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Conceptions of an implemented nursing philosophy: A phenomenographic study

Malin Karlberg Traav[1], Hanna Gabrielsson[2], Agneta Cronqvist[3]

1. Department of Otorhinolaryngology, Örebro University Hospital, Örebro, Sweden. 2. Rehab Station Stockholm, Spinalis clinic, Outpatient Department, Sweden. 3. Department of Health Care Science, Ersta Sköndal University College, Stockholm, Sweden.

Correspondence: Malin Karlberg Traav. Address: Department of Otorhinolaryngology, Örebro University Hospital, SE-701 85 Örebro, Sweden. Email: malin.karlberg-traav@orebroll.se

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Abstract

Aim: The aim of this study was to describe how nurses conceive their work on a ward where a nursing philosophy has been systematically implemented.

Introduction: There is no international consensus today in relation to the organizing of nursing on the basis of an established nursing theory.

Design and method: This study has a phenomenographic methodology, with an epistemological base in life-world perspective. Data were collected through thematized interviews with nurses on a ward where a nursing philosophy has been implemented for several years.

Result: The conceptions of working with a nursing philosophy is described in an overarching statement formulated as a movement From implicit to explicit - where openness and freedom to speak are essential based on five categories of description (conceptions): Making it happen – the manager´s significance for implementation, Integrating the philosophy within me – creating a collective platform, "Welcome to us" – a caring atmosphere, The patient's sense of being confirmed – establishing quality of care, "Us and them" –being inside or outside.

Conclusion: Working with an implemented nursing philosophy seemed to provide support to the nurse in day-to-day work and thereby contributes to shared values. On the basis of the results we are not able to state that the specific nursing philosophy used can be the only contribution to the experienced support.

Key words

Nursing philosophy, Reflections, Feeling of confidence, Theory, Phenomenography

1 Introduction

Evidence-based care and evidence-based nursing are the most prominent features in modern health care. The evidence needed for evidence-based nursing practice is usually regarded as the product of empirical research as well as research aimed to develop theories. According to Fawcett, among others, theories are considered the best evidence for evidence-based nursing practice [1]. Theories have evolved for more than a century, starting with Florence Nightingale

who undoubtedly had a significant impact on nursing and its theoretical foundation. Today, as has been the case for several years, there is no international consensus regarding the theoretical constructs of nursing. However, an attempt has been made by Alligood and Marriner-Tomey to sort and organize these theories [2, 3]. Although somewhat arbitrarily, they present four types of nursing theories which reflect different levels of abstraction: nursing philosophies which provide a broad understanding for the discipline and its professional application; nursing conceptual models which address meta-paradigm concepts; nursing theories which aim to describe, explain or predict relationships among the concepts of nursing phenomena and propose testable outcomes, and finally, middle-range theories which identify characteristics of nursing situations and are specific to practice outcomes. This construct of theories addresses a wide range of levels of abstraction and the authors argue that critical thinking and reflection on the part of the nurses will facilitate their learning about the theoretical foundation [3]. In addition to the lack of consensus regarding definitions of theories and models, an important issue within the development of theories is the relationship between nursing and caring which constitutes a subject for an on-going scholarly debate. No consensus has been reached in relation to the meaning of these concepts; caring and nursing are difficult concepts to define and even to distinguish from one another [4].

Evaluation of these theories has mainly been conducted from a theoretical standpoint, for example using a systematic method of theory analysis which deals more with the "inner-world" of the theory and examines among other things clarity and consistency of concepts, generality and empirical precision. In summary, this evaluation can be said to constitute a developmental phase and most theories provide evidence for philosophical premises and theoretical linkages within them [5]. A question can be raised as to the extent of the application of nursing theory in practice. There are reports on the implementation of different nursing theories emphasizing the relevance of nursing practice, see for example [6-8]. These reports present the implementation of theories ranging from the highest abstraction level such as nursing philosophies, through nursing conceptual models, to middle-range theories. Although there is evidence for implementation of nursing theories in clinical practice, a question to be addressed is how these theories are evaluated through empirical research. For example the least abstract level of theories, middle-range theories and situation-specific theories allow for an evaluation in practice with testable outcomes. Alligood claims that

> Theory-based nursing has demonstrated a capacity to structure professional care, unify and simplify communication, save time, clarify decision-making. [6] p. 982

But it is important to pay attention to the fact that this is not a question of systematic empirical evidence.

The scientific evidence for the relevance or acceptance by the nursing community is mainly provided by studies that make use of the theory in different parts of the research process. The most frequent use of the theory is that it has a function as a theoretical framework for the study [7, 9, 10]. This type of scientific evidence is estimated to confirm the relevance of nursing practice but it is most important not to claim incorrectly that the theory has been empirically evaluated per se. There is no research found in which nursing theories at any level of abstraction have been evaluated by defined outcomes such as quality of care or job satisfaction. Implementation of a nursing theory in clinical practice may be problematic to undertake. Clinical practice of today is struggling with limited financial resources and cutbacks where all staff involved need to be aware of the possible financial effects of decisions made in connection with the provision of care. In many health care settings it is commonly believed that nurses do not generally have the leading roles with the commensurate financial responsibility. In such situations every step to develop or change an established routine is scrutinized. Advocating a change in relation to patients and/or care may thus be hard to pursue. Furthermore, there is reason to believe that implementing a nursing theory in clinical practice requires certain financial resources during the nurses' learning and training process. Finally, clinical experience and experience from education as well as research still reveal a hesitant view on nursing theories and on their relevance to clinical practice which has been described in the literature as one aspect of the gap between theory and practice [11-13].

Problem statement

To summarize, there is not much research available evaluating the application of a nursing philosophy in practice and its possible measurable effects. Health care of today, with its limited financial framework requires that the personnel have crisp and clear arguments for the implementation of theories and philosophies. There is reason to believe that in the implementation phase, it will require educational and, accordingly, financial resources. Although nursing scholars emphasize the acceptance and relevance of theory in nursing practice, the gap between theory and practice remains considerable. We need to acquire knowledge from nurses and from their experience of an implemented nursing philosophy. The focus of this study is to gain insight regarding the role of theory arising from the highest level of abstraction - nursing philosophy – as practised, and specifically to explore its usefulness in the daily work of nurses. Thus, the aim of this study is to describe how nurses conceive their work in a ward where a nursing philosophy has been systematically implemented.

2 Methods

2.1 Study design

This study has a phenomenographic approach, based in the perspective of the life-world. The notion of the life world was developed by the phenomenologist Edmund Husserl [13]. This perspective describes the subjective, lived world of human experience, from within the understanding of human experience. The significance of how human beings experience their world is the focus of interest in life-world research [14]. Phenomenography aims to describe conceptions in an integrated way with the potential to elicit a range of conceptions based on experiences. The underpinning of phenomenography as Marton describes it is that people can only experience the world as we know it [15]. In phenomenography the focus is on exploring the qualitative variations in conceptions. In this study, one assumption is that experience can be seen as a necessary prerequisite for a conception, but not all conceptions rest on experience. In phenomenography the researcher divides the collected data into two perspectives, called first-order perspective and second-order perspective. The first-order perspective is the direct and explicit description of conceptions (or categories) and covers what could have been expected whereas the second-order perspective deals with what is not apparent at first sight. It is this second-order perspective that constitutes a new dimension [16]. Finally, an outcome-space is formed and describes the relationships among the conceptions and can be viewed as a comprehensive and explanatory presentation of the results of the study [17].

2.2 Study context and participants

The setting of the study was a ward in a medium-sized hospital in central Sweden. The ward provided care twenty-four hours per day every day of the week, and was situated in one of the larger cities of Sweden. At the in-patient clinic the average hospitalization period for patients was three weeks. A nursing philosophy had systematically been implemented and established on this ward for several years and thereby this context was of great interest for the research question. Initially a contact was made with the head nurse, who asked all day-shift nurses for consent to inform the researcher (MKT) about contact data. All seven nurses approached accepted to participate. They were all working dayshift and all were female. They had worked as nurses between 2.5 years and 39 years and on this particular ward between 6 months and 16 years.

2.3 Data collection

The interviews were conducted by the first author (MKT) over a two-week period. A pilot interview was performed to test the validity and feasibility of the interview questions. The questions were open-ended and thematized and comprised the nurses' a) conscious choice to work on the ward, b) perception of why and how the ward made its choice of nursing philosophy and what it entailed, and c) reflections and views on how the day-to-day work was conceived on the basis of this philosophy. Follow-up questions were asked, for example, you said before…what does that mean? or How was that?

or Tell me more, to deepen the interview and get richer data. The interviews lasted between 40-70 minutes and were conducted on the ward during working hours.

2.4 Data-analysis

Each interview was audiotaped and transcribed verbatim. The first analysis phase began with reading of the interviews to obtain an overall picture. After that, specific statements were identified that responded to the question "Is nursing philosophy useful in practical work"? Preliminary categories were formulated and in the next phase all were compared with each other and accordingly five categories were formulated. These five categories of description (conceptions) constitute first order perspective and were formed with the following headings: *Making it happen – the manager´s significance for implementation, Integrating the philosophy within me – creating a collective platform, "Welcome to us" – a caring atmosphere, The patient's sense of being confirmed – establishing quality of care, "Us and them" –being inside or outside. These categories are related, and constitute the base for an overarching statement* (second order perspective): *From implicit to explicit - when openness and freedom to speak are essential.* The outcome-space was created for the study, that is, nurses' experiences working with an implemented nursing philosophy.

2.5 Methodological and ethical considerations

In Sweden today there are not many inpatient wards working on the basis of a scientifically oriented nursing philosophy for their daily work, therefore, it has been of importance not to give a detailed description of the ward chosen for the study in order to preserve the anonymity of the respondents. This can be seen both as a strong point and a weak point, but it was considered important to maintain the respondents' anonymity. For the same reason, the current nursing philosophy used on the ward is not presented. Another reason why the nursing philosophy has not been described in this paper was to avoid generating a possible influence on the reader. During the planning phase of the study a regional Ethic Committee was contacted and it was decided that a formal application not was relevant. Nevertheless, the study followed ethical principles such as: the participants were informed both orally and in writing, including voluntariness in participation and the right to withdraw without giving any reason, assurance that all information would be treated with confidentially and that the participants would be anonymous in the upcoming report.

3 Results

The results are presented below in the categories of description: *Making it happen - the manager's significance for implementation, Integrating the philosophy within me – creating a collective platform, "Welcome to us" – a caring atmosphere, The patient's sense of being confirmed – establishing quality of care and "Us and them" – being inside or outside*, and ending with the overarching statement: From implicit to explicit - where openness and freedom to speak are essential. Finally, the outcome-space is presented.

3.1 Making it happen – the manager's significance for implementation

According to the participants on why the specific nursing philosophy was chosen and implemented on this ward, they described that it was a dedicated leader with a passion for nursing science that made it possible. As one of the participants said:

> As I have been here, I believe it is mainly the manager's idea, actually it's a matter of how one thinks and talks about it, and training and yes, you have to keep it alive, in some way (participant 3)

For the participants it was obvious how significant it was to have a dedicated leader communicating visions, values and accordingly devoting time, time to sit down and discuss, time to reflect. As seen in the quotation the participant also described a form of "state of mind" in thinking and talking and as another participant said: "The leader "lived and

breathed" the nursing philosophy" (part.1). There is reason to believe that the nurse leader on this ward had made a personal stance for the specific philosophy, and a choice which was beneficial for the patients.

3.2 Integrating the philosophy within me – creating a collective platform

This category of description deals with the importance of seeking support for the way you prefer to work and also involves personal development. The nurses expressed their desire for a connection between philosophy and practice. Initially they felt resistant to the philosophy and found it difficult to grasp, but with guidance and with opportunities to reflect, the nurses gradually made it their own. One of the nurses explained it this way:

> When you sit there…, well it becomes something bigger than when you sit by yourself; when we sit there together and talk, we kind of get united and, well… this is in a way the basis, working together (part. 3)

The participants implied that this shared reflecting on the basis of the adopted nursing philosophy created bonds between the nurses in the team and strengthened the fellowship and cohesion among them. The same nurse continued:

> It has affected us as a group too, that we speak the same language, we have the same… eh… you understand what your colleague says with a minimum of words (part. 3)

While integrating the philosophy the nurses created a common base and a possibility for personal and professional development arose. Several of the participants also described themselves as professionals who always wanted to improve and develop their skills. Notable is that no one of the nurses used terms that specific corresponded to the specific nursing philosophy.

3.3 "Welcome to us" – a caring atmosphere

The shared care culture was described as something positive and important. The participants highlighted the caring culture that prevailed on the ward, not only in relation to the physical environment but also the "spirit" and the atmosphere that greeted both patients and healthcare professionals which contributed to making this ward an attractive place to work in. As one nurse pointed out:

> Everything from the awareness [of the importance] and the first meeting and how to talk and to meet someone, how we reason here on the ward, the care environment making it welcoming, always having fresh flowers, yes, I would say that in fact it permeates everything, (part. 1)

From the participants' descriptions of the awareness concerning the "presence" of the nursing philosophy it can be understood as a caring atmosphere, and accordingly all of your doings as a nurse is permeated by the philosophy.

3.4 The patient's sense of being confirmed – establishing quality of care

The participants stated that the quality of care increased with the support of the nursing philosophy and the subjective experience they expressed was that patients felt the same. Participants also perceived that the philosophy gave guidance on objectives and identified guidelines for the health care. One of the nurses explained:

> The ideal model, when theory becomes real, how we can work here on our ward, what is the best care we could offer here on the ward, what actually constitutes good care for our patients (part. 1)

The nurses related, as a personal experience, that there were patients who had expressed an opinion of high quality of the care given on this specific ward. The offering of high quality care was attributed by the nurses to their focus on the individual, as supported by the philosophy, and thereby they experienced satisfaction with their own work.

3.5 "Us and them" – being inside or outside

Several of the participants had been in other places of work, where there was no nursing philosophy to build upon in the daily work. The participants believed that if they began working on another ward they would have enough experience to share what it is like to work with a nursing philosophy. Some of the participants even stated that they had a responsibility to convey to others what they had learnt. One nurse described it like this:

> Yes, but I've seen several places, I tried to move from here because I thought, yes now this type of care [philosophy] is so anchored within me that I can try to influence other nurses on other wards. I thought I would be able to manage matters on another ward and contribute to the development of nursing, that's what I thought……but it didn't work out. (part. 4)

Meeting with other health care professionals also provoked reflections on the nature of working on the basis of a nursing philosophy. The participants had experienced collisions with other professionals who had no understanding of the way work was carried out on this special ward. However, the participants could understand the scepticism from others and realized that the way the staff on the ward was working was perceived as complicated.

3.6 From implicit to explicit – where openness and freedom to speak are essential

The overarching statement *From implicit to explicit* – where openness and freedom to speak are essential deals with the two core values: to reflect and to feel secure. The expression from implicit to explicit means that by reflection there is a movement from intuition, which is implicit, to awareness, which is explicit. In the present study, reflection was viewed as a prerequisite, as a possibility and a base for all care given. The manager realized the value of reflection and thereby made it possible to implement the philosophy on the ward. She created time for reflection in order to understand the philosophy and its use. The nurses saw themselves as reflective individuals, and perceived that reflection was what made the difference, what distinguished the way nurses worked on this ward as compared to other workplaces. To feel secure is a statement that comprises openness and freedom to speak, and the nursing philosophy enabled it. The feeling of security and confidence helped the nurses to act without outside influence, and the confidence within the working group brought about a consensus regarding working methods. The nurses believed that the patient felt secure when meeting a confident nurse. Working as a nurse is a complex, difficult occupation, carrying significant responsibility. In a context marked by security, where reflection increases the awareness of meaningfulness at an intellectualized level; difficulty, complexity and responsibility appear to become manageable. By introducing a philosophy-based approach the manager created a flexible and supportive atmosphere.

The prevailing atmosphere can be seen as a part of the care culture and can take several forms, with either positive or negative overtones. Care culture in its implicit form lives a life of its own, governed by unspoken expectations or norms and offers no possibility for reflection or openness. The work is intuitive and is often headed by informal leaders. Implementing a nursing philosophy in the daily work is to move from an implicit to an explicit form, where the expectations and values will be articulated. Reflection on the philosophy chosen will become natural, and the nurses obtain a shared platform to start from. There will also be an opportunity to experience that the philosophy is grounded in daily work, when the philosophy is translated into practical actions confirming the nurses' working methods as being good, quality care. However, it is imperative that the care culture can be discussed in an open, free and unconstrained way.

3.7 The outcome space

The outcome-space is a movement from level one serving as a fundament, where the implementation of the philosophy begins by a dedicated leader, as seen in Figure 1. The movement continuous and extends over the next level, and the actual doing is in focus. This second level describes a sense of that the patients are given a good care and created a context of meaningfulness for the nurses. Level three comprises a sense of "otherness" and to some extent, a sense of exclusion, when

the nurse perceives that the surroundings look at their work with some scepticism. But it also provided a sense of togetherness in the group which the nurses described as positive and unifying. At the highest level of this phenomenon, (caring with an implemented nursing philosophy) arises a transformation from intuitive knowledge into a discursive and well-founded integrated knowledge into why and how the choice to work on the basis of a nursing philosophy, provides quality care for the patient, and the nurses´ perceives their work as; caring with an implemented nursing philosophy.

The fundamental link for the outcome space is reflection and accordingly formulated; Increased perspicuity of the significance of reflection when working with a nursing philosophy in daily work.

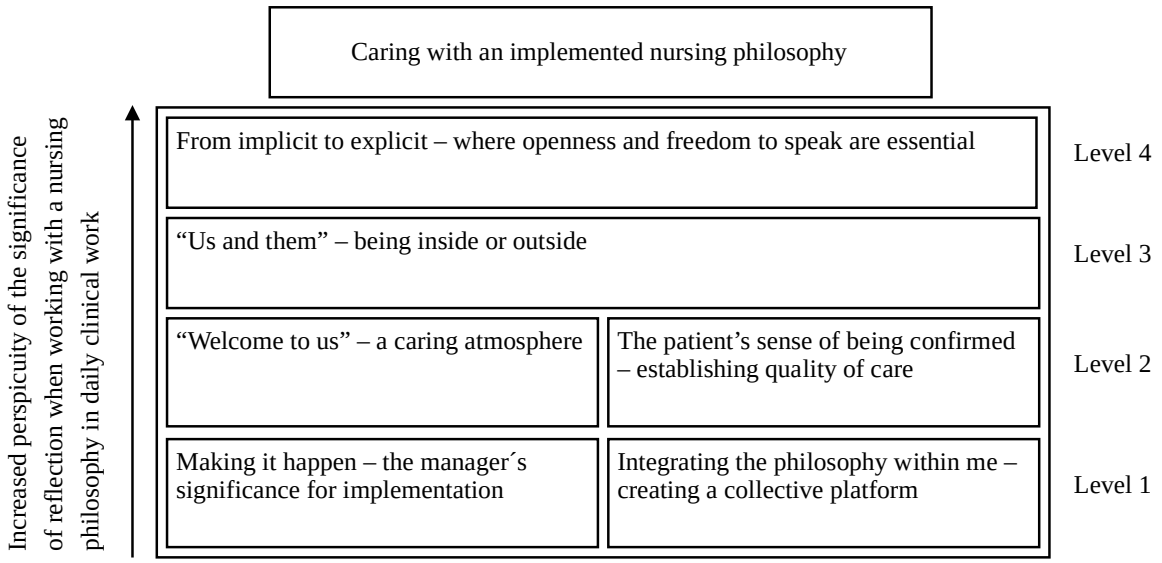

Figure 1. The outcome space: nurses experiences working with an implemented nursing philosophy

4 Discussion

The aim of this study was to describe how nurses conceive working on a ward where a nursing philosophy has been systematically implemented. A certain number of advantages were observed but the results do not unequivocally show that the advantages derived from choosing to work on the basis of a nursing philosophy; a number of other influential factors such as a dedicated leader, time to reflect, being inside or outside, also appear through the data. It is possible that those factors contribute to creating the experience of a good work environment and of quality of care.

The category of description *Making it happen – the manager's significance for implementation* underscores the importance of active leadership. Johansson elaborates Hällsten's ideas and highlights the difference between having and taking leadership [18, 19]. To have leadership means to adhere to current regulations and policies whereas the leader who takes his/her leadership following a personal conviction becomes a person who radiates security and safety, which in turn benefits the working group and the work environment. To be more precise, attendance, feedback and support give nurses security and safety, which in turn benefits the patient [19]. The manager who has taken leadership has a significant role in seeing and understanding the relationships in the working group and consequently creates conditions for solving conflicts and difficulties encountered [19]. Research on leadership indicates a variety of factors which influence how nurses perceive their work situation and job satisfaction. In a study by Josephson et al. the authors draws conclusions about the leadership's effect on nurses' choice to stay on the workplace and also the effect leadership had on long-term sickness.

Results indicate that if the nurses are unsatisfied with the management and leadership, the rotation of nurse's increases, which is also the case for long-term sickness [20].

A collective knowledge base is one focus in the category of description *Integrating the philosophy within me – creating a collective platform.* To have an articulated knowledge base on a ward may serve as a supporting structure for those working there but also for newly educated nurses, who may feel insufficiently prepared to meet the world of work [21, 22]. Bisholt points out the importance of introduction at the workplace where the newly graduated nurse begins to shape her/his professional role. The nurses in that study quickly adapted to the routines and to the dominant value system to which they were introduced. Although the official stance was that there was a programme of induction with a supervisor, the induction very often adopted more of a non-desired model of master-apprenticeship system, in which the newly graduated nurse followed a more experienced nurse and learnt and took over the practices of another person instead of creating her/his own values and working methods from philosophy and/or education [21, 22]. Furthermore, working in a close relationship with sick people could be emotionally draining and difficult. Presence and sincerity are expected and required in the care of the patient.

In the present study, nurses stated that working on the basis of a nursing philosophy helped them to cope with that part of their work which leaves them exposed, as displayed in the category of description *Integrating the philosophy within me – creating a collective platform*. The participants felt confident in their work when they made use of the nursing philosophy. Confidence may arise in other ways, and it is difficult to claim if and how confidence can be recognized as emanating from the nursing philosophy. In the results of the present study it was interpreted that the nurses provided care from a collective platform, that is, the implemented nursing philosophy. This could be compared to Ranheim et al., who found that nurses working in elderly care stated that the care given was not explicitly founded in theory. While reflecting on the care given, the nurses were able to detect a theoretical relation to their practical doings [23]. This is in contrast to the results of this study, were nurses in a structural manner reflected on how a nursing philosophy guided their nursing care.

A shared caring culture is featured in the category of description "Welcome to us" – a caring atmosphere. Nurses' work is governed by laws and regulations, but also by the prevailing health care culture on the ward [24]. The participants in the present study felt that there was a welcoming and friendly atmosphere on their ward, where patients and their next-of-kin could feel welcome. The nurses also reported that they felt seen and at ease in their working environment. One explanation could be that they made use of a nursing philosophy. In many respects, the caring culture on a ward determines the work for the nurse. In the study of Rytterström et al., nurses who served on various wards reported that the care culture on the ward had an impact on their work. When the nurse experienced good care culture, she/he felt free to work according to their own values. However, if the nurses felt that the care culture contained unspoken rules and regulations then they did not experience themselves as part of the team, simply did what they were supposed to, namely managing their shift [24]. One can assume that if wards were organized with a nursing philosophy as a base for their daily work, nurses would be better prepared and feel more confident because of the established caring atmosphere.

In the category of description *The patient's sense of being confirmed – establishing quality of care*, high quality of care and of the philosophy of nursing take prominence. The subject of quality of care is complicated and cannot be easily determined. In a study by Edvardsson, et al. the authors highlighted a number of aspects that patients listed as examples of good care: to feel welcome, to feel at ease and secure. In the present study it is comparable to how the nurses spoke about their experience of providing high quality of care [25].

Being inside or outside a group with shared knowledge and values is described in the category of description "*Us and them*" *– being inside or outside*. The nurses in this study found it easier to express their views when interacting with other professionals with whom they had a shared language and shared values. At times, they experienced that they acted as "missionaries" especially when they had to explain and justify to others the ward's way of working on the base of a nursing philosophy. At the time of the study, the ward's approach may have been considered uncommon, and the experience, that

the nurses sometimes had, made them feel odd and thereby gave rise to a need to defend the implemented theory. To summarize, working in this way was perceived as belonging to a community, but at the same time it could be problematic and create feelings of alienation.

The overarching statement *From implicit to explicit – where openness and freedom to speak are essential*, deals with reflection and confidence. As discussed earlier, a feeling of confidence may emerge from the process of creating a collective platform. The other core value as analyzed in the present study was reflection. Reflection is an established pedagogical tool contributing to nursing education in such a way that the student reflects on caring together with a supervisor, often a clinically-working nurse [26]. In this way newly graduated nurses are prepared to become reflecting practitioners [27]. Being a reflecting practitioner is a foundation for professional development [28-30]. Austgard also highlights the importance of a reflective stance for the nurse [31]. Reflection on a higher level of abstraction is required, and especially in complex caring contexts the nurse is expected to master a skilled cognitive ability at an advanced level. This indicates a contradiction against the sometimes prevailing view that the nursing profession should be based on "common sense" and experience [31]. Consequently, with developed nursing knowledge the quality of care may improve.

By studying nursing theories, Austgard has pointed to their core elements and to what can be regarded as good or inferior care. A holistic view on patients according to which no element can be ignored, neither experience nor values, is the concept around which scientifically oriented care theories can be assembled [31]. In the present study, the participants believed that their ward represented those same values. Strikingly the nurses in this study did not use theory-specific statements during the interviews. This can be understood in two ways. Either, the knowledge of the philosophy was so deeply inherent/integrated within the nurses as well as within the working group that it was not necessary to be spoken of. Or, the specific nursing theory might not have the overall significance. Instead, more important may be a dedicated leader, time allowed for reflection and having a shared value system. An interesting issue can be raised here, was it the specific implemented philosophy that made the difference or would any philosophy serve the same purpose?

5 Conclusion

In conclusion the nurses conceived that working with an implemented nursing philosophy provided support to the nurses in day-to-day work and may thereby contribute to a collective platform with shared values. But the results do not support the idea that the specific nursing philosophy used is the only contribution to these positive effects. Of significance for the implementation and enforcement of a nursing philosophy, preconditions like a dedicated leader, time allowed for reflection and active participation in reflection are necessary. Regular opportunities for reflection enhanced by the nursing philosophy are supporting and stimulating to professional growth. When nursing philosophy is used in everyday work, the implicit culture of care is replaced by an explicit care culture. An implemented nursing philosophy may give the nurse support in the daily work and seemed to offer the possibility to be a reflective and confident professional. For future research it would be of great interest to conduct a study of the patients' views on the care given at a ward with an implemented nursing philosophy.

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Department of Otorhinolaryngology, Örebro University Hospital, Örebro, Sweden

Declaration of interest

The authors declared no potential conflict of interest with respect to the research, authorship and for publication of this article.

Contributions

Study design was performed by Malin Karlberg Traav (MKT), Hanna Gabrielsson (HG) and Agneta Cronqvist (AC). Data collection was conducted by MKT, analysis and manuscript preparation was made by MKT, HG, AC.

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