

A PHENOMENOLOGY OF NURSING

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"So the doctor put me on a special diet and told me not to eat anything with fibers in it — of course, being a nurse you know all about that."

"I'll tell you, that was one really nice nurse, she used to sit down and have a cigarette with us in the evening."

"What kind of a nurse is she anyway? She can't even give me an aspirin without calling the doctor."

"Well, in my opinion, they're just trying to make little doctors out of them."

Do some of these conversation snatches sound familiar to you? Do you know of twenty more that could be added to the list to show how little the general public and even allied medical professions know about what nursing is? Do you and your fellow nurse agree on what nursing is?

It seems to this writer that the confusion in the minds of the public about what they may legitimately expect from nurses is a reflection of the confusion in the minds of nurses themselves about what nursing is. This type of confusion is commonly called an 'identity crisis'. Because of changes occurring in society as a whole as well as in medical services and education, the role of the nurse is no longer clearly defined. Nurses are asked to perform skills that previously belonged solely in the domain of the physician and in turn are delegating 'nursing' tasks to auxiliary personnel. This makes it difficult to know what 'nursing' is. Nurses in all areas are involved in this identity crisis but we will use as an illustration the nurse who graduated from a three year hospital diploma school of nursing. This nurse is desperate right now to know what nursing is. Below her in the hierarchical scheme are auxiliary nursing personnel who are taking over more and more of the traditional nursing functions. Above her in the hierarchy are the 'university nurses' who take the top positions and leave the diploma nurse little room for promotion. Besides this squeeze from above and below the traditional diploma nurse sees graduates of the newer two year schools of nursing as a further threat to her status because their presence implies that her education was inferior. In this changing pattern of nursing and nursing education, the traditional diploma nurse needs very badly to know what nursing is.

Nurse educators also are desperate to know what nursing is since this constitutes the major philosophic basis of any nursing education

program. If you do not know what nursing is, how can you teach people to become nurses? With the current attempt both to improve and in some instances to shorten the period of formal education, it is crucial for the nurse educator to know what nursing is so that essentials will not be overlooked in the multitude of changes.

When we talk about what nursing is, we mean what is its essence, what is it that makes nursing what it is? The essence of nursing is its "indispensable quality." (1) Thus the importance of knowing the essence of nursing is obvious. The educator must be absolutely certain that the student learns this indispensable quality and the practicing nurse must be certain that this is not delegated to some other group, leaving nursing a hollow sham.

Having considered the confusion about what nursing is and the importance of knowing the essence of nursing, how do we actually go about discovering this? By what method can one find the essence of nursing?

The subjective method has been used to obtain knowledge of the essence of nursing. Catharine Barnett's article, "This, to Me, is Nursing" (2) is an excellent example of this method. The author describes in depth one nurse-patient relationship and shows from this, in a very inspiring way, what nursing means to her. This is valuable but it tells us only what nursing is to one person and not what the indispensable quality of all nursing is.

The quantitative method is considered by many to be the most objective method of arriving at knowledge. Nursing studies using this method record such things as one nurse's activity for one day and the number of minutes spent at each task. There is something very precise and satisfying in having this kind of knowledge and it is the kind of knowledge required in some instances. But knowing all the things nurses do and how long they spend at each task does not tell us what the essence of nursing is because many of these tasks may also be carried out by other personnel. In other words, the essence of nursing must tell us what is uniquely nursing and must apply to any nursing situation.

There is a third, less well known method of arriving at knowledge, the phenomenological. The phenomenological method is a qualitative rather than a quantitative analysis. After a brief description of the phenomenological method, a phenomenology of nursing will be presented.

WHAT IS PHENOMENOLOGY? (3)

In phenomenology, by looking carefully at the *qualities* of experience, one arrives at knowledge about the essence of that experience.

If we want to know the essence of a thing, we must discover its unique *quality*, and thus phenomenology is a qualitative analysis. Phenomenology is a method of careful observation and description to determine what are the qualities of the experience. In order to understand this better we will use nursing observations as an analogy. Careful observation is a method that nurses use in order to gain knowledge of their patients. In order to be a skilled observer the nurse must have a certain amount of knowledge of the subject and at the same time must, in a sense, temporarily set aside her knowledge and past experience so that she will not see something that is not there because she expects it to be there and so that she will not miss something that is there because she was not expecting it. In phenomenology, by looking carefully at the qualities of experience, one arrives at knowledge about the essence of that experience. In order to do a phenomenology of nursing, one must have knowledge of the subject (for example, be a nurse). But one must also consciously 'put off' one's ideas and prejudices about nursing in order to describe the situation *as it is*.

To carry the analogy further, a nursing observation is both subjective and objective. It is subjective because it is what the nurse sees but it is also objective in that others may verify the observation. Phenomenology claims this kind of objectivity. A phenomenological analysis gives us certitude in that anyone following the method will arrive at the same results unless an error is made (just as in a nursing observation, or in physics or mathematics).

So far then, we know that a phenomenological analysis is a description of the qualities of experience and that the knowledge thus gained is objective and verifiable. One further point is necessary. We have said that essence means the indispensable quality of a thing. A phenomenological analysis of nursing will be based on one situation but it must fit all nursing situations if it truly describes the essence of nursing.

One might ask how this differs from Catharine Barnett's description of one nursing experience. Her description makes no attempt to state only qualities that are universal to nursing or that refer only to nursing. In a phenomenology of nursing, the description must apply to all nursing experiences and must delineate what belongs to nursing alone. Thus, a phenomenological analysis is *inclusive* in that it describes all nursing experiences but it is also *exclusive* in that it eliminates all that is not nursing.

A phenomenology of nursing, therefore, is a pure description of a nursing experience. In this kind of observation, everything that is not uniquely nursing is ignored and everything that is nursing *must* be included. The result, therefore, is that this description will fit every

instance of nursing. In other words, this description then gives us the essence of nursing.

In order to do this we begin by emptying our minds and attempting to become fine points of observation. We describe what we observe and then analyse this description to see if it fits all cases or if there are unnecessary parts to be stripped away. In this way we hope to arrive at the core or essence of nursing.

A PHENOMENOLOGY OF NURSING

When I turn my mental glance to a nursing situation my first response is to list and categorize the things I see the nurse doing. In other words, I find myself doing a behavioral analysis rather than a phenomenological. Nurses have, it seems to me, a predisposition to describe overt action and quantity because of their traditional role as 'doers'. However, when I analyze this list of nursing activities, I find that it does not tell me what nursing is because the activities may all be done by people other than nurses.

So I admit my error and turn my mental glance again to the nursing situation. Now I see that the nurse is always inter-acting with someone. The nurse never functions in an isolated situation; to nurse means to be involved with persons. At first glance there seem to be a number of different persons important to the nursing situation — other nurses, doctors, the patient. On closer observation, I find that the only necessary person other than the nurse, is the patient. One may nurse whether there are other nurses or not; one may nurse whether there is a doctor or not; one cannot nurse if there is no patient. So far then, we have established two things. We have seen that nurses are always involved in relationships with people. We have reduced this down further to say that the only relationship that is present in all nursing situations is the nurse-patient relationship.

Let us see now if we can reduce this to get closer still to the core or essence of nursing. Is there some quality in the nurse-patient relationship that is essential to nursing? In order to analyze this we will look at both poles of the relationship, the patient aspect and the nurse aspect. Then we will attempt to look at the nurse-patient relationship as a whole to see what the essential quality of that relationship is.

The Patient Aspect of the Nurse-Patient Relationship

In order to analyze this nurse-patient relationship, we will look first at the patient aspect of the relationship. We see, first of all, that the patient views himself either as an object or a person.(4) (I will give examples of this, shortly.) The patient who views himself as an object in the relationship obviously sees the nurse as an object as well.

On the other hand, the patient who views himself as a person may see the nurse as a person too. Further, I see that the situation in which these are occurring may be one of two things: it may be an emergency situation or it will not be an emergency. Diagram 1 attempts to clarify this.

DIAGRAM I
THE PATIENT ASPECT OF THE NURSE-PATIENT
RELATIONSHIP

	Emergency Situation	Non-Emergency Situation
The patient who sees himself as an <i>object</i>	(a)	(b) usual response
		(b ₂) response due to environment
The patient who sees himself as a <i>person</i>	(c)	(d)

Let us look at the first situation in Diagram I, the patient who sees himself as an object. When I look at the relationship in this situation I see one of two things. The situation may be an emergency. For example, the patient may be hemorrhaging. In this situation he sees himself as an object requiring immediate treatment and sees the nurse as an object to give that treatment (Diagram I a). Secondly, the situation may not be an emergency and the patient still sees himself as an object ("I am the vice-president of Bland Corporation." "You are the nurse.") In other words, some patients normally respond as objects in a relationship (Diagram 1 b₁). But I see other patients in the same situation reacting as objects because the particular environment has made them into 'patients' or 'numbers' (Room 204 bed 3), or diseases (the appendectomy in there) (Diagram I b₂).

To summarize this section on the patient aspect of the nurse-patient relationship, the patient sees himself as either an object or a person depending on the situation. If the situation is an emergency or perceived by the patient as an emergency, he is most likely to respond as an object. If the situation is not an emergency he may respond as an

object because that is habitual with him or he may respond as an object because the particular situation forces this role on him. At other times the patient will respond as a person.

The Nurse Aspect of the Nurse-Patient Relationship

Now let us analyze the other pole of the relationship,, that of the nurse. What are the particular qualities of this aspect of the relationship? I turn my mind's eye to the nurse in the nurse-patient relationship and see here two ways in which the nurse perceives herself in the relationship depending on the context. The nurse may see herself as an object or the nurse may see herself as a person. The context may be either an emergency or a non-emergency. Diagram II is an attempt to illustrate the nurse aspect of the nurse-patient relationship. I see three types of emergency: situation (a), a physiological emergency (example: the patient is hemorrhaging); situation (c), a 'patient' emergency where the patient perceives the situation as an emergency ("I need to get out of bed right now"); situation (a₂), a 'nursing' emergency where the nurse perceives a situation as an emergency ("I've got ten patients to look after. This isn't the Royal York, you know!").

DIAGRAM II
THE NURSE ASPECT OF THE NURSE-PATIENT
RELATIONSHIP

	Emergency Situation		Non-Emergency Situation
The nurse who sees herself as an <i>object</i>	(a) Physio- logical Emergency	(a ₂) Nursing Emergency	(b)
The nurse who sees herself as a <i>person</i>	(c) Patient Emergency		(d)

Let us view the situations in Diagram II separately. In (a) where a physiological emergency exists the nurse need only respond as an object. The nursing objective here is to relieve the emergency situation as quickly and effectively as possible and responding as an object is all that is absolutely necessary of the nurse.

Diagram II (a_2) we have called a nursing emergency. Here the nurse perceives herself in a situation where she is forced to respond as an object. This is an inappropriate response on the part of the nurse because it ignores the nurse-patient relationship which we have found to be the essence of nursing and concentrates on the nurse. For the same reason, the case of (b) is also an inappropriate response on the part of the nurse.

In situation (c) where the patient views himself in an emergency, the nurse responds to relieve the situation and responds as a person.

Let us step outside our phenomenological analysis for a moment to illustrate this section. Many nurses in hospital emergency departments see themselves as needing to act only in physiological emergencies (a). However, many patients coming into the department not in the physiological emergency category but in patient emergency (c) are not responded to by the emergency staff or are responded to as objects. According to our analysis so far, these people, though processed through the emergency department by nurses, are *not nursed*.

To summarize this section of our analysis: The nurse-patient relationship for the nurse means responding as a person to a person except in a physiological emergency where it is adequate temporarily to respond as an object. For the nurse to respond as an object in any other situation is inappropriate, i.e. is not nursing.

The Nurse-Patient Relationship Viewed as a Whole

So far in our analysis we have seen that the nurse-patient relationship is the essence of nursing. But we must describe the qualities of the relationship more precisely in order to distinguish the nurse-patient relationship from, let us say, the social worker-client relationship. In order to do this we have focused on the patient aspect of the relationship and the nurse aspect of the relationship. Now it is necessary in our phenomenological analysis to view the relationship as a whole; to see what actually is this relationship between the nurse and the patient. The essence of nursing is the nurse-patient relationship. What is the essence of the nurse-patient relationship?

In looking at the nurse-patient relationship we notice that it depends on two things: the reality of the situation and how each perceives it. In other words there is a situation in which certain objective things are happening. There is also the patient's interpretation of what is happening and the nurse's interpretation of what is happening. Let us diagram the situation of a physiological emergency (Diagram III.)

Each individual's perception of the situation is important because he expects the other to respond in a particular way. We can see that

it is important for the nurse to recognize the difference between an emergency and a non-emergency. In other words, her perception must fit fairly closely to the reality of the situation. This requires specialized knowledge of medical situations and skill. However, in viewing

DIAGRAM III
THE NURSE-PATIENT RELATIONSHIP
IN A PHYSIOLOGICAL EMERGENCY SITUATION

	Patient Perceives Emergency	Patient Perceives Non-Emergency
Nurse Perceives Emergency	(a)	(b)
Nurse Perceives Non- Emergency	(c)	(d)

the relationship we see that it is equally important for the nurse to recognize the patient's perception of the situation. This requires specialized knowledge and skill in relationships.

We have diagrammed the nurse-patient relationship in a physiological emergency situation, now let us diagram a very ordinary nursing situation (Diagram IV). Let us examine closely situation (c) in Diagram IV. The patient perceives the situation as an emergency, "I'm supposed to have my dressing changed at ten o'clock!". The nurse does not perceive this as an emergency considering her other tasks and says "He's a demanding patient." What are the possibilities open to the nurse in this situation?

1) She may do nothing and the patient will not be nursed even though the dressing eventually is changed. (Remember, the basis of our analysis here is that other persons may change dressings but the essence of nursing is the nurse-patient relationship).

2) The nurse may teach the patient her own perception of the situation, "I am too busy." Again we see that this is not nursing. There is no nurse-patient relationship in this situation, only an object

DIAGRAM IV

THE NURSE-PATIENT RELATIONSHIP
IN A COMMON NURSING SITUATION
REALITY OF SITUATION: BURN WOUND DRESSING
TO BE CHANGED TWICE DAILY

	Patient Perceives Emergency	Patient Perceives Non-Emergency
Nurse Perceives Emergency	(a)	(b)
Nurse Perceives Non- Emergency	(c)	(d)

requiring specific attention and an object doing that particular thing. This is a one-sided response since the nurse's perception of the situation is the only relevant part of the relationship.

3) The nurse may understand and deal with the patient's perception. This situation is the reverse of 2). This is still a one-sided response, only in this situation the patient's perception dominates the relationship.

Let us step outside our analysis for a moment to apply this to situations we know. Most students who enter nursing do so with a sincere desire to help people. At the beginning of her career, therefore, the nurse chooses alternative 3). She attempts to understand and deal with the patient's perception of the situation. The patient's response is, "She's a wonderful nurse. She really cares about me." But at some point, the nurse's energy gives out. As a student her patient assignment is such that alternative 3) is a possibility. As a graduate, it may at times be physically impossible. The nurse, therefore, is forced to take either alternative 1) or 2). She may continue to see 3) as an ideal and feel guilt and dissatisfaction with her role. The patient continues to feel that he is not nursed.

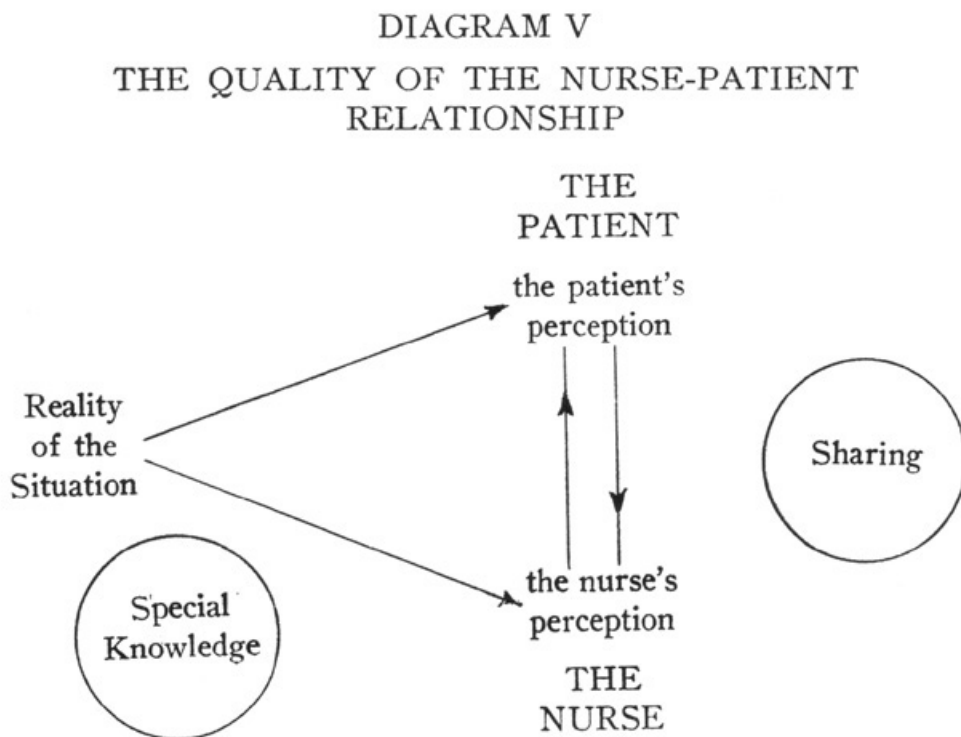
By eliminating these three situations as not describing the quality of the nurse-patient relationship we are saying that it is not a relation-

ship in which one person is dominant over another, it is a person-person relationship.

Having eliminated these situations in our phenomenology, fortunately, we do see another alternative:

4) Each person in the relationship recognizes the other's perception. This situation is a true person-person relationship in that there is two-way communication. We see here that the patient has a role to play as well as the nurse; that he shares the responsibility.

We see then the quality of the nurse-patient relationship: that there is sharing of perspectives and that the nurse must have special knowledge. Diagram V is an attempt to illustrate these factors.



We stated at the beginning that, in order to be true, this analysis of one nursing experience must fit all nursing experiences. We find that the nurse-patient relationship as described through our analysis holds true for all situations, for example, such wide spread situations as a healthy person in the community or an ill person in hospital. Further, we see nothing else that is common to all nursing experiences. In our analysis, therefore, we have discovered the essence of nursing. The essence of nursing is the nurse-patient relationship; the essence of the nurse-patient relationship is that there is sharing of perspectives and that the nurse has special knowledge. This implies an important educational role for the nurse. Also, we see in the end that

there are no objects at all, only people who see themselves in different ways in different situations.

The exciting thing about the phenomenological method is that one does not know the results at the beginning. The findings are not a foregone conclusion and one truly 'discovers' something that one did not know previously. Of course the results of the analysis have been suggested by others(5) but to my knowledge no one has undertaken to arrive at this phenomenologically. Their conclusions, in a sense, corroborate the findings of this analysis, while the analysis presented here, as far as it is free from error, lends certitude to our knowledge that the essence of nursing is the nurse-patient relationship and the essence of that relationship is sharing between nurse and patient and the special knowledge of the nurse(6).

Notes

1. *Pocket Oxford Dictionary*.
2. Catharine Barnett, "This, to ME, is Nursing," *Nursing Outlook*, Feb. 1960, pp. 72-75.
3. Those interested in a more thorough examination of phenomenology are referred to the bibliography. The purpose here is to give the nurse reader a general background in phenomenology to understand the phenomenology of nursing when it is presented. I am deeply indebted to my husband for his assistance with the phenomenology.
4. An object is defineable solely in terms of its function or limited role, whereas a person is a *total being* not merely defined by his role.
5. It is interesting to read Dorothy M. Smith's article, "A Nurse and a Patient" in the light of this analysis. (*Nursing Outlook*, Feb. 1960, p.68-72.)
6. We will not take the phenomenology further here. But we might want sometime to discover the unique quality of that sharing and of the special knowledge.

Further References

- Edmund Husserl, *Ideas* (Translated by W. R. Boyce Gibson). New York: Collier Books, 1962.
- T. W. Wann, *Behaviourism and Phenomenology*. Chicago: The University of Chicago Press, 1964.

THREE RESPONSES TO "A PHENOMENOLOGY OF NURSING"

While there are many thought provoking ideas in this paper, I will limit my discussion to one, the problem of definition by exclusion vs. inclusion. The notion that one can define the essence of nursing implies that there is a universal quality in the multiplicity of people and activities called nursing. Mrs. MacQueen finds this to be the relationship between nurse and patient. I would suggest that this is a circular definition in that it is meaningless until you spell out what is "nurse" and what is "patient". Otherwise the definition would equally fit the relationship of social worker-client or patient-child or teacher-pupil.

Apart from this, in role definition something is surely lost by eliminating all activities which might be done by someone else. I believe one could logically demonstrate that everything nurses do is also done in some context by non-nurses, be they aides, or volunteers, or mothers, or neighbours or other health professionals or whatever. Would this prove that nursing does not exist? Logical proof of this non-existence would not convince either nurses doing nursing or patients being nursed.

I suggest that definition of nursing hinges not so much on searching for what is uniquely nursing, as in describing nursing as it occurs in many situations. It is likely that the definition would involve two aspects: the process of nursing, and the range of problems to which the nursing process is applied. The nursing process has been widely discussed and is essentially assessment-planning-caring-evaluating. The range of problems to which this is applied varies with changes in education, society and the health care delivery system.

I suggest that the definition of nursing should be by inclusion, to define the scope of nursing in its many facets, rather than by exclusion, searching for its elusive essence.

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In responding to this paper, I feel it is important and essential to comment on several assumptions that appear in the introduction of the paper. I presume the assumptions stated are attitudinal and as such, form the authors' basis for the argument of the utilization of the phenomenological method to describe the essence of nursing.

First, the "identity crisis" of nursing is of a complex nature not easily understood in a single context such as educational preparation. A complete discussion would include sociological phenomena relevant to the status of women and the traditional role women have played in society since time began. Further discussion would suggest that the traditional role of women in nursing has impeded if not arrested the political aspects of development of the nurse and her awareness of potential and self-ability to be a highly influential agent in affecting a better quality of health care for those in her charge.

Second, I wonder at the statement, "The traditional diploma nurse sees graduates of the newer two year schools of nursing as a further threat to her status because their presence implies that her education was inferior". In my opinion, any educational preparation of three or five or ten or twenty years ago was indeed inferior, if some effort to maintain or improve ones level of competency is not a continuing process in ones professional life. In this context, the impact of technical change alone for some people can be a devastating emotional experience, while for others, those who adjust more readily to change, it is of minor importance or a welcome improvement. Accommodating oneself to progress and change is not accomplished through resistance but through a concerted effort to search out knowledge and methodology that allows adjustment and continued personal growth.

I believe the author of the paper titled, "A Phenomenology of Nursing", was searching and I appreciate her intent. There can be no question that the essence of nursing lies in the ability of the nurse to interact personally, positively, and therapeutically with those in her care. I find no reason to question her role as a facilitator and reinforcer of growth and learning in the care of her community, nor would I deny her competence or technical ability. Therefore, I disagree with the author and her statement that we do not know what nursing is. On the contrary, we know what it is. Our problem is not one of being unaware, it is one of being wary; to have knowledge, to have independent and decisive thought, to have competence, to have the ability to plan and risk change for the betterment of care and to have expression in a personal and a professional capacity.

In this paper the phenomenological method is attempted by the author to describe the essence of nursing, that is the nurse-patient relationship, and then to describe the essence of the nurse-patient relationship. I have already stated that as a reader, I can quickly respond by stating this is not a discovery, but rather a known finding previously and adequately described by many a nursing person. In fact, I would venture to say any nurse who has had a personal thera-

peutic relationship with someone in her care does not need to utilize the phenomenological method to tell her what the essence of nursing is. However, I do applaud the author for bringing a new dimension of thought to our attention as I do think any attempt to define nursing should not be thwarted.

Although I find writings by Husserl and interpretations of his writings extremely interesting, I do wonder why a framework of phenomenology was used for this paper, in view of the fact that the method is not well accepted nor is phenomenology a well explained philosophy. Also, I am struck by the rather simple application of a very complex set of philosophical beliefs. Further, I find the application of phenomenology to nursing in this paper an incomplete argument. For example, if the true phenomenological method is used there should be no question regarding that which is described and that which is discovered and yet the author sets out to describe a known belief and reveals no new discovery, nor does she exclude situations that are not nursing as she purports to do in respect to describing the essence of nursing.

The introduction of models in the article unfortunately clarifies very little of the method for the reader and as such are not useful.

The note by the author indicating that readers might want to become familiar with the philosophy in order to understand the application of the method to nursing is misleading as a good deal of study must go on to really interest the application of the method.

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Trying to discover the essence of nursing is like chasing the famed Scarlet Pimpernel. We seek it here, there and everywhere but it is still "dem'd elusive" (Orczy 1964). In her *Phenomenology of Nursing*, the author clearly describes the essence of a therapeutic relationship. However it is not evident that such a relationship is unique to nursing. A relationship, a sharing within that relationship and the particular knowledge held by a therapist are basic elements in the helping process no matter which health profession we choose to examine (Purtilo, 1973).

Although it was not the author's intent, her focus on this common structural component forces us to re-examine a trend we cannot afford to ignore, and offers us a new prospect for continued study. Along with our need and desire for a clear definition of nursing we must realize that in view of the current fusion of roles among health professionals and the inter-disciplinary path which nursing is now treading, we have to learn to live within less precisely defined role structures. This awareness should lead us to invest more of our energies into the examination of common goals and ways of collaborating more effectively with our colleagues in other health disciplines. Preoccupation with our own uniqueness narrows our vision and discourages professional growth.

Ms. MacQueen has presented us with an effective means for the continued investigation of these problems. Qualitative methods are most appropriate to the study of social phenomena in their natural setting and are supported by the work of Glaser et al. and Quint. Also by clarifying ideas and describing essential relationships, the author has carried out two of the specific aims of phenomenology (Farber, 1966). By so doing she has illustrated the usefulness of the phenomenological approach to the study of nursing problems.

Further development of the phenomenology might include observation of nursing in a variety of settings, other health professionals in encounters with their clients, and a study of nurses participating collaboratively with other health disciplines in the provision of care.

A broad data base such as this would help to provide practical solutions with which to dispel the confusion many nurses are currently experiencing.

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