressive) I just talk to them (Data: 74).

- I think that conversation is important in maintaining caring and soothing situations (Data: 13).

- **Leaving patients alone/Allowing patients time to reflect/appealing to reason**

- If talking to (aggressive) patients does not help, I usually leave them alone to think things over (Data: 68).

- **Reassuring patients/Appealing to patient's understanding**

- I explain to patients whom I "neglect" what the situation (workload) is (Data: 68).

- **Acquainting self with patient/Creating an ambience**

- I sit and listen and talk to patients (Data: 111).

- It is there, in the depth of the situation (that I get close to my patients) (Data: 111).

- I need time to sit down and talk to my patients (to combat the negative effect of time constraints) (Data: 128).

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The dominant notion gathered from the data contained in data display 10.3.3.2 is that of maintaining good *interpersonal relationships*. These are maintained both by getting involved with some patients and by circumventing others. Especially interesting is the suggestion that patients should be educated to accept the caring extended towards them.

#### 10.2.3.3.3

##### *Sharing the experience of caring*

Sharing caring as a strategy for the advancement of caring and the maintenance of a caring concern relates to some inter personal strategies (as compared to the more intra and extra personal strategies preceding this category). Paterson and Crawford (1994:169), like Watson (1990a:20), see the *invisibility* of caring practices as a constraint to advancing caring. As long as caring practices remain hidden or invisible, they will not be identified by faculty and students. Therefore, they cannot be learned (Tanner 1990b:71; Roberts 1990:68). Sharing these experiences become imperative.

Data display 10.3.3.3 contains statements to this effect, with sub categories: creating a caring milieu, story telling and discussing nursing issues (problem solving).

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#### DATA DISPLAY 10.3.3.3

#### THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN CATEGORY 3: STRATEGIES FOR ADVANCING CARING #3: SHARING THE EXPERIENCE OF CARING

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##### ● Caring milieu

- I feel that caring is a group effort and that the group members should be caring among themselves to sustain a caring concern (Data: 193). (Created by students)
- However, I think it is necessary for sisters in charge to expect of us (me) to be caring (Data: 349).

##### ● Story telling

- Through story telling we identify with each other as (caring) colleagues (Data: 137).
  - By sharing experiences I am also able to modify and improve my reactions and to decide how to handle experiences not yet encountered (Data: 137).
  - Telling each other what we did for patients and what we gained from that strengthens my caring concern (Data: 128).
  - If I have nothing to contribute, to share with others regarding caring, I will think: "I have not had this experience. Maybe I should look what is in it for me" (Data: 128).
  - We do not always realise that we care. It was only that once I had to reflect on my feeling (give an experiential description) that I realised it (Data: 243).
  - If someone tells me how it feels to be caring I would probably also like to experience that feeling. It would help maintaining caring . . . talking about it (Data: 243).
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• **Discussing nursing issues/Problem solving**

- We talk about practical issues through which one can detect that a person cares. We talk about what happens to patients (Data: 327)
  - We (students) often talk about physical care. This is done in that way . . . etcetera (Data: 363).
  - Often, when talking to colleagues, I gather input from them on how things are done. It helps me understand certain things that are unclear to me, mistakes that I might have made (Data: 466).
- 

A caring milieu, in this instance, points towards an environment in which the students can learn, experience, and *do* caring. Naturally this involves caring towards patients, however, the focus is on the student nurse as care-giver. In this regard, Westorick (1991:135) states that it is about an arena that not only promotes and holds the nurse accountable for caring services, but also, and more importantly, facilitates, guides, and encourages the development and practice of those caring services unique to nursing. This is also partially defined by Sheston (1990:111) as:

an evolutionary interpersonal process between a nurse and a nursing student. The process incorporates experiences of caring interactions and transactions in a shared existential phenomenological field called nursing education.

The effect a caring milieu has on its dwellers is confirmed by the category on the self-sustaining and self-impregnating nature of caring<sup>52</sup>.

Story telling has existed since the dawn of human history as a powerful form of communication (Sarosi and O'Connor 1993:30). Telling one's story about caring and being caring is a way towards uncovering hidden caring (Roberts 1990:68). In bringing the nursing (caring) situation to life through story telling, students are enabled to participate in the lived experience of fellow students (Boykin and Schoenhofer 1991:246).

According to Picard (1991:90), a story is an ongoing narrative of events - a history - that includes the meanings a particular person gives to events. A story includes a person's interior and exterior landscape. Telling one's story in fact means *bearing witness* of a situation. This bearing witness is akin to bearing witness in one's religious life. It is thus not surprising that telling one's story, including one's caring story, can have a healing effect (Picard (1991:92). This, naturally, is

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<sup>52</sup> See paragraph 10.2.3.2.2 and data displays 10.3.2.2 (series 1-3).

important to maintaining a caring concern. Through telling their stories of caring, students can be encouraged to envision themselves as participants in a long chain of caring, rich in history. This could foster a sense of belonging, and a sense of personal history which in turn could strengthen the caring ideal within the individual student nurse as care-giver.

Some comments made by research subjects in a study conducted by Sarosi and O'Connor (1993:36) on the use of storytelling in nursing, which has bearing on the quest to maintain a caring concern, include that: story telling makes an immediate connection with others; it provides affirmation, valuing, and renewal of the narrator as care-giver; and it builds interconnections and helps those involved to see the *good stuff*.

By sharing nursing problems one experience with others, in a sense, represents the maintenance of a caring concern through collegial (human) supports systems<sup>53</sup>. The difference between telling the story of caring and discussing problems and problem solving is the same as that which exists between *nursing situations* and *case studies*. According to Dr Ed Freeman<sup>54</sup> the nursing situation is the nursing and caring counterpart of the case study. The nursing situation encompasses the case study but is made different by adding personal feelings and responses by those involved in the situation. Nursing situations typically begins with dialogue, not with pathology. Although bare bones are important, they miss something very importantly; the human condition. The case study starts with the patient and pathology but not with nursing, whereas the nursing situation starts with a call for caring. Further, where the case study "gets out the facts" the nursing situation focuses on personal emotional involvement. This difference is also apparent between the data content of the sub category *story telling* and *problem solving*.

#### 10.2.3.3.4 *Strategies for advancing caring globally*

The advancement of caring globally, and the next category on students' concern for, and about, the phenomenon caring are rather a revelation and are experienced by the researcher as one of the most positive (hopeful) findings of the present research. The advancement of caring on a more

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<sup>53</sup> See data display 10.3.1.1.

<sup>54</sup> In personal conversation. September 1996, Florida Atlantic University, Boca Raton, Florida, USA.

global scale implies the expansion of the caring doctrine. It is allied to creating a caring milieu<sup>55</sup> to sustain and maintain caring. Data display 10.3.3.4 contains the details.

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**DATA DISPLAY 10.3.3.4**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 3: STRATEGIES FOR ADVANCING CARING**  
**#4: STRATEGIES FOR ADVANCING CARING GLOBALLY**

---

- Talk to people and tell them the importance of caring. I think that if they realise this importance, they will care. I will state examples from my own experiences of having been caring (Data: 87).
  - To enhance and promote the concept caring (in the profession) one should become more involved (Data: 11).
  - I am not caring in the work situation only (Data: 296).
  - I consider becoming a lecturer in the clinical field - a clinical specialist. I wish that students would learn something about caring from me (if at all possible) (Data: 358-359).
  - Children in hospital learn, by being cared for, that everybody (whites) is not the same. I think that in future this can make a tremendous difference (Data: 456).
  - Reaching my goals for caring motivates me to become even more caring towards people because that person is going to reach other people. It is like a grapevine (Data: 460).
- 

#### 10.2.3.3.5

##### *Students' concern about caring*

Students' concern about caring, as indicated previously is regarded as a very positive and hopeful outcome of the present research. However, like the erosive factors<sup>56</sup> in the maintenance of a caring concern, the reasons for students' concern are distressing. Data display 10.3.3.5 contains statements compiling this category on students' concern about caring as a factor in the maintenance of a caring concern.

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**DATA DISPLAY 10.3.3.5**  
**THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN**  
**CATEGORY 3: STRATEGIES FOR ADVANCING CARING**  
**#5: STUDENTS' CONCERN ABOUT CARING**

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- What really disturbs me is that one has to sacrifice one's caring if one wishes to advance in nursing. Those people who are caring are the ones that stay on the lower levels of the hierarchy. The system chokes caring out of you (Data: 504-505).
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<sup>55</sup> See data display 10.3.3.3.

<sup>56</sup> See paragraph 10.2.2 and data display 10.2 (series 1-9).

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- It seems as if all the knowledgeable people leave the physical caring scene to become lecturers, doctors; anything but to care physically (Data: 358).
  - It is as if people with the necessary knowledge leave the profession (Data: 358).
  - It is of some concern; the first year students just seem not to have it any longer. Or perhaps they do have it but with each intake it seems a bit less and less (Data: 359).
  - Students start nursing at the age on 18-19 years and they are exposed to situations for which they are not at all prepared. It is very difficult to talk to them about caring (Data: 483).
  - There must be a nursing philosophy, however, pasted against the wall, it means nothing. It must be from the heart (Data: 499).
- 

Although knowledge is often mentioned, it must be kept in mind that knowledge and skill are essential to avail one's caring to others<sup>57</sup>.

### 10.2.3.36

#### *Strategies for feigning caring*

Naturally, if something has to be feigned, it is absent from that situation. The same is true about caring. However, feigning caring and a caring concern in situations where these are not present, does leave the situation with *better* interpersonal relations which could advance future caring, or at least, it does not cloud the present situation to the extent that future caring encounters are disadvantaged by the present one. Data display 10.3.3.6 bears evidence of the feigning of caring to (later on) advance caring and the caring concern.

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#### DATA DISPLAY 10.3.3.6

#### THEME 3: FACTORS IN THE MAINTENANCE OF A CARING CONCERN CATEGORY 3: STRATEGIES FOR ADVANCING CARING #6: STRATEGIES FOR FEIGNING CARING

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- **Sanctimony**

- In the presence of patients I do not like, I do not show that I do not care. However, outside I would vent my spleen. A bit sanctimonious. I just do my job as expected of me. I do not do anything extra. I do my work because if I do not, I would be considered being uncaring (Data: 35).

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<sup>57</sup> See paragraph 10.2.3.2.1.9 and data display 10.3.2.1.9.

## 10.2.4

## THEME 4: CORE EXPERIENCES

Theme 4, the final major theme, contains two core experience in caring namely an *aesthetic experience (feeling good)* and *suffering*. Data display 10.4 gives an overview of this theme.

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**DATA DISPLAY 10.4**  
**THEME 4: CORE EXPERIENCES**

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- Aesthetic experience (Data display 10.4.1)
  - Suffering (Data display 10.4.2)
- 

The presence of these two divergent experiences within the caring context is captured by Bevis (1989a:31) in stating:

Compassion, caring, loving, pain, hope, suffering, wonder, and excitement are human experiences that occur daily to the vulnerable persons that are our clients and to the nurses giving care to those vulnerable persons.

## 10.2.4.1

**Aesthetic<sup>58</sup> experience (Feeling good)**

*Feeling good* is the experience most often articulated by students during the interviews on the maintenance of a caring concern. It would seem that, in addition to all other reasons for caring, benefits derived from caring, and ways in which the caring concern is maintained, the experience of *feeling good* is the most universal factor in the maintenance of a caring concern. However, no student could describe what this *feeling good* actually entailed. Thus, *feeling good*, also revealed a major methodological issue namely *alexithymia*<sup>59</sup>. Words that describe the experience of feeling good include: *a warm feeling*, *it just feels good* and *it is nice*. Data display 10.4.1 contains more examples.

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<sup>58</sup> According to *The Concise Oxford Dictionary*, *aesthetic* refers to the appreciation of the beautiful.

<sup>59</sup> See data display 7.3, paragraph 7.8.5.2.

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DATA DISPLAY 10.4.1  
THEME 4: CORE EXPERIENCES  
CATEGORY 1: AESTHETIC EXPERIENCE/FEELING GOOD

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- It gives me a feeling of encouragement, of satisfaction, that makes a difference (Data: 137).
  - Caring makes me feel good (Data: 188).
  - It is nice (Data: 89).
  - The acknowledgement that I get from others is not as important as feeling good (Data: 196).
  - I feel good when I care. I feel I have achieved something (Data: 7).
  - Feeling good is not about the acknowledgement that I get from patients (Data: 7).
  - Caring is just *lekker* (Data: 7).
  - Feeling good results in me not getting up in the mornings and going to work because I must, but because I want to (Data: 8).
  - I enjoy the work (caring). It is nice (Data: 23).
  - Caring is, just nice. It makes me a more complete person (Data: 34).
  - I enjoy caring for patients (Data: 228).
  - I always get something from my caring. It leaves me feeling good; not that it boosts my ego, but it gives me a warm feeling (Data: 275). (Also see note on Data: 297)
  - Caring is nice (Data: 389).
  - Feeling good makes me feel that I am *important* (I count). I mean something to someone else. *I am worth the effort*. I am okay. I relate my being worth the effort and feeling that I count for someone to my work satisfaction (Data: 405).
  - I did not initially wanted to become a nurse. However, *that feeling* when working with people makes it absolutely worth my while (Data: 407).
  - Caring makes me feel good (Data: 419).
  - It feels so nice and it means so much for them (patients) too (Data: 443).
  - It (caring) is nice (Data: 444).
  - It is difficult to describe. I feel good. I feel I mean something to someone. Maybe the Lord will be proud of me (Data: 457).
  - It (feeling good) makes me feel like a new person. I grow (Data: 457).
  - It makes me feel that I am not just here, I (really) exist. It gives meaning (to life) without which it is nothing (Data: 458).
  - Caring makes me feel, I won't say important, but that I mean something (Data: 464).
- 

In Smith's (1992a:55) research into the aesthetic experience in a caring presence, informants gave the same expressions for this indescribable experience of *feeling good*. These include: *feeling warm and good, feeling truly satisfied, rewarding, and the like*.

Caring is a human experience grounded in aesthetic qualities. Aesthetic experience and knowing are also the art of creating beauty in nursing practice (Smith 1992a:53). Beauty in turn is defined by May (1985:20) as:

... the experience that gives us a sense of joy and a sense of peace simultaneously. Other happenings give us joy and afterwards a peace, but in beauty these are the same experience. Beauty is serene and at the same time exhilarating; it increases one's sense of being alive.

According to Smith (1992a:54) the caring presence implies extending self to go beyond the ordinary to be completely immersed in an intense process with another. As an aesthetic experience, the occasion is remembered with fondness and fulfilment. As two informants said during the present research<sup>60</sup>:

- The more warm feelings I gather the happier I am (the more caring I become) (Data: 275).
- I gather memories/ recollections. To me this is what really matters in the end. At this moment in time, most of these memories and recollections are about patients. This is what it is all about. These memories/ recollections contain all I see and hear. It reminds me of specific patients. Not that I typify patients. Each patient is an individual and if one patient disappoints me I am not going to expect it from the following patient. However, often one sees resemblances. Together, these fond memories and recollections in the end forms a single global warm feeling (Data: 293-295).

The aesthetic experience and feeling good are also related to job satisfaction. Two informants expressed this as follows:

- Feeling good is to **enjoy my work**. It is part of my job **satisfaction** (Data: 7).
- I get my **job satisfaction** from the feeling of having meant something to someone through caring (Data:144)

The importance of an aesthetic experience in the maintenance of a caring concern becomes evident in May's (1985:33) words that, with the experience of beauty comes a sense of unity *which transcends , however temporarily, the grim paradoxes of life*.

#### 10.2.4.2

##### **Suffering**

This category is rather dissociated from the rest of the data presented in this chapter. However, the researcher just felt that he had to share this with the reader. The category is based on intersubjective observations the researcher made during interviews, and on an awareness that grew within the researcher during interviewing informants and the long process of data analysis and the intense involvement with the data. The detached nature of this category consequently allowed the researcher more theoretical freedom. To genuinely comprehend the nature of suffering involved in losing caring, the reader is advised to read this section in conjunction with

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<sup>60</sup> See personal strategies in maintaining a caring concern. Data display 10.3.3.1.

the Individual Psychological Profile #9<sup>61</sup>.

The question can duly be asked: Why *suffering* and not *burnout*? As Harrison (1990:125) points out, burnout is the loss of human caring. The reason is that burnout is mostly considered as pathological in nature. This is not completely congruent with the philosophical anthropology and the existential moments underlying the present research. *Suffering*, on the other hand, is an existential human condition, and is as such inescapably human (Starck and McGovern 1992:25). Consequently, it cannot be defined as pathology. The usage of the word *suffering* is thus by no means intended to give a dramatic flair to this category.

Data display 10.4.2 contains data on the loss of caring.

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**DATA DISPLAY 10.4.2**  
**THEME 4: CORE EXPERIENCES**  
**CATEGORY 2: SUFFERING**

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- I do not think that one realises what being caring means to you until it has been stolen away from you. Stress takes caring away from you against your will (Data: 133).
  - I feel **cheated** once I start losing my caring feeling and become aloof towards my patients (Data: 293)
- 

The experience of suffering in losing caring also becomes clear if one looks at the nature of suffering. According to Cassell (1992:3-10) suffering has the following attributes:

- *Suffering is distinct from pain*: It is the state of distress induced by the threat of the loss of intactness or the disintegration of personhood (Cassell 1992:3). Based on the foundational definition of Care as the essence of being, and caring as care directed in an ethical direction<sup>62</sup>, the loss of caring (the mere frustration of a caring concern) could lead to suffering.
- *Suffering is personal*: As a consequence of its relationship to the parts of the person, suffering is ineluctably (inevitable) individual (Cassell 1992:3).

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<sup>61</sup> See Chapter 9, profile 11, paragraph 9.2.11.

<sup>62</sup> See paragraph 1.3.

- *Suffering involves the future:* The future onto which the suffering is projected must contain an idea of the person's identity. The identity must have arisen in the past and be cohesive from the past through the present and into the future (Cassell 1992:4-5). In this instance the importance of the ideal self and the ethical self based on caring, become pertinent<sup>63</sup>.
- *Suffering involves the loss of central purpose:* It can happen that attention to the source of suffering can so decentralise purpose that the whole person becomes threatened not only by the disease or distress, but by the loss of central purpose (Cassell 1992:5). For the devoted care-giver, the individual who defines self as a caring person- one who wants to care- the loss of that caring concern (through whatever way or for whatever reason) is the loss of central purpose. It is a loss of self.
- *Social dimensions of suffering:* The social nature of suffering is highlighted by the isolation imposed by suffering. Suffering forces the sufferer to focus on the source of suffering and to withdraw from the world of others (Cassell 1992:6). In this instance informants reported that as soon as their caring concern becomes impaired isolation from patients steps in<sup>64</sup>. In severe cases this may lead to impaired collegial relationships and attrition<sup>65</sup>.
- *Self-conflict in suffering:* The psychology of suffering is a psychology of self-conflict. Suffering does not solely arrive from the source but also because the integrity of the individual is threatened (Cassell 1992:8). This point returns us to the essence of being; Care, and caring as the ethically virtuous presentation of being. Losing caring results in losing the ideal self and thus personal integrity is shuddered.
- *We are of a piece:* What happens to one part of us happens to the whole and what happens to the whole happens to every part (Cassell 1992:8). Losing the central purpose of caring could also affect the rest of the individual.
- *Transcendence:* Suffering people lose their transcendent connection to the group. We feel them (or their absence) but they do not feel us (Cassell 1992:10). This also returns us to

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<sup>63</sup> See data display 10.3.2.1.7.5.

<sup>64</sup> In this instance informants reported that they stopped talking to patients and no longer did "those little things" for patients.

<sup>65</sup> See Individual Psychological Profile #9, paragraph 9.2.11, Chapter 9.

social isolation, however, at a higher level. This, perhaps, speaks most clearly of *loneliness* on the part of the sufferer.

It is the researcher's conviction that *burnout* is anteceded by a long history of suffering (of even low intensity) without meaning having been attributed to this experience. However, as Sarvimäki and Stenbock-Hult (1992:66) indicate, human suffering need not necessarily be detrimental to the human condition of caring. On the contrary it could be an enlightening experience. This is corroborated by Frankl and forms a major theme in his works (Frankl 1986:106).

### 10.3 CONCLUSION

In this chapter, the analysed data are presented. The concept and phenomenon *caring* is defined in terms of statements made by the informant to contextualise all statements pertaining to *maintenance*. Erosive factors were also identified and listed. The data reveal the importance of *self* in the maintenance of a caring concern. This is in line with the philosophical anthropological model underlying this research.

With regard to the self in the maintenance of a caring concern, internal and external factors involved in the maintenance of a caring concern emerged and were discussed. In addition, two major experiences relating to the maintenance and the loss of a caring concern were identified. These are respectively an *aesthetic experience* (feeling good) and *human suffering*.

The importance of self in the maintenance of a caring concern and the processes involved in this are further elaborated upon in the next chapter.



# CHAPTER 11

## FINAL MANIFESTATION OF THE OBJECT OF INTENTION: RESULT OF THE NOMOTHETIC PHASE: ESSENTIAL PROCESSES INVOLVED IN THE MAINTENANCE OF A CARING CONCERN

*Initially, coding decisions may be quite superficial -  
but later . . . such coding schemes are not superficial, and  
in the light of knowledge gained,  
small pieces of data may have monumental significance*  
(Morse 1997:446)

*The validity of psychological formulations  
of all types and levels rests on  
the precision and comprehensivity with which it refers to  
the immanent structures that essentially constitute  
the phenomenon under study.  
This structure must be internally cohesive and include  
all constituents of the phenomenon expressed  
implicitly and explicitly in the descriptive data base*  
(Wertz 1984:44)

### 11.1 INTRODUCTION

In this chapter the result of the *nomothetic* phase of the data analysis is taken a step further. The researcher returned to the data as presented in chapter 10 with the question: *What accounts for most aspects, if not for every aspect, contained in the data?* Putting this differently, he asked himself: *What maintains all these dimensions of the maintenance of a caring concern at the empiric level? What is the core, the general denominator, the underlying essence, involved?* During this review the researcher also returned to the preliminary manifestation of the object of intention as revealed by the literature review contained in chapters 3 through 5. The reader is also referred to the introduction to Section E for the exact location of the present discussion amidst

the structured presentation of data in chapter 10.

## 11.2

### OVERVIEW OF THE ESSENCE OF THE FINAL MANIFESTATION OF THE OBJECT OF INTENTION

The result of this final contemplation of the essence of the object of intention, the maintenance of a caring concern, stems from the confluence of the *existential trinity*<sup>1</sup> of Care, will, and meaning attribution, the *phronema*<sup>2</sup> of caring, and the *motivational domains* and the *modes of caring*<sup>3</sup>. Because of some overlap of concepts, a preliminary clarification of terms is justified.

Both the *phronema* of caring and the motivational domains involved in the maintenance of a caring concern have *will* as a component. *Knowledge* is not only indicated by the *phronema* of caring, but also serves as content, force and direction for both *will* and *conscience*<sup>4</sup>. Such knowledge is obtained from experience in its broadest sense, including the domains of religion, ethics, the cognitive/scientific, politics (legislation) and, bodily awareness and sensation such as physical states of exhaustion and relaxation. These aspects also influence personal meaning attribution and feelings at any moment in time and in any situation. In addition to this, meaning attribution can also not be divorced from caring itself as it forms an inherent part of caring (Harrison 1990:125). The essence is that all these aspects should be seen for what they essentially are: fluid, all-at-once, interrelated, in dialogue, ever changing and representative of the human condition. Thus, *Care*, *will*, *meaning attribution*, and *conscience*, in dialogue, constitute the individual as thinking, feeling, creative, adaptive, aware, *homo viator*. The outcome of the perceived dialogue among *Care*, *will*, *meaning attribution* and *conscience* is reason (rationality) and intuition. Ultimately, the latter two concepts determine the actions and conduct of the individual and are as such the link between the *phronema* and the *actions* component of caring.

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<sup>1</sup> See paragraph 3.5 and Fig. 3.2.

<sup>2</sup> See paragraph 3.2.1.1 and Fig 3.1

<sup>3</sup> See data display 10.3.2.1.5, series .1 to-6.

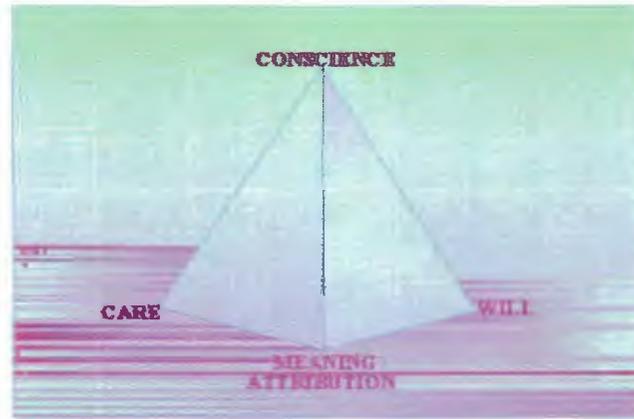
<sup>4</sup> See data display 10.3.2.1.5, series .1 to .6

With pertinence to the maintenance of a caring concern the reader is reminded that the present discussion and elucidation of the final manifestation are value laden. The present research was never intended to be value free. The discussion and interpretation thus depart from, and pertain to, the caring individual, the individual with an alive social responsibility, one that has, within the confines of socio-cultural boundaries and dictates, an appreciation for doing *good*, for what is *right*, for what *ought to* be done. The reader is reminded of this because, the discerning reader might reason that the representation of the essence of the maintenance of a caring concern as explicated in the present discussion is true of all humans, caring and non-caring alike. This is true, but, the difference is mainly, the direction into which Care as the essence of being has been guided. The psychopath maintains his “caring” concern in exactly the same way as the social responsible caring individual, however, his “ethics” (motivation) are quite different.

Before entering into a more detailed explication of the essence of the maintenance of a caring concern, the major components involved in the process of dialogue among the processes of Care, will, meaning attribution and conscience, as the final manifestation of the object of intention, are depicted in figure 11.1 and figure 11.2.



**Fig. 11.1 : The final manifestation of the object of intention: processes involved in the maintenance of a caring concern**



**Fig. 11.2 Three dimensional representation of the final manifestation of the object of intention: The maintenance of a caring concern.**

In the above depictions of the processes involved in the maintenance of a caring concern, the processes of *Care*, *will*, *meaning attribution* and *conscience* are visualised as forming a prism. The (virtual) space created by these processes represents the “space” in which the dialogue among these processes takes place and in which the resulting reason (rationality) or intuition, exists. The coloured background area represents the (virtual) space of human life, of the life-world, or the total experiential field, of the individual. The portrayal depicts an openness between, and a oneness of, *being* and *world* which in combination forms the experiential field or the life-world of the individual. The latter represents all knowledge, feelings, concrete and inanimate objects - *everything*, including the result of thought in terms of the objects derived from the experiential field or which appear to the individual in his or her experiential field. This openness and oneness stem from *Care* (as having something matter) as the interface of, and counter force to, the *potential* space *between* the subject and object. This aspect is deliberated upon further in the next section.

Although the diagrammatic presentation of the dialogue among the processes involved in the

maintenance of a caring concern takes on a structured and structural format, these phenomena (processes) should not be seen as structural components, but as human existence itself, as fluid processes in an all-at-once interrelationship.

### 11.3

#### CLARIFICATION OF THE COMPONENTS INVOLVED IN THE FINAL MANIFESTATION OF THE OBJECT OF INTENTION AS *PROCESSES*

For the purpose of the present discussion, *process* is defined as change. With regard to the maintenance of a caring concern, such change constitutes change within a fluid, ever changing, experiential field of the individual. The processes involved in the maintenance of a caring concern are thus perhaps best described as the maintenance of a *dynamic equilibrium* amidst this fluidness.

As for the discussion of the processes involved in the maintenance of a caring concern, there isn't really a sequence, or hierarchy, following these processes. However, *Care*, as the *primordial state of being*, that is, the fundamental state of "*isness*" (Heidegger, in Steiner 1989:26; 101) presupposes *everything else*. In this instance:

- *caring* stems from *Care*, as *Care* ushered on an ethical path;
- *will* is ontologically preceded by *Care* (May 1969:290);
- *meaning* in life is derived from *Care* as it is *Care (sorge)* that makes human existence meaningful (Heidegger in Steiner 1989:26 and 101); and,
- *conscience* reveals itself as a call from *Care*, a summons to one's ownmost potentiality of being (Heidegger translated by Stambaugh 1996:256).

Also, developmentally, *conscience* enters the arena at a later stage than *will*. *Meaning* also seems to be intimated by caring, will, and conscience alike.

The following discussion of the different processes involved in the maintenance of a caring concern should be read in conjunction with the previous discussion of these processes. Consequently some repetition will occur, however, additional information is also added. With regard to conscience, which has not been discussed previously, the discussion follows the

general structure adhered to previously (See chapter 4 and 5).

### 11.3.1

#### CARE

At this point certain assumptions about *Care* and previous statements on *Care* need to be revisited. *Care* in general, and at the level of a process in the maintenance of a caring concern:

- is the *essences of being*;
- is the *quintessence of existence*;
- implies being *connected*;
- is related to the concept *intentionality*;
- is fundamental to *constituting* a life-world;
- is *shear infinite potential* ; and
- is *not* to be confused with *care in a procedural* sense.

*Care* as being *connected*, as making *the* connection, intimates intentionality which in turn professes *Care* as the essence of being and quintessence of existence. As intentionality, *Care* is an epistemology, a way of knowing reality. As Heidegger put it, *Care* is constitutive of our world (May 1969:228). It carries the meaning of reality as we know it. Without *Care*, there is no existence, no being, and consequently, nothing to be caring towards and nothing to maintain. Existence itself is, in the absence of *Care*, non-existent.

As a process, *Care* operates in the *potential* (virtual) space between subject and object. It represents the ongoing interface (*the* connection) *between* the *subjective* and the *objective*. *Care* can only operate in this *potential* space; that is, space that is only potential but not actual. *Care* as the interface between subject and object thus counteracts the *realisation* of this potential, the actual space or separateness of the subject and the object. For, once this potential is realised, the interface *Care*, is devastated and existence non-existing. The realisation of this potential, the actualisation of the separation between subject and object, is thus *counter existential*, and artificial. It is artificially forced, and anomalous, by false argument such as total objectivism, determinism and positivism, or total subjectivism on the other hand. *Care* as interface *potentiates* the constitution of a life world. As such, *Care* is intentionality and as intentionality, it is

instrumental<sup>5</sup> to, intricately interwoven with, and intimately implied by, a phenomenological dialectic and dialogue between the subject and the object<sup>6</sup>. To reiterate, this dialectic is essentially a dialectical argument between *objectivism* and *subjectivism* as explained by Meyer, Muller and Maritz (1967:132-133). The basic argument is that the individual (subject) is subjected to restrictive factors and not to determinative factors. With this argument both anthropological determinism and indeterminism are invalidated. From this philosophical point of view, the individual becomes both subject and object. However, the phenomenological dialectical argument does not negate the existence of an objective reality apart from the individual. It supports the individual's constitution of meaning of such a reality. Reality does not consist of a collection of objects which exist independently of the individual, nor does the individual autonomously generate knowledge or a reality. Whatever the individual thinks, that is, whatever appears to be real to the individual, is directed to, or is about, an objective *something*. Thus, although the objective realm restricts the individual's thinking, it does not determine what the individual will think about any object. According to Luijpen (1969:85), even in *existential-phenomenology* it is impossible to *conceive subject and world divorced from each other* (with complete emphasis on the subjective). This is corroborated by Frankl (1969:51) who states that there is no such thing as cognition outside of the polar field of tension established between object and subject.

### 11.3.2

#### CARING

As soon as the subject/object relationship (*Care* for that matter) hints at the involvement of norms and values, *caring* is constituted. *Caring*, is consequently not merely the present continuous form of the verb "to care" but a collective noun representing a whole array of humanistic and humane tenets as well as ethical and moral concepts and principles, and has a verbal (action) implication. By definition then, caring constitutes *Care* ushered in an ethical moral direction within the confines of existing socio-religious and cultural norms, values, and the like.

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<sup>5</sup> *The researcher apologises for the use of grossly inadequate words to describe this most intimate of human conditions.*

<sup>6</sup> *See paragraph 2.3.*

Although, caring is constituted as soon as there is a hint of norms and values being involved in *Care*, it is a long way off professional nursing caring as proposed by the present research. At first, caring is established as lay caring with all the generic attributes of caring. It is only at a later stage, when the individual takes up a vocation, that this lay caring becomes the foundation for the development of professional (nursing) caring. It is mainly through the expansion of the knowledge component of the phronema of caring through scientific knowledge, skills and professional socialization that this transformation takes place. This has been discussed previously<sup>7</sup>.

At this point we have to pause at another philosophical point in order to distinguish between *Care* and caring. This entails the questions of *existence* and *essence*. Following Sartre (1973:26), *existence* precedes *essence*. According to Kneller (1971:72) this existential tenet implies that:

... first of all man exists, turns up, appears on the scene and, only afterwards defines himself. Not only is man what he conceives himself to be, but he is also what he wills himself to be ... (Kneller 1971:72).

*Existence*, as infinite potential, in the present argument resembles, or portrays, *Care*. *Caring*, however, is that which the individual *wills* himself to be. That with which he or she identifies self and compromises self with. *Caring*, by *will*, choice, and personal value orientation, becomes the *essence* of self in the caring individual - the *being* care-giver<sup>8</sup>.

### 11.3.3

#### MEANING ATTRIBUTION

Meaning in human life is relative, or more precisely, unique, in that it is related to a specific person who is entangled in a specific situation (Frankl 1969:54). Consequently, there is no universal meaning *in* life, or *of* life - only the unique meaning of the individual's situation. It is, however, also true that among these situations there are situations that have something in

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<sup>7</sup> See paragraph 3.2.1.1 and Fig 3.1.

<sup>8</sup> This concept also resembles Mause's 1938 statement (cited in Dombeck 1991:33) that the birth of moral consciousness is the originator of conscience. The capabilities that go with this consciousness and conscience are not merely role expectations, added to the person. They are part of one's own personhood in a moral universe (Harris cited in Dombeck 1991:34).

common, and consequently there are also meanings which are shared by human beings across societies and even throughout history. Rather than being related to unique situations, these meanings refer to the human condition, and these meanings are what is understood by *values* (Frankl 1969:55). It is an assumption of the present discussion that caring has such a commonly shared meaning and that it is embraced as a value. In this instance then, meaning is already present in being caring, and consequently in the maintenance of a caring concern.

Frankl (1969:55) continues by stating that, possessing values alleviates man's search for meaning, because, at least in typical situations, he is spared making decisions. Thus, meaning is found in caring and not really attributed to caring. Also, caring, as having meaning, as a value, eases the caring individual from a decision as to whether to be caring or not. The question and consideration involved, however, is *how* to give evidence of this caring concern - what appropriate actions to take. Acting is part of caring and by caring being a "*meaningful value*" the individual acts. In this sense, caring becomes a *virtue*<sup>9</sup> and is as such always meaningful. As Harrison (1990:125) states, one of the elements of caring is *creating meaning*.

It is also true that in addition to caring's generally acclaimed value, the experience of being caring is still individually unique and has individual (unique) meaning. The apparent contradiction in this is also captured by Reverby's statement that society demands caring but does not value caring (Reverby 1987:1). This implies that despite the acknowledged value of caring, not everybody is equally inclined towards caring and, those who benefit from others' caring behaviours, are not always appreciative of those care-givers. The point is that, with the loss of caring, value and meaning are lost. Such a collective, societal ignorance and negation of the value of caring and caring as a value, and a mass uncaring experience and indifference towards caring, could perhaps also guide the individual towards caring. As Campbell indicates, the person who offers professional care (caring) seeks (perhaps unknowingly) to restore the lost in unity and *meaning* in modern life. Penitence, hope, realism, and a search for a lost harmony are all appropriate and necessary for people who aspire to care (Campbell 1984:14). This is also evident in the fact that nursing students, for example, also learn about caring in, and from, uncaring circumstances (Nelms et al. 1993:21). One could thus posit that man's search for meaning is a

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<sup>9</sup> See paragraph 5.2.10.

search for caring. Not to be cared for but to live a life of caring towards others - a meaningful life. The maintenance of a caring concern sustains this inherent human longing.

Meaning in caring and the meaning of caring, were also succinctly intimated by one of the informants<sup>10</sup>. According to this informant, patients should not be of the opinion that they can manipulate her (or any other nurse for that matter) into being caring. Caring is something that comes from the care-giver because the care-giver wants to be caring and wants to care, not because of an obligation. In this instance, the following statement by Frankl (1969:43) applies.

An unbiased observation of what goes on in man when he is oriented towards meaning would reveal that the fundamental difference between being driven to something on the one hand and striving for something on the other. . . man is pushed by drives but pulled by meaning, and it is up to him to decide whether or not he wishes to fulfill the latter. Thus, meaning fulfilment always implies decision-making . . . Thus I speak of a will to meaning to preclude a misinterpretation of the concept in terms of a drive to meaning (Frankl 1969:43).

Once caring is demanded, and complied to on this basis, caring becomes a *drive*, and the meaning and value of caring, in that situation at least, are lost. However, if caring is exercised for the meaning that it has and the value that it is (and has), it becomes part of human striving, and it remains meaningful. Besides, part of caring is that it is offered freely and without reservation, demanding caring is thus unnecessary and conceivable as possible only by the self-centred, the uncaring, the inauthentic - the totally arrogant. From the above it is also clear that meaning in caring and in the maintenance of a caring concern involves finding meaning in caring and not attributing meaning to caring. Caring just *is* meaningful, and consequently the maintenance of caring is also meaningful.

Finally then, meaning is not given with any situation or *object*. As Kekes (1986:75) puts it, our lives have such meaning as we give them. Perhaps, our lives have as much meaning as we are caring and as much as we care. Meaning is attributed to life, according to Frankl (1984:131-133) in three different ways. All three of these actions are contained in caring and in the maintenance of a caring concern, and entail:

- creating a work or doing a deed;

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<sup>10</sup> See data display 10.1.2.

- experiencing something or encountering someone; and
- the attitude we take towards unavoidable suffering.

The reader is also reminded of the fact that creating meaning as the essence of caring is also supported by Heideggerian thought. For Heidegger, as interpreted by Steiner (1989:26 and 101), it is *Care (sorge)* that makes human existence meaningful, that makes a man's life significant. To be-in-the-world in any real existentially possessed guise, is to Care, to be *besorgt* ("careful"[full of care] or concerned).

#### 11.3.4

#### WILL<sup>11</sup>

*Will* is what one wants or wishes for. We can "*will to meaning*" and "*will to caring*" as indicated previously, as willing and wishing are founded on *Care*<sup>12</sup>. In both instances, however, the *will* has to be, what Kekes (1986:89-90) calls, *informed*. The *informed will* is capable of achieving a meaningful life if the following conditions are met:

- The will is directed by feelings and intellect. This occurs if what we want follows from what we believe is true and what we feel is right. Thus, an internal coherence among the psychological states that prompt us to engage in our projects must prevail.
- The will is self-directed and not manipulated, in that our projects are not imposed by some external power, but spring from character and circumstances.
- These self-directed projects have as their goal not merely to maintain our lives, but to realise our visions of good lives.
- The projects are capable of yielding external and internal goods that satisfy us.
- The will is directed towards appropriate objects and activities that fall within the objective constraints set by the facts of the body, self, and social life (Kekes 1986: 89-90).

The above conditions, stated by Kekes (1986:89-90) with regard to the *informed will*, clearly indicate the involvement of the phronemic components of knowledge and feelings in *informing*

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<sup>11</sup> *The question as to the freedom of will is not at issue at this point.*

<sup>12</sup> *See paragraph 3.2.1.4.*

the *will* as well as the involvement of *meaning attribution*. However, the reader should not be misguided into believing that the informed *will*, as proposed by Kekes, is necessarily ethically and morally in line with existing socio-cultural norms and values. In a sense, what Kekes describes as the *informed will* is strongly reminiscent of *conscience*. However, as will become evident from the discussion on *conscience* that follows, the main difference between *will* and *conscience* is that the *will* is self directed and not manipulated (Kekes 1986:90) while *conscience* is something we, ourselves, neither plan nor willfully bring about (Heidegger as translated by Stambaugh 1996:254). This difference between *will* and *conscience* is again taken up later and is posited as a *thesis* and *antithesis* in Hegelian fashion.

From the data, as contained in the data displays on the areas and domains<sup>13</sup> from which will and conscience derive substance, it appears that informants attribute their will and conscience not entirely to an innate source of awareness, as, for instance, Plato's theory of mind holds<sup>14</sup>. From the data displays mentioned above, it is evident that students base their will and conscience on experiences they had, knowledge they have, and perceived social expectancies they are holding. With this we enter the field of human motivation and behaviour (Gaylin 1994:36 and Peterson 1982:67). Indeed, as Gaylin (1994:36) points out, this in essence becomes a question of knowing good (caring) and doing good (caring), however, a direct quantitative relationship between knowing good and doing good does not exist.

Nonetheless, the relationship among the (informed) will and other components (processes), involved in the maintenance of a caring concern, is further illustrated by Kekes (1986:75) as follows:

When some external objects are endowed with lasting significance for our lives, when they are transformed from indifferent facts into matters of deep concern, then we have succeeded in conferring meaning on them. Success requires acts of will, and if they cohere and form a pattern permeating life, the live as a whole has meaning. However, the will by itself is not sufficient for the achievement of meaning. For, the objects upon which it confers significance must be

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<sup>13</sup> See data display 10.3.2.5- series.1-6.

<sup>14</sup> In Plato's opinion the human mind possesses the latent knowledge of what is good and just and activates this knowledge by drawing it from memory. Once remembered, this intensely personal, yet objective, knowledge come to fruition in a form of life that gives integrity to the individual and benefits the community at large (Raymond 1995:15-19).

appropriate and it must be guided by feelings and intellect. If the objects are the right sort and feelings and the intellect do provide direction, then, I shall say, the will is informed. And so the informed will is the key to the meaning of life.

Although the question of the degree to which the will is *free* is not at issues at this point, it must be clarified to some degree within the confines of the dialectic argument and anthropological model underlying the present research. De Waelhens (cited in Strasser 1969:100) points out:

If it belongs to the human condition to discover and establish meanings, the idea that determinism could apply to man simply becomes absurd.

In other words, De Waelhens posits, to a certain extent at least, some human indeterminism and *freedom*. However, the thesis of absolute freedom is as untenable as is absolute *unfreedom* (Strasser 1969:105). Only the idea of a *finite* freedom, one could say, can be applied to humanity as it really is. The historical, social, economic and political life of mankind manifests over and over again a limited freedom. And the examination of the lives of individuals also reveals that human freedom has its limits (Strasser 1969:105). In this regard, Alper (1998:1602) regards human behaviour (and will) as, although unpredictable like a tossed coin, purposeful. Unlike the stereo typed preprogrammed behaviour of a plant or insect or even a computer, human behaviour is appropriate even when encountering unanticipated circumstances. This unpredictable yet rational behaviour is what is meant by a consciousness that is capable of free will. In the same vein, Gaylin (1994:37) states that the human condition in all its fluidity and paradoxical situatedness demands that we refrain from polarising opposites. Human behaviour must be understood as occupying some point along a continuum from psychic determination to Kantian autonomy. Fortunately, a concept of *freedom* does not demand total autonomy. We are free from much instinctual fixation; we know that we always have an alternative choice, however, we also know that the *choice* is often less rational than we would like to believe (Gaylin 1994:38). Caring, as Care ushered in an ethical direction, and the whole experiential field (as depicted in figure 11.1 and 11.2) perceived as an ethical moral experience of the individual, as a caring milieu<sup>15</sup>, to some extent, corroborates this statement. This discussion on freedom or autonomy

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<sup>15</sup> In this regard also see the suggestions regarding the return of the object of intention to the practical field in chapter 12.

is continued in paragraph 11.3.6.2.1.

### 11.3.5 CONSCIENCE

#### 11.3.5.1 Definition

The term *conscience* is derived from the Latin words *con* and *scientia* which literally means *knowledge with* or shared knowledge (Peterson 1982:8). This attributes conscience with a social air. The term *conscience* is then often qualified in the literature as *social conscience* to emphasise the content and origin of conscience or a section of it, as deriving from social norms and values specifically.

According to Frankl (Massey 1991:32) conscience is a distinct human faculty. Martin Buber also insisted that guilt and conscience are evidence of human nature (Gaylin 1994:39).

*Conscience* is also regarded as the moral aspect of personality; a *hypothetical* part of the individual that judges behaviour and planned behaviour according to the moral values accepted by the individual. Conscience thus has a *cognitive* aspect namely knowledge of, and insight into, the rules and values the individual adheres to; an *affective* side namely feelings of obligation, shame, guilt and pride; and a *conative* aspect namely decisions regarding future behaviour (Gouws et al. 1979:105). In this regard Peterson (1982:3) adds that there is no ground for thinking of conscience as a specific organ or faculty of human personality. It is thus difficult to give a precise definition of the term *conscience*. However, the term usually refers to thoughts, feelings and actions involving human valuing and judgement (Peterson 1982:3).

Heidegger (Translated by Stambaugh 1996:254) is in no doubt about the ontological nature of conscience, however, he is also less precise as to its actual location. The call of conscience, that is, conscience itself, has its ontological possibility in *Care* as the essence of being<sup>16</sup>. Conscience is not simply *Da-sein calling itself in conscience*. The *call* is something that we ourselves have

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<sup>16</sup> See chapter 3.

neither planned, nor prepared for, nor wilfully brought about. "It" calls, against our expectations and even against our will. *The call comes 'from' me and yet 'over me'* (Stambaugh 1996:254). In this regard, Levinas (1961:100-101) remarks that in conscience the individual has an experience that is not commensurate with any *a priori* framework - a conceptless experience. Every other experience is conceptual, that is, it becomes my own or arises from my freedom, however, conscience (like desire) is not a modality of consciousness among other modalities, but, is a condition of consciousness.

According to Heidegger (Stambaugh 1996:256), conscience reveals itself as the call of Care; a summon to one's ownmost potentiality-of-being. In terms of the present research, this implies that conscience is indubitably ethical/moral in nature and that it thus sustains caring. However, this sustaining effect is only conceivable if the summons is authentically heard and responded to. The *authentic* understanding following the *call* is not something (a process) in addition to the phenomenon of conscience, that can either occur or else be lacking. The complete experience of the conscience can only be grasped from understanding the summons together with the authentic hearing of it (Heidegger as transl. by Stambaugh 1996:257). In this regard, Levinas (1961:100-101) states that the calling in question of oneself is all the more severe the more rigorously the self is in control of itself. The increase of one's exigencies with regard to oneself aggravates the judgement that is borne upon oneself, and increases one's responsibility. It is in this very concrete sense that the judgement that is borne upon the individual is never assumed by the individual. This inability to assume is the very life, the essence, of conscience (Levinas 1961:100-101).

With regard to Heidegger's and Levinas' statements, Macquarrie (cited in Peterson 1982:7) states that *conscience can be understood as a special and very fundamental mode of self-awareness of 'how it is with oneself.'* According to Peterson (1982:7), it is because, as humans, we can reflect upon our experiences, that the concept of conscience becomes possible. Conscience in this regard pertains to our awareness of the discrepancy between our actual self and the self we would like to be or are called upon to be (Peterson 1982:7). Conscience is thus central to the idea of contemplating the caring and the uncaring self; in maintaining a caring concern.

In this regard two other aspects are especially important which are also addressed by Heidegger

(Stambaugh 1996:267), namely that:

- conscience has an essentially critical function; and
- conscience always speaks relative to a definite deed that has been done or which is wished for (Heidegger as transl. by Stambaugh 1996:267).

### 11.3.5.2

#### Types of conscience

According to Hughen (1989:68-78) there are both an *irrational* and a *rational* conscience present in the individual. The former should be promoted and the latter ignored. This should be brought about by moral education. These two *types* of conscience are historically presented by the work of Russell and Butler. According to Bertrand Russell conscience is nothing but a source of irrational guilt one should ignore. However, for Joseph Butler conscience is the voice of rationality and morality and it must be heeded (Hughen 1989:68-78). Within the reconstruction of the final manifestation of the object of intention up to this point, the latter statement by Butler, because of the inherent ethical nature of caring and its maintenance, seems imperative.

Peterson (1982:12-75) identified the following five *types* of conscience:

- the tormenting, negative, super-ego, destructive conscience (Peterson 1982:12-28);
- the weak underdeveloped conscience (Peterson 1982:28-40);
- the confused conscience (Peterson 1982:41-54);
- the righteous conscience (Peterson 1982:55-66); and
- the maturing healthy conscience (Peterson 1982:67-75).

Of these five types of conscience, it is the *maturing healthy conscience* which is presently of importance. The reader's attention is drawn to the present continuous form of the verb *to mature*. This form of the verb implies *change*, and consequently, *process*. In this form, the concept of a continuing and continuously *maturing* conscience is in line with the fluid nature of the maintenance of a caring concern and the continuous reorientation of the individual towards his or her life-world. This is also congruent with the concept of the individual as *homo viator*. The process of maturation of the conscience is in itself a dialogue between the counter dimensions of human conscience, namely a dialogue between the healthy and the unhealthy dispositions of conscience, and the humanising and the dehumanising tendencies of these dispositions of

conscience (Peterson 1982:67).

### 11.3.5.3

#### Attributes

Peterson (1982:68-75) identified six characteristics of the maturing Christian conscience, namely liberation, being shaped by *koinonia*<sup>17</sup>, continual growth, integration; caring, and responsibility. These characteristics are probably also true of the *maturing conscience* regardless of the religious conviction of the individual. The discussion that follows pursues this, more humanistic path, however, the reader of conviction, like the researcher, should read the following discussion in terms of his or her religious conviction.

*Liberation* means that the individual has come to accept the human condition and self; acknowledging his/her shortcomings and expanding his/her positive potentials, naturally, within the parameters of his/her socio-cultural and religious settings. Such conscience is predominantly positive and joyful and self-affirming rather than self-condemning. With such a conscience, the individual is set free for *caring* and responsible service in the world and is no longer dominated by anxious, perfectionist pressures to conform or to achieve. However, the awakening of such a positive conscience does not imply that a negative conscience has forever been vanquished. The positive liberated conscience only has the strength and courage to face the negative conscience, to bear its guilt without being condemned by it<sup>18</sup> (Peterson 1982:68).

The maturing caring conscience is also developed and shaped by participation in a *caring community* which attributes conscience its *empirical* referents (Peterson 1982:69). It grows through relationships, through participation in groups and society in general. As Gaylin (1994:39) indicates, *conscience* is laid down during the prolonged period of dependency that distinguishes the human being from all other animals and requires the presence of caring adults. Without the presence of caring adults, conscience mechanisms are the first underlying attributes of mankind (along with a capacity for empathy and attachment) to be damaged, limited, or destroyed.

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<sup>17</sup> *Christian community, communion and brotherhood.*

<sup>18</sup> *A liberated conscience does, however, not directly equate a clear conscience. The latter can often be acquired through a simple sacrifice of honesty.*

Similarly, deficiencies and lacunae in the conscience allow people to act without the moral constraints imposed by the intense and painful feelings of guilt and shame and loss of self-respect (Gaylin 1994:39). In this regard, Peterson (1982:71) states that we all have *blind spots* with regard to our conscience, being complacent about some things that call out for our concern. Thus, we all need confrontation with certain experiences that will challenge our conscience blind spots (Peterson 1982:71). This again implies that conscience, and caring for that matter, can be developed; that even in this human aspect there is *continual growth*. With the latter qualities of conscience (and caring) the reality of the maintenance of a caring concern is again emphasised.

The *maturing healthy conscience* is also an *integrated* conscience, associated with personal wholeness (Peterson 1982:71). This wholeness does not only refer to a decrease in complacent areas in conscience, but also to the integration of the characteristics of conscience, namely guilt feelings, moral guidance, self-awareness, prosociality and a call to authentic being. Integration also implies a dialogue between the positive conscience and the negative conscience. If not integrated, certain characteristics of conscience, especially negative, or guilt, dimensions may develop their own *autonomy* and become dominant conscience processes. This might lead to fragmentation of the conscience and to intrapersonal and interpersonal conflict. In the healthy maturing conscience, the various levels of conscience become increasingly integrated with each other. As Peterson (1982:72) puts it:

Rational or cognitive levels, that is, our beliefs and thoughts about values, are closely linked with nonrational or emotional levels. The guiding conscience, which is focussed on decision making and the future, is bound up with the judging conscience, which looks back to, and learns from the past. An integrated conscience makes for consistency and integrity in living, though it is not necessarily free of conflict . . . however [this conflict] can be faced realistically, worked through and sometimes resolved, with responsible decision making . . .

*Caring* as an attribute of the maturing healthy conscience is especially significant in the present study. The liberated conscience, the conscience diverted from self to others, is free to care for others. Since caring is essentially positive and outgoing, negative conscience no longer dominates, though its voice is never completely silenced (Peterson 1982:73). Once again, we find that in such a vital, basic component, such as conscience, there is already reason for a concern toward the maintenance of a caring concern. It would thus appear that it is indeed the most essential fundamental human attributes (and faculties) that need to be addressed in the

maintenance of a caring concern.

Caring as an attribute of the maturing conscience is also closely related to the last characteristic of conscience namely *responsibility*. Caring in its most fundamental state includes a sense responsibility. The healthy sensitive conscience calls us to global responsibility. The maturing healthy conscience at its best is marked by inclusiveness. Nothing in the creation is outside the range of its concern. Our shared humanity binds us together, transcending boundaries<sup>19</sup> brought about by narrow, *tribal* conscience (Peterson 1982:74).

In addition to the above characteristics of the maturing healthy conscience, the following characteristics of the maturing healthy conscience were also identified:

- deep convictions of a social reformer that takes the lonely and courageous stand on an important moral issue (Peterson 1982:2-3);
- strong moral convictions that lead to social action (Peterson 1982:4);
- moral guidance which emphasises conscience's future orientation;
- value judgements and decision making;
- "right" moral paths;
- ego morality rather than the activities of the super ego (Peterson 1982:6);
- *self-awareness* which links conscience and consciousness (Peterson 1982: 6; Dombeck 199:121-24);
- our awareness of the discrepancy between our actual self and the self we would like to be (Peterson 1982:7);
- a call to care (caring);
- leading a caring and responsible life (Peterson 1982:9);
- integration that is associated with personal wholeness (Peterson 1982:71);
- a call to be truly human, to be the our ownmost potential-of-being (Heidegger as transl. by Stambaugh 1996:256);
- global responsibility and inclusiveness (Peterson 1982:74).

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<sup>19</sup> This aspect has also been found during the present research as informant indicated a "global" concern about the maintenance of a caring concern. In this regard see paragraph 10.3.2.1.7.3.

According to Heidegger (transl. by Stambaugh 1996:267; 1962:336) conscience:

- has an essentially critical function; and
- always speaks relative to a definite deed that has been done or wished for.

Peterson illuminates these two statements by Heidegger by indicating that:

- conscience is a powerful motivational force in the life of the individual (Peterson 1982:67);
- conscience involves feelings of approval and disapproval about past or contemplated actions and consequently judgements as to what is right or wrong (Peterson 1982:4);
- there is often an inner dialogue involved in conscience, with one voice accusing and the other excusing or defending (Peterson 1982:7).;
- we are not always aware of our conscience to the same extent (Peterson 1982:4); and
- the content of conscience can develop an autonomy of its own (Peterson 1982:3-4).

The process of conscience, according to May (1983:57-68), resides in the fact that:

- the criteria for rightness and wrongness may vary in a given person's conscience; and
- the so-called *authority* of conscience is experienced as subjective.

#### 11.3.5.4

##### Antecedents

The following antecedents to conscience were identified:

- social interaction (Eysenck 1994:53-60), social factors and societal values (Peterson 1982:4);
- Pavlovian conditioning (Eysenck 1994:53-60);
- an in-built set of values operating both consciously and unconsciously through the mediation and collaboration of the individual's conscience, his/her identity, and self-image (Gaylin 1994:38); and
- caring parents and a caring community (Peterson 1982:73; Gaylin 1994.);

According to May's (1983:57-68) interpretation of the work of Hannah, conscience is aroused through the following events:

- one comes to realise that a certain act is wrong;

- one judges that performing that act will produce disharmony within oneself when one later examines one's conduct;
- one is motivated not to perform a given action because of the internal conflict within oneself that will result.

#### 11.3.5.5

##### Outcomes

According to Eysenck (1994:53-60), experimental evidence supports the theory that socialised behaviour is *maintained* largely by a person's *conscience*. The maturing healthy conscience also results in a *caring* conscience, positive self-regard, mental hygiene (Peterson 1982) and generally has a *salutogenic* and *fortigenic* potential. The role that conscience could play in caring should be evident, however, it must be remembered that conscience cannot, and does not, exist alone. Conscience is conscience in relation to, or in the light of will and existing knowledge, including experiential knowledge, values and feelings.

Further outcomes of conscience are that the individual is prepared to take a lonely and courageous stand on an important moral issue, and to take social action (Peterson 1982:4);

#### 11.3.5.6

##### Correlates

As indicated above, and as implied by the reconstruction of the maintenance of a caring concern depicted in figure 11.1 and figure 11.2, conscience correlates with *Care* (and caring), will, and meaning attribution. The content of conscience is derived from a number of spheres including the social, the personal experiential, the scientific-technological. In short, all the patterns of knowing as proposed by Carper (1978).

#### 11.3.6

##### WILL AND CONSCIENCE IN DIALOGUE

The relationship between *will* and *conscience* is, among others, also endorsed by Frankl (Massey 1991:32) who states that drives and instincts do not dictate what humans will do. Nor do tradition and conventional values constrain human behaviour as decidedly they once did. Authenticity and responsibility to unique meanings sometimes require that the individual disregard standards of

a superego (social conscience) (Massey 1991:32).

### 11.3.6.1

#### Thesis and anti-thesis

As previously indicated, there are two main theses, one each relating to conscience and to will.

#### Thesis 1:

According to Heidegger (Stambaugh 1996:254-256), conscience is a call from *Care*. The call is something that we ourselves have neither planned, nor prepared for, nor willfully brought about. It calls *against* our expectations and even *against* our will.

#### Thesis 2:

According to Kekes (1986:90): *The will is self-directed and not manipulated in that our projects are not imposed by some external power, but spring from character and circumstances.*

If these two theses are posited as thesis and antithesis, a dialectical argument in Hegelian fashion is constituted. In this instance conscience, taken on its own, takes on a *deterministic* quality while *will*, taken on *its* own, takes on an *indeterministic* quality. Along the same lines as the phenomenological dialectic underlying the present study, the *implications* that the thesis (conscience) and the antithesis (will) have for one another are spelled out.

### 11.3.6.2

#### Synthesis

The abovementioned dialectical argument is summarised in table 11.1.

TABLE 11.1 SUMMARY OF THE DEVELOPMENT OF THE CENTRAL ARGUMENT IN HEGELIAN FASHION		
THESIS	ANTITHESIS	SYNTHESIS
Determinism/ conscience		No choice and no autonomy, responsibility, or accountability
Indeterminism/ Will		Total freedom of choice, however, still no responsibility or accountability <sup>20</sup> . Anarchy.
Determinism	Indeterminism	Dialectic phenomenological anthropology. Choice, though limited.
Conscience	Will	Reason and intuition. Choice with confined (limited) autonomy, responsibility, and accountability. Relative limited 'free will' and limited 'guiding conscience.'

The argument at this point is that if we had only a conscience, the concepts of autonomy, responsibility and accountability would have been inconsequential. Without the possibility of acting in any way other than conscience would have us do, these concepts are of no consequence. In the same vein, having only a *will* would leave the individual *infinitely free*. Again, the concepts of responsibility and accountability become inconsequential as these concepts contradict the very essence of the *infinite freedom* of the individual. However, the dialectic between conscience and will leads will to reflect upon itself and its intention within the constraints spelled out by, and demands made by, conscience. However, this does not mean that the *will* is completely subjected to conscience. Conscience can be ignored by will and can be overruled by will, however, not without the latter having reflected upon itself. The inverse is also possible, that the will could surrender to the dictates of conscience. The reader must, however, remember that the whole argument at this point is value laden and that with regard to the maintenance of a caring concern, the discussion departs from the premises of a maturing healthy conscience and an informed (good) will.

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<sup>20</sup> Within a frame of reference of total freedom there will in fact be no frame of reference and consequently no parameter or criteria for judging responsibility and accountability.

The dialogue between will and conscience involves reason (as a verb) and results in reason (as a noun) and in intuition. It is the latter two concepts, reason (or rationality) and intuition<sup>21</sup> that connect the *phronema* of caring to the action component of caring. Caring is thus enacted either as a rational or intuitive act. Neither instance negates the feeling and emotional components involved in this act as the *phronema* of caring is reflected in its totality in the caring act. Bandman and Bandman (1995:31) corroborate the central position of reasoning in nursing and also the two forms of reason, namely reason as a means to an end, a process (verb) and reason as an end in itself or as a result or outcome (noun).

As indicated previously, and with full awareness of the meticulous argumentation that goes into the concept, the essence of the maintenance of a caring concern as depicted in figure 11.1 and 11.2, and as discussed up to this point, is proposed as an anthropological model. It is only at this axiomatic level that the whole process of the maintenance of a caring concern and the essential meaning of *reason* (and intuition) could receive the unequivocal recognition it deserves. In this instance, reason becomes more than mere intellect, intelligence, understanding, mind and the like. *Reason*, and the whole process of the maintenance of a caring concern, become reflective of autonomy, of the human spirit<sup>22</sup>, and specifically spirit in the ancient Greek tradition of *nous*<sup>23</sup>.

#### 11.3.6.2.1

##### *Discussion of the synthesis*

Within a dialectical argument, the outcome of such an argument spells out the implications the opposites in the argument have for one another. The dialogue (synthesis) between conscience and will results in responsibility, accountability, autonomy, reason and intuition. The main difference between the present argument and the one underlying the research as a whole is that in the latter, the objective realm restricts the individual's thinking, it does not determine what the individual will think about any object. In the former it is exactly the opposite. Thinking is determined, and determined by the very nature and contents of the opposites involved in this argument namely

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<sup>21</sup> Also see paragraphs 10.2.3.1.4.3 and 10.2.3.1.4.4 and data displays 10.3.1.4.3 and 10.3.1.4.4 on intuition.

<sup>22</sup> Also see paragraph 5.2.1 on spirituality.

<sup>23</sup> *Nous*: This Greek word is indicated as a synonym for 'reason' by Rodale, JI. 1986. *The Synonym Finder. Emmaus: Warner Books (p992)*.

will and conscience. *Thinking* in this argument takes on the form of responsibility, accountability and autonomy, concepts that inherently imply values and consequently morality and ethics, the substance of caring and the maintenance of a caring concern.

Of the concepts accountability, responsibility, and autonomy, the latter is the most encompassing as it represents conscience, will, responsibility and accountability. In addition it also sets the stage for reason and intuition. Autonomy is consequently discussed following the structure previously used to clarify major concepts.

#### 11.3.6.2.2

##### *Autonomy*

This issue has been touched upon previously in answer to the question as to how free the human being and human will orientation are. However, the present discussion is aimed at clarifying the concept autonomy *per se*. A discussion of the concept autonomy is also relevant to the practice of caring for, as Ballou (1998:102) indicates:

In nursing it (autonomy) is confused with concepts of professionalism, power, image, control, authority, accountability and independence.

In addition to autonomy's alleged professional nature and stature, the explication that follows also departs from the assumption that autonomy is inherently human, and, as an outflow of the dialogue among the primary processes involved in the maintenance of a caring concern, it manifests itself as a human condition. As Ballou (1998:103) indicates, autonomy in its truest form is contingent on the desiring person's own actions and , autonomy evolves internally.

#### 11.3.6.2.2.1

##### *Definition*

According to Ballou (1998:203) the word *autonomy* is derived from the Greek word *autonomos* or *auto* (self) and *nomos* (law). Hence, self-law. Merriam-Webster's Collegiate Dictionary (1996) defines autonomy as *the quality or state of being self-governing ; the right of self-government, self-directing freedom and esp. moral freedom*. Consequently, autonomy is defined as *the*

*capacity of an agent<sup>24</sup> to determine its own actions through independent choice within a system of principles and laws to which the agent is dedicated (Ballou 1998:105).*

Recurring themes in the concept autonomy include: self-governance within a system of principles; ability, capability and competence; decision making; critical reflection; freedom; and self-control (Ballou 1998:103-105).

- *Self-governance*

*Self-governance* within a system of principles is the core of autonomy and is based on a system of principles and laws. With regard to the object of intention, caring, and the maintenance thereof by its very nature presupposes such a system of (ethical moral) principles and laws.

Kant (Wolff 1974:178) postulated the classic explication of autonomy:

The will is therefor not subjected to the law: but is so subject that is must be considered as also making the law for self . . .

Kant believed that one must be moral to be autonomous; governing oneself in accordance with universally valid moral principles and laws through one's actions. The present discussion on autonomy as a component of the maintenance of a caring concern also departs from this premise, whether one agrees with , or differs on, the point of the existence of universally valid principles and laws. Morality resides in the values, norm, and principles already contained in caring whether at the lay caring level or at the professional caring level.

- *Ability, capability, and competence*

*According to Haworth (1986:2) competence is the foundation of autonomy. A person strives to be able to produce intended effects and to become able to expand his repertoire of skills that underlie his ability. This also emerged during the present research<sup>25</sup>. In this regard, Young (1985:283) states that: the autonomous person's capabilities, beliefs, and values will be*

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<sup>24</sup> *The term agent is defined as one who is an effective producer of intended effect (Ballou 1998:107).*

<sup>25</sup> *See paragraph 10.2.3.1.4 on the importance of knowledge and skill in caring and the maintenance of a caring concern.*

*identifiable as integral to him and be the source from which his actions spring.* Autonomy thus hinges on one's ability and competence, which in turn involves knowledge and one's capacity for self-control, and is expressed in one's actions (Ballou 1998:104). As Aydelotte (1983:832) says, knowledge is essential to self-governance. It opens the door to power and authority. This again is in line with the final manifestation of the object of intention as the whole of the *phronema* of caring, which underlies the processes involved in the maintenance of a caring concern, is reflected in the caring actions taken.

- *Decision making*

Leddy and Pepper (1985:9-11) state that *the autonomous person is capable of making rational and unconstrained decisions and can act on those decisions. An individual is considered rational when he is capable of choosing the best means to some end.* In this regard Young (1985:285) indicates that *those who themselves determine what they will decide and do, rather than have these dictated to them by circumstances or others, are autonomous.*

- *Critical reflection*

Critical reflection is closely related to decision making. If, Ballou (1998:104) asserts, autonomy reflects one's life being one's own, then independence must proceed from decisions reflecting one's own judgement. Obedience to law and principles, as part of the autonomous person's system, must stem from reflection on those laws and principles and on reason. Therefore, the autonomous person believes in, and is bound to, critically reflect upon laws accepted as their own (Ballou 1998:104). In this regard, Haworth (1986:23) describes reflection as being *sensitive to thoughts and to being guided by them . . . acting on reason, reflecting on impulses and outside influences . . . One adopts standards, values, and principles after having reflected on them. Autonomy is the carrying out of reflectively endorsed purposes.* The concept of autonomy ultimately involves the idea of authoring one's own world - without being subjected to the will of others - through reflection and decision making and within a system of beliefs and principles (Ballou 1998:104).

- *Freedom*

If autonomy is viewed as a self-generated condition that is free from external inducements, two

connotations may be implied. First, that freedom is a consequence of autonomy. Second, that autonomy is the capacity of an individual to express his or her freedom (Ballou 1998:105). Autonomy is a character ideal or virtue, synonymous with the ability to self-direction according to a life plan that conforms to the individual's long-term nature and interests (Ballou 1998:105).

The notion of an unobstructed environment or a domain of autonomy is therefore not necessary for the condition of being autonomous. Autonomy is not given or taken away; it is a personal quality that hinges on individuals' a priori inherent potential to choose a course of action. Truly autonomous individuals know and live what they believe to the extent that external forces cannot influence them (Ballou 1998:105). It is consequently argued that in caring and the maintenance of a caring concern, autonomy is a central supportive factor as it will, within the ethical ideal of caring and the norms, values, principles and the like inherent in caring, counteract external influences and it will guide the individual towards choosing a course of caring actions that will refute such erosive forces. Ultimately, as far as autonomy as a factor in the maintenance of a caring concern is concerned, autonomy (and caring) are not an issue for authentically autonomous individuals because they are already autonomous (Mundinger cited in Ballou 1998:105).

- *Self-control*

Autonomous people demonstrate this capacity through *full rationality and unrestricted critical competence expressed in a continuously expanding creative life that is fully one's own* (Haworth 1986:15). This notion connotes an existing awareness of responsibility for self and the ability to control self (Ballou 1998:105).

Autonomous people act with deliberation and self-discipline while acknowledging limitations and the need for the support and love of others (Fromer cited in Ballou 1998:105). Impulsive<sup>26</sup> behaviour is the antithesis of deliberate self-discipline. It implies the absence of well-developed internal systems of beliefs and principles and thus invites external control. Thus, to the degree that one exercises self-control, one's domain of autonomous expression expands (Holden cited in Ballou 1998:105).

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<sup>26</sup> *Impulsiveness should not be equated with intuition as an educated guess. Intuition is as rational as any rational reflected upon decision and action.*

### 11.3.6.2.2.2

#### *Defining attributes*

According to Ballou the defining attributes of autonomy are:

- the agent is able to determine his or her own actions;
- the agent is able to competently act on his or her determinations;
- actions and decisions are based on critical reflection;
- actions and decisions are consistent with the agent's own internally endorsed system of principles to which he or she is dedicated; and
- decisions are made independent of external control (Ballou 1998:106).

With reference to the final manifestation of the object of intention, the maintenance of a caring concern, the above mentioned defining attributes of autonomy are all related to, and dependent upon the *phronema* of caring - feelings, knowledge and will orientation, the affective, cognitive and conative. The actions component of caring is also implied in terms of autonomous *actions* being taken by the autonomous individual

In addition to Ballou's defining attributes, Keenan (1999:558) arrived at the following defining attributes of autonomy via her analysis of the concept *autonomy*:

- Independence.
- Capacity for decision making.
- Judgement.
- Knowledge.
- Self-determination.

According to Madder (1997:222), *responsibility for oneself* is central to autonomy. This statement is appealing to the present conceptualisation of the object of intention because it returns as, within the construct of caring and the maintenance of a caring concern, to the *eminence of self in caring*<sup>27</sup>. Within the process of the maintenance of a caring concern, taking responsibility for decisions which affects our lives (like being caring or not) we maintain our discreteness as self and enable self realisation. It is the act of making a decision which promotes

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<sup>27</sup> See paragraph 10.2.3.2.1 on the *eminence of self in caring*.

self-being (Madder 1997:222). This idea also fits the discussion on the essence of the maintenance of a caring concern as explicated up to this point. Madder (1997:222) continues by stating that this act of decision making which promotes self-being (or then an authentic caring being by personal autonomy) he would call *existential autonomy*. With regard to the present discussion, autonomy, within the relationship of the processes involved in the final manifestation of the object of intention, the maintenance of a caring concern, and given caring's origin from *Care* as the essence of being directed on an ethical path, also takes on an existential nature (as do responsibility, accountability and authority). To reiterate, instead of these concepts, autonomy, responsibility, accountability and authority, residing in "the system" of social structure, they already exist in the authentic caring individual. Within the professional sphere they are but extended through specialised knowledge, ethical codes, formal laws and the like as is the case with the transition of lay caring into professional nursing caring (of whatever other profession wishes to call itself *caring*).

With regard to the defining attributes of autonomy as isolated by Ballou (1998) and Keenan (1999), De Beer's (1988:10) notion that; *what is needed for a (more) appropriate conceptualisation of autonomy is a theory of action (conduct)*, applies. According to De Beer, the individual should be able to *indicate* his or her actions as his or her *intention*, be able to *justify* these in terms of the *reasons* why these are being executed, and be able to *ascribe* these actions to self as *agent* of his or her own actions. This is exactly what the final manifestation of the object of intention provides for; *autonomy* in caring and the maintenance of a caring concern as a *justified self-attributed intention*. As De Beer (1988:10) points out, while intention, purpose, motive, agent and the like may be adequate to define the acting individual, these are still not sufficient to account for ethical political aspects of such action. The researcher is of the opinion that; the dialogue among the processes involved in the final manifestation of the object of intention, the moral ethical nature of caring and the maintenance of a caring concern, human motivation<sup>28</sup>; and the positing of the human experiential field as containing moral ethical content appealing to the caring individual could all assist in accounting for such ethical political aspects of action. But, and this must be stressed, these could only *assist*. Research, primarily aimed at the reason why individuals choose to act unethically and immorally might shed more light on this

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<sup>28</sup> See paragraph 12.3.1.3 on motivation in terms of humanistic psychology.

issue than pursuing the reasons why individuals in fact do act ethically and morally.

#### 11.3.6.2.2.3

##### *Antecedents*

According to Ballou (1998:106) the antecedents to autonomy include:

- an inherent intellectual capacity;
- morality;
- exposure to systems of beliefs, laws, standards, and principles;
- knowledge sufficient to develop competence;
- knowledge of personal values and beliefs;
- ability to reason; and
- ability to control self.

The above antecedents to autonomy again imply the *phronema* of caring. It also implies an important aspect of caring and the maintenance of a caring concern namely morality and ethics.

Keenan (1999:560), in her analysis of the concept *autonomy*, isolated the following antecedents to autonomy

- experience gained over an unspecified length of time;
- education gained formally and informally;
- ability to prioritise;
- self-discipline; and
- acceptance of responsibility.

These antecedences are not all equally reflective of the *phronema* of caring. This may be due to the fact that Keenan, as compared to Ballou, never defined autonomy as an inherent human attribute. Rather, her analysis of the concept focusses on the concept within the professional and occupational settings.

#### 11.3.6.2.2.4

##### *Outcomes or consequences*

Ballou (1998:106) states the following outcomes for autonomy:

- individual professional status (and individual human status);
- freedom;
- authority and power;
- recognition by others as being competent;
- personal satisfaction; and the expansion of the domain of autonomous expression

According to Keenan (1999:561) the only clear consequence of autonomy is *accountability*.

Looking closely at the defining attributes, antecedents and consequences of autonomy, we encounter an aspect that was previously reported on, namely that often, where innate human attributes are concerned, the same concept, factor or element presents itself as a defining attribute, antecedent and/or consequence. This can only be understood and explained within the complexity and continuity of human existence and the human condition. There is no contradiction in this.

#### 11.3.6.2.2.5

##### *Correlates*

Autonomy correlates with most other ethical concepts, especially with responsibility, accountability and authority.

#### 11.3.6.2.3

##### *Responsibility and accountability*

Responsibility and accountability are closely related concepts in ethic literature. Accountability is defined as 1) being responsible for one's acts, 2) being able to explain, and 3) to define or measure the results of decision making (Bergman 1982:8).

According to The Oxford Concise Dictionary, *responsibility* refers to being responsible, which in turn implies:

- liable to be called to *account*;
- not autocratic;

- morally *accountable* for actions;
- capable of *rational* conduct; and
- of *good credit or repute, respectable, evidently trustworthy*.

Batey and Lewis (1982:13) point out that although accountability is not synonymous with autonomy or authority, it is related to both. Leddy and Pepper (1985:251) state that accountability continues to retain its original meaning of responsibility, but it has an added dimension namely that of answerability, the necessity of offering answers and explanations to certain others. Accountability, then, is the state of being responsible and answerable for those behaviours and their outcomes that are included in one's professional role. However, the reader is reminded that in line with Ballou's (1998) argument above that autonomy is inherently personal prior to becoming *institutional*, the premise of the present discussion is that, that which are associated with autonomy, namely accountability, responsibility and authority, primarily resides within the human being as part and parcel of the human condition - of being itself.

In contrast to accountability, *autonomy*<sup>29</sup> refers to independence of functioning. Autonomy means that one can perform one's total professional (and interpersonal) functions on the basis of one's own knowledge and judgement, and further, that one is recognised by others as having the right to do so. Obviously this concept is related to accountability as one who functions autonomously must be accountable for his/her behaviour (Leddy and Pepper 1985:251). The *I quintessence in caring*<sup>30</sup> and the theme *The eminence of self in the maintenance of a caring concern* both give evidence of personal/interpersonal functions on the basis of one's own knowledge and judgment, and further, that one is recognised by others as having the right to do so. Perhaps more exactly, that as a human being one has the responsibility, and moral obligation to do so (within the ethic of caring).

*Authority* can be defined as being in position to make decisions and to influence others to act in a manner determined by those decisions. Again, the term is certainly related to the term accountability because a person who is in authority is accountable for the decisions she makes

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<sup>29</sup> See paragraph 11.3.6.2.1.

<sup>30</sup> See paragraph 10.2.1.2 on the "*I quintessence in caring*."

and for her actions. Authority is related to autonomy as those with authority often act autonomously (Leddy and Pepper 1985:251).

According to Batey and Lewis (1982:13)

Responsibility, authority, autonomy, and accountability are inextricably related. Responsibility and authority are necessary conditions for both autonomy and accountability. It is illogical and inappropriate for an organisation to hold a department or an individual accountable for those activities over which the department or individual has no authority . . . Autonomy within the areas in which nursing service has responsibility is also a necessary condition for accountability . . . Accountability is an exercise in futility and an experience in failure unless it is linked to nursing service's autonomy. The process of fulfilling nursing's formal obligation to disclose requires that nursing services have the formal and legitimate power to carry out relevant actions. Without the opportunity to make decisions, accountability is a hollow concept.

Bergman (1981:54-55; 1982:8) sees this relationship somewhat differently, by considering authority, along with ability as preconditions leading to accountability. As Bergman (1981:54-55; 1982:8) states:

The basic precondition is to have the ability . . . To decide and act on a specific issue. One must be given or take responsibility to carry out that action. Next one needs the authority, i.e. formal backing, legal right to carry out the responsibility. Then, with the preconditions, one can be accountable for the action one takes.

With regard to the present discussion on the maintenance of a caring concern and concepts flowing from a dialectic argument between will and conscience<sup>31</sup>, it is reiterated that autonomy, authority, responsibility and accountability with regard to caring and the maintenance of a caring concern reside primarily within the individual. The individual is entitled to this, and is "freely obligated" to this by virtue of being an authentic caring human being. My autonomy and authority in this regard is founded upon my being a caring human being. My responsibility and accountability is towards both self and others, however, *in the first instance towards self as a reflection of others - of all humanity.*

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<sup>31</sup> See table 11.1.

## 11.3.7

## REASON AND INTUITION: HUMAN SPIRITUALITY AS 'NOUS'

In summation, what has been said, up to this point, about the final manifestation of the object of intention, the maintenance of a caring concern, culminates into the all embracing concept of *the human spirit*. More precisely, the concept *human spirit* and *spirituality*<sup>32</sup> according to the tradition of the Greek word *nous*.

De Beer (1988:5) defines the term *spirit* in terms of the Greek noun *nous*, as an inner sense directed at an object, as embracing *sensation; as power of spiritual perception, as a capacity for intellectual apprehension . . . as a mode of thought, and as being of moral nature* (Kittle and Liddell and Scott cited in De Beer 1988:5). De Beer (1988:8) continues by stating that *spirit* is a specific way of *thinking* (of cogitation) directed towards reality. As spiritual activity, *thought* surpasses the possibility encapsulated in, and given with, words and terms such as *rationality* and *intellect*. Consequently, it is *thought* that cannot be related to technique, science, or philosophy, although it can never be divorced from these. It always operates within, and is consummated within, a specific historical, techno-economical, political, institutional, and linguistic cadre. Moreover, it is an activity that, in a very special way, puts us in a relationship with reality (De Beer 1988:8).

Taken from the richness of possible meanings of the term *nous*, the following seem the more important:

- Spirit, a disposition of the whole interior of moral attunement.
- Insight, ingenuity, reason, conscience and the like.
- Comprehension and the ability to **think**, the capacity for intellectual perception. (De Beer 1985:5-8)

Based on the above, the final manifestation of the object of intention can also be defined as human spirituality, as *nous* - as being representative and reflective of the individual in his or her total situatedness.

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<sup>32</sup> Also see paragraph 5.2.1 on human spirituality.

The essence of *nous* is further illustrated by Dreyfus and Dreyfus (1986:203). Downplaying the term, and the human essence of *spirit* (as *nous*) according to Dreyfus and Dreyfus (1986:203 cited in De Beer 1985:5-8), could be attributed to the fact that much of the original richness of the word *spirit* (as *nous*) got lost with the translation of the Greek word *logos* with the Latin word *ratio*. These authors state that

... Aristotle ... seems to [have] thought that before one could act, one had to deduce one's action from one's desire and beliefs. The basis of action was, for Aristotle, the practice syllogism: If I desire S and I believe that A will bring about S, then I should do A. Both Aristotle's sense of the importance of judgement and his problem-solving view of intelligence were compatible with his definition of man as *zoion logon echon*, the animal equipped with logos, the word logos still means speaking, or the grasping of whole situations, as well as logical thought. But, when logos was translated into Latin as *ratio*, meaning "reckoning," its field of meaning was decisively narrowed. It was a fateful turn for our Western tradition: man, the logical animal, was now he who counted, he who measured (Dreyfus and Dreyfus 1986:203).

This statement has implications for the whole concept of the maintenance of a caring concern and caring itself. Caring, and the maintenance of caring, as explicated above, both entail *grasping the whole situation* (*logos*). With the conceptualisation of *spirit*, of humankind for that matter, as rational, as a measuring being rather than *zoion logon echon*, it is quite understandable how positivism and the Tylerian rationale<sup>33</sup> could have reached such an idolatrous status in a caring (spiritual) profession such as nursing.

Heidegger (1971:52 cited in De Beer 1988:5) also comments on the reduction of the spiritual to the rational, the intellectual and the ideological. He also speaks of spiritual darkness (twilight or night). By this Heidegger refers to the *pre-eminence of the mediocre* and the *emasculatation of the spirit, the disintegration, wasting away, repression, and misinterpretation of the spirit* (Heidegger 1974:45). This is exactly what has happened in nursing and is still happening in nursing<sup>34</sup>.

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<sup>33</sup> See paragraph 1.5.2.2.2 on the Tylerian rationale.

<sup>34</sup> In this regard please see paragraph 1.5 on the background to this study and the problem statement.

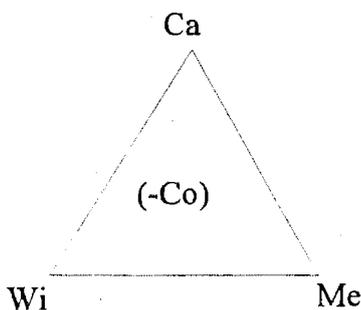
## 11.4

**HYPOTHESES DERIVED FROM THE ESSENCE OF THE MAINTENANCE OF A CARING CONCERN**

It is hypothesised that all the processes involved in the maintenance of a caring concern, namely *Care* (and caring)(Ca), *will* (Wi), *meaning attribution* (Me), and *conscience* (Co), as depicted in figure 11.1 and 11.2, are vital to such maintenance and that the (gradual) loss of any one, or combination, of these components results in the loss of a caring concern and in being uncaring in the moral ethical sense of the word as defined in this research.

It is consequently hypothesised that:

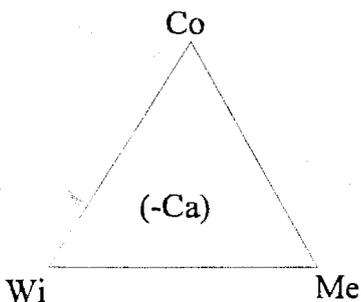
- If conscience is impaired, codependence, manipulateness of the care-giver and psychopathy or sociopathy are the results.



(Ca, Wi, Me) - Co = Codependence, Manipulateness, Psychopathy

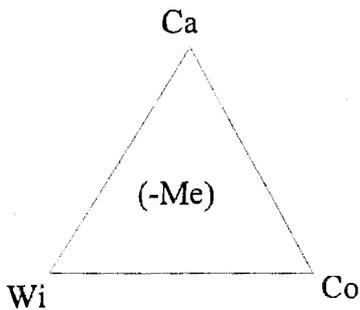
It is Co that keeps Wi awake and vice versa.

- If *care* as the essence of being is lost complete nothingness results. If caring, as care ushered in an ethical direction, is lost self-centredness and a wilful non-productive egoism are the result.



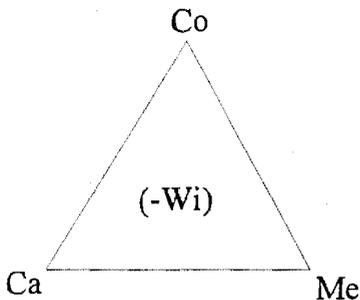
(Co, Wi, Me) - Ca = Self-centredness and a wilful non-productive obsessive egoism.

- If meaning is lost, actions and behaviours become ritualistic with an increase in job dissatisfaction and a disposition towards burnout.



(Ca, Wi, Co) - Me = Ritualism, lack of job satisfaction, burnout.

- If will is impaired, the results are, alienation from self, loss of selfhood, meaninglessness, a disposition to being manipulated and misused.



(Co, Ca, Me) - Wi = Alienation (from self), loss of self-hood, being manipulated and misused.

## 11.5

### CONCLUSION

In this chapter, the final manifestation of the object of intention, the maintenance of a caring concern, is clarified. The dialogue among the processes of care, will, meaning attribution, and conscience results in reason and intuition. These processes, in dialogue, also imply human spirituality in the tradition of the Greek word *nous*, and as such embody the genesis of the basic ethical concepts of autonomy, authority, responsibility and accountability at the existential level. Plausible hypotheses regarding relationships among the processes involved in the maintenance of a caring concern are also stated.

*SECTION F*  
*CONCLUSION:*  
*INTERPRETIVE AND PRACTICAL EXTENSION*  
*OF THE OBJECT OF INTENTION*

## INTRODUCTION

The means for identifying the phenomenon is *reflection* on the (psychological) literature and the lived world, with priority going to the latter (Wertz 1984: 34). Both these types of reflection have been attained in the previous section, Section E.

The research process does not, however, end with the formulation of findings. This would leave the research results sterile and utterly useless. It is required that the research findings be related to various sectors of the life world within which the research, or rather the object of intention, is situated. For this reason, recommendations should be made. Von Eckartsberg (Wertz 1984: 45) for instance argues strongly in favour of *the return to the life-world* after research.

The centre of such a life-world, from the perspective of the present research, is the dialogue, and the outcome of the dialogue, among Care, will, meaning attribution and conscience, as the central processes involved in the maintenance of a caring concern as these are existentially situated in, and reflective of, the everyday living and life of the individual. With Care the essence of being, caring (as Care ushered on an ethical path), becomes the ultimate in human excellence. However, Care in its caring appearance is no longer a given with existence, but is the (caring) individual's definition of self. This can be equated to Sartre's (1973:26) position that *existence* comes before *essence* in which instance Care is equated to *existence* and caring is equated to *essence*. Caring as the essence of *self* is also not a definitive end point that can be attained during life (existence), but, it is an existential aspiration. It is wishing on a *niveau* of the human condition; a process of the purification, of becoming ever more humanly noble.

The relative fulfilment of the human *essence* relates directly to the question by which the present research was guided: *How is a caring concern maintained by the care-giver?* With Care and caring equated to existence and essence respectively, all human beings become *care-givers*, or at least, *carers* within socio-cultural ethical and moral norms. As indicated the essence *caring* is not a given, or a *sui generis*. Concern about maintenance is thus justified.

Further, the relative fulfilment of the *essence of self* as caring, though essentially an internal (*interior* or subjective) human arbitration, is not divorced from the external or the *exterior* (inter-

personal and extra personal relationships). The phenomenological dialectic on which the present research is based, hereby, once again, finds its way into the heart of this research.

The two main plains on which caring as *essence of self* (self-definition) is arbitrated are the *interior* and the *exterior*. In terms of the present research findings, the dialogue (interior) among the four processes of Care, will, meaning attribution and conscience (interior) depends on the contents (interior and exterior) of these processes derived from the existential and experiential field (interior and exterior) of the individual self and the return of the outcome of this dialogue (action, reaction and behaviour) to the interior and the exterior. The importance of the *interior* and the *exterior* is also reflected by two main categories in Theme 3: Factors in the Maintenance of a Caring Concern (paragraph 10.2.3) namely: External (Exoteric) Factors in the Maintenance of A Caring Concern (paragraph 10.2.3.1) and Internal Factors on the Maintenance of A Caring Concern (paragraph 10.2.3.2).

With the above in mind, the practical extension of the object of intention (the maintenance of a caring concern) in this research is related primarily to these two planes, the internal and the external, with emphasis on the former; the interior, the self, the individual, without whom nothing else has any meaning.

This extension of the object of intention is guided by Kekes' (1986:90) statement that there are two chief obstacles in the way of living meaningful lives, or, admitting the value orientation of this research, caring lives, namely: brutal circumstances (interior and exterior), and internal disharmony (interior).

According to Kekes (1986:90) the majority of people live in brutal circumstances and their energies must be concentrated on staying alive. It is, however, the researcher's conviction that brutality is not only an external (exterior) phenomenon. In view of Steiner's (1997:74-77) concept of The Critical Parent, low self-esteem, and the like, brutality is a serious interior or internal obstacle towards living a meaningful caring life. Nurses are well known for having low self-esteem. As an exterior (external) phenomenon, brutality is not only found in the work environment of the individual nursing students (informants) (refer to research findings), but many

a patient is a stark reminder of the brutality of life presently. Distancing one self from this brutality, or coming to terms herewith, is not equally successfully achieved by all with a resulting erosion of meaning in life, meaning of life, and the caring concern. However, as Frankl (1984:86-87) puts it, man can preserve a vestige of spiritual freedom, of independence of mind, even in the most terrible conditions of psychic and physical stress. This is obtained by the last of the human freedoms - *to choose one's attitude in any given set of circumstances*. Kekes' concern is, however, not diminished by Frankl's statement. The implication of Frankl's is that something can be done about the situation. However, it is not to be taken for granted that all people possess what it takes to achieve Frankl's conviction. Some has to be assisted in this through education. As Frankl (1984:xxv) himself points out, *education must be education towards the ability to decide*.

The interior (internal) obstacles towards living a meaningful life according to Kekes (1986:90) is internal disharmony. The symptom of disharmony is the failure to identify with our projects because our feelings are unengaged, or because our beliefs about what should be done conflict with what we feel like doing and what we want to do, or because our intentions are feeble (Kekes 1986:90). With regard to the findings of the present research, this could also point towards a difference between will and conscience.

To return to the essence of this section of the research report, the practical extension of the final manifestation of the object of intention, the question remains as to how this could be achieved.

One direction which researchers often take is to relate their findings to other psychological theories and practice. In this instance, the final manifestation of the object of intention as it emerged in chapter 11, is linked to the fields of intelligence and motivation<sup>1</sup>. Research may also bear fruit in regions of theory and practice beyond psychology or the field in which the research was conducted (Wertz 1984: 45). In this instance, the final manifestation of the object of intention is linked to the field in which the research was conducted and which is not within psychology as a discipline namely the field of nursing education and the teaching of ethics. In addition to this, due to Care as the essence of being and the association of the term *intentionality*

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<sup>1</sup> See paragraphs 12.2. and 12.3 respectively.

with this, the final manifestation of the object of intention is also related to the field of the philosophy of science.

This reflection on the practical extension of the object of intention is presented as follows:

- Chapter 12: Returning the Object of Intent to the Practical Situation: Applications *cum* Recommendations
- Chapter 13: Summary (conclusions, assumptions, plausible hypotheses)

The final chapter of this report gives a summary of the research findings resulting from both literature review and the empirical research in the form of 62 statements that represent the final conclusions, assumptions, plausible hypotheses pertaining to the final manifestation of the object of intention.



# CHAPTER 12

## RETURNING THE OBJECT OF INTENTION TO THE PRACTICAL SITUATION: APPLICATIONS AND RECOMMENDATIONS

*For the changes that are requisite  
for planetary survival and shalom<sup>2</sup>  
are not surface rearrangements like  
the redistribution of material goods and services  
but a transformation at the level  
of personal and social being.  
In short, we must get a new image of ourselves:  
we ourselves must be changed*  
Douglas John Hall

### 12.1 INTRODUCTION

Based on the final manifestation of the object of intention as essentially an intra-psychic process of dialogue among Care, will, meaning attribution and conscience, human existence or *isness* is essentially a continuous moral and ethical deliberation and reorientation<sup>3</sup>. This turns all human interaction, whether with self, others, or things, into moral ethical interaction, or interaction with moral ethical implications and obligations. This is even more the case in more formal interactions such as nursing, (nursing) education, counselling, etc.

The crucial involvement of, and the role that the *phronema* plays in the dialogue among the processes of Care, will, meaning and conscience, necessitates a projection of the object of intention into the field of *intelligence* studies. At least three different types of intelligence are

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<sup>2</sup> *Hebrew: Peace*

<sup>3</sup> *Moral and ethical at this level primarily implies awareness of alternatives and the ability to discriminate (the researcher).*

implied by the final manifestation of the object of intention, namely: *rational* (academic) *intelligence* (professional nursing knowledge and skills), *social intelligence* (lay caring and generic caring components), and *emotional intelligence* (the feelings component). Of these, the latter two types of intelligence seem the more important ones in cultivating and sustaining a caring concern. At present, due to a still Tylarian dominated educational viewpoint, nursing curricula are still flooded with the importance of the intellectual and rational intelligence. For this reason no further attention is paid in this chapter to this type of intelligence, however, emotional and social intelligences are briefly described and recommendations in this regard are made.

A second major academic field of interest stemming from the final manifestation of the object of intention is that of human motivation. *Maintenance*, or the lack thereof, implies a reason - some motivation - for its occurrence. In addition, the self-sustaining and self-impregnating<sup>4</sup> nature of caring also implies the inherent motivational nature of caring. The same phenomenon is found in the cultivation of a positive orientation towards helping behaviour due to the mood enhancing effect of such behaviours (Midlarsky 1991:250).

A third field towards which the object of intention should be extended is that of nursing education as the informants in this study all came from this field as indicated by the research question. In this instance, curriculum content for the advancement of caring and the maintenance of a caring concern is suggested, as well as teaching strategies in this regard. Content to improve the individual student's emotional and social intelligence is also proposed. Broad outlines are also given regarding the importance of founding nursing education on a model such as the one in which the object of intention finally manifested itself.

Finally, some methodological issues relating to experiences the researcher encountered during the present research are also pursued.

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<sup>4</sup> See paragraph 10..

## 12.2

EXTENSION TO THE DOMAIN OF INTELLIGENCES<sup>5</sup>

The present emphasis on different intelligences is in line with development in the field of intelligence studies. As far back as 1978, Keating (1978:218) stated that:

In recent years, one of the most persistent recommendations regarding research in human abilities has been to diversify and broaden the concept of ability to include areas other than those school-defined abilities traditionally assessed. It has been argued that the domains of academic aptitude and achievement, or even of intelligence in the IQ sense, are too restrictive to account for all the educationally relevant individual differences in abilities (Keating 1978:218).

This statement by Keating is as relevant today as it was in 1978. For many years the study of intelligence focussed mainly on the adaptive use of cognition, however, in recent years theorists such as Gardner (1983) and Sternberg (1988) have suggested more encompassing approaches to understanding intelligence. This statement is corroborated by Jones and Day (1997:486) in saying that the domains of intelligence have recently mushroomed, as researchers have turned their attention to discovering components of effective living (Jones and Day 1997:486). Caring is regarded, by the researcher, as one dimension of such effective living, however, a *caring intelligence* is not suggested at this point. Besides, Scarr (Mayer and Salovey 1993:434) emphatically warns against the popular notion that: *lumps all manner of human virtues under the banner of several intelligences.*

Nonetheless, the intra-psychic processes of Care, will, meaning attribution and conscience, involved in the maintenance of a caring concern, set the stage for the involvement of different intelligences<sup>6</sup> to operate in the maintenance of a caring concern. It is thus a case of caring and the maintenance of a caring concern as (reflection of) the different intelligences and caring and the maintenance of a caring concern as depending upon these different intelligences.

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<sup>5</sup> The researcher uses the term "intelligences" as this is the term used in the literature for the more correct English form of "different types of intelligence."

<sup>6</sup> Although general intelligence indicates a person's overall intellectual functioning, it says little about the more specific types of intelligence that comprise it. Consequently psychologists have sought to divide general intelligence in various ways (Mayer and Geher 1996:89). These more specific types of intelligence are viewed as inter-correlated but somewhat distinct from one another (Mayer and Geher 1996:89). One of the earliest and most influential divisions of intelligence (Thorndike 1920) split it into three broad classes of abilities, namely: abstract analytical and/or verbal types of intelligence; mechanical, performance, visual-spatial and/or synthetic types of intelligence; and the less studied social and/or practical types of intelligence (Mayer and Geher 1996:90).

## 12.2.1

## WHAT IS INTELLIGENCE?

The most often cited definition according to Salovey and Mayer (1990:186) is that of Wechsler, namely:

intelligence is the aggregate or global capacity of the individual to act purposefully, to think rationally, and to deal effectively with his environment.

In the same vein Langer (1993:44) defined intelligence as *the capacity to identify the optimal fit between oneself and the environment*.

According to Sternberg (1998:65), *successful* intelligence is that set of mental abilities used to achieve one's goals in life, given a socio-cultural context, through adaptation to, selection and shaping of environments depending on the human ability regarding three interrelated but largely distinct aspects, namely: analytical, creative, and practical thinking. However, within the framework of the present study, Sternberg's definition does not clearly involve the more human and humanistic elements underlying caring and the maintenance of a caring concern as it finally manifested itself in this research. Sternberg's definition seems to involve only the cognitive and the psychomotor (actions) components of the *phronema* of caring albeit within a specific socio-cultural context.

The final manifestation of the object of intention finds, however, relevance in Gardner's (1993) proposed theory of *multiple intelligences* which identified seven separate kinds of intelligence, viz. linguistic (verbal), musical spatial, logical-mathematical, bodily-kinesthetic, understanding of others (interpersonal), and understanding of self (intrapersonal). It is especially the intrapersonal intelligence or so-called emotional intelligence and the interpersonal intelligence or social intelligence to which the final manifestation of the object of intelligence relates.

## 12.2.2

## EMOTIONAL INTELLIGENCE

The full expression of emotions seems to be a primarily human motive (Salovey and Mayer 1990:186). The publication of the book by Goleman (1995), *Emotional Intelligence*, made

popular the notion of viewing the experience and expressions of emotions as a domain of intelligence (Schutte, Malouff, Hall, Haggerty, Cooper, Golden & Dornheim 1998:167). However, it was Salovey and Mayer (1990) who were the first to use the term *emotional intelligence* (Schutte et al. 1998:168).

#### 12.2.2.1

##### Definitions

Several comprehensive models of emotional intelligence provide alternative theoretical frameworks for conceptualising the construct. Although not contradictory, these models do take somewhat different perspectives on the nature of emotional intelligence (Schutte et al. 1998:168)

Emotional intelligence is a type of intelligence that involves the ability to monitor one's own and others' emotions, to discriminate among them and to use the information to guide one's thinking and actions (Mayer & Salovey 1993:433, Martinez-Pons 1997:3).

Emotional intelligence can also be equated to the term [*intra*] *personal intelligence* (Salovey and Mayer 1990:189; Mayer & Salovey 1993:433), which according to Gardner (1983:239) is:

... access to one's own feeling life - one's range of affects or emotions; the capacity instantly to effect discrimination among these feelings and, eventually, to label them, to enmesh them in symbolic codes, to draw upon them as a means of understanding and guiding one's behaviour. In its most primitive form, the intrapersonal intelligence amounts to little more than the capacity to distinguish a feeling of pleasure from one of pain ... At its most advanced level, intra-personal knowledge allows one to detect and to symbolize complex and highly differentiated sets of feelings ... to attain a deep knowledge of ... feeling life (Gardner 1983:239).

According to Schutte et al. (1998:168), Gardner's (1983) concepts of interpersonal and intra personal intelligence provided the foundation for later models of emotional intelligence. The core of intra-personal intelligence is the ability to know one's own emotions, while that of interpersonal intelligence is the ability to understand other individuals' emotions and intentions.

More succinctly put, emotional intelligence is the capacity to adapt to affective information (Mayer & Salovey 1993:433). Emotional intelligence signifies that the individual has the appropriate emotional response in specific situations and that the individual is in touch with

her/his emotions; being able to name emotional experiences and to talk about these (Schutte et al. 1998:168).

### 12.2.2.2

#### Defining attributes

#### 12.2.2.2.1

##### *Emotional intelligence*

Salovey and Mayer (Salovey and Mayer 1990:190; Schutte et al. 1998:168) postulate the following three categories of *adaptive* abilities in emotional intelligence:

- *Appraisal and expression of emotion* - the appraisal and expression of emotions in the self and the appraisal of emotions in others. The component of appraisal and expression of emotions in the self is further divided into verbal and non-verbal sub-components. As applied to others, it is broken down into non-verbal perception and empathy. Salovey and Mayer (1990:194) posited that empathy might be a central characteristic of emotionally intelligent behaviour.
- *Regulation of emotion* - the regulation of emotions in self and in others.
- *Utilisation of emotions in solving problems*. This includes the components of flexible planning, creative thinking, redirecting attention and motivation (Salovey and Mayer 1990:189-200; Schutte et al. 1998:168). The scope of emotional intelligence includes the *verbal* and *non-verbal* appraisal and expression of emotion, the regulation of emotion in the self and others, and the utilisation of emotional content in problem solving (Mayer & Salovey 1993:433).

The above model by Salovey and Mayer was confirmed during instrument development for measuring emotional intelligence conducted by Schutte and associates (Schutte et al. 1998:175). These authors concluded that, because the first factor derived from a factor analysis included roughly equal numbers of items from the different categories and components of the model (Salovey-Mayer Model), one can view the results of the factor analysis as suggesting a homogeneous construct of emotional intelligence (Schutte et al. 1998:175). However, even though emotions are at the core of the Salovey-Mayer model, it also encompasses social and cognitive functions related to the expression, regulation and utilisation of emotions (Schutte et al. 1998:168).

Mayer and Salovey (1997) formulated a revised model which gives more emphasis to the cognitive components of emotional intelligence and conceptualises emotional intelligence in terms of *potential for intellectual and emotional growth*, with different processes following one another sequentially (Schutte et al. 1998:168). This model consists of the following branches:

- *Perception, appraisal and expression* of emotions;
- Emotional facilitation of *thinking*;
- *Understanding, analysing and employing* emotional knowledge; and
- *Reflective regulation* of emotions to further emotional and intellectual *growth* (Schutte et al. 1998:168). In the same vein, Martinez-Pons (1997:3) states that the defining attributes pertaining to *self* include attention to one's moods and emotions, one's ability to discriminate between one's feelings, and, one's ability to regulate emotions and moods.

Goleman (1995) presented many important correlates of emotional intelligence and somewhat expanded the construct to include a number of specific social and communication skills influenced by the understanding and expression of emotions (Schutte et al. 1998:168). Goleman (1995:42) further elucidates Salovey's exposition of the concept of emotional intelligence as involving *five* domains, namely:

- *Knowing one's emotions*. Self-awareness - recognising a feeling as it happens - is the keystone of emotional intelligence. The ability to monitor feelings from moment to moment is crucial to psychological insight and self-understanding.
- *Managing emotions*: Handling feelings so they are appropriate is an ability that builds on self-awareness. People who are poor in this ability constantly battle with feelings of distress, while people that excel in it can bounce back far more quickly from life's setbacks and upsets.
- *Motivating oneself*. Marshalling emotions in the service of a goal is essential for paying attention, for self-motivation and mastery, and for creativity. Emotional self-control - delaying gratification and stifling impulsiveness - underlies accomplishment of every sort. People who possess this skill tend to be more highly productive and effective in everything they undertake.
- *Recognising emotions in others*. Empathy, another ability that builds on emotional self-

awareness, is the fundamental *people skill* (Goleman 1995:43). People who are empathetic are more attuned to the subtle social signals that indicate what others need or want. This makes them better at callings such as the caring professions, teaching and management (Goleman 1995:43)

- *Handling relationships*. The art of relationship to a large extent depends on the skill of managing emotions in others. These are abilities that undergird popularity, leadership, and interpersonal effectiveness. People who excel in these skills do well in anything that relies on interacting smoothly with others (Goleman 1995:44).

According to the Trait Meta-Mood Scale (Martinez-Pons 1997:5) the defining attributes of emotional intelligence are:

- *attention* (to one's moods and emotions);
- *emotional clarity* (one's tendency to discriminate between one's emotions and moods); and
- *emotional repair* (one's tendency to regulate one's feelings). These three attributes follow a sequential dependency (Martinez-Pons' 1997:6)

The corner stones of emotional intelligence according to Cooper and Sawaf (1997) are:

- *Emotional literacy*: which includes knowledge of one's own emotions and how they function. The concept of emotional literacy is also elaborated upon extensively by Steiner and Perry (1997);
- *Emotional fitness*: which includes emotional hardiness<sup>7</sup> and flexibility;
- *Emotional depth*: which involves emotional intensity; and
- *Potential for growth and 'emotional alchemy'*: which includes the ability to use emotions to spark creativity.

The *Bar-On Emotional Quotient Inventory* 133 item self-report scale includes fifteen (15) distinct sub-scales namely: emotional self-awareness, assertiveness, self-regard (*the ability to respect and accept one's self as basically good*), self-actualisation, independence, empathy (*the ability to be aware of, to understand, and to appreciate the feelings of others*), interpersonal relationships (*the*

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<sup>7</sup> Also see paragraph 4.3.7.

ability to establish and maintain mutually satisfying relationships that are characteristic of intimacy and giving and receiving affection), social responsibility (the ability to demonstrate one's self as a co-operative, contributing and constructive member of one's social group), problem solving, reality testing, flexibility, stress tolerance (the ability to withstand adverse events and stressful situations without *falling apart*), impulse control, happiness, and optimism (Schutte et al. 1998:168; <http://www.eqi.org/>; <http://www.pro-philes.com/book.htm>).

The Bernet 93 item *Style in the Perception of Affect Scale* is based on the premise that the cornerstones of emotional intelligence are *the ability to attend rapidly, appropriately and effortlessly to feelings* (Schutte et al. 1998:169). The measure assesses respondents' preferences for the following three styles of perception of the affect, namely: body-based, evaluation-based and logic-based perceptions. Bernet found that body based perception of affect was associated with better mental health, awareness of small bodily changes, social skills, contentment and creativity (Schutte et al. 1998:169).

#### 12.2.2.2.2

##### *Emotional competence*

Many intellectual problems contain emotional information that must be processed. This processing may proceed differently from the processing of non-emotional information. Emotional intelligence is not merely emotional competence. Competence involves reaching a certain criterion. This is not what is intended with term *intellect*. Intellect, or intelligence, refers to the ability to process certain types of information, in this instance, emotional information (Mayer & Salovey 1993:439). Emotional competence is a learned capability based on emotional intelligence that results in outstanding performance at work (Goleman 1998:24). Goleman (1998:26-27) suggests an emotional competence framework which includes the five major dimensions of emotional intelligence as defined above. These are divided into emotional competence and social competence with 25 identified emotional competencies. However, Goleman (1998:25) is quick to point out that: *None of us is perfect . . . ; we inevitably have a profile of strengths and limitations. . . the ingredients for outstanding performance require only that we have strengths in a given number of competencies . . . In other words, there are many paths to excellence.*

**Personal competence** and competencies determine how we manage ourselves and include:

- *Self-awareness* (that is, knowing one's internal states, preferences, resources, and intuitions,) is founded upon:
  - Emotional awareness; the ability to recognise one's emotions and their effects;
  - Accurate self-assessment; knowing one's strengths and limits.
  - Self-confidence; a strong sense of self-worth and capabilities.
- *Self-regulation* (or managing one's internal states, impulses, and resources) is founded upon:
  - Self-control; keeping destructive emotions and impulses in check
  - Trustworthiness; the maintenance of standards of honesty and integrity.
  - Conscientiousness; taking responsibility for personal performance.
  - Adaptability; flexibility in handling change.
  - Innovation; being comfortable with novel ideas, approaches, and new information.
- *Motivation* which includes emotional tendencies that guide or facilitate reaching goals, is founded upon:
  - Achievement drives; striving to improve or meet a standard of excellence.
  - Commitment; aligning with the goals of the group or organisation.
  - Initiative; readiness to act on opportunities.
  - Optimism; persistence in pursuing goals despite obstacles and setbacks (Goleman 1998:26).

**Social competence** and competencies determine how we handle relationships, and include:

- *Empathy*; the awareness of others' feelings, needs, and concerns, which is founded upon:
  - Understanding others; sensing others' feelings and perspectives.
  - Developing others; sensing others' developmental needs and bolstering their abilities.
  - Service orientation; anticipation, recognizing and meeting consumers' (patients') needs.
  - Leveraging diversity; cultivating opportunity through different kinds of people.
  - Political awareness; reading a groups' emotional currents and power

relationships.

- Social skills, or adeptness at including desirable responses in others, which is founded upon:
  - Influence; wielding effective tactics for persuasion.
  - Communication; listening openly and sending convincing messages.
  - Conflict management; negotiating and resolving disagreements.
  - Leadership; inspiring and guiding individuals and groups.
  - Change catalyst; nurturing instrumental relationships.
  - Collaboration and cooperation; working with others towards shared goals.
  - Team capabilities; creating synergy in pursuing collective goals (Goleman 1998:27).

### 12.2.2.3 Correlations

Mayer and Geher (1996:90) explicitly state that although they employ the term emotional intelligence rather than the term social intelligence, several closely related concepts exist such as intra-personal intelligence (Gardner 1983) and emotional creativity (Averil and Thomas Jones cited in Mayer and Geher 1996:90). Salovey and Mayer (1990:189) view emotional intelligence as a subset of *social intelligence*<sup>8</sup>.

Many intellectual problems also contain emotional information that must be processed (Mayer & Salovey 1993:433). Mayer and Geher (1996:91) hypothesise that the ability to know other people's emotions is related to other indices of emotional intelligence, such as, empathy, openness, and general intelligence. Higher emotional intelligence is frequently said to covary with greater internal openness, as indicated both by higher scores on empathy scales and lower scores on measures of defensiveness. It is also said to covary with higher scores on intelligence scales. Emotional identification also correlates positively with self-report measures of empathy (Mayer and Geher 1996:95).

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<sup>8</sup> See paragraph 5.2.4.

With regard to intellect related measures, Ickes et al (1990:736 cited in Mayer and Geher 1996:95) reported low, positive correlations between grade point average and measures of accuracy for thought and feeling content.

Martinez-Pons (1997:4) investigated EI's predictive power in three areas of personal functioning namely: goal orientation<sup>9</sup>, life satisfaction<sup>10</sup>, and depression symptomatology<sup>11</sup>. The author expounded on Salovey et al.'s (1995) construct of emotional intelligence. Statistically significant correlations between emotional intelligence (EI) and these other measures of personal functioning were found by (Martinez-Pons 1997:10).

These more specific types of intelligence are viewed as inter correlated but somewhat distinct from one another. Thus, even those who strongly argue for the independence of different types of intelligence acknowledge that they are empirically correlated (Mayer and Geher 1996:89)

#### 12.2.2.4

##### **Importance regarding the present findings**

Caring is often conceptualised as an emotion or as primarily emotional in nature. Not only does the feelings component of the *phronema* of caring attest to the emotional nature of caring, but also the variant *caring about*<sup>12</sup>. Although it is not the complete perspective, emotions do form an undeniably important component of caring. In addition, the mere fact that Salovey and Mayer (1990:190) define emotional intelligence as a set of *adaptive* abilities appeals to the dynamics underlying the concept of *maintenance*, as well as to the fluid and ever-changing *life-world* in which caring is consummated. The potential for emotional and intellectual *growth*, as an indication of adaptive ability, included in some of the definitions on emotional intelligence (Mayer and Salovey 1997; Schutte et al. 1998; Steiner and Perry 1997) is further appealing to the

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<sup>9</sup> Goal orientation consists of two diagrammatically opposed ingredients: concern with task mastery and personal improvement versus a concern with competitive success over others (Martinez-Pons 1997:4)

<sup>10</sup> Life satisfaction was defined as a person's perception of the general quality of his or her life (Martinez-Pons 1997:4)

<sup>11</sup> Depression symptomatology was defined as the cognitive, affective and somatic manifestations of dejection or despondency (Martinez-Pons 1997:4).

<sup>12</sup> See paragraph 3.2.1.3.3.

concept of caring as defined by Mayeroff (Mayeroff 1971:1). However, adaptability and growth are also important concepts in the *maintenance* of a caring concern. Theoretically, at least, caring and the maintenance of a caring concern seem related to emotional intelligence which in turn justifies emotional intelligence as a concomitant field of interest when studying the maintenance of a caring concern.

In the same way that some people are verbally fluent because they can rapidly and effectively generate words, individuals of differing emotional and affective frequency and amplitude may be more emotionally fluent and can rapidly and effectively generate emotions and emotion-related thoughts (Mayer & Salovey 1993:436). This is best illustrated with verbalisation and actions accompanying mood swings. Because moods and emotions sometimes arise when there is a mismatch between personal expectations and the environmental realities (e.g. wanting to be caring but being opposed in this) moods direct attention to self, perhaps to clarify the experience and facilitate adaptive response to it. It was recently found that both happy and sad moods are followed by a shift in attention inward. Such a shift would seem to promote cognitive and behavioural activities that potentially maintain pleasant, and relieve unpleasant, states (Salovey 1990:197; Mayer & Salovey 1993:437). Finally, emotional individuals may place emphasis on higher level processes concerning attention to feelings, clarity, and discriminability of feelings, and beliefs about mood-regulatory strategies. Individuals who experience feelings clearly, and who are confident about their abilities to regulate their affect, seem to be able to repair their moods more quickly and effectively following failure and other disturbing experiences (Mayer & Salovey 1993:437).

An extremely important issue regarding the concept of emotional intelligence in general is that it counteracts the tradition of emotions as defence mechanisms only. We still tend to think of emotional management as serving the purpose of limiting experience. This side is the traditional one of defence mechanisms. However, psychologists are presently also interested in the way we can expand our experiences through acceptance of ourselves or expanding conscious awareness - openness (Salovey and Mayer 1990:186)<sup>13</sup>. This would imply a psychology of optimality. Mayer

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<sup>13</sup> *In the same way Care and caring is often still perceived as necessarily placing self in a subservience position, of limiting one's abilities and opportunities for higher achievements. However, in this study the researcher trusts that it would become clear to the reader that Care and caring are in fact the way towards personal enrichment and*

and Salovey (1993:438) also propose that mood regulatory mechanisms, which can be studied in the context of emotional experience, may ultimately turn out to be important in explaining constructs such as empathy and abilities related to it. However, more needs to be done regarding studying into the field of openness during emotional states. That is allowing the free flow of information and experience during such states.

Martinez-Pons's (1997:4) findings regarding emotional intelligence's predictive power in three areas of personal functioning namely: goal orientation, life satisfaction, and depression symptomatology have definite implication and importance for the present findings. At the empirical level, emotional intelligence also seems to be related to aspects associated with the maintenance of a caring concern. Path analysis showed that emotional intelligence is positively related to *adaptive* form of *goal orientation* and to *life satisfaction*, and that it *negatively* influences *depression symptomatology* (Martinez-Pons 1997:3). Goal orientation could be directly related to the *will* component as process involved in the maintenance of a caring concern. The adaptive nature of such goal orientation points directly to an ability to *maintain*. Life satisfaction, in turn, could be equated to the *meaning attribution* process identified as being essential to the maintenance of a caring concern.

According to Salovey and Mayer (1990:193), the ability to correctly identify emotions in others ensures smooth interpersonal cooperation. Data display 10.3.3.2, indicates that both the creation of, and the maintenance of, an ambiance of smooth interpersonal relationships are essential to the maintenance of a caring concern.

Salovey and Mayer (1990:199) further point out that emotional intelligence might assist in flexible planning, creative thinking, redirection of attention, and motivation in general. When people approach life tasks with emotional intelligence, they should be at an advantage for solving problems *adaptively*. They are also more apt to integrate emotional considerations when choosing among alternatives. Such an approach will lead to behaviour that is considered respectful of the internal experience of themselves and others (Salovey and Mayer 1990:200). In the fluid, value laden, environment in which human caring is consummated, ethical decision making is common

place. What Salovey and Mayer have to say, has definite direct bearing on the findings of this research. Emotional intelligence needs to be developed in all people, professional and laymen alike.

The proposed *salutogenic*<sup>14</sup> nature of caring and the maintenance of a caring concern are also reflected in Salovey and Mayer's (1990:201) interpretation of the practical implications of an enhanced state of emotional intelligence. According to these researchers, individuals with emotional intelligence can be thought of as having attained at least a measure of *positive mental health*. These individuals are aware of their own feelings and those of others. They are open to positive and negative aspects of internal experience, are able to label them, and when appropriate, communicate with them. Such awareness will often lead to the effective regulation of affect within themselves and others, and so contribute to well-being. Thus, emotionally intelligent people are often a pleasure to have around and leave others feeling better (Salovey and Mayer 1990:201). By recognising the contribution of emotional intelligence to a healthy personality, and how to foster it, we may come to recognise advantageous qualities or needed changes in social institutions and cultural practices (Salovey and Mayer 1990:202).

According to Mayer and Geher (1996:110) emotional accuracy could lead towards an affinity for professions which depend on emotional intelligence such as psychology, teaching, nursing and the like. In addition, it is predicted that such people will have better, long term intimate relationships, and better work histories within their occupations. The importance regarding the present research findings is that a concern for caring on a global level (See data display 10.3.2.1.7.3) should be pursued outside the caring professions. Negotiations with national education departments should be engaged in to change the curriculum from the grade 0 to grade 12 level and beyond to include experiences that will enhance emotional intelligence and social responsibility.

#### 12.2.2.5

##### Validity of constructs

This paragraph merely serves to introduce the reader to aspects relating to the measuring of

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<sup>14</sup> See paragraph 4.2.1.

emotional intelligence. Admittedly, the contents is one sided and superficial, however, it gives additional information regarding the phenomenon *emotional intelligence* and the possibility of studying this phenomenon in relation to caring and the maintenance of a caring concern from a different (positivistic) research paradigm.

In 1993, Mayer and Salovey (1993:435) were still worried, and warned that the problem of *discriminate validity* regarding emotional intelligence and general intelligence remains because so much of general intelligence operates in the social domain (Mayer & Salovey 1993:435). Although these researchers acknowledge that discriminate validity in research is an ever-present problem which needs to be addressed with the development of each and every new measuring instrument, there are some promising results to date (after 1993). For instance. A path analysis outcomes attested to the construct validity of emotional intelligence (Martinez-Pons 1997:3). On the Trait Meta-Moods Scale, Martinez-Pons (1997:5) found the following consistency reliability measures: attention (.86), clarity (.88), and repair (.82). The internal consistency of the thirty item scale also proved high, at  $\alpha(108)^{15} = .79$ . For the other sub-scales that were tested, the internal consistency was as follows: task mastery  $\alpha(108)=.82$ , success over others  $\alpha(108)=.85$ , life satisfaction  $\alpha(108)=.77$ , and depression symptomatology  $\alpha(108)=.75$  (Martinez-Pons 1997:6).

According to Schutte et al. (1998:168), the assessment of the construct of emotional intelligence has not kept pace with the interest in the construct. However, there exist two commendable scales for measuring emotional intelligence *per se* namely the *Bar-On Emotional Quotient Inventory*, and the *Style in the Perception of Affect Scale* by Bernet. Both these scales have *some validity evidence* [sic] (Schutte et al. 1998:168).

It is estimated that the ability of the The Bar On EQ-i (<http://www.eqi.org/>) to predict job performance ranges from .47 to .56 (accounting for an average of 27% of the variance). Gender comparative studies indicated that women score higher than men on the interpersonal relationship, empathy and social responsibility sub scales. Men score higher on the stress tolerance and self-regard sub scales (<http://www.eqi.org/>).

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<sup>15</sup> The number of respondents that took part in the specific study.

### 12.2.2.6 Alexithymia

A important phenomenon associated with emotional intelligence, and emotions in general, is that of *alexithymia*<sup>16</sup>. According to Kroner and Forth (1995:625), *alexithymia* is a relatively new construct. However, the researcher could trace journal articles on the topic back to 1978 (Apfel and Sifneos 1978) at which stage the concept was already well debated.

#### 12.2.2.6.1 Definitions

According to Berenbaum and Prince (1994:231) the core feature of *alexithymia* is the diminished ability to identify and communicate feelings. This is echoed by Kroner and Forth (1995:625). Apfel and Sifneos (1978:180). *Alexithymia* literally means being without words for feelings. According to Apfel and Sifneos, the concept is based on descriptions by psychiatrists, and is not something of which the patient or the referring physician complains. Martin and Pihl (1986:67) interpret Apfel and Sifneos's (1978) view on *alexithymia* in apparently neutral fashion as: *a constellation of cognitive and behavioral characteristics related to the expression and experience of affect*. This definition, however, does capture the *continuous personality trait* nature of *alexithymia* as implied by Berenbaum and Prince (1994:231)

The term *alexithymia* is derived from the Greek words: a = without, lexi = words; thymus = emotions (seat of emotions). Thus, without words to describe emotions (Goleman 1995:51).

#### 12.2.2.6.2 Attributes

*Alexithymia* is also multidimensional. Dimensions include awareness deficits, lack of imaginative ability, difficulty in describing feelings, importance of feelings and daydreams (Kroner and Forth 1995:625). In addition, Apfel and Sifneos (1978:181-182) add the following dimensions, among others: inappropriate affect, impulsive actions, withdrawal, and a rigid posture. When comparing the alexithymic, to the neurotic patient, Apfel and Sifneos (1978:180) identified that the interviewer or the therapist is usually bored by the alexithymic patient whom they find frightfully 'dull.' Consequently Apfel and Sifneos (1978:180) conclude that *alexithymia* is based on

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<sup>16</sup> Also see paragraph 7.8.5.2.

descriptions by psychiatrists, and is not something of which the patient or the referring physician complains.

Recent studies have also suggested a relationship between alexithymia and a diminished capacity to experience pleasure in social and interpersonal interactions (Kroner and Forth 1995:262). There is also an indication of limited language skills in people showing alexithymia (Kroner and Forth 1995:626).

Alexithymia has been shown to be different from repression, trait anxiety, and depression (Kroner and Forth 1995:625; Martin and Pihl 1986:66).

Goleman (1995:50-51) describes the clinical features of alexithymia as including:

- Difficulty and inability to verbalise or express feelings and emotion which could lead to a lack of experiencing emotions that are present.
- A sharply limited vocabulary with which to describe feelings.
- Trouble in discriminating between emotions or feelings.
- Trouble in discriminating between emotion and bodily sensation or *somaticizing*<sup>17</sup>.
- Lacking in the fundamental skill of emotional intelligence and emotional competence<sup>18</sup>, namely self-awareness.

#### 12.2.2.6.3 *Correlates*

Although the lack of empathy is not a defining characteristic of alexithymia, identification of feelings is a prerequisite to communicate feelings to others and to having empathy (Kroner and Forth 1995:625). Even though *alexithymia* has been shown to be different from repression, trait anxiety, and depression (Kroner and Forth 1995:625; Martin and Pihl 1986:66), denial, self-deceit, and other defence mechanisms might also present with *an inability* to communicate emotions. What Gary terms *emotional flatness* may also exemplify *alexithymia* (Goleman

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<sup>17</sup> *Mistaking an emotional ache for a physical one* (Goleman 1995:51).

<sup>18</sup> *See paragraph 12.2.2.2.2.*

1995:50).

#### 12.2.2.6.4

##### *Measuring instruments*

An earlier usable checklist for therapists and interviewers and a self-report questionnaire on alexithymia was published by Apfel and Sifneos (1978:184-189). A more recent popular instrument is the TAS-20 (20 Item Toronto Alexithymia Scale ) (Taylor 1984; Bagby , Taylor and Ryan 1986; Bagby , Taylor and Parker 1988; Haviland, Shaw, MacMurray and Cummings 1988; Bagby, Taylor and Parker 1994; Kroner and Forth 1995).

#### 12.2.2.6.5

##### *Significance and recommendations*

Alexithymia has been found among individuals with a wide variety of medical and psychiatric conditions (Berenbaum and Prince 1994:231). The researcher was also struck by the apparent presupposition towards, and association between, alexithymia and individuals other than *normal* individuals. For instance, alexithymia was studied in association with psychosomatic disorders (Berenbaum and Prince 1994; ) and incarcerated sexual and violent offence criminals (Kroner and Forth 1995). The term *alexithymia* has been introduced to refer to psychiatric patients who are unable to verbally express their emotions (Mayer & Salovey 1993:438). This is corroborated by Apfel and Sifneos (1978:181-182) and Goleman (1995:50).

However, research has also been conducted in which *normal* individuals were involved (Martin and Pihl 1986) and the terms *alexithymic* and *non-alexithymic* also appear in the literature (Berenbaum and Prince 1994:231; Martin and Pihl 1986:67). In this regard, Berenbaum and Prince (1994:231) point out that although researchers, particularly those who focus on psychiatric disturbance, sometimes divide individuals into alexithymics and nonalexithymics, *alexithymia* is not an all-or-none phenomenon. Individuals vary in the degree to which they are capable of identifying and communicating their emotions. Thus, alexithymia is best considered a *continuous personality trait*.

As indicated in paragraph 7.8.5.2 (Data display 7.3), a general occurrence during interviews was that informants could not pertinently describe an experience associated with caring, namely

*feeling good*<sup>19</sup>. Informants in a study conducted by Smith (1992a:55) also stated that the caring presence made them feel warm in ways they *could not describe*. On ground of Berenbaum and Prince's (1994:231) and Martin and Pihl's (1986:67) notion of alexithymia as *a continuous personality trait*, and considering the etymological form<sup>20</sup> of the word, the researcher labelled this as indicative of *alexithymia*. Alexithymia is thus defined as a methodological problem in this study. The fact that informants are sometimes left without words to describe certain feelings, experiences and awareness is perhaps a more prevailing methodological issue in existential phenomenological and experiential research and the phenomenology of feelings than what is reported. Gendlin's terms *direct reference*<sup>21</sup> (Jennings 1986:1238) might well be indicative of alexithymia within the broader definition as a contiguous personality trait.

It is accordingly recommended that in instances of existential-phenomenological research, and all other qualitative research into human experience, awareness and feelings, measurement of the tendency towards alexithymia be determined during the engineering of purposive samples of informants for such studies. Nurse researchers in these fields of study thus need to keep abreast with research and measurement tools development pertaining to alexithymia. Had the researcher been aware of this phenomenon prior to the present study, he would probable have set different criteria<sup>22</sup> for the selection of informants.

### 12.2.3

#### SOCIAL INTELLIGENCE AND PROSOCIALITY

As indicated previously<sup>23</sup>, *caring* is encountered in sociology and social psychology in the concepts *prosociality*, *prosocial interest* and *prosocial behaviour*. Midlarsky (1991:238) equates *prosociality* with *help* and *helping*. With regard to the present study, generic caring and

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<sup>19</sup> See paragraph 10.2.4.1.

<sup>20</sup> *a* = without, *lexi* = words; *thymus* = emotions (seat of emotions). Thus: without words to describe emotions (Goleman 1995:51).

<sup>21</sup> During psychotherapy, it is often observed that the client is distinctly aware of an important inner feeling experience, but the client does not yet possess the "words" or ideas to formulate an understanding of just what that experiential feeling is about. (Jennings 1986:1238). Also see paragraph 2.6.4.

<sup>22</sup> See paragraph 6.2.1.1 on the POI.

<sup>23</sup> Paragraph 5.2.4. should be read in conjunction with the present paragraph.

lay caring are equated with prosocial behaviour and prosociality.

The reader might find that the explication of the concept *prosociality*, and the reference made to *social intelligence* in paragraph 5.2.4, strongly reminds one of *emotional intelligence*. This may be due to the fact that although different researchers claim to have identified these intelligences as separate entities, the sub-scales they have used to clarify these phenomena through research might have overlapped. As Darley (1991:321) states, different areas of research have different sets of preferred theoretical constructs, and the theoretical constructs of one domain are sometimes split and fragmented in their representation among constructs in another domain. Partially for this reason, the concept of social intelligence has been one of the most elusive issues in psychology, however, both implicit theories and explicit theories suggest the existence of *social intelligence* (Barnes and Sternberg 1989:263). As indicated previously, a number of researchers claim to have successfully uncovered social intelligence as a distinct dimension of human intelligence. Among these researchers are Keating (1987), Sternberg, Conway, Ketron, and Bernstein (1981), and Marlowe (1985, 1986). Judged by the number of publications on social intelligence<sup>24</sup>, interest in this phenomenon seems to have dwindled somewhat recently. The concept also seems to have, to some extent, been absorbed by the concept *emotional intelligence*. Social intelligence also seems to be discussed more often as *prosocial behaviour* than as *an intelligence*. For this reason in the discussion that follows, the focus is largely on prosociality rather than on social intelligence per se. This seems justified within the definitional attributions Marlowe (1985, 1986) ascribes to emotional intelligence.

### 12.2.3.1

#### Definition

*Social intelligence*, according to Thorndike's (1920) definition (Walker and Foley 1973:842), includes the idea of the *ability to understand others and to act or behave wisely in relating to others*. Walker and Foley (1973:843) defined social intelligence as consisting of three kinds of conceptual definitions: 1) the ability to decode accurately social information, 2) effectiveness or adaptiveness of social performance, and 3) performance on any test that contains a social-skills component. However, Barnes and Sternberg (1989:265) conclude that in sum, over and above

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<sup>24</sup> This conclusion is based on the availability of articles on social intelligence on line via the WWW and the Silver Platter computerized journal indexes.

the results of factor analyses, there appears to be support only for one of the three conceptual definitions of social intelligence, namely, behavioural effectiveness.

Marlowe (1985:4; 1986:55) claims to have identified an independent domain of *social intelligence* which contains five sub-domains, namely:

- *Prosocial interest*: one's level of interest in and concern for others combined with one's sense of self-confidence in dealing with others.
- *Social efficacy and social skills*: behaviourally observable actions which promote social interaction.
- *Empathy skills*: abilities not necessarily directly observable, although they may be, which promote the understanding of another person's thoughts, beliefs and feelings.
- *Emotionality*: the degree to which one is sensitive to the role of affect in human behaviour, both within oneself and within others.
- *Social anxiety*: the level of anxiousness one experiences in social situations (Marlowe 1985:4; 1986:55).

Some of the characteristics Marlowe attributes to social intelligence are also attributed to *emotional competence*<sup>25</sup> by Goleman (1998:27).

### 12.2.3.2

#### Importance regarding the present findings

With regard to the final manifestation of the object of intention, social intelligence (as the individual's effectiveness or adaptiveness regarding social performance) (Walker and Foley 1973:843)) relates to the action taken by the individual in accordance with the rational (reasoned), or intuitive, outcome of the dialogue among the intra-psychic processes involved in the maintenance of a caring concern. Social intelligence as responding correctly to cues of social nature (or of interpersonal nature) and, more specifically, *prosociality* (*prosocial interest* as one's level of interest in and concern for others combined with one's sense of self-confidence in dealing with others), returns us to the relationship between the *phronema* of caring and the

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<sup>25</sup> See paragraph 12.2.2.2.2.

actions component<sup>26</sup> of caring. Essentially, it involves the social conscience of the care-giver and bears evidence of the morality/immorality of the individual as care-giver, because, by definition, immoral behaviour consists of *not* doing what one strongly believes should be done, or doing that which one strongly believes is wrong. Moral behaviour, on the other hand, involves doing what one believes to be right and refraining from doing that which one believes to be wrong.

Although it is acknowledged that the social or interpersonal relationship between care-giver and client is largely formalised by the formal nature of the nursing situation, it is also posited that a higher social intelligence or higher degree of social competence in the care-giver would improve, rather than impair, care giving. Projecting social intelligence and prosocial interest (prosociality), and developments in these fields of research, onto the final manifestation of the object of intention, the following issues might be further illuminated.

#### **12.2.3.2.1**

##### ***General issues***

As indicated above, the definition of prosocial interest as a domain of social intelligence has direct bearing on the maintenance of caring as it refers to one's level of interest in, and concern for, others (Marlowe 1985:4). The maintenance of prosocial interest and intelligence could thus foster the maintenance of a caring concern. Prosociality and prosocial behaviours contain the basic elements of lay caring and are as such foundational to professional caring and the maintenance of a caring concern. As Oliner (1979:37; 1983:274) puts it, a significant percentage of human behaviour is prosocial, and without prosocial behaviours or *transcendent concerns for others*, there can be no caring. Thus, an understanding of prosociality *per se* and the maintenance of prosociality are fundamental to the maintenance of a caring concern.

With regard to the final manifestation of the object of intention, it must be remembered that a significant section of the experiential field from which the content, force and direction of *Care*, will, meaning attribution and conscience, as well as that of the *phronema*, are derived, is social in nature. The existing level of prosociality of the individual will influence *perception* and action

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<sup>26</sup> See paragraph 3.2.1.1.

as will existing factual knowledge<sup>27</sup>, emotions and so forth.

#### 12.2.3.2.2

##### *Preventing callousness*

Prosociality and social intelligence could foster the prevention of callousness. In this instance, the question is: *What makes the individual ACT?* To rephrase this question in terms of the final manifestation of the object of intention: *Why (and how) does the individual implement the outcome of the dialogue among the processes of Care, will, meaning attribution and conscience?* Or: *What moves the individual from wishing<sup>28</sup> and sentimentality<sup>29</sup> towards willingness and action; from caring about<sup>30</sup>, to professional caring<sup>31</sup> and lay caring<sup>32</sup>?* An easy answer to these questions would be that it resides in the meaning caring has for the individual. However, as Harrison (1990:125) points out, this is only partially the answer. One can also answer that it is a situational blend of erosive<sup>33</sup> and promotive<sup>34</sup> factors. But, even then, we need a more in-depth understanding on the dynamics involved, because, fundamentally, we can still ask: *But, why?*

It is the researchers contention that to fathom this question we need to know involves ourselves in the *What?*, *Where?*, *When?*, *Why?*, and *How?* of the elements of social intelligence and prosociality as explained by Marlowe (Marlowe 1985:4; 1986:55).

It could well be, that in the arena of formal care and caring, the same process of a decline of prosociality (or caring) is present as that which Darley (1991:323) observed in the helping behaviours among the general public towards the socially destitute, namely first helping people,

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<sup>27</sup> See paragraph 10.3.1.4

<sup>28</sup> See paragraph 33.2.1.4.

<sup>29</sup> See paragraph 3.3.2.1.4

<sup>30</sup> See paragraph 3.2.1.3.3

<sup>31</sup> See paragraph 3.2.1.3.1

<sup>32</sup> See paragraph 3.2.1.3.2

<sup>33</sup> See paragraph 10.2.2.

<sup>34</sup> See paragraph 10.2.3.

then not helping them, and then not noticing them. Although this is perhaps highly inconceivable in a formal *high-tech* care environment, it is perhaps more likely to happen in a community health care setting with its higher incidence of informal opportunities for helping others. It may also be that, across the field of health care and caring, care-givers become ignorant of certain prevailing needs of clients; that people with these needs are not noticed; that they become *different from us*, undeserving, and perhaps somewhat *less* human. A *prosocial perspective* on these occurrences might greatly illuminate the whole process of the maintenance of a caring concern.

#### **12.2.3.2.3** ***Social structures to promote helping***

According to Darley (1991:323-324), with regard to helping behaviour and prosociality: *Given our understanding of the ways in which individuals frame helping contexts, and the individual motives for helping, we should be able to say how society might be organised to facilitate help giving.* This, in a sense, places helping in the realm of sociological theory - the organisation of society. At the practical level, this is a task in social engineering. Nonetheless, developments in this direction in the field of study into prosociality could guide the caring professions towards claiming and living what they regard as being rightfully theirs. This could guide individual caring professions towards the reconstruction of their specific fields of concern (note that it is concern not merely interest) around the caring essence of these professions. We need to explore how professions and organisations might be structured to provide *ego gratification*<sup>35</sup> for care-givers. In essence, this points towards the establishment of a caring milieu to maintain caring albeit via external measures. Nursing as a caring profession has to look at developments in this regard in the field of social psychology.

#### **12.2.3.2.4** ***Taxonomies of helping behaviours***

According to Darley (1991:324), there are indications in the field of prosociality towards the development of taxonomies on help giving. The achievement of such taxonomies could be beneficial for several reasons. However, Darley also cautions that it is unlikely that a single all-

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<sup>35</sup> *Taking into consideration the importance of self in the maintenance of a caring concern as it emerged during this study, there is no contradiction in using the terms ego and caring in the same breath. See paragraph 10.2.3.2.1.*

purpose taxonomy of helping behaviour will be developed. Taxonomies, derived from studies in social intelligence and prosocial behaviour could take on different perspectives such as a perspective from the point of view of the help giver, the recipient of health, and a perspective from the point of view of the impact of helping on the recipient and the help giver. However, such sets of taxonomies should be congruent and should supplement each another.

Taxonomies are, as philosophers remind us, instantiations of sorting principles for purposes that are ultimately functional (Darley 1991:324). According to Reilly and Oerman (1990:59) taxonomies enhance communication through the standardisation terminology. Darley (1991:325) points out that taxonomies enable us to make various predictions. For instance, taxonomies on the impact of help-offering actions in terms of the impact that this have on recipients of help enable us to predict acceptance of offers (Darley 1991:325). During the present research the importance of clients and patients *accepting* caring has also being mentioned<sup>36</sup>. Bringing help-offering and help-accepting taxonomies to bear simultaneously can only benefit our understanding, and prediction, of the total helping milieu or, in terms of the present research, the caring situation and milieu. Taxonomies could also serve as sources for generating hypotheses for further empirical testing<sup>37</sup>.

#### **12.2.3.2.5**

##### ***Inversion of the application of the object of intention***

Clark (1991:8) points out that at present, research into prosocial behaviour is, apart from the fields of biology, anthropology and epidemiology, somewhat isolated. It can, however, be argued that, the present research has, unintentionally, decreased this isolation as caring as a manifestation of prosociality has been linked to human existence and being. In the next section of the extension of the final manifestation of the object of intention to the field of motivational

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<sup>36</sup> See data display 10.2.9.

<sup>37</sup> NB. The researcher is not taking a positivistic stance, thereby negating the existential phenomenological grounding of the present research. The importance of taxonomies, as basic structures for communicating human phenomena, is acknowledged, however, only to the point that it alerts the individual to a phenomenon's basic (theoretically abstracted) attributes. Beyond this point, the researcher still feels passionately about personal involvement, experience, introspection, and a search for the phenomenon explicated by the taxonomy in one's life world.

theory, guidelines are further set to expand research into prosocial behaviour.

### 12.3 EXTENSION TO THE DOMAIN OF MOTIVATION THEORY

The relationship between the maintenance of a caring concern and the domain of motivation theory, and the consequent extension of the final manifestation of the object of intention to the field of motivation and motivational theory, reside in the following assumptions:

- Care as the essence of being equates to *existence* ;
- caring is Care ushered in an ethical direction;
- caring equates to *essence*, the caring individual's definition of self (following Sartre 1973:26);
- caring is essentially a human attribute;
- caring is self-sustaining and self-impregnating<sup>38</sup>;
- *self* is central in caring<sup>39, 40</sup>;
- helping behaviours, and prosociality<sup>41</sup> in general, have mood enhancing effects; and
- caring and helping behaviours have self-actualisation potential<sup>42</sup>.

From these assumptions, a further premise is arrived at, namely, that the relationship between caring and motivation is one of *mutual involvement*. That is, they only appear to be non-related concepts to the uninformed mind. However, essentially, they interpenetrate each other. As the assumptions above also centre around *existence*, *essence*, and *self*, they further make for an entirely internal focus rather than an external focus. In terms of motivational theory, these concepts make for intrinsic motivation rather than extrinsic motivation. More specifically, they intimate a humanistic approach to such theory rather than, for instance, a cognitive or a social learning approach, although both the latter approaches also depart from intrinsic sources of motivational reinforcement. In this regard, see table 12.1.

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<sup>38</sup> See paragraph 10.3.2.2.

<sup>39</sup> The "I quintessence" in caring. See paragraph 10.1.2..

<sup>40</sup> The eminence of self in caring. See paragraph 10.2.3.2.1.

<sup>41</sup> See paragraph 5.2.4.

<sup>42</sup> See paragraph 10.4.1 on "feeling good" and the aesthetic effect of the experience of being caring.

TABLE 12.1 SOURCES AND IMPORTANT INFLUENCES IN MOTIVATION

Approach	Sources of motivation	Important influences
Behaviourism	Extrinsic reinforcement	Reinforcers, rewards, incentives, and punishment.
Cognitivism	Intrinsic reinforcement	Beliefs, attributions for success and failure, expectations.
Humanism	Intrinsic reinforcement	Need for self-esteem, self-fulfilment, and self-determination.
Social Learning	Intrinsic & extrinsic reinforcement	Values and goals, expectations of reaching goals.

(Woolfolk 1995:335)

Of further interest to the present return of the final manifestation of the object of intention to the practical field namely the study of caring and the maintenance of a caring concern from a humanistic oriented motivation theory perspective, is the fact that humanistic psychology and humanistic theory are closely related to phenomenology (Quinn 1995:100) and existentialism (Hjelle and Ziegler 1987:365). Both these philosophical orientations, the reader is reminded, served as philosophical foundation for the present research<sup>43</sup>. A humanistic focus is also congruent with Taylor's (1999:7-25) anticipated intellectual renaissance in humanistic psychology.

### 12.3.1 DEFINITIONS AND DISCUSSIONS

#### 12.3.1.1 The concept *Motivation*

Within the scope of the extension of the final manifestation of the object of intention to the practical field up to this point, it is interesting to note that the terms *motivation* and *emotion* have

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<sup>43</sup> See chapter 2.

a common background as they are both derived from the Latin word *movere* which means *to start* or *to set in motion* (Sarvimäki and Stenbock-Hult 1992:43). The same element is evident in the term *emotive ethics*.

According to Dossey et al. (1995:116) motivation is that internal spark of desire necessary for a person to be committed to change, the setting of goals and in succeeding in attaining set goals. To Quinn (1995:72), motivation is a cognitive construct that is used to explain the causes of behaviour. For Middlebrook (1980:575) motivation implies a need - generally social or psychological - that directs the individual to seek a particular goal. According to Woolfolk (1995:330), motivation is usually defined as an internal state that arouses, directs, and maintains behaviour. Studies into motivation consequently focus on three questions, namely:

- *What causes an individual to initiate some action?*
- *What is the level of involvement in the chosen activity?*
- *What causes a person to persist or to give up?*

#### 12.3.1.1.1

##### *Discussion*

Caring also arouses, directs and maintains behaviour even though caring itself needs to be maintained. In addition, the three questions posed by Woolfolk (1995:330) are unmistakably related to the maintenance of a caring concern. Not only is motivation implied by the word *maintenance*, but, the qualifier *caring*, because of its self-impregnating nature, also implies intrinsic self-cultivated *motivation*. The first question has been dealt with during the present research in paragraph 10.2.3 on *the benefits derived from, and the reasons for caring*. Essentially, this question also relates to the content of the knowledge component of the phronema of caring and consequently the content, direction and force which the *will* and the *conscience* take on. Ultimately, the precise answer to this question, in any specific empirical instance, resides in the outcome of the dialogue among the components of Care, will, meaning attribution and conscience as indicated previously. Research into caring and the maintenance of a caring concern will have to penetrate the encompassing intricate reasons for the specific outcome of such a dialogue in any specific situation. Such research could for instance help us better understand the position taken by a care-giver on the continuum between *care for* and *caring about* - a continuum of which the midpoint is occupied by professional and lay caring proper.

The levels of involvement in an activity, also a caring or a care activity, relate to the balanced lived experience of caring about and care for as explicated in paragraph 3.2.1.3.3-4 to establish either professional nursing caring or lay caring. Attributes of the phenomenon caring which come to mind in this instance are, commitment, devotion, caring being a calling, and the like. The results of studies into human motivation focussed by this question would necessarily reflect on the human *essence* because self-definition, connectedness, commitment, and the like are involved. The level of involvement, whether with fellow human beings, objects, or technology, could be anywhere between detachment to surrender. Motivation theory and research might illuminate the why, where, when, how, etc, of human involvement in the caring encounter.

With regard to the question as to *what causes the* individual to persist, the researcher could be guided by theoretical structures such as those contained in chapter 4, among which are: ego-resilience, personality hardiness, potency, and others. Differentiating between a novice, fanciful interest, and seasoned commitment could be at the heart of answering this question in terms of caring. Again, in humanistic and existential terms, research guided by this question will focus on the essence of the individual, on the quality durability and constancy of the defined essence of self as being caring. As discussed below, in humanistic psychology this question will also be answered in terms of individuals' self-actualisation and in terms of caring being a transpersonal universal value.

### 12.3.1.2

#### Motivation theory

To Quinn (1995:72) theories of motivation attempt to explain the reasons why people behave in one way rather than another, and are also concerned about with the *why* rather than the *how* of motivation.

Motivation theory can be classified in two ways; either as *schools of thought*, or, according to accents on certain basic principles (Mellet 1986:88). Schools of thought regarding motivation can further be divided into two schools namely the *biogenic* school (including the stimulus response theory and conditioning, behaviourism, instinct and impulse theory) and the *psychogenic* school (cognitive theories including attribution, evaluation and dissonance theory,

as well as goal attainment theory and the human needs theory) (Mellet 1986:88-89). The present extension of the object of intention into humanistic (human needs) motivational theory places caring, the maintenance thereof, as motivation within the *psychogenic* cadre.

Mellet (1986:86) further points out that motivation theory focuses mainly on three issues:

- The individual as a complex being;
- The absence of any consistency in human behaviour; and
- Diverse viewpoints on the human being. (the present extension represents one such diverse viewpoint.)

#### 12.3.1.2.1

##### *Discussion*

Care as the essence of being and caring, as Care ushered in an ethical direction, define the individual (man). Thus, caring embodies the field of endeavour and focus of motivation theory and research as indicated by Mellet (1986:86). This direct line of association and reasoning between Care and caring, and the individual as the focus of motivational theory, and between Care and caring, and the complexity of the individual, are corroborated by the present research findings. The fact that a single approach to the study of caring as motivation is suggested by the researcher does not in the least subtract from the immensely complex nature of the individual and of Care and the maintenance of a caring concern as the essence of the individual. Nor should the highly abstract and general representation of the final manifestation of the object of intention contribute towards such a fallacy. The fluid nature of the dialogue among the processes involved in the maintenance of a caring concern; the continuing interchange among these processes and the experiential field; and the infinite number of variables and combinations of variables at any single moment in time present in this experiential field, make for complexity. This is also further complicated by the absence of any consistency in human behaviour, not only as implied by the presence of the *will* component as a process (one can change one's will and viewpoint) involved in the maintenance of a caring concern, but also empirically as indicated by the *I quintessence*<sup>44</sup> in caring and the *eminence of self*<sup>45</sup> in the maintenance of a caring concern. All of these support

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<sup>44</sup> See paragraph 10.1.2.

<sup>45</sup> See paragraph 10.3.2.1.

the suggestion that caring be studied, also, from a motivational point of view.

### 12.3.1.3

#### Humanistic psychology

Notwithstanding the critique levelled against the humanistic approach generally, and Maslow's approach specifically, Geldenhuys (1975:49) is convinced that this approach gives the most sensible (prudent) explanation for human motives and motivation. Rowan (1998:81) considers Maslow's hierarchy of human needs, specifically, as *extraordinarily useful in general*. Both Geldenhuys' and Rowan's enthusiasm seem to be shared presently by Taylor's (1999:7-25) anticipated intellectual renaissance in humanistic psychology. Understandably, Taylor's (1999:15) definition of humanistic psychology as *a theory of motivation and personality . . . [and] heightened or enhanced human functioning*, appeals to the researcher with regard to studying caring and the maintenance of a caring concern from the point of view of motivation theory.

However, as Quinn (1995:99) points out, there is no single theory that represents the humanistic approach in psychology, and, it should rather be referred to as a movement (Hjelle and Ziegler 1987:364). Nonetheless, all humanistic theories in psychology and motivation share a common view that this approach involves the study of man as a human being, with thoughts, feelings, and experiences. (Quinn 1995:99; Hjelle and Ziegler 1987:364). Motivation in terms of humanistic theory is based on aspects of being, thought, feelings and experience. According to Woolfolk (1995:333) humanistic interpretation of motivation emphasises such intrinsic sources of motivation as a person's *self-actualisation* (Maslow 1970); the inborn *actualising tendency* (Roger and Freiberg 1994), and the need for *self-determination* (Deci, Vallerand, Pelletier, and Ryan 1991). Fundamental to all these theories is the belief that the individual is continually motivated by an inborn need to fulfill his or her potential. Competence, self-esteem, autonomy, and self-actualisation are the primary personal experiences involved in intrinsic motivation (Woolfolk 1995:333). All these aspects have in some way been encountered during the present research as part of *the eminence of self* in the maintenance of a caring concern<sup>46</sup>.

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<sup>46</sup> See paragraph 10.2.3.2.1 and Data Display series 10.3.2.1.

Hamacheck (Quinn 1995:100) succinctly summarises the humanistic viewpoint as follows:

It is the psychological stance that focuses not so much on a person's biological drives, but on their goals; not so much on stimuli impinging on them, but on their desire to be or to do something; not so much on their past experiences, but rather on their present circumstances; not so much on life condition per se, but on the subjective qualities of human experience, the personal meaning of an experience to persons, rather than on their objective, observable responses.

Hjelle and Ziegler (1987:366-367) propose the following central issues in humanistic psychology along the lines of Maslowian thought which are also appealing to the present discussion;

- Humanistic psychology emanates from a confluence of existential and phenomenological philosophy;
- Human nature is essentially good;
- The primacy of human creative potential and creativity; and
- Psychological health of the individual.

These aspects too are appealing to the researcher with regard to the present extension of the object of intention to the practical field and the proposed research into caring and the maintenance of a caring concern. These issues would probably serve well as assumptions for any research undertaken in the field of caring as motivation.

It should be pointed out that humanistic theory differs from the stimulus-response theories in that the latter studies the individual from the point of view of overt behaviour, disregarding his inner feelings and experiences. Humanistic theory in psychology also differs from the cognitive theories in that the latter are concerned with the thinking aspects of human behaviour, with little emphasis on the affective component. Humanistic theory mainly opposes behaviourism and cognitivism in claiming that these two approaches disregard some significant aspects of human existence namely feelings, attitudes and value. However, humanistic theorists do not completely negate cognitive and psychomotor elements of human behaviour and motivation, only, they regard the affective component of the individual as important as the other two elements (Quinn 1995:100).

Within the humanistic approach to motivation Maslow's hierarchy of human needs seems

especially applicable to the present discussion. Maslow (1970) suggested that humans have a hierarchy of needs ranging from lower-level needs for survival and safety to higher-level needs for intellectual achievement and finally self-actualisation. Self-actualisation is Maslow's term for self-fulfilment, the realisation of personal potential. This hierarchy is depicted in figure 12.1. However, as Rowan (1998:88) points out, Maslow himself never presented his hierarchy of human needs in a triangular format.

Once the deficiency needs (the lower four levels) are satisfied, the motivation to fulfil them decreases. However, when the being needs (the upper three levels) are met, a person's motivation does not cease; instead, it increases to seek further fulfilment. It is mostly the nature of the being needs of Maslow's hierarchy of human needs, that influenced the researcher's choice of this theory as a field towards which the final manifestation of the object of intention could be extended. Important aspects regarding caring and the maintenance of a caring concern fall within the being needs of knowing (knowledge and understanding<sup>47</sup>), aesthetic experiences<sup>48</sup>, and self-actualisation.

The present research also implies that if the deficiency needs of the care-giver in the caring situation are not being met, the being needs cannot, to some extent at least, be met either. In this instance different factors that erode the caring concern of the care-giver come into play as mentioned earlier<sup>49</sup>, for instance stress and exhaustion<sup>50</sup> as representative of physiological needs; and *belonging and love needs*, such as cooperation<sup>51</sup> in the clinical area with colleagues. Although a linear, direct and logical conclusion is drawn at this point, it is actually recommended that these aspects be investigated in depth in terms of Maslow's theory of a hierarchy of human needs within a broader humanistic approach.

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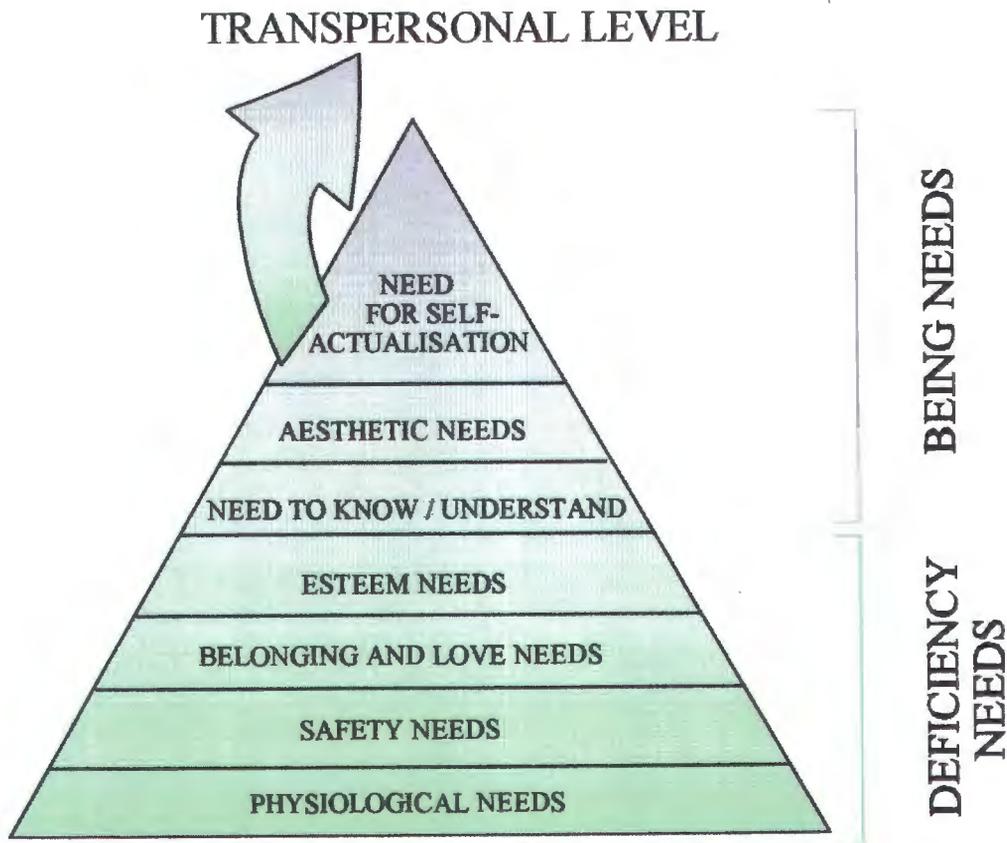
<sup>47</sup> See paragraph 10.3.1.4.

<sup>48</sup> See paragraph 10.4.1.

<sup>49</sup> See paragraph 10.2.2.

<sup>50</sup> See paragraph 10.2.2.5.

<sup>51</sup> See paragraph 10.2.3.1.1.



**Fig.12.1. Maslow's Hierarchy of Human Needs**

At a more advanced level of the application of humanistic psychology, and also to achieve a broader theoretical scope during such application, Rowan's proposed extension of Maslow's concept of self-actualisation is also suggested. According to Rowan (1998:86-87), Maslow's concept of self-actualisation should be both supplemented and complemented with the highest levels of human development according to Kohlberg (1984), Loevinger (1976), Piaget (1984), Alderfer (1972) and Wilber (1995). Indications of these ultimate, prior to the *transpersonal*, levels of human achievement also emerged from the data and are reported on in chapter 10. Rowan's amendment of Maslow is as follows:

- Maslow's concept of *Self-actualisation* which entails being the best that one truly can be, being all that one has the potential towards, and being a fully functioning person;
- Kohlberg's highest level of moral reasoning or *Individual moral reasoning principles* which manifests a true personal conscience; universal moral principles that are fully

internalised, and being genuinely autonomous;

- Loevinger's concept of the *Autonomous* which constitutes an integrated, flexible, and creative individual who recognises and faces internal conflicts, who has tolerance for ambiguity and who has respect for autonomy;
- Piaget's advanced level of *Dialectical operations* which reaches beyond formal logic and allows for the integration of contradictions;
- Alderfer's concept of *Growth* which follows on the lower developmental and motivational levels of mere existence and relatedness; and
- Wilber's advanced level of *Centaur 2* which represents vision-logic, body-mind integration, peak-experiences and the *existential* self (Rowan 1998:86-87).

These ultimate levels of human achievement are all both motivational in nature and in themselves goals worthwhile pursuing. However, none of them is at any point in time a *constant*. They are in a sense never to be attained completely and as such, they serve individually as a human drive, giving an exemplar definition to the concept of *homo viator*.

There is also a relationship between the previous concern with emotional intelligence<sup>52</sup> and social intelligence<sup>53</sup> and humanistic motivational psychology to be established. With regard to the esteem needs (the upper three levels) of Maslow's hierarchy of needs, Rowan (1998:81) suggests that a distinction should be made between two quite different sets of needs on two quite distinct levels namely the need for esteem from others and the need for esteem from self (self-esteem). The former (*esteem-interpersonal* according to Alderfer 1972:25) might be based more on social intelligence and prosociality while, with regard to the latter (*esteem-self-confirmed*) according to Alderfer (1972:25), emotional intelligence and being in touch with self generally may be fundamental. The former belongs to the realm of *relatedness* while the latter belongs to the realm of *growth*, of self-validation and dignity (Rowan 1998:83). Both the concepts social intelligence and emotional intelligence could consequently be proven consequential in the proposed extension of the final manifestation of the object of intention to the field of motivation theory and research in this field.

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<sup>52</sup> See paragraph 12.2.2.

<sup>53</sup> See paragraph 12.2.3.

Following beyond these ultimate levels of human achievement, that is beyond the so-called 3<sup>rd</sup> force humanistic psychology<sup>54</sup>, is the level of 4<sup>th</sup> force psychology, or that of transhuman or transpersonal psychology. Transpersonal psychology extends beyond the present triangular depiction of Maslow's human needs as indicated in figure 12.1.

Huxley (Kolto-Rivera 1998:74) states, with regard to transpersonal psychology, that *there are two complementary parts of our cosmic duty - one to ourselves, to be fulfilled in the realisation and enjoyment of our capabilities, the other to others, to be fulfilled in service to the community and in promoting the welfare of the generations to come and the advancement of our species as a whole*. It is the researcher's contention that the concept caring and the maintenance of a caring concern fall within this *cosmic duty* towards others. Likewise, self-care forms part of the individual's cosmic duty towards self.

By *transhumanistic* or *transpersonal* motivation, Maslow also meant motivations that transcend needs like those for affiliation, self-respect, and self-actualisation. Huxley (Kolto-Rivera 1998:72) further points out that the term *transhuman* refers to the essentially human capacity to desire universal values like justice and truth above the satisfaction of purely personal needs. As Maslow put it:

... man has a higher nature and ... this is part of his essence. Or, more simply, human beings can be wonderful out of their own human and biological nature (Maslow in Kolto-Rivera 1998:78).

It is once again the researcher's conviction that human caring, and the maintenance thereof, are also universal values elevated above the satisfaction of purely personal needs. The maintenance of a caring concern at both the individual and the group level is captured in transhuman and transpersonal terms by Kolto-Rivera's statement that the human species can, if it wishes, transcend itself - not just sporadically, an individual here in one way, and an individual there in another way, but in its entirety, as humanity - transhumanly or transpersonally (Kolto-Rivera 1998:75).

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<sup>54</sup> The 1<sup>st</sup> and 2<sup>nd</sup> forces being, respectively behaviouristic and Freudian psychology (Kolto-Rivera 1998:77).

The latter statement by Kolto-Rivera also rules out all doubts as to transpersonal psychology's involvement with human beings; as something beyond the individual; a psychology without people in it. Transpersonal and transhuman psychology do not imply a New Age pop-psychology, or a realm beyond the individual extending to the supernatural. As Rowan (1998:89) points out, *transpersonal* does not refer to ultimate *states*, illumination, mystical union, cosmic unity, or the like. The motivational element involved on which researchers should focus should thus not be one of *wishing*<sup>55</sup> but a truly human desire to establish caring and the maintenance thereof as universal values.

## 12.4

### EXTENSION TO THE FIELD OF NURSING EDUCATION

In extending the final manifestation of the object of intention to the field of nursing education the following aspects are covered:

- Provision for the development of emotional and social intelligence.
- Fostering connectedness by allowing students to care and to be caring.
- Fostering directedness through mission statements and an institutional philosophy (including a complete institutional philosophy based on the final manifestation of the object of intention and the caring ethic).
- Principles for maintaining a caring concern.
- The teaching of nursing ethics and ethical decision making.

For nursing education to really support and sustain the maintenance of a caring concern, a *curriculum revolution* is imperative. Moving from an emphasis on the cognitive, cognitive intelligence and a behavioural objectives orientation, involves what Watson (1989a) refers to as the *elegance of liberation* where communities of individuals prepare themselves to assume responsibilities as *compassionate, scholar-clinicians* (Moccia 1990b: 308).

Rather than information, the content of the nursing education should consist of the interactions that take place between faculty and students (Moccia 1990b: 309). The aim of such a curriculum would be to enable others, so that they can enable still others, to teach and learn in caring ways

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<sup>55</sup> See paragraph 3.2.1.4.

that will serve as prototypes of caring communities (Moccia 1990b: 311). What Allen (1990: 315) would like to see in this regard is a swing of the pendulum away from an extreme commitment to content back to a caring commitment towards students and towards each other. The suggested shift of focus involves further a shift from *training* to *education*, from *technique* to *understanding*, and from *product line thinking* to *value-based human caring education for an educated person* as well as an *educated, values driven professional* (Watson 1989a: 40).

Such a new curriculum would be designed to enable graduates to be more responsive to societal needs, more successful in humanising the highly technological milieus of health care, more caring and compassionate, more insightful about ethical and moral issues, more creative, more capable of critical thinking, and better able to bring scholarly approaches to client problems, and to advocate ethical positions on the behalf of clients (Bevis 1989a: 1). In short, such a curriculum would be designed to *educate* professional nurses (Bevis 1989a: 15).

The primary focus of such an *anticipatory-innovative* learning curriculum is *participation*; an attitude characterised by *cooperation*, *dialogue*, and *empathy*. The curriculum should not only focus on *survival*, but also on the *preservation of human dignity* and the inherent concept of *freedom of the human mind and spirit*, consistent with caring and reverence for humanity as a whole. It should also focus on the *mutual caring* and *respect* for individuals in culturally diverse societies, including *self-respect* and *self-care* (Watson 1989a: 41). According to Greene (1986 as cited in Watson 1989: 42), it is only in our intersubjectivity, our coming together that we create social space for caring, for values literacy, where transformation can occur.

The relationship between this point of view on the nursing curriculum and the final manifestation of the object of intention is reciprocal (complementary). The final manifestation of the object of intention implies, and provides for, a nursing curriculum as described above. On the other hand, a caring-educative (Watson 1989a) curriculum, as described above, can only be founded on a construct such as, or similar to, the final manifestation of the object of intention. The extension of the object of intention to the field of nursing education is done with this reciprocal implication in mind.

### 12.4.1

#### PROVIDING FOR THE DEVELOPMENT OF EMOTIONAL AND SOCIAL INTELLIGENCE

In extending the final manifestation of the object of intention to the field of nursing education, the phronema of caring dictates that provision should be made in the curriculum for the development of at least three different types of intelligences, namely, rational intelligence (professional nursing knowledge and skills), social intelligence (lay caring and generic caring components), and emotional intelligence (the feelings component). Of these, the latter two types of intelligence seem the more important ones in cultivating and sustaining a caring concern. Presently nursing curricula are still flooded with the importance of the intellectual and rational intelligence. For this reason no further attention is paid to this type of intelligence.

#### 12.4.1.1

##### **Emotional intelligence**

As indicated previously<sup>56</sup> emotional intelligence signifies that the individual reacts emotionally appropriately in specific situations and that the individual is in touch with her/his emotions; able to name emotional experiences and willing and able to talk about personal emotions. Goleman (1995:302) indicates that in the domain of emotional intelligence, emotional skills, cognitive skills, behavioural skills and a self-science curriculum are eminent. The nurse tutor has to provide for the inclusion of these aspects in the nursing curriculum. The researcher abides by Goleman's (1995) exposition of curricular content which is exemplar in this. However, some teaching strategies are suggested by the researcher.

#### 12.4.1.1.1

##### **Emotional skills**

The main aim of teaching emotional skills to nursing students would be to combat any degree of *alexithymia*. It is only when one is in control of, and understands one's own emotions that one could become involved in the emotional lives of others in a way that would be beneficial to both parties. Essentially it is a question of self-care preceding other-care. Students should be educated and trained to:

- *Identify and label their emotions.* Personal sensitising sessions through values clarification can be conducted as well as logotherapy sessions conducted by trained

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<sup>56</sup> See paragraph 12.2.2.

logotherapists. In addition, reflective diaries, experiential learning sessions and reflective practice could be employed, both in the classroom and the clinical field.

- *Express their feelings.* Both positive and negative feelings should be expressed. Naturally, this will only be achieved if a milieu of trust, ultimately of caring, is created. Storytelling, group discussions, journal keeping and the like could be beneficial in this regard.
- *Assess the intensity of their feelings.* In this regard, students should reflect on situations and their feeling in such situations and should compare their state of mind with that during any similar situation. Students should also be able to reflect on their emotional status at any specific moment in time to establish what they feel at that moment in time and to what degree the intensity compares to their average daily experience of that emotion.
- *Manage their feelings.* In this instance the individual's freedom of personal choice and attitude can be accentuated as well as the execution hereof provided for. However, abstaining from immediate gratification of emotions will have to be cultivated and the impulsive acting upon emotions discouraged.
- *Delay immediate gratification.* This could be attained through becoming more other directedness, which in a sense already implies being caring.
- *Control impulses.* This to a large degree implies exercising patience.
- *Reduce stress.* Stress is not only reduced through relaxation exercises and different therapies aimed at attaining this goal. Stress reduction is also brought about systematically as the student conquers the different emotional skills.
- *Know the difference between feelings and actions.* In this instance, students need to understand that they need not act upon an emotion in any specific way at any specific point in time. An emotion can be dealt with in many different ways, however, the student might also have certain preferences regarding this. For instance, some student might *take time off* when becoming frustrated, while others *put their heads down* (Adapted from Goleman 1995:302-302).

#### 12.4.1.1.2

##### *Cognitive skills*

According to Goleman (1995:302) students should be guided towards:

- *Self-talk*, that is, to conduct an *inner dialogue* as a way of coping with a topic or challenge, or to reinforce one's behaviour. Ultimately this must include realistic positive self-talk. The final manifestation of the object of intention provides for such inner dialogue since it is such an inner dialogue itself.
- *Reading and interpreting social cues*. For example, recognising social influences on behaviour and seeing oneself in the perspective of the larger community. In addition, culture sensitivity might assist in this regard.
- *Using steps for problem-solving* and decision-making with regard to emotional issues and experiences. For instance, controlling impulses, setting goals, identifying alternative actions, and anticipating consequences. All in all this also points towards reflection prior to an anticipated situation (Greenhood 1998:1049).
- *Understanding the perspective of others*. In this instance group values clarification sessions can be conducted in the form of group discussion within the frame of *the nursing situation* as teaching strategy. This strategy is clarified later on in this paper. In addition, an understanding of socio-cultural influences of behaviour and conduct should be beneficial towards this end.
- *Understanding behavioural norms*, which refers to understanding what does, and does not, constitute acceptable behaviour. Again, socio-cultural knowledge and the ethics and morals implied hereby could be beneficial to the nursing student.
- *Self-awareness*. For example developing realistic expectations about oneself. Self-awareness ultimately points to the development of personal spirituality. (Adapted from Goleman 1995:302-303)

#### 12.4.1.1.3

##### **Behavioural skills**

Behavioural skills needed in furthering emotional intelligence are:

- nonverbal skills such as communication through eye contact, facial expressiveness, tone of voice and gestures. Courses in body language and general bodily conduct are implied here.
- verbal skills such as making clear requests, responding effectively to criticism, resisting negative influences, listening to others, helping others, participating actively in peer

groups (Goleman 1995:301-302). In the latter instance, assertiveness training should also be considered positively.

#### 12.4.1.1.4

##### *The self-science curriculum*

The self-science curriculum has as its main aim awareness of one's emotional life and self-awareness. This should not be seen as yet another attempt at polarising the individual and alienating the individual from others in egotistic fashion. On the contrary, the self-science curriculum aims at cultivating self knowledge which becomes beneficial to others through improved interpersonal relationships. In this curriculum students are taught the following:

- *Self-awareness* through observing oneself and recognising one's feelings, building a vocabulary for feelings, and knowing the relationship between thoughts, feelings and reactions. This is ultimately an attempt at alleviating *alexithymia* (The inability to appropriately name emotions and consequent trouble in discriminating among emotions as well as between emotion and bodily sensation (Goleman 1995:51).
- *Personal decision-making* by examining one's actions and knowing their consequences, knowing if thought or feeling is ruling a decision, and applying these insights to ethical issues such as abortion and euthanasia.
- *Managing feelings* by monitoring self-talk to identify and recognise negative messages such as internal put-downs, realising what is behind a feeling (e.g. the hurt that underlies anger), and finding ways to handle fear, anxieties, anger and sadness.
- *Handling stress* through learning the value of exercise, guided imagery and relaxation methods.
- *Empathy* which refers to the understanding of others' feelings and concerns and taking their perspective and appreciating the difference in how people feel about things.
- *Communications*, especially talking about feelings effectively, becoming a good listener and questioner, distinguishing between what one does or says, reflecting on one's reactions or judgements, and sending "I" messages instead of blaming others.
- *Self-disclosure* through valuing openness and building trust in a relationship - of knowing when it is safe to talk about one's private feeling.
- *Insight* in which instance students are helped to identify patterns in their emotional lives and reactions, and recognising similar patterns in others.

- *Self-acceptance* by way of feeling pride and seeing oneself in a positive light, recognising one's strengths and weaknesses and by being able to laugh at oneself.
- *Personal responsibility* by helping students to take responsibility, to recognise the consequences of their decisions and actions, to accept feelings and moods and to persevere to fulfil commitments (eg caring).
- *Assertiveness* in order to state concerns and feelings without anger or passivity.
- *Group dynamics* with special reference to cooperation - knowing when and how to lead and when and how to follow.
- *Conflict resolution* and how to fight fair with others by applying the win/win model for compromise (Adapted from Goleman 1995:303-304).

#### 12.4.1.2

##### **Social intelligence**

Caring manifests itself in the discipline of social psychology as *prosociality* and *prosocial behaviour*. Midlarsky (1991:238) equates prosociality with *help* and *helping*. Other terms equated with prosocial behaviour and intelligence include *generic caring attributes* and *lay caring*. Students enter the nursing profession with a degree of, or a degree of lack of, prosociality.

As indicated previously<sup>57</sup> *social intelligence* according to Thorndike (Walker and Foley 1973:842), includes the idea of the *ability to understand others and to act or behave wisely in relating to others*. The results of Ford and Tisak's research supported the position that social intelligence is a distinct domain of intelligence (Marlowe 1986:52-55). Marlowe also established an independent domain of *social intelligence*. This domain, which is of utmost importance in teaching and maintaining a caring concern, includes:

- *Prosocial interest* which represents one's level of interest in and concern for others combined with one's sense of self-confidence in dealing with others. As implied in paragraph 10.3.1.4, much of the self-confidence students need to become involved in the lives of others depend on their level of rational knowledge and procedural expertise. However, high levels of *know how* and *can do*, do not automatically lead to involvement in the lives of others. Much of what the self-science curriculum has to offer could serve

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<sup>57</sup> See paragraph 12.2.2.

a purpose in this direction.

- *Social efficacy* and *social skills* which include behaviourally observable actions which promote social interaction. In this instance, in the clinical area, professional knowledge and dexterity are imperative as well as communication skills, including body language.
- *Empathy skills* which include abilities not necessarily directly observable, although they may be, which promote the understanding of another person's thoughts, beliefs and feelings. As informants stated, both knowledge of different disease patterns and having cared for individuals with specific ailments enhanced their understanding and empathy for individuals in similar situations<sup>58</sup>.
- *Emotionality* which refers to the degree to which one is sensitive to the role of affect in human behaviour, both within oneself and within others. At this point the importance of emotional intelligence in social intelligence and prosociality become evident. The reverse is however, also true, prosociality is also evident in emotional intelligence<sup>59</sup>.

The nursing curriculum should aim at advancing all the above aspects relating to social intelligence, and the self-science curriculum offers many opportunities for this.

#### 12.4.2

#### FOSTERING *CONNECTEDNESS*: ALLOWING STUDENTS TO CARE AND TO BE CARING

A simple truth about caring and the teaching of caring is that students should be allowed to care for people and to be caring towards people (In personal conversation with Jean Watson, School of Nursing, University of Colorado, Denver, Colorado, USA, September 1996). In practice it is often found that the really caring moments which occur between student nurse and patient are devalued as mere socialising - an attempt to ditch work. To allow students to be caring, a whole caring milieu should be provided for. This could be attained through the strategies discussed in paragraphs 12.4.2.1 through 12.4.2.7.

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<sup>58</sup> See paragraph 10.2.3.1.4.

<sup>59</sup> See paragraph 12.2.2..

### 12.4.2.1

#### Living a caring curriculum

Such a constituted caring milieu, and the living of a caring curriculum, were encountered at the School of Nursing, Florida Atlantic University, Boca Raton, Florida, USA, (September 1996) where the theory *Nursing as Caring*<sup>60</sup> is being implemented. Boykin and Schoenhofer (1993:29) describe this program as follows:

The theory of Nursing as Caring proceeds from a frame of reference based on interconnectedness and collegiality rather than on esoteric knowledge, technical expertise, and disempowering hierarchies. In contrast, our emerging theory of nursing is based on an egalitarian model of helping that bears witness to, and celebrates, the human person in the fullness of his or her being, rather than on some less-than-whole condition of being (Boykin and Schoenhofer 1993:29).

As these authors further put it:

The focus of the Nursing as Caring theory, then, is not towards an end product such as health or wellness. It is about the unique way of living caring in the world. . . The domain of nursing is nurturing caring. The integrity, the wholeness, and the connectedness of the person simply and assuredly is central (Boykin and Schoenhofer 1993:32).

One of the major assumptions on which the lived caring curriculum or the theory of *Nursing as Caring* is based is: *Personhood is a process of living grounded in caring* (Boykin and Schoenhofer 1993:3). This assumption is closely related to the sequential definition of caring arrived at during the present research namely that *Care is the essence of being and caring is Care ushered on an ethical path*. Ultimately, then, caring is in terms of Boykin and Schoenhofer's assumption, the expression of personhood.

On living a caring curriculum, Dr E Parker stated that the transformation of faculty to a caring curriculum lead faculty away from the university's hierarchical model which values status and competition to a non-hierarchical model (circle) that values equality and relational process. The circle is used as metaphor because within a circle, persons are equally positioned and connected. This is ultimately shaped by the leadership process of the school. The theme of the *caring circle* is further important in understanding the patterns of caring as building community

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<sup>60</sup> The discerning reader is referred to Boykin and Schoenhofer (1993) and Boykin (ed.) (1994) listed in the bibliography.

and communion and in understanding the caring process as consensus building and interaction (In personal conversation with Dr E. Parker, FAU, September 1996).

#### 12.4.2.2

##### **Holistic nursing practice**

In this regard both *doing* and *being therapies* (Dossey, Keegan, Guzzetta & Kolkmeier 1995:14) are important in fostering *connected* ness toward the maintenance and sustenance of a caring concern. Holistic nursing offers excellent hands-on nursing care and caring and thus an opportunity for closeness and presence of the nursing student to the patient or client. It is, however, perceived that especially the *being therapies* (prayer, imagery, meditation, and quiet contemplation) projected onto the student nurse herself will benefit the teaching and the maintenance of a caring concern. Nursing as therapy thus becomes important in the attempt to get in touch with one self as well as with others.

#### 12.4.2.3

##### **Culturally congruent care**

The inclusion of culture care in the curriculum could contribute to the quest for connectedness and for being in touch. Caring in ways familiar to the student are used as a base from which the curriculum and education depart. Instead of stripping students of their generic, lay caring and culturally oriented caring practices in order to impose foreign Western medical practices, the latter should be added to the existing knowledge and skills of students of diverse cultures. That which is culturally familiar will matter more than that which is culturally foreign. If Care is the essence of being, then that essence is also defined within the cultural setting in which the individual student nurse finds herself.

It is through incorporating lay and generic caring constructs and skills into the professional nursing caring concept that culture care enters the curriculum<sup>61</sup>. This is also closely related to holistic nursing, as well as to alternative medicine and therapies. All Western oriented nurse educators should keep in mind that that which we so easily refer to as *alternative* might be *normal* practice to some students. To some students, Western medicine might in fact be

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<sup>61</sup> See table 3.2.1.3.

*alternative.*

#### **12.4.2.4**

##### **Nursing situations**

As indicated previously many new teaching strategies aimed at facilitating and accentuating caring, have arisen in nursing education recently. A major teaching strategy employed at the School of Nursing, Florida Atlantic University (FAU), Boca Raton, Florida, is the so called *nursing situation*. This is the nursing and caring counter part of the case study. The nursing situation encompasses the case study but differs from the case study by adding personal feelings and responses of those involved in the situation. Nursing situations typically begin with dialogue, not with pathology. Although bare bones, as found in case studies, are important, they unfortunately exclude these very important human conditions of personal response and feelings. The case study starts with the patient and pathology but not with nursing, whereas the nursing situation starts with a call for caring. Whereas the case study *gets out the facts* the nursing situation focuses on personal emotional involvement (In personal conversation with Dr Ed Freeman, FAU, September 1996).

#### **12.4.2.5**

##### **Witnessing and storytelling**

Nurses should disclose their experiences of being caring and of having been caring. It is only when nurses start talking about, and professing such experiences, that they will recognise that caring as human excellence exists, within themselves and within others. In the quest for teaching caring these stories might guide fellow student nurses to reflect on their own experiences.

##### **12.4.2.5.1**

##### ***Functions of storytelling***

The so-called functions of storytelling identified by Banks-Wallace (1998:18-21) also apply to the maintenance of a caring concern, or the promotion of such maintenance. These functions include:

#### 12.4.2.5.1.1

##### *Contextual grounding*

In this instance stories serve as a means of locating one's self (Banks-Wallace 1998:18). Storytelling also serves to clarify the lens one uses to look out at the world, and consequently provides a foundation upon which our understanding of the world, and our place in it, is built. It does not only influence how we see ourselves and others, but also the choices we make and the way in which we behave. Storytelling and thinking aloud could thus also serve to clarify one's values. This is exactly what nursing education should aim for; to bring student nurses in touch with themselves and with others with regard to their caring beings.

#### 12.4.2.5.1.2

##### *Bonding*

Bonding with other group members appears to be the most important function of storytelling (Bank-Wallace 1998:19). Even when there is disagreement, stories could foster connection. In a broader perspective, such bounding through the common denominator of caring, whether at the experiential or the descriptive level, could only serve to enhance group cohesion and the advancement of the caring concern.

#### 12.4.2.5.1.3

##### *Validation and affirmation*

Stories are also a means for the narrators of validating themselves and their reality. Validation of negative aspects could lead to a critical self examination of the life of the narrator. Stories affirming joy and goodness are also uplifting and energising, for both the narrator and the listeners (Banks-Wallace 1998:20).

#### 12.4.2.5.1.4

##### *Venting and catharsis*

Understandably, storytelling could serve to vent emotions and to reach catharsis about some or other issue (Banks-Wallace 1998:20). It is also conceivable that story telling could serve as a vehicle by means of which the storyteller could repent in an indirect way. This, together with venting and catharsis could, with the necessary caution regarding the amount and nature of personal information divulged, serve to ease tension, stress and frustration, all very necessary in

the maintenance of a caring concern<sup>62</sup>. Deering (1999:34) also corroborates, and validates, the therapeutic physiological effect of self-disclosure (of which storytelling is one form).

In addition to these functions of storytelling, storytelling could also introduce further discussion and debate. If institutionalised and well practised, storytelling could also enhance student nurses' listening skills - a primary evidence of being caring oneself. In addition to this, and of importance to the maintenance of a caring concern, Koch (1998:1183) points out that storytelling could:

- make nursing practice visible. Stories can make us proud practitioners;
- be therapeutic;
- inform social policy and facilitate organisational change;
- allow marginalised groups (such as student nurses) to have a voice;
- address diversity through understanding; and
- facilitate self-help groups (Koch 1998:1183).

All these aspects are important to the maintenance and the promotion of a caring concern, provided that the contents of stories focus on the experience of being caring, having been caring and having been cared for. Wonderful would be the day when student nurses (and professional nurses), during tea times, would share their personal experiences of being caring instead of indiscriminately divulging personal information about patients.

#### 12.4.2.6

##### Caring groups

In establishing a total caring milieu in which to teach human caring, caring groups, as a participative learning experience, are also proposed. Guynn, Wilson, Bar, Rankin, Bernhardt, and Hickox (1994:476) define caring groups in the educational setting among student nurses as *the intentional creation of a safe place in which to tell one's own story*. According to Guynn et al. (1994:476), the implementation, or rather the establishment, of caring groups in a faculty or school of nursing is for student and faculty:

- to give and receive care;

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<sup>62</sup> See paragraph 10.2.3.2.1.3.

- to develop self-awareness and empowerment; and
- to recognise that self-care precedes caring for others.

In addition the goals of caring groups, groups also serve towards:

- learning to care for self, others, and the environment;
- identify caring and non-caring behaviours;
- strengthening coping skills (such as stress reduction, and assertive communication), group problem solving, and having fun ( Guynn et al. 1994:468).

#### 12.4.2.7

##### **General principles for maintaining a caring concern**

A list of basic principles for maintaining self in caring for others and consequently in maintaining a personal caring concern was compiled by Sherwood (1992:110-112). According to this nurse theorist, the nurse educator should at all times strive to instill the following principles in student nurses:

- ***Be knowledgeable.*** As indicated earlier, knowledge (and skill) enhances sociality in the working environment and promotes spontaneous caring actions. It enhances the readiness, willingness, and ability to become involved.
- ***Value the other as a human presence.*** In this instance the I-Thou relationship could be emphasised instead of a subject-object relationship; an I-It relationship. It is only with real people that real caring relationships can be secured.
- ***Be accountable for your actions.*** Being accountable for one's actions is perhaps the ultimate in social responsibility and human education. It is also a sure way toward taking pride in one-self.
- ***Be open and creative to new ideas.*** There is a saying in the humanities that birds fly; that flowers bloom; that human beings *create*. Losing one's creativity throws one into the doldrums of *actuality* without any *possibility*. One should never lose hope.
- ***Connect with others.*** Really become involved in the lives of others: patients, clients, friends and family members. It is a hopeless tiring venture to only drift on the surface of human involvement, obligation and duty.
- ***Take pride in yourself.*** This implies self-awareness, dedication and being at ease with what one does and who one is. Pride in oneself can only be taken if one accepts oneself

and knows oneself. Healing others can only occur after self-healing which in turn is essential for personal pride and dignity.

- ***Like what you do.*** This points directly towards finding meaning in what one does. Always keep your life meaningful.
- ***Recognise the moments of joy in the struggle of living.*** Notwithstanding what so many *self-theories* profess, there are limitations to human endeavour. Life is a struggle. However, joy can only be experienced in contrast to that struggle. Enjoy and celebrate life!
- ***Recognise your own limitations.*** Doing one's best is the utmost one can do. There is emotional and moral security in knowing that one has done one's utmost. This is a source of mental health.
- ***Rest and start afresh.*** Apart from the obvious importance of well spaced working hours, rest and rejuvenation has every thing to do with maintaining personal boundaries and personal spirituality.

### 12.4.3

#### FOSTERING *DIRECTEDNESS*: MISSIONS, MISSION STATEMENTS AND INSTITUTIONAL PHILOSOPHIES

##### 12.4.3.1

###### **Mission statements**

The maintenance of a caring concern, involvement and spirituality, can also be attained and maintained by allowing students to develop a mission statement of purpose in life and work. The ultimate objective of such a mission statement is the reconciliation of values. Living by a mission statement is a powerful tool in providing direction and meaning to one's life (Personal conversation with Dr. Gwen Sherwood, Associate Professor, University of Texas School of Nursing, Houston Medical Centre, Houston Texas. September 1996).

Mission statements, according to Dr. Sherwood, have the following direct advantages for teaching caring and for maintaining a caring concern:

- A mission statement encourages a person to reflect on one's life; to examine one's innermost thoughts and to clarify what is really important to one.
- Mission statements imprint self selected values and purposes firmly in one's mind.

- Connecting the mission to daily and weekly plans enables one to obtain direct immediate benefit from this document. It keeps one's personal vision alive and focussed.
- Statement writing involves as much discovery as it involves creativity.

#### 12.4.3.2

##### **An institutional philosophy based on the caring ethic**

Another way of fostering connectedness and directedness is through formulating an institutional philosophy for practice based on the caring ethic. A philosophy for practice is a guide or a framework for action. It identifies the basic phenomena (pillars) of practice (Salsberry 1994:13). Essentially it states the values and beliefs held by members of an institution about the nature of the work required to achieve the mission of the organisation. It thus states what their practice is and sets the stage for developing goals to realise these beliefs (Wise 1995:169). Mission statements and an institutional philosophy can be helpful only if they direct nursing care. Thus, each unit within an organisation should use the organisational philosophy and each individual professional should have a personal philosophy which corresponds with the organisational philosophy (Marquis & Huston 1994:61). An institutional philosophy should thus to some extent be so general that it could accommodate an array of individuals' philosophies.

According to Ehrat (1994:37), the philosophy of a service is the amalgamation of the vision, mission and the value system of the organisation. These statements describe the service conceptually. It could take on the form of positive tenets derived from the field of human care, humanism and existential philosophy in the form of: *We believe that . . .* Naturally, compromising oneself with specific philosophical convictions implies giving evidence of those convictions in one's moment to moment living. An official philosophical statement pasted against a wall is but pretentiously decorative.

Following is an example of an institutional philosophy compiled by the researcher from the literature on caring that was covered during this research and the research preceding the present research. The philosophy is founded on the final manifestation of the object of intention as an anthropological model and also resonates in the following:

- The essential definition of caring<sup>63</sup> explicitly states that caring implies *connectedness*. A philosophy reflecting tenets of the caring ethic connects the proponent of such a philosophy with the caring ideal. This in essence creates a caring interior. It also bears evidence of the nature of the word *caring* as a collective noun.
- The proposed institutional philosophy with its explication and definition of traditional nursing theory concepts of *man, health, nursing and environment*, link up with knowledge about caring<sup>64</sup> and the importance of this in the maintenance of a caring concern.
- An institutional philosophy founded on caring also serves a purpose towards *contextualising* the individual (proponent) in caring<sup>65</sup>. In this instance such a philosophy also relates to the contents and direction of the *will and conscience*<sup>66</sup> of the proponent and the adherent.

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## THE PHILOSOPHY

### (Statement of conviction)

In our philosophy we<sup>67</sup> adhere to, tenets from existentialism, humanism and an affirmative investment in human caring and the caring ethic. We believe that our philosophical departure is compatible with the convictions of most major religions practised in South Africa. We thus submit to the following:

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<sup>63</sup> See paragraph 1.3.

<sup>64</sup> See paragraph 10.2.3.1.4.3 and 10.2.3.1.4.4.

<sup>65</sup> See paragraph 10.2.3.2.1.2

<sup>66</sup> See paragraph 10.2.3.2.1.5.1

<sup>67</sup> The term "we" is a hypothetical reference. This philosophy was compiled by the researcher for the purpose of this research report and it does not necessarily reflect the sentiments of the institution at which this report was submitted as part of an advanced study program.

### 12.4.3.2.1

#### *Caring*

In line with a high premium placed on the individual and an affirmative humanistic investment in the concepts care and *caring*, we believe that:

- Care is the essence of being.

We also believe that:

- Caring is not merely the present continuous form of the verb *to care*, but is also a collective noun for a whole array of ethical, moral, religious, philosophical and cultural concepts, which has a verbal (verb or doing) implication, which manifests as a human ethical intension in both generic and lay human relationships and specialised contexts in the different caring professions. Although caring, by necessity, includes the phenomenon care, the reverse is not true.
- Caring exists in a trinity with *will* and *meaning*
- Caring, in view of human freedom of choice and the concept of *homo viator*, entails allowing another and self to *grow*. This is primarily achieved through human intersubjectivity, human connectedness and *compassion*.
- Caring constitutes a facet of health. The absence of a caring attitude (apathy) towards self and others jeopardises both the individual's health and the individual's quest for optimal being. We thus believe that the link between caring and health is not merely instrumental, but, caring by its very nature is both *salutogenic* and *fortigenic*.
- Caring is a source of *empowerment*. Through interpersonal relationships, coexistence, intersubjectivity, and caring, the individual's optimum potential for turning actuality into possibility and self-actualization is energised.
- The substance of caring is the substance of the nursing profession.
- Nurse caring entails actions taken to promote health, intimacy and self-actualization of both the nursed and the nurse, energised by knowledge, skills, affection and a will dedicated hereto.
- Nurse caring is both an art and a science.

We also believe that there are *culture care and caring* universality and diversity. We thus also

believe that:

- Caring in its purest form is consumed interpersonally and represents the utmost of social responsibility, acknowledgement of personal dignity and worth, and self-actualization within cultural parameters.
- In view of the individual's connectedness to his/her external environment, we believe that *earth caring* cannot be divorced from the concepts care and caring which attributes to the our philosophical stance a comprehensive holistic demeanour.

Fundamentally, we believe that:

- Caring is the ultimate in human excellence.

#### 12.4.3.2.2

##### *The individual*

The individual in interaction with others and the environment takes on a central position in our philosophy. These relationships are intimated by caring. Consequently we believe that:

- The individual is inherently good.
- The individual is by his/her very being a moral agent.
- The individual is worthy of respect, love and care due to an innate dignity bestowed upon him/her merely by virtue of his/her existence.
- The individual is a thinking, creative, caring, acting being, capable of moral and ethical behaviour. These are reflected in human actions and behaviours inspired by the individual's will, affect, and cognition and allow for the transformation of perceived existential *actuality*, through individual creativity and a potential for higher aspirations, into *possibility* and higher levels of existence. The term *homo viator* is appropriate at this point with the ultimate goal of sustained individual growth, social responsibility, and accountability.
- The individual is at any moment in time either one caring or one cared for, and has the potential and need towards both.
- The individual has freedom of choice. This choice is the most basic and irrefutable freedom of the individual. Accountability can only be bestowed upon, and claimed from, the individual if individual freedom of choice is acknowledged and facilitated. It is our conviction that, although choices might be limited, there are always alternative options

available.

- The individual and the environment form an integrated whole; an open system in holomic nature. All sub-systems are interrelated and affect one another. Caring for the one is as important as caring for the other.

#### *12.4.3.2.3*

##### *The environment*

We believe that the environment is tri-dimensional; intra-personal, inter-personal and extra-personal. The connection among these resides in care as the essence of being. Care and caring in all these spheres ensure the maximal development of the potential of the individual, society (community), and health.

We believe in wholeness, harmony and beauty in the environment

#### *12.4.3.2.4*

##### *Health*

Within the humanistic and existential viewpoint underlying our philosophy, we believe that:

- Health is not merely the absence of disease, and/or deformity, but also the presence of psychosocial well-being in the face of existential destitution.
- Health reflects care and caring as it partially results from the salutogenic and fortigenic nature of care and caring and the mood enhancing effect of helping behaviours.

Consequently we believe that:

- Individual will and meaning in life should at all times be nurtured and encouraged in the quest for optimal health.
- The incapacitated individual also has the potential towards caring and would execute appropriate actions in this regard if the reasons for his or her own caring needs do not prevent this.

#### *12.4.3.2.5*

##### *Social collectivities*

As far as social collectivities and caring are concerned, we believe that:

- Caring has always been, and will remain, the securing factor in all human relationships

and collectivities (Society, communities, families, friendships and formal collegial relationships.)

- Through caring consummated in the most basic social structures (the family), intimacy, love, protection and learning are provided which enable the survival of communities and provide for the participation of the individual in larger secondary social structures such as nursing.

We thus believe that:

- Social differences stem from geographical, cultural, biographic and demographic variety.  
We thus believe:
- A *community-based* approach is justified, based on a *primary health care* approach; taking caring to all walks of life.
- The community serves as the all inclusive context in which nursing and caring are practised.
- In community based training and education and community involvement n education and training.

#### 12.4.3.2.6

##### *Institutionalised services*

Based on the humanistic and existential tenets of human dignity and freedom of choice, and the caring essence of allowing self and others to grow, we believe that:

- Institutionalised services should be free of *oppression* and *indoctrination*.
- Social responsibility and accountability of the individual mandate decentralised institutionalised services to allow for maximum individual input.

We thus believe the following about our institutionalised activities and practice:

#### 12.4.3.2.6.1

##### *Nursing*

We believe that nursing is:

- Caring directed towards improving health in *cooperation* within individuals and communities. In order to maximise the individual's and the community's potential for

health, nursing and health care are provided at primary, secondary and tertiary level, each essentially focussing on prevention of the depreciation of the individual and promotion of the individual's potential and ability in a holistic and comprehensive manner. Nursing is thus primarily concerned with caring and the protection and advancement of the quality of human health, life, and living.

- Nursing nurtures caring.

We further believe that:

- Primary health care is an essential means in nursing's response to the individual's social responsibility and accountability regarding health issues. Correspondingly, nurse caring actions can be classified as being protective, nurturative and generative, empowering, and restorative.
- The caring concern of nurses in nursing is ultimately advanced by integrating holistic and traditional nursing practice into existing Western oriented bio-medical nursing practice.
- Caring contributes towards the artistic and aesthetic component of the art and science of nursing.

#### 12.4.3.2.6.2

##### *Nursing education and teaching*

We believe that:

- Nursing education is a formal institutionalised system of educational facilitation in response to the learning needs of nurses. This can be practised in any setting; the total community.
- Teaching is caring directed at providing the individual with more alternatives in order to make informed choices; allowing the individual to grow. Based on the essence of freedom of choice and the consequent accountability requested from the individual, we believe that teaching should be free of *indoctrination* and *oppression*.
- Teaching is aimed at promoting meaning in life and is primarily the *facilitation of learning* and *human resource development* (growth) based on the principles of *andragogics*.

#### 12.4.3.2.6.3

##### *Learning*

In accordance with the individual's becoming and freedom of choice, we believe that learning:

- is a *life-long* endeavour and primarily the responsibility of the individual.
- can be facilitated through teaching and education, however, the responsibility to learn resides with the individual learner.
- is best facilitated if learning material is relevant and directly related to existential problems and issues of the learner. A community based curriculum implemented through a problem solving and experiential learning approach is thus imperative.
- is, second only to caring, the most important social responsibility of the individual and is the supreme mode of advancing the individual's, and ultimately the community's, potential for being the most they can be.
- is directly related to personal autonomy, directedness, liberty and personal empowerment. As such, it is a process of growth and liberation - caring in action.

We further believe that

- The principles of learning applying to student nurses also apply to patient teaching and education.
- Health education is a caring attempt at liberating the patient from the confines of unwellness, and allowing him/her to grow.

#### 12.4.3.2.6.4

##### *Health Service Management*

In accordance with our convictions grounded in caring, we believe that:

- Health Service Management is primarily caring embedded in guidance and facilitation towards the growth of individuals' potential through democratic (non-autocratic) managerial principles and leadership. It is the development of, and thoughtful and *careful* utilisation of, both human and inanimate resources available to health care institutions by human resources through human resource development.

#### 12.4.3.2.7

##### *Ethos and Professional Practice*

We believe that caring is the essence of professions and professional practice. We thus believe that:

- Caring is the essence of the ethos of nursing; past, present and future.
- Caring cultivates inner harmony and consolation and maintains and restores such harmony and consolation where encounters with unreconciled ethical and legislative issues might have disrupted these.

#### 12.4.3.2.8

##### *Nursing Research*

We believe that:

- Nursing research is an existential caring concern and inquiry into matters relating to both health and professional issues in nursing.
  - The *ethics* component of any research is in fact the *caring* component of that research.
- 

### 12.4.4

#### OTHER TEACHING STRATEGIES

Teaching strategies, congruent with the final manifestation of the object of intention, which could promote both connectedness and direction should be implemented in the quest to sustain and maintain a caring concern. As broad approaches towards this end, reflective and experiential learning and mindful education are proposed.

#### 12.4.4.1

##### **Reflection and experiential learning and teaching**

According to Lowe and Kerr (1998:1031), teaching a dual curriculum of theory and practice, such as the nursing curriculum, often leads to a theory/practice gap in clinical practice. In the opinion of these authors, reflective practice, as an outflow of experiential learning, could guide practitioners towards integrating these two components of the curriculum more meaningfully. The premise on which the present extension of the object of intention - the maintenance of a

caring concern - to the field of nursing education and more specifically, to the field of experiential learning, rests, is that the phenomenon caring itself contains two major components resembling *theory* and *practice*. The one, the *phronema* represents the knowledge, feelings and will component of caring. The other represents the actions component. The relationship between these two components is arbitrated by the dialogue among the components contained in the final manifestation of the object of intention. So is the *operationalisation* of the *phronemic* contents into actions.

In reflection in caring (and nursing) the individual does not merely reflect on the concrete happenings within the situation. This does not give an account of the full human experience in any clinical (or other) setting. In terms of Greenwood's (1998:1049) explication, such an impoverished view of human experience represents *single loop learning*; merely looking for alternative actions to attain the same goal. In double loop learning, however, the student not only looks for alternative actions to achieve the same ends, but she also examines the appropriateness and propriety of chosen ends. Double loop learning therefore involves reflection on values and norms and, by implication, the social structures that were instrumental in their development and which render them meaningful. This represents the *phronema* of caring and all the processes involved in the maintenance of a caring concern as they energise actions towards the attainment of set goals.

#### 12.4.4.1.1

##### *Frameworks of reflective practice*

There are several frameworks for reflection on action in the literature, including Kolb's experiential learning cycle and Smyth's (1989), Smith and Russel's (1991) and Burrows' (1995) framework for reflection on action (Greenwood 1998:1050-1051). Van der Wal (1998:117-119) indicates that the conceptualisation of most experts in experiential learning and reflection involve the experience, reflection, association and actualisation. Actualisation in this instance is what Greenwood (1998:1048) refers to as what reflection allows for. Elements of reflective practice are also found in Watson's (1989b:56) implementation of human caring theory in the educative-caring curriculum paradigm. In addition, Heath (1998:1055) points out that the skills involved in reflection are self-awareness, description, critical analysis, synthesis and evaluation. It is,

however, John's (1995) framework for reflection on action that is most appropriate to our present interest in the subject, namely, to serve as a means towards the end of maintaining a caring concern by turning the processes involved in the maintenance of a caring concern, the final manifestation of the object of intention, upon itself. In most of the above-mentioned frameworks of reflection the question: *How did you feel in that situation?* figures in some way or the other. John (1995) integrated the reflective process with the patterns of knowing as explicated by Carper (1978). This is exposed in table 12.2 .

TABLE 12.2 JOHN'S (1995) FRAMEWORK FOR REFLECTION IN ACTION
<p><b>Aesthetics</b></p> <ul style="list-style-type: none"> <li>● What was I trying to achieve?</li> <li>● Why did I respond as I did?</li> <li>● What were the consequences of that for the patient? Myself? Other?</li> <li>● How was this person feeling?</li> <li>● How did I know this?</li> </ul> <p><b>Personal</b></p> <ul style="list-style-type: none"> <li>● How did I feel in this situation?</li> <li>● What internal factors were influencing me?</li> </ul> <p><b>Ethics</b></p> <ul style="list-style-type: none"> <li>● How did my actions match my beliefs?</li> <li>● What factors made me act in an incongruent way?</li> </ul> <p><b>Empirics</b></p> <ul style="list-style-type: none"> <li>● What knowledge did or should have informed me?</li> </ul> <p><b>Reflexivity</b></p> <ul style="list-style-type: none"> <li>● How does this connect with previous experiences?</li> <li>● Could I handle this better in similar situations?</li> <li>● What would be the consequences of alternative actions for the patient? Myself? Others?</li> <li>● How do I now feel about this experience?</li> <li>● Can I support myself and others better as a consequence?</li> <li>● Has this changed my ways of knowing?</li> </ul>

The intensely intricate position of self turning upon self, and caring turning upon itself, need not be done in a *post mortem* fashion only (Greenwood 1998:1049). Reflection can also occur during an action and can even occur as anticipated deliberation in advance.

#### 12.4.4.1.2

##### *Outcomes of reflective practice*

Reflection and reflective practice allow the practitioner to:

- develop individual theories of nursing (and caring) to influence practice and generate nursing knowledge (Emden 1991; Reid 1991);
- advance theory at a conceptual level to lead to changes at professional, social and political levels (Emden 1991; Smyth 1992, 1993);
- facilitate integration of theory and practice (McGoughtry 1991; Wong et al. 1995; Landeen et al. 1995);
- allow the correction of distortions and errors in beliefs related to discrete activities, and the values and norms which underpin them (Mezirow 1990; Saylor 1990);
- encourage a holistic, individualised and flexible approach to care (Chinn and Jacobs 1987);
- allow the identification, description and resolution of practical problems through deliberative rationalisation (Powell 1989);
- enhance self-esteem through learning (Keegan 1988; Johns 1994, 1995);
- heighten the visibility of the therapeutic work of nurses (Johns 1994, 1995);
- enable the monitoring of increasing effectiveness over time (Johns 1995, Landeen et al. 1995);
- enable nurses to explore and come to understand the nature and boundaries of their own role and that of other health professionals (Johns 1994, 1995);
- lead to an understanding of the conditions under which practitioners practice and, in particular, the barriers that limit practitioners' therapeutic potential (Emden 1991; Johns 1994, 1995);
- lead to an acceptance of professional responsibility (Johns 1994, 1995);
- allow a shift in the social control of work. (Less direct, overt surveillance over work and much more indirect forms of control through, e.g. teamwork, partnerships, collaboration, etc.) (Smyth 1992, 1993);
- provide opportunity to shift the power to determine what counts as knowledge from an elite, distant from the workplace, to practitioners and the workplace (Smyth 1992, 1993);
- allow the generation of a knowledge base that is more comprehensive because it is directly turned into what practitioners know about practice (Smyth 1992, 1993);

- provide the opportunity for rapid and progressive refocusing of work activity (Smyth 1992, 1993); and
- assist in shaping and constructing one's ethical ideal (Nodding cited in Watson 1989b:57).

All these outcomes could assist in the maintenance of a caring concern and could serve towards encouraging students to become life-long reflective practitioners (Heath 1998:1055), an attempt at the continuous maintenance of a caring concern.

#### 12.4.4.2

##### **Mindful education**

In line with the more humanistic character of caring and the teaching of caring, *mindful education* (Langer 1993:) seems a logical choice for the teaching milieu in which caring is to be taught. Mindfulness, as awareness, is in itself an important attribute of caring.

According to Langer (1993:43-49), the traditional implicit *no pain, no gain* understanding of traditional education is contrasted with a view of education that encourages mindfulness. The former relies on a static conception of information typically communicated in absolute language. Here, *facts* are given as truth, free of context or perspective. The latter rely on variability, communicated through conditional instruction. Here, facts are perspective dependent. In addition to the obvious appeal of mindful education in teaching and learning caring and teaching and learning in the educative-caring environment, mindful education is also more enjoyable.

Mindfulness is a state of mind that results from drawing novel distinctions, examining information from new perspectives, and being sensitive to context. It is an open, creative, probabilistic state of mind in which the individual might be led to finding differences among things thought similar and similarities among things thought different. . . . mindfulness is the capacity to see any situation or environment from several perspectives. When we are mindful we recognize that there is not a single optimal perspective, but many possible perspectives on the same situation (Langer 1993:44)

The importance of mindfulness in the fluid environment of human interaction in which caring is consummated should be obvious. Also, mindfulness as open-mindedness could serve to decrease the frustration of the individual due to incompatibility with a constantly changing

environment and any single situation of diverse variability. This is also illustrated by Langer (1993:46) stating that students who were taught conditionally were more creative.

Langer's idea of mindfulness and mindful education as opposed to *traditional education* is also reminiscent of Bevis and Watson's (1989) educative-caring paradigm<sup>68</sup> versus a behaviourist paradigm and the proposed curriculum revolution in nursing. It is also the researcher's contention that reflective practice in a sense represents changing traditional education into mindful education. As contradictory as it might sound, reflection is mindfulness in operation.

#### 12.4.5

#### TEACHING NURSING ETHICS AND ETHICAL DECISION MAKING

The ensuing implication of the final manifestation of the object of intention as it pertains to nursing education is that of teaching nursing ethics. If ethical conduct is called for in nursing students or any other professionals, moment to moment living, institutions must adhere to an anthropological model which provides for a perspective on the individual as an ethical agent. The final manifestation of the object of intention as it emerged during the present research provides such a(n) (anthropological) model. There is simply no *ethical* way in which ethics and ethical decision making can be taught without the deliberate exposition of the individual as an ethical agent. Conversely it is also true that the individual as moral agent, as having the potential towards moral ethical reasoning and conduct, and the encounter of situations with moral ethical content, cannot be ignored or wished away. For this reason too, adherence in an educational institution and other institutions prone to ethical dilemmas to an anthropological model such as the one implied by the final manifestation of the object of intention is proposed. It is only with such a model that one could arrive at an appreciation of the individual as moral agent and as succumbing to moral and ethical dilemmas.

#### 12.4.6

#### IN SUMMARY

In conclusion to this section on the extension of the object of intention to the field of nursing education, it should be noted that this extension points to one important issue, namely having a

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<sup>68</sup> See introduction to paragraph 12.4.

foundational point of departure for the nursing curriculum. Too often there is no such structural point of departure and consequently no indication of the direction programmes are heading towards. It still seems as though knowledge in behavioural terms, bits and pieces of science, is the ultimate in knowing and in education. Nursing, as a dual science, taking its content from both the medical sciences and the humanities, as having both a theoretical and a practical component which need to be aligned, as involving the lived experiences of individuals, both as clients and as practitioners, and as being prone to ethical dilemmas, and as an academic discipline, cannot afford to keep on compromising itself with an inability to find an anthropological construct that could serve as a denominator for all these dimensions of nursing. Continuing in this vein would be deliberate and calculated ignorance.

## 12.5

### CONCLUSION

In this section, the final manifestation of the object of intention, the maintenance of a caring concern, was extended to the practical fields of:

- intelligence, specifically emotional and social intelligence;
- motivation, specifically motivation in terms of humanistic and transpersonal psychology;
- nursing education, with special reference to creating connectedness and directedness; and
- (nursing) ethics, by positing the final manifestation of the object of intention as an anthropological model imperative to the teaching of (nursing) ethics.



# ***CHAPTER 13***

## **SUMMARY**

*I just love it when a plan comes together  
(Hannibal: The A Team TV-series)*

### **13.1 INTRODUCTION**

In this final chapter, a summary of the research process, results, and recommendations is provided. It gives an overview of the main point of the research, the assumptions on which the research and specific sections of the research were based, and a set of summative statements in the form of assumptions, propositions, summations, and plausible hypotheses intended to generate further discussion and research.

### **13.2 THE GUIDING RESEARCH QUESTION**

How is a caring concern maintained by the (student nurse) as care-giver?

### **13.3 BACKGROUND TO, AND PROBLEM STATEMENT OF THE STUDY**

The background and problem to this research stem from a three-pronged concern resulting from:

- concerns expressed about the maintenance of caring and caring per se with regard to the nursing curriculum as expressed in the literature on this subject;
- the results of a previous grounded theory study into the phenomenon caring which was undertaken by the researcher. The outcome of this research left the researcher with unanswered questions, relating to the maintenance of a caring concern. The present research is thus an extension of this previous study; and

- empiric evidence that the caring ethic and caring as such are dwindling concepts and behaviours in nursing.

### 13.4

#### RESEARCH DESIGN

The research was conducted within the qualitative research paradigm. Moreover, the research process was structured according to Wertz's (1983a, 1983b, 1984, 1985) Empirical Psychological Reflection.

#### 13.4.1

##### METHODOLOGY

Since the research question was directed at the lived experience of being a care-giver and being caring, existential-phenomenology served as methodology (a broad frame of argumentation that gives *logic* to the way of doing) for this research.

#### 13.4.2

##### EPISTEMOLOGY

A linguistic epistemology was adhered to. The basic assumption in this instance is that all knowledge and conscious experiences are experienced in terms of, and are communicated through, language.

#### 13.4.3

##### ASSUMPTIONS ON WHICH THE RESEARCH AS A WHOLE WAS BASED

#### 13.4.3.1

##### Assumptions regarding theoretico-conceptual commitments

With regard to the present study it was assumed that:

- a dialectical phenomenological anthropology is indispensable as a philosophical point of departure;
- man is *homo viator*;
- man is a moral and ethical being, however, self-willed;
- experience is not primarily a *knowledge affair* - characterised by the separation of subject and object (Thompson 1990:234).

### 13.4.3.2

#### Assumptions regarding methodological-technical commitments

In this instance it was assumed that:

- the application of existential-phenomenology is imperative for the study of the individual's existential experience of *being caring*;
- qualitative research, empirical psychological reflection, and constant comparative analysis can all logically be articulated on existential-phenomenology;
- unstructured formal qualitative interviews and experiential descriptions will elicit the required information from informants;
- personal stories of informants, elicited through formal unstructured qualitative interviews, will express a reality sufficiently unique or cohesive so that any *a priori* knowledge of the researcher's own will not influence the interpretation of these stories (Swanson-Kaufmann & Schonwald 1988:98);
- individual experience and knowledge, while *valid*, may not be the reality of those we seek to describe (Swanson-Kaufmann & Schonwald 1988:98);
- the *values* attributed to phenomena are not a given concomitants of those phenomena, and may, like the detail of these phenomena, be diverse;
- what is logically inexplicable might be existentially real and valid (Colaizzi in Rieman 1986:94);
- more happens in everyday life than the research analogue can imitate and more happens in the research situation than the researcher can record;
- all these philosophical and theoretical constructs are logically related and they can be fused into a sententious, conceptual and theoretical framework within which the phenomenon under investigation can be explored sensibly, responsibly, scientifically, and systematically.

### 13.4.3.3

#### Assumptions pertaining to ontological commitments

The assumptions in this respect were that:

- the phenomenon caring does exist within human experience;
- human existence is characterised by paradox and contradiction which forms the base for a concern about human maintenance;

- caring is not a constant given but is constituted moment to moment;
- the maintenance of caring, as implied in this study, is an intra-personal process;
- the experience of being caring and/or uncaring exists diffusely in student nurses;
- individuals can identify themselves as being either caring or uncaring;
- Care is the essence of being, it is ontological since it constitutes man<sup>1</sup> as man (May 1969:290).

#### 13.4.4

#### SAMPLING

A purposive sample of informants was engineered from a convenience sample of a multi-racial population of student nurses according to their performance on the Personal Orientation Inventory (POI) which determines the individual's level of self-actualisation.

This "quantitative twist" within a qualitative research paradigm is qualified by the following assumptions:

- man is self-aware;
- language or words, in a broad sense, have relatively the same meaning to different people;
- the more homogeneous the population, the less variation in the meaning of linguistic symbols (language);
- attributes or phenomena of personal and existential nature can be identified, differentiated from one another, abstracted, and reflected upon by individuals;
- individuals can judge the presence, quality, and quantity, of named experiences and attributes within self, as qualities of self.

#### 13.4.5

#### DATA GATHERING

Data were gathered through formal unstructured open qualitative research interviews which were audio-taped and transcribed. The use of the formal unstructured open qualitative research

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<sup>1</sup> The term "man" refers to "the individual" and was used through this report in this context. A certain literary tradition is hereby maintained. In no sense is this term used with the intention of either ignoring or acknowledging gender. The intention is not at all sexist.

interview was based on the following assumptions:

- interviewing demands an epistemology of linguistic nature;
- we are capable of eliciting and hearing the reality of informants;
- personal stories of informants express a reality sufficiently unique or cohesive so that any *a priori* assumptions of our own will not influence their interpretation (Swanson-Kauffman & Schonwald 1988: 99).

#### 13.4.6

##### DATA ANALYSIS

Two levels of data analysis were conducted as proposed by Wertz's empirical psychological reflection, namely at the *idiographic* level (the compilation of individual profiles) and at the *nomothetic* level (the level of a general phenomenological construct).

Data analysis was based upon the assumptions that:

- language or words, in a broad sense, have relatively the same meaning to different people;
- personal stories of informants express a reality sufficiently unique or cohesive so that any *a priori* assumptions of our own will not influence their interpretation (Swanson-Kauffman & Schonwald 1988: 99).

#### 13.4.7

##### BRACKETING

Bracketing was applied, not as keeping in abeyance what the researcher knew about the phenomenon, but by deliberately bringing it to consciousness to measure all data and interpretations against. Bracketing was enhanced by an extensive literature review. The following assumption also applied in the case of bracketing:

- our experiences and knowledge, while valid, may not be the reality of those we seek to describe;
- we are capable of eliciting and hearing the reality of our informants;
- the personal stories of our informants will express a reality sufficiently unique or cohesive so that any *a priori* assumptions of our own will not influence their interpretation. However, since we raise the research question, we cannot help but express

opinions about that which we believe is worth studying (Swanson-Kauffman & Schonwald 1988:99).

#### 13.4.8

##### LITERATURE REVIEW

In addition to the value of an expanded literature review towards bracketing, the literature review was also conducted in an attempt at one aspect of neuro-linguistic programming, namely building a vocabulary that would alert the researcher to the content and context of text. The underlying assumptions were:

- language fluency enhances qualitative research in general; and
- language fluency alerts the reader to the content and context of text.

The literature review covers three major areas, namely:

- caring and the maintenance of a caring concern;
- maintenance as reflected by psychological constructs; and
- maintenance as reflected by spirituality and associated concepts, and nursing theories.

#### 13.4.9

##### EVALUATION OF SAMPLES (RELIABILITY AND VALIDITY)

In this instance attention was paid to threats to *adequacy* in qualitative research including events preceding data collection, subject maturation, subject mortality, reactivity analysis, and changes in the observer (researcher).

With regard to *credibility* of the theory, or general phenomenological profile:

- the categories that were generated are indicated by the data and applied readily to the data (*fit*);
- the theory (general psychological profile) speaks to, or is relevant, to the social or practice world and to the persons in that world (*grab*); and
- the theory (general psychological profile) has relevance or usefulness in explaining, interpreting, and predicting phenomena under study (Chenitz and Swanson 1986: 13).

Bracketing also contributed towards adequacy and credibility.

### 13.4.10 FINDINGS

Based on the assumption that whatever the informants said was said within the context of the guiding research question, all data were analysed and were related to the research question.

#### 13.4.10.1 Idiographic phase

Twelve individual and exclusive profiles were constructed. These were labelled as follows:

- Profile 1: The relational approach grounded in self
- Profile 2: Affirmation, reciprocation, reassurance and balance
- Profile 3: Awareness, self-awareness and situational awareness
- Profile 4: Integrating, generating, expanding and aligning
- Profile 5: Sharing, soothing and being soothed
- Profile 6: Sincerity, non-exploitation and inverted caring
- Profile 7: Getting it all in the open
- Profile 8: Creating challenges and economising on caring
- Profile 9: Comprehensive integration and external stimulation
- Profile 10: The caring ethic and existential essence
- Profile 11: Being involved
- Profile 12: The inversion of the erosion of caring

#### 13.4.10.2 Nomothetic phase

##### 13.4.10.2.1 *Number of themes, categories and data units*

Data were abstracted to the seventh level, with level 7 (seven) being the most general and level 1 (one) being the most specific (empiric). The number of themes and categories arrived at at each level is also indicated. These levels are depicted as follows:

- Level 7: 4 themes.
- Level 6: 21 major categories.
- Level 5: 7 sub categories.

- Level 4: 23 sub categories.
- Level 3: 13 sub categories.
- Level 2: 154 sub categories.
- Level 1: 537 data units, the most specific classes of empirical units.

#### 13.4.10.2.2

##### ***Structure of the data***

The final structure that emerged is as follows:

#### 1) **Theme 1: The Caring Phenomenon**

- 1) General Indicators
- 2) The "I" Quintessence in Caring
- 3) Attributes of Caring
- 4) Caring versus Knowledge and Skill
- 5) Caring versus Quality Care
- 6) Outcomes of Caring
- 7) The Encompassing Nature of Caring
- 8) The Enduring Nature of Caring

#### 2) **Theme 2: Erosive Factors**

- 1) Special Problems of the Student Nurse and Neophyte
- 2) Aspects Relating to Self
- 3) Imbalance Among the *Phronemic* Components
- 4) Emotional Involvement
- 5) Physical Exhaustion
- 6) Theory, Practice and Teaching
- 7) Administrative Issues
- 8) Work Conditions
- 9) Patient Characteristics

#### 3) **Theme 3: Factors in the Maintenance of a caring concern**

- 1) External Resources
  - 1) Human Support Resources
  - 2) Personal Preferences
  - 3) Time Factor
  - 4) Knowledge
    - 1) General Indicators
    - 2) Scientific, Medical and Technological Knowledge and Skills
    - 3) Human Nature and the Humanities
    - 4) Experiential and Situational

## 5) Teaching and Learning Caring

## 2) Internal Factors

## 1) Eminence of Self

- 1) General Indicators
- 2) Contextualising Self in Caring
- 3) General Strategies for Maintaining Self
- 4) Care-giver Attributes
- 5) Motivational Domains
  - 1) Will and Conscience
  - 2) Religious Domain
  - 3) Ethical Domain
  - 4) Cognitive Domain
  - 5) Fear of Punishment

## 6) Modes of Caring

- 1) General Indicators
- 2) Spontaneous/Free Willed/Imperative
- 3) Rational Mode
- 4) Ethical Mode
- 5) Altruistic/egotistic Mode

## 7) Benefits Derived From Caring

- 1) General Indicators
- 2) Altruistic Reasons and Benefits
- 3) Egoistic Reasons and Benefits

## 8) Strategies for Alleviating Stress/ Tension

## 9) Relationships Among the Phronemic Components

## 2) Caring is Self-sustaining

- 1) General: Indicators: Caring Erodes Flippance
- 2) Nursing Care Develops Caring
- 3) Caring Cultivates Caring

## 3) Strategies for Advancing Caring

- 1) Personal Strategies
- 2) Situational Strategies
- 3) Sharing Caring
- 4) Strategies for Advancing Caring Globally
- 5) Students' Concern About Caring
- 6) Strategies for Feigning Caring

4) **Theme 4:** Core Experiences

- 1) Aesthetic Experience/Feeling Good
- 2) Suffering (10.4.2)

**13.4.10.2.3*****Final manifestation of the object of intention***

The final manifestation of the object of intention, the maintenance of a caring concern, resides

in a dialogue among Care, will, meaning attribution and conscience and was reconstructed as depicted in the following summative diagram:

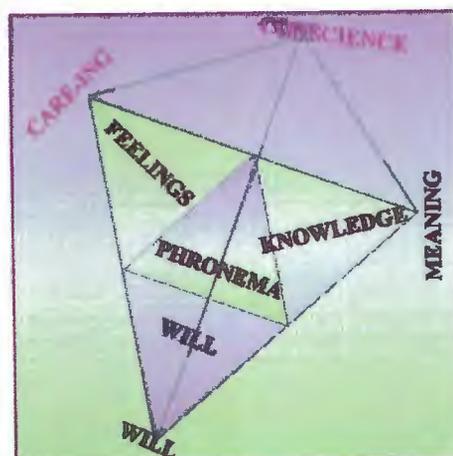


Fig. 13.1

Summary of the final manifestation of the  
object of intention

### 13.5

#### RECOMMENDATIONS

In this section the final manifesting of the object of intention, the maintenance of a caring concern was returned to the practice field, namely to:

- **The field of intelligence studies.**

The final manifestation of the object of intention indicates that three different intelligences are involved in the maintenance of a caring concern, namely cognitive, emotional and social. It was recommended that all intelligences be emphasised and developed equally in the nursing curriculum.

- **Motivation and motivation theory.**

Caring and motivation are complementary concepts and it was suggested that caring as motivation be further investigated from the point of view of humanistic and transpersonal

psychology

- **Nursing education.**

It was suggested that nursing education should provide for both connection and direction regarding caring and the maintenance of a caring concern through mission statements, abiding to an institutional philosophy founded on the caring ethic, and by emphasising experiential and reflective strategies, mindful education, storytelling and participative and humanistic education in general.

- **The teaching of nursing ethics and ethical decision making.**

It was stated emphatically that without an anthropological model akin the final manifestation of the object of intention, ethics and morals are non-existent.

- **The field of philosophy.**

It is suggested that *care* and caring be studied as intentionality and that the development of a science of caring be considered. In the light of the fact that *Care* as the foundation of caring could spell intentionality, existential-phenomenology could serve as methodology.

## 13.6

### SUMMATIVE STATEMENTS

The content of the outcome of the present research is summarised in the form of summative statements. These summative statements take on the form of propositions, summations, plausible hypotheses, assumptions, conclusions, and recommendations. The categorisation of these statements does not necessarily relate to the overall format and structure of the report. It is hoped these statements will give an overall impression of the findings of this research and that these statements will elicit further contemplation, discussion and research.

#### 13.6.1

### SUMMATIVE STATEMENTS ON THE FINAL MANIFESTATION OF THE OBJECT OF INTENTION AS AN ANTHROPOLOGY

- ***Summative statement 1***

The final manifestation of the object of intention essentially posits an anthropological model.

- ***Summative statement 2***

The individual is by his or her essential nature a moral agent.

- ***Summative statement 3***

The maintenance of a caring concern is ultimately an intra-psychoic process and is not determined by the extra-personal or the interpersonal.

- ***Summative statement 4***

Care, will, meaning and conscience as intra-personal processes are in constant dialogue with one another.

- ***Summative statement 5***

The outcomes of the dialogue among Care, will, meaning attribution and conscience are reason and intuition which manifest themselves in (overt) behaviour.

- ***Summative statement 6***

*Care* as the essence of being is central to existence while *caring* is central to essence. Care is a given with being and existence, however, caring is not a *sui generis*; it is individually arbitrated.

- ***Summative statement 7***

Caring and the maintenance of a caring concern, as the ultimate in human excellence, render the altruism/egoism debate inconsequential.

- ***Summative statement 8***

Conscience is the voice of morality and it must be heeded.

- ***Summative statement 9***

Regardless of the rationality of a decision, the execution of such a decision is still subjected to conscience and will.

- ***Summative statement 10***

Will and conscience allow for choice and intimate concepts such as responsibility, accountability and authority.

- ***Summative statement 11***

The concepts of responsibility, accountability and authority are implied by, and presupposed in, both caring and the maintenance of a caring concern.

- ***Summative statement 12***

The concepts of autonomy, responsibility, accountability and authority as contained in caring are reflected at both the professional and the individual (being) levels.

- ***Summative statement 13***

Existential autonomy (responsibility, accountability and authority) is part and parcel of the maintenance of a caring concern.

- ***Summative statement 14***

Given caring's essential definition as *Care* (the essence of being) ushered in an ethical direction, its self-impregnating nature, and its maintenance as caring being turned onto itself, a construct of *meta-caring* becomes inconceivable and inconsequential.

### 13.6.2

#### SUMMATIVE STATEMENTS ON *CARE*

- ***Summative statement 15***

*Care* is the essence of being.

- ***Summative statement 16***

*Care*, although morally and ethically neutral, has infinite potential.

- ***Summative statement 17***

*Care* equates to *intentionality*.

- ***Summative statement 18***

Without *Care* existence is non-existent and phenomena, inconsequential.

- ***Summative statement 19***

*Care* as the essence of being is foundational in reconstructing the concept caring and the maintenance of a caring concern.

## 13.6.3

## SUMMATIVE STATEMENTS ON CARING

- *Summative statement 20*

Caring (human caring) signifies Care ushered on an ethical path.

- *Summative statement 21*

Caring is the expression of personhood.

- *Summative statement 22*

Professional nursing caring is human caring practised in the field of nursing sciences via a scientific enrichment of the knowledge component (know how and can do) of the *phronema* of caring specific to this field of human endeavour, which energises actions appropriate to situations found in this field of human endeavour.

- *Summative statement 23*

All professions have as their main aim the practice and nurturing of human caring within a specific field of human endeavour. As such, all professions and all human caring endeavours are simultaneously both preventive and rehabilitative in ethical/moral terms.

- *Summative statement 24*

Caring, and the maintenance of a caring concern, by its very nature, signifies mental health.

- *Summative statement 25*

Caring is self-generating, and self-impregnating; caring maintains caring.

- *Summative statement 26*

Nursing care nurtures human caring.

- *Summative statement 27*

Caring erodes flippancy.

- *Summative statement 28*

The caring individual cannot be manipulated into caring. Caring flows from the caring individual and is not an obligation but a personal commitment to humankind.

## 13.6.4

## SUMMATIVE STATEMENTS ON MAINTENANCE

- *Summative statement 29*

The maintenance of a caring concern is a total milieu involvement encompassing the intra, inter and extra-personal milieus.

- *Summative statement 30*

Care and caring are basic tenets in most primordial religions which posit religion as a major motivational domain in the maintenance a caring concern and in practising caring.

- *Summative statement 31*

The maintenance of a caring concern is a meaningful, continuing, self-impregnating process of humanity, of inward and outward expansion of boundaries of authentic being through self-transcendence, by which humanity and meaning are bestowed upon, and revitalised within, self and others, continuous with the flow of living. Maintenance of caring, by its very nature, is caring.

- *Summative statement 32*

The maintenance of a caring concern is foundational to, and in a sense synonymous with, human maintenance, maintenance of personal integrity, self-care, care for the care-giver and care for caring. It is essentially caring turned upon itself.

- *Summative statement 33*

Maintaining caring signifies the maintenance of personal integrity.

- *Summative statement 34*

The maintenance of a caring concern can only be understood in terms of the confusing field of human motivation, a field of contradictions apparent only to the human condition.

- *Summative statement 35*

The intra-psychoic processes involved in the maintenance of a caring concern are in an open relationship with the interpersonal and the extra-personal environment.

- *Summative statement 36*

The ultimate outcome of the successful maintenance of a caring concern is the development of caring as a virtue.

- ***Summative statement 37***

The maintenance of a caring concern, like caring itself, represents an aesthetic experience.

- ***Summative statement 38***

The maintenance of a caring concern is motivated from the domains of religion, cultural norms and values, the cognitive domain, and the domains of law and professional codes of ethics.

- ***Summative statement 39***

The maintenance of a caring concern is primarily concerned with stress management.

- ***Summative statement 40***

Sharing experiences of rendering caring with colleagues (uncovering hidden caring) is vital to the maintenance of a caring concern.

- ***Summative statement 41***

Non caring encounters could strengthen (maintain), rather than erode, the caring concern in the caring inclined individual.

- ***Summative statement 42***

Emotional intelligence and EQ (Emotional Quotient) are vital to the maintenance of a caring concern.

- ***Summative statement 43***

The polar experiences of the care-giver are those of human suffering and of an aesthetic experience.

- ***Summative statement 44***

The maintenance of a caring concern, at the cognitive level, resides in a delicate blend of science, intuition, wisdom and vision.

- ***Summative statement 45***

Failure to maintain caring, is existentially experienced as human suffering and clinically labelled as *burnout*.

- ***Summative statement 46***

Caring is both salutogenic and fortigenic

- ***Summative statement 47***

The *salutogenic* and *fortigenic* nature of caring are contributory to the self-impregnating nature of caring and the consequent maintenance of a caring concern.

- ***Summative statement 48***

The maintenance of a caring concern defines human spirituality.

- ***Summative statement 49***

The maintenance of a caring concern like caring itself is the ultimate in human excellence.

- ***Summative statement 50***

Life-long reflective practice is an exigency to the maintenance of a caring concern.

- ***Summative statement 51***

The final manifestation of the object of intention implies different intelligences, namely cognitive (academic), emotional and social intelligences.

### 13.6.5

#### SUMMATIVE STATEMENTS ON (NURSING) EDUCATION

- ***Summative statement 52***

Nursing education (and any other education for that matter) is moral education; the instigation of morals and ethics within a specific sphere of human endeavour, in the case of nursing, the field of human health.

- ***Summative statement 53***

The nursing curriculum must provide for life skills to foster the maintenance (and cultivation) of a caring concern.

- ***Summative statement 54***

All education is essentially moral/ethical education; education directed at developing the individual morally and ethically.

- ***Summative statement 55***

The maintenance of a caring concern and the development of social responsibility are complementary.

- ***Summative statement 56***

The self-science curriculum and a life-skills curriculum are prerequisites to any other curricular content.

- ***Summative statement 57***

Humanistic, person centred leaning experiences, such as experiential learning, reflective practice, ethical decision making, role modelling, and story telling are imperative in the *teaching* of caring and the consequent maintenance of a caring concern.

- ***Summative statement 58***

Mindfulness and mindful education are fundamental to creating a caring milieu and towards teaching reflective practice and caring.

- ***Summative statement 59***

Mindfulness and caring are complementary.

- ***Summative statement 60***

Storytelling as a way of reflection, a way of self-disclosure and a way of uncovering hidden caring, is indispensable in the maintenance of a caring concern.

- ***Summative statement 61***

Mission statements and institutional philosophies are imperative in creating a caring milieu supportive of the maintenance of a caring concern.

- ***Summative statement 62***

All scientific subjects should (could) be presented in a caring, appreciative, humanistic manner to sustain the maintenance of a caring concern.

- ***Summative statement 63***

Education should provide for both connectedness (connection) and directedness (direction) to sustain and maintain a caring concern.

- ***Summative statement 64***

Reflective practice is mindfulness in operation.

- ***Summative statement 65***

The final manifestation of the object of intention contains all elements imperative for grounding the teaching of ethical decision making and consequently of teaching caring and the caring ethic.

- *Summative statement 66*

A conceptualisation of the individual in the vein of the final manifestation of the object of intention is indispensable for the teaching of nursing ethics and ethical decision making.

- *Summative statement 67*

Emotional intelligence is *the* decisive intelligence in the maintenance and practice of caring.

- *Summative statement 68*

To be informed is to be certain; to anticipate events and to make things happen; to establish an even ground for caring and the maintenance of a caring concern.

- *Summative statement 69*

Knowledge and information empower the caring individual with certainty which rivals control in that individual, setting the stage for caring and the maintenance of a caring concern.

### 13.6.6

#### SUMMATIVE STATEMENTS ON SELF AND SELF-CARE

- *Summative statement 70*

The final manifestation of the object of intention, the maintenance of a caring concern, has every bit to do with existence, the human spirit, and spirituality.

- *Summative statement 71*

*Self* is the apotheosis of the maintenance of a caring concern.

- *Summative statement 72*

An image of the ideal self, as being a moral/ethical being, fosters the maintenance of caring concern.

- *Summative statement 73*

The essence of being is different from the essence of self. The former intimates *existence* and the latter, self-awareness and self-definition.

### 13.6.7

#### SUMMATIVE STATEMENTS ON THE EROSION OF CARING

- *Summative statement 74*

Frustration of the caring concern leads to human suffering in the caring inclined individual.

- **Summative statement 75**

The primary concern about the maintenance of a caring concern, resides in the *care for* and *caring about* variants of caring.

- **Summative statement 76**

Wishing and sentimentality as an immature *will* are erosive to a caring concern.

## 13.6.8

## SUMMATIVE STATEMENTS ON ETHICS

- **Summative statement 77**

Care, will, meaning and conscience set the stage for the anticipation of the *ought to*.

- **Summative statement 78**

Care, will, meaning and conscience allow for mindful consideration of *facts*.

- **Summative statement 79**

The dialogue among Care, will, meaning attribution and conscience implies the individual as *homo viator*.

- **Summative statement 80**

The dialogue among Care, will, meaning attribution and conscience implies the individual as ethical agent.

- **Summative statement 81**

The deliberations among Care, will, meaning attribution and conscience are towards the maintenance of personal integrity and meaningful living.

## 13.6.9

## SUMMATIVE STATEMENTS ON QUALITATIVE RESEARCH

- **Summative statement 82**

Aspects of neuro-linguistic programming enhance qualitative research in general.

- *Summative statement 83*

Alexithymia might be an important criterion in engineering samples in qualitative research in general, and phenomenological research, and the phenomenology of feelings, in particular.

- *Summative statement 84*

The language fluency of the researcher enhances the quality of qualitative research in general.

- *Summative statement 85*

The literature review's improvement of the researcher's bracketing and linguistic skills via neuro-linguistic programming are primarily beneficial in qualitative research in data analysis, interpretation and summation and in the enhancement credibility.

#### 13.6.10

#### SUMMATIVE STATEMENTS ON CARING AS A SCIENCE

- *Summative statement 86*

*Care* equates to intentionality.

- *Summative statement 87*

In a science of *care* and caring, ontology, methodology and epistemology reside in the single fundamental, all-embracing phenomenon - *Care*.

- *Summative statement 88*

Existential-phenomenology and existential-phenomenological inquiry are suitable as research methodologies in a science of *care and caring*.

#### 13.6.11

#### SUMMATIVE STATEMENTS ON CARING AND PROFESSIONALISM

- *Summative statement 89*

Basic ethical aspects such as accountability, responsibility, autonomy and authority already reside within the authentic caring individual at the level of being and existence prior to such time as these ethical concepts are bestowed upon, and requested from, the individual as professional person.

## 13.6.12

## SUMMATIVE STATEMENTS ON THE IMPAIRMENT OF THE MAINTENANCE OF A CARING CONCERN

● *Summative statement 90*

All the processes involved in the maintenance of a caring concern, namely *Care* (and caring), *will*, *meaning attribution*, and *conscience* are vital to such maintenance and a (gradual) loss of any one, or combination, of these components result in the loss of a caring concern and in being uncaring in the moral ethical sense of the word as defined in the present research.

● *Summative statement 91*

The impairment of *conscience* results in codependence, manipulateness of the care-giver, and psychopathy.

● *Summative statement 92*

If *Care* as the essence of being is lost, complete nothingness results. If caring, as *Care* ushered in an ethical direction, is lost, self-centeredness and a wilful non-productive egoism are the results.

● *Summative statement 93*

If *meaning* is lost, actions and behaviours become ritualistic with an increase in job dissatisfaction and a disposition towards burnout.

● *Summative statement 94*

If *the will* is impaired, the results are: alienation from self, loss of selfhood, meaninglessness, and a disposition to being manipulated, and being misused.

## 13.7

## CONCLUSION

*The Maintenance of a Caring Concern by the (Student Nurse) as Care-giver*, although an expansion of a previous study on the phenomenon *caring*, provided the researcher with many new insights into the phenomenon *caring* and the maintenance of a caring concern. Fundamentally, it is the researcher's conviction that caring, as *Care*, the essence of being, ushered in an ethical direction, renders the concept of meta-caring inconsequential. *Maintenance*, as contained in the concept of *the maintenance of a caring concern* essentially implies caring being turned upon itself. It is a meaningful, continuing, self-impregnating process of humanity, of the inward and outward expansion of boundaries of authentic being through self-transcendence by

which humanity and meaning are bestowed upon, and revitalised within, self and others, continuous with the flow of living. Maintenance, in this sense is by its very nature, caring. It is fundamentally both the process and the outcome of the process of dialogue among Care, will, meaning attribution and conscience. The essential nature of this process constitutes an anthropological model with vast implications for the teaching of professional (nursing)ethics.

Like caring, the maintenance of a caring concern exemplifies the ultimate in *human excellence*.

As Dewey (cited in Frankena 1965:18) states:

. . . in the practical sciences the end is not to attain a theoretical knowledge of any subject, but rather to act in a certain way . . . to know what excellence is, is not enough; we must endeavor to acquire it and to act accordingly . . .

# Glossary

**Acceptance:** A present-oriented activity requiring energy and is characterised by receptivity towards, and satisfaction with, someone or something, including past experiences/circumstances, present situations, others and ultimately, the self (Haase et al. 1992:144).

**Agent:** One who is an effective producer of intended effect (Ballou 1998:107).

**Alexithymia:** a = without, lexi = words; thymus = emotions (seat of emotions). Thus: without words to describe emotions (Goleman 1995:51).

**Altruism:** Behaviour carried out to benefit another without anticipation of rewards from external sources Macaulay and Berkowitz (Smith 1995:786).

**Analysis of data:** In Wertz's terms, analysis of data does not refer to any sort of objectifying reduction of data into static elements but rather, the explication of the dynamically flowing phenomenon.

**Anthropology:** The term anthropology in this research refers to a philosophical anthropology - a reflection on man's (the individual's) position in relation to nature (environment), his origin, essence and destination (Gouws et al 1979:21). A philosophical anthropological model is imperative for the exercise of the philosophy of science. The researcher also deems such a model imperative in qualitative research. Also see Van der Wal 1992:25.)

**Attitude:** See Participant attitude, Objective attitude, Natural attitude.

**Average variability:** The area of dispersion reaching from the level of the average minus the SD to the level of the average plus the SD.

**Bracketing:** Not as keeping in abeyance that which the researcher knows, but, allowing this knowledge to surface, getting into contact with what one presupposes, in order to be able to distinguish that from the lived phenomenon as it emerges from the research. See paragraphs 2.6.3, 6.3 and 6.6.4.2. Also see: Reduction and Epoche.

**Burnout:** A disease of over commitment that is caused by chronic work stress and that is typically characterised by a negative affect (Clark and Stoffel 1992:823). The loss of human caring (Harrison 1990:125).

**Care: (Always with a capital "C".)** The essence of being. As such, Care represents intentionality, being connected and having something matter.

**Care: (Also in lower casing as "care.")**The overt manifestation of caring. However, not always necessarily accompanied by the affect and lay caring attributes in which instance the word refers mainly to procedure and procedural skill.

**Care-ing:** A term the author proposes to refer at the same moment in time to the two individual concepts for *Care* and *caring*. For instance as expressed in the processes involved in the maintenance of a caring concern.

**Care taking:** This in fact means taking care away from the client. According to Bennett et al. (1992:80C) *care taking* entails constantly trying to anticipate and meet needs of others and doing for others what they can do for themselves. In a discussion of codependency from a feminist point of view, Malloy and Berklerly insists that "care taking" can be seen as a strength of women, including nurses, if not defined as "dysfunctional behaviour." However, the colloquial use of the words "care" and "take" is more often than not in the sense of a command, of being in charge, etc., eg. "take care of that ..." or "I'll take care of it." Explicit definitions are thus all important to distinguish between the colloquial and the formal academic use of words.

**Caring:** As defined in this study, caring is not merely the present continuous form of the verb "to care" but a collective noun representing a whole array of humanistic tenets, and ethical and moral concepts and principles. The term "caring" is used as a collective noun in this instance. As such, caring implies Care, as the essence of being, ushered in an ethical direction. It also implies action.

**Codependence (codependency):** Any act or behaviour that shames and does not support the value, vulnerability, interdependence, level of maturity, and accountability/spirituality of a nurse, colleague, or patient. (Snow and Willard in Caffrey and Caffrey 1994:13).

**Concern:** For the purpose of this study, concern is defined at this point as the positive humanistic attunement of the care-giver and involves the conative, affective and cognitive constituents of the phronema of caring.

**Consciousness:** Consciousness is intentional. This means that consciousness is always, and essentially, oriented towards a world of emergent meanings. Consciousness is always "of something" (Luijpen 1969:113).

**Contextualism** represents the viewpoint that change occurs as a function of the interaction between the changing phenomenon and the changing context (environment) which implies a complete interdependence between the phenomenon and the environment. Coward (1990:164)

**Cosmic meaning:** in the cosmic sense implies the presence of an all-encompassing master plan or world view of the universe typically involving a creator and often includes a promise of life after death (Ebersole and Quiring 1991:114).

**Dasein:** The word "Dasein," although ambiguously used by Heidegger, is generally accepted as an untranslated technical term of his philosophy, meaning the mode of existence of the human being (Blackham 1991:88).

**Defining attributes:** Consistently occurring characteristics of a concept that help to distinguish it from other concepts (Walker & Avant 1988:39).

**Deontology:** According to this approach, any act congruent with one's duty is right. Conversely, any act contrary to one's duty is wrong (Curtin and Flaherty 1982:48)

**Dialectic phenomenological anthropology** as defined for this study is basically a dialectic argument between subject and object. This dialectic states that the objective world, though allowing the individual to think of something, does not determine what the individual will think.

**Dialogue:** The term dialogue throughout this thesis basically refers to two or more aspects, issues, concepts, having mutual implications - keeping one another "in suspense."

**Direct reference:** During psychotherapy, it is often observed that the client is distinctly aware of an important inner feeling experienced, but the client does not yet possess the "words" or ideas to formulate an understanding of just what that experiential feeling is about (Jennings 1986:1238).

**Educational setting** in nursing education, for the purpose of this study, includes classroom teaching, formal clinical teaching, and students' participation in patient care in the clinical area.

**Ego resiliency:** A stable personality dimension which is defined by resourceful adaptation to changing circumstances and environmental contingencies . . . and flexible invocation of the available repertoire of problem-solving strategies (Rosenbaum 1988:491).

**Ego-cogito-cogitatum:** According to Luijpen (1969:101) phenomenology also sees the subject (ego)-as-cogito, as human knowledge or "intentionality."

**Emotional intelligence:** Emotional intelligence is a type of intelligence that involves the ability to monitor one's own and others' emotions, to discriminate among them and to use the information to guide one's thinking and actions (Mayer & Salovey 1993:433, Martinez-Pons 1997:3).

**Empathy:** Signifies a central focus and feeling with and in the client's world. It involves accurate perception of the client's world by the helper, communication of this understanding to the client and the client's perception of the helper's understanding (La Monica 1981:398).

**Engrossment:** A "brief feeling with another" (Noddings 1984:25).

**Entropy,** according to Joos, Nelson and Lyness (1985:89) is the tendency of the system to break down, to increase its disorder. Living systems, like human beings, are able to counteract the effects of this. Entropy is also the measure of the randomness or disorder in a system.

**Epoché** or "phenomenological reduction" involves the attempt to put all one's assumptions about the matter being studied in abeyance, to "bracket" them (Luijpen 1969:113). Also see paragraphs 2.6.3, 6.3 and 6.6.4.2.

**Essences:** An essence is a fact or entity that is universal, eternally unchanging over time, and absolute. Conversely, an essence is not restricted to personal opinion, and is not dependent on logical arguments. At the same time, however, essences do not "exist" apart from the conscious

experience beholding them. In other words, essences do not "float around", so to speak, waiting for a mind to behold them and thereby actualise them as real "being". Rather, essences are immanent. They are grasped in an act of reflective consciousness. For this reason, consciousness commands the fundamental position . . . that constitutes all forms of "being" in the world (Jennings 1986:1232-3).

**Ethical relativist** believes that solutions to ethical dilemmas cannot be prescribed by absolute guidelines but have to be "produced creatively in the concrete situation at hand" (Plummer 1983:141).

**Ethical absolutist** relies heavily on professional codes of ethics and seeks to establish firm principles to guide all social science research.

**Existence** refers to the concrete, biographical, and embodied life of named persons who are characterised by uniqueness and irreplaceability. Existential-phenomenology studies existence in terms of the person's involvement in a situation within the world. It aims, in its ultimate objective, at "the awakening to a special way of life, usually called **authentic existence**" (Von Eckartsberg 1986:12).

**Existent:** That which has to do with being and becoming rather than with things in themselves as objects (Luijpen 1969:116).

**Existential phenomenology:** The attempt to reflectively evoke and verbally articulate, by means of the phenomenological method of description, various phenomena, including a variety of invariant structures or conditions of our experience to itself as it is lived-through within the "world" or horizon of ordinary experience (Brockelman 1980:52).

**Existential:** Refers to the human being and becoming, as opposed to the characteristics of things (Scudder 1990:59).

**Experiaction:** "Life-world." Everyday life action and experience.

**Experience:** According to Eysenck et al. (1977:28) experience is the subjective (conscious) appreciation of stimulus events, or the knowledge resulting from this; or as a verb: to live through, meet with, feel, undergo, or be aware of any object, sensation or internal event. According to Landman (1977:28) one should include within the general term "experience" all concepts describing the so-called internal states, phenomenological terms; even the existential conditions: sensation, perception, cognition, . . . also awareness, consciousness, personal meaning, the self, self-concept, dreams, anxiety, and emotions.

**Fortigenesis:** Derived from the Latin words *fortis* which means *strong*, and *genesis* which points to the *origin* of things. The Latin word *fortis* is the root from which the English word *fortify* is derived and means to impart physical strength; vigour or endurance; or to strengthen mentally or morally.

**Generalised resistance resources:** These resources facilitate effective tension management in any situation where it is demanded, however, specific resistance resources for specific situations

are not denied by the generalised resistance resources concept (Strümpher 1990:268). (See paragraph 4.3.2.1).

**Hardiness (Personality hardiness):** Personality hardiness, the antithesis of existential neurosis, is a personality construct, derived from existential psychological theory, that buffers stress through a sense of challenge, control and commitment (Kobasa et al. 1982:176).

**Healing:** An integration and balance of parts of oneself - physical, mental, emotional, spiritual, relationships, choices - leading towards personal growth and development. Healing therefor is not something that can be given to another. It is personal. All healing, without exception, is self-healing (Wells-Federman 1996:14).

**Helping:** Actions undertaken on behalf of others (Midlarsky (1991:238). The fact that helping is *on behalf* of others distinguishes *helping* from *caring* as defined in the present research. Helping is prosocial behaviour.

**Hermeneutic circle.** This latter interpretation of Brockelman's, that the world is there before we are, opens the stage for an important methodological concept in qualitative research - the hermeneutic circle.

**Hermeneutic circle:** The writing, and rewriting, the constant search for deeper meaning, change not only the understanding of a particular part of the study but also the totality of the study, which again require rewriting. This constant search for new understanding has been called the "hermeneutic circle" which contains the possibility of deeper understanding. The understanding that it is not yet finished is very real (Morse 1991:66). This also points towards the researcher entering a situation already there, before him/her; a situation with a history "in absence" of the researcher.

**Hermeneutical approach** to qualitative interviewing implies that the verbal and the non-verbal behaviours of the interviewer have to be understood and interpreted by means of a process characterised by the so-called "hermeneutical circle." In the hermeneutical circle parts of the interviewee's behaviour are interpreted and reinterpreted from the whole, and the whole is interpreted and re-interpreted from the parts. This understanding and interpreting process also implies a process of self-clarification on the part of the interviewer because his or her fore-understanding or pre-suppositions are being confronted by the interviewee's behaviour. Hence, the hermeneutical process already has a dialogical flavour. To become more truly dialogical, the interviewer's behaviour has to be seen as being understood and interpreted by the interviewee as well. This hermeneutical reciprocity has been called "double hermeneutics" by Giddens (Smaling 1994:5). In this regard the reader is reminded of the researcher's attempt at bracketing through an extensive literature review and the attention paid to reflectivity and prejudice (paragraphs 6.6.6 and 7.6.5.4.4 and appendices 9 and 10.)

**Homo viator:** Man in transit, always becoming, never complete (Kneller 1971:73).

**Hope:** An energized mental state involving feelings of uneasiness or uncertainty and characterized by cognitive, action-oriented expectations that a positive future goal or outcome

is possible (Haase et al. 1992:143). Hope is essentially the availability of a soul which has entered intimately enough into the experience of communion to accomplish in the teeth of will and knowledge the transcendent act - the act establishing the vital regeneration of which this experience affords both the pledge and the first fruits (Marcel in Grady 1970:61).

**Imaginative variation:** In this regard see the presentation of Individual Psychological Profiles as “variations” of the phenomenon “maintenance.” Today it is recognised that the same can be accomplished by observing the phenomenon under study in different natural settings (empirically) (Alant and Romm 1987:41). The researcher needs to know about all constituents, implicit horizons, relations, and themes; and how their variation or absence would change the psychological meaning of the case in question (Wertz 1983b:43). This is attained through exercising imaginative variation which involves imagining whether any of the themes identified could be different or even absent while still presenting the individual’s psychological reality. Thus, whether any of the themes or meaning units are essential to the phenomenon under study (Wertz 1983a:209; 1983b:43-44; 1985:176).

**Informants:** According to Mead anthropological research [and qualitative research in general] does not have research subjects (respondents). We work with informants in mutual respect (Diener and Crandall 1978:52) (Glesne and Peshkin 1992:112).

**Intentionality:** Synonyms for intentionality as the primitive fact in existential phenomenology are: for Marcel, participation; and for Merleau-Ponty, presence (Luijpen 1969:86); for May (1969:227) the “missing link between mind and body”; for Scheler, “value-ception”; for Sartre, “the existential project” and; for Heidegger, “culture building” (Von Eckartsberg 1986:15).

**Intersubjectivity:** The belief in the existence of others who share a common world (Cohen 1987:41).

**Interview:** Qualitative research interview: A semi-standardised and a semi-structured interview of which the response categories are not prefixed, may already be called qualitative. However, this is a borderline case. There are a variety of qualitative interviews, ranging from this case to the qualitative interview in which several or even only one topic is given. The interview approach used in the present research is of the latter type.

**Intuiting:** the exercise of conscious critical reflection in order to understand the lived experience of the researcher. It requires the researcher to be hyper attentive to his or her own feelings, values, and beliefs, and to their influence on the research process. It also demands that the researcher be able to move back and forth between understanding self and understanding the informant. Intuiting is achieved through the use of the reactivity analysis framework.

**Iterative approach:** This means the researcher derives themes from the narrative material, goes back to the materials with the themes in mind and sees if the materials really do fit, and then refines the preliminary thematic analysis of some of the informants (or data sources) . . . (Polit and Hungler 1993:331).

**Learned resourcefulness:** According to Meidhenbaum (Rosenbaum 1988:483) learned resourcefulness is the belief one has that one can effectively deal with *manageable levels of*

*stress*. Rosenbaum extended this construct to include not only beliefs but also skills, and self-control behaviours, which all people learn in different degrees through informal training from the moment of birth.

**Lived body:** This a complex set of inter-relationships with one's past and future and with things and other people. It is in fact the relationships themselves. (Thus in debt to the phenomenology for the concept of intentional field or intentionality). To have human experience at all is to have it "within." This does not mean that we live "in" the world or "within" the world in a spatial sense. Rather, human experience as such is "worldly" (Brockelman 1980:53-4).

**Meaning unit:** is a part of the description whose phrases require each other to stand as a distinguishable moment. Generally, the theme of a unit can be named or differentially identified in a single sentence (Wertz 1985:165).

**Meaning:** Also see cosmic meaning and terrestrial meaning.

**Member check:** is a technique scholars have proposed for establishing the validity of a researcher's interpretations of data collected from participants and for ensuring that these participants have access to what has been made of their experiences. Member validation is an ongoing process throughout the life of a qualitative project (Sandelowski 1993: 4).

**Methodology:** For the purpose of this study the term methodology is defined as, not merely the methods for data collection and data analysis used in the study but, the much broader framework of argumentation that gives logic to the method of doing the research.

**Methodology** for the purpose of the present research is defined as the broad framework of argumentation that provides logic to the way of doing research. As such, it represents a philosophical anthropological model from which a congruent ontology and epistemology is deduced and appropriate, sampling techniques, data collection methods, and data analysis techniques are selected. See the whole of Chapter 2.

**Motivation:** According to Dossey et al. (1995:116) motivation is that internal spark of desire necessary for a person to be committed to change, the setting of goals and in succeeding in attaining set goals. To Quinn (1995:72), motivation is a cognitive construct that is used to explain the causes of behaviour. For Middlebrook (1980:575) motivation implies a need - generally social or psychological - that directs the individual to seek a particular goal. According to Woolfolk (1995:330), motivation is usually defined as an internal state that arouses, directs, and maintains behaviour.

**Motivational displacement:** The powerful motivational shift that occurs for many when taking responsibility for a caring relationship (Noddings 1984:33).

**Natural attitude:** Our naive faith in the objective existence of the world and other people. The everyday unreflected attitude of naive belief (Cohen 1987:31).

**Naturalistic:** The term "naturalistic" should not be confused with the term "naturalism". The latter refers to "positivism", whereas the former points towards the natural, non-experimental,

non-controlled situation of every day living - "there where things happen."

**Naturalistic study:** This term refers to the natural setting, the setting of everyday life, experience and living - *experiaction*. Not to be confused with "natural" as pertaining to the natural sciences.

**Noematic:** That which is objective as it is given subjectively as to its objective sense, as to modalities of being and as to the the subjective modes in which it is given (Husserl 1925:158).

**Nous:** Greek for spirit.

**Nurse:** In this study student nurses are defined as care-givers in the educational setting and not merely as receivers of care from tutors. The reason for this is that students in South Africa, when in the clinical area, render patient care.

**Objective attitude:** Brown et al (1992:6) define the objective attitude as looking at whatever one is looking at in an especially detached way. In this attitude the spectator watches what is going on but remains separate from it. The objective attitude does not rule out physical intervention. A difference should thus be made between being involved and participating. Objective should not be seen as the opposite of subjective. Objective here points to **itemising** the other. In this instance **objective** has the same result as being **subjective**. In both instances the other, as a person, is negated and degraded.

**Occupational self-direction:** The individual's amount of *autonomy, job decision latitude, empowerment, and internal-external locus of control* within the occupational setting (Strümpher 1992:24-5).

**Oppression:** points to that which overpowers, overwhelms, or overcomes. That which exerts authority over another's mind or will, even while the victim does not perceive it as oppressive, is so. That which through subtle or blatant means, reduces options, prescribes thoughts and behaviours, diminishes critical consciousness of prevailing political and economic hegemony or decreases opportunities to construct knowledge, is oppressive (Bevis and Murray 1990:327).

**Optimism:** Optimism and hope are related but not identical (Stubblefield 1995:20; Goleman 1995:86). Goleman (1995:89) categorises both these attributes as an emotional intelligent attitude or as *emotional intelligence*. Optimism is not to hope for a desirable event but the expectation of it. Being confident that things will work out positively resembles a feeling akin to optimism rather than hope. Optimism does not incorporate the components of yearning and uncertainty found in hope (Stubblefield 1995:20; Goleman 1995:87).

**Ordinary experience:** The world of ordinary experience is the "world" we live-through as opposed to the "world" we have constructed from our assumptions, fundamental interpretations and thoughts. It is the setting of our everyday lives as opposed to the world conceived of as the totality of object-things (Brockelman 1980:53).

**Organicism:** represents the interpretive or the traditional phenomenological model, while contextualism represents the viewpoint that change occurs as a function of the interaction

between the changing phenomenon and the changing context (environment) which implies a complete interdependence between the phenomenon and the environment (Coward 1990:164).

**Paradigm:** refers to aspects of beliefs so fundamental that they are immune from empirical testing. A paradigm is characterised by long periods of calm during which 'normal science' is practised by the scientific community working to 'broaden and deepen' the explanatory scope of a theoretical account based on a single set of fundamental beliefs. During this time research is directed at the articulation of those phenomena and theories that the paradigm already supplies (Kuhn quoted by Strümpher 1990:265).

**Participant attitude:** Instead of being a detached spectator, one is a participant which makes for involvement of the same kind as the other person's. Also, I remain in my personal viewpoint, and do not seek to see things from some impersonal viewpoint or, as Nagel (Brown et al. 1992:7) called it, *a view from nowhere*.

**Pentimento:** refers to parts of a painting that was painted over, however, that shows through the over layer. This is also an important concept/analogy in human experience and ethicality.

**Personal Orientation Inventory (POI).** See paragraph 6.2.1.1.2.

**Personality repertoire:** A set of complex behaviours, cognitions and affects that are in constant interaction with the person's physical and social environments and are evoked by many situations, but which also provide the basis for further learning (Strümpher 1990:273).

**Phenomenal research:** An attempt at abstaining from any preconceptions or hypothetical ideas and instead secure knowledge based solely on empirical expressions of the phenomenon. The results of these operations may remain at the idiographic level or may be used to formulate general findings. In either case, results represent the full array of reported constituents of the phenomenon with no additions, subtractions or judgements of relative importance by the researcher (Wertz 1984:30-31). The **value** of this approach, according to Wertz (1984:31) is that it surpasses the rigidly restrictive empirical methods of quantitative psychology on the one hand and the informality of empirical work in comprehensive theorising on the other. Its **limitations** stem from its excessive restriction on the researcher's presence which is virtually impossible to live by.

**Phenomenological reduction:** involves the attempt to put all one's assumptions about the matter being studied in abeyance, to "bracket" them (Luijpen 1969:113). Also see paragraphs 2.6.3, 6.3 and 6.6.4.2. While the three terms "phenomenological reduction," "epoch" and "bracketing" are synonymous, they are different metaphors for the change in attitude that Husserl contends is necessary for a rigorous philosophical enquiry (Walters 1995:792).

**Phronema:** A Greek collective noun referring to the will, knowledge and feelings. This, together with action, form the essential structure of caring (Van der Wal 1992). The term phronema as used in this sense, and in the literature on caring, is unique to the work of Van der Wal.

**Political:** The term "political" does not refer to party politics. However, party politics may cause education to be oppressive. Politics here refers to hidden messages about what is valued, what

learning is about, and who is in power, in control, and on top, as embedded in the tradition of teaching.

**Positivism** refers to the direct application of the principles of the natural sciences to research in the human sciences.

**Potency:** a person's enduring confidence in his own capacities as well as confidence in and commitment to his/her social environment, which is perceived as being characterized by a basically meaningful and predictable order and by a reliable and just distribution of rewards (Ben-Sira 1985:399).

**Pre-scientific:** As scientific themes, nature and mind do not exist beforehand; rather, they are formed only within a theoretical interest and in the theoretical work directed by it, upon the underlying stratum of a natural, prescientific experience [Erfahrung]. Here they appear in an original intuitable intermingling and togetherness; it is necessary to begin with this concretely intuitive unity of the pre-scientific experiential world and then to elucidate what theoretical interests and directions of thought it predelineates, as well as how nature and mind can become unitary universal themes, always inseparably related to each other, in it. . . . We go from the concepts in question for us, nature and mind, as concepts defining provinces of science, back to the world which precedes all sciences and their theoretical intentions, as a world of pre-scientific intuition, indeed as a world of actual living which includes world-experiencing and world-theorizing . . . Admittedly, this world has quite a changing countenance. Not only do we experience it as variable and as forever transforming itself, but even our "apprehensions" change; . . . whatever gives itself to our simple regard as seen, heard, or in any way experienced, upon closer consideration, includes [such] sediments of previous mental activities . . . it is thus questionable whether and actually pre-scientific [and pre-scientific] world can ever be found in pure experience (Husserl 1925:40-41). For this reason the term "pre-scientific" knowledge in this research is defined as the knowledge and viewpoint the researcher had regarding the object of intent namely "maintenance" prior to the analysis of the data. With reference to informant, "pre-scientific" knowledge pertains to their experiences and the way in which they admit to maintaining a caring concern. Scientific knowledge, then, for the purpose of this research is the result of the data analysis, which in itself is already pre-scientific to future development in this respect.

**Prosocial behaviour:** Voluntary, intentional behaviour that results in benefits for another; the motives are unspecified and may be positive, negative or both. Consequently, altruistic behaviour is defined and classified as a sub-type of prosocial behaviour (Eisenberg and Miller 1987:92).

**Reactivity:** The reaction of the researcher on effects during the research and the influence of this on the way in which data are presented (also by informants), collected and reported.

**Reader-response theory:** is an omnibus term unifying a range of interpretive strategies that locate the meaning of a text beyond the boundaries of the text itself. During the present research, field notes, including the Reactivity Analysis Framework compiled by the researcher, served this purpose.

**Reduction** is not the same as over simplification in naturalism, positivism and psychologism, which Husserl criticised. Rather, reduction enters into the "fundamental meditation" of phenomenology, the purpose of which is to obtain pure and unadulterated phenomena that are attainable in the "naive" or "natural" attitude, the everyday, unreflected attitude of naive belief. The purpose of reduction is to prepare us for critical examination of what is undoubtedly given, before our interpreting beliefs enter in. Husserl also used the Greek word "epoche" (Cohen 1987:32).

**Relevatory:** The researcher's best understanding of this neologism (Wertz 1985:164) is that it is a combination of the words "relevance," "revelation" and "elevation."

**Resilience:** Also ego-resilience.

**Salutogenesis:** Derived from the Greek words *salus*, which means *health*; and *genesis* which means *origin* (Strümpher 1990:265). Thus, the origin of health.

**Self-control or self regulation:** The process involved in all attempts and efforts to cope with stressful events through responses cued by internal events and directed at reducing the interference caused by stressful events (Rosenbaum 1988:484).

**Self-efficacy :** Refers to personal judgements of how well one can organize and complement patterns of behavior in situations that may contain novel, unpredictable, and stressful elements (Schunk and Carbonari 1984:231).

**Self-transcendence:** The experience of extending one's self inwardly in introspective activities, outwardly through concerns about the welfare of other, and temporally such that the perceptions of one's past and anticipated future enhance the present (Haase et al. 1992:144).

**Sense of coherence:** A pervasive, enduring confidence that: (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands proposed by these stimuli; (3) these demands are challenges, worthy of investment and engagement (Antonovsky (1984a:6).

**Sense of competence:** The sense in a living organism of its fitness or ability to carry on those transactions with the environment which result in maintaining itself, growing and flourishing (Antonovsky 1984b:118).

**Social intelligence:** *Social intelligence*, according to Thorndike's (1920) definition (Walker and Foley 1973:842), includes the idea of the *ability to understand others and to act or behave wisely in relating to others*. Walker and Foley (1973:843) defined social intelligence as consisting of three kinds of conceptual definitions: 1) the ability to decode accurately social information, 2) effectiveness or adaptiveness of social performance, and 3) performance on any test that contains a social-skills component.

**Spirit:** That part of the person that is most deeply concerned with feelings, with the need for meaning in life, with convictions, belief systems, values, dreams, interpersonal relationships, relationship to God, and so forth (Dugan 1988:109). Also see *nous*.

**Stamina:** The qualities of personal strength . . . such as mental vigour, vitality and endurance . . . entails resiliency and 'staying power'; the strength (physical or moral) to withstand disease, fatigue or hardship . . . well-tested convictions that obstacles are surmountable and that personal growth is an outcome of personal struggle (Colerick 1985:997).

**Student nurse:** Students following the course described in SANC regulation R425 and R688 (Bridging course).

**Terrestrial meaning:** Ebersole and Quiring (1991:114) use the term "terrestrial meaning in life". This corresponds to Van Schaik's "particular meaning in life". Terrestrial meaning in life encompasses those personal involvements that are of central importance only to the individual concerned.

**Theory:** For the purpose of the present research "theory" is defined as "sets of interrelated knowledge with meanings and experiences that describe, explain, predict, or account for some phenomenon (or domain of enquiry) through an open, creative, and naturalistic discovery process." (Leininger 1988e:154). *In addition to this, it should also be kept in mind that: "Generating theory and doing social research are two parts of the same process." (Glaser 1978:21 cited in Wilson 1989:479). The outcome of the present research is theory.*

**Virtual text:** The artistic text and the aesthetic text intersect to form the virtual text. Caution should be taken not to interpret "virtual" as meaning that somewhere a real, objective, and authentic text exists; a concept of a text whose meaning is fixed within itself, a text the reader approaches passively, a text whose only correct interpretation the reader can receive, or not, depending on his ability and industry (Ayres and Poirier 1996:165).

**Virtue:** A spontaneous, and consistent inspiration by an individual to unequivocally express basic traits of excellent character that facilitates action from a moral and philosophical base. (Haase et al. 1992:144).

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RESEARCH PROPOSAL

PROPOSED TITLE

- 1) Meta-caring: A theory of caring conservation.
- 2) The maintenance of a caring concern by the caregiver

RELATED FIELDS OF STUDY

- 1) Theorising
- 2) Philosophy (including philosophy of science)
- 3) Humanistic psychology

KEY WORDS

Themes associated with the research topic

The following themes are related to the research question and research topic and are discussed in the literature review.

- |                                  |                           |
|----------------------------------|---------------------------|
| Altruism                         | Learned helplessness      |
| Attribution theory of motivation | Learned optimism          |
| Ayurveda                         | Learned resourcefulness   |
| Care                             | Love                      |
| <b>Caring</b>                    | Meaning in life           |
| Care taking                      | Optimism                  |
| Codependency                     | Potency                   |
| Coherence                        | Prosociality              |
| Coping                           | Salutogenesis             |
| Courage                          | Sense of coherence        |
| Egoism                           | Spirituality (Humanistic) |
| Ego strength                     | Stamina                   |
| General resistance resources     |                           |
| Hardiness and stress resistance  |                           |

INTRODUCTION

This research proposal is largely based on the findings, the insight, and the model of caring arrived at by Van der Wal (1992). By means of an existential methodology the researcher proposes to clarify the process involved in maintaining a *caring concern* - or the loss of such a concern - a process the researcher presently calls *meta-caring*. Ultimately the study is directed at how caring is conserved/preserved within the care giver.

BACKGROUND

Caring is today regarded as an ethic in nursing (Fry 1988). However, as Van der Wal (1992) indicated, the caring ethic is running the risk of becoming extinct in this country. This danger is reflected by numerous newspaper reports on poor nursing, the increase in disciplinary actions SANC is compelled to take, the drop out of student nurses (which at present is believed to be masked by the poor economic situation and job opportunities in this country) and the general anarchy and associated decline in the value of human lives.

To maintain a caring ethic in nursing and in nursing education, knowing about caring, its origin, essential structure and the like as indicated by Van der Wal (1992) is not enough although a necessary foundation. What is needed is an understanding of the process by which the individual maintains a caring concern. It also implies knowing the process by which the individual is alienated from such a concern should it occur.

In a grounded theory study regarding the quintessence of caring in the educational setting in nursing education, Van der Wal (1992) identified four different types of *caring* resulting from an appeal directed by both the care giver and the receiver of care to each other and the reaction of the other to such an appeal. In cases where the care giver's appeal to be caring towards the receiver of care is turned down, the type of *caring* resulting from this was labelled *keep on trying*. In the above mentioned study by Van der Wal (1992) this category has not been clarified in any significant way. The pressing question arising from this situation is to what extent the care giver will be prepared to *keep on trying*. Naturally it is not only the turning down of an appeal to care which endangers the caring concern within the care giver. In any event in which caring may become a burden does this devastating and ruinous possibility looms.

Reverby (1987), for instance, points out that caring is demanded by a society which does not value caring. In a female dominated profession such as nursing, Gordon (1991: 46), in feminist fashion, points out that *woman's caring work has become a negative standard against which we measure our progress*. The onslaught on caring thus has a variety of origins.

The negative effect caring may have on the care giver and thus on caring itself is further well documented in literature. In a major work, Maslach (1984) discusses burnout as a result of caring. The burden of care is also discussed by O'Neil & Ross (1991: 111-121). This issue is also addressed by Williams (1989) in an article on empathy and burnout in male and female helping professionals. Goldstein et al (1981: 24) states that *coping with long term illness ... can be debilitating to the caretaker*. Despite the fact that caring is regarded as an innate human attribute and a human mode of being (Roach 1987), that caring by its very nature is only and always positive (Bevis 1981) and that without caring the individual is to some extent "crippled," (Griffin 1983) the *pathogenesis* view on the effect of caring, in the literature, largely overshadows any positive effect caring might have on the care giver.

In the study conducted by Van der Wal (1992) it was found that caring in itself stimulates caring and that caring, successfully consummated, serves as an instrument for self-actualization of the care giver. This aspect strongly suggests that caring has in itself a *healing* effect, and that in contrast to the emphasis on the pathology that can possibly result from caring, caring may also have a *salutogenic* foundation - that is, harbouring an origin of health. Caring may also have a *fortigenic* basis - a well of fortitude.

### PROBLEM STATEMENT

With the above in mind, the question remains as to why some people quit caring while others do not? Thus, why caring has a pathological effect on some people and seemingly a salutogenic effect on others which further enhances caring.

In essence, this is a question directed at the *maintenance* of a caring concern by the care giver. Stated differently, it is a question about how caring is cared for *within* the care giver by the care

giver him/herself. It is a question regarding the preservation of a caring concern within the care giver - a hint on caring conservation. Essentially, this is a question directed at the essence of being a care giver. As such it is a question reaching beyond the phenomenon *caring* to address *the will to caring*. Further more, in this respect, it can be said that it is a question directed at unveiling the mystery of, and a question in search of, *meta-caring*<sup>1</sup>. That is, caring beyond or above *caring for* and *caring about*. The researcher is thus, understandably, interested, not only in the maintenance of the *caring concern*, but also, in how the caring concern is lost or discarded.

## THE RESEARCH QUESTION

Based on the above the research question is apparent:

### How is a caring concern maintained by the care giver?

By its very nature this question implies the existentialist position of the human capacity to constitute a life world. The implication of the question concerning the possibility of either maintaining or losing one's caring concern points directly to man's constant reorientation (constitution) towards phenomena and self - in this instance the phenomenon *caring* and self as being caring.

## THE RESEARCH TOPIC

This study is not directed at the phenomenon *caring per se*, but at a varying orientation towards caring which may result in the care giver.

This study is thus not directed at listing a number of factors impinging on the care giver to a point where he or she quits caring. The focus of this study is on understanding and describing the process by which caring is maintained or lost. It is thus in essence a focus on the individual's *meaning giving process* in existential terms. The existential tenet *becoming* is thus implied.

The research topic does thus not refer to the following per se, however, these may come into play in clarifying the issue of *meta-caring*:

- the characteristics of the phenomenon *caring*;
- caring for the care giver; and
- self-care.

## RESEARCH DESIGN

The focus of the research question on the very essence of man in existential terms calls for a humanistic research approach in answering this question. More specifically, it necessitates an existential methodology to frame and direct this research - probably founded on the existential thinking of Heidegger.

Since this question on caring has not yet been asked or answered, existential phenomenological

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<sup>1</sup> Prof De Beer, ek het intussen tot ander insigte gekom en sal seker later ook die insig wysig. In lig van die feit dat Heidegger "care" as die essensie van die syn sien glo ek nie dat dit sin maak om van "meta care" te praat nie. Dit sou impliseer dat daar iets wesenlik buite die wesenlike bestaan.

research and grounded theory research seem appropriate because it is specifically suited for areas where no knowledge on a topic exists (Chanitz and Swanson 1986: 17) and because grounded theory assumes process (Morse 1985: 23). This will naturally be conducted within the parameters of a qualitative research design.

An existential methodology is chosen rather than a pure phenomenological approach because the phenomenological tenet of *allowing the object to speak for itself* immediately disqualifies phenomenology and any other objective ontology disregarding existential experience. This research does not focus on any objective (in humanistic terms) phenomenon. As explained above, the focus of this research is, in existential and humanistic terms, on the reorientation of the care giver towards caring. This immediately renders the ontology subjective. In fact, both the ontology and the epistemology are subjective and are inseparable.

### **Epistemological and ontological issues**

As Bergum (1991: 57) indicates: *With questions that search for understanding, there can be no separation of the knowledge of the experience from the meaning of that experience.* This clearly illustrates the degree to which epistemology and ontology are entwined, leaving both subjective to the individual's meaning giving capacity. According to Alant & Romm (1987: 8-9) this implies *reflexivism*, an approach that assumes that the knowledge process is essentially part of the process of constituting a life world. There is thus no clear-cut difference between epistemology and ontology, and value free knowledge is not pursued. *Objectivity* is however strived for in the sense that personal preconceived ideas are examined to reveal the roots of knowledge.

The research topic as defined above specifically appropriates the use of an existential methodology since existentialism allows for human constitution of a life world which implies an incompleteness and openness of such a life world in the same manner that the orientation of the care giver towards caring is incomplete and open.

### **Methodological questions**

Questions as to a suitable methodology, that is, a broad structure of argumentation which will provide logic to the way of doing (research) have been answered above. The methodology for this research features the following dimensions:

- Overall a humanistic approach in the form of an existential methodology will be applied within the qualitative research paradigm;
- Existential phenomenological data analysis and description of the descriptions of being a caring person, according to Wertz;
- Grounded theory research as a way of data analysis (not as a distinct research endeavour founded on symbolic interactionism) for the analysis of data obtained through unstructured formal qualitative interviews;
- Data will be gathered through formal unstructured qualitative interviews and review of the literature (Chanitz and Swanson 1986: 44);
- Data analysis will be conducted through constant comparative data analysis through open coding, axial coding, memoing and diagramming of data (Melia 1982; Chanitz and Swanson 1986; Stern 1986; Marshall and Rossman 1989; Strauss and Corbin 1990).

### Sampling

Sampling will be conducted in two phases as required by grounded theory research (Melia 1982; Morse 1989; Strauss and Corbin 1990). In the first instance, there will be purposive sampling of respondents. That is, respondents specifically selected to obtain specific information. This selection of informants is the antithesis of random sampling in quantitative research. The second phase is called theoretical sampling in which instance data are sampled. During the second phase the researcher will embark on selective sampling of literature to augment data obtained from informants during interviews. The researcher will also return to informants with recurring themes that are to be clarified. The number and amount of items sampled in both instances will depend on whether saturation of categories have been obtained or, the level of abstraction of the emergent theory, which will be decided upon by the researcher, as well as the stage at which the researcher wishes to discontinue the research.

Informants for interviews will also be selected on an elimination basis to arrive at a purposeful sample. In this instance informant will initially be screened for their perception of elements of caring and codependency residing in self. The second phase will include the selection of a number of informants to be interviewed regarding the maintenance of a caring concern based on their individual psychological profiles regarding the experience of being caring as compared to the general phenomenological profile of being caring compiled for the whole group.

### Data collection

Since this research focuses on the experience of the individual of his essential being, in this instance a *caring human being*, introspection<sup>2</sup> on the part of these individuals (informants) seems appropriate. In order to allow for free reflection on the part of the informants regarding their being *caring human beings*, formal unstructured qualitative interviews are fitting in order to elicit the required information.

At present the following themes seem pertinent:

- The informant's idea of what caring entails;
- The value placed on caring by the informant;
- Whether the informant sees herself as: being caring, being uncaring, struggling maintaining a caring concern, having lost caring, and, having re-awoke to caring;
- How the above came about.

### Data analysis

Data analysis will be conducted as indicated above.

### Reliability and validity

Reliability and validity will be dealt with in terms of the definitions ascribed these concepts in qualitative research. Regarding *validity*, the *adequacy*, *evidence*, *internal validity*, *sufficiency*, and *quality* of the data will be attended to. Morse (1989: 123) in this respect points out that, ultimately, whether the theory makes sense is the real test for *adequacy* (validity). One technique to establish this is by conducting an *ad hoc* group interview at the end of the study during which

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<sup>2</sup> Prof De Beer, ek het intussen ook tot die "wysheid" geraak dat fenomenologie nie verwys na blote introspeksie nie. Aldus Rex van Vuuren.

the emergent theory is explained to the group and consensus is obtained.

In the case of *reliability*, *credibility* is usually assured by the degree to which the choice of informants and methods of selection of data 'fits' the purpose of the study (Morse 1989: 122). In this respect the reader is referred to the section on sampling.

### **PURPOSE OF THE STUDY**

The purpose of this study is primarily to search for and reconstruct a theory of meta-caring as described above. Alternately, based on the themes that will guide the qualitative interviews, the research will focus on the following:

- Factors impinging on the individual's caring concern in both a positive and negative way;
- How the individual re-orientates herself towards what she perceives as caring;
- The process involved in individual detachment of caring;
- The fundamental reasons for caring, thus, why people are or are not committed to caring.

Further, the purpose of this research is to gain an overall understanding of the consolidation of caring or alternatively the alienation from caring by individuals and to present this as a theory of caring conservation.

### **SIGNIFICANCE**

If caring is the concern of nursing and nursing education, and caring in itself holds both the seeds of self destruction and self-enhancement, then surely, the centre of the self-maintaining capacity of caring needs to be identified, as well as the process involved in maintaining caring in order to protect caring in students and other nurses. Once the location, nature and process of this **meta-caring** have been determined, strategies for both the teaching and the maintenance of caring can be developed. Uncovering the process and the signs (and symptoms) of the loss of caring, and being conscious hereof, may guide the "sufferer" to look for help. It may also guide the nurse tutor (or any other person for that matter) in supporting any person within whom caring appears to be languishing. Being aware of the process and the factors attributing to both the enhancement and the deterioration of caring within the care giver may also guide tutors and administrators in constantly adapting an environment conducive to the optimum facilitation of the nurturing of a caring concern within those working in that environment. Ultimately knowledge and understanding as suggested by this research may help in establishing a *therapeutic caring milieu* in which caring is constantly radiated from each and every individual with the capacity for constantly inspiring others in their direct vicinity to caring.

It may also provide a framework for selecting curricular content, both for maintaining caring and detecting the gradual loss of caring. With such a framework it may also be possible to detect areas detrimental to the individual's caring concern at different levels of professional development in which instances the appropriate *corrective* step can be taken. Such a theory thus have vast implications for the curricula for educating and training nurse tutors.

## ASSUMPTIONS

### Assumption regarding theoretic-conceptual commitments

It is assumed, within existential thinking, that

- Individual orientation to phenomena are in constant fluctuation in accordance which the process of constituting a life world;
- Based on the above, the individual care giver's orientation towards caring is also *in transit* (always becoming);
- The value attributed phenomena is not a given concomitant of the phenomenon, and may, like the detail of the phenomenon, be diverse. This allows for fluctuation.

### Assumptions regarding methodological-technical commitments

It is assumed that:

- what is known by any one individual subjectively can be made objective knowledge to other;
- this can be achieved by in depth unstructured qualitative interviews, introspection and bracketing.

### Assumptions pertaining to ontological commitments

It is assumed that:

- a caring concern does exist within individuals;
- individuals can identify themselves as being either caring or uncaring;
- caring is not a constant given but is like man in a constant process of becoming and reorientation;
- based on the latter, a caring concern once acquired is not permanent and can be lost;
- caring can be learned and reacquired;
- the latter is in line with the openness of the ontology implied by existentialism.

## SCOPE AND LIMITATIONS

It is at this point not possible to predict the scope and limitations of the study in any certain terms. Qualitative research and specifically grounded theory research dependent, amongst other things, on the level of saturation of categories achieved during the study. This is further directly related to the *reliability* and the *validity* attained in the study. An aspect which further most certainly can influence a study such as this is the researcher's own subjective involvement with the research topic. In this instance the researcher will bracket his own preconceived ideas. However, bracketing in this instance does not only point to *keeping in abeyance* such ideas, but, bringing it in the open so as to be aware of such preconceived ideas and not to allow these to influence objective analysis and coding of data by constantly asking self *What may be my personal investment in my understanding of this specific aspect?*, and by returning to informants for clarification of insights developed by the researcher.

## ETHICAL CONSIDERATIONS

The major ethical implications for this study as perceived at this point are those that are associated with introspection and *therapy* in general. It is possible that the informants may be caused, at least some, psychological and emotional discomfort while probing reasons for not being caring any longer. This may remind them of incidences best forgotten.

## TERMS ASSOCIATED WITH THE RESEARCH TOPIC (LITERATURE REVIEW)

Very little knowledge on the specific topic, as conceptualised by the researcher, exists. This implies that a literature review may not elicit information on the research topic as such. The researcher thus has to rely on disjunctive information on the research topic or, has to rely on associated information which logically supplements the researcher understanding of the phenomenon. Such knowledge can be located on different fields of knowledge.

### 1 From literature on caring itself:

- All applicable disjunctive knowledge on the maintenance of caring.
- Batson's (1990) argument in favour of the human capacity for caring in which *social egoism* is denounced in favour of non egoistic altruistic *caring*;
- Hutchinson's (1984: 88-89) identification of nurses' coping strategies namely, creating meaning emotionally, technically and/or rationally. In the literature this is the nearest the research could get to information specifically related to the research topic.
- Pitkeathley (1989: 48-61) identified the following emotion among care givers, in a domestic setting, caring for close relatives: isolation, being undervalued, fear, resentment, anger, guilt, embarrassment, role reversal, sense of loss, the effects of emotional stress, and bereavement. All these aspects, should these surface in the proposed study, can help clarifying the concept *meta-caring*. More applicable, however, is Pitkeathley's findings on *What makes it bearable?* This is achieved by: getting in touch, getting relief, getting support (understanding, being valued, sharing worries, being listened to, being heard, receiving approval, and genuine concern for whom I am).

### 2 Since the research question is an existential one, background information can be gathered from the work by existential philosophers. In this case the following are important:

- Heidegger's concepts of *actuality versus possibility*. For Heidegger, *care* is essential, if not *the* essential existential of human being. By *existential* in this sense, Heidegger points to that which *refers to the human being and becoming, as opposed to the characteristics of things* (Schrudder 1990: 60). This is important because it supports the argument underlying the construction of a

theory of *meta-caring*<sup>3</sup> and the necessity to base the research on an existential methodology. In this study too, the focus is not on the characteristics of caring or being caring, but on the process of being that being (a caring being) or being alienated from that specific state of being (caring). If, as Schrudder (1990: 60) puts it, care for Heidegger is *that which unifies actuality and possibility*, then, loosing the potential for creating possibilities (caring) implies an actuality centredness which is similar to Frankl's concepts of despair and existential vacuum (1969: 45). In terms of the model constructed by Van der Wal (1992) this may be an indication of a shift in the direction of quitting the will and feelings components of the *phronema* of caring in favour of an overwhelming accent on rational knowledge and skills. In this instance too, there is no *projected future* in Heideggerian terms, a situation annihilated of the courage (Mayeroff 1971: 21) it takes to care.

- Marcel's notion of availability, presence, commitment, and hope. Not only are these concepts as defined by Marcel important, but Marcel's whole existential approach is of importance to this study because Marcel's thinking moves away from the thought of Sartre, away from an existence based on anxiety, total self dependence and self-centredness, an existentialism which cannot explain how sensible human relationships are procured (Bullnow 1984: 180-183). In this instance the concepts availability, presence, commitment and hope as defined by Marcel becomes important. It is understandably exactly these aspects in the care giver and the lost of these aspects within the care giver which are pertinent to this study.

- Frankl's concept of *existential vacuum and despair* and ways to combat this. Frankl explains despair by means of the following equation:

$$\text{Despair} = \text{Suffering} - \text{Meaning.}$$

Despair equals suffering without meaning. Whether it is the care giver suffering or the receiver of care, the essence is whether it is meaningful. This is closely linked with Frankl's concept of an *existential vacuum* which plainly points to a *loss of meaning* (Frankl 1969:45). A statement which may be of considerable importance to this study and which is thus worth pursuing and worth some elaboration is that made by Frankl (1969: 65): *A lively and vivid conscience is also the only thing that enables man to resist the effects of the existential vacuum, namely, conformism and totalitarianism.*

### 3 From literature on salutogenesis and stress management:

- Antonovsky's (1979 in Strumpher 1990: 265) concept of *salutogenesis*, derived from the Greek word *salus* which means **health**; and *genesis* which means **origin**. Thus, the origin of health - caring as an origin of health within the carer. Thus a force to caring itself - or *meta-caring*.

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<sup>3</sup> See footnote 1

- Antonovsky's (1979, 1984, 1987) *sense of coherence*. Antonovsky (1984: 6) defined *sense of coherence* as *A global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected*. Of importance to the proposed research is the implication of *comprehensibility* underlying this definition. This in turn implies *order* and *predictability*. However, as Antonovsky points out, order and predictability are not enough since man can see life as *comprehensible*, however, constantly unmanageable. In the present crisis in health services and in nursing in particular, viewing the caring situation as *unmanageable* may have vast implications for the orientation towards that situation (caring).
- Kobasa's (1982) *personality hardiness*. On the basis of *existential personality theory*, Kobasa (Strumpfer 1990: 270) proposed *personality hardiness* as a global personality construct consisting of three components namely:
  - Commitment (vs. alienation), a belief in the truth, importance and value of what one is and what one is doing; also a tendency to involve one actively in many situations in life.
  - Control (vs. powerlessness), a tendency to belief and act as if, one can influence the events of one's life through what one imagines, says and does, with an emphasis on personal responsibility.
  - Challenge (vs. threat), an expectation that change rather than stability is the norm of life, and that change will present one with opportunities and incentives for personal development.
- Ben-Sira's (1985) *potency*. This is defined as: *a person's enduring confidence in his own capacities as well as confidence in and commitment to his/her social environment, which is perceived as being characterized by a basically meaningful and predictable order and by a reliable and just distribution of rewards* (Ben-Sira 1985: 399). In operational terms the author defines *potency* as comprising *the mechanisms of 'self-appreciation' and 'mastery' on the one hand, and 'commitment' to society (in contrast to alienation), as well as a perception of society as meaningful and ordered (in contrast to anomie)*. The applicability to the proposed research is obvious.
- Colerick's (1985) *stamina*. Of importance to the proposed study are five clinical assessments of a persons present behaviour namely:
  - The capacity for growth (Colerick 1985: 999). Applied to caring, if the care giver does not have this capacity or does not wish to do so, his caring ability will be greatly diminished since caring does not only imply allowing the other to grow, but also to allow self to be touched and changed by the encounter (Mayeroff 1971). Lack of the capacity to grow may imply *being in control* and directing caring in a way which is a

stereotype of all previous caring engagements.

- Personal insight (Colerick 1985: 999). This focuses on the individual's self-awareness. More specifically on *how 'in tune' he or she is with what he or she does and why* (Colerick 1985: 999). To relate this to the proposed research and proposed methodological framework, this involves, in existential terms, the authenticity of the care giver - an absolute prerequisite for *oneness* with caring. If this aspect is in any way doubtful, the true caring concern is lost.
  - Life perspective is of importance as *an individual with a developed life perspective has a sense of personal biography. Low scorers do not easily make links to the past and have little sense of the future. High scores draws on past experience in meeting the present and in planning for the future; he or she views current functioning within the context of the entire life course* (Comerick 1985: 99). This aspect too is directly related to caring as caring itself is context bound. A link can further be drawn between this *personal perspective* and Heidegger's so called *coherence in time*.
  - Likelihood of functional breakdown estimates the probability that a person will become unable to carry out the activities of his or her daily living (Comerick 1985: 999). This has direct bearing on the proposed research as it may also be focused on the ability to care as a daily activity of the professional care giver (nurse, tutor and the like).
  - General competence focuses on the individual's *ability to meet the demands of the environment, to cope with life changes effectively in both work and family spheres* (Comerick 1985: 999). In this instance, due to the expected bonding between the care giver and the receiver of care, the environment of the care giver is extended to include that which the receiver of care exposes to him/her. Changes in this extended environment (e.g., death) may also have an impact on the care giver. It is argued that repetition over a period may especially affect the general competence of the care giver (e.g., where burnout results).
- Rosenbaum's (1988) *learned resourcefulness* comprises a set of complex behaviours, cognitions and affects that are in constant interaction with the person's physical and social environments and are evoked by many situations. Of special importance to the proposed research is Rosenbaum's conceptualisation of the process of self-regulation. This consists of:
- Representation, during which the individual experiences, without any conscious effort, a cognitive and/or emotional reaction to change within him/herself or the environment (Strumpfer 1990: 273).
  - Evaluation of the changes, first as desirable or threatening, then, if threat

is appraised, evaluation of whether anything can be done to it.

- Action (coping) to minimize negative effects of the internal and external changes (Strumpfer 1990: 273).

The importance of Rosenbaum's work to the proposed research is that the fact that what Rosenbaum describes as *self-regulation*, in terms of the proposed research points to reorientation.

## CONCLUSION

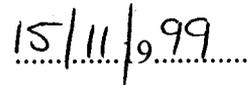
In this research proposal an over view is given of the research proposed for clarifying the process of maintaining a caring concern by the care giver. An existential methodology is suggested within which the research design will be structured and the research carried out.

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**DECLARATION**

I the undersigned, F. V. N. Cilliers, hereby declare that the administration of the Personal Orientation Inventory (POI) for the purpose as seen fit by the researcher of **THE MAINTENANCE OF A CARING CONCERN BY THE CAREGIVER** was conducted under my supervision. I only supervised the administration of this instrument and was not involved in the actual research or in the writing of the research report (thesis).



Prof. F. V. N. Cilliers.

D. Litt (PU for CHE); Psychologist (Industrial).

**SAMPLING QUESTIONNAIRE  
STEEKPROEFVRAELYS**

**CODE  
KODE**

By completing this questionnaire you may be selected as an informant on the experience of being caring (through experiential descriptions) and the maintenance of a caring concern (through being interviewed).

In order to contact you at a later stage, should you be selected to participate further in this research, and should you be willing to do so, personal information is needed. Could you please supply the following information?

Name:.....

Date: ..... Nursing College: .....

Age: ..... Gender: ..... Phone: .....

Address:.....

.....

Cultural group: .....

Religious orientation: .....

Year of study: ① ② ③ ④

Deur hierdie vraelys te voltooi mag u geselekteer word as informant oor die ervaring daarvan om om te gee (deur beskrywings van hierdie ervaring) en die handhawing van 'n omgee(caring) ingesteldheid (deur onderhoudvoering).

Ten einde u op 'n later stadium te kan kontak, indien u gekies word om verder aan die studie deel te neem, en indien u belang sou stel om verder deel te neem, word sekere persoonlike inligting benodig. Kan u asseblief die volgende inligting verskaf?

Naam: .....

Datum: ..... Kollege: .....

Ouderdom:..... Geslag:..... Telefoon: .....

Adres: .....

.....

Kultuurgroep:.....

Geloofsoortuiging:.....

Studiejaar ① ② ③ ④

**DECLARATION BY RESPONDENT**

I hereby consent to the completion of the questionnaire on personal orientation handed to me. I acknowledge that the content of this questionnaire was explained to me, as well as the purpose which the results will serve (sampling of informants and refining the instrument).

**VERKLARING DEUR DIE RESPONDENT**

Ek stem hiermee toe tot die voltooiing van die vraelys oor persoonlike oriëntasie wat aan my oorhandig is. Ek erken dat die inhoud van die vraelys aan my verduidelik is asook die doel wat die resultaat dien (selektering van informante en die verfyning van die instrument).

**RESEARCHER'S DECLARATION/NAVORSER SE VERKLARING**

I, DM van der Wal hereby undertake to uphold the anonymity of respondents.  
Ek, DM van der Wal onderneem om die anonimiteit van respondente gestand te doen.



AGREEMENT

I, \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ hereby consent to:

- 1 being interviewed by D van der Wal on the topic "Maintaining a Caring Concern."
- 2 follow-up interviews if necessary
- 3 the interviews being audiotaped
- 4 the use of data derived from these interviews by the interviewer in a research report as he deems appropriate

I also understand that:

- 1 I am free to end my involvement or to recall my consent to participate in this research at any time I feel like it
- 2 information given up to the point of my termination of participation could however still be use by the researcher
- 3 anonymity is granted by the researcher and that data will under no circumstances be reported in such a way as to reveal my identity
- 4 more than one interview might be necessary
- 5 no reimbursement will be made by the researcher for information given or my participation in this project
- 6 I may refrain from answering questions should I feel these are an invasion of my privacy
- 7 by signing this agreement I undertake to give honest answers to reasonable questions and not to mislead the researcher
- 8 I will be given the original copy of this agreement on signing it.

I hereby acknowledge that the researcher/interviewer has:

- 1 discussed the aims and objectives of this research project with me
- 2 informed me about the content of this agreement
- 3 pointed out the implications of signing this agreement

In co-signing this agreement the researcher undertakes to:

- 1 maintain confidentiality, anonymity, and privacy regarding the interviewee's identity and information given by the interviewee
- 2 arrange in advance a suitable time and place for an interview to take place
- 3 safeguard the duplicate of this agreement.

\_\_\_\_\_  
(Interviewee)

\_\_\_\_\_  
(Interviewer)

\_\_\_\_\_  
(Date)

## OOREENKOMS

Ek, \_\_\_\_\_ stem op hede die \_\_\_\_\_ dag van \_\_\_\_\_ 19 \_\_\_\_\_

daartoe in dat:

- 1 D van der Wal met my 'n onderhoud mag voer oor die onderwerp "Die Handhawing van 'n Omgeestigedheid"
- 2 opvolg onderhoude gevoer mag word indien nodig
- 3 onderhoude op band opgeneem mag word
- 4 die data wat deur die navorser deur hierdie onderhoude verkry word in sy navorsing gebruik mag word soos hy dit toepaslik ag

Ek begryp ook dat:

- 1 ek vry is om te enige tyd my deelname aan die navorsing op te sê en my toestemming tot deelname aan hierdie navorsing terug te trek indien ek daarna sou voel
- 2 die inligting wat deur my verskaf is tot op die punt van beëindiging van deelname aan die navorsing wel deur die navorser gebruik mag word
- 3 anonimiteit deur die navorser onderneem word en dat data nie op so 'n wyse gerapporteer sal word dat dit my identiteit sal openbaar maak nie
- 4 meer as een onderhoud nodig mag wees
- 5 geen vergoeding deur die navorser betaal sal word vir inligting wat ek verskaf of vir my deelname aan die navorsingsprojek nie
- 6 ek nie vrae wat ek voel my privaatheid betrek hoef te beantwoord nie
- 7 deur hierdie ooreenkoms te onderteken onderneem ek om eerlike antwoorde op redelike vrae te verskaf en nie die navorser te mislei nie
- 8 die oorspronklike kopie van hierdie onderneming aan my oorhandig sal word nadat ek dit onderteken het

Ek konstateer hiermee dat die navorser/onderhoudvoerder:

- 1 die doelwitte en die doelstellings van hierdie navorsing met my bespreek het
- 2 my ingelig het aangaande die inhoud van hierdie ooreenkoms
- 3 die implikasies wat die ondertekening van hierdie ooreenkoms inhou aan my uitgestip het

By die mede-ondertekening van hierdie dokument onderneem die navorser/ onderhoudvoerder om:

- 1 vertroulikheid, anonimiteit en privaatheid betreffende die informant se identiteit en die inligting wat verkry is gestand te doen
- 2 vooruit sal reël vir die voer van 'n onderhoud met betrekking tot plek en tyd
- 3 die duplikaat van hierdie ooreenkoms in veilige bewaring sal hou

\_\_\_\_\_  
(Informant)

\_\_\_\_\_  
(Onderhoudvoerder)

\_\_\_\_\_  
(Datum)

Row	COLLEGE	YEAR	AGE	SEX	MASK01	MASK02	MASK03	MASK04	MASK05	MASK06
1	1	1	19.	M	11.	12.	39.	88.	20.	12.
2	1	1	19.	M	11.	12.	47.	78.	18.	16.
3	1	1	19.	M	8.	15.	51.	75.	19.	14.
4	1	1	18.	M	10.	13.	54.	73.	17.	13.
5	1	1	37.	M	14.	9.	57.	70.	17.	14.
6	1	1	19.	M	11.	12.	65.	62.	19.	6.
7	1	1	22.	M	10.	13.	63.	62.	18.	7.
8	1	1	21.	F	15.	8.	56.	66.	18.	14.
9	1	1	19.	F	11.	12.	41.	85.	20.	19.
10	1	1	22.	F	8.	15.	68.	59.	16.	7.
11	1	1	20.	F	9.	14.	54.	68.	19.	13.
12	1	1	25.	F	13.	10.	64.	59.	13.	11.
13	1	1	34.	F	8.	15.	54.	73.	20.	16.
14	1	1	20.	F	13.	9.	60.	61.	17.	12.
15	1	1	19.	F	9.	14.	60.	66.	17.	10.
16	1	1	32.	F	10.	13.	60.	67.	21.	12.
17	1	1	22.	F	14.	8.	65.	62.	16.	13.
18	1	1	21.	F	11.	12.	73.	52.	14.	9.
19	1	1	18.	F	8.	15.	40.	87.	21.	20.
20	1	1	18.	F	7.	16.	42.	82.	22.	13.
21	1	1	19.	F	6.	17.	47.	80.	20.	16.
22	1	1	19.	F	4.	19.	50.	76.	19.	15.
23	1	1	18.	F	10.	13.	55.	71.	15.	13.
24	1	1	19.	F	5.	18.	40.	83.	19.	21.
25	1	1	18.	F	10.	13.	38.	84.	18.	18.
26	1	1	19.	F	7.	16.	48.	78.	22.	17.
27	1	1	19.	F	7.	16.	42.	84.	21.	18.
28	1	1	18.	F	9.	14.	38.	87.	22.	14.
29	1	1	18.	F	4.	19.	50.	76.	16.	17.
30	1	1	19.	F	7.	16.	44.	83.	20.	16.
31	1	1	19.	F	7.	16.	46.	80.	22.	19.
32	1	1	19.	F	10.	13.	43.	83.	18.	12.
33	1	1	19.	F	3.	20.	28.	99.	21.	19.
34	1	1	18.	F	3.	20.	57.	70.	20.	17.
35	1	1	19.	F	6.	17.	57.	70.	20.	11.
36	1	1	19.	F	8.	15.	47.	79.	22.	20.
37	1	1	18.	F	10.	13.	54.	73.	19.	13.
38	1	1	18.	F	4.	19.	55.	72.	20.	19.
39	1	1	18.	F	8.	15.	45.	82.	20.	18.
40	1	1	19.	F	10.	13.	49.	76.	19.	14.
41	1	1	19.	F	9.	14.	55.	72.	21.	15.
42	1	1	19.	F	7.	16.	48.	78.	19.	16.
43	1	1	18.	F	11.	12.	56.	68.	21.	11.
44	1	1	19.	F	15.	8.	55.	72.	19.	10.
45	1	1	18.	F	6.	17.	46.	81.	20.	17.
46	1	1	32.	F	3.	20.	34.	90.	19.	22.
47	1	1	24.	F	6.	17.	50.	76.	19.	16.
48	1	4	22.	F	6.	17.	46.	80.	22.	18.
49	1	4	21.	F	4.	19.	41.	85.	19.	17.
50	1	4	21.	F	9.	14.	40.	87.	21.	19.
51	1	4	23.	M	14.	9.	39.	85.	22.	22.
52	1	4	36.	F	11.	12.	43.	82.	21.	19.
53	1	4	23.	F	4.	19.	25.	102.	21.	24.
54	1	4	27.	F	5.	18.	24.	102.	24.	28.
55	1	4	26.	F	3.	20.	33.	94.	23.	23.

Row AVE

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① 20.75  
2 18.30  
3 18.30  
4 17.92  
5 16.91  
6 14.42  
7 15.17  
8 15.67  
⑨ 20.50  
10 14.58  
11 16.42  
12 13.42  
13 18.42  
14 15.33  
15 16.25  
16 16.42  
17 14.75  
18 12.92  
①⑨ 21.42  
20 19.92  
21 19.67  
22 18.83  
23 17.42  
②④ 21.08  
②⑤ 20.33  
26 19.00  
②⑦ 20.75  
②⑧ 21.25  
29 18.83  
③⑩ 20.25  
31 19.75  
③② 20.00  
③③ 23.91  
34 18.17  
35 17.50  
③⑥ 20.00  
37 17.75  
38 17.75  
39 19.67  
40 18.00  
41 17.58  
42 18.83  
43 17.00  
44 17.08  
45 19.83  
④⑥ 22.50  
47 18.17  
④⑧ 20.00  
④⑨ 21.00  
⑤⑩ 21.25  
⑤① 20.67  
52 19.92  
⑤③ 24.67  
⑤④ 25.17  
⑤⑤ 23.67

21.42

O=19.  
Disk... check these against  
the CAREDATA - FILE/ICPD