

An Exploring on the Behavioral Principles and the Values Related to Human Care: Heideggerian Hermeneutic Analysis of the Clinical Nurses Living Experiences

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Abstract: Many nurses in the hospitals suggest that performing some reformations is required in the management programs of their own places of research. This study aims to describe and analyze the common measures as well as the life experiences among the nurses working at the educational and therapeutic centers. This study is of phenomenological hermeneutic type. The participants were from across the Iran and included 15 nurses, 4 of whom were middle managers of nursing with the clinical experience of patient care. In this study, the data were collected through deep and nonstructural interviews with the nurses. The analysis of information was carried out hermeneutically using the Diekelmann's seven-stage method. Three basic themes showing the values and concepts of management in particular and consequently a pattern expressing its belonging to the themes were revealed as "adaptation with managerial issues, organizational, individual and professional values for the achievement of nursing human care" considering the performance of a clinical nurse. Furthermore, the findings of this study indicated that the managerial issues in the hospital environment such as the manager's behavior and managerial approaches, structure and environment of caring, equipment, values and personal expectations of the nurse, organization, society and profession have an inseparable connection in patient care and are interdependent. The analysis and discussion of how these issues are related to each other help us develop our understanding of the way the adaptation of management issues can be effective in the improvement and removal of the obstacles in performing human care in the clinical research of nursing. The improvement and removal of obstacles refers to the methods with the help of which the manager can make an attempt to consider and provide whatever, the nurses needs and develop and enhance the nursing workforce so that they could perform their caring roles. This study reveals those experiences which are mainly required to care for patients, suggesting that their importance be maintained in the health care systems and develop more than ever.

Key words: Hermeneutic phenomenology, caring experiences, clinical nurses, living experiences, analysis

INTRODUCTION

Nursing is a practice-based field and has been described as a functional or practice-based major (Bottorff, 1991). The nurses are expected to act according to the professional values they'd acquired during their studies. However, if the nurses are unaware that on which foundation of reasons and philosophy the nursing is based, that gives them a particular value and respect and help them reach their personal goals, how can they work enthusiastically and enjoy the nursing profession? How is it possible for them not to worry and simply perform their responsibilities?

There is often a difference between theory and practice and between the scientific and the artistic aspects of caring which is, to some extent, as a result of the separation of scientific values from the human ones (Watson, 1988). The values are essential to develop the feeling of professional obligation as well as social responsibility. Moreover, they are effective in the development of caring as a profession (Manti and Tingen, 1989).

Identifying the values that arouse an individual help the managers design some opportunities which may lead to increased behaviors expected in the nursing personnel (Eddy *et al.*, 1994; Fagermoen, 1997) and it is necessary

that each therapeutic center, section or college determine its own expected values, beliefs and behaviors as the philosophical obligations and consequently the nurses should be made aware of them (MaNeese and Crook, 2003).

In spite of the fact that the working environment of the nurses is always changing and equipped with complicated technologies and new expectations as well, the role and the significance of the management in hospitals should be taken into consideration especially concerning the process of developing the individual relations and the preparation of the environment and concrete and tangible fields so that the human values in nursing care could be materialized. Therefore, some studies should be carried out and it should be known that how the nurses experience caring in such situations? How are the values assessed in this experience? And what kinds of necessary adjustments are required to maintain the professional values?

In this study, the living experiences of the nurses in the hospital environment were investigated with the purpose of determining the behavioral bases as well as the values related to human care and through analyzing the findings of the study, the values of the individual, profession and the organization were extracted and described with the aim of providing human care as well as the factors that improve or prevent its performance.

MATERIALS AND METHODS

The interpretative phenomenology, especially Heideggerian hermeneutic, has been a background in performing this research. Heidegger's (1996) statements concerning the existence and time provides some rich descriptions regarding setting forth some questions on the existence and the contemplation with regard to the existence and "Dazain", i.e., a human being who is always experiencing understanding and comprehension owing to his existence in the world and his association with the things around him. Because hermeneutics is in search of the common features in meaning, actions and experiences, which is by definition the living experience. In an attempt to find the values and concepts the nurses attribute to every actions and behaviors of themselves, their human position or their existence in the world as humans has to be taken into consideration, because life has no meaning but the one a human gives to it and the positive or negative roles of the things in the world appear regarding the decisions and the aims of humans. Therefore, using Heidegger's (2007) view, "the special existence of human" has been emphasized as the core concept of this study. This study describes the common experiences of the nurses in hospital considering the caring values which has been specified as the theme and the pattern.

Method of collecting data: The participants in this study included 15 nurses chosen among the clinical specialist nurses with the experience of patient care, 4 of whom were middle managers.

The nonstructural, audio-taped interviews were completed in person. The participants are asked to express their own living experiences concerning the following subjects: "Describe a story about the time you were taking care of a patient and your especial feeling that you've experienced and consequently what the meaning of those experiences was to you as a nurse?". the researcher transcribed each audio-taped interview. All identifying information (such as names and places) was deleted from the transcribed text and replaced with pseudonyms that were used throughout the data analysis and in this article as well.

The study was approved by the research board and the research ethics committee at the Tabriz university of medical sciences. The consent forms concerning the participation in the research and ensuring to keep the research results as a secret were filled and signed by the participants and they were ensured that they can quit the research at any time during which it is carried out.

Method of analyzing data: The hermeneutic approach used to analyze the interviews is explained here according to A modified version of the Diekelmann *et al.* (1989) method. The idea accompanying this stage of the analysis is of reflection and reconsideration and cycling type and the central subject for such an analysis includes its sufficient details and depth (Diekelmann and Ironside, 1998; Benner *et al.*, 1996). Following the interviews every transcript text was read by the researcher and the other members of the team in an attempt to acquire a general understanding of the text. The members of the team included the academics of the nursing college with the experience in the field of interpretive phenomeno-logical research, Ph.D students and a philosophy professor. To make a document of the text analysis, the members of the research team determined the common themes which had been repeated in the text of each interview-they reflected identical experiences and concepts. Some interpretations were written on the themes and they were given together with some selected texts to the members of the team to read. The identical analyses of the team members on the interpretations helped reinforce and purify the analyses. In the following interviews, each interpretation of the members was compared to the interpretations of other members regarding similarities and differences. Any incoherent and ambiguity in the interpretations were clarified through referring to the text or performing another interview.

The themes existed in the texts of the interviews were searched. The interpretations that had already been carried out were read again and were studied to find out any identical or controversial interpretations presented in the previous interviews. The infrastructure of the Heidegger's hermeneutic analysis is based on the presupposition that "there isn't only one correct interpretation", however, in general the researchers used to evaluate the whole and the parts of the texts through referring to the participants to make sure the interpretations are truly reflected from the texts (Diekelmann and Ironside, 1998). Once dissimilarity was found in the interpretations of interviews, the team members referred to the text of the interviews to find a document that would support the interpretation, or they challenged the interpretation.

The patterns were determined during the interpretative analysis. "One pattern existed in all of the interviews expressing the relations among the themes. A pattern is the highest level of hermeneutical analysis" (Diekelmann and Ironside, 1998). The equalization and identifying the themes and patterns and the interpretations associated with them have been kept open by the researchers.

RESULTS

Among 15 nurses participated in the study, 2 nurses worked in the infants ward, 3 in the psychiatric ward, 1 in emergency, 2 in internal ward and 2 of them were supervisors working in the nursing office and 2 of the above-mentioned nurses were *head* nurses of the ward. The average age of them was 33.5. All of the nurses held a bachelor's degree. Their average working background was 8.5 and 66% of them were married. In this study the values and the concepts related to the management in nursing appeared in the form of the pattern of "adaptation of managerial elements and organizational, individual and professional values", concerning the performance of the clinical nurse. Furthermore, we'll describe 3 themes which, in particular, indicate the values and concepts of the management. Five participants were asked to read their own interviews interpretations together with the interviews of other participants in order to confirm, expand and challenging the analyses. As a result, the interpretations that were not supported by the data appeared (Diekelmann *et al.*, 1989).

This article has been written using some samples of the interviews giving the reader a chance to participate in the analysis with an awareness of more details and eventually recognizing and verifying the results.

Theme-management as a way of providing caring position: Emphasizing on the mutual effect of the equipment elements, physical environment and human force in the nurse's caring experience: Most of the participants described how they have experienced their working position and environment. Some described it as the pressure of a lot of work and worrying and fear of not finishing the work and some have described it as an environment where they have to work like a sole machine without expecting the management to support or help them. Some of them have said that the environment is not quiet and it's full of tension and that their physical and mental needs are not taken into consideration. And some said that the authorities only pay attention to the surface and want the nurses to perform the duty, expecting them to do any kind of research.

Considering these statements, maryam, one of the participants in the study says: We are sent to another ward as soon as the work in the ward is less and it's quiet... once somebody is retired, nobody is replaced to work in that ward, so the other nursing personnel should fill her/his position too...the nursing is inquired for anything, we really don't know what our duty is... in a struggle like this the nurse cannot take care of the patient as she desires and she's mentally, conscientiously and affectionately hurt. I suppose I've worked for 30 years during 10-12 years and I feel it's about time to retire; I'm tired to death... I don't have any tranquility; I'm always worried and feeling lots of tensions the environment has provided for me. Nursing is never paid any attention, they just think about themselves. In fact, we are suffering from nursing and we are in the environment where we're not esteemed by anybody. Here, the pressure is very much and I don't have any motivation to work. I sometimes think I would retire after 20 years... one night I had a patient who was not feeling well at all and the resident didn't come to see him, he was just ordering over the phone, that night I had so much stress that only God knows, I worked a lot and worried a lot because the patient passed away... they just want us to work... the nurses are not mentally paid attention... once the ward is a little quiet we have to go and work somewhere else and the complaints are not effective. The way they treat affect us, our eagerness is taken, however, I don't want their treatment have any effect on my job. Poor patient... he hadn't committed any sins... I'm really interested in my profession, but the authorities make us discouraged... our time is really wasted. The equipment is used and old. The is just a few staff and we don't get ant help from other ward, so our working pressure is very high..."

Marzie, another participant, says: Working as a nurse would be very stressful whenever, the staff is not enough and the patients are too many. The nurses are inquired for any thing. We really don't know what our job is... the nurses' physical and mental needs and their problems are never taken into consideration. I would like to be happy while I'm working, not to be humiliated. When my kid is crying and I can't be at home and can't take care of him, at least my job should worth working... when the work shift is over our troubles begin."

For some nurses the caring environment has changed to a kind of place where they're just suffering and also some stories told by the nurses reveals that the high pressure of work which is due to the large number of the patients and lack of the personnel, leads to the fact that the nurse's attention concerning the human and spiritual aspects of caring shifts to merely performing the technical aspects like giving the medicine on time and recording the reports simply to make the higher authorities feel satisfied. And the force to perform the non-nursing tasks, which is out of regulations, results in increased tension, struggle, wasting the nursing time and consequently lack of time, motivation and the power required to take care of the patients. Although, expecting the nurses to provide skillful and technical caring is not something improbable, identifying the environmental effects and preparing the quiet mental situations, which are without tension and the availability of good facilities as well as sufficient human power are necessary in patient care. The experience and the caring position of the nurse have changed to an instrument to make her suffer and the fact that the management doesn't consider the physical and mental health of the nurses and the development of human requirements doesn't receive attention and with regard to the managers criteria which is just performing and finishing the work, have resulted in the nurses' distrust and lack of confidence in the authorities.

Concerning this issue, Ma'soumeh says: Nursing is a hard and nerve-wracking job. Nursing has to be understood. The nurses are always in difficulty financially and they are not paid attention, the nurse tries to adapt herself with the patient and take the bad mood to the house... the nurses are always trying to deal with the patient and help them feel better, so they don't have any opportunity to deal with their own needs... I've understood that a nurse should put away many of the entertainments, vacations, having and going to the parties... anyhow, the nurse will do the work but she's in trouble. A human is not known by the job or money, but all of these things have become mottos. The superficial matters are mostly considered... and here again the

nurses are more difficulties than doctors. The nurses are under excessive pressure, we are always stressful. The environment is not restful... I think our authorities and the managers like to suppress everybody and remain in the same level and not develop, they really don't let our talents blossom out, they've suppressed them."

Being unaware of the nursing responsibilities and duties not only causes fear and worry in the nurses, but any probable misusing of nurses is also provided and as a result the nurses are required to perform an increased amount of non-nursing work and the nurse's creative and artistic performance concerning nursing is also reduced.

Regarding this problem, Nahid says: The nurses are asked to answer everything; why has the patient escaped? And why there aren't any clean clothes in the ward? ... And then again we are under pressure, because the nurse doesn't have to do the guard's job. Nursing is a kind of profession that everybody's work in any part has a direct effect on nursing and at the end both the patient and the person with him will see the nurse's performance. If there isn't any clothes the nurse has to find, if the ward is still crowded or the patient'sis still there (guard's duty) the nurse is inquired. If something is little or if anything happens the nurse has to answer. They never tell us our duties list, except some unimportant matters, for example they don't make it clear what our duty is in a critical situation. Therefore, I was always afraid in the hospital I was doing my project and I always tried not to deal with such things.

Theme-supportive and preventive behaviors of the managers: Emphasizing on the human relations and providing justice: In many stories told by the nurses there has been dissatisfaction with the superior, nursing management and hospital's lack of establishing human and professional relations. In one of the stories, Mahboubeh has described that the authorities never encourage them for their good deeds and they are seeking an opportunity to punish and reprimand them, as a result the relations are more imperative and they are in the form of command and prohibition rather than being friendly and supportive and this can lead to the nurse's distrust of the authorities and eventually the nurse's indifference in her/his caring career. With regard to this, Maryam and Zahra describe that: "Unfortunately the nursing profession is considered worthless. I don't know what our duty in this hospital is. We are sometimes expected to pack and carry the things as well. Most of our rights are disregarded in the hospital and their promises have not been fulfilled. The authorities only know how to command and prohibit. Unfortunately, they don't crate

encouragement. And both the matron and the head of the hospital are dissatisfied with us. And whenever we do something good, they say you've done your duties, it's something you have to do, you're here to work. If the patient's families have some complaint to make, they would shout at the nurses and blame them. The nurses are under excessive pressure. We are not mentally relieved; the atmosphere is full of stress. When a problem is presented and the authorities are indifferent and don't deal with the problem, we get indifferent too. We have never been encouraged by the authorities for our interest in our career. We experience nagging about the night work, but we see that the night shifts pay is not calculated according to one's background, it's all relations".

Zahra says: There are a lot of injustices in this profession. I've always said yes and done whatever, I was wanted to do. I cooperate all the time, however, once I needed to have change in the program and although I had already told and informed them of that change, nothing was done. That means the cooperation is not mutual. Now I understand why they (some nurses) haven't undertaken some kinds of tasks and resisted doing some other things from the beginning and I think it is better, in general, they don't overshadow their lives with the work.

Taking no notice of the regulations in privileges and not considering equity to meet their requests, leads to distrust and a feeling of indifference as well as decreased motivation among the nurses.

In most of the stories the nurse tries to have a suitable relation with the patient and respect her/his requests and meet the patients' needs, although her own needs may not be met. Therefore the nurses may repeat to themselves that the patient is innocent so we shouldn't transfer our problems to them or they may say some statements such as: we have become habituated to this; we have received the opposite results whenever we have presented our problems. Another nurse said "the patients' prayer is enough for me even though the supervisor consider my work worthless, or I have clear conscience because I have not wasted the time at work, however I don't have a good feeling, when the management is not satisfied with me or if they think I work insufficiently ...

However, when I observe no justice at work, I do feel sad. The criterion for the evaluation of a nurse relates more to the particular tasks which keeps the authorities satisfied than the true nursing career. It's mostly political. The system of evaluation at work in nursing is far from just or efficient. After what I had gone through, the

number of my successful resuscitation decreased. It's because I came to think that why I should bother to make every attempt and eventually be blamed, scolded and interrogated as to whether it was supposed to be my responsibility or not, if my diagnosis was sound at all or whether the patient actually needed a resuscitation in the first place and so on and so forth. Once after I, with a great effort and lots of trouble, resuscitated a patient, a colleague having praised my work suggested that the matron give me a promotion or a written encouragement and, to her surprise, the matron had said that he couldn't comply with the request since he would have to give a promotion on a daily basis if he were to produce a written encouragement for every resuscitation. Thus he did nothing, ... gave me no encouraging word, or letter, much to my disappointment.

One morning, though I had a bad cold and was on sick leave, had to return to the ward which had gotten overcrowded as in the absence of three of my colleagues who were on sick leave with more serious problems. I had checked almost all patients' blood vessels and had carried out almost all routine tasks, when I got a phone call, telling me to go to another ward and give a hand to the staff working there. I explained that I wasn't feeling well myself and that had done all the work and was in the ward despite being on a sick leave. However, far from uttering a word of gratitude or appreciation for my sense of duty and responsibility, they insulted and scolded me for being on the work shift while I had gotten a sick leave. In another hospital where I was working on night shift and was pregnant at the time, I suddenly felt troubled. I notified the supervisor of the condition I was in. I was told that I had to wait until they found someone to substitute me. I received a call at 8 telling me that unfortunately, they had been unable to find a substitute, asking me to do them a favor and stay there. I managed to go through that work shift any way and when I returned to hospital on the following shift I was awarded for staying in hospital and cooperating with them despite the critical condition I was in. However, here they treat you the way I talked about... anybody who wants to work should be motivated, I leave my kid at the nursery and come to work while he's crying for 2 h in my absence. At least it should worth working and leaving the child at the nursery crying. When the work is over at 8, I take the child, go home and fix something to eat. Is it really worth having this much difficulty for my career? Most of the time I'm busy thinking about these sorts of things, because we are not motivated... I see my career is not worthy, I like to be happy while I'm working not feel down.

Theme-the management based on values: Agreement and coordination between the beliefs and values of the manager and the nurse in facilitating the caring condition and developing the behavioral consequences:

In their stories most of the participants have described their own caring experiences associated with sympathetic feelings and mental support of the patient. As an example Simin said that in an attempt to attract the patient's trust, establishing a proper relation with him is of great importance, so she tries to get the patient's satisfaction through observing some cases which are important for him such as respecting their values and beliefs in the process of nursing care. However, since the type of her career and the time spent with the patient has not been understood by the management and she was blamed for working insufficiently, she gets unhappy.

I carried out the routine tests before the arrival of the doctor and took the ECG test, the patient was *orientate*, I was speaking during these procedures, I didn't want him to think that a tool or an instrument is being used. When we were students we were told that our work would be effective if we had a sort of relation with them. I'm interested in my work. When I'm beside the patient's bed I don't want to get angry. When I place the lids on the patient's chest, I tell him the feeling he may have as I think that way his trust on me would increase, the patient is also relieved. Since the patient had pain, following the ECG I gave him tranquilizer. I think the patient needs our mental and spiritual support. I gave him some new blanket and bed sheet, of course I told him if he didn't like them, he could bring some bed sheets and blanket from home, because I respect his ideas and in some occasions when I'm unable of doing something, I try to persuade him...the patient who come here expects help and I try to convince him. I just put myself in his shoes and I suppose they're right. The patient's family put so much stress on us but I understand. Before I do anything for the patient, I make sure to ask him let me do it in a way he likes, for example if the patient is male, I fasten the pressure gauge over his clothes if he wants me to and I myself try to do it just for curing, when there isn't curing, supporting the patient is very important to me. I think nursing is not only a career, it's also an art, innovation is really important, I prepare a pamphlet for my diabetes patients before they leave and ... "When I've worked the whole time and they say you've not worked sufficiently I get unhappy. I don't get tired because of work; however, whenever I think I've not done something useful, or the authorities are not satisfied with me, I wouldn't be in a good mood."

In all of the descriptions, the participants had about their caring experience, the patient is their center of attention and the nurse is always trying to provide some kind of caring based on the patient's and her own values.

However, she'd like to be appreciated or awarded by the management for her performance and as it's important for her, it should be important to the manager too. As Maryam says the workload is so high and the pressure of the work is so much that the nurses are just trying to solve the patient's problem, so there isn't any opportunity to do something else. She says the nurses are used like machines and do not appreciate them for their errorless and orderly work. Maryam describes her story as follows:

Since, I had found a vessel in a patient with a bad feeling, that the doctors themselves couldn't do it, I was really happy... since I managed to do something positive to the patient in bad conditions; I felt I was no longer tired. Nursing is hard and nerve-racking. Nursing should be understood. They're financially in difficulty and they're not attended. With regard to income and comfort, they nurses are really different from doctors. The nurses' motivation is ruined by the inessential work. The nurse is only used as a machine. This gap with the doctors wouldn't get smaller eventually. The nurse's mentality and her problems are not taken into account. A nurse needs to be awarded. Motivation is very low. The affairs are more based on relations and an orderly and errorless work is not appreciated. If the discrimination and relations are not dominant, one feels she's working at home and for the members of her own family. Getting promotion and continuing studies is very hard. They like to suppress everybody and remain in the very level they are. The talents are not allowed to blossom out, they've been repressed. Working pressure causes the nurse's decreased mentality. The nurse tries to cope with the patient and take all of her ill-temper home. Most of the entertainments, vacations and parties should be put aside, trying to solve her problem. Conscience must be taken into consideration when one works with the patient. A nurse is a human too. I've been habituated to all of working difficulties. Human should be energetic both mentally and physically. I like to continue my studies. The meaning of a nurse is really understood and revived when you are beside the patient's bed. My purpose of continuing studies is not being far from the patient. It makes one mentally relieved. The nurse doesn't quit nursing despite all of these troubles, because she's studied to enter the society and present her knowledge. The special reason that I want to study is to reduce the discrimination and cruelty with the nurses. As the education system provides studying besides working for its staff, the nursing system should also do something similar, but unfortunately everybody is thinking about himself and his own pocket. The patient is innocent, so we shouldn't transfer our problems to them. Anyhow, the patient's bad behavior can be ignored, I think of the patient as a member of my family.

In most stories the nurses describe the caring career as important and significant with regard to the fact that it's effective in helping and providing health for others.

Many things that I've done were routine... anything I've done all were important, it important that anything I do should be without any faults. The patient's family thinks we are annoying the patient since they don't know the reason of our work. I want the patient to be satisfied with me. I work for the patient. I told him so that he wouldn't complain. I put myself in the patient's shoes so I can tolerate more. I feel pity for them. I try to treat all the patients in a similar manner, I myself want to be satisfied with my job too.

Before I take the blood, I match his name with the application form, because the patient is afraid of this (taking blood sample) and in one shift his blood is taken several times. I greet with him to attract his attention and then I do my job. It's important to tell the patient what's happening, because he wouldn't let us do anything for him. Some times I can't find the patient's vessel and ... then I ask for help. I think the patient is right. I just put myself in his shoes and he is right if he treats me badly when the pain gets worse and I don't expect the patient to have a good relation with me in such a situation. I'm here to work for the patient. I have accepted my job and I think it's worth working. I'm always the first who is present at work on time. We have more responsibility in our job. I want everything to be neat and tidy, we are the patient's all hopes, first God then we can do something...".

I try to behave well with the patients when I give them their medicine, because they're the patients and they think first God and then we can do something. I put myself in his shoes. I don't see any difference between my own dear and him. When we are performing the medicine routine we should consider the patient's bad feeling and be conscientious... I try to have a good relation with the patient. The patients here don't have anything to cling to... I'm happy I work with the patients and I think my career is spiritual. I get happy when I help someone, even before I started my career as a nurse. I am conscientious and know that God is always watching us so I try to give the medicine on time, not earlier and not late... I get unhappy when I see how we are awarded is not justice... but these matters cannot affect my conscience. The patients pray for me and it's enough... I think my happiness in my private life is because of these prayers... and then I get satisfied with the work I do for the patients, anyhow the patients need us both mentally and physically."

DISCUSSION

Some stories told by the nurses revealed the bases, hidden beliefs and the facts concerning the caring

behaviors of the nurses that include the concepts and the relevant values which are inseparable from each other. The findings of the current study show that the managerial elements, personal, professional and organizational values belong to and are related to each other. And this belonging in the present study was revealed while the nurses were describing their own experiences regarding the patient care in their own clinical performances. The adaptation pattern regarding the managerial elements and organizational, individual and professional values required to realize human nursing care was determined as one of the bases and facts in the nurses' caring behaviors. Such bases serve to explain the nurses' common experiences like those in caring for the patients, thus providing for the establishment of the subjects in the practical situations of nursing. In this study, "the adaptation pattern of the managerial elements and the organizational, individual and professional values for the realization of nursing human care" was determined despite the variety of the nurse's positions in the ward and hospital, variety of the working background and the kind of the ward. However, the nurses describe them as the reasons and philosophy that form the basis of nursing care experience. Adaptation describes how the nurses mention these factors as limiting, disappointing, meaningful and supportive. The adaptation of managerial elements, which are limiting, disappointing and supportive, are necessary and determining in producing a creative environment, developing human work force, causing satisfaction and appreciating the nurses' experiences in their clinical performances.

The findings of the present study indicated that the nurses blame on the managers all the stressful caring experiences caused by the incorrect approaches of management, not observing justice among the staff, relations based on fear and strict control on the part of the management, not encouraging the nurses, conflicts in their roles, the expected duties and values, high pressure in working and ignoring their human and professional needs, consequently they find that being indifferent to remain in such an environment is inevitable. Nowadays, the necessity of the managers' role in reducing the work stress is emphasized to prevent nurses' indifference concerning the values, thus developing the nurse's consequences such as satisfaction with the career, efficiency and organizational commitment (McNeese *et al.*, 2003; Hegney *et al.*, 2006). If the opportunity and appropriate requirements of the nurses are not provided, the nurses won't be able to offer the caring they expect themselves to perform, because as Watson (1988) describes "self-caring is prerequisite to caring for others.

Some nurses described the nursing environment as non-supportive, stressful and annoying and limited and unattractive with regard to both structure and facilities.

They think that nursing is despite being spiritual, oppressed and it is not truly known by society, patients, our fellow doctors and authorities and the expert nursing power is not correctly and properly used and its human development is not taken into consideration. A collection of these factors cause the nurses to have insufficient satisfaction and motivation for their career, that in turn, may lead to some professional problems such as conscience-stricken feeling, lack of self-esteem, weariness and consequently the nurse's negative feeling about herself and her career. The staff's good feeling concerning their own performances will increase if they pay attention to the pattern of career qualities motivating them to work including three mental requirements: The meaningful experience of the career, i.e., the individual should consider it important, worthy and capable of fulfilling it, The experience of responsibility in the career, i.e., the individual is required to think of herself as the one responsible for the results of her own performance and awareness of the results of the work, i.e. the individual is required to understand the effectiveness of her performance on the work considering the custom and dominant standards in the organization and society (Hackman, 1991).

If the nurses want to enthusiastically work in the profession with the qualities and requirements of nursing, a supportive environment would be a necessary prerequisite. According to Walton, the features of the working environment with high qualities include sufficient and just income, a secure and safe environment, existence of rules and regulations based on equity, a favorable environment for blossoming the individuals' talents, the presence of necessary opportunities for develop the individuals, an environment prone to promote positive human relations, considering the whole and human life (such as families environment) and an environment that gives the individual the permission to control some diseases which will overshadow her (Landy, 1989). Recent studies have shown that the positive environment or culture of organizations affect the patient's decision-making (Kovner and Gergen, 1998; Aiken *et al.*, 2002). Marlin Henry also stated that caring occurs inside a culture and society, including the individual's culture, hospital organizational culture or the culture of society and the world and the political elements and structure of power in management affects the way nursing appears in the caring system. A typical individual enters (the hospital) to find meaning and values in the organizational and ultra-cultural relations. She thinks caring is a combinational of human and structural dimensions. This theory discovered that caring in nursing depends on the background (field) and is influenced by the

organizational structure and culture and this is the field which makes it meaningful, so that it would be understandable concerning the organizational structure (Tomey and Alligood, 2002).

In most of the stories, the nurses were seeking peace and spiritual award for their caring activities. Naeli says the one would reach this spiritual award whenever she makes sure she has done her best in her career which is of great importance to her. These awards act as appositve reinforcement and are encouragements for the future activities and performances. Also, through doing some effective and necessary work, she offers herself some spiritual and emotional awards which are affected by some internal motivations such as career feedback, skill variety, nature of duty and the importance of the duty leading to the meaningful experiences in the career (Hackman, 1991). Motivation is a primary and determinant of behaviors and since the people entering the working environment have various needs and purposes, the type and the amount of the stimulants is greatly varies among the staff, and on the other hand, since the nursing managers want their staff to do the work in the best way possible, they prefer to motivate their staff, because the motivated staff would have more efficiency than unmotivated ones (Sullivan and Decker, 2005).

The nurses described that their high amount of work and the managers' inattention to their financial and spiritual needs and professional development indicated that the managers think of the nursing as a worthless career and the patients' health was not important to them and they were angry with them and didn't have any trust on them. With regard to this Fits says one of the power sources of the managers in organizations is their staff's trust on them, so the managers should never consider it insignificant and in fact a successful manager is one who can use his powers in empowering his own personnel (Marquis and Huston, 2006). Therefore, nowadays the definition and the planning of organizational philosophy and the managers' clear expectations from the nurses as well as considering their values, in designing organizational duties, have been taken into consideration. The differences in the values, beliefs and experiences-resulting from the individual's socialization- frequently help create conflicts in health care organizations especially among the doctors and nurses or managers and different ward. And some of its consequences would be the behaviors like quarreling and anger, competition, struggle, or problem-solving, feeling of being satisfied, indifference or putting oneself aside and evading (Sullivan and Decker, 2005). Sullivan and Decker (2005) also say that if the norms and customs of nursing agree with the organization, coordination and agreement would

occur; otherwise incoordination would take place. On the other hand the feeling caused in an individual by the others expectations, affects her self-esteem (Naeli quoting from Korman, 1994). Naeli says the manager's expectations from the staff and the type of his behavior determine the professional development and performance of the staff (Naeli, motivation in an organization, 1994).

Lack of establishment of proper relation with nurses and applying external controls, based on fear and punishment is one of major factors of the nurses dissatisfaction in this study. The recent researches indicate the importance of considering human power to reach the goals of organization and efficiency as well. As it was seen, there was a significant relation between the manager's behavior and satisfaction with the career and efficiency as well as the staff's organizational commitment. The establishment of relation is an inseparable part of the manager's role; in addition, the manager's ability in establishing relation is a determinant of his success (Sullivan and Decker, 2005). Watson believes that the effective human caring can only be performed via inter-individual relation, because as it was said a nurse mentioned that the good behavior of nursing and hospital was her reason of continuing her career as a nurse. "I didn't use to study well at the university, but when I entered the hospital and carried out my project in the sanitation center I got interested in my career, I don't know why, perhaps the supervisors treated me well, or maybe the working environment was good, anyhow all these matters caused me to get more interested. Since, as I had studied so badly when I came to the hospital I didn't think I would endure even for a moment. Our instructors' behavior wasn't good with us during my studies and they didn't show any respectful behavior in the presence of medical students..." (Somayeh)

On the other hand, since most of the nurses in the hospitals are women, the authority's lack of attention to their needs would have some unpleasant effects on the health of them and their families as well. The effect of women's spirituality on their health and thus described the importance of understanding the health-care providers concerning these relations. She suggested several policies including encouraging them to stay calm (e.g., being quiet and present), listening, dealing with self-nurturing, opportunities for supporting women to participate and do their experiences credit and creating an environment for qualification and transformation (Mac Ewan and Wills, 2002).

In their stories, the nurses have considered themselves oppressed and they've described that the nurses are employed unjustly, carry out the tasks that are not their specialties. And the excessive working pressure, insufficient personnel in different work shifts, the

authorities' extreme expectations and performing the tasks that are not relevant to their field, are all reasons for their claims. And they believed that just implementing of the nursing staff and reducing the nurses' workload results in nurses' increased willingness and interest to provide holistic and human caring to the patients. Allen and Hug believe that adding workloads to nursing leads to consequent rupture of caring and loss of emotional and human aspects of nursing and it doesn't allow the nurse to regard the technical routine duties in a patient-centered approach. It's obvious that temporary encounters during the nurse's technical work don't allow the patient to establish a holistic relationship and pay enough attention to the patient (Dingwall and Allen, 2001).

CONCLUSION

The adaptation pattern concerning the managerial elements and organizational, individual and professional values describes how nurses think about their caring work and also how they experience the working conditions, for example, thinking of nursing as a habit, torment, torture or the work that has to be finished entirely in any work shift by only one nurse, while nursing is instructed and even defined as a science and art. Despite thinking about how the managerial elements and human caring are related to and belong to each other, the nurses and managers are required to consider that how the caring environment, individual and professional values and expectations, manager's behavior, structure of the organization, as living experiences, are inseparable, mutual and infinite. This matter shifts the attention concerning routine performance and medical techniques to the opportunities for having experiences about caring as a job related to other inter-organizational factors such as manager's behavior, management approaches, human adaptation and organizational structure in the nurse's performance.

Anyhow, by juxtaposing some of the stories (Soheila and Maryam) in this study, it is made clear that the managers' kind of behavior in any level and their attention to their staff's capability rather than focusing on their weak point, is an important factor in increasing their efficiency, satisfactions and motivations in their career. Also implementing the power factor in the management just to make others carry out the duties and ignoring the nurses' needs would be dangerous decreasing the opportunities of human (emotional) caring based on identifying the patients and as a result, the purpose and intention of holistic caring would be disappeared alongside the development of technical content in nursing and consequently the gap between the nurse and patient would get larger.

Nurses know their own and their patient's values and the cultural beliefs and also in the descriptions it's obvious that they consider themselves as well as their patients, although in practice, carrying out the routines are given importance and they can't take care of the patients according to the values accepted by them and their patients and so the main reason in the organizational management is the lack of the systems supporting the nurse and organizational structure as well.

Similarly, in most of the stories, the nurses and the nursing managers spoke of the nursing as a career in which the nurse spends her time beside the patient's bed, has emotional relation with the patient along with sufficient attention to the patient's needs and in their stories they've mentioned some obstacles like high workload in nursing, suggesting that their current performance in patient caring has a great gap with the human caring expected by themselves. In some other stories (Zohreh and Somayyeh) think that the professional, organizational and personal expectations are not in the same directions with the views, expectations and values of the society and they think it's this very factor that causes unsuitability of environment and working atmosphere in hospitals. They think the nurse's personality is an important factor reducing the existing conflicts. Furthermore, in one of the stories, regarding the views of the society and their expectations which is contrary to the nurse's values, "Somayyeh" gives advice to somebody who wants to start her nursing career.

"... I advised her that she has to consider the society's view if she's to be a nurse. The nurses are suffering from all directions and we, as nurses, are somehow rejected even in this hospital we're working in. but she has to solve them for herself, I just explained what I should. I think one doesn't know the problem unless she finds it herself in the society ... my relatives would tell me lots of things about this job and still I sometimes hear them saying things, but it's not important. I think it's worth spending some moment with the patients. Generally speaking, nursing is oppressed. When I was a little younger, the society's view did have some effects on my career, but now I think those problems have already been solved. Now I think our career is worthier than the society thinks. The people are not sufficiently informed about our career." (Somayeh)

When the values and expectations in the clinical work of nursing becomes clear and noticeable through the nurses' caring experiences, this study attracts the attentions to the adaptable policies of individual, profession, organization and society in an attempt to provide human caring. The policies provide a new approach and language for seeking the nurses' experiences in clinical work. The hermeneutic analysis of

the nurses' stories in their clinical performance reveals that providing human nursing care depends on managerial and structural elements, expectations and values of the nurses, profession, hospital and society. Furthermore, recent experiences in the clinical work of nursing explain and indicate that the personal needs, values and views of nurses are required to be taken into consideration during their caring career and lives. It's hoped that the presentation of these common experiences and policies act not only as a stimulant to improve the managers' behavior and management approaches and the following researches in this field, but also be used to guide the talks among the managers and nurses and patients clarifying the values, expectations and requirements and compile the programs of human power development qualitatively and quantitatively.

ACKNOWLEDGEMENT

The authors would like to express my thanks to the PhD nursing students as well as the honorable nurses of therapeutic-educational centers who cooperated with us during analyzing stages of the interviews and participated in carrying out this research. Also we would like to thank the research deputy director of Tabriz university of medical sciences who provided financial support to carry out this research.

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