

SWEDISH SOCIETY OF NURSING

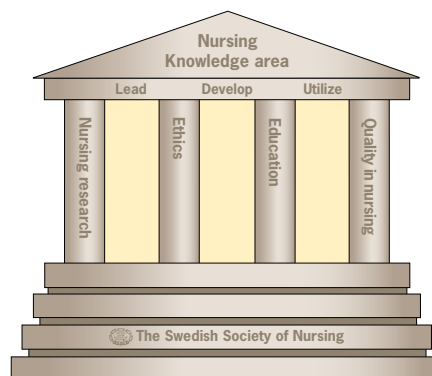
# FOUNDATION OF NURSING CARE VALUES

April 2016





The Swedish Society of Nursing is the professional organisation for registered nurses and nursing students. It is a non-profit organisation that represents the nursing areas of expertise. Tasks in the organisation is based on four ground pillars: research, ethics, education and quality improvement. [www.swenurse.se](http://www.swenurse.se)



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## PREFACE

When in your professional capacity as a registered nurse you encounter unsatisfactory conditions that affect the person in your care, irrespective of whether the reason is the work environment or lack of resources, leadership or competence, it is your duty to act. All registered nurses need to continuously discuss the meaning of an ethical stance in professional practice as well as in the light of societal expectations. As a registered nurse, your ethical responsibility involves responsibility for your own actions, the quality of care and the care provided by society.

The Swedish Society of Nursing first published *Foundation of Nursing Care Values* in 2010. This is a revised version. With this document, we aim to create a common ethical platform and approach in daily nursing care. Important core nursing values such as trust, vulnerability and dignity are outlined in this document. Our intention is that the *Foundation of Nursing Care Values* provides guidance in encounters with persons in need of health care, in discussions about ethical positions and encourage reflection.

The Swedish Society of Nursing's work and activities promotes nursing and proceeds from the four pillars of nursing care: research, ethics, education and quality. The *Foundation of Nursing Care Values* is based on person-centered nursing ethics and can serve as support for an encounter characterized by trust and dignity.

Stockholm, April 2016

**Ami Hommel**

President of the Swedish Society of Nursing



## WHY DO WE NEED A FOUNDATION OF VALUES?

Acting in an ethical manner is both a personal and a social process, and ethical learning takes place in the context and culture in which the carer work. Reflection on an ethical approach in relation to patients<sup>1</sup> and their next of kin means challenging not only one's own foundation of values but also one's ethical competence, thus creating opportunities for deeper reflection and possibly reconsidering one's earlier stance on values.

This document aims to describe core values within nursing care, their content and importance for the experience of health and nursing among patients. A foundation of nursing care values highlights the need to be constantly attentive and open to the vulnerability of a person in need of care. Respect for a person's dignity, integrity, autonomy and vulnerability is essential for the experience of trust, meaning, hope and the alleviation of suffering despite, ill health, in care situations. An appropriate way of communicating, and constantly being reminded about the foundation of values and their importance within nursing care, is an ongoing process where ethical positions are discussed and reflected upon individually and in groups. Such awareness and competence together with evidence-based nursing knowledge constitutes the base of all good nursing care.

A foundation of values is aimed at creating a common stance and approach as well as a 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. Reflection is a way to be aware and maintain empathic ability and compassion for the dependence and vulnerability of the human being. Constant attention to this ability and to alarm 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 nursing care values*, human rights and code of ethics.

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



## Human rights

The principle of the equal worth of all human beings is a cornerstone of the United Nations' 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 health care, it is health care professionals who are responsible for ensuring that the equal rights and equal value of all human beings are satisfied.

The right to 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 ethical code of the International Council of Nurses (ICN) states that 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.

The ethical code of the nursing profession 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 nursing associations have laid down that each patient, without distinction, has the right to receive appropriate care and that care personnel are obliged to provide care irrespective of the patient's legal status.

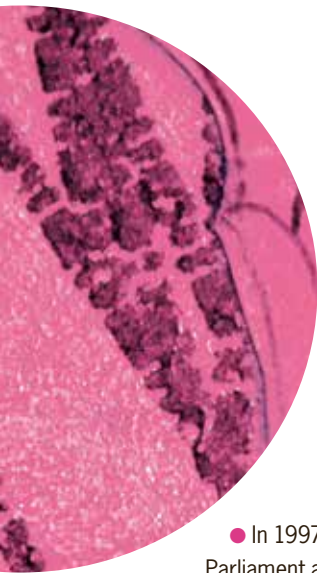
In Sweden, health care is financed by the state and provided in solidarity based on need. A foundation of nursing care values encompasses both professional values and values resulting from care providers' and patients' experiences of nursing care in addition to values formulated in legislation. Professional 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 health care activities are complex and laden with values, a common foundation of values can contribute to protecting person's dignity, right to autonomy and partnership.

## 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 subsidised health care.

In 2013, the Act (2013: 407) on health care to some foreigners who reside in Sweden without the necessary permits came into force, where adults without documents were accorded the same right to healthcare as asylum seeking adults, i.e., "health care that cannot be deferred". In 2014, 23 professional care organisations issued a statement on this act to the effect that the care of those seeking asylum and those without documents should not conflict with current prioritisation principles.

All staff members should therefore refrain from special treatment of asylum seekers and undocumented persons when assessing their need for health care. Health care is to be provided on equal terms, according to need, scientific knowledge and experienced-based practice.



● In 1997, The Swedish Parliament announced a decision about an ethical platform to serve as the basis for health care prioritisations. The Swedish 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 needs and 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 need/solidarity principle, which in turn takes precedence over the principle of cost effectiveness (Ministry of Health and Social Affairs, 1995).

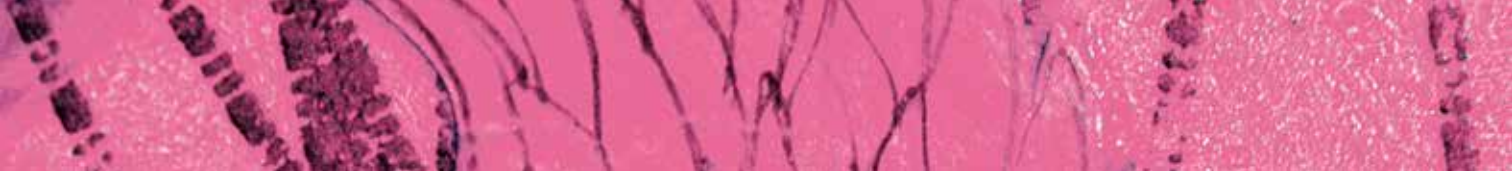
## FOUNDATION OF NURSING CARE VALUES

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 in partnership with the patient who becomes a co-creator of his/her own care and treatment.

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 care, the human being is regarded as a free and unique person who has the ability to make choices and take responsibility for them. Consequently, the human being should be encountered in accordance with his/her needs and conditions and with a person-centered approach. A person becomes a patient when in receipt of professional care. The patient's and next of kin's knowledge of living with ill health or disease is one important part of the partnership. The other part is health professionals' knowledge of care, treatment and rehabilitation. For the partnership to work it requires that both parties have mutual respect for one another and the knowledge that both parties brings into the partnership.

**Nursing care** is usually provided at a personal level, involving an objective 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 wellbeing, preventing ill health and alleviating suffering in addition to promoting a peaceful and dignified end of life, independent of cultural background, age, sex and social circumstances. A further aim is to balance power in the nursing relationship so that the patient and next of kin 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 health care. In the first, health is the opposite of disease, which is reflected and clarified in the duty 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 wellbeing in the patient.

**The encounter** between patient and carer can be regarded as an opportunity to share and understand the reality of the situation, 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 bodily nursing 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 as a partner.

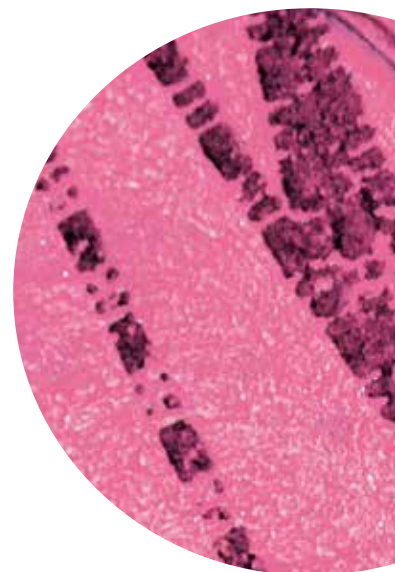
**Suffering and wellbeing** form a part of the life of every human being. Suffering is linked to the individual's way of experiencing their situation and the meaning they ascribe to events and losses. Consequently, suffering is unique and individual. Suffering can be described as a sense of losing control, 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

### **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 equality of health care and health, the Swedish Society of Nursing, 2017).*



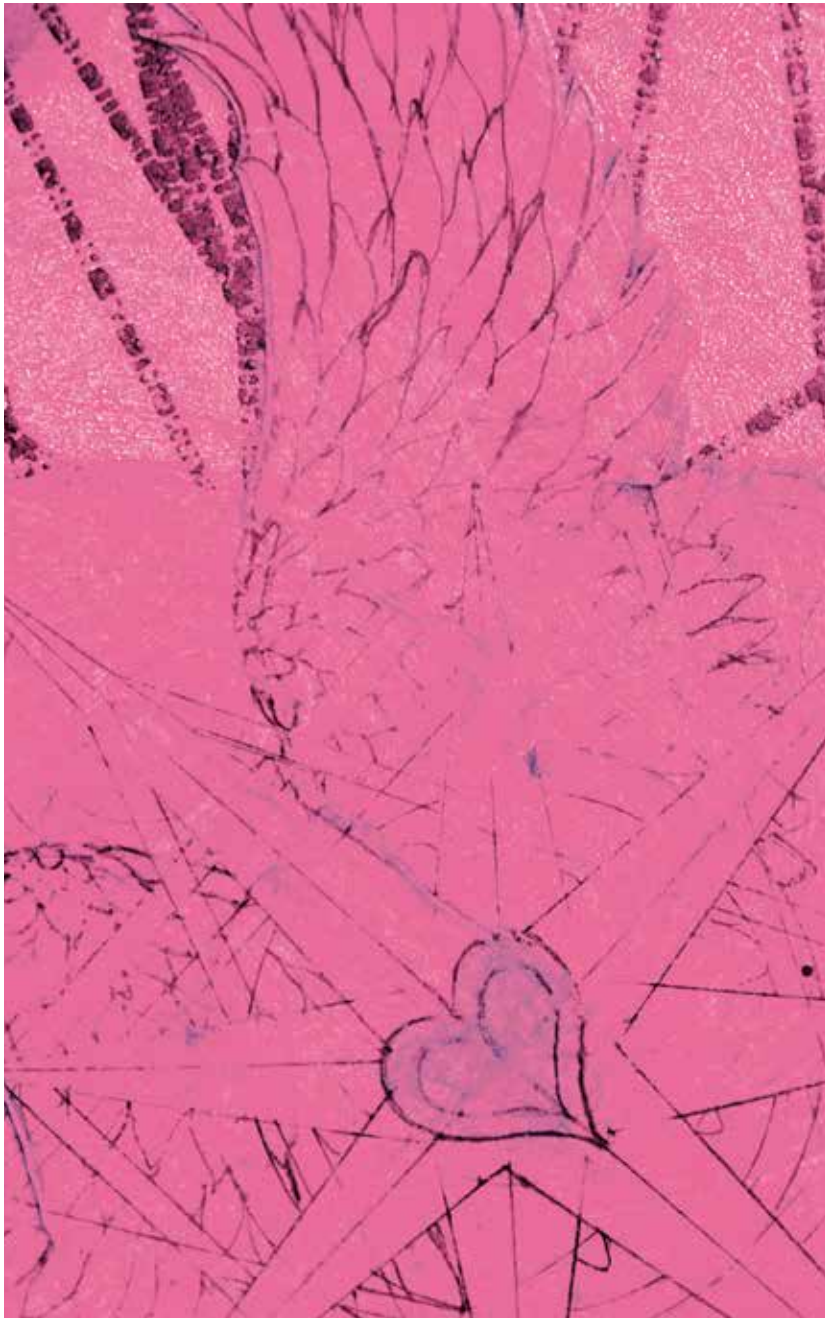


an offensive way or sustaining adverse events due to treatment or lack of care. It is necessary to acknowledge the patient's suffering in order to be able to alleviate it. When a carer confirm the patient's suffering it allows the patient to be reconciled with the suffering and understand the life situation in a new way.

**Courage** is central for the ability to provide good nursing care that promotes health, alleviates suffering and where the carer acknowledges the asymmetric relation with the patient, thus enabling partnership between them. Courage is described as a virtue, i.e., as a desirable characteristic acquired through experience and reflection and, when expressed in action, leads to something beneficial for the person who acts as well as for his/her environment.

Of special importance is moral courage, where the experience of the suffering of others evokes a sense of being obliged to act. The opposite of moral courage is cowardice. Within nursing care, this can take the form of ignoring patients' needs, treating them in a derogatory manner or refraining from acting when a colleague is behaving in an unethical way. To be able to judge whether or not a person exhibits courage, it is necessary to consider both the situation and the person who is acting. What is regarded as being courageous can differ depending on whether the carer is newly trained or has long experience and perhaps a leadership role. It can also differ depending on whether the situation is threatening or an everyday one, where a carer, for example, may witness how the behaviour of a colleague has a negative effect on a patient.







## CORE NURSING CARE VALUES

Everything we do as human beings has an ethical dimension and we cannot escape responsibility for our actions or failure to act. The nursing care values are linked to the fundamental conditions of human existence. The values described here have been developed by means of the scientific nursing literature and clinical experience. The focus is on values that come to the fore in situations where people are dependent on and in need of nursing care. Person-centered nursing care means partnership with the patient concerning his/her own care and treatment.

When there is respect for the person's vulnerability, dignity, integrity and self-determination, the person 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.

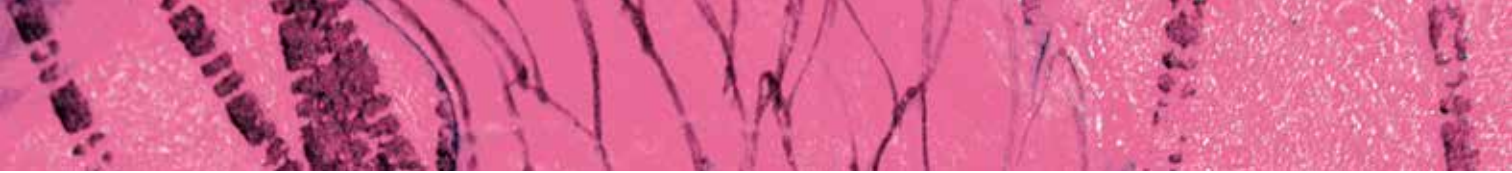
Human vulnerability is especially challenged in difficult life situations related to dependence and ill health, implying an ethical demand on the carer related to the future; to help a human being to survive, grow and endure. Another human being awakens the carer's sense of responsibility, and this trust 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 respect for his/her absolute value and way of creating a meaningful life on his/her own terms, if others



are not violated. It also includes respect for the person's right to his/her own experiences and their right to make decisions. 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. A characteristic of integrity is that it does not cease if the person is unable to claim it but that all human beings are entitled to respect for their integrity, irrespective of their intellectual capacity and physical condition.

When a person needs care and becomes a patient, he/she is dependent on professional carers. 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. Nursing care in accordance with the person's needs and conditions safeguards the patient's integrity. 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 autonomy**

Autonomy is an ethical concept that comprises factors such as self-determination and freedom through independence. It can be described as making certain decisions to transform one's wishes into action, which presupposes, firstly, the capacity to formulate one's own wishes, secondly, a certain degree of competence to make decisions and, thirdly, the ability to translate the decision into action. 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 autonomy is aimed at safeguarding the patient's personal freedom when making choices related to his/her own person and 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. Trust can sometimes be defined as an attitude 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 characterised by warmth, respect, acceptance and reliability. Trust is necessary 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.

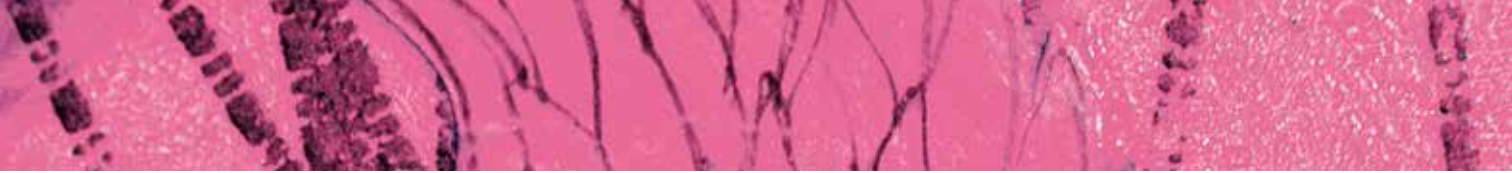
Consequently, in a care relationship, trust can be described as a precondition for the patient confiding in the carer. A feeling of trust in the care relationship can grow because of the carer's openness, commitment, trust and reliability. Furthermore, trust also makes it possible for the patient to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

### **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 also constitutes a driving force that enables one to realise these 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, while 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 can nurture his/her hope and support experience of hope, irrespective of health status or phase in life. The patient's need for hope can sometimes contrast with the carer's knowledge of the patient's condition.

### **Experience of meaning**

In the context of ill health and suffering, the person 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 patients 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 find meaning in suffering and Frankl holds that there is no life situation that is completely devoid of meaning.

The psychologist Antonovsky claims that 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

## **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 (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. A large part 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 an action can tell us whether it is good or less good.

The final questions concern 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 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 workplaces have ethics representatives.

### *The Dialogue sheet*

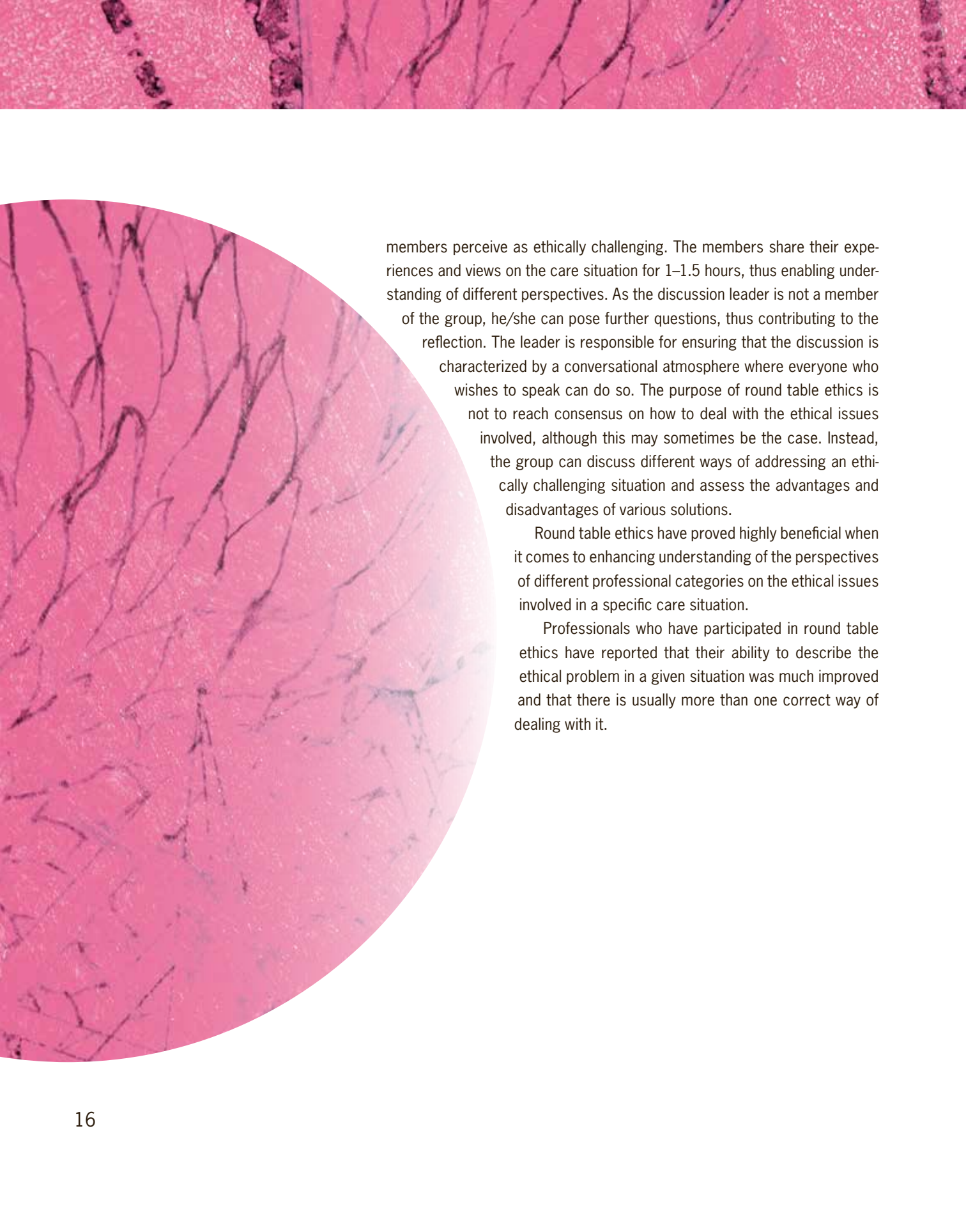
The Ethics Advisory Council of the Swedish Society of Nursing has developed a tool for stimulating reflection about ethics and issues related to core nursing care values in the work place, in teams and student groups. The content of the *Dialogue sheet* is based on the *Foundation of Nursing Care Values* brochure. The *Dialogue sheet* can be used in different ways depending on the unit's needs and practical resources, such as the time available for working with it. The reflection takes place in small groups, each comprising 4–8 individuals. The basic idea is for the members to reflect together about a selected care situation experienced by one or several of the group members or one of the narratives provided as illustrations of care situations to be found in the list of examples in [www.swenurse.se/in-english/dialogue-sheet/](http://www.swenurse.se/in-english/dialogue-sheet/).

During the work process, the group members can write and draw on the *Dialogue sheet*. The outcome of the reflection is dependent on the active participation of all members, which among other things demands open and active listening. All members have the right to be listened to and nobody should be left with a sense of being excluded or marginalised.

During an ethical dialogue, the members can argue for and against different points of view and to freely express their opinions, provided the human rights principle pertaining to the obligation not to humiliate another person is adhered to.

### *Round table ethics*

Round table ethics is a group reflection method. It can take various forms and the aims may differ but the ultimate purpose is to support health care staff in dealing with ethically challenging situations in clinical practice. The most common way of conducting round table ethics is for a working group to meet with an external discussion leader to discuss a care situation that the group



members perceive as ethically challenging. The members share their experiences and views on the care situation for 1–1.5 hours, thus enabling understanding of different perspectives. As the discussion leader is not a member of the group, he/she can pose further questions, thus contributing to the reflection. The leader is responsible for ensuring that the discussion is characterized by a conversational atmosphere where everyone who wishes to speak can do so. The purpose of round table ethics is not to reach consensus on how to deal with the ethical issues involved, although this may sometimes be the case. Instead, the group can discuss different ways of addressing an ethically challenging situation and assess the advantages and disadvantages of various solutions.

Round table ethics have proved highly beneficial when it comes to enhancing understanding of the perspectives of different professional categories on the ethical issues involved in a specific care situation.

Professionals who have participated in round table ethics have reported that their ability to describe the ethical problem in a given situation was much improved and that there is usually more than one correct way of dealing with it.



## SUMMARY

A foundation of nursing care 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, respect for the patient's experience of health and ill health as well as his/her decisions in this area. The ambition is to make the patient an active partner 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 Nursing Care Values* arise in situations when people are dependent on and in need of nursing care.

The core values, respect for human vulnerability, dignity, integrity and autonomy, as well as the experience of trust, hope and meaning, all build on experience-based knowledge and have been further developed within nursing care. The *Foundation of Nursing Care Values* also contains proposals for models that facilitate individual as well as group discussion and reflection, which are applicable in clinical practice.



## SUGGESTED LITERATURE

Andersson M. (2012). Integritet som begrepp och princip för god vård. I Wiklund Gustin L., Bergbom I. (red.). *Vårdvetenskapliga begrepp i teori och praktik*, s. 377–389. Lund: Studentlitteratur. (Respekt för integritet)

Benzein E. (2012). Hopp. I Wiklund Gustin L., Bergbom I. (red.). *Vårdvetenskapliga begrepp i teori och praktik*, s. 239–248. Lund: Studentlitteratur. (Upplevelse av hopp)

Dinç L., Gastmans C. (2012). Trust and trustworthiness in nursing: an argument-based literature review. *Nursing Inquiry*, 19(3), 223–237. (Upplevelse av tillit)

Edlund M. (2012). Vårdighet. I Wiklund Gustin L., Bergbom I. (red.). *Vårdvetenskapliga begrepp i teori och praktik*, s. 363–374. Lund: Studentlitteratur. (Respekt för värdighet)

Hawkins SF., Morse J. (2014). The Praxis of Courage as a Foundation for Care. *Journal of Nursing Scholarship*, 46(4), 263–270. (Mod)

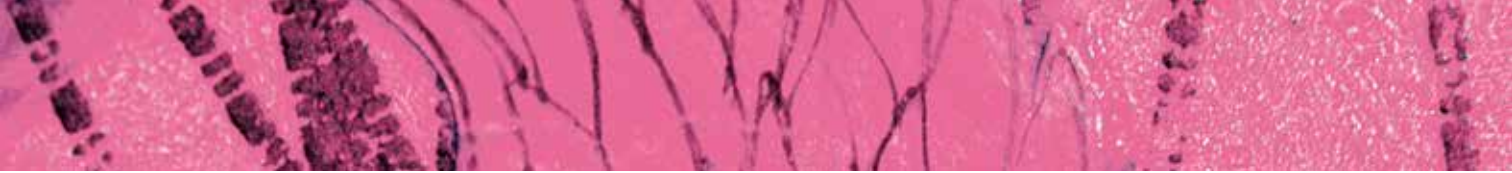
Lindberg C., Fagerström C., Sivberg B., Willman A. (2014). Concept analysis: patient autonomy in a caring context. *Journal of Advanced Nursing*, 70(10), 2208–2221. (Respekt för självbestämmande/autonomi)

Malmsten K. (red.) (2007). *Etik i basal omvårdnad: i någon annans händer*. Lund: Studentlitteratur.

Nyman A-C., Sivonen K. (2005). Livsmening som vårdvetenskapligt begrepp. *Nordic Journal of Nursing Research*, 25(4), 20–24. (Upplevelse av mening)

Sandman L., Kjellström S. (2013). *Etikboken: etik för vårdande yrken*. Lund: Studentlitteratur.

Sellman D. (2005). Towards an understanding of nursing as a response to human vulnerability. *Nursing Philosophy*, 6(1), 2–10. (Respekt för det sårbara)



Snellman I. (2014). Vårdrelationer: en filosofisk belysning. I Friberg F., Öhlén J. (red.). *Omvårdnadens grunder: perspektiv och förhållningssätt*, s. 439–464. Lund: Studentlitteratur. (Möte)

Socialdepartementet (1995). *Vårdens svåra val: slutbetänkande från Prioriteringsutredningen*. SOU 1995:5.

Svensk sjuksköterskeförening (2016). *Equity in Care and Health*. Stockholm: Svensk sjuksköterskeförening.

Svensk sjuksköterskeförening (2014). *ICN:s etiska kod för sjuksköterskor*. Stockholm: Svensk sjuksköterskeförening.

Svensk sjuksköterskeförening (2014). *Svensk sjuksköterskeförening om... omvårdnad och god vård*. Stockholm: Svensk sjuksköterskeförening.

Tutton E., Seers K., Langstaff D. (2009). An exploration of hope as a concept for nursing. *Journal of Orthopaedic Nursing*, 13(3), 119–127.

Wiklund Gustin L. (2014). *Lidande: en del av människans liv*. I Friberg F., Öhlén J. (red.). *Omvårdnadens grunder: perspektiv och förhållningssätt*, s. 269–295. Lund: Studentlitteratur. (Lidande)

Willman A. (2014). Hälsa och välbefinnande. I Edberg A-K., Wijk H. (red.). *Omvårdnadens grunder: hälsa och ohälsa*, s. 37–51. Lund: Studentlitteratur. (Hälsa)

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The Swedish Society of Nursing is a non-profit organisation and a forum for discussing and developing nursing care by promoting nursing research, ethics, education and quality in nursing. The Society thereby contributes towards a high standard of nursing and health care for the benefit of patients and their next of kin.