

SWEDISH SOCIETY OF NURSING

FOUNDATION OF NURSING CARE VALUES





Many people played an active role in and contributed to the Swedish Society of Nursing's work to produce this document on **Nursing Care Values**.

A working group constituted by *Catrine Jacobsson*, *Carl-Axel Palm*, *Ania Willman* and *Inger Torpenberg* appointed by the Board of the Society prepared the document.

At the request of the Society, *Kersti Malmsten Gedda* and *Ingrid Snellman* conducted a literature review as a preparation for the work on the foundation of nursing values, which review can be found at www.swenurse.se.

A reference group was set up by the Board of the Society to help with this work. Its members were *Carl-Axel Palm*, *Catrine Jacobsson*, *Birgitta Andershed*, *Kerstin Nilsson* and *Anna Söderberg*.

The Ethics Council of the Swedish Society of Nursing served as a resource throughout the process and contributed knowledge and relevant literature. We would also like to express our thanks to the Scientific Council of the Swedish Society of Nursing.

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PREFACE

For the first time, the Swedish Society of Nursing presents its Foundation of Nursing Care Values. The Society, which represents the profession's knowledge area and aims to promote research, quality, development and education within the health care services, intends this document to contribute to the provision of high quality care within all nursing areas. Nursing care is performed by the majority of health care professionals but the nursing profession is responsible for knowledge development in the area.

A foundation of nursing Care values is of central importance for the scientific development of the knowledge area, its applicability and how the main area of nursing education is to be constructed. In 2008, the Annual meeting of the Swedish Society of Nursing decided to commission the Board of the Society to develop a national document that describes nursing Care values with the aim of providing guidance in discussions and reflection on ethical standpoints. Professional ethics and ethical principles involve core values and the way in which they are managed in relation to patients¹ and relatives.

The Swedish Society of Nursing also decided that the International Council of Nurses' (ICN, 2007) Code of Ethics is sufficient to serve as a basic document for ethical guidance on the nurse's responsibilities and duties. The strength of this Code is that it provides guidance and unites all nurses in a common professional stance irrespective of national rules and regulations. The Code's clear stance on human rights is extremely relevant and calls for action.

Against the background of the literature review commissioned by the Board of the Society and conducted by Kersti Malmsten Gedda and Ingrid Snellman, the Ethics Council and Board of the Swedish Society of Nursing produced the present Foundation of Nursing Values.

The document describes core values of importance for nursing care based on a humanistic view of the human being. These values have been developed within nursing science and on the basis of evidence-based practice.

It is the hope of the Board of the Society that the wording and content of the document will encourage discussion and reflection on issues involving nursing values in the care services area.

Stockholm, september 2010

Ania Willman

President of the Swedish Society of Nursing

¹ In this document, patient refers to a person who receives professional care irrespective of form of care and care provider.



WHY DO WE NEED A FOUNDATION OF VALUES?

The term 'foundation of values' is often used to refer to the positive concepts and values that characterise our stance and approach and that constitute our points of departure in relation to other people in everyday life, in schools, organisations, the institutional and business sector. A foundation of values should permeate the activities and be clearly linked to everyday work.

A foundation of values can be described as a collection of values held by the individual, and as an idealised image of the values that we would wish for in the contact with others. These values can be either conscious or unconscious. The foundation of values as such is neither good or not good but must be filled with a content, which implies that the development of a foundation of values presupposes dialogue. The dialogue and discussions about the content of the foundation of values can highlight and create awareness of the content of the words, as well as indicate actions that can be employed to concretise the content. Foundations of values are ultimately about relationships between people.

Foundations of values are usually expressed in such a way as to encourage positive behaviour, but can also include directions for how to set boundaries to and stop destructive behaviour. A foundation of values constitutes a collection of core values considered fundamental for human relationships in a democratic community. Such an outlook means that it must not include values that may lead to the exclusion of a person, irrespective of age, colour, faith, culture, disability, sexual orientation, etc.

A foundation of values is aimed at creating a common stance and approach, as well as an universal ethical platform as a basis for everyday work. Our personal values are important for the way in which we interact. It is necessary to pay attention to and create awareness of values in order to develop the ability to be ethically aware, as well as to act on this awareness. A form of training aimed at maintaining a person's empathic ability and compassion for the dependence and vulnerability of the human being is reflection on common values in order to increase awareness. Constant attention to this ability, and warning when respect for fundamental values is threatened or ignored, involve expressing and reflecting over the activities' core values. There is a connection between Foundation of values, Human rights and Codes of ethics.

Human rights

The principle of the equal worth of all human beings is a cornerstone of the United Nations' (UN) general declaration of human rights and in the conventions about the rights of children, women and disabled persons.

It is the responsibility of the State to protect each individual and group and to ensure that their rights are met. Within healthcare, it is health care professionals who are responsible for ensuring that the equal rights and value of all human beings are satisfied.

The right to good health is fundamental for each individual. The UN international convention on economic, social and cultural rights acknowledges the right of all individuals to "enjoy optimal health, physically as well as mentally".

Professional ethics

The nurse has a moral responsibility to respect human rights, especially in terms of differences, autonomy and justice, when it comes to developing and maintaining competence and professionalism as well as intervening when people's health is threatened (ICN, 2007).

The ethical codes of the health care professions state that the primary goal of health care personnel should be the patient's health and that they must not under any circumstances disregard the principle of the equal value of human beings. Furthermore, declarations by international professional organisations have laid down that each patient, without distinction, has the right to receive appropriate care and that health care personnel are obliged to provide care irrespective of the patient's legal status.

In Sweden, healthcare is financed by the State and provided in solidarity based on need. A foundation of nursing values encompasses both professional values and values resulting from care providers' and patients' experiences of nursing care in addition to values formulated in legislation. Professional ethics concerns not only the demands that arise in the encounter between patient and carer but also those imposed on the carers by the legislators. The ethics formulated by legislators in public documents and recommendations has a legal content and is part of professional ethics. As healthcare activities are complex and laden with values, a common foundation of values can contribute to protecting persons'/patients' dignity and right to autonomy.

The Swedish Society of Nursing recognises the right of all individuals to health care

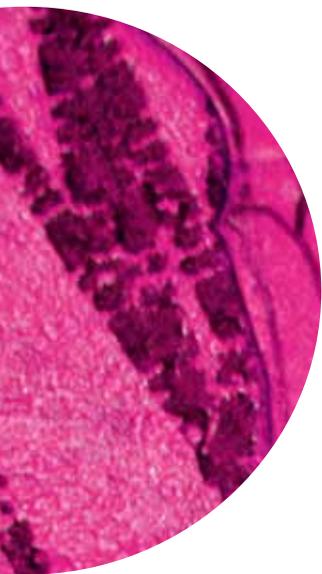
● In 2008, the Swedish Society of Nursing and 27 other organisations, churches, trade unions and professional associations adopted a common declaration demanding that people without identification documents should be entitled to subsidized care. According to Swedish legislation, there is an obligation to provide such individuals with "immediate necessary care", which in most cases means emergency care at a hospital intensive care unit. Access to primary care is almost non-existent.

Ethical platform

● Decision by the Swedish Parliament (Riksdagen 1997, HSL 1982:763) regarding an ethical platform forms the basis for healthcare prioritisations. The Parliament stated that prioritisations should be made on the basis of three principles:

- *the Principle of human dignity*, which means that all human beings have equal value and the same rights irrespective of personal characteristics and functions in society,
- *the Principle of solidarity*, which implies that resources should be distributed according to need,
- *the Principle of cost effectiveness*, signifying that a reasonable relation between cost and effect, measured in terms of improved health and quality of life, should be sought when choosing between different activities or interventions.

The three principles are placed in order of importance, with the principle of human dignity taking precedence over the solidarity principle, which in turn takes precedence over the principle of cost effectiveness (Ministry of Health and Social Affairs, 1995).



Health is defined as a philosophical concept

● In nursing care, the concept of health is defined as something other and more than the absence of disease; it is defined as a philosophical concept and not only a medical one. Thus, the opposite of health is ill health. Interventions aimed at promoting individual health may involve counteracting and preventing illness, suffering and death, but as health can also be considered a process created and experienced by the person him/herself in everyday life, the interventions can sometimes be directed towards strengthening a person's resources and abilities as well as creating awareness of the meaning of the experiences.

Strategy for the nurse's health promotion work (Swedish Society of Nursing, 2008).

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Nursing care rests on a humanistic view with an existential philosophical approach, where the human being is regarded as active, creative and part of a context. Existential philosophy concerns human existence, experiences, freedom, responsibility for one's own life and the notion that every human being is in a position to create his/her own life and meaning in life. A basic assumption within the discipline is that nursing care takes place at the individual level. Thus, our understanding of the human being is essential for the question; what is health and nursing care? As this understanding forms the basis for our values. In nursing science, the human being is regarded as a free individual who has the ability to make choices and take responsibility, and as a general and a unique person. The human being is unique and should be encountered on an individual level. He/she becomes a patient when in receipt of professional care. The extended concept of patient in nursing care includes the care providers taking the patient's family, next of kin, environment and milieu into consideration.

Nursing care is usually provided at an individual level, involving both task-aspect and a relational aspect. The person in need of nursing care may require support, guidance and active help with something (objective aspect), which, in addition, must be provided in an agreeable manner (relational aspect).

The nursing care is aimed at promoting the patient's health and well being, preventing ill health and alleviating suffering in addition to promoting a peaceful and dignified end of life, taking cultural background, age, sex and social circumstances into account. A further aim is to balance power in the nursing relationship so that the patient and relatives are involved in the care, feel secure and experience respect.

Health constitutes the main goal of nursing. In brief, there are two perspectives on the concept of health within healthcare. In the first, health is seen as the opposite of disease, which is reflected and clarified in the duties of medicine to diagnose, alleviate and cure disease and try to restore health in the persons seeking help. The second involves a philosophical approach, where health and ill health are each other's opposites. In this perspective, we regard the human



being as a unity consisting of body, soul and spirit, with health as the totality of the human being's experiences and values. This holistic concept of health stresses the human being's possibility and ability to determine what health means to him/her. The carer's approach and actions aim to promote health and prevent ill health by supporting healthy habits, alleviating suffering and preventing discomfort and lack of well-being in the patient.

The encounter between patient and carer can be regarded as an opportunity to share and understand the reality, provided there is mutual openness. In line with human rights, patient and carer are of equal value, while at the same time the care relationship is asymmetrical, as the reason for the encounter is the patient's need of care. Thus, it is vital that care providers reflect over human beings' mutual dependence as well as different power-related aspects. This dependence extends beyond the clinical situation and involves both the carer and the patient as human beings. We shape our picture of ourselves and the world in the encounter with other people. The patient is in a situation of dependence, where the carer has influence not only over the concrete physical care but also over the patient's situation and understanding of him/herself. The patient's health is dependent on the carer's command of practical skills, theoretical knowledge and an approach that enables the patient to develop.

Suffering and well-being form a part of the life of every human being. Suffering is linked to the individual's way of experiencing his/her situation and the meaning he/she ascribes to events and losses. Consequently, suffering is unique and individual. Suffering can be described as a sense of losing control, a threat or violation. It is not possible to alleviate all suffering, but it is vital for nursing care to relieve any suffering that can be alleviated and not to cause the patient suffering. Suffering is not limited to the consequences of ill health, its symptoms or side-effects of treatment. It can also emanate from the patient's total life situation or be due to the care provided, for example being encountered in an offensive way or sustaining injury due to treatment or lack of care. It is necessary to acknowledge the patient's suffering in order to be able to alleviate it.



CORE NURSING VALUES

Everything we do as human beings has an ethical dimension and we cannot escape responsibility for our actions or failure to act. Person-centred care is based on openness to the patient as a person and what he/she wishes to communicate. By being open to the patient's perspective, his/her experience of health or ill health can be taken into account. Person-centred care makes the patient an active participant in his/her own care and treatment. Nursing values are linked to the foundation of human existence. The values described here have been developed on the basis of literature studies and clinical experience and the focus is on values brought to the fore in situations where people are dependent on and need nursing care.

When there is respect for the person's vulnerability, dignity, integrity and self-determination, the patient will be able to experience trust, meaning and hope, which in turn may contribute to relief of suffering.

Respect for human vulnerability

The characteristics of human vulnerability are sensitivity, receptiveness and therefore fragility, delicacy and exposure to suffering. Vulnerability is also biological – with the body being exposed to physical interventions or violations – social, which concerns people's outlooks and possibilities to act – and cultural, involving traditions and values.

Human vulnerability is especially challenged in difficult life situations related to dependence and ill health, implying an ethical demand on the carer related to the future; to help a human being to survive, grow and endure. Another human being awakens the carer's sense of responsibility, and this trust in the carer's help makes the carer responsible for his/her actions. Nursing care means having knowledge of the best actions for respecting a person's vulnerability with a view to the future. By trying to protect and respect people's vulnerability, human dignity will also be upheld and acknowledged.

Respect for human dignity

The equal value of human beings refers to their absolute dignity, i.e. by the sheer fact of being a human being. This means that each individual has the right to shape his/her life and be confirmed as the unique person he/she is.

The right is mutual in the sense that my right to be confirmed for the person I am also implies that I have an obligation to respect the same right of other people.

The willingness to respect the dignity of another human being means, irrespective of external circumstances, showing him/her respect for his/her absolute value and way of creating a meaningful life on his/her own terms, as long as others are not violated. It also includes respect for the person's right to his/her own experiences. Respect for the patient's dignity is important in encounters and conversations between carer and patient, as the conversations are not only a question of exchanging information but also involves showing concern for the other.

Respect for human integrity

The term integrity is Latin and means whole and inviolable. It denotes that each person has a value in his/her own right as a person. A characteristic of integrity is that it does not cease if the person him/herself is unable to claim it. Nursing care on the person's own terms aims to protect his/her integrity. Respect for integrity is often defined as respect for the patient as a person as well as receptiveness to people's differences and vulnerability. All human beings enjoy integrity, irrespective of intellectual capacity and physical condition.

When a person needs care and becomes a patient, he/she is dependent on professional carers (a relationship of dependence). In such a relationship it is essential to work towards preserving the patient's autonomy and integrity. Even a person who is incapable of being autonomous has the right to have his/her integrity respected. Integrity cannot be transferred, only respected or violated. Respect for the patient's integrity means that the carer takes the patient's life story, life context and cultural value norms into account.

Respect for human autonomy

Autonomy is an ethical concept that comprises factors such as self-determination and freedom through independence. Recently, this concept has become increasingly important within health care, as it describes the patient's right and opportunity to make decisions about his/her own life situation.

Therefore, respect for self-determination is aimed at safeguarding the patient's personal freedom when making choices related to his/her own person. An autonomous act assumes that the patient perceives having the freedom to make his/her own decisions as well as total self-control, the strength to develop thoughts in addition to knowledge about his/her own needs. Respect for the patient's self-determination includes the patient's right to receive





information and the requirement on informed consent in relation to care and treatment. In difficult situations, where the patient's self-determination is reduced for various reasons, the carer's responsibility is even greater, i.e. to facilitate self-determination as much as possible.

The limitations can be due to different forms of functional impairment, physical as well as cognitive, in addition to insufficient information for consideration and reflection prior to decision-making. A patient may also be incapable of using his/her right to self-determination due to, for example, unconsciousness or dementia. Young children can be partly incapable of using this right, in which case it is important to respect the custodian's opinion. The patient's choice can also have a bearing on other people, which means that the choice involves responsibility for others. All human beings have a right of self-determination but the choice of the individual must not interfere with the self-determination of others.

Experience of trust

The experience of trust is involved in all human encounters and can be described within three areas: trust in oneself, in others and in systems. It can be defined as a basic stance that grows throughout life. Trust in oneself and others creates the fundamental conditions for closeness and sharing of experiences.

It is rooted in our unconsciousness as one of our unconscious and spontaneous expressions of life and develops in an environment characterized by warmth, respect, acceptance and reliability. Trust is necessary in order for a person to be able to create a meaningful life on his/her own terms and it is challenged in difficult life situations. Trust can be created and grow by showing tolerance and be used to balance the power in a relationship. Thus, although a unique personal experience, trust is built on a feeling of solidarity.

Consequently, in a care relationship, trust can be described as a precondition for the patient confiding in the carer. A feeling of trust in the care relationship can grow as a result of the carer's openness, commitment, trust and reliability. Furthermore, trust also makes it possible for the patient to hope and find meaning even when life is difficult. If trust is lost, hope remains and is regarded as the last resort of trust.

The experience of hope

The ability to perceive hope is fundamental to the human being. Hope is always present but comes to the fore during difficult circumstances, such as serious disease, pain or sorrow – moments that also contain glimpses of 'non-hope', hopelessness and mistrust.



Perceiving hope is a precondition for a person being able to experience health, as hope is closely linked to a person's conception of a possible future, trusting that there will be a tomorrow.

In difficult situations, even in the very last moments of life, hope can be a source of trust and joy for many people. Hope is an expectation and a conception of future opportunities. It is a conviction that there is meaning irrespective of how things turn out. The content of hope is a wish, refusal and longing and it is usually described as a stance of life. Hope is not giving up, as the opposite implies not finding life worth living.

It can therefore be of great importance for the patient's perceived health and alleviation of suffering that the carers are able to nurture his/her hope and support his/her experience of hope, irrespective of health status or phase in life. The patient's need for hope can sometimes conflict with the carer's knowledge of the patient's condition.

Experience of meaning

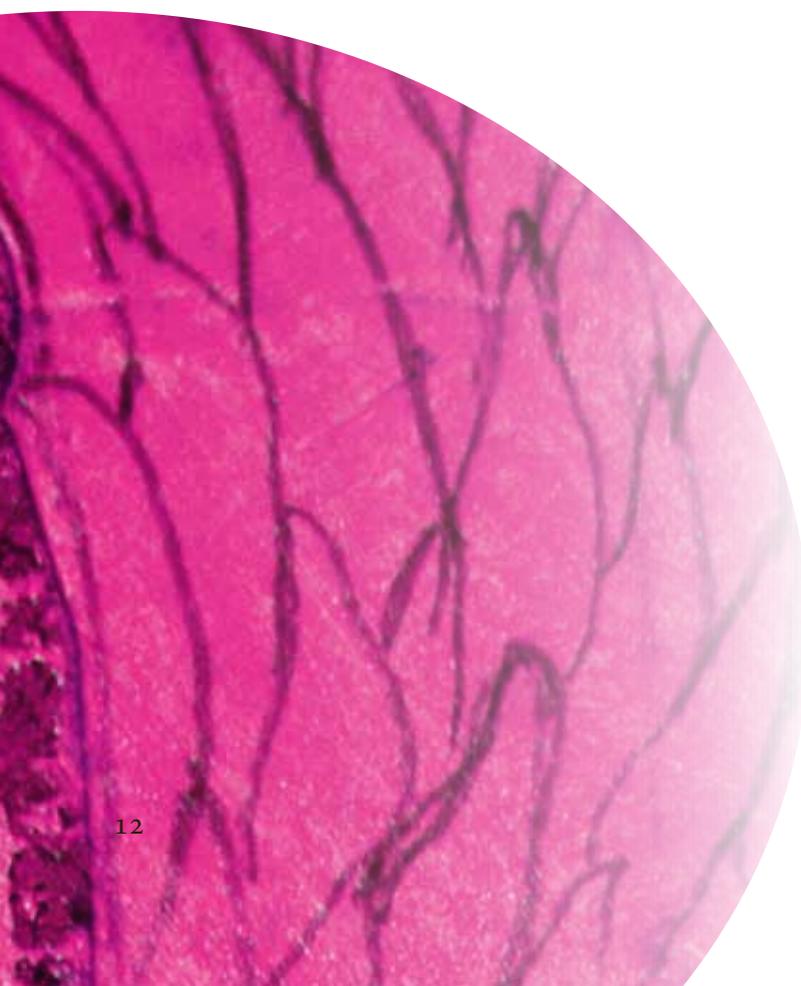
In the context of ill health and suffering, the individual is often faced with questions about what is important and not important, what is essential and not essential, in other words, what is meaningful and what is meaningless in life.

The philosopher Viktor Frankl claims that it is our consciousness that guides the human being in the search for meaning and that the will to find meaning is a specific human ability. The experience of meaning refers both to a certain relationship and to a certain person and thus changes from day to day, from person to person and in different situations. This places demands on the carer's ability to gain insight into and be receptive to the patient's changed life situation.

The human being finds meaning in different ways. It is possible to find meaning in a hopeless situation by doing, achieving or experiencing something, loving someone or feeling trust. The individual's stance and outlook on life have a bearing on the experience of meaningfulness. It is only the human being that can transform suffering into a task and Frankl holds that there is no life situation that is completely devoid of meaning.

According to Antonovsky, the experience of meaning is of great importance for a person's ability to manage different situations. His theoretical model of the human "sense of coherence" (KASAM) encompasses three dimensions: comprehensibility, manageability and meaningfulness.

Meaningfulness is deemed the most important dimension that mirrors the extent to which the individual experiences commitment and motivation in different situations.



A FOUNDATION OF NURSING CARE VALUES IN CLINICAL WORK

This document describes core nursing values, their content and importance for patients' and next of kin's experience of good health and nursing care. Such a foundation is aimed at ensuring that, in the encounter with patients and next of kin, staff members are attentive and open to the vulnerability of a person who is dependent on care. Respect for a person's dignity, integrity and autonomy and for the vulnerability of the individual in the care situation is crucial for enabling him/her to experience trust, meaning, hope and alleviation of suffering, despite ill health.

Discussing and reflecting upon ethical stances on an ongoing basis has been found to be beneficial for communication as well as serving as a reminder about the foundation of values and its importance in health care. This knowledge and competence in combination with evidence based nursing knowledge form the basis of all good nursing care. Our personal values influence how we act and interact with others. One way of developing ethical awareness is reflecting, for example, on the values inherent in the foundation of values and on clinical situations involving potential ethical dilemmas. Reflection can be regarded as an individual or group activity.

Individual reflection

The ethical conversation can be described in terms of reflection. A person who is about to perform an action wants to achieve a value, goal, benefit or similar, unless the action is totally unreflected and routinised.

Malmsten Gedda (2007) presented a simple model for reflecting and talking about ethical problems, stating that each conversation should start with a personal reflection on one's own actions, feelings and emotions, in said order.

- *How did I act?*
- *What did I feel?*
- *What did I think?*

The point of starting to reflect on one's own actions, without a theoretical filter, is to obtain knowledge of ethical problems in personal encounters and care that would otherwise remain undetected. Much nursing knowledge is based on experience, and reasoning about ethics and an ethical stance leads to awareness of one's own and others' values. The personal feelings that are present when performing the action can tell us whether it is good or less good.

Thinking in a new and deeper way

● Acting in an ethical manner is both a personal and a social process, and ethical learning takes place in the context and culture of, for example, nursing staff. Reflection over an ethical approach in relation to patients and their relatives means challenging one's own foundation of values as well as one's ethical competence, thus opening up possibilities for thinking in a new and deeper way and perhaps also reconsidering one's earlier stance on values.



Finally, we present questions about what we intend to do with the knowledge gained during reflection:

- *What is the reason I do what I do?*
- *Why do I feel the way I do?*
- *What is the reason I think the way I do?*

After reflecting on one's own actions, a dialogue with others is initiated in order to test one's knowledge in relation to others.

Reflection in a group

The shared ethical conversation is one possibility for continuous discussion of the values inherent in the foundation of values. Such conversations take place today in many work places, in the form of dialogue venues, round table ethics, ethics forums, etcetera, and many have an agent in the area of ethics.

In the ethical conversation, arguments for and against different points of view are considered. The conversation is characterised by openness, tolerance and respect for others, listening in an attempt to agree and recognising differences of opinion. Furthermore, all participants have the right to be listened to and nobody should be left with feelings of being excluded or marginalised.

In the ethical conversation, the participants are allowed to argue for and against and to freely express their views, provided the human rights principle pertaining to the obligation not to humiliate anyone is adhered to.

Round table ethics

The purpose of round table ethics is not to reach consensus but for the participants to listen to each other's views and arguments and reflect together. A situation or case perceived as ethically difficult is selected by the person presenting the "ethically problematic situation".

Round table ethics and similar forums for dialogue have proved highly beneficial in work places where difficult ethical decisions are taken. They offer the opportunity to illuminate 'tacit' knowledge, create awareness of it, discuss different views of the situation and learn to recognise value conflicts. In addition, the details of a situation are important, i.e. to clarify the context, explain one's views and listen to those of others including the reasons for them. Such a conversation stimulates ethical reflection. It may also better prepare the participants and reduce stress when confronted with similar situations.

Round table ethics can take place on an individual ward or be open to all staff at a clinic or hospital. The maximum number of participants at round

table ethics in a ward is 30. The discussion leader opens the round table by clarifying the purpose and the rules that apply, after which the 'case' to be discussed is presented. The participants have the opportunity to put questions to the person presenting the case. The discussion can then start by the leader asking, for example:

- *What are your thoughts about this situation?*
- *Can you explain what you mean?*

Then the discussion leader ensures that everyone who wishes to speak is allowed to do so on equal terms and treated with the same respect. The leader calls upon those expressing views to provide arguments for their standpoints. He/she may also challenge the participants in a manner that seems appropriate for facilitating analysis of the situation.

The discussion ends at the appointed time with a short summary and conclusion highlighting possibilities for continued reflection. Evaluation can be made by the discussion leader posing the following questions to the group:

- *Did you experience that you were allowed to make your voice heard?*
- *Was the discussion important?*
- *What were your expectations?*
- *Have they been met?*



SUMMARY

A foundation of nursing values is central, both for the development of the scientific knowledge area, its application and the content design of the main nursing education area. Professional ethics and ethical rules concern central values and how they are managed in relation to patients and next of kin.

A foundation of values can provide guidance in conversations and reflections about ethical standpoints. It is aimed at creating a common approach and a shared ethical platform for the provision of good nursing care within all healthcare areas. It presupposes that everything we do has an ethical dimension and that we are always responsible for what we do or fail to do.

Moreover, good nursing care builds on an approach characterised by openness to the patient and what he/she communicates as well as respect for the patient's experience of health and ill health. The ambition is, as far as possible, to make the patient an active participant in decision-making regarding his/her own care and treatment.

Nursing values are linked to the foundation of human existence. Those described in the Foundation of values arise in situations when people are dependent on and in need of nursing care.

The central values, respect for the vulnerable and for dignity, integrity and autonomy as well as the experience of trust, meaning and hope all build on experience-based knowledge and have been further developed within nursing/caring sciences. The Foundation of values also contains proposals of models for individual as well as group discussion and reflection, to make it applicable in clinical work.



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