Original Article

The Art of Caring in Selected Norwegian Nursing Homes: A Qualitative Approach

André Beate, RN, RMN, PhD
Associate Professor, Faculty of Medicine and Health Sciences, Department of Public Health and Nursing, Norwegian University of Science and Technology (NTNU), Trondheim, Norway. NTNU Center for Health Promotion Research, Trondheim, Norway

Jacobsen Frode F. RN, PhD
Professor, Centre for Care Research, Western Norway University of Applied Sciences, Bergen, Norway. Institute for Health and Care Sciences, Western Norway University of Applied Sciences, Bergen Norway. VID Specialized University, Bergen, Norway

Correspondence: André Beate, RN, RMN, PhD, Associate Professor, Faculty of Medicine and Health Sciences, Department of Public Health and Nursing, Norwegian University of Science and Technology (NTNU), Norway.NTNU- Norwegian University of Science and Technology, Pb 8905, 7491 Trondheim, Norway. e-mail: Beate.andre@ntnu.no

Abstract

Background: Caring in nursing includes reflection as well as healthcare personnel's attitudes and their intentions. However, without blending the art of caring into patient care, healthcare personnel are unable to meet their ultimate goal as a holistic patient advocate. Ethical caring is a state of being-in-relation, characterized by receptivity, relatedness, and engrossment.
Aim: To investigate what the healthcare personnel in Norwegian nursing homes perceive as good care for the patients.
Method: Semi-structured individual interviews were conducted with 11 health care personnel, who represented three nursing homes and who were purposively collected to find informants with knowledge about the phenomenon under investigation. A qualitative approach was used in the analyses, involving five analytical stages: categorization of meaning, condensation of meaning, structuring of meaning, interpretation of meaning, and ad hoc methods for generating meaning.
Results: The results were organized in categories that emerged from the data. These were; 1) culture for good caring, 2) holistic care, 3) experience of successful caring and of feeling inadequate and little appreciated and 4) response from others are crucial.
Conclusion: Health care personnel in this study experienced many difficult challenges and still were able to focus on being "solution oriented" and "caring oriented". The informants also described using a holistic approach, health promotion, and ethics in their caring for the patients.

Key words: caring, art, nursing homes, qualitative data collection and analyzes.

Background

The emotional concept of caring gives weight to and places stress on the behavioral and rational aspect of caring. This involves desires and emotions, because it includes the ability to perceive and to judge what is ethically important in a situation. Caring can be perceived as involving three dimensions: intimacy, professional responsibility, and sympathy with others, all founded in identification with each other. Caring conceived in this way is the ethical life of nursing, concluding that all nursing practice is ethical practice (Tschudin, 2003).

One study looked at different care situations in Norwegian Nursing Homes and how they may evoke difficult emotions in the staff (Sandvoll et al., 2015). Nursing home staff members experience difficult emotions related to some residents' behaviours. However, the staff members found these feelings difficult to express and rarely verbalized them openly, and that experienced a strong obligation to help all

residents, despite their own feelings (Sandvoll et al., 2015). How "body work" with elderly patients often remain invisible, but still play an important role in morality and shape the social relations between the patients and the professionals, are highlighted in another study (Dongen, 2001). The experience of "body work" is determined not only by its nature, but also by the nature of the relationships among the nurses and the relationships between the nurses and the elderly patients. Bodily care and the emotions that are evoked are connected to morality and moral care. Dealing with bodily and moral "dirt", in the sense of …, gives nurses a special position within the hospital as a whole, which will have effects on the care for elderly (Dongen, 2001). The author refers here to the fact that in every society body wastes are viewed as "dirt", "filth" and "pollution". In the exploration of disgust, it goes beyond the hygienic concern with dirt. The role of disgust in morality keeps us from offending others by condemning vulgarity, cruelty, hypocrisy, servility and gluttony (Miller, 1998).

Social ties close enough to involve a present from family was perceived by the care worker as resulting from good care, and perhaps as being part and parcel of good care (Martinsen, 2005). In line with Noddings's theory, caring is a central concept in nursing ethics (Rendlemann et al., 1986). Caring in nursing is described with two concepts, where one is the 'emotional concept' and the second is "moral education" (Tschudin, 2003). The emotional concept is emphasized when the feelings of concern and the second concerns moral learning as a "community-wide" enterprise (Tschudin, 2003, Rendlemann et al., 1986, Noddings, 2013).

Caring as science, ethics and personal knowledge

There is a clear difference between scientific approaches on the one hand and interpersonal approaches on the other (Wainwright, 1999). The art of caring concerns a virtue that may be linked to Nodding's theory of caring ethics (Noddings, 2013). The significance of caring and relationship as a fundamental aspect is conceptualized in three segments: engrossment, in which one chooses presence in attention to another person; affective responsiveness toward the other; and choice to respond to the moral imperative to help the other (Gustafsson et al., 2010). Sympathy as the affective state of attention in caring is central. Ethical caring is a state of *being in relation*, characterized by receptivity, relatedness, and engrossment (Noddings, 2013). In Nodding´s theory, ethical choice occurs in two dimensions. The first dimension is when a person decides whether to become engrossed—to set aside the self—and become concerned with the other, and accept feelings of sympathy. The second dimension is when a person decides whether to respond to act on behalf of the other, which is affirmative if following personal ethical ideas and if acting on the imperative to help with the need of another (Noddings, 2013). Caring in nursing includes nurses' reflection as well as their attitudes and their intentions (André, 2017, Martinsen, 2005, Eriksson, 2010, Martinsen and Eriksson, 2009, Watson, 2005). When studying cultures and employee and client outcome in long-term care settings, positive associations were found between a culture of compassionate love and clients' outcomes—specifically better patient mood, better quality of life, higher satisfaction, and fewer trips to the emergency room (Kieft et al., 2014). The study also found some association among a culture of love and families' satisfaction with the long-term care facility (Kieft et al., 2014).

Is the staff's perception of good care influenced by the patients' or relatives' experiences of well-being and satisfaction, or by caring, holism, health promotion, ethics, and caring for the caregiver? More specifically, we examined the following research question:

What do health care personnel experience as good care and what factors do they perceive may enhance good care?

Method

The study was carried out during autumn 2011 in three nursing homes, belonging to the Municipality of Trondheim which is the third largest city in Norway. In the Municipality of Trondheim there are 24 Nursing Homes and three Community Care Hospitals caring for the elderly. During the in-depth interviews, we allowed the health care personnel to express issues concerning what they experience as good care and what factors they perceived may enhance good care?

Data collection

Eleven healthcare personnel participated in the in-depth interview, with the same interviewer.

The informants comprised of six nurses, four assistant nurses, and one social educator. All informants worked with patient care on a daily basis. Their experience with working in nursing homes varied from 11 to 29 years. All the informants were native Norwegian speakers; ten were female and one was male. The number of informants was settled based on data saturation (Miles et al., 2013, Brinkmann, 2015). They represented three nursing homes and were purposively collected, only one informant refused because she didn't have time, the supervisor recruited another informant. The informants had knowledge about the phenomes under investigation. Supervisors recruited the interviewed health care personnel after the researchers presented the study in letter.

Qualitative method

The interviews for this study were held over a 2-month period, and each interview lasted from 40 to 50 minutes and they were assured that their information would be treated anonymously and would have no effect on their working situation at the unit (Riessman, 2005). The latter was particularly important with regard to the informant's sense of safety in commenting on the negative or ethical aspects. The interviews were tape recorded by the researcher and transcribed by professionals. To obtain an overview of the total amount of experiences from the three nursing homes and different caring traditions, we made sure that the informants participating in the in-depth interviews represented different nursing homes and professions.

Data analysis

The researchers discussed the material from the in-depth interviews and systemized and worked through the information from each of the informants in the sample and from each of the themes. To secure confirmability of the material, different perspectives on interpreting of the interviews were discussed among the researchers. and at least two perspectives on each interview were made by the researchers while interpreting the material (Kvale, 1996, Brinkmann, 2015).

The analysis involved five stages: categorization of meaning, condensation of meaning, structuring of meaning, interpretation of meaning, and ad hoc methods for generating meaning (Kvale, 1996, Brinkmann, 2015). The categories were derived from the data, and the meanings of the statements were highlighted and condensed into groups, still with their original words intact. After the material was condensed, we constructed narratives in each theme. In this process, the interpretation of meaning took place in connection with the total statement before the final selection and range were made.

Ethical Considerations

Participation in this study was voluntary, and participants could withdraw from the study at any point. They were informed about the aim and purpose of the study and gave their consent to participate. All registration of the informants' information was anonymous, and the rather low numbers of informants made it necessary to give extra attention to avoiding identification of a single informant in the presentation of the results. The researchers are independent of the nursing home units and of the municipality where the nursing homes are situated. When applying for approval from the Research Council of Norway, this study was assessed as a quality assessment project of the nursing homes and was therefore ethically reviewed and sanctioned by the management in the municipality and at the different nursing homes.

Results

The informants discussed a range of topics related to the main theme introduced by the researcher, what they experience as good care and what factors they perceived may enhance good care. The results organized in categories are 1) culture for good caring, 2) holistic care, 3) experience of successful caring and of feeling inadequate and little appreciated and 4) response from others are crucial.

Culture for good caring

The informants described the culture for good caring at the units in different ways. Some stated that having a positive attitude is important in itself, as expressed in the following:

> *"I am trying to focus on being solution-oriented - trying to make the daily challenges into something positive"*

> *"I try to be very positive - I try to be smiling - I've always gotten good feedback on it from both colleagues and patients"*

The informants, as stated by one of them caring, also described some situations that do not lead to a culture of good caring:

"Stressful conflict situations where I feel like I'm standing against all the other colleagues and I feel I must resist the force of all the other colleagues"

Some of the informants also described personal challenges as reasons for not being able to provide good nursing, like in the following statement:

"When there are personal reasons why I feel unsatisfied at work - when I have to force myself to go to work"

Informants speaks about collogues who are going a bad job, as stated:

"If the patients have dementia - there is no point in being strict – they will forget in five minutes- but it is not good being strict- it is not a good experience for the patient"

"If you experience something that is not good - then it would be nice to sit down and talk about it"

"I think it is sad if some colleagues don't give the patients the sense of security they need "

In addition, when the informants feel unable to help the patients or to contribute in a positive way, they experience a sense of not good caring or being hurt on behalf of the patients, as identified:

"When patients say that they have nothing more to live for because no one listens to them - when I feel stuck between a rock and a hard place - then I feel hurt"

Holistic care

The informants stated that holistic caring, without using that word, was important and that instrumental thinking and action may be an obstacle to ensure that.

"You help them in the morning care --- and it becomes very instrumental and of the other things you do for the patient that day is paperwork – then you think - maybe I should have stopped by them and just asked – how are you today?"

"If you don't have the right attitudes and respect it is sad – the elderly are individuals they too"

"I think we have to stand up against the doctor who only said, "Now – there is nothing more to do", – we have to try to meet the patient's needs and wishes"

"I am afraid that nursing shall become too instrumental, a lot of things we do in the workday may be very instrumental nursing"

A more general sense of doing meaningful work as important for the staff was also labeled by the informants as essential to the understanding and giving good care to the patients, as one described it:

"What can I do to help ensure that it will be meaningful for the individual patient - I experience meaning in working with humans – but is that enough to ensure meaningful experiences for the patients?"

Experience of successful caring and of feeling inadequate and little appreciated

The informants described others' responses to them when they discussed their successful caring, as stated:

"When patients realize it themselves, that now they cannot be home alone anymore and say it to us - then I think - what a good job we have done - I feel that I have succeeded in what I have been doing"

"I feel like I've succeeded when patients are satisfied - yes, happy too"

"It is very positive to see that patients will benefit from the work we do on a daily basis"

Several of the informants described their effort to put the patient's needs and wishes in focus, as stated:

"You get to know the patients, you have e good relationship and then you are able to show that you are loyal to the patients – that is a good feeling"

"You are able to put yourself in the patient's situation – that is a good feeling"

"We do the best we can for the patient here at the nursing home – he does not want to go to the hospital"

"We try to explain both thoroughly and with justifications, and at the same time showing the patients that we take their comments and needs serious"

"When you see that patient are unable to manage by themselves at home – you must

recommend that they shall be taken inn on long term stays"

Feeling of inadequate and little appreciated was often associated with their own approaches related to others' responses to them, like resourceful relatives or other relatives, as stated:

"I can feel like I've failed if I get thrown into difficult situations with very resourceful relatives - then it's hard to do a good job"

"Resourceful relatives who require more of you than we possibly have the opportunity to provide"

"After all, it has become like relatives who require much more of you"

"Relatives are very demanding in relation to something - not happy with what you do"

"I feel unsuccessful when I work with someone who runs over me"

"*If you wonder about something and you are alone as a nurse – you have to trust yourself or call the emergency room"*

One of the informants mentioned a situation from several years back in time:

"I had very unpleasant situation here a few years ago with resourceful relatives who were very dissatisfied - everything was my fault and they were not happy with anything- it was a situation where I felt unsuccessful"

I seem like the informants remember this situation very clear, and one reason may be that this was experienced as an attack on herself as a professional.

Response from others are crucial

The informants described the response from patients and relatives as crucial for their perception of giving good care, as stated:

"Then we talked a little through the factors that had made her not satisfied, and how we could help her further - that I experienced as very positive and I've gotten good feedback from both relatives and patients"

"So it became such a close tie between us - and then I remember that I got a present from her husband - something he had made himself"

These statements are in contrast to each other, the informants described both positive and negative influences from the relatives on giving good care. Common to these statements is that they remembered them very well in part and that they emphasized these statements while they were positive or negative. The informants pointed out that the statements had led to discussions, especially the negative ones, whose both relatives and health care professionals were involved and they tried to find solutions together.

The management's responses was also marked as important for the informants, as several indicated:

"My manager has respect for me - I think - but she could have said it a little more often"

"Management is important - if you do something good then it has to be seen"

Discussion

In this study, we have identified factors among health care personnel in Norwegian nursing homes that influence their perception of giving good care to the patients, and how this relates to the art of caring.

Factors that influence on giving good care in nursing homes

Regarding ethical caring described by Noddings (2013), it seems like the informants in this study both are receptive and emphasize the importance of good relations, as when one of them expressed, *"it became such a close tie between us"*. This is mentioned as vital also for the informants' own feeling of being successful. Thus, even if the informants look to emphasize the concept of ethical caring in their relationship with patients, they depend to a strong degree on the responses from the patients to feel successful.

Our study also revealed that "close ties" may be conceived of as part of good care and feeling of successful care, as stated; *"so it became such a close tie between us - and then I remember that I got a present from her husband - something he had made himself"*. This is currently debated in nursing; some say that there should be more professional distance, while others believe that tight ties may be both desirable and sometimes inevitable if you want to exercise good care.

While some measure of professional distance may be warranted and respecting the so-called 'zone of the untouchable' of patients and family may be considered part of a beneficial professional distance (Løgstrup 1982), the art of caring always will take place in the field of

tension between closeness and distance between professionals and patients.

The informants appear to have developed a strong degree of both professional responsibility and sympathy with the patients (Tschudin, 2003, Gustafsson et al., 2010), as one stated: "*when patients say that they have nothing more to live for because no one listens to them - then I feel hurt"*. They experience the patients' feeling of rejection as their own, and that may lead to a high level of engagement and sympathy for the patients and their situations by the healthcare personnel. One might assume that the healthcare personnel would want to remove a little from the situation to avoid this pain, but no one expressed such a desire. Informants also remembered situation from several years back in time. This may indicate that they experienced this as an attack on herself as a professional. Their engagement and wish to do the best for the patients at all time (Andre et al., 2016) may lead to that events back in time are still fresh in their memory. One consequence of this may be that they are also characterized by earlier events in such a way that they affect both mindset and actions for a long time afterwards.

Intuition is sometimes considered a nurse's sixth sense, incorporating an awareness of things that are not always clearly seen, heard, or felt (Finfgeld-Connett, 2008). The informants seems to use intuition in their relations and caring for the nursing home patients. Statements from the informants such as, *"what we could do to help her further"* and *"what can I do to help"* may indicate such awareness. The informants had several statements which emphasize the importance of meeting the patients in a respectful way, "*the elderly are individuals they too"*. They also highlighted the importance of "*try to meet the patient's needs and wishes"*, and that as an individual you have different needs as patients in a nursing home. They also stated that they feared that their caring for the patients *"becomes very instrumental"*.

The importance of autonomy and involvement in the work culture is significant. The informants stated, *"I feel unsuccessful when I work with someone who runs over me"* and that

"conflict situations" were stressful. Conflict situations may be difficult to avoid; therefore, the ability to solve these situations in a constructive way is important (Anderson et al., 2014, Andre et al., 2016, André et al., 2013). The importance of autonomy is particularly in focus when the informant states feeling *"run over"*. Having control over nursing practice and autonomy have also been found to be vitally important to quality of care (Kieft et al., 2014, André et al., 2016). It seems that culture for good care may be dependent on attitudes towards residents and towards colleagues, as well as collegial cooperation challenges. Factors in the healthcare personnel's personal life may also influence on their ability to perform good care, as stated: *"when there are personal reasons why I feel unsatisfied at work - when I have to force myself to go to work"*. Culture for good care may therefore be influenced by several factors.

The unsuccessful caring was often connected to their own feelings related to others' responses to them; for instance, resourceful relatives were experienced in some areas as problematic and as a source of feeling unsuccessful. The resourceful relatives were sometimes mentioned as an extra load, as stated: *"resourceful relatives who require more of you than we possibly have the opportunity to provide"*. The resourceful relatives may be experienced as both the reason they feel unsuccessful and as a strain on the healthcare personnel. When the expectation is higher than what reality can possibly meet, then the good relationship with the relatives is difficult to develop. Therefore, the relative's attitudes and expectations also influence the healthcare personnel's experience of whether they succeed or not in giving good care. The informants describing negative responses to the relatives and withdrawing themselves from the situation. This is surprising due to the earlier statements of trying to understand the patient's situation and be loyal to their needs. One may ask if these reactions to the strong relatives, as the informants describe them, are an expression of lack of understanding about the relative's situation. As stated in another study, caring in nursing homes might be challenging specially regarding behaviour from seen residents (Sandvoll et al., 2015). Concerning the patients, the staff seems to have problems verbalizing these feeling, while in this study the feeling related to the relatives were verbalized. Related to patients the ethical ides of acting on the imperative to help described by Noddings turns in, but concerning the relatives this is not so obvious (Noddings, 2013). Another study highlights the invisibility of the "bodywork" with elderly patients, and that both the invisibility and

the "body work" plays an important part in the social relation between the patients and the healthcare workers (Dongen, 2001). The informants may describe a form of invisibility related to the relatives and that the relatives do not see their "body work", when they share their frustration. This is a conflicting but important finding in this study, it seems like the informants do not have any tool to reflect over their frustration. Having tools or support to reflect may give them the opportunity to understand the relative's reactions better and to meet the relative's in a better way. The informants also describes several good relationships with the relatives, such as *"it became such a close tie between us - and then I remember that I got a present from her husband"*. Some statements also indicate that the informants use these situations to make the relationship better between the relatives and themselves. Statements such as, *"we talked a little through the factors that had made her not satisfied, and how we could help her further - that I experienced as very positive"* could indicate that.

When describing good care, one of the informants also emphasized the importance of being positive: *"I am trying to focus on being solution-oriented - trying to make the daily challenges into something positive"*. The concept of caring in nursing is conceptualized as a virtue of thinking (Tschudin, 2003) and involves desires and emotions, because it includes the ability to perceive and judge what is ethically important in a situation. Trying to see solutions and being positive might also be looked at as an ethical choice or direction.

Nightingale (1992) suggested that there should be no distinction between "men of thought" and "men of action", and that an "ideal" or philosophy should not be isolated but rather incorporated into everyday activities. This construct is analogous to the belief that nursing theory and nursing practice should be incorporated, and both should reflect a common central phenomenon (Jacobs, 2001). The informants described a range of factors that they had experienced as influencing their perception of good care. Some of them mentioned internal factors, such as their own attitude towards their work or situations at work where they tried to smile and be positive. Such an attitude can be defined as receptivity, already stated as an important part of being caring (Noddings, 2013). However, when the data is analyzed, it seems like responses from patients, relatives, colleagues, and management were all-important for the informants, as one stated: *"I feel like I've succeeded when patients are satisfied"*. The patients' satisfaction and others response are regarded by the informants to be important, as one stated*: "I experienced it as very positive and I've gotten good feedback from both relatives and patients"*. Even if Chinn and Kramer state that nursing knowledge may empower the nursing profession (Chinn and Kramer, 2008), it seems like the immediate response from others means more for the informants. In addition, when describing what they regarded as unsuccessful, the informants also referred to response from others, *"they were not happy with anything- it was a situation where I felt unsuccessful"*.

Study limitations

This study is conducted in Norway, on Norwegian health care workers. Working conditions in Norway are usually considered as favorable for workers. However, this study focuses on how healthcare personnel perceive good care in nursing homes, and this may to a certain extent be influenced by working conditions, but also by attitudes and intentions that are more international and general. This study has a qualitative design, and the sample is rather small, and consists of data from only three Nursing Homes. Since the focus and aim of the study is of a more theoretical character, this will only have a limited effect for the generalization of knowledge from this study.

Conclusion

In this study, we have focused on how health care personnel in nursing homes perceive giving good care. It seems that culture for good care may be dependent on attitudes towards residents and towards colleagues, as well as collegial cooperation challenges. The informants seem to be influenced by both patients' and relatives' feedback in practicing good care and in perceiving themselves as successful or not as professionals and in providing good care. Even if it appears that health care personnel may be characterized by being dependent on response from others, they also seem to use their intuition and are able to perceive the context of the situations. The patients' and relatives' satisfaction are a part of the concept described by the informants as good care. To what extent providing good care can be characterized as an art is currently debated, but health care personnel

in this study experienced many difficult challenges and still were able to focus on being "solution-oriented" and "caring oriented".

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