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THE MEANING OF NURSE'S ROLE MISSION IN NURSING CARE

A two part study:

Part 1. LITERATURE STUDY (study I)

Part 2. EMPIRICAL STUDY (study II)

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ABSTRACT

Crucial point for the research, which is tied together by these research questions: *What is the lived experience of nurse's role mission in nursing care? What is the meaning for nurses of their role mission in nursing care practice? What kind of issues the nurses refer to nurse's role mission in nursing care and what does it mean for them?*

Aims. *The overall aim:* To illuminate and substantiate the nurses' lived experience of their role mission in nursing care practice. *The specific aims:* **study I -** To find out and substantiate the overlaps and differences between the nurse's role and mission and in **study II** - To unfold the meaning of nurses' lived experience of their role mission in nursing care practice

Method. *Data selection / collection*: in study I were formed the specific criterions and in study II it was performed the qualitative interview. *Data analysis:* in study I it was used the matrix method and in study II – phenomenological hermeneutics. *Sample***:** In the study have participated 10 registered nurses practitioners who work in primary, secondary and tertiary level health care organizations.

Results. Study I results highlighted *the overlaps,* which connect the role and mission are the following: ✔ expressional part; ✔ interaction between patient and nurse; ✔ working in a team; ✔ caring and helping processes are contexts; ✔ orientations are to individuals, families, groups; ✔ main realization level is cognitive; ✔ dependence on personal nurse's qualities; ✔ based on integration of theory and practice; ✔ dependent on organizational needs and infrastructure; ✔ key activity is attached to educational area. *Differences* between the role and mission are those: a) Nurse's self – expression in mission performance is attached to spiritual and cognitive levels through commitment to mission goal without active interventions. In role performance here are integrated two parts – physical (doing with patients) and psychological and spiritual (being with patients). b) In mission performance various phenomenons are related to mono – direction (nurse – patient interaction). In nurse's role performance the interactions are oriented to multi – directions (e.g., nurse – nurse, nurse – patient, nurse – student etc. interactions). c) Nurse's mission in one situation could be only one. The nurse could realize several subroles in one situation. d) Only nurse's role is related to philosophy of a concrete ward. e) Mission is an outcome of personal calling. Even through role performance the nurse experiences calling. f) Role enactment empowers the nurse to reflect and have insights. Mission does not empower the nurse for reflecting. g) Nurse's role is associated with highest quality of specialist's education. This aspect is not actualized in mission performance. **Study II** results illuminated the following empirical facts: a) Exceptionally nurse's role performance allows the nurse to 'survive' with concrete experiences in nursing care practice. b) Permanent connection between the role and mission first and foremost exists in cognitive level (nurse's thinking, perceiving). c) Role experience and its performance is contextual. The mission is experienced through expression of nurse's caring and dignity. d) In mission performance is important internal nurse's motives and in role performance key aspect is only formal her / his commitment. e) In mission is urgent nurse's being feeling one's part deeply and in role performance is accentuated even compulsory functions. f) In mission performance the nurse's calmness and caring is not accentuated as key aspects as they are in role performance. g) Nurse's internal self – empowerment, ability to be in dignity in all situations and experience of professional satisfaction allows experience the mission in nursing care context with the orientation exceptionally to profession. h) In mission experience is urgent nurse's devotion and in role experience – satisfaction, limitations and dependence. i) Nurse's motivation to act for organization forms premises to experience the role in organizational context. f) Nurse's competence allows her / him to experience the role in full value through collaboration with other specialists.

Conclusions:

- The nurse's role and mission in nursing care practice are experienced in complex with the dimensions (orientations) to patient, patient family, nurse's self, activity, nursing profession, colleagues nurses and other specialists, organization, physician and society. Nurse's role mission meaning is experienced through the following aspects (those are illuminated by adequate themes / overlaps between the role and mission content): being in communion, permanent experiencing, feeling one's part deeply, devotion, being able to influence (the patient and his / her family, activity, and colleagues nurses), being reflective, being in dignity, commitment, nurse's competence, being caring, self – empowerment and satisfaction.
- The experience of nurse's role mission meaning in nursing care practice is:
- ***Limited by*** nurse's being in broken dignity, having depersonalized standpoint to patient, being negligent with the patient and not performing the professional obligation.
- ***Dependent on*** changes, personal nurse's perception, competence, and family 'roots', context, formed activity aims and personal standpoints to activity.
- ***Influenced by*** patient's age and his / her response to performed nurse's activity, being counseling and empowered and patient's experiences, nurse's permanent learning, acquired education, practical experience and being interested in novelties.
- The meaning of nurse's role mission is experienced in nursing care practice by five levels – personality, cognitive, spiritual, and psychological and activity. The meaning of nurse's role mission is experienced in nursing care practice through practical, managerial, cognitive, social and educational activities.

Keywords: nursing care, role, mission, phenomenological hermeneutics, qualitative interview, matrix method

CONTENT

1. GENERAL INTRODUCTION

When I began to work as a nurse practitioner at the pediatric ward[1] I had much knowledge in biomedicine and the very little in nursing. And my pre–understanding about the nursing was even as about the simple skill-based practice, where I should do everything according to physician's orders. At the High Medical School[2] and at University[3] I was educated as a nurse on the biomedical background, where the nursing was an additional element of medicine, i.e. the nurse is treated as an assistant of a physician. Thus I always was curious about the nurse's role and mission and their connection. The question that I asked myself was: What is the role and mission of the nurse: to assist the physician or to take care of patient?

Not once I had reflected on nursing care, research base for nursing care, nursing education and context within which nurses are practicing. Nursing care practice is evolving considerably from a focus even on individuals to a focus on families, communities and populations. Nurses may work as solo experts or as equal members of monodisciplinary[4] or multidisciplinary teams by using autonomous and collaborative decision making approach in solving problems. Nurses' focuses are both on the delivery of nursing care services and the quality of it. Nurses report not even on the process of nursing care practice, but also on the quality and outcomes of that practice. Nowadays the nursing science base has grown to include the nursing care philosophy[5].

The background of this study involves the knowledge from my own experience, i.e. my pre–understanding as a nurse practitioner and my experience as a lecturer in practice settings and at college. Almost all those past years I have a possibility to discuss with nurses practitioners from various specialized areas of nursing care and nurses students[6]. The nurse practitioners and nurse students often discuss and reflect on the nurse's role and mission. Not rarely they note that their experiences illuminates the big gap between nursing theory and clinical nursing care practice: nursing theory includes the statements that indicate what and how it should be and nursing care practice gives the possibility to experience of *what* and *how* it is *here and now*, i.e. in reality. Nurse practitioners and nurse students[7] through experience

[1] From 1993 year
[2] 1990-1993 year
[3] 1994-1998 year
[4] Nursing care
[5] I.e. include not the causes of morbidity and mortality and the factual numbers, but the multidimensional determinants of health including physical, psychological, spiritual, mental, social capacity of nurses and patients.
[6] I give them seminars and lectures on different subjects in nursing (e.g. nursing research methodology, nursing management, nursing education, nursing theories).
[7] Who observe the nursing care practice and have the possibility to realize the nursing care practice as it is a part of nursing studies

and permanent, continuing competence development and education reflect on the nurse's role mission. Nurse practitioners and nurse students do not separate the nurse's role and mission. They talk mainly about the unity of nurse's role and mission, i.e. overlap between the role and mission and do not separate those concepts strictly.

2. BACKGROUND

2.1 Concept of a role: semantic perspective[8]

Semantic analysis had illuminated these aspects of a role concept:

- The role performance is connected to context and situation.
- The role could be performed autonomously or many roles could be realized as integrated complex.
- The role 'works' in context of relations / interactions with others or in a group, i.e. is response of others.
- The role includes functions.
- The role is an element of social behavior and is characterized representative and concrete.
- The role is a personal image that shows the status and power.

2.2 Nurse's role

Nurse's role is represented in two ways: 1) connected to nursing care practice context; 2) connected to competence and through it related to nursing care practice.

2.2.1 Connection to nursing care practice

Connection to nursing care practice is represented by the role of the nurse that is called in two types - nurse as *a clinical practitioner / specialist* and *registered nurse as a health care practitioner*.

- *The nurse - clinical practitioner / specialist role*. Hunt (1999) has identified that nurse's as clinical practitioner's role includes the activity elements that involve different subrole's realization: assessing patient needs and evaluating care; planning care; nurse / patient caring interactions; pharmaceutical intervention; education and training; documenting information; coordinating the services of nurses and other professionals for patients; communicating with other professionals and other staff; administration / organization of clinical areas. The results

[8] See Annex 1

of Torn's (1998) qualitative study indicated that *the role of nurse practitioner could be named as a clinical role*.

- *The nurse - health care practitioner role*. Scott (1995) sees the nurse's role in adequacy with the health care practitioner role, because of the main focus of nurse's activity is patient's health. The nurse's role is, reasonably clearly defined and legislated for, in terms of rights and duties. In order to practice competently there are certain clearly identifiable competencies, which the nurse must have. If the nurse practitioner does not possess these competencies then the practitioner may have his / her license to practice either withheld or withdrawn, by society, through the agency of the appropriate registry body. The key elements that are related to components of the registered nurse's role performance are based on multidisciplinary competencies (Benner, 1984; Leino-Kilpi, 1989; Fawcett, 1995; Bousfield, 1997; Fagermoen, 1997; Raatikainen, 1997; Woodward, 1997; Torn, 1998; Willmot, 1998).

2.2.2 Connection to competence

Connection to competence and through it to nursing care practice is acknowledged as any professional role and can be decomposed into separate components (Žydžiūnaitė, 2002b).

- The components of nurse's role are the roles of clinical practitioner, manager, teacher and researcher (Clifford, 1996) and they reflect on the fields nursing care activity where the competencies are carried out. Also these components are related to autonomous roles from which the nurse's role consists and they could be named as 'subroles' in nurse's role structure (Žydžiūnaitė, 2003a).

- The role performance carries out the connection between behavior of an individual and social structure (Clifford, 1996). For holistic nurse's role performance the nurse must possess the following competencies: *conceptual* (systemic thinking, skills of problem solution), *technical* (professional competence, related to special knowledge and skills of work activity field), *interpersonal* (skills of communication, counseling) (Žydžiūnaitė, 2002b). According to Lutjens (1991), key factors influencing the performance of holistic nurse's role are social learning, mechanism of feedback, and clear goals of activity as well as ability to avoid role conflicts. The nurse will work valuably only in corresponding nursing care practice environment in which she / he will be able to develop and improve her / his competencies. Nurse's role is a mirror reflection of a competence, i.e. in the role as in the competence one can distinguish the *instrumental side*, which involves long – term purposes of mastering role

and *expressive side* that is related to feelings, values and standpoints, when the holistic role is performed by the nurse *here and now* (Lutjens, 1991).

2.3 Concept of a mission: semantic perspective[9]

The semantic analysis of a 'mission' concept have uncovered that exists two concepts – 'mission' and 'missions'. Here are two differences between the mission and missions: ***1)*** *The mission* could be related to different contexts and mainly to economic, political or personal, and *the missions* are related even to two contexts – charity and education. ***2)*** Performers of a *mission* are empowered by community, organization etc. A purpose of it is to communicate with people and to spread to them the main idea that includes the specific philosophy. The performers of *missions* realize the same process but they have always the additional purpose – to involve more people to believe in this idea as much as possible. Also the *missions could be the elements of a mission*, i.e. the mission may include the overall aim and through missions the more specific aims are realized.

The mission includes the following characteristics: has the purpose, aim and duty; is based on concrete activities and specific techniques; incorporates the fidelity to the idea that is propagated in communities[10] and is connected to the particular philosophy.

The following aspects characterize ***the missions*** (see Annex 2):

- Missions are visible by concrete activities.
- Missions are related to spreading of 'key' idea in order to involve more people who believe in this idea.
- Missions are purposeful and oriented to strengthening, charity and education activities.
- Missions empower the performers.

2.4 Nurse's mission: nursing care perspective

The content of nurse's mission includes the following elements: promoting health, preventing disease and protecting the public from a range of biological, behavioral, social and environmental threats to health (Berkowitz, 2002). The nurse's mission is *recovery – oriented* in order to celebrate and enjoy patients' everyday achievements through the *empowerment of the self and the patient* (Liddy, 2003). Nurse's mission is to provide the safe and quality care for patients and to serve them (Gantz *et al*, 2003).

[9] See Annex 2

[10] The propagation could be related to political, economic and personal concerns.

Nurse's mission is *task - oriented* and through it she / he strives to satisfy patient's needs and to carry out the nursing care activity effectively in order to have the high quality outcomes (Power *et al,* 1999). Thus the nurse's mission includes the nurse's roles and their performance that is based on skills and knowledge acquired by the nurse (Power *et al,* 1999; Berkowitz, 2002). The nurse's educational level is important in order she / he would be able to take responsibility, to support colleagues and perform various roles in a team (Jacob, 2002).

The performance of nurse's mission is *oriented to patient*: nurses learn what it means to walk beside people in a helping relationship, understanding the importance of reciprocity and therapeutic self – disclosure (Kirschling, 2004). Here is important nurse's self – confidence in order to serve the patient. Gantz *et al* (2003) indicates the significance of nurse's responsibility, interaction between the nurse and patient in performance of nurse's mission.

The most convenient and effective way to perform the nurse's mission is to work in a team that facilitates the reaching the set of objectives set and those are included in the content of nurse's mission (Jacob, 2002).

2.5 Nursing care mission

The mission of nursing care in society is to help individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context of the environment in which they live and work. This requires nurses to develop and perform functions that promote and maintain health as well as prevent ill health (Salvage, 1993).

Mission of nursing care is based on the following perspectives (Meleis, 1997): 1) nursing care as a human science; 2) nursing care as a practice - based discipline; 3) nursing care as a caring discipline; 4) nursing care as a health - oriented discipline.

2.6 Unity of nurse's role and nursing care mission

The functions (as constituents of nurse's role or roles) are directly connected with nursing care mission: 'the functions of the nurse derive directly from the mission of nursing in society' (Salvage, 1993, p. 16).

Jacob (2002) notes that is very important to have the clear statement of a mission, which should include the standard of service set, i.e. concrete nurses' functions from which their roles in practical arena consists. And the nurse as the 'key' performer of nursing care should have the knowledge and expertise to deliver higher – quality – end – of – life care that is the mission of nursing care as well (Kirschling, 2004).

2.7 Lithuanian context of a study

Fifty years of being in Soviet Union had influenced the destruction of nursing profession and its evolution didn't happen, then today we have these results: nursing practice is directed to biomedical and quantitative principles; nursing as a science has no traditions; society doesn't know about nurses' broad competence; differences between the nurses' and physicians' functions are primitively comprehended as hierarchical, but not as an equivalent and based on collaboration; here is no teamwork tradition in health care system, where the nurse could be a leader of a team. We can not ignore, that nurses as professional group in Lithuania work in various contexts and realize different roles as practitioners, teachers, and administrators / managers. Nurses have no formal rights to act, plan and develop the nursing profession and science autonomously. Even the university level education is not the constant background for nurses from personal, professional, and carrier development standpoints. In Lithuania still inadequately is comprehended an independence of different professional activities of nursing and social work; very often these activities are treated as synonymous.

In Lithuania the nursing law (2001) regulates the nursing practice.

Studies (Žydžiūnaitė, 2003a, b) have illuminated the tendencies of a current nursing practice in Lithuania[11]. Nurses describe nursing activity, in which competencies are performed. These descriptions answer the questions: *In what kind of areas nurses really act? What kind of competencies nurses realize in the real nursing practice? What kind of roles nurses realize?* Results of the qualitative research illuminated the roles that are realized in nursing care practice. The most often mentioned roles of the nurse are *the performer of undetermined functions and practitioner*. The research results illuminated the role of *psychologist and guardian* as nurse's roles, which are realized in communication with patients and their relatives and in collaboration with physicians. According to respondents, nurses should solve the conflicts and not rarely to *'absorb the bad moods'*. The performance of *psychologist* role incorporates a conflict management and self-management competencies, which influence an effective interaction with patients, their relatives and colleagues. The role of the *nurse - guardian* includes *social care and ethical - philosophical competencies*.

It illuminated the other roles of nurses, e.g. secretary, sanitary inspector, courier, servant, and those could be named as meta-roles. The performance of these roles, according

[11] Using the qualitative content analysis the interferences of nurses' competencies' performance and the gap between nursing education and nursing practice were diagnosed. Study sample was 335 nurses (practitioners, chief nurses and vice - directors of nursing).

respondents, *'disturbs the nursing activity of full value'*. The current nursing care practice is reflected in Figure 1.

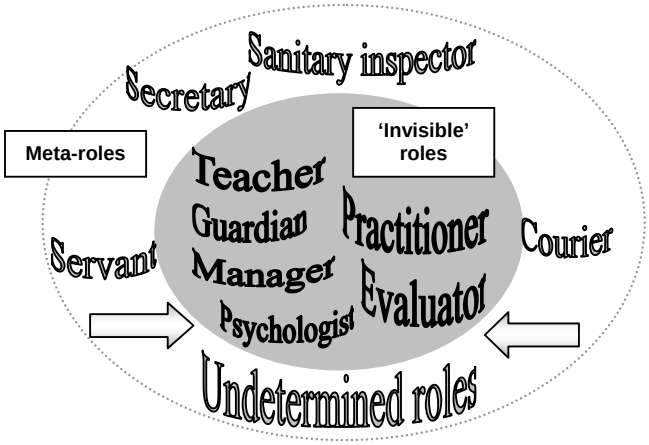

Figure 1. Qualitative relationship between meta-roles and 'invisible' roles in nursing care practice (Žydžiūnaitė, 2003b; p. 87)[12]

In Figure 1 here is illuminated that the current nursing care practice includes the functions that do not require the specific nursing competencies. Even these roles ('meta - roles') are seen by the society. The roles of a teacher, manager, evaluator and etc., which require the adequate competencies, are 'invisible'[13] in a society. But exactly for these 'invisible' roles the nurses are educated at colleges and universities. It means that persons, who have acquired nurse's qualification and mastered the multidisciplinary competencies in clinical nursing, education, psychology, management, social care, research methodology and etc. do not apply these competencies. This proposition is confirmed by the results of qualitative content analysis: in the environment of current nursing care practice here is no possibility to realize and develop the mentioned competencies (Žydžiūnaitė, 2003a). Then those competencies just 'thaw'. Meta - roles reflect a hierarchical subordination, according to the stereotypical perception about the low prestige of nursing care practice and the nurse's profession in a society.

The results of qualitative content analysis illuminated these disturbances in realization of nurse's competencies' (Žydžiūnaitė, 2003a):

- Nurses do not have the possibility to realize the competencies, acquired in higher education organizations (colleges and / or universities): the current nursing care practice is not

[12] Žydžiūnaitė, V. (2003b). Reflection on the Gap between Higher Education and Practice: Obstacles in Realisation of Nurse's Competencies. *Social Sciences*, **5** (42): 78 – 89.
[13] Except the role of nurse-practitioner 'technician', under the hierarchical obedience to physician.

directed to the development of nursing care practice, it's autonomy, interprofessional collaboration and application of interdisciplinary competencies, acquired by nurses, but is directed to stereotypical hierarchical nurse's obedience to physician's profession.

- Nursing care activity becomes twofold: one part of activity includes the acquired, but not used competencies and the other part consists of the meta - roles that are not based on adequate competencies.
- Processes of nursing education and continuing development become elemental; the recent nursing care practice 'throw away' the multidisciplinary nurses' competencies.

3. THE RATIONALE OF THE THESIS

Authors, who represent the concepts of nurse's role, nursing role, nursing mission, caring mission are not precise in distinguishing those concepts as well as in illuminating the relational connections between them. From scientific literature review it is clear that all those mentioned concepts are based on the same elements: ***1)*** nurse's competence that involves acquired skills, knowledge, competencies; ***2)*** nurse's ability to be responsible, realize the duties and to be able to work in a team; ***3)*** orientation to patients in order to serve them and to care of them; ***4)*** nursing management and leadership in nursing care; ***5)*** nurses' role adequacy to their functions and the nurse's mission adequacy to nursing mission.

Researchers have made studies about nurse's and nursing role, where they indicate how it should be, but no one is noted, how it is *here and now*. Here is missing the clear statements about the meaning of a nursing care mission, role as well neither from the nurse's or patient's perspective. Also here is no research studies about relation between nurse's role mission in nursing care that is the starting point for nurses in any position to realize their roles, to establish nursing education curriculum. Nurses, who care for patient, require knowledge about nurse's perceptions of their lived experiences related to their role mission in nursing care.

I do hope that research – based explanations from this study will illuminate the important aspects that will be useful for the development of nursing care practice and nursing education, nursing management, nursing policy and nursing research as well. The research – based evidences about nurse's role mission in nursing care from this study could be a starting point for nurses to understand the philosophy of nurse's profession that is the background of nurses' self – confidence from practical and academic standpoints, feeling meaningfulness and value of nursing care that they are performing day – by – day.

According to reflections on nurses' practitioners' and nurse students' pre – understanding, it was raised the issues that involve the nurse's practitioners' lived experience of their role mission in nursing care. This became the crucial point for the research, which is tied together by these research questions: *What is the lived experience of nurse's role mission in nursing care? What is the meaning for nurses of their role mission in nursing care practice? What kind of issues the nurses refer to nurse's role mission in nursing care and what does it mean for them?*

4. THE AIMS OF THE THESIS

4.1 The overall aim

To illuminate and substantiate the nurses' lived experience of their role mission in nursing care practice.

4.2 The specific aims

Aim of study I (theoretical). To find out and substantiate the overlaps and differences between the nurse's role and mission.

Aim of study II (empirical). To unfold the meaning of nurses' lived experience of their role mission in nursing care practice[14].

5. Part 1. Literature study (study I)

5.1 METHOD

Reflective standpoint is a premise of critical thinking (Brookfield, 1987), which is the essential component in literature analysis in order to empower the self for deeper comprehension and theoretical modeling of the phenomenon under the study. This standpoint fits the aim related to **study I.** In the **study I** it was used the matrix method that is defined by Goldman & Schmalz (2004, p. 6) as a structure and a process for systematically reviewing the literature and a system for bringing order out of the chaos of too much information spread across too many sources in too many places.

5.1.1 Selection

In order to collect the related literature the computerized data basis systems were used such as follows: EBSCO, Academic Search Elite, MEDLINE, PERINE, ERIC.

[14] From this part of the thesis I will present separately the **studies I** and **II**.

The scientific articles on nurse's role in the period of time from 1990 to 2004 were found very little. Here is no found the data basis that are emphasized on nurse's mission, i.e. the concept of 'mission' was not indicated in the title of an article or in the abstracts or in the keywords' list. In the period of time from 1970 to 1990 it was found more scientific articles on role concept explanation and nurse's role exploration, but here was still a missing of articles that are related to concepts of 'mission', 'nurse's mission' and the 'nurse's role mission'[15] also the contents of some books[16] were analyzed in order to deepen the analysis of the mentioned concepts.

The establishment of inclusion criteria for scientific article in journals consisted from several steps:

Firstly, the focus was on the keywords 'nurse's role', 'nurse's mission', 'nurse's role mission' and 'nursing mission' and those should be mentioned in article's topic. According to these criterions it was found articles only on 'nurse's role'.

Secondly, the more detailed inclusion criterions were established.

The *compulsory criterions* were the following:

- the article should be related to nursing practice;
- the content of presented theoretical and/or empirical studies should be oriented to nursing practice and nurse's practitioners activity content in nursing care;
- the empirical studies could be qualitative or quantitative, but the focus of it should be on nurse's meanings about the their role or/and mission in nursing care;

[15] Thus the author of this thesis has chosen the more complicated way: to take the big amount of time and to study the content of the scientific journals at the libraries of Blekinge Institute of Technology, Kaunas University of Technology, Faculty of Social Sciences and Klaipėda College, Health faculty. Those journals are related to different specialized nursing areas (e.g. oncological nursing, psychiatric nursing, elderly care nursing, nursing management, nursing education, etc.) with emphasis on articles where the nurse's role and mission is illuminated. The following journals were analyzed: *Journal of Advanced Nursing*; *Journal of Nursing Management*; *Nursing Inquiry; Learning in Health and Social Care; Nursing Philosophy; Medical Education; Scandinavian Journal of Caring Sciences; Journal of Psychiatric and Mental Health Nursing; Nursing Ethics; Child: Care, Health and Development; International Nursing Review; European Journal of Cancer Care; Journal of Clinical Nursing; Public Health Nursing; Critical Care Nursing; Australian Nursing Journal; Nursing Home Magazine; School Psychology Review; Journal of hospice and Palliative Nursing; Christianity Today; NORA; Caring in Nursing; Social Sciences; Health Sciences; Australian Journal of Holistic Nursing; Archives of Psychiatric Nursing; Journal of Nursing Education; Critical Care Quarterly; Journal of Aging and Human Development; British Medical Journal; Clinical Nurse Specialist; Intensive and Critical Care Nursing; Nurse Education Today; Cancer Nursing; Research Highlights*

[16] The content of these books was analyzed: PARSONS, T. (1970). The Social System. – London: Routledge & Kegan Paul; PETERSON, J. & ZDERAD, L. (1976). Humanistic nursing. - New York: John Wiley & Sons; SALVAGE, J. (1993). Nursing in action. WHO Regional Office for Europe, Copenhagen: WHO Regional Publications, European Series, No. 48; HANSON, S., BOYD, S. (1996). Family Health Care Nursing: theory, practice and research. Philadelphia: F. A. Davis Company; MELEIS, A. (1997). Theoretical nursing: development and progress. Philadelphia, New York: Lippincott; BARKER, P., ALTSCHUL, A. (1999). The Philosophy and Practice of Psychiatric Nursing. UK: Churchill Livingstone;

- the article should be published from 1991 year.

The *additional criterions* were the following:

- notions of 'role' or/and 'mission' should be mentioned in list of keywords;
- or, the theoretical background should include the notions of nurse's role or/and mission;
- or, the research study should include the elements that reflect the nurse's role or/and mission;
- or, the conclusions illuminate the nurse's role or/and mission in the context of presented article's content.

The *inclusion criteria for books* were two:

- is related to nursing practice or the nursing theories are described in the context of integration with the nursing care research;
- in the Index are mentioned the notions of 'nurse's role' and/or 'nurse's mission', and/or 'nurse's role mission'.

For semantic analysis were chosen the different kind of dictionaries. Because of the here exists very little literature on mission thus the articles with the topics, which include the notion' of 'mission' were also used in order to illuminate the elements of the mission in general context.

The results of all the searching are seen in Table 1.

Table 1. Matrix of references according to keyword

Keyword	Authors and years of references	Total No. of references	Used references according criterions
ROLE	**1971-1990:** Coulsen (1971); Downie (1972); Jackson (1972); Handy & Conway (1987); Itano, Warren & Ishida (1987).	**11**	**6**[17]
	From 1991: The Wordsworth Concise English Dictionary (1993); Blackwell's Dictionary of Nursing (1994); Churchill Livingstone's Dictionary of Nursing (1996); Miller-Keane Encyclopedia & Dictionary of Medicine, Nursing & Allied Health (1997); Oxford Advanced Learner's Dictionary (1998); Dorland's Illustrated Medical Dictionary (2000)[18]		

[17] See Annex 1

[18] From 1991 year the concept of a role as separate is not researched in nursing and is connected to activities (situations, contexts etc) so why here is presented only dictionaries (where is presented concept of a role separately)

Table 1. Matrix of references according to keyword (continuation)

Keyword	Authors and years of references	Total No. of references	Used references according criterions
NURSE'S ROLE	**1971-1990:** Georgopoulos & Christman (1970); Aradyne & Denyes (1972); Bonocher-Bruce (1972); Baker (1979); Leininger (1981, 1988); Castledine (1982); Fox (1982); Hamric & Spross (1983); Benner (1984); Bottorf & D'Cruz (1984); Vittello Cicciu (1984); Boud (1986); Dotan, Krulik, Bergman & Echerling (1986); Tarsitano, Brophy & Snyder (1986); Gonzales, (1987); Beecroft & Papenhausen (1988); Ryan-Merritt, Mitchell & Pagel (1988); Ashworth & Morrison (1989); Akinsanya (1990); Davis, Hershberger, Ghan & Lin (1990); Londer-milk (1990).	**93**	**47**[19]
	From 1991: Butterworth (1991a,b); Clarke (1991); Clay (1991); Holdern (1991); Schaefer (1991); Busby & Gilchrist (1992); Jenny & Logan (1992); Larmer (1992); Thomas (1992); Fitzpatrick, While & Roberts (1992); Bass, Rabbett & Siskind (1993); Clifford (1993, 1996); Davies (1993); Titcher & Binnie (1993); McFadden & Miller (1994); McKenna (1994); While (1994); Alavi & Cattoni (1995); Fawcet (1995); Miller (1995); Rasmussen, Norberg, Sandman (1995); Scott (1995); Adams (1996); Clifford (1996); Edwards (1996); Harris, Redshaw (1996); Snowball (1996); Walker (1996); While, Barriball (1996); Willard (1996); Bousfield (1997); Fagermoen (1997); Paaivilainen, Astedt, Kurki, (1997); Raatikainen (1997); Torn (1998); Taylor & Ferszt (1998); Torn & McNichol (1998); Willmont (1998); Wilkes & Wallis (1998); Hunt (1999); Bolton (2000); Brown (2000); Collins *et al* (2000); Gould, Thomas, Darlison, (2000); Perry (2000); Caan *et al* (2001); Cowman, Farrely & Gilheany (2001); Narayanasamy, Owens, (2001); Zhang, Luk, Arthur, Wond (2001); Smith, Godfrey (2002); Doran *et al* (2002); Fessey (2002);Meretoja, Leino–Kilpi, H. (2003); Žydžiūnaitė (2002a, b; 2003a, b)		
MISSION	**From 1991:** The Interpreter's Dictionary of the Bible. An Illustrated Encyclopedia (1991); The Wordsworth Concise English Dictionary (1993); Oxford Advanced Learner's Dictionary (1998); Predelli (2001). Vaitkevičiūtė (2001) 'The International Words' Dictionary'	**5**	**5**[20]
NURSING MISSION	**From 1991:** Fealy (1995); Steven (1996); Denny (1997); Power & Heathfield (1999); Berkowitz (2002); Buxa (2002); Lower & Bosack (2002); Darras *et al* (2002); Jacob (2002); Liddy (2003); Packer (2003); Sebastian *et al* (2003); Kirschling (2004); Shelby (2004)	**17**	**17**[21]
NURSE'S MISSION	Not identified	-	-

From Table 1 is important to note:

- The 'role' concept is presented in 11 references: in 1971 – 1990 the 'role' concept was analyzed from semantic and sociological perspective in 5 references and in 6 references (from 1990) the 'role' concept is not analyzed, but the 'role' as a notion is presented in various dictionaries.
- On nurse's role was reviewed 93 references: 22-articles that were published in 1970-1990 and 71-articles, which were published in 1991-2003[22].

[19] See Annex 3
[20] See Annex 2
[21] See Annex 4

- On ‘mission’ concept the total number of references from 1991 year is 5, where the notion ‘mission’ is explained from the semantic perspective and on ‘nurse’s mission’ and ‘nurse’s role mission’ the references are not identified.
- The concept of ‘nursing mission’ is presented superficially in 17 references and the biggest number of references is presented as theoretical literature review or concept analysis (15 references) and only in one article is presented the qualitative study, where the interview was used for data collection and in one article here is not indicated the research method.

Thus the literature analysis based on the standpoint of reflection included four tasks in one (Goldman & Schmalz, 2004):

1. Making decisions about which kind of scientific literature and / or documents to review.
2. Reading and understanding what the authors present.
3. Evaluating and reflecting on any ideas, research methods, and results of each publication.
4. Writing a synthesis that includes both the content and a critical analysis of these materials.

5.1. 2. Data analysis

The research does not exists in a vacuum – for research findings to be useful, they should be an extension of previous knowledge and theory as well as a guide for empirical research activity. For a researcher to build on existing work it is essential to understand what is already known about a topic. A focus on prior research provides the foundation, which is a base for new knowledge (Polit & Hungler, 2004). A familiarization with previous studies is also useful in identifying aspects of a research problem about which more research is needed. Thus a literature analysis preceded the deeper delineation of the research object (nurse’s role mission).

Within the **study I** it has been performed the scientific literature analysis based on reflective thinking with the integration of deductive and inductive reasoning:

[22] Among articles that are published in 1991-2003 year 59-articles are emphasized on nurse’s role (See Annex 3). In other analyzed articles from this period the nurse’s role is even the small aspect of the presented context. In order to illuminate the holistic view, i.e. maximum details and aspects of 'nurse’s role' concept the different and important aspects from 1970-2003 articles was used, but not presented in annexes even used in a text of the thesis. The main emphasis in the thesis is on articles that are published in 1991-2003, where the nursing or the mixed perspective on ‘role’ concept was used (see Annex 3).

- The reflective standpoint stipulates the researcher to ask questions such as 'why', 'how' and 'what' that are focused on research object (McCarthy, 1981; Boud *et al,* 1985; Brookfield, 1987; Burnard, 1988; Allen *et al,* 1989; Leino – Kilpi, 1989; Shön, 1991). Though in study the main reflective focus was on the nurse's role mission in nursing care practice and as a result it was extracted the main components (overlaps and differences) of nurse's role and mission in nursing care context.

- In the literature analysis (**study I**) the deductive and inductive reasoning was used alternately. The purpose of deductive and inductive reasoning in research is to increase the body of knowledge, the sum of what is known (Cohen & Manion, 2000; Cormack, 2002; Kardelis, 2002). Inductive reasoning is the process of developing generalizations and the deductive process is the process includes the development of specific predictions from general principles (Polit & Hungler, 2004). Deductive reasoning was carried out, when semantic analysis of the 'role', 'mission', 'nurse's role', 'nursing mission', 'nursing care' concepts was performed and the inductive reasoning was carried out, when the details of the mentioned concepts were compared. The overlaps between those concepts were illuminated and the unifying elements / details between the nurse's role and nursing mission were identified in order to form the theoretical model of 'nurse's role mission'.

Practical steps of **study I** were the following:

Firstly, the general overviews of research object were presented (an essential idea or theory) and after the separate components of this object (nurse's role mission) were analyzed. It means that analysis' 'direction' was *from general to specific*.

Secondly, all the extracted specific ideas / aspects were reflected and the specific information was presented in matrixes (see Annexes 1 – 4) with the comments on the chosen extractions from the analyzed texts that were related to key concepts of 'role' and 'mission' from which the research object consists.

Thirdly, the direction of literature analysis was performed by direction *from the separate facts and details to generalization*. This is presented in 'results' part by descriptive way presenting the 'role' concept origins, nursing care as a context fore nurse's role realization, nurse's role, mission of nursing care and the unity of nurse's role and nursing care mission.

Fourthly, after performance of interviews and after the naïve reading phase performance in interview data analysis the process and results of **study I** were re – evaluated (reflected) in order to make more deeper, integrated and validated literature analysis.

The process of the Matrix method included those practical steps:

Step one. Planning and managing a literature search. It was set up the Paper trail section of my notebook (this is a record of the search process used to identify relevant materials and a way to keep track of where I am going and where I have been in the review of the scientific literature) with five parts, each with some blank paper for making the following notes:

- *Keywords:* the term that describes a research topic.
- *Key sources:* these are the names of reference books, journals that I reviewed.
- *Electronic bibliographic databases:* the list of the electronic databases I have used.
- *Internet:* the list of all Web sites explored.
- *Notes:* the section like a running diary of things I needed to remember.

Step two. Selecting the relevant scientific resources. This step included these elements:

- Reviewing the abstract.
- Skimming of the document in order to check authors' statement of research aim, methods, results ort conclusion(s).
- Making the copies of the scientific documents (e.g., articles).

Step three. Creating the documents section. The document section is related to arrangement of documents for use in constructing the review matrix and provides a quick index for efficiently finding a particular source scientific document. All the scientific literature was organized by the alphabetical order.

Step four. Creating the review matrix. Creation of the matrix included establishment of the following column headings:

a) (All) author(s), year of publication and name of the journal;
b) Title of an article;
c) Research aim presented in an article;
d) Research methods presented in an article;
e) Research results presented in an article.

In this step the importance of the researcher's reflection I have accentuated: a) each scientific article had been read in order to decide whether to present the research results in more abstract, but proper and exact style; b) it was critically analyzed the source materials, abstract each on the basis of the column topic and in the process construct the cells of the review matrix; c) extractions from the articles with the description of various aspects/contexts/standpoints related to nurse's role and mission were chosen and the 'key' elements from those extractions were illuminated thus the two columns were added to every scientific source such as 'Content of extract' and 'Comments'.

Step five. Writing the synthesis. The review matrix was completed and it was clear about why I have done this review and what my focus was.

The presented content in matrix columns had illuminated the principle topics, issues, methods, results, missing or inadequate topics that was the precondition for deeper critical analysis presented in a discussion part of **study I**. The presented content of extraction and comments on it empowered the author of this research to go back and reread some of the papers (it was practically 'used' the reflection) in order to be more exact in discussion part of the **study I**.

6. RESULT

The results of **study I** have uncovered the overlaps between the nurse's role and nursing care mission that substantiate the premise that the nurse's role and mission should be investigated as unified phenomenon of nurse's role mission, which is more realistic to discuss from research and practice perspective in nursing care. The key overlapping / unifying elements are the following: *interaction and communication; contextual and situational;* based on *virtues, ethical and moral aspects;* oriented to *caring;* 'alive' and visible even in concrete activities and include various techniques; dependent on nurse's *professionalism and competence;* related to *concrete activity areas in nursing care context; attached to the mission of formal organization (institution); performed effectively in a team working.*

6.1 The role concept origins

Despite the fairly wide use of the word 'role', little attention has been given to the origins and development of the study of role. The study of role, and the search for single theory of role, has been likened to the search for a nursing theory where similar difficulties in developing a single theory can be observed (Hardy & Conway, 1987). Whilst some authors (e.g., Coulsen, 1972; Jackson, 1972) use the term 'concept' when discussing role, the study of 'role' has increasingly become known as 'role theory' (Hardy & Conway, 1987).

The origins of study of 'role' however, can be traced back to the 1930s and three schools of thought credited to the seminal work of Mead (1934), Linton (1936) and Moreno (1962), representing *sociological*, *psychological* and *anthropological* traditions:

- Mead (1934) (in Clifford, 1996) was interested in the problems of interaction and examined processes associated with adapting to change and finding a 'social niche'. Thus the concepts of the *self* and *socialization* were explored. From this Mead had developed the

notion of *taking a 'role'* in which the individual or 'self' would be influenced by others. This analysis was seen as the origins of the school of symbolic interactionism in sociology.

- Moreno (1962) (in Clifford, 1996) works are based on the assumption that artificially constructed groups and roles could provide opportunity for socio-cultural reintegration of disturbed patients. Moreno argued that the genesis of roles goes through two stages – *role perception* and *role enactment*.

- Linton (1936) (in Clifford, 1996) made a distinction between status, a collection of rights and duties, and role as the dynamic aspect of status and had identified the concepts related to social structure (i.e. networks, positions, status and expectations) and made clear distinctions between structure and the individual.

Downie (1971) gives a description of the differences between the sociological and philosophical notion of a role: '…from the point of view of sociology and kindred enquires 'role' is a *de facto* concept and roles are patterns of expected behavior with certain effects, while from the point of view of social ethics and kindred enquires 'role' is a *de jure* concept and roles are clusters of rights and duties. It should be noted that the person who has the role in the sociologist's sense may be quite unaware that he has it, whereas in the sense of the social philosopher the person who has the role must be aware that he has it… We might say that in the sociologist's sense a person can be said in fact to have a role, whereas in the legal and political philosopher's sense be can be said to be in a role or to accept or reject a role' (p. 47).

A number of papers have addressed role from a student nurse perspective, focusing for example on professional 'role acquisition' – how students learn to perform as nurses (Dotan *et al*, 1986; Davis *et al*, 1990). In these papers the team 'role model' is widely used, drawing on the social learning theory[23]. Adequacy of performance, the effects of performance, and how performance in some groups relates to others can be found in papers discussing constructs such as *role conception* and *role deprivation* (Itano *et al,* 1987), *ambiguities* in nurse student role (Ashworth & Morrison, 1989) and *role conflict* in nurse students (Thomas, 1992).

6.2 Nursing care as a context for the realization of nurse's role

Over the years, nursing has been defined and redefined. However, objectives for nursing practice cannot be formulated without some degree of understanding regarding what the job of nursing entails (Bottorf & D'Cruz, 1984; Bottorff, 1991). Henderson (1966) in her

[23] Described by Bandura (1977).

definition stated: the unique function of the nurse is to assist the individual in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided had he the necessary strength, will or knowledge. Initially Henderson's definition may seem to emphasize the physical actions of nursing. Yura & Walsh (1978; in Meleis, 1997) have argued that it can be interpreted broadly to include intellectual, interpersonal and technical activities. A similar view of nursing to that of Henderson was adopted by Orem (1985; in Meleis, 1997), who focused upon the nurse's role facilitating self – care. Further analysis of this definition and the work of others reveal many of the nurse's subroles within the service of nursing. Thus, the nurse's role includes that of being teacher, supervisor, planner, evaluator, health promotor / educator, carer, counselor, facilitator, patient advocate and communicator, to name, but a few (Hall, 1980; Griffin, 1983; Bottorff & D'Cruz, 1984; Johnson, 1994).

Nursing care has an ideological image, which is generally associated with the feminine qualities of being loving and kind and the vocational drive to care for people. Many of the expectations, which arise from this idealized representation center around the way nurses manage their emotions, they must always appear kind and caring but also calm and detached. The nurses defend nursing as a vocation and they confirm the view that their emotional attachment to the job reflects their commitment to quality patient care and that if they are able to be emotionally uninvolved then they 'shouldn't be in the job' (Fagermoen, 1997).

Alavi & Cattoni (1995) labels these as the 'implicit feeling rules' of a professional discipline that is based on a professional value system. Student nurses learn a new set of feeling rules that help them to maintain a professional demeanor whilst carrying out what is often described as the 'dirty work' of nursing (Larmer, 1992). Even though it is not an acknowledged part of the professional education programme it is made clear that to show feelings of anger, distaste or sorrow is to unprofessional and that one must not give in to one's own feelings (Wilmont, 2000). In a 'nontouching' culture (Larmer, 1992), nurses' skills in emotionally managing potentially awkward or embarrassing situations are a vital part of the caring process. Larmer (1992) notes that nursing work would be impossible without presentation of this professional face and, as noted above, many recent writers refer to it as 'emotional labor' in order to signify that it often entails emotional work.

Nurses state that their emotional involvement in caring for patients causes them the most anxiety, but the nurses take pride in the way employ the implicit feeling rules of the profession and maintain a professional demeanor but, more importantly, they also value their freedom in being able to offer something extra, that goes beyond their professional caring

role. They comment that nursing is a vocation, involving altruism and an overwhelming drive to 'care' for people, rather than offering a career involving choice and skill (Bottorf, 1991; Jenny & Logan, 1992; Feldman, 1993). The assumption is that caring is an inherent part of nursing and it has been pointed out that the words 'nursing' and 'care' have been inextricably linked (Fry, 1991; Johnson, 1994; Gendron, 1994; Maggs, 1996).

Leininger (1988) uncovered the relationships between caring and cultural beliefs, practices and the survival of the human race and related these to human health, and in particular, to the practice of nursing. Fry (1991) characterized humanistic caring from the 'moral point – of – view'. She suggested that the person who cares from a 'moral point – of – view' subscribes to a view of caring that encompasses respect and love for others and then lives this view in his or her life.

The concepts of *instrumental* and *expressive caring* were illuminated:

- *Instrumental caring* refers to what the nurse practitioner does and involves actions, which are often predetermined (Leininger, 1981) and the instrumental activities alone may objectify the individual (Bradshaw, 1996).
- *Expressive caring* makes a qualitative difference to the way in which activities are undertaken. It includes an emotional element, which *reflects* commitment to values such as respect for the unique identity and specific needs of the individual (Holdern, 1991; Eifried, 1998). In this context Fealy (1995) notes that caring begins as a feeling, but because it is the feeling of caring it cannot remain only in the feeling domain and demands that feelings be converted into behaviors and that the behaviors and feelings be accompanied by thoughts; the feeling of caring is not thoughtless but thoughtful.

Evidence within the literature bears witness to the personal challenges that nurses as carers face (Bradshaw, 1994). Relationship and 'being with' are fundamental to caring for others (Boykin & Schoenhofer, 1989; Schaefer, 1991). Communication is both one of the most demanding and difficult aspects of a nurse's job, and one which is being central to the quality of patient care (Busby & Gilchrist, 1992; Thomas, 1992; Davies, 1993; McKenna, 1994).

People adopt roles is only one side of the coin: they also retain their individuality. The person who adopts the role of a nurse takes on the legal and moral obligations of nursing as defined by statute and the profession. But at the same time nurses do not relinquish their individual character with their personal beliefs and values. It is the co – existence of personal values and professional values, which presents many practical and ethical problems for nurses. The nurse may ask himself / herself, 'what ought I to do, feel or think?' Parsons

(1970) explored the question of what 'is' and what 'ought' to be and suggested how one determines what the 'ought' might look like. Much of what people think they ought to do is governed by how they see their roles. Nurses as individuals may want to act in one particular way, yet in their role of nurse they feel that they ought to act differently.

6.3 Nurse's role

The holistic role of a nurse represent the ways using which people fulfill their duties (Lutjens, 1991). Thus role performance realizes connection between behavior of an individual and social structure (Clarke, 1991; Clifford, 1996).

The holistic nurse's role is formative: that is, the role helps to form the character of the person supporting or functioning in the particular role. This may be at least partially because of interaction type between the nurse and a person as a patient. As Griffin (1983) suggests, the interaction between nurse practitioner and patient should educate and humanize the nurse practitioner. This is because, during their work, nurses will often see and react with people in their most vulnerable state and during some of the peaks and troughs of human existence. This should give the practitioner insight not only into patient but also into herself / himself and the human condition in general. The insight and breadth of experience offered to the nurse, through her / his work educates the nurse by absorbing from and reflecting on her / his exposure (Scott, 1993).

A review of literature demonstrates that the research on nurse's role has in the past become the subject of much controversy (Aradine & Denyes, 1972; Baker, 1979; Fox 1982; Hamric & Spross, 1983; Ryan-Merritt *et al,* 1988) and it is named various, e.g. as *clinical nurse specialist, nurse practitioner / clinical nurse* and *nurse health care practitioner.*

There are several studies that were realized in period of 1970–1994 and had identified even the overall role of the nurse, e.g., Georgopoulos & Christman (1970), Aradine & Denyes (1972), Castledine (1982) detailed the nurse's duties and responsibilities that are included into the nurse's role content; Boucher-Bruce (1972), Tarsitano *et al* (1986) consider broad categories that encompass key elements of the nurse's role; Spross & Baggerley (1989), Bass *et al* (1993), McFadden & Miller (1994) reduces nurse's role into subroles that are related to various activity areas of nursing care (management, education, clinical practice, research); Gonzales (1987) and Loudermilk (1990) note that nurses practitioners are free to develop nurse's role definitions according to their needs that are related to nursing care needs.

The role of clinical nurse specialist[24]**.** The value of the role of the clinical nurse specialist was in the realm of linking theory to practice and, as a result, education at degree level, evolved to prepare nurses to function at this level (Loudermilk, 1990).

The role of nurse practitioner/clinical nurse's role. Torn (1998) described nurse's role in relation to the following key distinctions: direct accessibility to an undifferentiated population of patients; conducting a comprehensive physical and psychological assessment; making the differential diagnosis; initiating and maintaining a continuity of care; providing counseling, advice and health promotion; working with consumers and other professionals[25].

To refer to Fawcett - Hensey's (1983, p. 21) description of the nurse practitioner role, she states a key distinction is the nurse practitioner's ability: 'to conduct a comprehensive physical and psychological assessment'. It means that nurse practitioners also assess their patient's psychological state is prevalent throughout the nurse practitioners' literature. Roberts *et al* (1993) indicates that ability to carry out comprehensive assessment of a person's physical, mental and emotional health is a necessary part of first contact in primary health care. There is no evidence in the literature that reveals how the nurse practitioners assess psychological / mental health state, or whether they feel equipped with the skills and knowledge to carry out this assessment (Torn, 1998). Butterworth (1991a, b) goes on to suggest that in order to develop the nurse practitioner role, here should be permission to break the boundaries of previously defined roles. Breaking boundaries and risk taking is not a new concept in field of nursing care.

Vitello - Cicciu (1984) gives an excellent list of the contributions, which a nurse could make: deliver comprehensive patient care; serve as a role model to staff; increase quality care; orientate and train staff; identify topics amenable to research; research clinical problems; apply research findings to the nursing care of critically ill patients; consult on complex nursing problems; develop tools to evaluate patient care, learning, and quality care; initiate change when needed.

Clay (1991) noted that by interacting with other staff members as a role model, investigator, teacher, counselor, innovator and health team colleague, the nurse as the clinical specialist sets the tone for her major goal – that of improving patient care. Clay's definition

[24] The concept in the late 1950s the role was first implemented into various health care settings in the USA and was introduced in Canada in the 1960s (Bousfield, 1997).

[25] Torn (1998) uncovered not only how nurses' assessment differs but also alluded to their problem solving skills, by solving the problem in a shorter length of time. The ability to apply problem - solving skills to practice has been noted to differentiate the inexperienced nurse from the experienced nurse (Roberts *et al*, 1993), or to use Benner's (1984) terminology *from the novice to expert*.

and is more suited to modern day clinical nurse specialists, who in order to be professionally credible must use a scientific base from which to enhance or change current practice. Although described as a specialist, Bousfield (1997) envisage the following components to make up role of the nurse as clinical nurse specialist: clinical expert; resource / consultant; educator; change agent; researcher; advocate.

The role of nurse health care practitioner. Benner (1984); Leino-Kilpi (1989); Fawcett (1995); Bousfield (1997); Fagermoen (1997); Raatikainen (1997); Woodward (1997); Torn (1998); Willmot (1998) indicate that key elements in nurse's as health practitioner's role are competencies. The competencies should be acquired in nursing management and administration, social care, clinical nursing, research methodology, psychology and education (Žydžiūnaitė, 2003b). Therefore, the occupation of health care practitioner is accurately definable not solely in terms of role or skills, or aims, but only in terms of all three (While, 1994).

Most of the scientific articles on nurse's role that are presented from 1991 year are theoretical debates or presentations and the most empirical studies on this concept are qualitative[26].

The analysis of nurse's role concept revealed the following characteristics of this concept:

- When the nurse's role is performed then the ethical behavior becomes of crucial importance. *What elements include the ethical behavior?* These are the following:

Orientation to patient - to support, encourage, understand and improve patient's confidence; to interact in egalitarian manner; to treat persons with respect; to interact in a calm manner with the perspective of holism; to show diplomacy; to show the reverence and fidelity to patient's wishes.

Orientation to nursing care activity – being responsible, moral, honest, accountable; to act autonomously; to perform the duties and obligations.

Orientation to nurse's rights, duties, obligations and responsibility – practicing nurses must practice in trying circumstances and with their own integrity to ensure that they conscientiously and consistently meet the duties demanded by their role.

- Nurse's role is related to *caring process*.
- Nurse's role is related to various areas: a) *education* (providing learning experiences; providing feedback and advising; empowering the self for professional growth and continuing

[26] See Annex 3.

learning; creating learning atmosphere; training and consulting staff); b) *management* (taking initiative; coordinating; performing the democratic leadership; initiating changes; planning care; coordinating the services of nurses and other professionals for patients, administration; organizing the clinical nursing care area); c) *social psychology* (motivating; emotional supporting; listening; family involving); d) *clinical nursing care expertise* (assessing, providing technical and physical care; integrating therapy and carrying it; providing pharmaceutical interventions; delivering patient care; increasing quality care); e) *research* (identifying topics to research; researching clinical problems; applying research findings to the nursing; developing various evaluation tools).

- Nurse's role includes the following elements: behavior, attitudes, feelings, values, skills[27], knowledge, competence, expertise, experience, insights, personal qualities, e.g. flexibility, expressing interest, enthusiasm, sense of humor, initiative, openness. *The main element of nurse's role is knowledge and qualification.*

- Effectiveness of nurse's role performance is dependent on nurse's *ability to collaborate* with colleagues, work in a team and perform the role of a team leader. The nurse's role effectiveness is dependent on nurse's understanding about her / his role, when the role's needs are recognized and accepted by the nurse and others.

- Nurse's role performance and its specificity is *contextual and situational*. It is dependent on the following aspects: a) *orientation to patient* - patient's condition and levels of dependency / abilities; b) *orientation to nurse* - nurse's ability to act autonomously; c) *orientation to organization* - adequate resources; access to appropriate education and training; support from consultant and colleagues; needs of organization.

- Nurse's role includes the various *specific activities*: informing patients; ensuring patient's understanding and creating supporting environment; thinking; advocating; decision - making and problem - solving etc.

- Nurse's role includes the *detailed functions* that are oriented to nursing, education, research and management areas and needs of qualification combined with personal qualities.

- Nurses perform the roles that could be named as *subroles* of holistic nurse's role: educator; informatory; innovator / change agent; advisor; evaluator of physical and psychological patient's condition; career; researcher; coordinator; clinical expert; facilitator; communicator; consultant; administrator; advocate. The performance of these subroles requires *multiskilling* and *specific competencies* – clinical, education, research, administration, counseling, initiating

[27] Exceptionally important skills are the following: communication, management, delegation and technical.

and coordinating the changes. It means that nurse's role is related to competence, because of the role enactment if the expression of nurse's competitiveness.

- Nurse's role is purposeful, i.e. the role has its aims that are oriented to alleviating suffering and performing care and / or cure of a sick. Thus nurse's role has two integrated parts: *doing with individuals* (which mean support, supervision and work alongside patients in a way that recognizes their strengths) and *being with patients* (where other more active interventions were not possible, not required or inappropriate).
- The nurse's role is based on *interaction* with different 'directions': 1) *To nurse's personality* (*intra - role*) - role enactment empowers the nurse to reflect the role in order to have insights on it; the character of a person is a part of the role, but the role influences the formation of personal character. 2) *To patients their families and students, colleagues* (*inter - role*) - role's specificity arises from interaction between the nurse and patient and the role 'gives' implications for both nurse and patient. In a way the nurse helps the patient to find meaning in living and dying.
- Nurse's role is an *outcome of linking theory and practice* and its enactment is dependent on highest quality nurse's education, her / his ability to be an expert in nursing care area and ability to perform the research - based nursing care practice.
- Nurse's role is described as: a) *a bridge* between the patient and his / her family in order to follow patient's values; b) *a facilitator* of treatment; c) *a stimulator* of nurses' empowerment to take responsibility about the initiation and maintenance a continuity of care and permanent professional self - development; d) *an evaluator* of overlap between medical, environmental, social and spiritual issues that are connected with clinical nursing component.

6.4 Mission of nursing care

Mission is the living in accordance with one's mature (Hanfling, 1992). What does it mean? Is it a matter of doing what the nurse naturally inclined to do? But perhaps this is contrary to what on moral or other grounds the nurse thinks she / he ought to do. But the nurse's inclinations are largely the result of the influence of others. Thus can the nurse then regard them as truly her / his? According to Hanfling (1992), we are all shaped by the society in which we live and more fundamentally, by being part of a human society at all. Does the mission mean that the nurse should work according to how she / he is, or according how the nurse as professional should be? Here are no research studies made in order to answer those questions until this time.

Mission of nursing care is based on these perspectives:

Nursing care as a human science. A human science has several properties, each of which is significant in shaping its perspective and in selecting appropriate strategies of knowledge development. Meleis (1997) identified some of these properties of human science: focusing on human being as wholes; advocating understanding the particulars in terms of the whole; focusing on understanding of experiences as lived by its members; dealing with meanings as seen and received by its members; entering into a meaningful dialogue with participants through interaction that is the source of meanings and perceptions of experiences. Nursing care as a human science is concerned with experiences of human beings and with health and illness matters (Lützen *et al*, 2003). These experiences are shaped by history, significant others, politics, social structures, gender, and culture, thus the nurses also are concerned with how these perspectives shape actions and reactions of human beings.

Nursing care as a practice–oriented discipline. Nursing exists to provide nursing care for patients who experience illness, as well as those who may experience potential health care problems. Nursing care could be described as a clinical discipline, an applied field, or a practice – oriented discipline. It means that it has *a primary mission related to practice* (Meleis, 1997). Therefore, its members seek knowledge of human beings' responses to health and illness to help in monitoring and promoting health, to help in caring for them, to help in assisting them to care for themselves, and to help in empowering them to develop the use of resources (Bottorff, 1991). Nursing care may use basic and applied knowledge to achieve its goals, but it is still a practice – oriented discipline. Nurses need basic knowledge to understand the basic phenomena related to the goals and the mission of nursing care. Basic understanding of such phenomena as comfort, touch, confusion, ambiguity, sleeplessness are essential for the subsequent development of applied nursing care knowledge. Applied nursing care knowledge is that, which provides guidelines to maintain, ameliorate, develop, inhibit, support, change, advocate, clarify, or suppress some of these basic phenomena. Both basic and applied knowledge are the cornerstones of nursing care as a practice – oriented discipline (Bjørk, 1995).

Two types of knowledge developments goals drive the activities and the progress in knowledge. There is 'knowledge for the sake of knowledge' and knowledge to provide better nursing care to people through solving central problems of concern to the discipline (Bradley, 1996; Herbig *et al,* 2001). Thus, the purposes of knowledge development of nursing care are shaped by its practice orientation, which in turn shapes the nursing care perspective that reflects nurses' interest in empowering: *the discipline of nursing care* with knowledge related

to patients and their care; *nurses* to enhance well – being of patients and empower them with the necessary knowledge for their daily work; *patients* to care for themselves by fully utilizing available resources and creating new resources (Herbig *et al*, 2001). If these are the main purposes for developing knowledge in nursing care, then we have to consider approaches to knowledge development that make these purposes possible.

Nursing care as a caring discipline. The caring aspects of nursing also help define its perspective. Many questions have been raised about concept of caring. Is caring the essence of nursing care, is it the special knowledge area, is it equal to the discipline of nursing, is it a central concept in nursing, or is it the core of its domain? *Is it the goal or the mission nursing care?* Caring has been considered and discussed through each of these prisms, and there are many writings in nursing to support each of these positions (Meleis, 1997).

Denny (1997) suggests that caring may be the glue that will connect nurses' public and private domains and will decrease 'the discrepancies between the demands of the private and public domains' (p. 19). She proposes that caring and nursing are compatible and, for her, is the foundational moral value for nursing. It is detrimental to nursing if it continues to be viewed as a component of public domains and is relegated only to women in society. Eifried (1998) describes caring more from an existential philosophy, and she reviews the spiritual bases of caring. To her, caring is the moral ideal of nursing. For Brody (1988; in Meleis, 1997), caring is the central virtue of nursing. Gendron (1994) provides innovative arguments, likening caring to the creativity that is woven on as a structure for the substance in nursing. The structure is based on the contextual knowledge of scientific facts and conceptual frameworks. The structure also includes skills, nursing interventions, and policies among other aspects of structure. All these are brought to the patient's bedside or home through creative patterns. To match the care nursing actions to people, the nurse needs to know how to synchronize with a person, and she / he must know when she / he is synchronized. The challenge is then not only in the development of knowledge base required to provide these caring actions, but also in how to prepare clinicians, who will be able to develop a self – client relationship that synchronized. A synchronized relationship is based on 'sensing subjective tacit meaning' of experiences and situations and on attuning 'one's self at others' to these experiences and their meanings (Gendron, 1994).

The art of nursing care has also been used as a synonym for caring (Johnson, 1994). Nursing art is exemplified when nurses are able to grasp the meaning that is inherent in their encounter with patients, when they are able to establish connections and perform nursing care activities skillfully, when they choose between alternatives and morally conduct nursing care

practice. In this context the nurse, who is responsible for the performance of nursing art as a nursing care mission should be able: ***1)*** To *grasp meaning* that is attributed to perceptions rather than intellect. ***2)*** To *connect with patients* that is more than establishing a relationship. ***3)*** To *use the skills in nursing care activities* that is a behavioral ability in which there is an understanding about skills needed for providing care and in which there is embedded understanding of these skills. ***4)*** To *determine a course of action,* which means that nursing art is practical, and it is through assumptions derived from a disciplinary structure that nurses are making decisions, based on a thorough understanding of all options. ***5)*** *To practice morally* that includes the view that skills are important but not a substitute for other aspects of practice, nor are they enough for the care that patients need.

Fealy (1995) describes caring as a human trait, moral imperative, affect, interpersonal relationships, and therapeutic intervention. Watson (2000) describes the caring in the following ways: as a human trait; as a moral imperative, which is fundamental essence of nursing as preserving the dignity of others and this meaning of caring provides the base for all nursing interventions, assessments, and activities; as an affect this is manifested through emotional feelings or empathy; as the nurse-patient relationship that is the essence of caring; as a therapeutic intervention.

Nursing care as a health–oriented discipline. Health is also a perspective that defines what we consider in our assessments in making plans for interventions, in evaluating our interventions, or in considering changes of our interventions (Meleis, 1990). It is the lens by which we view our patients during the course of their illness and when we attempt to maintain or promote their health. There is also support for a health perspective in the daily work nurses. Patients are assessed in terms of their perception of their well – being throughout their experiences with health care professionals, how they could maintain their health despite a grave diagnosis or intrusive procedure.

Through the process of nursing care the nurses uncover health strengths, mobilize these strengths, and support the available resources so that the patient may take charge and fight the illness or the injury. For example, community health nurses provide useful examples of a health perspective in their work; they speak of positive resources, of available support, of healthful habits, and how to empower patients using their healthy resources. Although nurses may consider their approach more illness oriented, on careful analysis, then they are concerned with patients' safety, well - being, promoting increasing health, maintaining healthful habits, and supporting as much of normality in daily life as possible. These activities

and goals reflect a health perspective (Jones & Meleis, 1993; Rafael, 1996; Porter – O'Grady, 1998).

The outcomes of scientific literature analysis uncovered the following aspects that characterize the nursing care mission:

1) Nursing care mission is oriented to helping process from physical and social standpoints and doing for patient everything in order to keep him / her alive. The helping process is performed through the patient's empowerment.
2) Nursing care mission is oriented to caring.
3) Nursing care mission has concrete aims that are purposeful. The overall aim – to improve the health of the public and create the environments for patients' healing, i.e. is health - oriented.
4) Mission has its own tasks[28] that consist of concrete functions:
   - Functions derive directly from the nursing care mission and the nurse performs those.
   - Nurse's functions (as constituents of nursing care mission) are oriented to health promotion and maintenance, prevention of ill health, include the planning and giving of care during illness and rehabilitation and the functions are dependent on context and environment.
   - Functions (as elements of nursing care mission) are connected with the roles that emerge in response to a mission.
   - Concrete job (functions) defines the boundaries of nurse's responsibility (in context of nursing care mission).
5) Nurses as performers of a mission have the obligations (that are the part of nursing mission) which are: oriented to respect, confidentiality and the religious beliefs of patients; directed to improve the health and develop the autonomy of patients; based on morality.
6) Everyday shift from the start until the end is the mission of a concrete nurse.
7) The mission is oriented to patients and their families in order to improve their temporal conditions by teaching, i.e. through teaching the people are empowered to help themselves.
8) Mission has its contextuality that is based on context patient - nurse interaction.

[28] Not even the technical, but management too.

9) The best possibility to perform the nursing mission is by working in a team, i.e. is important to collaborate with colleagues in a team and it gives the possibility to feel commitment, friendliness, cooperation and togetherness.
10) Elements of innovation, adaptation and creativity fulfilling nursing mission.
11) The specific mission is related to the mission of organization, where the nurse - specialists work.
12) Nursing care mission includes the separate missions that: are related to situations of illness or dying; based on interventions; oriented to satisfaction of patients' physical and spiritual needs; are linked to body and soul, medical and religion aspects; are oriented to helping people through their empowerment.

6.5 Overlaps and differences of nurse's role and nursing care mission

Following the Vienna Conference, the role of the European nurse and the mission of nursing care are to be helping people to determine and achieve their health potential, in their living and working environments (Salvage, 1993).

The key concept underlying the role of the nurse is in the need to create a nurse's and nursing role that is appropriate to people's health needs, rather than the needs of the health care system. It means a fundamental transformation from the traditional nurse's role as physician's servant to autonomous professional who performs the nursing care mission autonomously. Thus the nurse must be a well-educated professional whose unique and distinctive contribution to health care do all colleagues respect, and who is regarded as an equal partner in the health care team (Žydžiūnaitė, 2003a).

Sebastian *et al* (2003) mention the mission of caring (not nursing) that is characterized by performance of concrete services for patients (in order to satisfy their needs), strong leadership, a participative management style and empowerment of nurses. According to Gantz *et al* (2003), the most important and critical is the enormous and significant role that nurses play in carrying out the nursing care mission. Salvage (1993) mentions the statement of 'nursing mission' and relates it to society and nurse's role, which '*derives directly from the mission of nursing*' (p. 16).

The discourse of nursing and nurse's mission and the nurse's role, targets the individual nurse (rather than a specific set of practices) as the site for the evolution. As Meleis (1997), Eifried (1998) underline that the ability to understand and fulfill the social contract, which would be better served by a set of internal beliefs about nursing care, rather than a set of

external criteria about professions. Thus the nurse's role performance is always in the context of nursing care mission.

Nowadays the interest of nurses is focused on nursing science, nursing values and quality improvement programmes. Nursing mission and the nurse's role mission in the context of nursing care, however, has not been discussed very much. Some nurses have thought that there is a conflict between nursing mission and nurse's mission (Benner, 1984), but here is no research–based answer on it yet. Experiencing the nursing mission and reflecting on the meaning of nurse's role mission in it seems to be peculiar to the nurse in turn feels that she / he has a lifelong task. It is therefore possible to suppose that the nurse's role relates to nursing mission as it includes the proficient professional abilities of the nurse and profound patterns of actions in nursing care that are based on ethical considerations.

As the outcomes of scientific literature analysis here are seen the overlaps between 'role' and 'mission' from the semantic perspective are:

- 'alive' and visible even in concrete activities;
- representative and concrete;
- performed through the communication with people;
- include various techniques.

From scientific literature analysis emerged the unifying elements between nurse's role and nursing care mission, which illuminates that those two are connected and here exists the need to use the complex notion of 'nurse's role mission' (because of the nurse is key performer of nursing care mission and the nurse's roles derive directly from the nursing care mission). ***Thus the overlaps (the main unifying elements) between nurse's role and nursing care mission are in the following areas are***:

- Directed to *interaction and communication* with patients, their relatives, also with colleagues (nurses and other professionals), students.
- Attached to *context and situation*, that are related to patient's health needs, thus both, role and mission have the specified aims and objectives, i.e. nurse's role and mission are purposeful.
- Based on *virtues, ethical and moral aspects* that are seen through nurse's practical activities in nursing care.
- Oriented to *caring* as a spiritual part of nursing activity.
- Dependent on nurse's *professionalism and competence*.

- Related to *concrete activity areas in nursing care context:* education, management, social psychology, and clinical nursing care expertise and research.
- Attached to *mission of formal organization (institution)*, where the nurse works.
- Performed effectively in a *team working*.

The main differences between the nurse's role and nursing care mission are the following:

1) The aim is encoded even in nursing care mission and the mission comes from inside of a person (is related to vocation). The nurse's role is an outcome of integration of theory and practice, i.e. the role could be acquired and developed through the education and practical performance.

2) The nurse's role is driven by concrete situation from which the need to perform specific functions emerge. The nursing care mission is not situational and implications are the result of mission performance, but not a cause of it.

3) The nursing care mission is based on specific philosophy. The nurse's role is based on nurse's behavior, attitudes, feelings, values, skills, knowledge, competence, expertise, experience, insights, personal qualities, qualification that could be measured.

4) The nurse's role is a response to expectations of others and a way to show the status and power. It could be measured according to role significance in concrete situation. The nursing care mission is based on the fidelity to idea that cannot be measured.

5) Through the role performance the nurses empower themselves and through the nursing mission the patients are empowered too.

6) The nursing care mission includes the 'nurse's role (or subroles from which the holistic nurse's role consists) that 'keeps inside' the functions and those are directly dependent on nursing care mission.

7. DISCUSSION

From semantic perspective the concepts of a *role* and *mission* have the following ***overlaps*** (see Annexes 1 & 2): ***1)*** The *role* and *mission* could be treated as single concepts that are not divided into 'smaller' parts and as complex concepts that consist from 'smaller' elements – the role from roles and the mission from missions. ***2)*** Both the *role* and *mission* are based on activities or practical work by which they become visible and are 'alive'. ***3)*** The *mission* and *missions*, the *role* and *roles* are related to concrete activities by which they are visible. ***4)*** The *role* is the way to show the status and power and the *mission* performance also gives the

power and rights for performers. ***5)*** The *role* and *mission* include the specific techniques. ***6)*** The *role* performance is based on interaction and the *mission* is spread through communication with people.

Thus the role and mission are 'connected' by concrete activities that are performed through missions and roles those are based on specific techniques and interaction / communication with people; and their performance gives the power and rights for performers.

The differences between the concepts of a role and mission from semantic perspective are the following: ***1)*** The *role* is projected or performed by the ordinary person, but the *mission* could be delivered only by empowered people (person or group) on behalf of community, organization etc. ***2)*** The *role* is performed and the *mission* is spread or transmitted, or delivered, or propagated, or performed. ***3)*** The *role* includes functions or actions and the *mission* is related to fidelity and propagation of the idea and the particular philosophy. ***4)*** The key characteristics of the *mission* are the 'own' purpose / aim or particular concrete task and the empowerment, encouragement and emancipation of a mission performer. The key characteristics of a *role* are typicality and concreteness (is based on concrete functions), contextuality and situativity (it is more specific than the mission). ***5)*** The *mission* performer represents the main idea, philosophy and it 'comes' from inside of a person (is related to vocation) and the *role* represents a personal image. In order to transmit the mission the performer should have the 'matured' inside and it means that the empowered person transmits the mission process direction from internal to external. The *role* is more functional, technical and the 'label' of a role represents the performer (process direction from external to internal). ***6)*** The *role* is an element of social behavior and as a pattern and the *mission* need to be initiated in a purposive direction, is based on obligations and duties and incorporates the fidelity. ***7)*** The *mission* or *missions* are realized by specific activities mainly based on education and are oriented to charity, strengthening and spreading. The *role* or *roles* is as a response to expectations of others. ***8)*** The *missions* are related to spreading of key idea in order to include more people, who believe in this idea (has the purpose to involve people). The *roles* 'work' in a context of interactions with others (in a group), but it is related only to performance of a concrete functions or activities for people. ***9)*** The *role* and *mission* is based on thinking processes but those differ: the mission by itself stipulates the performer's thinking related to future planning; the role is stipulated by performer through realization of the cognitive processes that are contextual and situational. ***10)*** Through the *mission* performance the practice, people are influenced in cognitive and emotional level and through the *role*

performance the practice, people are influenced in cognitive, emotional and practical levels. ***11)*** The *mission* performance is related to various fields (e.g. political, business) and the *role* performance is related to local contexts and situations. ***12)*** The *mission* reflects person's loyalty and the *role* reflects person's competence. ***13)*** A person orders the *mission*, community etc., and the *role* is performed. ***14)*** The *role* could be measured according to significance and the *mission* is not measured. ***15)*** The *missions* have the separate aims and are not simultaneous and complicated. The *roles* could be in simultaneous realization and could conflict in activity context.

Clifford (1996), Downie (1971) are not detached from the semantic perspective of a concept of a role, i.e. the authors also mention that *the role consists of roles* and is related to person as a performer, socialization and *is based on rights and duties* too.

Hunt (1999), who represents the nurse – clinical practitioner / specialist role also mentions that nurse's role includes concrete *activity elements that are technical, interactional and cognitive*. The author represents the educational activities as a part of a role performance that is not mentioned in semantic perspective of the 'role' concept. Hunt (1999) attaches the activities of management and administration to role performance that is different from the semantic analysis of the 'role' concept.

From semantic analysis of the mission concept the main difference was that *mission has its own philosophy and purpose* and *the role is more functional, contextual and situational*. But those three mentioned elements related to role are very important: even the context and situation 'gives' to the role the concrete purpose, tasks that are oriented to patient's health (Scott, 1995). It means that the mission has constant purpose or aim and the role's purpose or aim is contextual, situational, i.e. changing.

Benner (1984), Fawcet (1995), Torn (1998), Willmot (1998) indicate that the *role consists of components that are the multidisciplinary competencies*. It means that the role performance could be mastered because it has *the instrumental side* (Lutjens, 1991). *The mission* is not mastered; this *is based mainly on emotional and expressive aspects* (feelings, values) through which is 'touched' the 'spirit' of the other in order to involve more people, who believe in the missionary idea. *The role also has the expressive side* (Lutjens, 1991), but it is *contextual and situational*, i.e. means being here and now. ***Thus the expressional part or visible expression connects the role and mission.***

Scott (19995) indicates that *competencies for role or roles' performance are possessed in appropriate formal educational and practical organizations* and the acquirement of the competencies is represented by formal documents. For mission performance the performers

do not need the formal documents with specific indications about competencies' acquirement. Nurse's educational level non – directly influences performance nurse's mission because of the nurse's mission includes the nurses' roles (Power *et al*, 1999; Berkowitz, 2002). The efficiency of nurse's mission is also related to educational process. Thus nurse's education influences her / his role and mission performance in nursing care practice and could be treated as overlapping element between the role and mission too. The role could be divided into subroles that represent different activities, e.g. nurse practitioner, manager, teacher and researcher (Clifford, 1996). In semantic analysis of the 'mission' concept the education was mentioned as the main process through which the mission is spread. Thus the performance / realization of education with the specific purposes also is the overlapping element between the role and mission.

The interaction between the nurse and patient is important in both – nurse's role and nurse's mission – performance. Thus the patient – nurse interaction could be treated as overlapping aspect between the role and mission.

Only in nurse's mission realization is mentioned that the most effective way for performance of nurse's mission is to work in a *team* (Jacob, 2002). The positive influence of teamwork to nurse' role performance is also mentioned by Salvage (1993), Willard (1996) etc. It means that ***working in a team is overlapping element between the nurse's role and mission.***

Both – nurse's role and mission – are related to *caring* and *helping processes* from physical and social standpoints. Fealy (1995) mentions that caring is the precondition for the nurse to build the caring relationships between her / him and the patient. Davies (1993), Titcher & Binnie (1993), Torn & McNichol (1998), Willmont (1998), Barker & Altschull (1998) note that caring is the basis of nursing and is realized by performance of nurse's role. ***The caring process is the context where nurse's role and mission overlaps***. The difference of caring in nurse's role and mission also exists. The caring or care in role's context is understood and experienced through concrete nurse's functions, roles (subroles), skills, interactions, communication. The caring or care in mission's context 'comes' from nurse's inside in cognitive and spiritual levels and it is the key premise for nurse's mission performance. Also through caring the nurses 'build' the caring relationships (Fealy, 1995) and caring friendship (Liddy, 2003) with patients and those unique 'connections' are experienced only in a mission performance. Thus in the mission a caring 'comes' firstly from nurse's 'inside' and in the role it is experienced from 'outside' with the direction to 'inside'. The helping process in both nurse's and mission realization is experienced as the process oriented

to patient in order to help him / her to live in full value with the reconciliation through 'here and now' (Rasmussen *et al*, 1995). It is experienced also through communication and interaction between the nurse and patient, informing and educating the patient, making concrete actions for the patient and striving for her / his well – being (Edwards, 1996). ***Helping process is the context in which nurse's role and mission overlaps adequately.***

Interaction is mentioned in scientific literature that presents nurses' role and mission too. But in mission performance the nurse do not know the content of a mission and it becomes known when the nurse enters the patient's world: *'…the marvelous nature…is that you don't know what you're looking for until you get into your [patient] stay…'* (Shelby, 2004, p. 39). Trough it the nurse's mission answers to patient's calling for help and reciprocity between the nurse and patient is creating (Fealy, 1995). The interaction in nurse's role performance is the certain context in which the partnership between the nurse and patient is realized (Thomas, 1992) and nurse's communication skills are visible (Titcher & Binnie, 1993; Miller, 1995). Also through interaction process the nurse together with patient or patient's family or colleagues creates supportive environment and experiencing togetherness (Rasmussen *et al*, 1995; Willard, 1996; Sebastian *et al*, 2003). The nurse's role performance also insists from her / him to enter into the life of a patient as well as in mission performance:

'…The nurse enters into the life space or phenomenal field of another person, is able to detect the other person's condition of being (spirit, soul), feels this condition within him or herself and responds to the condition in such a way that the recipient has a release of subjective feelings and thoughts he or she had been longing to release…' (Shaefer, 1991, p. 273).

It means that ***the interaction in nurse's mission and role performance has no differences.***

Fealy (1995) mentions that the mission performance becomes visible in a critical situations related to illness and crisis and in such situations is clearly seen the difference between professional caring relationship and non – professional caring, which is based on technical activities from carer to receiver of care. Buxa (2002) also notes that the mission is connected with the critical situations when nurses provide emotional support for patients during crises. In nurse's role performance here is no excluded the critical situations as the possibility to demonstrate visibility of a role. ***In both mission and role is mentioned the contextuality, i.e. patients situation to which those are 'attached'.***

Liddy (2003) notes that the mission is related to patient's health – illness situation. Authors, who speak about nurse's role's contextuality mention that the nurse's role is dependent on circumstances (Titcher & Binnie, 1993), the context demands from the nurse's

ability to manage the situation (Miller, 1995), and the nurse is involved with the patient into the same situation (Paavilainen *et al*, 1997).

Barker & Altschul (1999) illuminate that the nurse's role is contextual and situational. It means that contextuality is the characteristic of nurse's role and mission and situativity is connected mainly to nurse's role. Also in role performance in a concrete context the nurse needs managerial abilities that are not mentioned in contextual nurse's mission performance.

Steven (1996) indicates that in nurse's mission performance here are very important the nurse's obligations, which are oriented to respect confidentiality and the religious beliefs of patients. The author also mentions that in mission are important the moral nurse's obligations that are the part of nursing care mission. From such context emerges two important aspects: *1)* the nurse's mission, which is based on moral nurse's obligations is the part of nursing mission; *2)* confidentiality as ethical value and religiousness of a patient are exceptional components in nurse's mission performance.

In nurse's role performance the confidentiality is not ignored and those are presented in more detailed way and attached to nurse's as advocate role and to nurse's ethical behavior that makes her / his interaction with the patient efficient. For example, being supporting, encouraging and understanding (Busby & Gilshrist, 1992); confidentiality and egalitarian manner, and interaction in a calm manner (Davies, 1993); diplomacy and overall responsibility for patient (Titcher & Binnie, 1993); honesty and accountability (Miller, 1995); showing respect, the reverence, and fidelity for patient's wishes (Taylor & Ferszt, 1998).

Willard (1996) does not ignore the importance of obligation in nurse's role and Alavi & Cattoni (1995) adds that nurse's role is based on spiritual ideals, where the sacrifice is the 'core'. Thus obligations and spirituality is not deleted from nurse's mission. From ethical values here is important even confidentiality. The role is oriented to ethical nurse's behavior, where nurse's rights and duties (Scott, 19995) and the nurse's responsibility to patients and colleagues nurses (Hotmas, 1992; Caan, 2001; Zahng *et al*, 2001) are the key components. But the nurses' role includes not even moral obligations. Here are also included professional obligations (Edwards, 1996). In nurse's role here is the formal side – moral duty to employer (Wilmot, 2000) that is an element of nurse's mission. The moral obligation as a moral endeavor is directed to improvement of health and development of autonomy of those, who are patients and clients (Steven, 1996). Thus the moral obligations in nurse's mission performance are exceptionally attached to patient.

Orientations of nurse's role and mission also roles and missions are the same, i.e. to individuals, families, groups (Salvage, 1993; Denny, 1997; Liddy, 2003). In nurse's role the

orientations are broader, i.e. additionally to nursing care activity, colleagues, self, teamwork and organization (Miller, 1995; Titcher & Binnie, 1993).

Fealy (1995) indicates that the mission performance always involves the nurse's self. In such involvement the nurse experiences the sincere commitment to a goal of a mission (Sebastian *et al*, 2003). In role performance the nurse's self is also crucially important: ✔ this enables the nurse to 'see' patient's spiritual health and to realize not even the physical being with the patient ('being there'), but the psychological being with the patient ('being with') too (Shaefer, 1991); ✔ the nurse plays a key role in connecting patients with their relatives and other professionals (While & Barriball, 1996); ✔ the nurse is as a 'bridge' between the patient and his / her family in order to follow patients values (Raatikainen, 1997).

Hunt (1999) indicates that nurse's role consists from two sides – patients and nurse's self as a specialist in order to empower the self for continuing development. ***Thus the overlap between nurse's mission and role is the nurse's self, but its expression in nursing care practice is different in role's and mission performance.***

In mission performance the nurse's self is attached spiritual and cognitive levels through commitment to a mission goal without active intervention.

In role performance here are integrated the following parts (Cowman *et al*, 2001): 1) physical – *doing with patients* (means supporting, supervising and working alongside patients in a way that recognizes their strengths; 2) psychological and spiritual – *being with patients* (where other more active interventions are not possible, not required or inappropriate). Also in role performance the nurse's self - involvement is physically, psychologically and spiritually could be treated as the 'mediator' and facilitator of interactions between the patient and others, e.g. family members, other professionals.

Many authors (e.g., Power & Heathfield, 1999; Berkowitz, 2002; Buxa, 2002; Shelby, 2004) mention that the mission has its task or concrete aim. What is the content of this aim / task? Lower & Bosack (2002) illuminate that content of a mission includes technical and management tasks. Berkowitz (2002) mentions the specific overall aim of a mission, which is directed to improvement of the public health. Lower & Bosack (2002) say that the mission aim is related to creation of environments for patients' healing. Denny (1997) notes that the mission is oriented to satisfaction of patients' physical and spiritual needs and help people through their empowerment from physical, spiritual and psychological standpoints.

Lower & Bosack (2002) indicate that nurse's mission is oriented to strive for the patient to do everything in order to keep him / her alive. It means that nurse's mission task or aim is

characterized by the following qualities: *1)* health improvement of individuals, groups or public; *2)* creation of therapeutic environments for patient's healing; *3)* response to different needs of patients and striving to satisfy them; *4)* empowerment of a patient.

The nurse's role also has purpose or aim, which is mainly oriented to patients' health needs satisfaction (Shaefer, 1991) and it is dependent on patient's interests (Willard, 1996). The nurse's role performance helps to achieve the aim of nursing care such as healing (Barker & Altschul, 1999).

Cowman *et al* (2001) illuminate that the nurse's role is related to *managing patients and providing caring interactions*. The nurse's role also has the task or aim, which is oriented to patient's healing and satisfaction of needs, and also to technical and management tasks. These characteristics uncover that those are identical to nurse's mission and role performance. ***The only differences are that in role's task is not indicated patient's empowerment.***

Holden (1991) notes about the role's task dependence on changes in patient's situation. This detail is illuminated in nurse's mission in a broader way. Meleis (1997) mentions that the mission aims are related to patient's health balance, his / her responses to pain, intrusive interventions, hospitalization and discharge. Only in nurse's role aim is indicated the alleviation suffering and / or cure of sick (Scott, 1995).

The nurse's *mission and missions performance is based on specific functions* that promote and maintain health, and prevent ill health (Salvage, 1993); intervention (Denny, 1997); concrete activities such as maintaining, ameliorating, developing, inhibiting, supporting, changing, advocating, clarifying, suppressing, and planning (Meleis, 1997).

Shelby (2004) notes that the *mission performance consists of concrete steps and clear content*. In nurse's role performance various authors mention different activities, but do not describe them as functions or interventions, or activities, and those are not adequate to the mentioned activities in mission performance. For example, informing, evaluating, advising and organizing (Davies, 1993).

Adams (1996) is strict in description of nurse's role performance and indicates that it includes four type interventions – monitoring, counseling, education and networking. These interventions are not mentioned in mission performance.

Hanson & Boyd (1996) indicate the activities that stipulate the efficiency of nurse's role performance: teaching, collaborating, helping, caring, delivering, supervising, empowering, consulting, advocating, influencing, informing, modifying, supporting, identifying, investigating, coordinating and managing. ***The empowerment here is mentioned as activity in role performance, but as a task in mission performance***. The empowerment is expected

result and it supports the idea of Kirschling (2004) that the mission is oriented to future. In role performance the empowerment is a concrete activity that is realized 'here and now'. Only the advocating activity is mentioned in nurse's mission and role performance as *activity*, the other activities are different and in role performance the amount of those activities is bigger. ***Common thing for activities in mission and role are those: the main level through which these activities are realized is cognitive. The key element of nurse's mission and role performance is thinking and it means that nursing care practice mainly is an intellectual activity.***

Denny (1997) indicates that mission links of body and soul. Thus here are important various phenomenons, such as adaptation, homeostasis, self – care, comfort, touch, confusion, ambiguity (Meleis, 1997) and those are realized foremost through the nurse's mission performance. Davies (1993) mentions that nurse's role includes coping as a phenomenon and here is important collaboration with colleagues, i.e. through collaboration the nurse has the possibility to share experiences and coping strategies. ***In such context here is seen the difference: in mission performance are important phenomenons that relate to mono-direction - nurse – patient interaction, and in nurse's role performance could be important the same phenomenons, but the interactions are oriented to multi – directions, e.g. nurse – nurse, nurse – patient, nurse – students etc.***

In role performance here are accentuated *personal nurse's qualities*, e.g., flexibility and expressing interest (Davies, 1993); enthusiasm, sense of humor, initiative and openness (Titcher & Binnie, 1993); good common sense and intuition (While, 1994); being friendly, sensitivity and tact (Walker, 1996); being initiative and committed, being faithful to job, being empathetic, accurate and careful (Zhang *et al*, 2001); being pleasant, striving to learn, being conscientious and communicative (Smith & Goodfrey, 2002). ***The role performance is dependent on personal qualities that are oriented to nursing care practice, nurse's self, patient, social structure, organization and colleagues***. It means that in nurse's role realization is important not even the acquired formal qualification, but its integration with personal qualities (Miller, 1995). And ***in nurse's role the personal qualities have the bigger 'weight' than the technical skills and medical knowledge*** (Rasmussen *et al*, 1995).

In nurse's mission performance also exist the mentioned personal qualities, e.g., being innovative and able to adapt, being creative (Darras *et al*, 2002); being friendly and cooperative (Sebastian *et al*, 2003). Thus the nurse's mission performance requires from the nurse to be more open to environment and to strive for the collaboration on which basis the mission is performed (Kirschling, 2004). It could be noted that ***personal qualities, which are***

related to nurse's mission and those are dependent on the same aspects as it is mentioned in role performance.

Here is no difference between the mission and role, when it is described as integration of theory and practice. E.g., Meleis (1997) indicates that mission is based on basic and practical knowledge; Young *et al* (2001) illuminate that the mission is connected to nursing care practice and it is based on concrete theoretical framework. This uncovers the important aspect: ***performance of nurse's mission starts from the theory***. In role performance the unification between theory and practice is shown in more detailed, i.e. here are illuminated the elements, which connect theory and practice, e.g., nurse's skills, knowledge and competence (Fitzpatrick *et al*, 1992). Titcher & Binnie (1993) to those elements add the expertise and experience. While (1994) uncovers, what this experience means: nurse experiencing 'know how' that disjoin the nurse's capacity for performance and the nature and quality of nursing care practical performance itself. Rasmussen *et al* (1995) indicates that knowledge are medical, skills are medical and technical and the pain treatment is also important in nurse's role:

'…Pain treatment, medical, and technical skills are perceived as being based on medical knowledge, and seem not to be integrated into a nursing context…but 'inside' of nurse's role…' (p. 353).

Harris & Redshaw (1996) accentuate the importance of cognitive skills in nurse's role performance (e.g., decision – making, perceptions) and Fitzpatrick *et al* (1992) indicate that nurse's role is based on cognitive processuality, which includes thinking, decision – making and problem – solving. ***Both – nurse's mission and role are not 'alive' without theory and practice, and in role performance theoretical and cognitive aspects also 'goes' on the first 'line'.***

The main are or activity to which the mission is attached is education:

- The mission is oriented to people in order to improve their temporal conditions by teaching (Denny, 1997).
- The mission includes educational process (Power & Hathfield, 1999).

The nurse's role is attached not even to education, but to other activity areas too. E.g., Davies (1993) indicates that nurse's role is related to education in order to provide learning experiences and teach patients. Titcher & Binnie (1993) do not ignore the education, but mention that it is oriented to professional nurse's growth and those authors indicate the other areas to which the role is connected: *management* (coordinator, team leader), *social*

psychology (motivator, supporter), *nursing care* (clinical expertise). Miller (1995) notes that education in nurse's role performance is directed to staff training and consulting on complex nursing care problems. The author also mentions nursing care practice and management areas and adds the new one – the research area (e.g., research on clinical problems, application of research findings to nursing care etc.). Clifford (1996) indicates also four areas – clinical, managerial, teaching, and research. Harris & Redshaw (1996) divide the educational area into training and education and it means that nurse' role in educational area is oriented to others (it could be patient, patient's family etc.) and to the self. This idea also supports Davies (1993), who mentions that nurse's role includes the self – empowerment to continuing learning. ***The overlap between nurse's mission and role is in educational area, but this area is more complex in nurse's role performance. Also nurse's role is attached to more other activities comparing to nurse's mission.***

Meleis (1997) indicates that mission is not constant and this idea is supported by Lower & Bosack (2002), who note that everyday shift from the start until the end is the mission of a concrete nurse. It means that mission could be performed in one shift. In role's description here is no indicated about relations between one shift and role, but here is illuminated that the nurse's role is connected to real life situation where is important of prior focusing on concern (While, 1994). And the nurse in one situation or context may perform specific subroles from which the role consists and those subroles need specific competencies (Miller, 1995). Here is clear ***difference between the role and mission: nurse's mission in one situation could be only one and the nurse could realize several subroles in one situation.*** In mission performance no one author does not indicate the importance of nurse's competence or competencies, but those are crucially important in nurse's role or role / subroles performance. Hunt (1999) accentuates that multiplicity of subroles is included into nurse's role: career, educator, researcher, coordinator, expert, facilitator, evaluator and communicator. Power & Heathfield (1999) mention that *the specific mission is related to the mission of organization where the nurse works* and Berkowitz (2002) adds to it that *the specific infrastructure is the premise for mission performance.* Thomas (1992) does not ignore such relation and mentions that the nurse's role is connected to philosophy of the ward that includes the holistic and individualized care provision, and continuation of nurse – patient interaction. But Hunt (1999) mentions that nurse's role is dependent on concrete context and needs of organization, when she / he could realize the diversity of roles, combines them and realizes at various levels of health care organizations. From this context emerge the following aspects:

1) The overlap: nurse's mission and role are dependent on organizational needs and infrastructure.

2) The difference: only nurse's role is related to philosophy of a concrete ward.

Packer (2003) says that *in mission performance is important integrity of nurse's personality.* Bousfield (1997) deepens the understanding of the nurse's self - 'using': nurse's role enactment includes *inter – role* (interaction with others) and *intra – role* (interaction with the self). Even through the role performance the nurse experiences professional identity (Fagermoen, 1997) and calling (Raatikainen, 1997).

The semantic analysis illuminated the mission as an outcome of personal calling and from the conceptual analysis (based on literature analysis) it had emerged that through the role performance the nurse experiences the calling. Young *et al* (2001) supports this conceptual idea that roles emerge in response to mission.

Conceptual idea of Power & Heathfield (1999) supports *the outcomes of semantic analysis that the mission has the purpose to include people The difference is that in nursing care practice through this involvement of patient, patient's family the nurse empowers them for self – care, initiative etc., but not to faithfulness to the theoretical idea. In such context this inclusion is related to practical activities, interaction, thinking and trust.*

Scott (1995) mentions *that the role enactment empowers the nurse to reflect the role in order to have insights on it.* ***This differ from the mission that it does not empower the nurse for reflecting.*** Meretoja & Leino – Kilpi (2003) also indicates the nurse's self – assessment through the role performance and Perry (2000) adds that the nurse's role empowers the nurse to see a person before being a patient and tune nurses practitioners into the patient and themselves. Through the self – reflection the nurse recognizes the role, accepts it and is able to realize it. Through knowing the self from personal and professional sides the nurse is able to help the patient to find meaning in living and dying situations (Taylor & Ferszt, 1998).

The authors, who investigate the nurse's role speaks about *importance of nurse's educational level.* E.g., Bousfield (1997) notes that ***the role enactment is dependent on highest quality education***; Hunt (1999) mentions that ***nurse's role is associated with highly educated specialist***. ***This aspect is not mentioned in nurse's mission performance and this is also the difference between the nurse's role and mission***.

8. Part 2. EMPIRICAL STUDY (study II)

8.1 METHOD

8.1.1 Design

In **study II** the *qualitative interview* was used for data collection and the *phenomenological - hermeneutics* (Lindseth & Norberg, 2004)[22] was performed in order to analyze the acquired data.

The phenomenological hermeneutics helps to develop the critical understanding of a studied discourse, i.e. helps to obtain knowledge of the essential meaning of lived experience (Lindseth & Norberg, 2004). This method fits the aim related to study **II**.

8.1.2 Selection / Participants

The purpose of sampling in qualitative methods is to identify specific groups of people who either possess characteristics or live in circumstances, relevant to the social phenomena being studied (Robson, 2004)

The sampling type was purposive and theoretical that is based on belief, that a researcher's knowledge about the population can be used to hand pick the cases to be included in sample (Pope & Mays, 1995). The researcher might decide purposely to select the widest possible variety of respondents. Theoretical sampling is often used in depth qualitative studies. Theoretical sampling involves the selection of sample members based on emerging findings as the study progresses, to ensure the adequate representation of important themes and to ensure that the best informants are selected to meet the information needs of the study (Polit & Hungler, 2004).

The theoretical and purposeful sampling is often well suited to the study goals because in-depth qualitative research generally is more concerned with describing the full nature of a phenomenon than with developing a precise estimate of what percentage of people behaved or felt in a certain way (Polit & Hungler, 1995)[32]. Sample sizes are typically small, subjects being initially selected because they can illuminate the phenomena being studied (Robson, 2004).

In order to collect the 'rich' data the participants of the research study were chosen from various specialized areas in nursing care practice that have various experiences as nurse

[22] Which was previously employed by, various researchers, e.g. Uden *et al* (1992), Söderberg *et al* (1993, 1996, 1997), Lindseth *et al* (1994), Talseth *et al* (1997, 2001), Ebbeskog & Ekman (2001).

[32] So why I had selected the purposeful and theoretical sampling: I was more concerned with good representation of the theoretical constructs rather than with proper representation of the people under study.

practitioners. In the study have participated 10 registered nurses practitioners who work in primary (3 respondents), secondary (4 respondents), and tertiary (3 respondents) level health care organizations (see Table 2).

Table 2. Participants' characteristics

No.	Nurse's qualification	Nursing area / specialty & level of health care organization	Years of experience
1.	Pediatric nurse	Family nursing / Primary health care	13 years
2.	Nurse general practitioner	General practice nursing (care of adults and elderly) / Primary health care	10 years
3.	Nurse general practitioner	General practice nursing (care of adults and elderly) / Primary health care	5 years
4.	Pediatric nurse	Pediatric nursing / Secondary health care organization	10 years
5.	Nurse general practitioner	Oncological nursing / Secondary health care	17 years
6.	Nurse general practitioner	Surgical nursing / Secondary health care	8 years
7.	Nurse general practitioner	General practice nursing, Rehabilitation specialty / Secondary health care	18 years
8.	Nurse general practitioner	General practice nursing, Intensive care specialty / Tertiary health care	12 years
9.	Nurse general practitioner	General practice nursing, Haemodialysis nursing specialty / Tertiary health care	3 years
10.	Nurse general practitioner	Surgical nursing, Operating room specialty / Tertiary health care	15 years

All the participants were women: five of them have acquired the University level Bachelor degree in Nursing and three are have Master's degree (two in Education science and one in Public health administration). The other five respondents have acquired the qualification of the Nurse general practitioner and are active students in various competence development courses related to new and contemporary paradigm of nursing as science and practice. All participants are still actively working registered nurse practitioners. Age is from 24 to 48 years (Mean = 28,9 years). Mean of participants' experience in nursing practice is 11,1 years.

8.1.3. Data collection

For the data collection was used the *qualitative interview* data collection method.

The qualitative interview helped to understand themes from the participants' everyday experience (Kvale, 1996).

A qualitative research interview is a dialogue between the interviewer and the interviewee focusing on the topics of interest for the research (Kvale, 1996). An interview is literally an *inter view*, an interchange of views between two persons conversing about a theme of mutual interest (Kvale, 1996, p. 14). An interview is a meaning creating exercise where the meanings of questions and responses are contextually grounded and jointly constructed by the

interviewer and the interviewee (Kvale, 1996; Heikkilä, 2004). The interview is therefore always conducted in a certain context, where the interviewer is the main tool for the data collection (Morse & Field (1995), in Heikkilä, 2004) and the interviewer's background and personality also affects the results of the interview (Kvale, 1996; Gordon, 1998; Heikkilä, 2004).

The data was collected via individual interviews based on the narratives given by the interview participants. Collecting data through interviewing is an active and interactive process whereby knowledge evolves through a dialogue. Kvale (1996) points to the importance of recognizing and applying the knowledge gained from interaction and to the interviewer using him / herself as an instrument.

Holstein & Gubrium (1998, p. 113) claim that narratives are 'all constructed *in situ*, as a product of the talk between interview participants' and that interviewing is an occasion for producing knowledge itself. They suggest that in interviews both parts are active and say that 'respondents are not so much repositories of knowledge – treasuries of information awaiting excavation, so to speak as they are constructors of knowledge in collaboration with interviews, participation in an interview involves meaning – making work' (Holstein & Gubrium, 1998, p. 114). Regarding the construction of narratives, Hyden (1997) points to the decisive role of situational factors and that we continually produce new narratives in new contexts. Hyden (1997, p. 52) says, 'thus it seems all the more evident that it is not a question of the narrative, but rather of different possible narratives of different possible narratives, which are determined by situational factors, particularly by the interaction between narrator and listener'.

The interviews were carried out according to interviewees' wishes, i.e. the interviewees decided where the interview should be carried out. All the interviews (10) were done in their homes. All the interviews were audiotape recorded and transcribed verbatim. The specific audible expressions, such as joking, laugher tones and pauses were noted, in order to provide added understanding of the text material. The duration of interviews was from 60 – to 120 minutes, but commonly the continuance of one interview was 80 minutes. Each participant was asked to narrate the own experiences of being a 'performer' of their (as nurse's) role mission in nursing care. Areas of the qualitative interview content were related to the meaning of nurse's role and mission and their unification in nursing care practice.

The theme was introduced by asking a general question: 'Please, tell me about your experiences of…' and the interviewees were encouraged to talk freely about the topics. Questions clarifying and exploring their experiences were asked as needed in order to confirm

that the interviewer had understood correctly or to get a deeper understanding of the participants' meaning.

8.1.4 Ethical considerations

According to the rules for studies within the health care sector, the local committee for research ethics at the Health faculty, Klaipėda College[34] gave permission for the study. Following these rules, all participants received the information letter about the study when they were offered a choice to participate in the study 'The meaning of nurse's role mission in nursing care'. In the letter I wrote that I would phone them within about a week to agree upon the time for the interview. By doing it this way, each of the intended interviewers was given some time to think about the conditions for an interview. My purpose here was to facilitate for those who did not want take part the second time to give the interview. When I phoned each of them, I once more asked if they consented the being interviewed, and gave them another opportunity to refuse all of them accepted to take part in an interview. All of participants agreed to take part in an interview.

Those who decided to accept the invitation contacted me[35]. All of those who decided to participate in the study consented to being part of the study. Before turning on the tape recorder, i.e. at the beginning of the interview I introduced the self and my interests. Every participant gave the permission (orally) to tape – record the interview.

Under the recommendation of Bülow (2003), to protect the integrity of the individual participant as well as interviewer, all names have been changed. This common way to fulfill the responsibility of guaranteeing confidentiality was part of my agreement with the interviewees.

Narrative analyses have a special way of bringing to the force the personal and unique (Bülow, 2003). This is their strength but also something that entails extensive ethical obligations. Narrative analyses involve the use of more extensive examples. Interviewee does not just give information about themselves in their narratives; they present dramas involving themselves to an audience. This means that by analyzing a narrative the narrator is presented as a certain kind of person, without taking into consideration that the interviewee in the next moment may show a different side of himself or herself (Bülow, 2003). It is certainly so that

[34] Where I work as a lecturer.

[35] By phone or by e-mail

my interpretation of the narrator and his/her story will not be the same as the individual's – professional's in nursing care the own interpretation of the same situation.

8.1.5 Data analysis

The task of this research is to use phenomenological hermeneutical approach as an inductive research method to investigate and describe human experience Talseth *et al* (1997, 2001) through the reflection on this experience.

Using this method the researcher strives to uncover the experience of individuals undertaking the registered nurse's role mission from their perspective and from their participation in the experience by narrating. The concern of the researcher is to understand both the cognitive subjective perspective of the individual who has the experience, and the effect that perspective has on the lived experience or behavior of that individual (Talseth, Gilje, Norberg, 2001).

In the thesis was applied the phenomenological - hermeneutical method developed by Lindseth and Norberg (2004), which was for nursing research inspired by Ricoeur's (1976) interpretation theory. The phenomenological hermeneutical method had been employed in several nursing research studies and proved by nurses scientists, as the very valued method in order to illuminate the lived experiences of respondents in the contexts of various phenomenons related to nursing care, e. g. Uden, Norberg, Lindseth & Marhaug (1992), Ekman *et al* (1993), Söderberg & Norberg (1993), Lindseth, Marhaug, Norberg & Uden (1994), Söderberg, Norberg & Gilje (1996), Söderberg, Gilje & Norberg (1997), Nilsson, Jansson & Norberg (1999), Söderberg, Gilje & Norberg (1999), Rasmussen, Jansson & Norberg (2000), Sundin, Jansson & Norberg (2000), Ebbeskog & Ekman (2001), Talseth, Gilje & Norberg (2001), Götell, Brown & Ekman (2002).

Researchers, according to Lindseth and Norberg (2004), have to produce texts to be able to examine thoroughly the meaning structure of the concrete phenomenon as part of our life world – and thereby reveal the essential meaning of the phenomena. Essential meaning must be studied and revealed in the interpretation of the text.

The research method is hermeneutical because of it is based on text interpretation. The hermeneutics in this method is unified with the phenomenology. Thus the research method is phenomenological too because of the researcher strives to follow the movements of a text from sense to reference – from what it says, to what it talks about and the researcher is interested is interested in the essence of the meaning itself (Lindseth & Norberg, 2004). For example, when research participants gave expressions to their lived experiences of nurse's

role and mission in nursing care practice, me as researcher didn't want to seize on these experiences as something that consists from facts, as specific events, which need explanations. As a researcher I wanted to focus on the understandable meaning of these experiences. It means, when the respondents experience actions, attitudes, relations or other human matters as nurse's role and / or mission, I want to understand this as the meaning of nurse's role mission phenomena.

Thus the starting point in phenomenological hermeneutical method is lived experience and within this experience the researcher is already familiar with the meaning of all kinds of phenomena (Lindseth & Norberg, 2004).

When the researcher narrate out of lived experience and write down the narration, he / she produce an autonomous text, which expresses its own meaning. The narrative thus produces has in itself no need of correction through a stating of facts. This does not mean that the narrative is a fiction. It tells about our world, about being – in – the - world, about life world. This is a world in from of the text that is revealed by the text. Through lived discourses the researcher participates in this world and through narratives the researcher becomes aware of this participation. Narratives touch the researcher and move him / her when they shed light on researcher's lived experience of discourse participation. Being touched and moved by essential meaning leads the researcher to the lived truth as opposed to correctness, and it connects him / her to the ontological level of life world. Through narrating the being in truth and connectedness to being may begin to be fulfilled in understanding. By telling what moves the researcher, his / her pre - understanding may be transferred into a liberating expression (Lindseth & Norberg, 2004).

The phenomenological hermeneutic analysis of the text involves phases, which constitute a dialectic movement between the whole and the parts between understanding and explanation (Lindseth & Norberg, 2004):

- ***A naive reading*** is the first interpretation of the text as a whole, which provides direction for further analysis. The text was reread several times in order to grasp its meaning as a whole. To do this it was necessary for me to be open to allow the text to 'speak' to me. I became touched and moved by it. During the naïve reading I tried to switch from a natural attitude to a phenomenological attitude. The naïve understanding of the text was formulated in phenomenological language. It was regarded as a first conjecture and it was validated by the subsequent structural analysis. Thus the naïve understanding guided the structural analysis.

- ***Structural analyses*** include various examinations of the parts of the text in order to explain what it says. In this phase I sought to identify and formulate themes. The theme is a thread of meaning that penetrates text parts and it is seen as conveying as essential meaning of lived experience. In order to capture this meaning of lived experience I didn't formulate the themes as abstract concepts, but rather as condensed descriptions. Those were formulated in a way that disclosed the meaning. The text was read and divided into meaning units, which was a part of a sentence or a sentence or several sentences. The text was divided into meaning units there were some parts that did not seem to be about anything related to research question. Those text parts were taken into consideration during the analysis but some of them did not contributed to the formulation of themes. The meaning units were read through and reflected on against the background of the naïve understanding. Then they were condensed, i.e. essential meaning of each meaning unit was expressed in everyday words as concisely as possible. All condensed meaning units were read through and reflected on regarding similarities and differences. They were sorted and all condensed meaning units that were similar were further condensed and sometimes even abstracted to form sub-themes, which are assembled to themes that were sometime assembled into main themes. During the structural analysis I tried to view the text as objectively as possible. I decontextualized the meaning units from the text as a whole and the themes were reflected on in relation to the naïve understanding and the question is whether the themes validate or invalidate the naïve understanding. When the structural analysis invalidated the naïve understanding, the whole text was read again and a new naïve understanding was formulated and checked by a new structural analysis. This process was repeated three times, i.e. until I felt that the naïve understanding is needed validated through the structural analysis.
- ***Comprehensive understanding*** includes the summarizing and reflecting on the main themes, themes and sub-themes in relation to the research question and the context of the study. The text was read again as a whole with the naïve understanding and the validated themes in mind, and with an as open a mind as possible. Through critical reflection I could revise, broaden and deepen my personal awareness. I tired to use my imagination and think of associations with relevant literature and I have consulted by colleagues about the reading of the appropriate literature in which the basic assumptions are congruent with the perspective of the presented study in this thesis. I did not forced the literature's perspective of the interview text but 'left' the chosen literature illuminate the interview text and interview text illuminate the chosen literature. In the process of interpreting the text as a whole was not possible to

follow strict methodological rules[33]. Imagination in this phase was important and I again came close to the text and recontextualized it, tried to perceive it in the light of the literature texts chosen and also see the literature text in the light of interview text. The focus was not on what the text says but on the possibilities of living in the world that the interview text opens up.

- ***Formulating the results in a phenomenological hermeneutical way*** means that the results should be formulated in everyday language as close to lived experience as possible. When I tried to express the meaning of lived experience I therefore used everyday language rather than abstract well-defined scientific language.

9. RESULTS /FINDINGS

The empirical data analysis results had illuminated two parts in respondents' interview material – mission and role and in those 'parts' here emerged the variety of dimensions. Thus the findings will be presented by keeping two main 'red lines' – nurse's mission and nurse's role. And after uncovered content of these two 'parts' the themes and subthemes from which those parts consist here will be presented the results of comparing process between those two – role and mission in order to illuminate the overlaps and differences between the nurse's role and mission in nursing care practice. The overlaps maybe named as a 'bridge' for substantiation of complex concept of a 'role mission'.

9.1 MISSION

From interview data analysis it was uncovered that the nurse's mission consists of those dimensions: ***being connected to*** *patient, nurse, activity, patient, family, profession, colleagues nurses, organization and society.*

1 DIMENSION: BEING CONNECTED TO PATIENT *(see Annex 5)*

This dimension consists of fifteen themes:

THEME: BEING COMMITTED

These aspects reflect the nurse's commitment:

- Nurse's communication with patient that makes the nurse to fall to thinking, what she / he should perform and it becomes no formal or the next obligation in turn, but the commitment to patient 'comes' from inside.
- Nurse's commitment to patient is related to devotion.

[33] It is indicated by Lindseth & Norberg (2004) too.

- Nurse's benevolism and altruism to patient illuminates the qualities of nurses' personality and those are the external expression of commitment and influence the nurse's perception.
- Nurse's ability to be absorbed in a patient's problem as an expression of commitment reflects empathy as personal quality.
- Nurse's ability to recognize and evaluate needs of a patient. Those are not physiological, but spiritual, cultural.
- Patient's education that is performed by the nurse and treated as a duty.

This notion let us to understand that the nurse does not detach the mission from the patient's education, which is oriented to prevention of illnesses and their complications.

- Nurse's striving to protect the patient: through it is reflected responsibility and commitment".
- Nurse's caring of patient from human inducement independently from his / her social status also is the realization of personal commitment.
- Nurse' s interest in patient also is accentuated in commitment.

Such interest could be named as professional interest ('you must be interested in'), which is realized through the nursing process where is urgent not even the technical part ('not superficially').

THEME: BEING DEVOTED

Nurse's devotion includes five aspects:

1. Nurse's devoting the self to other people.

2. Accomplishment of nursing care philosophy in practice that is realized through two things: ✔ permanent nurse's efforts in the name of patient; ✔ nurse's expression of attentiveness and love to patient.

3. Nurse's self – sacrificing to patient. Here the [9] respondent accentuates the nurse's being, which is concentrated and purposeful especially in critical situation. The nurse [9], who works at haemodialysis nursing area, is assured that exceptionally in critical situations here is the nurse is able to express the devotion.

4. Nurse's being 'useful' to patient through the activity performance also means the devotion.

5. Nurse's being detached from personal problems in activity makes the premises for expression of devotion.

THEME: BEING COMPETENT

Nurse's competence is reflected by the following subthemes:

- Nurse's being - ✔ communicating with the patient; ✔ realizing the competence through ability to manage the permanent conversations with the patient.
- Nurses ability to listen actively that helps the patient to express his / her feelings.
- Nurse's being ethical with the patient also proves her / his competence. Through describing the ethical behavior (that express competence), the nurse relates it to variety of self – developed qualities, for example, not insulting patient's dignity, respecting patients etc.
- Nurse's ability to realize the mission through recognition / illumination of patient's needs. Here is important to 'encode' the patient's need for physical and psychological help in a new environment.
- For the nurse is important - ✔ to elucidate the spiritual and cultural needs of the patient; ✔ to 'see' the patient's need for communication.
- The nurse should be able to make, 'what she / he must' through evaluation of the existing patient's needs.
- Nurse's being competent in a mission reflects her / his ability to satisfy patient's needs.
- Nurse's ability to evaluate patient's health.

Through the health evaluation the nurse is able to control and monitor the patient's situation.

- Nurse's ability to exclude patient's pain also reflects her / his competence, because of it is interaction by physical nursing that releases patient's physical suffering.
- The nurse should be able to help in a concrete context, which she / he evaluates. It means that nurse's help is always contextual and related to patient's situation.
- The nurse should know nursing care technique perfectly and it illuminates her / his ability to integrate theory with practice. But the [8] respondent, who works in intensive care area, notes that realization of nursing technique is only the small element in holistic nursing care of a patient.
- Nurse's being educating as evidence of her / his competence accentuates [8] respondent, who represents intensive care (*giving theoretical and practical knowledge to patient*) and [9] respondent, who works in haemodialysis nursing care area (*satisfaction of all patient's needs through education*).
- Nurse's initiativeness is also evidence of her / his competence.

THEME: BEING CARING

The theme consists of nine subthemes that all without exceptions are oriented to patient.

1. Being helpful to patient, when the helping is expression of caring.

*2. Being striving for wellness of a patient***.**

*3. Affording the wellness to patient***.**

In that case here emerges two aspects: striving and intuition, i.e. motive to act and the real performance for the patient.

4. Striving to maintain the patient's needs.

5. 'Answering' to patients' needs. It reflects the importance of nurse's ability to relate the cognitive and practical levels.

6. Being trustee with the patient also means the nurse's ability to be caring.

7. Being able to express the motherly tender to patient is included in caring that is expressed by the nurse.

*8. Nurse's ability to be caring is the ability to influence the patient***.**

*9. Nurse's endeavoring to feel the patient's part deeply***.**

THEME: BEING IN COMMUNION

Nurse's *being in communion* as an element of the nursing care mission performance consists of various aspects:

- *Being in mutual feeling one's part with the patient*. That mutual feeling means: ✔ nurse's being in mutual experiences with the patient; ✔ for the nurse is difficult to experience the patient's pain:

- *Nurse's communicating* (subtheme *being in mutual communication with the patient*), the feedback (subtheme *getting a feedback from the patient*) and *listening* the patient (subtheme *listening the patient*) shows the nurse's and patient's being in communion.

Respondent [5] notes that through communication the patient expresses the personal experiences, gets into conversation, thus for the nurse is very important to be a listener. Respondent [9] accentuates that being in communion is expressed by feedback from the patient through being with him / her.

- Nurse's personal qualities also predetermine nurse's and patient's being in communion: ✔ being attentive to the patient; ✔ being sincere with the patient; ✔ being able to express the humanness to the patient; ✔ being altruistic with the patient.

- Satisfying patient's needs for the nurse also means being in communion with patient.

Patient's needs are satisfied through those aspects: ✔ nurse's being near the patient through the individualizing nursing care; ✔ nurse's ability to support the patient morally.

• The nurse realizes the mission through forming the following aspects: ✔ forming the mutual confidence with the patient; ✔ forming the reciprocal relationships with the patient.

THEME: BEING DEPENDENT

Nurses in mission performance are dependent on the following elements: ✔ context of patient's situation; ✔ patient's initiating; ✔ mutual mood of both the nurse and patient.

THEME: BEING EXPERIENCED

Two aspects express nurse's experience in a mission:

1. Nurse's ability to perceive the uniqueness of cases / situations.

2. Nurse's ability to keep the internal sensitivity.

THEME: BEING ACCUSTOMED

Nurse's being accustomed is the element of a mission that is oriented to patient. When the nurse realizes the mission here is emerging those aspects:

• Accustoming to patient's role.

• Nurse's ability to 'see' the patient's inside and to evaluate her / his spiritual state.

• Nurse's ability to be accustomed in patient's situation, i.e. nurse's accustoming is contextual, situational and individually – oriented to concrete patient through what are evaluated the patient's problems and is seen the patient's personality. In reality it happens through the nurse - patient communication.

• Nurse's striving to create the therapeutic environment to patient in order to satisfy her / his needs.

• Nurse's being involved into patient's pain experience: the nurse lives with the thoughts about patient's pain and cannot be detached from that.

Thus for the nurse to be accustomed in mission performance is important to 'see' the human being in a patient and to understand that person, who temporary realizes the patient's role; to perceive the patient's situation and to create the adequate environment, which satisfies patient's needs. It is hard, because for the nurse is very complicated to be detached from the patient's situation.

THEME: BEING LIMITED

Some limits 'block' the nurse's mission performance. The limits could be dependent on patient and nurse's sides.

- ***From the nurse 'come' six limits*:**

1. Nurse's loosening with the patient.

2. Nurse's following the depersonalized attitude to the patient, when the patient is seen as an object of illness.

3. Nurse's inability to express the humanness to patient that limits the open expression of needs by the patient.

4. Nurse's ignoring the primary obligation to patient, i.e. not helping the patient.

5. Nurse's inability to feel one's part in communication with patient.

6. Nurse's being jeopardizing the human's lives through the ignorance.

- ***Patient's limits are two:***

1. Nurse's being blocked by the patient, when he / she is not able to express the personal needs.

2. Nurse's being 'rejected' by the patient because of the patient's refusal.

THEME: BEING SELF - EMPOWERED

The nurse in a nursing care mission performance empowers the self through three directions -

1. Patient: nurse's self – empowering to strive for patient's wellness. Here is important nurse's ability to act / work with the motivation for patient's wellness.

2. Nurse: nurse's self – empowerment to take responsibility. Respondent [1] is sure that the nurse is able to release / decrease the patient's badness through taking responsibility.

3. Concrete situation: nurse's self – empowerment for revaluation of a situation. It could be performed through the nurse – patient contacting.

THEME: BEING SATISFIED

Nurse's satisfaction in mission performance is characterized by three orientations.

1. Purposeful nurse's acting - ✓ by giving the rest to patient; ✓ by protecting the patient; ✓ by performing concrete actions for the patient.

2. Nurse – patient interaction, when they communicate sincere and in equivalent way.

3. Activity result that the nurse associates with good patient's state, optimal level of patient's life quality and patient's feeling of happiness.

THEME: BEING INFLUENCING

For the nurse in mission performance it is important:

- Nurse's endeavoring to drawing the patient in life, i.e. nurse's efforts to influence the patient in order he / she not be detached from other people.
- By this way the nurse' realizes the psychological aspect of a mission.

THEME: BEING REFLECTING

The nurse in mission performance should be reflective:

- Reconsidering retrospectively, because on it is dependent the nurse's decisions;
- Analyzing and systemizing the information (through it the nurse's reflection is 'going on').

THEME: BEING IN DIGNITY

The theme consists of two subthemes. Nurse is in dignity through acting for patient's wellness. Respondent [9] notes that nurse's dignity is the possibility to act for the patient through the mission performance.

THEME: BEING INFLUENCED

Two aspects that are related to patient influence the nurse in mission performance: *1. Patient's age – it influences the mission content. 2. Patient's response to nurse's activity – the nurse feels it as a need.*

2 DIMENSION: BEING CONNECTED TO NURSE *(see Annex 5)*

THEME: BEING ACCUSTOMED

This theme consists of one subtheme – *experiencing sensitively*. It includes the nurse's complicated feelings as human being and professional, and her / his involvement into patient's experiences, pain.

THEME: BEING DEVOTED

Three aspects express nurse's devotion: *being patient; being experiencing; giving all the strengths.*

THEME: BEING COMPETENT

Nurse's competence in mission performance includes:

- Nurse's ability to work practically (subtheme *acting professionally*), when knowledge, skills are integrated and the nurse is able to take into accounts the organizational, cultural and economic aspects.
- Nurse's ability to apply nursing philosophy to nursing care practice (subtheme *being able to carry out the nursing care philosophy*). This aspect respondent [7] does not explain deeper.
- Nurse's ability to manage the personal emotions (subtheme *being strong emotionally*) predetermines the positive results of nursing care activity. Respondent [7] accentuates that.
- Educational level of the nurse (subtheme *being educated*) – higher educational level, thus wider and deeper nurse's understanding about work and profession.
- Nurse's ability to represent the nursing care activity (subtheme *representing activity through the behavior*) – it is realized through professional nurse's behavior.

THEME: BEING INFLUENCING

The nurse express the influence through ability to form the personal mission (subtheme *forming personal mission*).

THEME: BEING SATISFIED

The nurse is satisfied, when she / he:

- Experiences an internal peace (subtheme *being in peace*).
- Is 'awarded' by the nice emotions in nursing care practice (subtheme *being awarded' emotionally*).
- Is able to find the answers to questions and that happens through active patient's listening (subtheme *finding the answers*).
- Is self – realized (subtheme *being self – realized*).

THEME: BEING RESPONSIBLE

Here is important nurse's self – responsibility (subtheme *being self – responsible*).

THEME: BEING SELF – EMPOWERED

The nurse 'accomplishes' the self - empowerment through three elements:

*1. Nurse's being developing the profession purposefully***.**

2. Nurse's being oriented to the future, i.e. the nurse realizes obligations according to formed tasks with perspective to the future.

3. Nurse's being persistent.

THEME: BEING IN DIGNITY

The nurse through the mission performance should express her / his abilities, and at the same time it gives to the nurse more possibilities to unfold personal abilities in nursing care practice context.

THEME: BEING LIMITED

Nurse's mission performance is limited by disturbance (insulting) of her / his dignity and nurse's experienced because of that:.

THEME: BEING DEPENDENT

Three directions predetermine nurse's dependence in mission performance -

1. External: being dependent on changes. Here the change (according to respondent [5]) is understood in organizational, hospital, country and personal levels**.**

2. Internal: being dependent on personal comprehension. The nurse perceives the value and meaningfulness of situation.

3. Intermediate: between personality and professional activity.

THEME: BEING INFLUENCED

Three factors influence the nurse in mission performance -

1. Practice. Practice corrects and influences for nurse's early formed understanding about the nursing mission. Influence of practice to changes in nurse's understanding is limited.

2. Process of vocational education. Already at study institutions the nurse students are forming the personal conception about personal mission in nursing care and theoretical studies influence that forming process in a cognitive level too.

3. Nurse's continuing learning that has the strongest influence to changes in nurse's comprehension about nursing mission.

THEME: BEING EXPERIENCED

Nurse's experience in mission is reflected through her / his ability to comprehend the life fragility, thus the practical and cognitive level acts reciprocally.

3 DIMENSION: BEING CONNECTED TO ACTIVITY *(see Annex 5)*

THEME: BEING DEVOTED

Nurse's devotion in nursing care context is reflected by the following aspects: ✔ devotion to the activity based on nurse's efforts; ✔ intuition at work; ✔ ability to understand the

activity meaning, what reflects importance of cognitive level in activity; ✔ being compassionate means the human being insight and understanding in context of suffering and indisposition; ✔ loving the human being; ✔ being benevolent; ✔ working hardly.

THEME: BEING COMMITTED

Five aspects manifest nurse's commitment: *1. Being responsible on actions. 2. Being accountable of actions. 3. Being ethical in nursing care. 4. Forming the activity purpose through activity planning.*

THEME: BEING COMPETENT

The nurse in mission performance through the competence expresses various sides of activity.

1. Technical side is expressed by the following elements:

- Nurse's ability to act purposefully through - ✔ detaching from subjective feelings; ✔ striving to realize long – term aims through short – time aims.
- Nurse's ability to perform the concrete activity in limited time
- Nurse's ability to individualize nursing care with the orientation to patient's situation.
- Nurse's ability to give the services professionally.
- Nurse's ability to perform the clinical work.

2. Ability to integrate science and practice in nursing care expresses the integrative side of the mission.

3. Nurse's ability to realize the nursing art expresses the complex side of a mission. It means, when the nurse's competence transformed to nursing art.

4. The following aspects express the intellectual side of a mission:

- Nurse's ability to evaluate the activity.
- Nurse's ability to realize the idea, because of through that she / he is able to express the philosophical nature of a mission.

5. Specific sides of mission performance:

- Realization of mission in nursing care practice includes the nurse's roles. Here exists the different combinations of nurse's roles, i.e. the various roles are performed at the same time and in the context of concrete situation.
- The mission is performed through everyday missions.

THEME: BEING CARING

The nurse expresses the caring through elementary humanness details (subtheme *expressing the humanness in practice*).

THEME: BEING DEPENDENT

The nurse in nursing care mission performance is dependent on the following things: ✔ personal prejudice to activity; ✔ formed activity purposes; concrete context; ✔ specificity of department.

THEME: BEING SELF - EMPOWERED

The nurse in mission performance empowers the self to activity by three aspects:

1. Being benevolent.

2. Being active in activity, what makes the nurse to manage the situation and positively influences the nursing changes and is only perspective in future.

*3. Being able to form the long – term purpose***,** what illuminates the permanency of a mission and purposeful forming on the basis of future perspective.

THEME: BEING SATISFIED

The nurse experiences satisfaction in mission performance, when she / he:

- Comprehends the possibilities of personal 'deposit' to nursing care activity.
- Sees the result of personal activity, but this is mostly experienced in ethically controversy and critical situations.
- Realizes the acquired knowledge in practice.

THEME: BEING IN DIGNITY

Nurse's dignity in mission performance is important, but the respondent [9] speaks about professional dignity that is expressed through professional knowledge.

THEME: BEING INFLUENCING

The nurse in nursing care mission performance influences through two elements from activity standpoint:

1. Ability to influence activity course and results (here is accentuated the nurse's personality).

2. Ability to coordinate.

THEME: BEING LIMITED

The nurse limits her / himself through personal qualities in mission performance context:

- When the nurse has formed the narrow prejudice to activity and ignores altruism.
- When the nurse is not able to feel as the activity part deeply.

THEME: BEING REFLECTING

Nurse's reflecting is the prejudice for meaningful nursing care performance and here are emerges two aspects:

1. The nurse forms the future activity strategy and plans it, and develops through considerations and reflections.

2. Nurse's ability to consider the critical situations in the past influences her / his learning through considerations and memorizing nuances of some situations.

THEME: BEING FEELING ONE'S PART DEEPLY

The nurse in mission performance should be able to feel working process' part deeply.

4 DIMENSION: BEING CONNECTED TO PATIENT FAMILY *(see Annex 5)*

The interview data had illuminated that the essential aspects in nurse's communication with the family are the following five.

THEME: BEING IN COMMUNION

That theme includes three directions:

1. Nurse's interflowing with the patient's family. Through that, according to respondent [1], the nurse is able to approach faster and closer to mission realization.

2. Nurse's ability to form the connection with the patient's family, because the real humanness connection between the nurse and patient in family context is forming only through communication.

3. Nurse's sincerity with the patient's family, e.g. when they need more information, explanations related to patient's situation.

THEME: BEING COMPETENT

Three aspects reflect the nurse's competence in respect to patient's family:

1. Being ethical with patient's family, when the nurse is able to put into practice ethical principles in communication with patient's family.

2. Being communicating with patient's family that is perceived as a possibility to realize the mission through communication.

3. Being able to convey knowledge to patient's relatives that expresses the urgency of educational activity in nurse's role mission.

THEME: BEING INFLUENCING

Nurses mention that they influence the patient's family in mission performance through being mediating by two directions: 1) in family reconciliation; 2) in family self – understanding (in critically emotional situations between the family members by relating it to patient's health situation):

- When the nurses mention mediating in family reconciliation it is understood in illness context and the nurse's influence is seen and treated as moral help to family. It also expresses the nurse's ability to evaluate and manage the tension and ability to communicate diplomatically.
- The nurse realizes mission through help to family in order to understand the self in a current concrete situation.

THEME: BEING FEELING ONE'S PART DEEPLY

For the nurse to be feeling one's part deeply means not even the empathy, but also it means being involved as a feeling the part of patient's and his / her family situation *here and now*. It means that in nurse's mission here is urgent not an intention, but the real being and acting.

THEME: BEING COMMITTED

The nurse commits the self in mission to communicate with the patient's family members. Thus the commitment and obligation in nurse's mission is important element.

5 DIMENSION: BEING CONNECTED TO PROFESSION *(see Annex 5)*

Nurse's relation to profession in mission context reflects three themes: *being self – empowered, being in dignity* and *being satisfied*.

THEME: BEING SELF - EMPOWERED

The nurse empowers the self through three aspects:

1. Being developing professional knowledge.

*2. Being motivated to develop nursing science***.** It reflects the orientation not even to practical activity, but to self – seeing as a specialist, who is able to give a 'deposit' to development of nursing science.

*3. Being oriented to future***,** when the nurse forms perspective and with the orientation to that she ' he acts purposefully.

THEME: BEING IN DIGNITY

Nurse's being in dignity in a mission context with respect to profession includes the following elements: ✔ being respectful for profession; ✔ being faithful to profession.

THEME: BEING SATISFIED

In nurse's mission the satisfaction in context of profession is experienced through 'love' to profession (subtheme *being 'loving' the profession*).

'Being satisfied' the nurse experiences also through devotion to purpose achievement in nursing care (subtheme *being devoted*).

6 DIMENSION: BEING CONNECTED TO COLLEAGUES NURSES *(see Annex 5).*

Nurse's mission in respect to colleague nurses is expressed through three themes: *being in communion, being committed* and *being competent*.

THEME: BEING IN COMMUNION

Being in communion is expressed by nurse's ability to collaborate with colleague nurses.

THEME: BEING COMMITTED

In mission performance is important nurse's commitment to colleagues nurses.

THEME: BEING COMPETENT

The competence in respect to colleague nurses is realized through ability to convey nurse's acquired knowledge.

7 DIMENSION: BEING CONNECTED TO ORGANIZATION *(see Annex 5)*

Nurse's mission in respect to organization is manifested through two themes: *being in communion* and *being self – empowered*.

THEME: BEING IN COMMUNION

Being in communion at organization is realized through *being working in a team*.

THEME: BEING SELF - EMPOWERED

The nurse in a mission empowers the self for forming the positive prejudice to nursing care in organization.

8 DIMENSION: BEING CONNECTED TO SOCIETY *(see Annex 5)*

Expression of nurse's mission in respect to society is reflected through three themes: *being committed, being devoted* and *being self – empowered*.

THEME: BEING COMMITTED

Nurse's commitment to society is realized through helping process, i.e. the nurse indicates that help is her / his obligation.

THEME: BEING DEVOTED

Devotion to society in nurse's mission is named as *being helpful* to society through realization of useful activity.

THEME: BEING SELF - EMPOWERING

The self – empowerment in mission performance in respect to society is perceived as 'going' into the society.

* * * * *

The above presented interview data analysis text that is related to description of ***a mission*** by respondents had illuminated eight dimensions: 1*) being connected to patient* (15 themes); *2) being connected to nurse* (12 themes); *3) being connected to activity* (11 themes); *4) being connected to patient family* (5 themes); *5) being connected to profession* (3 themes); *6) being connected to colleagues nurses* (3 themes); *7) being connected to organization* (2 themes); *8) being connected to society* (3 themes). The dimension - *being connected to patient* – is the most abundant: it consists of fifteen themes. The 'smallest' dimension is *being connected to organization*, which that consists of two themes. *The realized data analysis had illuminated*

that here exists overlaps between content (which includes themes and subthemes) *of extracted dimensions:*

THEME 'BEING SELF – EMPOWERING' **is in** six dimensions, except of the dimensions such as *being connected to patient family* and *being connected to colleagues nurses*.

THEME 'BEING COMPETENT' **is named** in five dimensions such as in *connection to patient, nurse, activity, patient family* and *colleague nurses*. That theme **does not exist** in dimensions that are *connected to profession, organization* and *society*.

THEME 'BEING COMMITTED' **is urgent** to five dimensions – *being connected to patient, nurse, activity, patient family* and *society*. Those themes **are not included** in these dimensions: *being connected to profession, colleague nurses* and *organization*.

THEME 'BEING IN COMMUNION' **is extracted** in four dimensions that are oriented to *connection to patient, patient family, colleague nurses* and *organization*. This theme is **not named** in dimensions that are *related to nurse, activity, profession* and *society*.

THEME 'BEING FEELING ONE'S PART DEEPLY' **is urgent** to four dimensions, where is accentuated *relation to patient, nurse, activity* and *patient family*. That theme is **not urgent** to the following dimensions: *being connected to profession, colleague nurses, organization* and *society*.

THEME 'BEING SATISFIED' **is realized** in four dimensions that are *connected to patient, nurse, activity* and *profession*. But those themes **are not** in dimensions, which are characterized by *relation to patient family, colleagues nurses, organization* and *society*.

THEME 'BEING INFLUENCING' **is extracted** in four dimensions, where is expressed *connection to patient, nurse, activity* and *patient family*. Nurse's influence **is not accentuated** in those dimensions: *being connected to profession, colleague nurses, organization* and *society*.

THEME 'BEING IN DIGNITY' **is important** in four dimensions that are *oriented to patient, nurse, activity* and *profession* and **are not extracted** in dimensions that characterize *relations to patient family, colleagues nurses, organization* and *society*.

THEMES 'BEING DEPENDENT' and ***'BEING LIMITED'*** **repeat** in three dimensions in *relation to patient, nurse* and *activity*. *Dependence* and *limitation* is **not expressed** in dimensions that include *connection to patient family, profession, colleague nurses, organization* and *society*.

THEME 'BEING CARING' **is related** to one dimension – *being connected to patient*, and the theme *'being reflective'* **is related** to two dimensions – *being connected to patient* and *activity*.

THEMES 'BEING INFLUENCED' and ***'BEING EXPERIENCED'*** **are extracted** in two dimensions – *being connected to patient* and *nurse*.

9.2 ROLE

Interview data analysis illuminated that the nurse's role includes the following dimensions: ***being connected to*** *patient, nurse, activity, profession, society, patient family, colleagues nurses, physician, other specialists and organization (see annex 6)*.

1 DIMENSION: BEING CONNECTED TO PATIENT

This dimension consists of seventeen themes.

THEME: BEING SATISFIED. Nurse's satisfaction is reflected by expression of positive emotions (*being calm, experiencing the joy, being in balance*); loyalty to patient (*being devoted to patient, personal qualities of the nurse, being benevolent*); possibility to use theoretical knowledge in practice (*relating theory and practice*); interaction with patient (*being educated by relationship with the patient*).

- *The nurse experiences a peace* when perceives that did everything she / he could in concrete moment in dependence on illness – health situation.
- *The nurse experiences the joy*, when she / he: ✔ realizes the activity successfully; ✔ sees the positive results of patient's gratitude; ✔ has the possibility to inform the patient professionally; ✔ gets the response from the patient, i.e. positive feedback; ✔ has the direct possibility to help the patient.
- *Nurse's benevolence by informing influences the patient*: through that he / she forms the opinion about the working collective.
- *The nurse experiences satisfaction* through interaction with the patient, when it is based on reciprocal / mutual communion and connection.
- *The nurse feels her / himself in balance, and she / he does not experience anxiety, is satisfied,* when knows that did everything, what was possible.
- Nurse's satisfaction is not detached from commitment to patient that is expressed in the light of spiritual, emotional and cognitive aspects and real practical activity, i.e. helping the patient and it is situative and contextual (*connected to patient's situation*).

• Nurse's ability to relate theory and practice with orientation to concrete situation that is a premise for experiencing the professional valuability and satisfaction.

THEME: BEING EPXPERIENCED

Nurse's experience (in realizing the role) is expressed through help to patient, when the given help is situational.

THEME: BEING EMPOWERING

When the nurse performs a role she / he empowers the patient through two aspects:

1. Help to understand (*helping the patient*).

2. Education as a purposeful teaching in order to take responsibility on personal health (*educating the patient*).

THEME: BEING SELF - EMPOWERING

The nurse through role performance with the orientation to patient empowers the self by five aspects:

1. Personal dutifulness.

2. External – formal obligation that is not dependent on situation and nurse's emotions and this is like an 'engine' or leader'.

3. Initiativeness through what the nurse expresses humanness and help to patient.

4. Concern with the patient wellness.

5. Responsibility in critical situations.

THEME: BEING CARING

Caring in nurse's role performance is perceived as help and care of patient:

• Help to patient is not detached from his / her illness situation (*helping the patient*).

• Caring of patient by satisfying his / her needs.

THEME: BEING OBLIGATED

The nurse formally is obligated through offices, where the essential accent is an ability to realize the routine activity.

THEME: BEING COMMITTED

Nurse's obligation includes concrete aspects by role performance:

- Constrain of nurse's personal obligation for nursing care performance (*being constrained*).
- Nurse's ability to form emotional safety to patient (*being able to create the patient's safety*).
- Nurse's communication with the patient that helps her / him to understand personal obligation realistically (*communicating with the patient*).
- Direct nurse's help to patient (*saving the patient*).

THEME: BEING COMPETENT

In nurse's role performance with orientation to patient the competence is reflected through three levels - knowing, thinking and purposeful acting:

1. *Knowing is situational* (*knowing the situation*) and oriented to exact / precise ways of performance in order to help the patient (*knowing the helping ways*).

2. The thinking is oriented to:

- Analysis that is performed by the nurse (*analyzing the patient's situation*) that is related to patient's situation and includes observation and permanent evaluation.
- Nurse's ability to evaluate the situation (*evaluating the situation*).

3. Purposeful acting includes the following aspects:

- Nurse's readiness to act for the patient (*being ready to act*).
- Nurse's ability to organize (*being organized*).
- Nurse's ability to choose the adequate activity tactics in communication with the patient (*choosing the activity tactics*).
- Nurse's ability to satisfy patient's needs (*satisfying the patient's needs*).
- Nurse's ability to perform the educational activity, i.e. to realize teacher's role by stipulating the patient's self – empowerment for self – care (*realizing the education*).
- Nurse's ability to act autonomously (*acting autonomously*).

THEME: BEING DEVOTED

These aspects express the nurse's devotion in role performance:

1. Being active in work process, by realizing the activities for patient's well being through:

- Orientation to patient through the task performance.
- Satisfaction of patient's needs.

- Helping the patient through listening or when he / she needs to dismiss the negative symptoms / sensations.
- Carrying in the deposit in patient's recovering through the activity performance -

2. Using the personal qualities in activity that are oriented to patient such as:

- Reliability.
- Being empathetic, what is expressed by patient's consoling though attentiveness and listening.
- Creativeness in activity, what is expressed through nurse's ability to teach the patient by testing various ways and taking the time for explanations.

3. Using the personal 'I' that is inseparable part of devotion by the role performance.

THEME: BEING EXPERIENCING

Nurse's experience in role performance is expressed through her / his perceptions about life temporality, when the patient is in critical situation. It is a premise to note that experience in nurse's role in contextual, i.e. is related to patient's situation and includes elements of practical activity and cognitive / thinking process.

THEME: BEING IN DIGNITY

Nurse's dignity in role performance is based on self – respect, then the nurse acts for patient's well being more active than other colleagues and it provokes their negative reactions. But in such situation the nurse does not feel helpless, because she / he sees patient's positive recovering.

THEME: BEING FEELING ONE'S PART DEEPLY

Nurse's feeling one's part deeply in role performance that is oriented to patient includes two aspects:

1. Ethical, when the nurse is in dilemma between acting for keeping the patient's spiritual peace and necessity to realize activity functions.

2. Spiritual, when the nurse helps the patient to be 'open' and through that realizes spiritual aspects.

THEME: BEING INFLUENCING

The nurse through role performance influences the patient by the following aspects:

- Initiating the communication with the patient.
- Ability to assuage the patient through conversation and explanation.
- Ability to empower the patient for self – care and learning.
- Ability to motivate the patient by personal nurse's comprehension, what for she / he teaches / educates the patient (*being able to convince the patient*).

THEME: BEING INFLUENCED

The nurse in role performance is influenced by patient's initiativeness and nurse's experiences and reactions:

- The nurse realizes the role of counselor, but only when the patient initiates by her / himself.
- The patient initiates the nurse's empowerment to act purposefully.
- The nurse is influenced strongly by the patients' experiences that are observed by the nurse every day.

It means that the nurse is influenced by the patient through direct interaction, where the patient is active and through indirect contact, which is based on nurse's observing and seeing the patient's experiences and in this process the nurse is active 'researcher / investigator'.

THEME: BEING IN COMMUNION

Establishment of communion environment between the patient and nurse is dependent on those aspects -

*1. Personal nurse's qualities***:**

- Tolerance that is expressed through nurse and patient communication.
- Sincerity, which is urgent to establish the relation / contact between nurse and patient.

2. Nurse's ability to express the care and wardship.

*3. Nurse's ability to communicate with patient in full value***:**

- to listen the patient;
- to establish and mediate the contact with the patient;
- to inform the patient;
- to educate the patient.
- to evaluate the patient's state.

4. Nurse's ability to form the spiritual relationship, which includes the feelings with patient that influences the nurse:

- the patient ‘educates’ the nurse;
- the patients ‘directs’ the nurse to percept and perceive the life meaning;
- the nurse becomes the patient’s ‘neighbor’, i.e. is close to the patient;
- the nurse is mediator between patient and physician;
- the nurse creates the atmosphere of reliance through the teaching.

THEME: BEING LIMITED

Two things limit the nurse in role performance: *1. When her / his dignity is broken* and that raises nurse’s anxiety and sadness. *2. Nurse’s inertness in nursing care practice*, when the psychological support for the patient is not valued.

THEME: BEING DEPENDENT

The nurse’s ‘dependence’ through the role performance is always related to individual patient’s situation.

2 DIMENSION: BEING CONNECTED TO NURSE

This dimension consists of fourteen themes that are oriented to nurse’s *personal qualities* (e.g., being emotional, being intuitive, being in dignity), cognitive – analytic abilities (e.g., being reflective), *motivation to work* (e.g., being self - empowering; being devoted; being committed), *spiritual relationships with the patient* (e.g., being in communion), *competence* (being competent) and *limitations in role performance* (e.g., being influenced; being limited; being dependent).

THEME: BEING EMOTIONAL

In that theme here is clear one aspect – the nurse experiences emotions by realizing the role (*experiencing the emotions*).

THEME: BEING INTUITIVE

When the nurse performs the role together ‘acts’ intuitive sense (*feeling intuitively*).

THEME: BEING DEVOTED

Devotion is based on two aspects:

1. Nurse’s experiences and feelings (experiencing the feelings), and those aspects in nursing care activity always exists and ‘more than it could be’.

2. Nurse's humanness.

THEME: BEIGN REFLECTIVE

Nurse's reflecting in role performance includes her / his ability to evaluate the self, nurse's dutifulness, which empowers the nurse to think and 'discover' the self by permanent reflections:

- The nurse performs the role according to formal duty and exceptionally that directs the nurse to thinking. It means that duty is a premise for reflecting (*being dutiful*).
- The nurse evaluate personal work through reflecting on importance of the performed activity (*evaluating the importance of work*).
- Reflecting helps the nurse 'to discover' the personal role or roles in nursing care context (*discovering the role in the activity*).

THEME: BEING COMPETENT

The nurse's competence in role performance is characterized by two dimensions:

1. Activity -

- Nurse's ability to act professionally (*acting professionally*), according to subroles, qualification and competence.
- Nurse's ability to perform functions (*performing the functions*) that are identified with the role performance.
- Nurse's ability to act in critical situations efficiently and purposefully (*being able to act efficiently*).
- Nurse's ability to act independently through what she / he experiences personal competence from professional standpoint (*acting autonomously*).

2. Nurse's, which could be divided into two subdimensions:

2.1 Personal nurse's qualities -

- Being social that connects the nurse's role with the mission (*being social*).
- Being able to concentrate attention (*being able to concentrate*)

2.2 Nurse's basic education and knowledge being able to apply in practice:

- In nurse's role performance the essential aspect is the nurse's knowledge about activity (*knowing the activity*).
- Education and cultivation are the premises to realize the specific roles in nursing care practice (e.g., teacher's) (*being educated and cultivated*).

• Knowledge, which acquires the 'weight' only in practical nurse's activity and here is important nurse's ability to integrate theory and practice (*integrating theory and practice*).

THEME: BEING SELF - EMPOWERING

The nurse' empowers the self through two aspects: 1. *Obligation to permanent learning*. 2. *Interest in novelties* that is the premise to perform specific roles in nursing care practice (e.g., teacher's).

THEME: BEING FEELING ONE'S PART DEEPLY

Nurse's feeling one's part deeply is developing through her / his intuition that is based on intuition in nursing care practice.

THEME: BEING COMMITTED

Nurse's commitment is related to two elements:

1. Formal nurse's commitment that is based on concrete references, which are urgent in concrete organization, i.e. what you should and must do (*being obligated formally*).

2. Dutifulness as nurse's personal quality.

THEME: BEING SATISFIED

The following aspects influence professional nurse's satisfaction by role realization:

• Ability to orient oneself and act autonomously (*being able to find one's bearing at situation*).

• Role realization in full value by working in team, when the nurse has the possibility to apply / 'use' the acquired knowledge and practical skills (*being self - realized*).

THEME: BEING IN DIGNITY

The nurse's dignity in role performance expresses a personal standpoint.

THEME: BEING IN COMMUNION

The nurse experiences communion through collaboration with colleagues nurses and physicians by working in team, when those specialists work together coordinated, according to the plan, and together having a 'niche' to act autonomously in the name of patient (*performing the activities independently*).

THEME: BEING LIMITED

The nurse experiences five limitations in role performance:

1. Being humble to patient, when she / he needs 'to trespass the self'.

2. Emotional 'hurting', when the nurse realizes obligation without sincerity ('*without heart'*), thus the nurse experiences anxiety (*being hurted*) -

3. The big work charge, which limits the nurse's abilities to give more attention to patient (*being in time shortage*).

4. Experience of disappointment because of nurse's competence depreciation.

5. Inflexibility, not knowing the self, what disturbs the relation between the nurse's role and mission (*not being able to 'use' the self*) -

THEME: BEING DEPENDENT

Nature of nurse's role performance (e.g., efficiency, effectiveness) is dependent on her / his 'roots', i.e. family, from which the nurse is originated (*being dependent on personal 'roots' / origin*).

THEME: BEING INFLUENCED

The nurse is influenced by two factors:

1. Family traditions from where the nurse is originated, i.e. the formed conception in family about the nursing care of a human being (*being influenced by family traditions*).

2. Being interested in novelties as a premise to form the standpoint to nursing care (*being interested in novelties*).

3 DIMENSION: BEING CONNECTED TO ACTIVITY

This dimension consists of thirteen themes.

THEME: BEING COMPETENT

Nurse's competence is reflected by ability to perform various interventions and procedures:

- Technical interventions (*realizing the technical interventions*).
- Psychological interventions (*realizing the psychological interventions*).
- Procedures (*realizing the nursing care actions*).

• The nurse, who performs the role that is oriented to nursing care activity, needs the concrete *personal qualities*: ✔ exactness; ✔ coordination (*being self - coordinated*); ✔ purposefulness.

• Respondents single out clearly that the role performance is *related with the routine, mechanical and technical work performance*: ✔ realizing the routine work; ✔ realizing the mechanical work; ✔ realizing the technical interventions.

• In role performance nurses need especially *the practical knowing that is based on ability to integrate theory and practice*: ✔ knowing the helping ways; ✔ knowing the acting ways; ✔ integrating theory and practice.

• Respondents note that in nurse's role *a competence is expressed by ability to realize the necessary activities, being concrete in acting and realizing functions*: ✔ realizing the necessary activities; ✔ acting concretely; ✔ realizing the functions.

• Nurse's *competence* in role performance *is realized through educational activity that includes concrete teaching, informing and co*unseling: ✔ being able to educate; ✔ being informing; ✔ being counseling.

• According to respondents, the documenting also is not detached from competence in nurse's role performance that is oriented to nursing care activity:

• Nurse's competence through role realization is related to *researching the nursing care activity*.

• In nurse's role here is important *readiness to act and her / his adequate reaction to concrete situation*.

• Nurses clearly name that roles are related to everyday short – term activities (*realizing the short – term activities*).

• Nurse's competence in role performance is related not only to patients, but also to colleague nurses with whom the nurse shares the acquired personal experience (*diffusing the experience)*.

• For nurse's competence in role performance are urgent *autonomy and independence and holistic standpoint*, what stipulates the positive synergic effect.

Thus the nurse's competence in role performance includes personal qualities, ability to perform everyday routine activity and functions, ability to integrate theory and practice (so why it is urgent the practical knowing and holism), ability to research the nursing care performance, to realize the educational activity and to diffuse the experience with the colleague nurses. Here is distinct the dichotomies that reverberate interaction (*nurse* –

activity; nurse – patient; nurse – colleagues nurses), which are not detached from nurse's practical and theoretical knowledge and acquired activity abilities that are oriented to concrete actions and functions.

THEME: BEING EXPERIENCING

Nurse's experience by role performance is related to her / his permanent involvement:

- *Being in continuing involvement* – the nurse does not experience the self - satisfaction, when she / he realizes the role, because of collision with critical health situation.
- *Being in continuing hard experiences*.

The nurse's experience in role performance is related to her / his feelings and emotions.

THEME: BEING SATISFIED

The nurse is satisfied, when she / he experiences a peace and calmness that she / he did everything possible in concrete moment independently from help specificity.

It means that nurse's satisfaction is oriented to her / his help to patient, but is based on emotional nurse's, i.e. experience – experience of calmness.

THEME: BEING FEELING ONE'S PART DEEPLY

Nurse's feeling one's part deeply as well as experience includes her / his involvement and internal experiences:

- The nurse like 'grow together' with the nursing care activity and cannot be detached from that (*being in continuing involvement*).
- The nurse 'uses' intuition that is a premise to current and future experiences, which are related to nursing care activity performance in the name of patient (*experiencing internally*).

THEME: BEING REFLECTING

Nurse's reflecting in role performance is based on thinking, perceiving and considering is characterized by three – way orientation:

1. Considerations are a premise to foresee the actions for purposeful nursing care activity.
2. Considerations 'awaken' the nurse's negative emotions that were experienced in realization of nursing care practice, but it also 'gives' to nurse maturity and wisdom.

3. Considerations help to evaluate the performed nursing care activity, to realize the self – analysis, which stipulates the nurse to answer openly to questions those are related to her / his roles in nursing care practice.

THEME: BEING COMMITTED

Nurse's commitment in role performance is expressed through the following aspects:

- Conscious obligations.
- Dutifulness, which relates to role through commitment and nurse's ability to realize the technical side of nursing care activity, i.e. nurse's being dutiful includes the 'visible' - technical and 'invisible' – moral sides that are perceived as nurse's internal commitment.
- Ability to perform activities without emotions, i.e. ability to manage the self (*being not emotional*).
- The acquired qualification as a possibility and formal obligation form the law standpoint to work in nursing care activity (*being qualified*).

THEME: BEING DEVOTED

Two aspects express nurse's devotion in role performance: 1. Sincerity by maximal realization of nursing care activity (*being sincere*). 2. Honesty in nursing care performance (*being honest*).

THEME: BEING IN COMMUNION

Communion is experienced in role performance in two levels:

1. Sensitiveness, when the nurse feels internally the interflowing to activity, when the nursing care becomes the nurse's part (*being interflowed*).

2. Practical or acting, when the nurse works in a team.

THEME: BEING SELF - EMPOWERING

Three aspects influence the nurse's self – empowerment (in role realization that is oriented to nursing care activity):

1. Personal nurses' quality – dutifulness, which empowers the nurse to perform nursing care activity independently form her / his wish.

2. Nurse's obligation as external influence that means, what she / he 'must do' in a concrete situation.

3. Nurse's education, which empowers to motivated acting and positive standpoint to nursing care development.

THEME: BEING INFLUENCING

Nurses are influenced by personal competence.

THEME: BEING DEPENDENT

Nurses note that role performance is dependent on patient's situation, when the nursing care should be individualized and also it is dependent on department specificity: ✔ individualizing the nursing care; ✔ being dependent on department specificity; being dependent on context.

THEME: BEING LIMITED

Six aspects limit nurse's role performance:

1. Personal indifference, when the nurse – patient relations are depreciated and it influences nurse's depreciation to all the content of nursing care activity.

2. Various limitations of nurse's activity, when the nurse experiences state that are able to make more than it is allowed formally.

3. Experiencing helplessness because of nursing care performance, which is based on routine, oriented only to technique.

4. Not having the possibility to apply the acquired knowledge at higher education institution (*being in dilemma between the practice and theory*).

5. Not having autonomy in role performance (*being not autonomous*).

6. Inadequacy between the real nursing care activity and acquired education, i.e. volume and content of nurse's education creates the premises for realization of various activity, where all role are visible and evaluated as important, but in the current nursing care practice the big part of nurse's roles as well as nurse's education are depreciated (*being in inadequacy between the work and education*).

THEME: BEING INFLUENCED

The influence in nurse's role realization is related to permanent learning as a premise to see broader the nursing care (*being influenced by continuing education*), what includes the concrete actions and relationships with patients and colleagues nurses.

4 DIMENSION: BEING CONNECTED TO PROFESSION

This dimension consists of one theme.

THEME: BEING OBLIGATED

In that dimension the nurse's obligation is understood as being obligated by the profession in nursing care practice.

5 DIMENSION: BEING CONNECTED TO SOCIETY

In that dimension the nurse's role is related to education, competence, reflection and influence of environment through evaluation of nurse's activity.

THEME: BEING EDUCATED

When the nurse acquires the education and qualification, together she / he acquires the formal right to realize the nurse's role.

THEME: BEING REFLECTIVE

Respondents note that society needs the nurses, who are able to perform their role, but it should be based on their critical thinking ability.

THEME: BEING COMPETENT

The nurse should be competent, what is expressed through:

- Nurse's ability to solve problems.
- Nurse's being professional in nursing care practice.

THEME: BEING INFLUENCED

Nurse's activity does not remain without evaluation as it note respondents, thus nurse's role performance is influenced by evaluation of neighboring people (*being evaluated by neighbors*).

6 DIMENSION: BEING CONNECTED TO PATIENT FAMILY

In that dimension the nurse's role is *oriented to patient family,* and here are important *being in communion, caring, competence and internal peace*.

THEME: BEING IN COMMUNION

Nurse's being in communion with the patient family is dependent on the following aspects:

- Intuition that helps the nurse to perceive the current situation and experience the painful emotions together with patient's family. Thus the intuition for the nurse is a premise to support the patient family morally.
- Ability to mediate between the patient and her / his relatives.
- Ability to communicate purposefully with patient family.
- Ability to 'give the peace' and feeling so emotional safety to patient family (*being able to assuage*) that is not detached from nurse's ability to inform.
- Reliability, which is based on nurse's competence (*being reliable*).

THEME: BEING CARING

Nurse's care of in role performance (which is oriented to patient family) is expressed by nurse's tolerance for 'untypical' patient's relative's behavior (*being tolerant*). Thus here is urgent aspect of nurse's self – management or self – control.

THEME: BEING COMPETENT

Nurse's competence is a premise for patient's family trust, and for the nurse it is a premise for patient family complacent (being reliable) -

THEME: BEING CALM

When the nurse performs the role here is important patient's relative's trust that is a premise for their complacent and dignity (*being reliable*).

7 DIMENSION: BEING CONNECTD TO COLLEAGUES NURSES

That dimension expresses the reciprocal nurse's communion, premises of their satisfaction as positive aspects and dependence on collaboration and limitation of problemic aspects.

THEME: BEING IN COMMUNION

Nurse's communion in role performance, which is oriented to colleague nurses is experienced through working in a team.

THEME: BEING SATISFIED

Nurse's satisfaction through role realization is stipulated by their understanding about importance and value of communication nurse – nurse (understanding the communication value).

THEME: BEING DEPENDENT

Dependence in role performance (that is connected to colleague nurses) is understood not as a negative aspect. Nurses accentuate that their collaboration in working situations is a possibility to know one another. Thus the nurse in activity is really dependent on collaboration with colleague nurses.

THEME: BEING LIMITED

Two aspects limit the nurse in role performance:

1. When the colleague nurses ignore their 'carried' strengths to the patient's health state (being ignored by colleagues).

2. When the nurse experiences the pressure from colleague nurses (being 'pressed' by colleagues).

8 DIMENSION: BEING CONNECTED TO PHYSICIAN

That dimension is related to limitation of nurse's role, its dependence and expresses nurse's commitment and activeness by empowering and initiating the physician's acting in the name of patient.

THEME: BEING LIMITED

Five aspects limit the nurse's role performance in nursing care practice:

1. Nurse's – secretary role performance, when she / he needs to fill in not only the nursing care documentation, but order physician's documentation too.

2. Informing the visitors about activity aspects of a physician, that expresses the assistance to physician.

3. Nurse's being in dilemma because of her / his professional role: is it a part of physician's role or an autonomous element of nursing care activity?

4. Nurse's experiencing the inferiority because of inability to act independently.

5. Nurse's role depreciation and dependence in a team because of inability to make decisions independently.

THEME: BEING DEPENDENT

The nurse's role in nursing care activity is dependent on two factors:

1. Physician's leadership – the real teacher's role the nurse performs partly and she / he is only the informer.

2. Dependence of nurse's work on physician's activity and because of that the nurse experiences a discomfort.

THEME: BEING EMPOWERING THE PHYSICIAN

The nurse should be initiating and empowering not only the self, but also the physician too in order he / she would be able to act for patient's well being.

THEME: BEING IN DILEMMA

Nurse's being in dilemma in role performance includes the internal contradictions and activity that is oriented to help of the physician's activity -

- Nurse's dilemma is 'accompanied' by her / his feelings and external environment, exactly by inadequacy between personal and colleagues' physicians' standpoint to nurse's responsibility.
- Nurse's dilemma is stipulated by nursing care treating as a help for physician's activity.

9 DIMENSION: BEING CONNECTED TO ORGANIZATION

In that dimension here are accentuated commitment and limitations.

THEME: BEING COMMITTED

The nurse relates her / his role in organizational environment with the documented formal instructions and formal documents.

THEME: BEING LIMITED

The nurse is limited in organizational context by the following aspects:

- Standpoint to nursing care understanding among nurses – the nurse has no possibility t realize the researcher's role because of 'old fashioned' nursing care perceptions (*being rigid in nursing care understanding*).
- Being not autonomous in nursing care activity.
- Negative organizational prejudices to nurses.

10 DIMENSION: BEING CONNECTED TO OTHER SPECIALISTS

In nurse's role performance by working with other specialists the essential is competence that is expressed through two aspects:

1. Ability to mediate.
2. Ability to delegate the actions.

10. DISCUSSION

Dimensions of a 'mission' and 'role' contents mainly overlap (see Annex 7), i.e. the same dimensions in 'role' and 'mission' emerged from interview data analysis, but in a 'role' here emerged two more dimensions – connection to other specialists and connection to physician.

Mission

The results of study II do not contradict to results of study I in respect to dimensions:

1) ***Connection to patient.*** **Study II** highlighted the importance of nurse's *commitment*, *devotion, competence, care, communion, experience, accustoming, self – empowerment, satisfaction, reflection, dignity*. In **study I** also are accentuated some of the mentioned above aspects in respect to patient. E.g., Salvage (1993) notes importance of nurse's *competence* and *caring*; Fealy (1995) accentuates *communion, caring, commitment*, and *devotion;* Steven (1996) focuses on *dignity* and *caring*; Denny (1997) accentuates *satisfaction, self – empowerment;* Meleis (1997) illuminates *dignity*; Power *et al* (1999) figures out importance of *experience* and *accustoming*.

The *reflection* as a constituent of a mission performance in patient's dimension was extracted in **study II**, but not mentioned in **study I**. Also the **study II** illuminated specific limitations of a mission realization in respect to patient and limitations as such are not accentuated by results of **study I**. In this dimension (**study II**) is mentioned the dependence of a mission, i.e. its *contextuality* and *situativity*. The same aspects highlight Darras *et al* (2002) and Kirschling (2004).

2) ***Connection to nurse.*** Results of **study II** and **I** highlight those aspects in a mission performance in respect to nurse:

- *Competence* (**study II)** is related to professionalism, realization of nursing care philosophy, nurse's emotional stability, and education. From **study I** it is clear that *competence* is related to professionalism (Salvage, 1993), nurse's emotional stability (Fealy,

1995), education (Young *et al*, 2001) (as well as in **study II**). *Realization of nursing care philosophy* is the additional element that derived only from **study II**.

- Nurse's *devotion*, which includes benevolence, intuition, etc. (see Annex 5). That aspect emerged only from **study II** and is not accentuated in **study I** relating it to the nurse.

- The **study II** had shown that nurse's *accustoming* is based on her / his ability to experience sensitively and the nurse's *responsibility* includes her / his personal / self – responsibility. Lower and Bosack (2002) relate the nurse's *accustoming* and *responsibility* to realization of concrete functions and tasks. Those aspects show that elements of **study I** and **II** differ.

- Nurse's *influence* and *self – empowerment*, which is highlighted in **study II** also is mentioned in **study I.** In **both studies** is accentuated the nurse's *influence* to patients (e.g., Young *et al*, 2001) and patient's family members (e.g., Power *et al*, 1999). In **study II** here is accentuated the orientation of nurse's *self – empowerment* exceptionally to her / his personality. Those mentioned aspects enrich the understanding about the mission performance with the orientation to nurse.

- Nurse's *satisfaction*, when she / he is in peace, finds answers and is self – realized. It emerged only from **study II** and not highlighted in analyzed literature (**study I)**.

- *Dignity* is related to patients (**study II**) and nurse's possibilities to unfold her / his abilities in practice (**study II**). Those aspects show that the nurse experiences the dignity, when she / he is able to realize the competence in full value.

- *Experience*, which is based only on ability to comprehend the life fragility (**study II**), is interpreted in different way in **study II**. Here the nurse's *experience* is related to patient – nurse interaction (Liddy, 2003) and camaraderie and sincere commitment to activity goal (Sebastian *et al*, 2003).

- *Dependence*, *limitations* and *being influenced* (**study I)** are related to context, situations and organization (e.g., Kirschling, 2004). The results of **study II** do not differ from the mentioned, but enrich that understanding with additional elements such as orientation to personal comprehension, changes and nurse's self – competences.

3) ***Connection to activity***. From **study II** emerged importance of nurse's *devotion, commitment, competence, care, self – empowerment, satisfaction, dignity, reflections* and *being feeling one's part deeply*. The **study I** also illuminated the crucial importance of nurse's *competence* (Salvage, 1993), *care* and *self – empowerment* (Fealy, 1995), *being feeling one's part deeply* (Packer, 2003; Liddy, 2003), *devotion and commitment* (Steven, 1996). Thus the

elements such as *satisfaction, dignity* and *reflections* (**study II**) are enriching the existing knowledge from **study I**.

4) ***Connection to patient family.*** The **study II** had illuminated the key factors in mission experience as following – *being in communion* (based on interflowing and forming connections), *being competent* (based on ethical behavior, communication and knowledge conveying), *being influencing* (that includes mediating in family reconciliation and self – understanding), *being feeling one's part deeply* (which includes situativity) and *being committed* (that invoke communication). From **study I** derived that in such context:

- *Competence* by Salvage (1993) in such context is explained as integration of theory and practice; Darras *et al* (2002) and Jacob (2002) explains it as performance of skills. That differs from **study II** but does not contradict. Results from **both studies** enrich one another.
- *Communion* is interpreted by Fealy (195) as creation of the reciprocity between the nurse and client. This idea does not contradict to results of **study II**.
- *Influence* is not mentioned in the context of patient's family by any scientific resource (**study I).** Though the **study II** deepened the understanding of a mission in respect to element of nurse's influence.
- Shelby (2004) (**study I**) mentions the *feeling one's part deeply* and accentuates that the content of a mission becomes known, when the nurse enters the patient's world. Such idea overlaps with the results of **study II**.
- *Commitment* in **study I** is presented as nurse's sincere feeling of commitment in mission performance and here is no extracted more detailed aspects. Results of **study II** were more concrete in extracting the communication elements.

5) ***Connection to profession.*** In **study II** was extracted three aspects: *nurse's self – empowerment* (where is important development of professional knowledge, orientation to future and involvement in nursing science development), *dignity* (that is based on nurse's respect and faithfulness for profession) and *satisfaction* (which invokes a love and devotion to profession). Those aspects are not accentuated in **study I**. Thus the results of **study II** deepen the understanding of the mission context in respect to nurse's profession.

6) ***Connection to colleague nurses.*** From **study II** emerged that in such context is important the nurse's *communion, commitment* and *competence.* No more of analyzed (**study I**) the scientific resources mention those aspects (that are extracted in **study II**). Only Liddy (2003) mentions importance of nurse' collaboration with colleague nurses. Such element

relates partly to *communion* (highlighted in **study II**). It could be noted that **study II** uncovered the unique elements in mission content that are related to colleague nurses.

7) ***Connection to organization.*** From **study II** derived that here are important two aspects: *communion* (based on team – working) and *self – empowerment* (that includes the nurse's strong will to form the positive standpoint to nursing care at the organization). In **study I** it was highlighted that working in a team is the best possibility to perform a mission (Jacob, 2002). Darras *et al* (2002) accentuates the crucial importance of nurse's leadership in order she / he would be able to realize the professional role (that is a part of a mission) in full value at health care organization. This idea partly is overlapped with the nurse's *self – empowerment* from **study II**.

8) ***Connection to society***. In **study II** it was unfolded three elements: *commitment, devotion* and *self – empowerment*. In **study I** in respect to society are not illuminated the nurse's *commitment* and *devotion*. Nurse's *self – empowerment* (**study I)** is related to ability to perform the specific overall aim (Berkowitz, 2002) that is not overlap with the extracted 'idea' (**study I)**, where the *self – empowerment* means nurse's 'going' into the society. Thus both results from **studies I** and **II** enrich one another and do not contradict, but deepening the knowledge about the content of a mission performance and experience in nursing care practice.

Role

Results of **study II** that relate to dimensions are supported by results of **study I**:

1) ***Connection to patient***. In **study II** was uncovered that in respect to patient is important *nurse's satisfaction, experience, self - empowerment* and *ability to empower the patient; caring* and *realization of obligations*; *nurse's commitment, devotion* and *competence*; her / his *dignity, feeling one's part deeply, communion* and *ability to influence* the patient. From **study I** derived the following aspects:

- *Caring* is validated as the basis of psychological process when the nurse enters into the life of a patient (Shaefer, 1991). In **study II** the *caring* invoke the help and care of the patient. Both results do not contradict one another, and the results of **study II** deepening the understanding about the role content.

- *Competence* in nurse's role (**study II**) includes skills, knowledge and mainly is based on cognitive processuality such as thinking, decision – making and problem – solving (Fitzpatrick et al, 1992). From **study II** is clear that nurse's *competence* includes more elements, e.g. professional acting, being educated and cultivated, being social, knowing the activity and etc.

(see Annex 6). The mentioned aspects (knowledge and skills) from **study** I are related to results of **study II** where is illuminated the nurse's *readiness to act, being organized, knowing the situation, knowing the helping ways,* etc. Results of **both studies** overlap.

- *Experience* (**study I**) is explained as nurse's ability to give expert care (Davies, 1993). In **study II** the experience is understood as helping the patient. Thus results from **both studies** are congruent.

- *Ability to empower* the patient 'goes' through the nurse's initiativeness, coordination, supporting, providing the constructive feedback (Titcher & Binnie, 1993). From **study II** results is clear that the nurse *empowers* the patient through helping and educating. **Study II** results are more in – detailed and **study I** results are more abstract, but **both** relate to one another.

- In **study I** is not mentioned a *devotion* that is accentuated in **study II.** But it is important to note that Alavi and Cattoni (1995) indicate the nurse's sacrifice as a core of nurse's role. A *sacrifice from the semantic perspective invokes commitment*. Though results of **study II** and **I** overlap partly.

- In **study I** are accentuated that the nurse *empowers the self* through the role enactment for reflecting and the nurse's role is based on *rights* and *duties* (Scott, 1995). In **study II** the nurse's *obligation* is presented as ability to realize the routine activity and the self – empowerment includes dutifulness, obligations, initiating, responsibilities and nurse's concern with the patient's wellness. It is clear that results from **both studies** do not oppose, but enrich one another.

- *Communion* in **study I** involves the close relationships between the nurse and patient and creation of reciprocity between them (Rasmussen *et al*, 1995). In **study II** the content of *communion* is based on aspects that relate to results from **study I**, such as being in wardship (the same as 'close relationships') and neighboring with the patient (the same as 'creation of reciprocity'). But in **study II** were extracted the more detailed content of *communion* in context of nurse's role performance and experience in respect to patient. E.g., listening the patient, being educated by the patient, being directed by the patient, etc.

- In **study II** here is accentuated the nurse's *feeling one's part deeply* that includes nurse's being in dilemma and helping the patient. Results of **study I** do not ignore the *helping process* about which the nurse should be concerned through her / his sensitivity, tact, being concentrated and being friendly with the patient (Walker, 1996). The nurse's *feeling one's part deeply* is expressed through her / his ability to connect the patients, their relatives and other

professionals (While & Barriball, 1996). Aspects that are related to *nurse's dilemmas* are not presented in **study I** and this could be treated as additional element in knowing the role content deeper.

- *Nurse's dignity* (**study I**) is connected to professional identity through realization of moral values in nursing care practice (Fagermoen, 1997). In **study II** the *nurse's dignity* is based on preventing the self – helplessness and seeing the patient's recovering. That aspect is very important in deeper perceiving of nurse's role.
- The *nurse experiences satisfaction* (**study I**) through ability to act autonomously, use the adequate resources, access to appropriate education and training, support from manager and colleagues (Collins *et al*, 2000). Any of extracted themes in **study II** do not repeat the mentioned aspects from **study I**, but do not oppose them, i.e. enrich them with the different standpoint. Such standpoint indicates that *satisfaction* arises through nurse's personality – her / his devotion to patient, calmness, being in balance, benevolence; also through nurse's ability to see in a patient the 'teacher' in order to be 'educated' by relationships with him / her. Nurse's ability to related the theory and practice results her / his satisfaction, which includes an *experience of a joy* (**study II**).
- In **study I** the nurse's *influence to patient* is presented as relation to managing patients (Cowman *et al*, 2001). Results of **study II** uncover in more detailed the content of *influence to patient*. It includes initiating the communication, assuaging, empowering, and convincing the patient.

2) ***Connection to nurse***. In **study II** here are accentuated *emotionality, intuition, devotion, reflection, competence, self – empowerment, commitment, dignity, communion*, and *feeling one's part deeply*. The nurse's role (**study I**) could be personal and intuitive and in nursing care is important the *nurse's faith* (Narayanasamy & Owens, 2001). From **study II** derive that the *nurse's intuition* is based on her / his feelings and *the faith* (**study I**) is synonymous to devotion (**study II**) from semantic perspective.

Commitment (**study I**) is related to nurse's faithfulity in nursing care context (Zhang *et al*, 2001). In **study II** the nurse's *commitment* is related to formal obligations and dutifulness.

Results of **study I** accentuate that nurse's role includes these *personal characteristics*: pleasant, empathetic, conscientious, communicative, being in communion and being initiating (Smith & Godfrey, 2002) and nurse's ability to be cohesive (Fessey, 2002). Such mentioned aspects are related to nurse's emotionality and communion. But the results of **study I** accentuate in communion the nurse's ability to perform the activities independently and in

emotionality the focus is on experiencing the emotions. Thus the results from **studies I** and **II** in such context do not overlap.

In **study II** the *competence* is presented as professional acting, functions' performance, etc. (see Annex 6). In **study I** also are mentioned functions and acting that express the *nurse's competence* (Meretoja & Leino – Kilpi, 2003). It means that results of **studies I** and **II** overlap in competence context.

Nurse's reflectivity in **study I** includes directions of reflection such as nursing care practice, nurse's personality, requirements for nursing qualification (Zydziunaite, 2003b). In **study II** the *reflectivity* is based on dutifulness, evaluation, the importance of work, and discovering the role in activity. It means that results from both studies do not contradict but in **study II** the information is extracted in more detailed manner. The aspects such as self – empowerment, dignity and feeling one's part deeply that are extracted in **study II** are not presented in **study I** in relation to nurse's dimension.

3) ***Connection to activity***. From **study II** emerged the following elements that are related to role performance and experience in respect to nursing care activity: *competence, experience, satisfaction, feeling one's part deeply, reflection, commitment, devotion, communion, self – empowerment, ability to influence*, etc. (see Annex 6).

In **study I** here is accentuated that *nurse's competence* is based on being and doing (Spouse, 2003). In **study II** the *competence* is presented in a very detailed manner and invokes ability to educate, readiness to act, realization of routine work and necessary work, etc. (see Annex 6). Results of **study II** enrich the meanings of *being* and *doing* (**study I**).

Nurse's experience (**study I**) is related to nurse's acquired qualification that straightly influences the role performance (Meretoja & Leino – Kilpi, 2003). The **study II** indicates that *nurse's experience* is based on continuing involvement and continuing hard experiences. Thus the results from **study I** and **II** do not overlap and present separate 'positions' – formal (**study I**) and experiential – emotional (**study II**).

The nurse *influences the nursing care activity* (**study I**) through realization of help, teaching, nursing for and communication (Zydziunaite, 2002). Results of **study II** illuminate that the *nurse influences the activity* through her / his competence.

Feeling one's part deeply (**study II**) that is based on nurse' being in continuing involvement and internal experiences is related to results of **study I** where is accentuated the nurse's empathy, creation of nursing communion with the patient (Zhang *et al*, 2001).

The **study I** accentuates that the *nurse's commitment* is experienced through her / his thoroughness in activity performance (Zhang *et al*, 2001). Form **study II** derived the

information that *commitment* is experienced through the nurse's consciousness, dutifulness, being qualified and being not emotional.

Reflection I (**study I**) is based on connected relationship between the nurse and patient, when it emerges form two facts: 1) seeing first a person before being a patient; 2) tune nurses into the patient and themselves (Perry, 2000). **Study II** highlighted that *nurse's reflection* in activity context through the role performance is based only on considering. Thus results of **study II** are connected to **study I** results: considering is related to nurse's 'tuning' into patient and themselves (personality).

Factors that are extracted form **study II** such as *devotion, communion, self – empowerment* are not highlighted in **study I** in the context of orientation to nursing care activity by realizing and experiencing the nurse's role.

5) ***Connection to profession***. In **study II** is accentuated only the *obligation to profession*. In **study I** the *obligation* is explained as nurse's representing the patient's interests (Willard, 1996) and orientation to helping the patients and striving for their well – being (Edwards, 1996). Results from **study I** replenish the *obligation* element from **study II**.

6) ***Connection to society***. In **study II** here are accentuated four aspects: *nurse's education, reflectivity, competence* and *being influenced*. *Competence* is explained (**study I**) as nurse's ability to perform the objectives effectively on different occasions (While, 1994). The **study II** presents that *nurse's competence* is experienced through solving the problems and being able to nurse. Thus results from both studies replenish one another. *Nurse's reflectivity* is accentuated in **both studies**: is based on critical thinking (**study II**) and through *reflection* (**study II**) derive insights that modify realities (Walker, 1996). Content of reflection that is presented in **study II** is more exact.

Nurse's education (that is based on qualification) and *being influenced* (experienced as being evaluated by neighbors), which emerged from **study II** are not mentioned in **study I** results with the connection to society.

7) ***Connection to patient family***. Results of **study II** accentuate *communion, caring, nurse's competence* and *calmness*. *Communication* with patient's relatives that is accentuated by Zydziuanite (2003b) (**study I**) is the element of *communion* from **study II** (which context consists of nurse's intuition, ability to mediate, purposeful communication, being reliable and assuaging). It means that results of **study II** more wider and deeply represent the nurse's role experience in connection to patient's family. And those results replenish the results of **study I** valuably in respect to context of nursing care practice.

Competence (**study I**) consists of competencies that are multidisciplinary (Zydziunaite, 2003b). **Study II** represents the *competence* as being reliable to patient's family. Thus results of **both studies** are not overlapped or connected by the content and its meaning.

Caring in **study I** is connected to *spiritual care* such as filling patients carers / relatives with encouragement and being their advocate (Spouse, 2003). In **study II** the *caring* is based on nurse's tolerance. That does not oppose to **study I** results. *Calmness* that is related to reliability (**study II**) is not mentioned in **study I**.

8) ***Connection to colleague nurses.*** This 'line' is extracted only in **study II**. But some elements from **study I** are connected to this dimension. For example, Caan *et al* (2001) accentuates the *nurse's role's dependence* on good relations with team members. *Working in a team* is the basis of communion in nurse's role performance (**study II**). Collins *et al* (2000) mentions the work with colleague(s) and highlights that *the nurse's role performance is dependent* on support from colleague(s) (**study I**).

In **study II** the dependence of *role experience is dependent on being in collabor*ation. Thus both aspects from **study I** and **II** are interrelated. Importance of collaboration with colleagues that creates the trusting environment is also mentioned in **study I** by Taylor and Ferszt (1998). The mentioned *collaboration* is related to another component form **study II** such as being satisfied, which is experienced through understanding the communication value. With this idea agrees Miller (1995) who indicates the value of ethical behavior with colleagues (**study I**).

It is important to note that the *experiences of limitations* in role performance are presented in **study II** are the unique, dependent on socio – cultural context, where research was carried out and about them here is no facts in **study I**.

9) ***Connection to physician***. In this dimension (**study II**) the realization of nurse's role is experienced through 'sad' aspects, such as *being limi*ted (e.g., being a part of physician's activity), *being dependent* (e.g., being dependent on physician's leadership and activity) and *being in dilemma* (e.g., being in contradiction between feelings and external environment; helping the physician). All those mentioned aspects are not presented in **study I**. Thus it could be concluded that the such kind of elements always are dependent on specific content not even of organization but the country, where the research is carried out too.

One factor from **study II** – *being empowering the physician* (through initiating the physician) in communication between the nurse and physician. This is connected to results of **study I**, where the collaboration and relationship is accentuated by Torn and McNichol (1998) and Hunt (1999).

10) ***Connection to other specialists***. In **study II** is extracted one element – *nurse's competence* – that is experience through being able to mediate and delegate. In **study I** is not ignored the nurse's connection to other professionals: While and Barriball (1996) mention the nurse's relationships with other professionals; Taylor and Ferszt (1998) indicate the personal barriers between the nurse and other professionals and those are related to nurse inexperience; Cowman *et al* (2001) accentuate importance of interaction; collaboration between the nurse and other professionals mention Torn and McNichol (1998), Zydziunaite (2003b). It means that results of **study I** and **II** highlight different aspects, but those are not opposite to one another.

11) ***Connection to organization***. **Study II** illuminated that in nurse's role experience here are two important aspects – *nurse's commitment* and *limitations*. In **study I** is noted that nurse's role is dependent on concrete context and needs of organizations (Hunt, 1999), and the nurse as well as other specialists could be a changing agent at any level of organization (Salvage, 1993). Results or **study I** and **II** are not interrelated in such context.

11. GENERAL DISCUSSION

Mission

Overlaps between dimensions' content with the main orientation to themes had illuminated the following aspects (see Annex 8):

- From **study I** emerged that *commitment* is urgent in respect to patient, activity, patient family, colleagues nurses and society. Researchers in a context of a mission do not mention *commitment*, mainly they speak about the relation of nurse's mission to mission of organization (e.g., Power *et al*, 1999), connection to nursing care practice (Young *et al*, 2001), orientation to public / society (Berkowitz, 2002).
- *Devotion* is also a unique aspect in mission content. *Devotion* is a theme, which is represented in dimensions of patient, nurse, activity and society. Authors (e.g., Janhonen, 1992) are tended to speak more about nurse's competence but not about spiritual personal qualities that come from inside of nurse's personality.
- *Competence* (**study II**) is accentuated in dimensions of patient, nurse, activity, patient, family, and colleague nurses. The biggest number of nurse researchers notes the nurse's *competence* as a key element in connection to patient, patient family and activity (e.g., Power et al, 1999). Organization and colleague nurses are not accentuated in literature in relation to mission performance and competence.

- *Caring* that is related to patient and activity emerged in **study II**. *Caring* is treated by Fealy (1995) as a moral dimension, which is important in activity, and nurse's interaction with patients.

- *Communion* was extracted in dimensions that relate to patient, patient family, colleague nurses, and organization (**study II**). Then it is important to note that communion in scientific literature is mainly related to patient (e.g., Morse *et al*, 1990) and patient family (e.g., Power *et al*, 1999). Thus the connection of communion to colleague nurses and organization is a new aspect in researching the nurse's mission.

- *Dependence* emerged (**study II**) in dimensions of patient, nurse and activity. Only Salvage (1993) mentions dependence that is connected to activity.

- *Experience* of the nurse in **study II** is represented as important in patient and nurse's dimensions. Researchers do not confront that idea. E.g., Spouse (2003) and Salvage (1993) also accentuate that experience is a key element in mission performance. Also these authors mention its relation to patient, nurse's self and other professionals. The last aspect is not extracted in **study II**.

- *Accustoming* in nurse's mission in respect to patient and nurse is extracted in **study II**. Superficially it is mentioned by Denny (1997) but this author directs an accustoming only to patient.

- *Limitations* that come from patient, nurse and activity (**study II**) are not denied by many nurse researchers, such as McFadden and Miller (1994), McCarthy (1981), etc. Those authors (as well as it is emerged from **study II)** accentuate that limitations are dependent on patient's situation, nurse's competence and activity specification.

- *Self – empowerment* (**study II**) is the most 'popular' theme in many dimensions (i.e., patient, nurse, activity, profession, organization, society). Empowerment is not ignored as phenomenon by researchers (e.g., Denny, 1997; Liddy, 2003) but they note that the nurse empowers others or the caring situation empowers the nurse.

- *Satisfaction* is urgent for dimensions that are connected to patient, nurse, activity and profession (**study II**). Satisfaction 'comes' from the results that the nurse has the possibility to see (Spouse, 2003), competence of the individual nurse (Salvage, 1993) and effective nursing care performance (Kirschling, 2004). Connection between satisfaction and profession is the new aspect, which emerged from empirical study (**study II**).

- *Nurse's influence* in **study II** is connected to patient, nurse, activity and patient family. Spouse (2003) does not oppose the fact that the nurse could influence the patient and his / her

family through communication; and the self could influence (self – empower or motivate) for competence development; and activity the nurse may influence only in acting situation that is related to concrete patient.

- *Dignity* is accentuated in patient, nurse, activity and profession dimensions (**study II**). Zydziunaite (2003a) accentuates that for the nurse is important respect of a patient, colleagues and that keeps the nurse in dignity. But also the author notes that the nurse is able to keep the self in dignity if she / he respects the nurse's profession and nursing care activity, which she / he performs.

- *Influence* from patient and nurse's self (**study II**) in scientific literature (**study I**) is also mentioned, but even it is related to patient's state and situation (Liddy, 2003).

- *Responsibility* is related only to nurse's dimension (**study II**). Salvage (1993) presents the nurse's responsibility to the self, public and health care activity.

- *Feeling one's part deeply* (**study II**) as such is the unique dimension and is not presented by any authors (**study I**). The researchers mainly accentuate the nurse's sensitivity and empathy (Spouse, 2003).

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OVERLAPS BETWEEN SUBTHEMES FROM WHICH CONSIST THEMES IN EVERY DIMENSION HAD UNCOVERED THE FOLLOWING ASPECTS[34] (see Annex 9):

[34] **Theme: being committed.** Here is actualized the communication component – subthemes 'being communicating' are extracted in patient and patient family dimensions.
Theme: being devoted. Being devoted to others, being sacrificed to activity and colleague nurses are accentuated in patient, nurse, activity and colleagues nurses dimensions. Sacrificing is extracted in patient and activity dimensions. Being useful is directed to patient and society dimensions.
Theme: being competent. Communication and being ethical are identified in patient and patient family dimensions, and component of education (ability to convey knowledge) is mentioned in patient, patient family and colleagues nurses dimensions. Knowing the nursing technique and being able to perform the clinical activity is accentuated in patient and activity dimensions.
In themes 'being caring', 'being experienced', 'being limited' being influencing' and 'being influenced' here is not exist the overlaps between the subthemes.
Theme: being in communion. Formation of the relationships and connections and nurse's being sincere are projected even to patient and patient family dimensions.
Theme: being dependent. In patient and activity dimensions the dependence is related to concrete context, i.e. it is contextual.
Theme: being feeling one's part deeply. Being feeling one's part deeply is connected to human side of the patient (subtheme – endeavoring to feel the patient's part deeply), activity process (subtheme - being able to feel as the working process part) and family situation (subtheme - feeling one's part deeply in family situation).
Theme: being self – empowered. Benevolence is urgent for patient and activity dimensions. Nurse's self – empowerment to develop knowledge, profession and nursing science purposefully were illuminated in nurse's and profession dimensions. For the nurse in self – empowerment is important orientation to future that is urgent for dimensions nurse and profession.
Theme: being satisfied. In patient and activity dimensions here are overlapped urgency of seeing the activity result that stipulates the nurse's experience of satisfaction.

Overlaps between the subthemes according to themes in separate dimensions illuminate the following aspects:

- The nurse through communication demonstrates and realizes the competence and commits oneself to patient and patient family. With an idea agree many authors, e.g. Janhonen (1992), Salvage (1993).
- Nurse's ethical behavior that is directed to patient and patient family as to nursing care receivers uncovers nurse's competence. Fealy (1995) accentuated that ethical behavior unfolds nurse's morality.
- Nurse's ability to convey knowledge, i.e. to realize the educational activity in respect to patient, patient family and colleague nurses proves the nurse's competence. Fealy (1995) notes that it stipulates the nurse's self – confidence.
- The self– empowerment is related to nurse as to professional, qualified specialist and with profession and also includes professional development that should be performed continuously and permanently with the perspective to the future. It means that nurse's self – empowerment is processual, permanent and planned strategically, but not granted. Zydziunaite (2003a) proves that nurse empowers the self through the feeling as valuable in nursing care activity.
- Nurse's dependence is contextual: purposeful acting in respect to patient through evaluation of his / her situation and acting according to formal possibilities, striving for the patient's wellness according to realistic possibilities and means. Contextuality and situativity are treated as main characteristics of nursing care activity (Spouse, 2003). Thus it is not surprising that the nurse as the main performer is also dependent on context and situation.
- Nurse's devotion is expressed through sacrificing and conscious 'giving the self to others' to the patients and activity and being useful to patient and society. This aspect is not ignored by researchers (e.g., Taylor, 1992) but devotion does not include sacrifice.
- Being in communion is forming through the nurse's being sincere and her / his ability to form the connection with the patient and patient family. Reciprocal interaction is accentuated as stipulating the communion by Schubert and Lionberger (1995).
- Nurse's feeling one's part deeply is oriented to three directions – patient, patient family and activity. It means that activity is purposeful, contextual and situational, and the

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Theme: being reflecting. In patient and activity dimensions here are overlapped thinking about the activity realization and the situation, which has happened.

Theme: being in dignity. In activity and profession dimensions here are overlapped the nurse's ability to express professional dignity, i.e. being pride and respectful of the nurse's profession.

feeling one's part deeply could be connected to nurse's ability to evaluate patient's and his / her family situation. Authors mention only empathy, intuition, and sensitivity (Kolcaba, 1995).

- Nurse's being in dignity is realized through the help and dignity is directed to profession (what could be related to nurse's acquired professional qualification and competence) and to activity (the nurse has the formal right to perform the nursing care activity because of the acquired qualification and realizes, on the basis of acquired and permanently developing competence). Woodward (1997) does not ignore this idea but adds that the main aspect, which keeps the nurse in dignity is her / his professionalism
- The biggest part of overlaps between subthemes is in patient, patient family and profession dimensions. Those results are the premise to note that mission realization is oriented strongly to patient, patient family, activity and profession. Not so strong to colleagues nurses and society, and very 'weak' to organization.

* * *

GENERALIZATION OF EVERY THEME THROUGH LINKING UP THE SUBTHEMES FROM ALL DIMENSIONS

Theme: being devoted. Here are illuminated two levels:

1.Personality that consists of nurse's personal qualities, e.g. compassion, love of people, intuition, patience, benevolence.

2. Cognitive that is oriented to nurse's thinking, perceiving and ability to integrate theory with practice. It includes perception of practice meaning, realization of nursing philosophy that is impossible without nurse's perceptions and understanding. The last aspect is mixed because in it does not exist cognitive practical aspect.

3. Spiritual, which includes nurse's experiences and 'forgetting' the self with the orientation even to patients and activity.

4. Psychological that characterizes the nurse's ability to manage the self, i.e. detachment from personal problems.

5. Activity, where the complexity of nursing care activity and striving to see the 'profit' in respect to patients and society are accentuated.

Eifried (1998) indicates that the nurse should help patients to find meaning through being present, providing hope and being a guide. That proves the nurse's devotion.

Theme: being competent. Here are clear those levels: *personal, activity, practical, managerial, cognitive, mixed*[35], *social* and *educational*.

- Thus being competent through the mission performance is not detached form theory and practice integration and nurse's thinking, educational and social abilities. It is important to note that nurse's being competent is reflected her / his ability to perform everyday mission and roles in practice. *Such notions of respondents stipulate to form the premise that the mission includes roles and missions.* That supports the results of semantic analysis rpesented in **study I**.

Theme: being committed. Nurse's commitment is based on her / his: personal qualities, behavior, educational activity, cognitive activity, managerial activity, psychological abilities, morality, and real practical actions, i.e. practical nursing care activity. According to Scott (2000), commitment is a part of moral perception in nursing practice.

Theme: being caring. Caring of is expressed through the nurse's personal qualities, psychological abilities, social abilities, and practical nursing care activity. Here are also the mixed aspects that cannot be realized without understanding the nursing meaning and value from philosophical standpoint; it is striving for patient's wellness and preserving the patient's needs. Schubert & Lionberger (1995) indicate that nurse's caring is expressed through ability to create the caring environment to form the mutual connectedness with the patient, to realize the nursing therapy and to influence patient's healing as the process of self – transformation.

Theme: being in communion. The communion is experienced through the following aspects: social, psychological, managerial, spiritual, practical / nursing care activity, and personal nurse's qualities. For Heikkilä (2004) communion is perceived by mutual understanding of the language spoken by patient and nurse or the other people. Sunvisson & Ekman (2003) communion explains through shared understanding when each understand how the others felt at various times without words.

Theme: being dependent. For the nurse's dependence are important the following elements: professional readiness and ability to act practically, cognitive abilities, managerial abilities, mutual / reciprocal contact nurse – patient, quality (mutual / reciprocal disposition), personal qualities of a patient (e.g., initiativeness) and specific – contextual and situational aspects, i.e. patient's situation, specificity of activity and department and changes. Dependence is always contextual, situational and is related to organization where the nurse works (Spouse, 2003).

[35] Realizing the idea and nursing philosophy in practice; integrating nursing science and practice.

Theme: being experienced. Experience in mission is related exceptionally to nurse's cognitive and spiritual aspects. Thus, *the nurse's experience in mission includes not a practical, but cognitive and spiritual levels and without them here is not exists the nursing philosophy.* Arandon & Street (1999) mention that coming to 'know' the patient and understand the patient experience, daily practice should be shifted from being task – orientated to patient- focused.

Theme: being feeling one's part deeply. Nurse's feeling deeply is oriented to her / his psychological readiness and spiritual experiences. Schubert and Lionberger (1995) it relates to nursing therapy.

Theme: being limited. The following aspects limit the nurse: looseness in respect to work, social and psychological and practical unreadiness, and poor education. Limitation in respect to nurse exists from patient's side: patient's unreadiness to communicate, i.e. his / her psychological and social unreadiness. Thus the limitations are dependent from the nurse and patient's ability to find the mutual / reciprocal starting point. Nurse's limitation are dependent on herself very much, e.g. being engaged or detached from the patient situation, understanding or not the patient's experiences with the nursing (Kralik *et al*, 1997).

Theme: being self – empowering. The nurse empowers the self through: personal qualities (benevolence); permanent / continuing education, professional identification, being active in nursing care practice, and reflecting. Nurse's self – empowerment is not mentioned as an element of the mission or role in nursing care practice by any researcher. Reflection is related even to nurse's educational process, but not to her / his empowerment (Greenwood, 1998).

Theme: being satisfied. The nurse experiences satisfaction through those aspects: ability to integrate theory and practice, experience of full value in practical activity, emotional relationships between the patient and nurse**,** seeing the results of performed activity, demonstrating the personal abilities, professional self - identification and ability to express the positive feelings. It means that nurse's satisfaction is an outcome of contact with the patient, professional self – identification, realization of personal competence in nursing care practice and expression of positive feelings. Kolcaba (19995) supports such idea.

Theme: being influencing. In influencing process the nurse is an active performer. Here is clear nurse's ability to communicate purposefully with the patient that is based on nurse's psychological competence and readiness. The acquired managerial competence helps the nurse to influence the nursing care activity. Bucknall (2000) mentions that the nurse

influences the patient and nursing care practice through decisions in interventions, communication and evaluation.

Theme: being reflective. Nurse's reflectiveness is oriented to the acquired cognitive level abilities, i.e. revaluation of situation, information analysis and systemizing. Huts the nurse reflects in activity and after activity and in such way she / he realizes the double reflection and the work with the current information is the premise for purposeful acting in nursing care. Barker & Altschul (1999) indicate that effective nursing help people develop their natural reflective processes. And through the reflection the nurse and the patient begin to feel the sense of life.

Theme: being in dignity. Nurse's dignity is expressed through the external aspects that are seen, e.g. purposeful activity striving to help the patient and applying the acquired competence and through the internal aspects that are related to nurse's personality, i.e. professional self – identification. Zydziunaite (2003a) accentuates that the nurse's dignity is also based on ethical behavior and is experienced through truthfulness and communication with colleagues (Sumner, 2001).

Theme: being influenced. The nurse is a 'product' of educational process at the educational institution and even at that organization the nurse forms her / his conception about the nursing care and other aspects that are urgent and important for nursing care as science and practice. Thus the educational process influences nurse's perceptions directly at studies and indirectly – practice. Permanent and continuing learning, which empowers the nurse to develop and expand the competences also influence the nurse. Activity in real practice 'corrects' the theoretical knowledge of the nurse (**study II**). The patient influences the nurse by two elements: 1) by age – it empowers the nurse to see the patient not even as a person, who needs help, but also as representative of concrete age group; here is very important nurse's knowledge in human development; 2) by response to nurse's activity, when the nurse has possibility to evaluate realistic results of nursing care in respect to patient. Holst (2000) study illuminates that the nurse is influenced by patient's previous life experiences before the disease.

Role

INTERVIEW ANALYSIS ILLUMINATED THE EXISTING OVERLAPS BETWEEN THEMES IN DIMENSIONS THAT ARE ORIENTED TO NURSE'S ROLE (see Annex 10).

Overlaps between themes in separate dimensions connected to nurse's role uncovered that:

• Nurse's *being satisfied* is urgent for dimensions that are connected to patient, nurse, activity and colleague nurses and it allows to suppose that the nurse experiences satisfaction by seeing activity results, contacting and collaborating with the patient and colleagues nurses. The nurse experiences satisfaction in individual level as a positive emotion. Collins *et al* (2000) note that nurses' satisfaction is significantly related to feeling integrated within the post – holder's own professional group and with immediate colleagues, feeling that the role had improved their career prospects, feeling adequately prepared and trained for the role and working protocol.

• Nurse's *experience* is urgent exceptionally to dimension, which is connected to patient. *Being with* the patient and various situations related to patients 'give' to the nurse the concrete and various nature experience. Sunvisson & Ekman (2001) mention that experience could be good or bad and patients set about changing their social lives by removing negative factors that influence their daily lives. Hallsdottir & Hamrin (1997) the perceived mutual trust and a caring connection all that is in value in nursing care, because of the patient perceives the nurse as a caring. Through that the nurse becomes a part of patient's situation.

• In dimensions connected patient and physician here are accentuated the nurse's *empowering the others*, i.e. patients and physicians. That allows to make a presumption that the nurse should be acquired the competence in psychological area in order to be able to initiated and motivate the patients to act for their personal health and physicians to act in the name of patient. Leahey & Harper – Jaques (1996) identify empowerment the same is influencing the others and note that the nurse brings strengths and resources to the relationships with the patients and their families and have specialized expertise in maintaining health and managing health problems. Through that the nurse influences the patient. Mainly the researchers, e.g. Palo – Bengtsson (200), Götell (2003), Heikkilä (2004), Baker & Melby (1996) etc. indicate nurse's ability to empower the patient.

• Nurse's *self – empowering* is extracted in dimensions related to patient, nurse and activity, i.e. acting in the name of patient (orientations to patient), realizing the obligations (orientation to the self) and purposeful, contextual and situative acting (orientation to activity). Authors mention empowerment as an action, which the nurse directs to others (Salvage, 1993).

• *Caring* that the nurse expresses is uncovered in dimensions oriented to patient and patient family that is not detached from emotional support and being able to help concretely. Connection between caring and nurse's emotions accentuates Sumner (2001).

• Nurse's *obligation* is connected to patient's and profession's dimensions, and the commitment is not related to activity and organization dimensions. Thus the formal obligation (external commitment) is connected to patient and profession and the nurse commits the self (internal commitment) in respect to patient, activity and organization. obligations are accentuated by Edwards (1996), Willard (1996) and this is connected to patient and nurse's morality.

• Nurse's *competence* is accentuated in dimensions related to patient, nurse, activity, society, patient family and other specialists. Here the nurse's competence is a premise for expression of professionalism, self - strength and recognition of environment. Spouse (2003) accentuates that nurse's expression of deep concern seem to be associated with anxieties about her / his level of competence, more importantly the nurse seems to feel a strong sense of alienation from the images of nurses presented by her qualified colleagues. For the nurse is important to have the social atmosphere in order to feel competent.

• Nurse's *devotion* and feeling one's part deeply strongly is expressed in patient's, nurse's and activity dimensions. It allows to note that nurse's devotion and feeling one's part deeply are oriented to three directions: patient, nurse (as performer of nursing care activity) and nursing care (as purposive, situative and contextual process). Spouse (2003) accentuates the personal philosophy in nursing care practice, usefulness to patient and colleagues through what the nurse expresses the devotion.

• Nurse's *permanent experiencing* 'happens' through being near and with the patient and through the realization of concrete nursing care process. Being and doing that are directed to patient is noted by Spouse (2003).

• Nurse's *dignity* is important in patient's and nurse's dimensions: here is urgent to stay in dignity as representative of the nurse's profession in interaction with the patient and to be able to educate in the self the dignity as personal quality. Spouse (2003) indicates that the nurse is in dignity as she / he feels confident and competent in the procedural aspects of essential skills.

• *Nurse's influence* is strong in patient's and activity dimensions, i.e. the nurse through education, informing influences the patient (e.g., motivates, empowers) and through the personal competence is able to act purposefully with the orientation to individual and unique

patient's situation. Hanson and Boyd (1996) accentuate the nurses influence as a key of nurse's role in motivating the patient and patient relatives.

• Patient's situation (patient's dimension), personal qualities and competence of the nurse (nurse's dimension), specificity of activity (activity dimension) and society standpoint to nurse's profession (society dimension) *influences the nurse*. According to Plumbo (1995), the nurse in influenced by family 'roots' through what she / he feels living in two different worlds – personal and practical.

• Nurse's *being in communion* in patient's, patient family and colleagues nurse's dimensions means that here is important the communion experience together with the patient (to whom the nursing care is oriented), patient family (that is the nearest environment of a patient and though which Is possible to influence the patient striving for her / his well being) and with colleagues nurses (their support and collaboration stipulates the efficient nursing care activity). *Being in communion* in activity dimension means that the activity is a context and medium, where the communion between the nurse and patient, patient family and colleagues nurses becomes meaningful and connected to situation. Being in communion in nurse's dimension is inseparable of nurse's self – 'growing', maturing, motivating and ability to manage the self. Robinson (1996) notes that health care relationships between the nurse and family should be therapeutic.

• Nurse's *emotionality* and *intuition* is accentuated exceptionally only in nurse's dimension that allows to affirm that those are important qualities for the nurse and they should be developed. That aspect is confirmed also in study of Schaefer (1991).

• Nurse's *reflecting* is mentioned in nurse's, activity and society dimensions that allows to suppose that nurse's reflecting is individual intellectual / cognitive process, which is not detached from the nursing care activity. Reflection on society prejudices stipulates the nurse to develop personal competences and to change nature of activity. Though not accidentally only in society dimensions here is illuminated the importance of *nurse's education*: the higher-level education is a result of their reflections on society standpoints / prejudices. Nurse's education is one of the preconditions to strive for professional autonomy and uniqueness in order to be recognized in society. Nurse's reflecting is treated even as an educational method that stipulates her / his perceptions about care (Greenwood, 1997).

• The nurse *experiences* the state of *being calm* (or in peace) exceptionally only by contacting with the patient's family, i.e. when not only the patient, but his / her family rely on

the nurse. According to researchers (e.g. Salvage, 1993), the experience is exceptionally related to professionalism.

• The nurse *experiences the limitation* because of the: 1) patient's needs and specificity of concrete his / her situation (patient dimension); 2) activity purposefulness and concreteness that is connected to department specificity (activity dimension); 3) inability to collaborate among colleagues nurses (colleagues nurses dimension); 4) skeptical standpoint of organization to nurse's profession and nursing care activity (organizational dimension); 5) perception of rigidity of nurse's activity by the nurse (nurse's dimension). The limitations that are extracted in **study II** are not supported by other studies and it means that it is related to specificity of concrete context.

• Nurse's *dependence* includes four orientations: 1) patient's (patient dimension); 2) activity (activity dimension); 3) colleagues nurses (colleagues nurses dimension) and physician (physician dimension). Spouse (2003) indicates that the nurse is dependent on practical context, patient situation and personal competence.

• The nurse through the role performance is in *permanent dilemma*, when she / he should be in contact with the physician (physician dimension), because of the nurse raises the questions, to which the nursing theory gives one type answers (that the nursing is an autonomous science and practice), and the real practice gives the other answers – the nurse's activity is subsidiary to physician's activity and not rarely is treated as the work no in the name of patient, but oriented to physician. Spouse (2003) notes that nurse's dilemma is often connected to critical situations in nursing care practice and is dependent on patient's state.

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BY ANALYZING THE OVERLAPS BETWEEN SUBTHEMES IN EVERY DIMENSION WERE UNCOVERED THE FOLLOWING NURSE'S ROLE CHARACTERISTICS:

• Nurse's *devotion* is expressed as outcome of individual / personal reflecting by projecting the activity to patient and motivating the self to act. Devotion is connected mainly to nurse's obligations (Edwards, 1996)

• Nurse's *emotional calmness* and experience of various emotions that is expressed externally (e.g., joy) and internally is urgent for dimensions that are oriented to patient and nurse. It means that nurse's emotional expressiveness and internal experience happens through interaction with the patient and through the nurse's personal reflections and perceptions. Interaction is such a context that is mentioned by Spouse (2003).

• Nurse's *ability to integrate theory and practice* is characterized by the role's connections with the patient, nurse and activity. Here is possible to follow the continuous chain with three components: 1) the nurse is 'key' actor, who has knowledge and practical skills; 2) the nurse acts purposefully in nursing care activity only on the basis of ability to integrate theory and practice; 3) nurse's activity in concrete context is oriented to individual patient's situation, where she / he needs to make decisions, based on nurse's ability to integrate theory and practice. Ability to connect theory and practice first and foremost is the aim of nursing studies (Salvage, 1993).

• The *helping* aspect is urgent to patient, activity, physician dimensions, but here exist the different 'shades' of helps. In patient's dimension the nurse's *help* and *rescue* means concrete, purposeful nurse's actions in the name of the patient well - being. In activity dimension the nurse's *knowing the helping ways* shows her / his acquired theoretical knowledge and readiness to integrate them with the practice in concrete situation. In physician's dimension the nurse's *helping* illuminates inequality in collaboration with the physician and gives the peculiar image of 'lower' level profession in comparison with the physician's profession. Janhonen (1992) notes that the nurse helps the patient through her / his competence that includes knowledge and skills.

• Nurse's *dutifulness* is urgent to patient and activity dimensions. Here are evident two aspects: 1) nurse's orientation to nursing care activity object - patient; 2) nurse's loyalty that is shown through dutifulness in respect to professional nursing care activity. It is an internal aspect of nurse's dutifulness. Nurse's *obligation* is urgent to dimensions of patient, nurse, activity, profession and organization. In nurse's dimension being obligated could be treated as internal aspect of nurse's dutifulness. Nurse's obligation in respect of profession and nursing care activity connects the acquired profession and nursing care practice: qualification is the formal right of a nurse to work in nursing care practice as professional. In dimension of organization the nurse's obligation reflects the performance of formal nurse's obligations according to established organizational rules. Nurse's dutifulness and obligations are connected straightly to her / his responsibility (Janhonen, 1992).

• Nurse's *ability to perform the routine work* is urgent for patient dimension, because of the performing actions, interventions etc. firstly are oriented to patient and also reflects professional nurse's competence. Nurse's ability to perform the routine activity in activity dimension allows noting that everyday routine activity is inseparable element of professional

nursing care activity. The routine as inseparable p[art of nurse's professionalism (Salvage, 1993).

• *Communication* aspects are manifested in three dinmensions:1) nurse's *being communicating* in patient's dimension uncovers that nurse's – patient communication is important to both sides; 2) nurse's *being communicating purposefully* in patient family dimension is more oriented to informing and counseling; 3) in colleagues nurses' dimension here is mentioned nurse's *being understanding the communication value* allows to make premise that reciprocal communication, support and communion between nurses has the big value in practical nursing care activity. Communication as the key activity and process is treated as urgent by most of the nurse researchers, e.g. Janhonen (1992), Sumner (2001), Spouse (2003).

• Nurse's *readiness to act* in respect to patient on the basis of nurse's knowledge and ability to concentrate is extracted in patient and activity dimensions. Nurse's *knowing the acting ways* in patient and activity dimensions expresses the acquired practical skills. Nurse's *knowing the activity* in nurse's dimension is inseparable from the nurse's theoretical readiness and ability to see the whole / holistic view of nursing care activity in concrete context and / or situation. With such notions agrees totally Davies (1992).

• Nurse's *educational activity* in role performance is actualized in: 1) patient dimension, where the nurse is named as being realizing teaching, educating the patient and being educated by communication with the patient that uncovers the 'profit' of nurse – patient contact not only to the patient (as for the receiver of nursing care services), but to the nurse too (as for the nursing care performer, who has the possibility to acquire experience, to learn and develop the personal competence); 2) activity dimension where the nurse's ability to perform teaching means the concrete educational activity of the nurse that is performed according to concrete programme and is oriented to individual patient's situation. Nurse's as educator's role is accentuated by Hunt (1992), wehre it is oriented to patient, patient family and colleagues.

• Nurse's *initiativeness* in common sense and being initiating the communication with the patient in patient's dimension illuminates the important nuance – the nurse should be an initiator in nursing care activity realization with the orientation to patient, because of he / she is professional evaluator of patient's situation and 'encoder' of patient's needs. So why the nurse's initiativeness in reality is expressed only in nurse – patient interaction. Nurse's initiativeness in respect to the physician exactly in physician's dimensions allows to treat the

nurse as ‘invisible buffer’, which ‘moves’ the acting in the name of patient’s well - being. such aspect is proved by Zydziunaite (2003a) study.

• The urgency of nurse’s *autonomy* is manifested those dimensions - patient, nurse and activity - allow generalizing: nurses are able to act independently by performing autonomous actions in the name of patient. Autonomy and independence as a premise to nursing care effectiveness is accentuated by Salvage (1993).

• Nurse’s *experiencing the discrepancies* is mentioned in patient, activity and physician dimensions. In patient dimension the nurse’s being in dilemma expresses the permanent nurse’s vigilance, tension, considerations etc. In activity dimension the nurse’s *being in dilemma between practice and theory* illuminates the gap between the learned theory and real practice, when this gap should ‘fill in’ exceptionally the nurse who acquires the new competences and new experiences. In physician’s dimension the nurse’s *being in contradiction between feelings and external environment* uncovers the impossibility to realize nurse’s wishes and needs related to professional activity because of the formed ‘old’ traditions in nurse – physician interprofessional relationships.

• Nurse’s *reliability* is urgent to dimensions of patient and patient family. It is clear, because of the nurse is a mediator between the patient and patient family, between the physician and patient and patient family and physician. Also the nurse is the main person, who contacts with the patient and his / her family. So why the nurse’s reliability in that context is important factor. It is supported by importance of nurse’s *assuaging* and *tolerance* in the same dimensions.

• Nurse’s *sincerity* and *informing* are accentuated in patient and activity dimensions. Huts not only nurse’s competence and professionalism is important in contacting with the patient by informing but also a sincerity. The last aspect ‘gives’ for informing the therapeutic environment. Woodward (1998) represents tolerance and sincerity as qualities of nurse’s professionalism

• Nurse’s *intuition* is mentioned in nurse’s and patient family dimensions. In nurse’s dimension feeling intuitively expresses the complexity of nurse’s internal emotional world and permanent involvement in patient’s situation. Nurse’s *intuitiveness* in patient family dimension could be treated as premise for successful reciprocal / mutual communication and collaboration and element of being in communion. Intuition helps to unfold patient’s spiritual and psychological problems (Kolcaba, 1995).

• Nurse's *dutifulness* manifests in nurse's dimension as internal nurse's self – empowerment to act, and in activity dimension as external nurse's empowerment to act.

• Nurse's *education* namely in nurse's dimension illuminates the individual motivation of nurse and self – empowerment to learning and development. In society dimension the nurse's being educated is associated with the premise of society relying and respecting the nurse's profession. Nurse's educational level keeps her / him in dignity and empowers too (Zydziunaite, 2003a).

• Nurse's *ability to perform the functions* is indicated in nurse's and activity dimensions, what expresses nurse's ability to realize the acquired skills in nursing care practice. Functions that are the part of nurse's competence and obligations is accentuated by Janhonen (1992) and Salvage (1993).

• Nurse's *work in a team* is actualized in nurse's, activity and colleagues' nurses' dimensions. In nurse's dimension being performing actions in a team independently underlines the nurse's need for autonomous activity. In activity dimension the nurse's being working in a team allows to say that teamwork is a premise for efficient practical nursing care activity. It is supported the mentioned theme of being working in a team in dimension of colleagues nurses. Caan (2001) notes that nurse's role is dependent on good relations with team members.

• Nurse's *ability to document* is mentioned in activity dimension as compulsory nursing care component, and in physician's dimension – as element of physician's activity, what influences for nurse's being in dilemma between independency and dependency. Torn and McNichol (1998) it treats as routine of nursing care.

• Nurse's *ability to mediate* is actualized in dimensions of patient family and other specialists. It means that the nurse through contacting with the patient family is a peculiar 'filter' and together support, safety and reliability. In dimensions of other specialists the nurse's being mediating also is associated with the reliability. In the last context the nurse is treated as equal activity partner and competent professional. Researchers do not accentuate mediation aspect in role performance.

• Nurse's *communicability (being social)* is mentioned in patient and nurse's dimensions as urgent nurse's personal quality. Taylor and Ferzst (1998) support this and mention that through communicability the nurse shows attentiveness to patients.

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COMPARATIVE ANALYSIS OF EXTRACTED SUBTHEMES HAS ILLUMINATED THE SPECIFICITY OF DIMENSIONS AND THEIR DIFFERENCES[36]:

• Nurse's personal qualities are inseparable elements of role performance / realization. In *patient's dimension* is accentuated the nurse's creativity, benevolence and obligingness. In *nurse's dimension* here is indicated the nurse's ability to concentrated and interest in novelties and dignity. In *activity dimension* here is accentuated the nurse's purposefulness, exactness, coordination, openness, and ability to collaborate, consciousness, self – management and honesty. In *dimensions of a profession* here is mentioned only the nurse' critical thinking as personal quality that is related to cognitive level of practical nursing care activity. In *dimension of colleagues nurses* is uncovered nurse's ability to collaborate as urgent personal quality.

In mentioned dimensions are accentuated positive nurse's qualities that are important for nurse's role realization, but also here are mentioned negative qualities that could be and outcome of external pressure and dependence and personal nurse's negativism. In *dimensions of other specialists, colleagues nurses, physician, patient family, society, nurse's* and *profession* here is no indicated the negative nurse's qualities and is 'presented' poor set of positive qualities too. In *organizational dimension* is mentioned nurse's rigidity that is connected to cognitive level, but also it influences valuability of nurse's role performance. In *patient's dimension* is indicated the nurse's inertness, which is influenced by huge working charges and tiredness. In *activity dimension* is mentioned the nurse's being indifferent that expresses her / his personal negative quality that stipulates the various nursing care limits / disturbances.

• Nurse's activity abilities stipulates the efficiency and effectiveness of practical nursing care activity. In *patient dimension* are accentuated exceptionally the cognitive / intellectual nurse's abilities, and for technical abilities here is no given any attention. E.g., ability to create the safety for patient, being knowing the patient's situation, being satisfying patient's needs, being organizing, being choosing the acting tactics, etc. Thus in this dimension are mentioned nurse's activity abilities by role performance and it denies the 'myth' that practical nurse's activity is only the technical activity. The given examples of abilities allows to assert

[36] This part is the abstracted summary on differences between the role and mission. Here are no any research studies made until 2005 in nursing or other (e.g., education, management, psychology, philosophy) with such focus. So why that part of general discussion includes only the generalization of empirical **study II** with the focus on comparing the nurse's role and mission contents (in nursing care practice context). Any researcher's notions and / or suggestions do not support it.

that for the nurse are urgent abilities of analyzing / evaluating, systemizing (cognitive level), abilities of communication and emotional intelligence (socio – emotional level) and organizational and strategic abilities (management and administration level).

In *nurse's dimension* is accentuated the nurse's being the self – evaluating (self – reflection ability), striving to perform change on the basis of situational evaluation and analysis and that allows to work effectively, i.e. ability to reflect about activity. From those aspects is inseparable the nurse's professionalism that is based on realization of nurse's competences in practical activity. Thus in nurse's dimensions are urgent cognitive abilities of activity and without them here is no expression of nurse's professionalism and efficient nursing care activity.

In *activity dimension* are illuminated the nurse's abilities of some categories by performing the role in practice: *technical*, *social – psychological*, *educational*, *cognitive*.

It means that in realization of nurse's role that is oriented specifically to activity nature here is urgent connection between technical, social, psychological, educational and cognitive abilities. The nurse should be acquired abilities of those categories and among them the technical abilities forms not a essential part.

In *society dimension* are mentioned two activity abilities that are oriented to cognitive / intellectual and practical nursing care activity, e.g., solving the problems. In *dimension of other specialists* is actualized the nurse's ability to delegate actions, what indicates the importance of acquired management and administration abilities, when the nurse works / collaborates with the members of other professions. In *dimensions of profession, patient family, colleagues nurses, physician* and *organization* here are not extracted an urgent activity abilities that are realized in role performance.

In activity as well as in social life the human being is influenced by various aspects, e.g. situations, contexts, prejudices, organizational culture etc. and the person also influences someone or something. When the nurse performs the role that is oriented to separate dimensions here is uncovers influence to nurse and nurse's influence, e.g. to environment, patients.

In *patient dimension* the nurse is influenced by obligation as personal self – empowerment, patient's empowerment that is oriented to nurse as aspect of nurse's reliance. In such dimension is accentuated the nurse's being influenced by patients' experiences as influence of a patient in emotional level that helps the nurse to educate the self in direction of empathy and tolerance. In patient's dimension here is mentioned nurse's being directed by the patient, what expresses exceptionally emotional connection between the nurse and patient and allows the

nurse to individualize patient's nursing care more efficiently, because of the nurse is dependent on patient's situation. The nurse also influences the patient through motivating him / her and being able to form the connection based on reciprocal reliance.

In *nurse's dimension* the nurse is influenced by personal education and various practical situations that stipulate to look for answers to emerged questions, so why is accentuated nurse's being obligated to permanent learning. It expresses the internal nurse's self – empowerment for permanent learning. It is interesting that exceptionally in that dimension is accentuated being dependent on self – origin / 'roots' and being influenced by family traditions. The mentioned aspects allows to make a premise that nurse's professionalism, competence is influenced not only in educational institutions (colleges, universities) and health care organization (where the nurse realizes the practical activity based on acquired competences and urgent for profession personal qualities). The primary elements are the communication experiences in nurse's family and received orientations of upbringing.

In *activity dimension* very strongly is accentuated the educational origin. Acquired education and permanent learning influence the nurse's role performance. More higher educational level has the nurse more broader she / he sees the nursing care activity, more strongly the nurse empowers the self to nursing care activity development. at the same time, the permanent evaluation of nursing care activity, reflecting stipulates the nurse to learn permanently, what broadens the nurse's theoretical and practical knowing and stipulates improvement of practical activity. In that dimension is accentuated the specificity of nurse's role and its contextuality, which is oriented to department specificity in which the nurse works.

In *society dimension* is indicated indirect dependence on society members, i.e. neighboring people, who every time evaluate the nurses and their activities, e.g. patient, patient's family, colleagues etc. Thus the nurses are influenced by standpoints, prejudices and evaluations of society members.

In *dimension of colleagues nurses* are mentioned negative aspects of influence, e.g. being ignored by colleagues, being 'pressed' by colleagues, what disturbs the emotional balance of a nurse, and its importance in role performance is extracted only in patient's dimension (being in balance) and it uncovers that nurse's anxiety, negative emotions influence negatively the patient – nurse interaction and realization of nursing process. Thus the nurse to be strong and being able to manage the personal emotions in order patient's nursing care does not suffer.

In *physician's dimension* here is mentioned that the nurse is dependent on physician's leadership, is assisting the physician, but not the patient. because of that the nurse does not feel autonomous in activity and experiences the state as being part of physician's activity.

In *organizational dimension* here are expressed dependence of nurse's role on organizational prejudices and standpoints to nurse and her / his performing nursing care. In that dimension is exactly named that really the negative influence to nurse's role makes the negative prejudices that exists at the organizations.

Thus only in nurse – patient interaction through nurse's role performance the reciprocal influence is realized.

• Nurse's devotion, ability to 'use' the self as peculiar instrument (in the figurative sense) in nursing care practice predetermine the positive results, e.g., patient's reliance / trust, patient's self – empowerment for recovering because of the nurse's motivating, efficiency of individualized nursing care etc.

In *patient's dimension* is accentuated the nurse's being oriented to patient, being 'using' the self, being consoling, being perceiving, being listening the patient, being in wardship. For 'life' of those mentioned aspects here is a need for nurse's emotional intelligence, positive personal qualities, giving the time and attention to patient, what is not formal obligation of a nurse.

In *nurse's dimension* is illuminated that nurse's emotions are important in role performance: the nurse is in continuing emotional experience, what shows her / his permanent involvement into nursing care activity and / or patient's situations. Those aspects, support that notions what are mentioned in nurse's dimension, e.g., being hurted being disappointed. Nurse's disappointment is influenced by external situations, e.g., being in time shortage and the negative self – evaluation of a nurse, e.g., inability to 'use' the self.

In *activity dimension* is noted the strong nurse's involvement into activity and inability to detach the self from it in emotional and cognitive levels. It predetermines (not rarely) the emotional exhaustion, so why the nurses mention that in role performance they are in experience of helplessness.

The acquired qualification gives the right to the nurse formally to work in nursing care practice, and the competence is developed and improved from starting specialist until the expert and 'matures' the nurse, what we (most often) call as professionalism. Exceptionally, in that dimension is mentioned importance of nurse's qualification and competence. Positive, based on reciprocal; reliance connection stipulates to emotional peace of a patient and as an

outcome the patient's organism better absorbs the medicines and more efficiently goes on the recovering.

Only in *patient' dimension* is indicated the nurse's being close to patient through the role performance as a unimportant aspect.

Self – realization of a specialist is always positive process, when the human being has the possibility to realize the acquired competences, when sees the results and has a possibility to carry in the real 'deposit' to activity, when the nurse is respected and her / his dignity is not broken.

In *patient's dimension* is accentuated the importance of nurse's being in dignity and negative influence to the nurse, when a dignity is broken. Nurse's self – realization and self – respect predetermine the possibility to participate and influence the patient's recovering.

The illuminated subtheme - being self – realized - in *nurse's dimension* one more time supports the notion that the nurse experiences the self – realization not only in acting, but in emotional and cognitive levels. Autonomy also influences nurse's self – realization. So why in *activity dimension* exists nurse's being 'narrowed' in activity and being not autonomous (it is extracted in organizational dimension too) aspects that negatively influence the nurse's self – realization in full value.

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11. METHODOLOGICAL CONSIDERATIONS

Study I

Application of matrix method had advantages and limitations:

- **Advantages**. It is possible to 'line up' the scientific literature as a data (i.e. articles, books) according to investigated topic in order to see the methodological parameters, e.g. aim, results etc. it means that here is a possibility to extract the exact scientific facts that are important for the researcher.
- **Limitations**. Direction(s) of literature analysis (review) always depends on the research topic, object and aims. When the topic is complex, e.g. like in the presented study I the role mission (without conjunction 'and'), the matrix method does not 'help' to create the junctions between the separate concepts. In study I I was 'going' through the separate concepts of the role, mission, nursing care in order to illuminate their key points, overlaps and differences, and the very little number of researchers and very superficially mention the possibilities of junction between the role and mission. So, what to do? Does it mean that the researcher has no right to be creative on the basis of investigations of other authors and to

form the authorship theoretical model of junction between the separate concepts? If not, what is the value of theoretical analysis" only the facts? So, in that case it is only a 'note of the learned lesson', and it should not be called as study or study results. Such narrow standpoint limits the possibilities to uncover the deeper 'slices' of the researched concept(s) and the researcher is 'cutted of' from the possibility to demonstrate the authorship standpoint, which is a 'product' of investigated / studied scientific literature. So why I decided to add the part of article extractions to matrix table. Those extractions are only about the research object and from them are possible to illuminate the conceptual aspects and to compare. The matrix method misses also the comparative part, which was only partly compensated by presentation and analysis of concrete article extractions.

Study II

Interview method:

- **Advantages**. It was possible to see reactions of a respondent, to have the deep discussions on research topic.
- **Limitations**. The deep interview takes a lot of time in order not to be 'superficial'; the nurses are very concrete in their stories and the biggest number of respondents' do not tend to give many examples, illustrations, narrations etc. thus the deep interview should be used only by the experiences researcher in order that interview would be 'fruitful'. In study II the respondents tended to speak more separately about the role and mission, but not about the complex of 'role mission'.

Phenomenological hermeneutics:

- **Advantages**. The method gives the possibilities to see the deepest levels of a researched object.
- **Limitations**. The method has a big part of subjectivity. Every researcher has the own experience and is personally developed in various (or only one) scientific and / or practical area. Thus the naïve reading and the other steps of data analysis by using the phenomenological hermeneutics is dependent on those factors very much. In study II the main point was to illuminate the differences and overlaps between the role and mission in order to substantiate the 'unseparatedness' of role and mission. It means to substantiate that the role and mission are going together and it is the complex concept that is called as 'role mission'. From that standpoint here were a lot of difficulties: by reading the interview text and 'unripping' the text in separate parts in usual way it was impossible. By naïve reading, maybe

on 10th time I realized that it will be impossible to analyze the interview without extractions of dimensions separately in interview text about the role and mission. As well as interview parts about the role and mission also should be analyzed separately. In such case all the interview text was divided twice: 1) into two parts of 'role' and 'mission'; 2) into dimensions separately in interview text about the 'role' and 'mission'.

12. CONCLUSIONS

1. The nurse's role and mission in nursing care practice are experienced in complex with the dimensions (orientations) to patient, patient family, nurse's self, activity, nursing profession, colleagues nurses and other specialists, organization, physician and society.

2. Comparison of the nurse's mission and role dimensions uncovered the concrete overlaps and differences that confirm the complexity and unity of nurse's role mission and unified and complex concept that is experienced by nurse's in nursing care practice:

- **Connection to patient.** In this dimension *overlaps* those aspects in nurse's role and mission experience: commitment, devotion, competence, caring, communion, dependence, experience, feeling one's part deeply, limitations, self – empowerment, satisfaction, influence, dignity, and being influenced. All those aspects connect the nurse's mission and role. *Differences between mission and role*: 1) in nurse's mission here is orientation to patient and also here is accentuated the importance of nurse's reflectivity; in the nurse's role it does not emerged; 2) in nurse's role is accentuated nurse's being empowering the patient, being obligated and being experiencing. Thus the urgency of reflectivity in mission allows making a premise that here is important also the time which takes the nurse for perceptions and reflections, evaluations of situations and the self and their revaluation. In nurse's role performance the urgency of patient's empowering proves nurse's ability to motivate and convince the patient, to take responsibility for personal health and self – care and also allows to make a predisposition about importance of nurse's *being near* and supporting the patient. Urgency of being obligated in nurse's role expresses the external, formal side, i.e. the nurse must do, what is in content of her / his formal competence and for what the nurse has the formal right in nursing care activity. The important nuance is that exceptionally in nurse's role here is indicated the nurse's being experiencing: *exceptionally the nurse's role performance allows the nurse to 'survive' with concrete experiences in nursing care practice.*
- **Connection to nurse.** The *overlaps* between the mission and role experience are related to these aspects: commitment, devotion, competence, dependence, feeling one's part deeply,

limitations, self – empowerment, satisfaction, dignity and being influenced. *Differences are those:* 1) in nurse's mission is uncovered the nurse's being experiencing and being influencing that is based on expertise experience and professionalism; 2) in nurse's role here are accentuated nurse's being in communion and being emotional, intuitive and reflecting that reflects her / his openness to environment through expression of personal emotions, 'use' of intuition and reflections. Important to note that nurse's reflectivity were extracted in patient's dimension and mission content and in nurse's dimension, but in role content uncovers that: a) for reflection on mission experience the nurse needs the contact (interaction) with the patient that empowers the nurse to reflect; b) for reflection on role performance the nurse does not need external stimuli (interaction) and here is the essential aspect is nurse's intellectual potency. Thus *the permanent connection between the role and mission first and foremost exists in cognitive level, i.e. nurse's thinking / perceiving.*

- **Connection to activity.** The emerging *overlapping aspects*: commitment, devotion, competence, being dependence, feeling one's part deeply, self – empowerment, satisfaction, ability to influence and reflect. *Differences* between experience of nurse's mission and role are those: 1) in mission performance is accentuated nurse's being caring and being in dignity; 1) in role performance is uncovered the nurse's being experiencing, being in communion and being influenced. Exceptionally nurse's being in nursing care activity and contacting with the patient allows experience of the role, because only in role (patient and activity dimensions) here is mentioned nurse's being experiencing. Nursing care context allows the nurse to experience the role through experiencing the felling of communion that is not accentuated in mission experience. For role experience also influences the nursing care context so is could be asserted that the influence in role performance and experience is contextual. Mission in activity dimension is experienced through expression of nurse's caring and dignity, what reflects orientation of a mission to exterior in activity dimension.

- **Connection to patient family.** Here exist the *overlaps*: communion and competence. *Differences* between role and mission experience in nursing care context are the following: 1) In mission in clear the internal nurse's motive by contacting with patient family (being committed); that aspect is not mentioned in nurse's role experience. Thus in role performance by connecting with patient family could be only formal nurse's commitment. 2) In mission is urgent nurse's being feeling one's part deeply, influencing patient family that is not accentuated in role experience. It reflects the nurse's role experience only from formal standpoint, i.e. through performance of compulsory functions by collaborating with the

patient family. 3) In role is accentuated nurse's caring that reflects nurse's orientation to exterior; also here the caring is expressed as phenomenon, which connects the patient, his / her family and nurse. In mission experience the caring is not mentioned in theme's level. 4) The results of nurse's role experience is being calm, i.e. nurse's emotional stability and emotional balance. Aspect of calmness in mission experience is not mentioned.

- **Connection to profession**. Here *are not overlaps*. Here exists only the *differences*: 1) in nurse's role performance here is reflected the formal side – being obligated; it is related to professional qualification and professional philosophy. This formal nuance is not urgent to mission experience. 2) In nurse's mission experience with the orientation to profession here are uncovered three aspects that are not extracted in role content in theme's level: a) being self – empowering; b) being satisfied; c) being in dignity. It means that *nurse's internal self – empowerment, ability to be in dignity in all situations and experience of professional satisfaction allows experience the mission in nursing care context with the orientation exceptionally to profession.*

- **Connection to colleague nurses.** Here exists the only *overlap* between nurse's role and mission experience and it is *being in communion*. Thus the reciprocal unity between nurses, collaboration allows experience in full value the feeling of communion. The *differences* between role and mission with the orientation to colleagues nurses are these: 1) In mission experience here is mentioned urgency of nurse's being devoted and being competent. It is not indicated in role experience (in theme's level) that allows making a premise that mutual loyalty between nurses and their competence are not the essential factors that allow experience the role with the orientation to colleague nurses. 2) The role is experienced through nurse's being satisfied (positive aspect, which reflects the expression of emotional experience in role) and nurse's being limited and dependent (that uncovers nurses' connections in nursing care activity, when it has positive and negative sides from standpoint of nurse's autonomy).

- **Connection to society.** The nurse's role and mission with the orientation to society is connected to nurse's commitment. It shows the urgency of internal nurse's motivation to nursing care activity. *Differences* between role and mission with the orientation to society are the following: 1) Nurse's being devoted and self – empowered illuminate the nurse's loyalty in mission experience, when the activity is connected to society. 2) In nurse's role experience with the orientation to society the important aspects are: a) being competent and being educated that influences the society's reliance on nurses and development of professional

nurses' prestige in society; b) being reflecting that shows the urgency of nurse's intellectual activity by performing role and allows asserting that role experience exists in cognitive level; c) being influenced by external environment also allows the nurse to experience the different modifications of role realization, e.g., presentation of narratives in newspapers and TV about positive and negative aspects of nursing care activity influences society reliance or distrust of nurses and that is also a premise to perform the role with experiencing the satisfaction and self – realization or to experience emotionally, when the nurses should 'destroy the wall' of society's distrust.

- **Connection to organization.** Here are *no overlaps* between the mission and role in that dimension. *Differences* are those: 1) in mission experience with the orientation to organization here is urgent nurse's being in communion and being self – empowering. It means that nurse's loyalty to organization and self – motivation to activity makes the possibilities to experience the mission in full value. 2) In role performance exceptionally is urgent only the nurse's being committed. *Thus the nurse's motivation (which 'crosses' the nurse's interior with the direction to 'outside') to act for organization forms premises to experience the role in organizational context.*

- **Connection to physician.** This dimension is actualized only in role experience. Here is accentuated the nurse's activity, i.e. being empowering the physician. The nurse empowers the patient and physician and in that case performs the activities of mediator and coordinator that allow experiencing the nurse's role. But in this dimension are uncovered and negative aspects, when the nurse experiences the role: being limited by professional hierarchy and being dependent on physician – it restricts the performance of nurse's role. Those aspects allow the nurse to experience the role (with the orientation to physician) by being in dilemma, e.g. between motivation and ability to evaluate and formal limitations of nurse's activity.

- **Connection to other specialists.** That dimension is extracted only in role's content. Here had been uncovered only one aspect – nurse's *competence that allows to experience in full value the role through collaboration with other specialists.*

3. Nurse's role mission meaning is experienced through the following aspects (those are illuminated by adequate themes / overlaps between the role and mission content): being in communion, permanent experiencing, feeling one's part deeply, devotion, being able to influence (the patient and his / her family, activity, and colleagues nurses), being reflective, being in dignity, commitment, nurse's competence, being caring, self – empowerment and satisfaction.

4. The experience of nurse's role mission meaning in nursing care practice is:

- ***Limited by*** nurse's broken dignity, depersonalized standpoint to patient, negligence in respect to patient and not performance of professional obligation.
- ***Dependent on*** changes, personal nurse's perception, competence, and family 'roots', context, formed activity aims and personal standpoints to activity.
- ***Influenced by*** patient's age and his / her response to performed nurse's activity, being counseling and empowered and patient's experiences, nurse's permanent learning, acquired education, practical experience and being interested in novelties.

5. The meaning of nurse's role mission is experienced in nursing care practice by five levels – personality, cognitive, spiritual, and psychological and activity.

6. The meaning of nurse's role mission is experienced in nursing care practice through practical, managerial, cognitive, social and educational activities.

* * *

Further research should be directed to investigate the practical 'mechanism' of role mission in nursing care practice: What should be the exact content of nurse's 'role mission' as a complex content? Should be the content of 'role' and 'mission' in 'role mission' complex have the same or the different contents. The empirically substantiated answers to those questions could illuminate deeper experience and meaning of 'role mission' for nurses in nursing care practice.

Also the study could be carried in one clinical specialty of nursing practice, e.g. nursing care of old people.

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APPENDICES

OVERLAPS AND DIFFERENCES BETWEEN DIMENSIONS' LABELS OF THE ROLE AND MISSION

ROLE	MISSION
OVERLAPS	
CONNECTION TO PATIENT	
CONNECTION TO NURSE	
CONNECTION TO ACTIVITY	
CONNECTION TO PATIENT FAMILY	
CONNECTION TO PROFESSION	
CONNECTION TO COLLEAGUE NURSES	
CONNECTION TO ORGANIZATION	
CONNECTION TO SOCIETY	
DIFFERENCES	
CONNECTION TO PHYSICIAN	
CONNECTION TO OTHER SPECIALISTS	

ANNEX 8

MISSION: OVERLAPS AND DIFFERENCES BETWEEN DIMENSIONS' CONTENT WITH THE ORIENTATION TO EMERGED THEMES

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY
Being committed		Being committed	Being committed		Being committed		Being committed
Being devoted	Being devoted	Being devoted					Being devoted
Being competent	Being competent	Being competent	Being competent		Being competent		
Being caring		Being caring					
Being in communion			Being in communion		Being in communion	Being in communion	
Being dependent	Being dependent	Being dependent					
Being experienced	Being experienced						
Being accustomed	Being accustomed						
Being limited	Being limited	Being limited					
Being self - empowered	Being self - empowered	Being self - empowered		Being self - empowered		Being self - empowered	Being self - empowered
Being satisfied	Being satisfied	Being satisfied		Being satisfied			
Being influencing	Being influencing	Being influencing	Being influencing				
Being reflecting							
Being in dignity	Being in dignity	Being in dignity		Being in dignity			
Being influenced	Being influenced						
	Being responsible						
		Being feeling one's part deeply	Being feeling one's part deeply				

MISSION: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY
THEME: BEING COMMITTED							
Communicating with the patient			Communicating with patient's relatives				
Being devoted to patient							
Being benevolent and altruistic to the patient							
Protecting the patient							
Being interested in a patient							
Being absorbed in a patient problem							
Educating the patient							
Expressing care of the patient							
Recognizing the patient's needs							
	Being responsible on actions						
	Accounting of actions						
	Being ethical						
	Forming the activity purpose						
					Being committed to colleagues		
							Helping the society

MISSION: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY
THEME: BEING DEVOTED							
Devoting the self to others		Being devoted to the activity					
Striving to accomplish the nursing care philosophy in practice							
Being self – sacrificed to the patient							
Being useful for the patient							
Being detached from personal problems in activity							
	Being patient						
	Being experiencing						
	Giving the strengths						
		Being intuitive					
		Understanding the activity meaning					
		Being compassionate					
		Loving the human being					
		Being benevolent					
		Working hardly					
							Being helpful to society

MISSION: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY
THEME: BEING COMPETENT							
Communicating with the patient			Communicating with patient's family				
Being ethical with the patient			Being ethical with patient's family				
Being able to satisfy the patient's needs							
Being able to illuminate / recognize the patient's needs							
Being able to evaluate the patient's health							
Being able to exclude the patient's pain							
Knowing the nursing care technique							
Educating the patient			Being able to convey knowledge to patient's relatives				
Being initiative in evaluation of the patient's problem		Evaluating the activity					
Giving the help to the patient		Being able to individualize the activity					
Being able to listen the patient							
		Being able to manage situations					

MISSION: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY
THEME: BEING COMPETENT (CONTINUATION)							
	Acting professionally	Being able to perform the clinical work					
		Being able to give the services					
		Being able to act purposefully					
	Being able to carry out the nursing care philosophy	Being able to realize the nursing art					
	Being strong emotionally						
	Being educated	Being able to integrate the science and practice					
	Representing activity through the behavior	Being able to perform the everyday missions					
		Realizing the roles in practice					
		Being able to perform the activity in limited time					

MISSION: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY
THEME: BEING CARING							
Being helpful to tie patient							
Striving for wellness of a patient							
Affording the wellness to the patient							
Striving to maintain the patient's needs							
Answering to the patient's needs							
Being trustee with the patient							
Being able to express the motherly tender to the patient							
Being able to influence the patient							
Endeavoring to feel the patient's part deeply							
		Expressing the humanness in practice					

MISSION: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY
THEME: BEING IN COMMUNION							
Being in mutual experiences with the patient			Being interflowed with the patient's family				
Being in mutual relationship with the patient							
Being in mutual communication with the patient					Being able to collaborate with colleagues	Working in a team	
Getting the feedback from the patient							
Forming the mutual confidence with the patient							
Forming the reciprocal connection with the patient			Being able to form connection with the patient's family				
Individualizing the patient's nursing care							
Satisfying the patient's needs							
Being near the patient							
Being attentive to the patient							
Being sincere with the patient							
Listening the patient							
Being able to support the patient morally							
Being able to express the humanness to patient							
Being altruistic with the patient							

MISSION: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY
THEME: BEING DEPENDENT							
Being dependent on patient's situation							
Being dependent on patient's initiating							
Being dependent on mutual mood							
	Being dependent on personal comprehension						
	Being dependent on the self - competence						
	Being dependent on changes						
		Being dependent on personal prejudice to activity					
		Being dependent on formed activity purposes					
		Being dependent on activity context					
		Being dependent on department specificity					
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**
THEME: BEING EXPERIENCED							
Being able to perceive the uniqueness of cases / situations							
Keeping the sensitivity							
	Being able to comprehend the life fragility						

MISSION: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY
THEME: BEING ACCUSTOMED							
Accustoming to the patient							
Striving to create the therapeutic environment to the patient							
Being able to 'see' the patient's inside							
Accustoming into patient's situation							
Being involved into patient's pain experience							
	Experiencing sensitively						
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**
THEME: BEING LIMITED							
Being ignorant							
Being 'blocked' by the patient							
Following the depersonalized attitude to the patient							
Loosening with the patient							
Ignoring the primary obligation to the patient							
Not expressing the humanness to the patient							
Not feeling one's part in communication with the patient		Not being able to feel as the activity part deeply					

MISSION: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY
THEME: BEING LIMITED (CONTINUATION)							
	Experiencing the disturbance of dignity / self - respect						
		Having the narrow standpoint to activity					
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**
THEME: BEING SELF - EMPOWERED							
Self – empowering to strive for the patient's wellness							
Self – empowering to take the responsibility							
Self – empowering to revaluation of the patient's situation							
	Developing the profession purposefully	Being able to form the long – term purpose					
	Being oriented to the future			Being oriented to the future			
	Being persistent						
		Being benevolent					
		Being active in activity					
				Developing professional knowledge			
						Forming the standpoint to nursing care at the organization	'Going' into the society

MISSION: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY
THEME: BEING SATISFIED							
Giving the rest to the patient							
Protecting the patient							
Seeing the nursing care results							
Being in equivalent relationships with the patient							
Realizing the concrete actions for the patient							
	Being in peace						
	Being ‘awarded’ emotionally						
	Finding the answers						
	Being self - realized						
		Feeling the mission in controversy situations					
		Realizing the knowledge on a broad scale					
		Comprehending the possibilities of personal ‘deposit’					
				Being ‘loving’ the profession			
				Being devoted			

MISSION: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY
THEME: BEING INFLUENCING							
Endeavoring to drawing the patient life							
Motivating the patient							
	Forming personal mission						
		Influencing the activity 'motion' and results					
		Being able to coordinate					
			Mediating in family reconciliation				
			Mediating in family self - understanding				
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**
THEME: BEING IN DIGNITY							
Being in dignity in acting for the patient							
	Unfolding the abilities						
		Being able to express the professional dignity					
				Being respectful to profession			
				Being faithful to profession			

MISSION: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY
THEME: BEING INFLUENCED							
Being influenced by patient's age							
Being influenced by patient's response							
	Being influenced by educational process						
	Being influenced by continuing learning						
	Being influenced by practice						
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**
THEME: BEING FEELING ONE'S PART DEEPLY							
		Being able to feel as the working process part					
			Feeling one's part deeply in family situation				

ANNEX 10

ROLE: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY	PHYSICIAN	OTHER SPECIALISTS
THEME: BEING SATISFIED									
Being devoted to patient									
Being calm		Being calm							
Being in balance									
Experiencing the joy									
Being educated by relationships with the patient									
Being benevolent									
Relating theory and practice									
	Being able to find one's bearing at situation								
	Being self – realized								
					Understanding the communica-tion value				
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING EXPERIENCED									
Helping the patient									
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING EMPOWERING									
Helping the patient									
Educating the patient									
								Initiating the physician	

ROLE: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY	PHYSICIAN	OTHER SPECIALISTS
THEME: BEING SELF - EMPOWERED									
Being dutiful		Being dutiful							
Being obligated	Being obligated to permanent learning	Being obligated							
Being initiating									
Being concerned with the patient's wellness									
Being responsible									
	Being interested								
		Being influen-ced by personal education							
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING CARING									
Helping the patient									
Caring of the patient									
			Being tolerant						
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING OBLIGATED									
Being able to realize routine activity									
				Being obligated by the profession					

ROLE: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY	PHYSICIAN	OTHER SPECIALISTS
THEME: BEING COMMITTED									
Being constrained									
Being able to crated patient's safety									
Communicating with the patient									
Saving the patient									
	Being obligated formally					Being obligated formally			
	Being dutiful	Being dutiful							
		Being conscious							
		Being not emotional							
		Being qualified							
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING COMPETENT									
Being ready to act		Being ready to act							
Knowing the situation	Knowing the activity								
Knowing the helping ways		Knowing the helping ways							
Satisfying patient's needs									
Realizing the education		Being able to educate							
Being organized									
Choosing the activity tactics									
Analyzing the patient's situation									
Acting autonomously	Acting autonomously	Being able to realize activities independently							
	Acting professionally	Acting concretely							

ROLE: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY	PHYSICIAN	OTHER SPECIALISTS
THEME: BEING COMPETENT (CONTINUATION)									
Evaluating the situation									
	Being social								
	Being educated and cultivated								
	Performing the functions								
	Integrating theory and practice	Integrating theory and practice							
	Being able to act efficiently								
	Being able to concentrate								
		Being purposeful							
		Realizing the routine work							
		Realizing the necessary activities							
		Realizing the technical interventions							
		Being exact							
		Being self - coordinated							
		Documenting							
		Realizing the psychological interventions							
		Informing							
		Counseling							
		Realizing the functions							
		Being holistic in activity							
		Researching the activity							
		Diffusing the experience							

ROLE: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY	PHYSICIAN	OTHER SPECIALISTS
THEME: BEING COMPETENT (CONTINUATION)									
		Realizing the nursing care actions							
		Realizing the mechanical work							
		Realizing short – term activities							
							Solving the problems		
							Being able to nurse		
			Being reliable						
									Being able to mediate
									Being able to delegate
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING DEVOTED									
Satisfying the patient's needs									
Being oriented to patient									
'Using' the self									
Being reliable									
Being obligated									
Carrying in the 'deposit' in patient's recovering									
Helping the patient									
Consoling the patient									
Being creative in activity									
	Being humanness								
	Experiencing the feelings								
		Being sincere							
		Being honest							

ROLE: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY	PHYSICIAN	OTHER SPECIALISTS
THEME: BEING EXPERIENCING									
Being perceptible									
		Being in continuing involvement							
		Being in continuing hard experiences							
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING IN DIGNITY									
Preventing the self - helplessness									
	Having the personal standpoint								
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING FEELING ONE'S PART DEEPLY									
Being in dilemma									
Helping the patient									
	Being intuitive								
		Being in continuing involvement							
		Experiencing internally							
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING INFLUENCING									
Initiating the communication with the patient									
Assuaging the patient									
Empowering the patient									
Being able to convince the patient									
		Being competent							

ROLE: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY	PHYSICIAN	OTHER SPECIALISTS
THEME: BEING INFLUENCED									
Counseling the patient									
Being initiated by the patient									
Being empowered									
	Being influenced by family traditions								
	Being interested in novelties								
		Being influenced by continuing education							
							Being evaluated by neighbors		
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING IN COMMUNION									
Being caring									
Listening the patient									
Being in wardship									
Being educated by the patient									
Being directed by the patient									
Being tolerant									
Being sincere									
Being in contact with the patient									
Neighboring with the patient									
Evaluating the patient's state									
Mediating the contact			Being able to mediate						
Informing the patient			Communicating purposefully						
Educating the patient									
Being reliable									

ROLE: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY	PHYSICIAN	OTHER SPECIALISTS
THEME: BEING IN COMMUNION (CONTINUATION)									
	Performing activities independently								
		Being interflowed							
		Working in a team							
			Being intuitive						
			Being able to assuage						
			Being reliable						
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING DEPENDENT									
Being dependent on situation									
	Being dependent on personal 'roots' origin								
		Individualizing the nursing care							
		Being dependent on department specificity							
		Being dependent on context							
					Being in collaboration				
								Being dependent on physician's leadership	
								Being dependent on physician's activity	

ROLE: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY	PHYSICIAN	OTHER SPECIALISTS
THEME: BEING LIMITED									
Being in broken dignity									
Being in inertness									
	Being humbled								
	Being hurted								
	Being in time shortage								
	Not being able to ‘use’ the self								
	Being disappointed								
		Being indifferent							
		Being ‘narrowed’ in activity							
		Experiencing the helplessness							
		Being in dilemma between the practice and theory							
		Being not autonomous				Being not autonomous			
		Being in inadequacy between the work and education							
					Being ignored by colleagues				
					Being ‘pressed’ by colleagues				
								Documenting	
								Assisting the physician	
								Being part of physician’s activity	
								Being not autonomous in activity	
								Being not equivalent in a team	

ROLE: OVERLAPS AND DIFFERENCES BETWEEN SUBTHEMES FROM WHICH CONSIS THEMES IN EVERY DIMENSION (CONTINUATION)

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY	PHYSICIAN	OTHER SPECIALISTS
THEME: BEING LIMITED (CONTINUATION)									
						Being influenced by organization negatively			
						Being rigid in nursing care understanding			
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING EMOTIONAL									
	Experiencing the emotions								
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING INTUITIVE									
	Feeling intuitively								
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING REFLECTIVE									
	Being dutiful								
	Evaluating the importance of work								
	Discovering the role in the activity								
		Considering					Thinking critically		
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING EDUCATED									
							Being qualified		
PATIENT	**NURSE**	**ACTIVITY**	**PATIENT FAMILY**	**PROFESSION**	**COLLEAGUE NURSES**	**ORGANIZATION**	**SOCIETY**	**PHYSICIAN**	**OTHER SPECIALISTS**
THEME: BEING CALM									
			Being reliable						

ANNEX 10

PATIENT	NURSE	ACTIVITY	PATIENT FAMILY	PROFESSION	COLLEAGUE NURSES	ORGANIZATION	SOCIETY	PHYSICIAN	OTHER SPECIALISTS
THEME: BEING IN DILEMMA									
								Being in contradiction between feelings and external environment	
								Helping the physician	

ANNEX 1

MATRIX OF SEMANTIC ANALYSIS OF 'ROLE' CONCEPT: CONTENT OF EXTRACTS AND COMMENTS (Total: 6 references)

REFERENCE	CONTENT of EXTRACT	COMMENTS
THE WORDSWORTH CONCISE ENGLISH DICTIONARY (1993). UK: Wordsworth Editions Ltd. – p. 447.	*"…The actions or functions of a person in some activity, e.g. he played the role of peacemaker in the dispute…"*	• Contextuality • Dependence on concrete activity • Role includes functions or actions • Concreteness of a role
BLACKWELL'S DICTIONARY OF NURSING (1994). London: Oxford Blackwell Scientific Publications. – p. 590.	*"…The kind of behavior expected of a person because of his particular place in his social setting or situation, e.g., the mother's role, nurse's role, etc. Every person assumes or fulfils more than one role on occasion as demanded by his situation, e.g., the mother role and the nurse role may be enacted simultaneously…"*	• Contextuality and situativity • Role as a response to expectations of others • Complexity of roles and their integrity/ simultaneous realization • Concreteness of a role
CHURCHILL LIVINGSTONE'S DICTIONARY OF NURSING (1996). 17th ed. USA, N.Y.: Churchill Livingstone. – p. 325 – 326.	*"…The characteristic of social behavior of a person in relation to others in the group, e.g., the role of the nurse vis-à-vis that of the doctor…"*	• Element of social behavior • 'Works' in context of relations/interactions with others/in a group
	"…Role conflict – a person experiencing the conflict when acting the various roles, e.g. the role of being a teacher may conflict at times with that of being a clinical nurse-practitioner…"	• Roles could conflict in activity context
	"…Role performance includes the skills, communication, thinking, understanding, observing…"	• Role is 'alive' in performance • Role performance is based on technique (skills), interaction (communication), cognitive processes (thinking, understanding, observing)
MILLER-KEANE ENCYCLOPEDIA & DICTIONARY OF MEDICINE, NURSING AND ALLIED HEALTH (1997). 6th ed. Philadelphia, Pennsylvania: W. B. Sauders Company. – p. 1426.	*"…A pattern of behavior developed in response to the demands or expectations of others; the pattern of responses to the persons with whom an individual interacts in a particular situation…"*	• Contextuality and situativity • Role as a response to expectations • Element of social behavior • Role as a pattern
OXFORD ADVANCED LEARNER'S DICTIONARY (1998). N.Y.: Oxford University Press. – p. 1018.	*"…A function that a person or thing typically has or is expected to have, e.g. play a key/central/major, vital/significant role; take a more active role in something; the role of the teacher in learning process…"*	• Role as a response to expectations • Typicality of a role • Measurability of a role according to significance • Role as a way to show the status and power • Role includes functions • Concreteness of a role
DORLAND'S ILLUSTRATED MEDICAL DICTIONARY (2000). Philadelphia, P. A.: W. B. Sauders Company. – p. 1584.	*"…The behavior, pattern that an individual presents to others; the image projected by a person…"*	• Role as a pattern • Representativeness • Role is a personal image • Role is projected by a person

ANNEX 2

MATRIX OF SEMANTIC ANALYSIS OF 'MISSION' CONCEPT: CONTENT OF EXTRACTS AND COMMENTS (Total: 5 references)

REFERENCE	CONTENT of EXTRACT	COMMENTS
THE INTERPRETER'S DICTIONARY OF THE BIBLE [K-Q]. AN ILLUSTRATED ENCYCLOPEDIA (1991). - USA: Abingdon Press. – p. 404-405.	*"…The sending of representatives of a deity for the purpose of conveying a message or carrying out a task. In a longer sense, activities of a religious community dedicated to the propagation of its faith in other communities…"(p.404)*	• Mission has the purpose and carrying out the task • Mission is based on activities by which it becomes visible • Mission is related to fidelity to the idea • Mission is related to propagation of the idea in communities
	"…From time immemorial, messengers have traveled back and forth between peoples, bearing messages and performing acts as empowered representatives of their senders…" (p.404)	• Mission is 'transmitted' by 'messengers'–leaders and these are empowered by the community • Mission is spread through communication with people
	"…to impose the obligations upon…" (p.404)	• Mission is based on obligations
	"…propagation of particular religious traditions and techniques carried…by political, economic and personal concerns…to transfer the religious loyalty to…" (p.404)	• Mission propagates the particular philosophy (i.e. religious traditions) • Mission includes the specific techniques • Propagation of mission is related to political, economic and personal concerns • Mission reflects person's loyalty to…
	"…Political and economic implications are present even here, but they are the result, not the cause of religious attachment to…a missionary activity to…people…based upon some sort of known activity on the part of the…community …exercise the initiative in a purposive direction…" (p.405)	• Political and economic implications are the result of missionary activity, but not a cause of it • Missioners are empowered by the community • Mission needs to be initiated in a purposive direction
	"…the mission is separated from the process of diffusing…cultural and religious features…even this could not be identified without the particular culture…" (p.405)	• Mission is detached from the culture • Mission is not a process of diffusing
	"…missionary activities could be wide-spread and directed to religious and non-religious people…" (p.405)	• Mission is based on purposeful activities • Mission is directed to people
THE WORDSWORTH CONCISE ENGLISH DICTIONARY (1993). UK: Wordsworth Editions Ltd. – p. 328.	*"…a purpose for which person or group of people is sent…" (p.328)*	• Mission is performed by empowered people (person or group) on behalf of organization, community, etc. • Mission is oriented to concrete purpose
	"…The purpose for which one feels one was born…"(p.328)	• Mission is oriented to concrete purpose • Mission 'comes' from inside of a person, i.e. is related to vocation
	"…a group of people sent to have political and/or business discussions…" (p.328)	• Mission is delivered by empowered people/person • Mission could be related to political or business areas • Mission is purposeful
	"…a place, where missionaries live…" (p.328)	• Mission means a certain 'space' or 'environment'
	"…missionary – a person who is send to teach and spread a particular religion…" (p.328)	• Mission is delivered by empowered people/person • Mission is based on teaching and spreading processes
OXFORD ADVANCED LEARNER'S DICTIONARY (1998). N.Y.: Oxford University Press. – p. 746	*"…a group of people sent abroad on political or commercial business, e.g. British trade mission to China; go/send somebody on a fact-finding mission…" (p.746)*	• Mission is delivered by empowered people/person • Mission has its own purpose/aim
	"…a group of religious people sent to remote areas to teach others about…"(p.746)	• Mission has its own purpose/aim • Mission could be related to various areas, e.g. education
	"…a particular task done by a person or a group…" (p.746)	• Mission has its own particular task • Mission is delivered by empowered people/person

MATRIX OF SEMANTIC ANALYSIS OF 'MISSION' CONCEPT: CONTENT OF EXTRACTS AND COMMENTS (CONTINUATION)

REFERENCE	CONTENT of EXTRACT	COMMENTS
OXFORD ADVANCED LEARNER'S DICTIONARY (1998). N.Y.: Oxford University Press. – p. 746 [CONTINUATION]	*"…a particular aim or duty that one wants to fulfill more than anything else…" (p.746)*	• Mission has the particular aim or duty • Mission incorporates the fidelity
PREDELLI, L. (2001). Missionary women and feminism in Norway, 1906 – 1910. *NORA*, **1** (9): 37 – 52.	*"…women working in mission fields around the world challenged men's privileged position within the public sphere, and were part of a vanguard of women who, through their practices, showed that women could play important roles in public work…" (p. 39)*	• Mission could be performed in various fields • Mission is realized through the practical work • Mission performance empowers the performer
	"…to missionary women being granted voting and representational rights…could also draw upon the increasing power and influence that women gradually achieved within the missionary…" (p. 39)	• Mission performance gives the power and rights for performers • Through the mission performance the performer may influence, e.g. practice, people etc. • Mission performance empowers the performer
	"…Wherever it reached it had influence, [and] it helped to lift women's thoughts above the daily toil and struggle; helped many forward to a life …[and] became in many areas a liberation for women…" (p. 40)	• Mission encourages the performer • Mission stipulates the performer's thinking related to future planning • Mission emancipates the performer • Mission performance empowers the performer
VAITKEVIČIŪTĖ, V. (2001). The international Words' Dictionary. – Vilnius: Žodynas. – p. 641-642. [In Lithuanian language]	*"…Mission – responsible task, assignment/commission by order of somebody to perform something…" (p.641-642)*	• Mission has the own task • Mission is ordered by somebody (person, community, etc.) • Mission is visible by concrete performance/activity
	"…Missions – organized religious activity in order to have more confessants…" (p.642)	• Missions are visible by concrete activities • Missions are related to spreading of the 'key' idea in order to include more people who believe in this idea
	"…Missions – several days lasting activities in catholic churches (divines, sermons, common confession and the Holy Communion), that should strengthen religiousness of confessants…" (p.642)	• Missions are realized by specific activities • Missions have their own purpose oriented to strengthening
	"…Missions – in protestant churches are the activities of charity and religious education…" (p.642)	• Missions are oriented to charity and education

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (Total: 47 articles)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
HOLDEN, R. (1991). *Journal of Advanced Nursing*, **16:** 398 – 436**.**	Responsibility and autonomous nursing practice	To uncover the consequences of greater autonomy in nursing practice and to provide a philosophical and psychological analysis of responsibility in an effort to achieve a deeper understanding of the relationship this has with the concepts of 'freedom' and 'accountability'	Philosophical and psychological concept analysis	Autonomous practice implies accountability, which entails both personal and professional responsibility: a personal responsibility to endorse ethical conduct consistent with professional practice, and a professional responsibility to exercise discretionary powers to the ultimate benefit of the patient. In this context, discretionary responsibility implies: recognizing a patient's wants may not be consistent with a patient's needs; abstaining from collusion with non – compliant patients; supporting the patient's right to refuse treatment only after full psychological exploration; understanding the psychological ramifications of informed consent from a practitioner and recipient point of view; maintaining appropriate personal and professional boundaries; and fostering collegiate relationships with the medical fraternity grounded on egalitarian principles.
	CONTENT of EXTRACT			**COMMENTS**
	"…The level of responsibility in the nurse's role is minimized by the attempt to eliminate the use of discretion…" (p. 400)			• In nurse's role the responsibility and discretion is related by the inverse correlation
	"…In virtues of changing the patient allocation for each shift, the contemporary nurse has reconstituted the concept of patient – centered care to approximate, s closely as possible, to task – oriented care and, thereby, minimize or avoid the associated responsibility. This difficulty implies another related problem also alluded to…the conflict between attachment and detachment…" (p. 400)			• Contextuality • Patient – centering changing to task – orienting then attachment changes to detachment

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
SHAEFER, K. (1991). *Journal of Advanced Nursing*, **16:** 270 – 276.	Taking care of the caretakers: a partial explanation of clinical nurse specialist practice	To describe the clinical practice of clinical nurse specialist (CNSs)	Data were collected form three recorded care studies and interviews from a theoretical sample of 17 CNSs who had functioned in the CNS role for a minimum 1 year. Using the constant comparative method, transcribed interviews were line – coded and clustered to form groups of data that could be labeled as constructs.	• Caring was validated as the basic psychological process. • Scientific nursing included investigating and teaching humanistic caring included creating the new; showing the way, working with others; and taking care of the environment. • It was found that CNSs took care of the caretakers as well as the patients and their families.
	CONTENT of EXTRACT			**COMMENTS**
	"…The nurse enters into the life space or phenomenal field of another person, is able to detect the other person's condition of being (spirit, soul), feels this condition within him or herself and responds to the condition in such a way that the recipient has a release of subjective feelings and thoughts he or she had bee longing to release…" (p. 273)			• Nurse enters into the life of a patient • Being able to 'see' patient's spiritual health, i.e. being empathic
	"…Presence is the physical 'being there' and the psychological 'being with' the person for the purpose of meeting health needs…" (p. 273)			• Physical being with the patient: 'being there' • Psychological being with the patient: 'being with' • Purpose: to meet patient's health needs

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
BUSBY, A., GILCHRIST, B. (1992). *Journal of Advanced Nursing*, **17:** 339 – 346**.**	The role nurse in the medical ward round.	To investigate the four questions among which the one is directed to the nurse's role: "What is the nurse's role in the ward round and how appropriate is that involvement?"	The research instruments were: *1) An observation schedule* used to record the verbal interactions, which occurred. The verbal behaviors of all the participants on the ward round were coded directly by the researcher who was present as a non-participant observer during the rounds. *2) A semi-structured patient interview* schedule, which explained the ward round previously observed, ward rounds in general (patient involvement and participation). Interview within 3 hours lasting. *3) Questionnaire*, which contained a mixture of open, closed and fixed – alternative questions explaining patient involvement in ward rounds, the perceived function of the rounds staff knowledge of patients, the importance of various team members to the round and the role (both actual and ideal) of the nurse and the round. Presented the descriptive statistics (percents and numbers) and the qualitative results are shortly presented in reflecting way.	Outcomes: 1. Patients' views: round is an ideal setting for learning future plans and finding out about progress and planned treatment; with regard to obtaining information from professionals, more patients expressed a negative view of asking nurses than doctors; patients felt nurses did not have the knowledge, were not allowed by medical staff to answer or were too busy to be questioned. 2. Nurses' views: nurses believed that patients should be involved in ward-round discussion; patients were not confident enough to ask questions. The nurses felt that the nurse looking after particular patient were very knowledge-able about all aspects of that patient's condition and care. Nurses identified a number of roles for themselves on the round: patient advocacy, improving patient understanding, supporting and encouraging roles. 3. Consultants' views: they had a high opinion of nurses' knowledge, indicating that the nurse looking after patient had more knowledge of that patient than any other professional. Identified nurse roles: a team leader and leader of the round, participator in decision-making, patient advocacy.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
BUSBY, A., GILCHRIST, B. (1992). *Journal of Advanced Nursing*, **17:** 339 – 346**.** **(Continuation)**	*"…Nurses identified a number of roles for themselves on the round concerned mainly with providing information for medical staff … patient advocacy as part of their role, and…they often asked questions on their patients' behalf during rounds…also identified roles for themselves in improving patient understanding, a third…greater support and encouragement by the nurses would reduce misunderstanding and…identifying how patient confidence might be improved mentioned encouragement from nurses…" (p. 342)*	• Orientation to patient, i.e. interaction nurse-patient • Ethical aspects: supporting, encouraging, understanding, improving patients' confidence • Roles are related to informing and patients' advocacy
	"…Identified nurse roles on the round…acted as a team leader and leader of the round, and…participated in decision-making…patient advocacy …nurses often asked questions and the patients' behalf…" (p. 343)	• Orientation to patient: interaction nurse-patient • Roles are related to informing and patients' advocacy • Roles are related to active participation in decision-making • Working in a team as a team leader Realizing in a ward the role of leader of the round
	"…Nurses identified fairly subordinate functions for themselves on the round, such as providing and coordinating information. They did… identify advocacy as part of their role and…they should ensure that patients understood information given to them and create an environment in which patients feel supported…their role included ensuring patients' understood the discussion…" (p. 344)	• Orientation to patient: interaction nurse-patient • Advocacy as a main element of nurse's role • On the round nurse is a leader of providing and coordinating information Ensuring patient's understanding • Creating the supporting environment

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
FITZPATRICK, J., WHILE, A., ROBERTS, J. (1992). *Journal of Advanced Nursing*, **17:** 1210-1219.	The role of the nurse in high – quality patient care: a review of the literature.	To reveal a range of the nurse's subroles within the service of nursing	Critical literature analysis, integrating the inductive and deductive way of thinking.	High quality nursing performance demands from nurse's role competence in the application of theory and skills in the clinical environment. These skills include the mastery of psychomotor and affective skills in addition to the nurse's critical, creative and reflective thinking abilities. The nurse is expected to demonstrate a holistic approach to health care with attitudes and skills favorable to client and consumes participation, and implicit in this is the duty of accountability for sound professional practice.
	CONTENT of EXTRACT			**COMMENTS**
	"…The nurse's role in health education and health promotion emphasizes on…nurses must be competent, therefore, in the provision of health education and health promotion and to achieve this the nurse requires a variety of skills and knowledge…" (p. 1214)			• Nurse's role includes skills, knowledge • Nurse realizes the role of health educator • Nurse's role is related to competence
	"…The nurse's role includes cognitive skills, which are related to nursing competence. This competence involves more than knowledge and skill; also included within this domain are the process of critical, creative and reflective thinking, decision-making, and problem-solving…" p. 1214)			• Nurse's role is related to competence • Nurse's role includes skills, knowledge • Nurse's role is based on cognitive processuality: thinking, decision – making, problem-solving

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
THOMAS, L. (1992). *Journal of Advanced Nursing*, **17**: 373 – 382.	Qualified nurse and nursing auxiliary perceptions of their work environment in primary team and functional nursing wards.	The aims are twofold: 1) To compare the differential contribution to nursing care of nursing auxiliaries and qualified nurses in care of the elderly wards. 2) To determine the effect of three methods of nursing organization (primary nursing, team nursing and functional nursing) on the work and work perceptions of qualified nurses and nursing auxiliaries.	• The sample for the study comprised nine care of the elderly wards; three each using primary nursing, team nursing and functional nursing as their method of care organization. • In each ward, four qualified nurses and four nursing auxiliaries were chosen randomly from the duty rota; hence there were 12 qualified nurses and 12 nursing auxiliaries in each organizational modality. • For data collecting was used the self – completing questionnaire with close – ended questions. • For data analysis of: 1) qualitative data was performed Kruskal Wallis tests with the level P = 0,05 of significance; 2) qualitative data was analyzed by description systemic content analysis, i.e. giving comments on 'key' aspects that were extracted by the researcher.	• Comparing qualified nurses' role's performance across organizational type, qualified nurses in primary nursing wards perceived significantly greater autonomy, supervisor support, and physical comfort than their team and functional counterparts. They also perceived less work pressure than team-qualified nurses. • Primary qualified nurses perceived greater involvement and innovation, but less control exerted by management over their work than functional qualified nurses. • Qualified nurses on primary nursing wards perceived themselves as more autonomous than qualified nurses in either team of functional nursing wards. This is in keeping with the criteria of devolution of responsibility form the ward sister and greater autonomy among primary nurses; each primary nurse is responsible for her relations and could be made accountable for these. • In team and functional nursing wards the ward sister retained overall responsibility for patient care, with a reduced of autonomy given to and felt by other staff members. • Primary qualified nurses perceived greater involvement in their work than functional qualified nurses. • Nurses in primary nursing wards perceived a greater sense of innovation than nurses in their functional counter parts. • Primary qualified nurses perceived greater involvement in their work than functional qualified nurses.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
REFERENCE	**CONTENT of EXTRACT**			**COMMENTS**
THOMAS, L. (1992). *Journal of Advanced Nursing*, **17**: 373 – 382. **(Continuation)**	*"…In nurse's role performance the responsibility mean not only responsibility to the patients, but also to peers and for communication within her group of nurses … nurses are also responsible for care delivered in their absence by associate nurses provided it was documented in the care plan…" (p. 376)*			• Being responsible to patients and nurses colleagues • Being responsible for actions and written abstractions in caring plan
	"…Very valuable for nurse's role to understand the philosophy of the ward…The philosophy predominant in all primary nursing wards was one of providing holistic and individualized care through continuity of nurse – patient allocation…" (p. 380)			• The nurse's role is connected to philosophy of the ward that includes the holistic and individualized care provision, and continuation of nurse – patient interaction
	"…Nurse's role aim is to give individualized care in partnership with the patient…" (p. 380)			• Nurse's role is performed through the partnership between the nurse and patient • Orientation to patient
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
DAVIES, E. (1993). *Journal of Advanced Nursing*, **18**: 627 – 636.	Clinical role modeling: uncovering hidden knowledge.	To determine whether the observation of clinical role models leads students to discover knowledge embedded in clinical practice.	• Qualitative unstructured interviews of nurse – students, patients, health care team members. • The data were analyzed using thematic analysis, which searched for similarities leading to major and minor themes within the data. Coding, memo, writing and diagramming were used extensively in the thematic analysis.	Identifying attributes, which role models possessed: *1) Positive*: compassion, caring, confidence, gentleness, patience, calmness, flexibility, acceptance. *2) Negative*: rigidity, indiscretion, disrespect. *3) Role models impact* on care provision nurse/client interaction.
	CONTENT of EXTRACT			**COMMENTS**
	"…The good nurse was seen as one who demonstrated caring, showed respect for others, had positive attitudes towards work and service, had a high level of ability and was a person of moral integrity…" (p. 628)			• Ethical behavior: to show respect, responsibility (positive attitudes towards work and service), morality (a person of moral integrity) • Nurse's role is related to caring • Nurse's role includes high level ability

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
DAVIES, E. (1993). *Journal of Advanced Nursing*, **18**: 627 – 636. **(Continuation)**	*"…Clinical nurses' role is seen to interact with students: in a helpful, flexible, egalitarian manner; to provide encouragement; to give patient explanation of rationales; provide learning experiences; assess levels of competence; express interest…" (p. 631)*	• Orientation to patient and students, i.e. interaction nurse-patient, nurse-students • Personal qualities: flexibility, expressing interest • Ethical behavior: egalitarian manner • Nurse's role involves informing • Nurse's role is related to education (provide learning experiences) and cognitive processuality (ability to access levels of competence)
	"…Clinical nurses' role is seen to interact with clients: in a caring confident manner to give expert care; treat clients holistically, teach clients; meet clients requests…" (p. 631)	• Orientation to patient and students, i.e. interaction nurse-patient • Ethical behavior: confidentiality • Nurse's role includes the holistic standpoint • Nurse's role is related to education (teach patients) • Nurse's role is related to caring • Personal qualities: being sensitive/empathic (meeting patients' requests) • Nurse's role includes the practical experience (to give expert care)
	"…Clinical nurse's role is seen to interact with health care team: in a calm, organized, well-informed manner; to provide an overview of client situation; provide expert advice; share experiences and coping strategies; continue learning; be treated with respect…"(p.634)	• Orientation to colleagues in a team context, i.e. interaction nurse-colleagues • Nurse's role includes these elements: informing, evaluating, advising, organizing • Ethical behavior: be treated with respect, interact in a calm manner • Nurse's role is oriented to collaboration with colleagues: share experiences and coping strategies • Nurse's role includes the self-empowerment to continuing learning

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
TITCHER, A., BINNIE, A. (1993). *Journal of Advanced Nursing,* **18:** 1054 – 1065.	What am I meant to be doing? Putting practice into theory and back again in new nursing roles.	To document and reflect upon the complexity of establishing new nursing roles, the devolution of authority and the shift in power relationships within the ward team and the confusion and pain caused by role ambiguity and to show how could be addressed these problems through the action research.	Action research, which includes case studies, participant observation, in depth interviews and review of documentation. Phenomenological approach to the qualitative data analysis was devised. Data were analyzed in three stages: 1) Developing themes from an analysis of 6 transcripts, going backwards and forwards between the transcripts and the field-notes; the emerging themes were the second order constructs on abstractions, which were common across the 6 cases; constructs arose from authors' own knowledge, drawing on the social sciences, where relevant. The themes were validated in part by seeking each nurse's reaction to the abstract account of her data. 2) The Second order constructs were elaborated; 3) these constructs were tried out on the rest of the data; the themes provided a tentative theoretical framework for the analysis of the rest of the data.	The 11 themes emerged from the case study and the central theme "What am I supposed to be doing?" This theme relates to problems, experienced by all nurses, associated with the definition and development of the new roles: wrong role identification and wrong team expectation. Nurses gave perceptions of their role in a team, in ward and as a primary nurse role.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
TITCHER, A., BINNIE, A. (1993). *Journal of Advanced Nursing*, **18:** 1054 – 1065. **(Continuation)**	*"…The term 'role' encompasses the complex of behavior, attitudes, feelings and values which characterize an individual under a particular set of interpersonally significant circumstances and which come to be expected by others…" (p. 1059)*	• Elements of nurse's role: behavior, attitudes, feelings, values • Role is a response to expectations of others • Role is dependent on circumstances, i.e. it is contextual
	"…Nurses as team leaders' perceptions of their role: • *What am I there for? Facilitator, evaluator, provide constructive feedback, sounding board, supporter, advisor.* • *What is expected of me? Taking initiative, thought provoker, coordinator, and source of knowledge, ward management.* • *What do I offer? Motivator, listener, democratic leadership…" (p. 1061)*	• Nurse's role is related to team as being a team leader • Nurse's role includes three aspects: purpose (what am I there for?); accountability and responsibility (what is expected of me?), nurse's understanding about her/his role and realizing it (what do I offer?). • Nurse's role is oriented to these areas: management (taking initiative, coordinator, ward management, democratic leadership, team leader), social psychology (motivator, supporter, thought provoker, motivator, listener), education (source of knowledge, provide constructive feedback, advisor). • Nurse's role is oriented to interaction with colleagues

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
TITCHER, A., BINNIE, A. (1993). *Journal of Advanced Nursing*, **18:** 1054 – 1065. **(Continuation)**	*"…Nurse's role at ward includes those questions and their content:* • *What do we expect? Coordinator, facilitator of staff development, advisor for team leaders/members, clinical expertise, support for team leaders, work in teams …informative role regarding wider issues, spokesperson, liaison, mediator/diplomat, problem solver, innovator, democratic leadership, control of ward budget.* • *What do others expect? In charger, knows everything, what she/he says, goes.* • *What should she offer? Motivation, approachability, supporter, professional growth, good listener, communicator, trust staff, delegate, relinquish power, allowing team autonomy…" (p.1061)*	• Nurse's role includes two aspects: accountability and responsibility (what do others expect? What do we expect?); nurse's understanding about her/his role and realizing it (what should she offer?). • Orientation to teamwork • Nurse's role is oriented to these areas: management (coordinator, democratic leadership, team leader); social psychology (motivator, supporter for team leaders, good listener); education (professional growth), nursing (clinical expertise). • Ethical behavior: diplomat • Important – informative role and innovator/change agent
	"…The nurse's role includes answers to these questions: • *What am I there for? Work with patient, prescribe/ implement/ evaluate care, discuss changes in care, assume overall responsibility for patient, individualized care, patient family, holistic approach, plan ahead, adviser.* • *What do others expect of me? Initiative, comprehensive planned case, knowledge, skills, experience, trust, and recognition.* • *What do I offer? Research-based knowledge, expertise, experience, friendship, empathy, reliability, enthusiasm, communication skills, openness to suggestions, accept criticism, create learning atmosphere, approachability, ability to support, confidence, competence, sense of humor…" (p.1062*	• Nurse's role includes three aspects: purpose (what am I there for?); accountability and responsibility (what is expected of me?), nurse's understanding about her/his role and realizing it (what do I offer?). • Orientation to patient and his/her family • Ethical behavior: confidence, holism, assume overall responsibility for patient • Role's elements: skills, competence, knowledge, expertise, experience • Nurse's role is oriented to these areas: management (comprehensive planned case); social psychology (ability to support, empathy); education (create learning atmosphere), nursing (expertise). • Personal qualities: enthusiasm, sense of humor, initiative, openness • Role is related to care • Important – communication skills

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
WHILE, A. (1994). *Journal of Advanced Nursing*, **20:** 525 – 531.	Competence versus performance: which is more important?	To explore the link between nurse's competence and performance and illuminate the factors affecting nursing practice.	The extensive literature analysis.	• Competence is the basis of nurse's role and is seen as indicative of a degree of capability deemed sufficient in a particular activity and includes knowledge, skills, attitudes, performances and levels of sufficiency. • Links between competence and performance is seen through nurse's role, when she/he is able to perform the objectives effectively on different occasions (including dealing with unexpected occurrences) and in different contexts. • Factors that affect nursing performance are the following: expectations of the health care institution, of work colleagues, of reference group such as professional organizations, own expectations and own role image.
	CONTENT of EXTRACT			**COMMENTS**
	"…The notion of competence is concerned with what people can do rather than with what they know…it is a questionable assumption that an individual who can do something at particular point in time will continue to be competent…there is a difference between what an individual should be able to do at an expected level of achievement and what they actually do in the real – life setting…" (p. 526)			• Illumination of importance in experiencing 'know how' • Distinct the capacity for performance and the nature and quality of performance itself
	"…It is important that the performance of the performance of the practitioner's role in the real – life situation should be the focus of concern prior to registration… (p. 529)			• Nurse's role is connected to real – life situation Importance of prior focusing on concern
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
ALAVI, CH., CATTONI, J. (1995). *Journal of Advanced Nursing*, **21:** 344 – 349.	Good nurse, bad nurse…	To take a historical perspective, arguing that gender, class, and education limit the range of speaking positions available to the nurse.	Historical research.	• The good nurse as one in whom personal attributes have become fused with professional ones. • The core of nurse's role is the individual nurse and the beliefs he/she holds about him/herself and nursing. • The practice of medicine is placed outside the realm of nurse's role.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

<table>
<tr><th colspan="5">ARTICLES</th></tr>
<tr><th>REFERENCE</th><th colspan="3">CONTENT of EXTRACT</th><th>COMMENTS</th></tr>
<tr><td>ALAVI, CH., CATTONI, J. (1995). Journal of Advanced Nursing, 21: 344 – 349.

(Continuation)</td><td colspan="3">"…The good nature, which includes good humor, and excludes pride, fear, self – regard, those common sources of unhappiness; the good or common sense, bringing intuition and the ability to put the art of nursing into practice simply and naturally and the good manners, which put people at ease…it is doubtful whether nurses' role can be as well done when it is taken up simply as a career than when it is inspired by a spiritual ideal…sacrifice is essential…" (p. 345)</td><td>• Nurse's role includes positive personal characteristics: humor, good common sense, intuition, good behavioral manners
• Important: being able to integrate nursing art with nursing practice
• Nurse's role is based on spiritual ideals, where the sacrifice is the 'core'</td></tr>
<tr><th>AUTHOR</th><th>TITLE</th><th>AIM</th><th>METHOD</th><th>GENERAL RESULTS</th></tr>
<tr><td rowspan="4">MILLER, S. (1995). Journal of Advanced Nursing, 22: 494 – 501.</td><td>The clinical nurse specialist: a way forward.</td><td>To examine clinical nurse specialists from an intensive care unit perspective.</td><td>Reflection of theoretical texts.
Reflective meta-analysis</td><td>Outcomes:
1. Envisaged role of the clinical specialist includes components – clinical expert, resource consultant, educator, change agent, researcher, and advocate.
2) Essential personal qualities as a part of a role: to listen, to portray beliefs and facts intelligently and articulately, to be flexible, honest and accountable</td></tr>
<tr><td colspan="3">CONTENT of EXTRACT</td><td>COMMENTS</td></tr>
<tr><td colspan="3">"…Role of nurse in critical care includes specific competencies: clinician, educator, researcher, consultant (resource), administrator/change agent…" (p.494)</td><td>• Roles includes specific subroles that need specific competencies: clinical, education, research, consulting, administrating, initiation and coordination of changes</td></tr>
<tr><td colspan="3">"…An excellent list of the contributions a critical care nurse should make within a critical care setting: 1) deliver comprehensive patient care; 2) serve as a role model to staff; 3) increase quality care; 4) orientate and train staff; 5) identify topics amenable to research; 6) research clinical problems; 7) apply research findings to the nursing care of critically ill patients; 8) consult on complex nursing problems; 9) develop tools to evaluate patient care, learning and quality care; 10) initiate change, when needed…" (p.497-498)</td><td>• Orientation to complexity of nursing activity, colleagues, self and patient
• Nurse's role includes the detailed functions: nursing area (delivering patient care, increase quality care); educational area (train staff, consult on complex nursing problems); research area (identify topics to research, research clinical problems, apply research findings to the nursing, develop various evaluation tools); management area (initiate change)</td></tr>
</table>

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
REFERENCE	**CONTENT of EXTRACT**			**COMMENTS**
MILLER, S. (1995). *Journal of Advanced Nursing*, **22:** 494 – 501. **(Continuation)**	*"…To fulfill the demands of this exciting role the nurse not only needs or graduate background with requisite professional qualifications but also personal qualities. The personal qualities would need to be an air of dynamism, and excellent communication skills – not only the ability to really listen, but to portray beliefs and facts intelligently and articulately…" (p.500)*			• Role = qualification + personal qualities • Important – communication skills
	"…The nurse also needs the ability to be flexible so that she/he may work in many situations and be prepared to work different shifts as the need arises…" (p.500)			• Role is related to contextuality and includes situational management
	"…The nurse also possess management and delegation skills, but also recognize that person cannot be all things to all people in such a broad role, and be able to readily relinquish areas if necessary for the greatest benefit to staff and patients…" (p.500)			• Orientation to patients and colleagues • Important – management and delegation skills (orientation to management area)
	"…The nurse must be accountable and honest so that contracted hours are fulfilled…" (p.500)			• Ethical behavior: honesty, accountability
	"…I believe that if a nurse can combine…personal attributes with professional qualifications…"(p.500)			• Role includes the qualification combined with personal qualities
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
SCOTT, A. (1995). *Journal of Advanced Nursing*, **22:** 323 – 328.	Role, role enactment and the health practitioner.	To analyze the concept of role of the role of the health care practitioner, to clarify what it is reasonable for society to expect form its health care practitioners, from the moral point of view.	Critical literature analysis	Tie author argues that the most helpful way to view the connection between a person and her/ his role is one in which the individual interacts with and is for-med by her/his role and in turn shapes and influences the role. Tie latter is evidenced by the quality of the person's role enactment. This interactive relationship between person and role has particular implications for the education of health care practitioners. Tie author argues that the quality of the practitioner's role enactment and moral sensitivity has a direct bearing upon patient care. Given this is the case emphasis should be placed on the ideas of role, role enactment and moral strategy during the education of health care practitioners.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
SCOTT, A. (1995). *Journal of Advanced Nursing*, **22:** 323 – 328. **(Continuation)**	*"…A useful way to begin to look at the role of the health care practitioner is to look at the occupations of health care practice…" (p.325)*	• Role is connected to occupations o health care practice
	"…The health care practitioner also has reasonably clear aims: that of alleviating suffering and the care and/or cure of the sick. Therefore, the occupation of health care practitioner, be it that of nurse; accurately definable not solely in terms of role, or skills, or aims, but only in terms of all three."(p.326)	• The role has its aims that are oriented to alleviating suffering and care and/or cure of sick (orientation to patient) • The role, skills and aims are the three connected components
	"…The quality of role enactment comes from the character of the person in the role…the role helps to form the character of the person supporting or functioning in the particular role. This may at least partially be because of the type of interaction between the health care practitioner and the person as patient…" (p.327)	• Character of a person is a part of the role • The role influences the formation of personal character • The role is influenced by the interaction between the nurse and patient
	"…The occupation of the health care practitioner as an interaction of role, skills and aims. It is important that the health care practitioner recognizes that in taking on the role of nurse…she/he is taking on a particular role with identifiable rights and duties. This recognition should lead the practitioner to the insight that she/he is responsible for taking on the particular role and for fulfilling the duties demanded of the role competently…" (p.328)	• The role, skills and aims are the three connected components, included into the health care occupation • Role is based on nurse's rights and duties • Role enactment empowers the nurse to reflect the role in order to have insights on it • The role enactment is the expression of nurse's competitiveness • The nurse takes responsibility about the role enactment

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
RASMUSSEN, B., NORBERG, A, SANDMAN, P. (1995). *Cancer Nursing*, **18** (5): 344 – 354.	Stories about becoming a hospice nurse: reasons, expectations, hopes and concerns.	To illuminate the experience of becoming a hospice nurse, especially the nurses' reasons for wanting to work in a hospice, their expectations, hopes and concerns about their future work.	19 nurses were asked to narrate their reasons, expectations, hopes and concerns about their future work as hospice nurses. Tie stories were analyzed using a phenomenological – hermeneutic approach inspired by the philosophy of Ricoeur.	The tensions between endurance and enjoyment seem to be the essential feature of the nurses' stories. The nurses who were experienced in terminal care hope and expect to enjoy being hospice nurses, are able to give good terminal care, that is, that nursing care is experienced as being meaningful. Those nurses who are inexperienced in terminal care hope and expect that they will be able to give and grow as people and to develop as professionals but do not yet know what to make of their experiences.
	CONTENT of EXTRACT			**COMMENTS**
	"…Close relationships are considered to be the core of hospice nurse's role. To establish a relationship…is in itself or prime objective, but also, for the experienced nurses, it is a necessity for providing good nursing care. Time, honesty, reciprocity, and courage were seen as fundamental to a close relationship… (p. 347)			• Close relationships with the patient • Important: spend the time with patient • Creating reciprocity with the patient • Personal qualities: honesty, courage
	"…Most nurses thought that personal qualities such as being honest, being able to differentiate between one's own needs and the needs of the guests discernment and humor are of great importance than technical skills and medical knowledge in nurse's role performance…" (p. 348)			• Personal nurse's qualities have the bigger 'weight' that technical skills and medical knowledge in nurse's role
	"…The hope and expectations of the nurses are, through nurse' role performance to maintain a focus on living. The nurses hope to create a supportive environment and good palliative care. Togetherness is expected and hoped for in the close relationships with guests, families and colleagues. They hope to help the dying person and the family to live as fully as possible, and to help them with the reconciliation of what has been and what is yet to come. If they can do this, the nursing care becomes meaningful, they can counterbalance the meaningfulness, and thereby can experience meaning in being a hospice nurse…" (p. 351 – 352)			• Creating supportive environment through interaction with patients, families, colleagues • Experiencing togetherness through interaction with patient and/or their relatives and/or colleagues nurses • Helping the patient to live in full value with the reconciliation through 'here and now' and informing about future events
	"…Pain treatment, medical, and technical skills are perceived as being based on medical knowledge, and seem not to be integrated into a nursing context…but 'inside' of nurse's role…" (p. 353)			• Pain treatment, medical knowledge and technical skills are the elements of nurse's role

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
ADAMS, T. (1996). *Journal of Advanced Nursing*, **23** (6): 1177 – 1184.	A descriptive study of the work of community psychiatric nurses with elderly demented people	To examine the work of community psychiatric nurses (CPNs) with elderly demented people	A total of 14 cases, taken from the caseloads of four CPNs, were examined by direct observation of CPNs' practice and in – depth interviews. The data were analyzed using a method suggested by Dey (1993). The validity of the findings was check internally by means of respondent validation and externally by CPNs from other teams working with elderly demented people.	It was found that the CPNs operated two strategies: one directed towards the client and the other towards the family. The process underlying these strategies consisted of five overlapping phases: assessment, planning, intervention, evaluation, and termination.
	CONTENT of EXTRACT			**COMMENTS**
	"…The four modes of interventions related to nurse's role observed in practice were identified…monitoring, counseling, education, networking…" (p. 1181)			• Nurse's role includes four type interventions: monitoring, counseling, education, networking
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
CLIFFORD, C. (1996). *Journal of Advanced Nursing*, **23** (6): 1135 – 1141.	Role: a concept explored in nursing education.	To explore 'role' and to consider the implications of this concept when undertaking research into the work nurses do.	Concept analysis.	Role of the nurse is indicative of components of nurses' work. To achieve role mastery clarity of boundaries of a given role must be identified and accuracy of perception of that role is evident. This mastery is linked to social learning, which implies that there is a need for role models on whom nurses can match their performance.
	CONTENT of EXTRACT			**COMMENTS**
	"…A nurse's role, it is recognized that any given role can be described in component parts. In nursing, component parts of a role may be a clinical role, a managerial role, a teaching role and a research role…" (p. 1138)			• Nurse's role is divided into four components: clinical, managerial, teaching and research

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
SNOWBALL, J. (1996). *Journal of Advanced Nursing*, **24:** 67 - 75.	Asking nurses about advocating for patients: 'reactive' and 'proactive' accounts	To explore understandings of the concept by adult nurses from general medical and surgical wards.	Sample: 15 adult nurses from general medical and surgical wards. Audio taped semi – structured interviews were used for data collection. Data were analyzed using hermeneutical method. Categories were generated and presented here by direct participant quotes derived from the interview transcripts.	To participants the suggestion that the adoption of the advocacy role by nurses represents a power struggle with other professions does not seem to be a case. Participants appeared quite clear that the cultural environment in which care is situated and advocacy occurs should be one which values all contributions equally and which puts the patient, rather than any member of the health care team at the powerful center of care. The advocate role was not seen as an opportunity to gain power for nursing constraints of the health care system it might provide and opportunity to proactively influence patient care outcomes and enhance the environment of care such that advocacy would be facilitated.
	CONTENT of EXTRACT			**COMMENTS**
	"…All participants stressed the importance for the…role of building a therapeutic relationship with patients…" (p. 71)			• Being able to create a therapeutic relationship with patients
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
WILLARD, C. (1996). *Journal of Advanced Nursing*, **24:** 60-66.	The nurse's role as patient advocate: obligation or imposition?	To explore the issues of advocacy and it's meaning in health care more fully, in order to establish the extent to which the UKCC is entitled to make such demands on its members.	The critical literature analysis was performed, which integrated inductive and deductive thinking.	The central features to advocacy are illuminated in order to promote clarification of the concept; these include the patient's rights and interests in health care, the moral status of patient autonomy, and the obligations owed to patients by nurses and the work of independent advocacy schemes. It is suggested that the literature tends to confuse advocacy with beneficence which duties the significance of advocacy in health ca-re, and that nurses have no special function as patient advocate.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
REFERENCE	**CONTENT of EXTRACT**			**COMMENTS**
WILLARD, C. (1996). *Journal of Advanced Nursing*, **24:** 60-66. **(Continuation)**	*"…This raises a very interesting question: by what authority does the nurse assume the obligation of representing the patient's interests or preferences? For example, if the patient is capable of autonomy, then the authority to act as representative must derive from the patient's informed consent, otherwise the nurse may also be guilty of transgressions against the patient's autonomy…" (p.64)*			• Nurse's role is related to obligation • Nurse's role's direction is dependent on patient's interests • Role is oriented to patient and interaction nurse-patient • Nurse's role is realized in order do no break patient's autonomy
	"…Nurse…should assume the role only after thorough exploration of the considerable implications for both nurse and patient…"(p.65)			• Role 'gives' implications for both patient and nurse • Role's specificity arises from the interaction between the nurse and patient
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
EDWARDS, S. (1996). *Journal of Medical Ethics,* **22** (2): 1 – 7.	What are the limits to the obligations of the nurse?	To enquire into the nature and the extent if the obligations of nurses.	Theoretical study. Concept analysis.	• Nurses are under a professional obligation to act always in such a way as to promote and safeguard the interests and well – being of patients and clients. • Nursing is the kind of occupation, which is essentially concerned with promoting well – being and it can be claimed that it is part of a nurse's role. • The duties, which accompany the taking of such a station to place the well – being of patients and clients especially highly in the ordering of nurse's moral priorities.
	CONTENT of EXTRACT			**COMMENTS**
	"…By entering into nursing profession nurses take on certain professional obligations. Nurses have obligations to respect confidentiality…the religious beliefs of patients…but in addition to these professional obligations…nurses are undercertain moral obligation. What is suggested is that nursing is not the kind of occupation which people enter simply for the financial rewards, rather nursing is entered by persons who, by and large, want to help others want to do good…" (p. 2)			• Nurse' role includes two types of obligations: professional and moral • Orientation to helping patients and striving for their well - being

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
HARRIS, A., REDSHAW, M. (1996). In: *Nursing Care of Children*, *Advanced Nursing Series*. Ed. J. P. Smith. – UK: Blackwell Science. – p.166 – 176.	The changing role of the nurse in neonatal care: a study of current practice in England.	To reveal the aspects of changing role of the nurse in neonatal care	Sample: 929 nurses practitioners. Data collecting: questionnaires with closed – ended questions and interviews. Data analysis: descriptive statistical analysis and χ^2 test was used and quantitative content analysis was performed.	• The findings revealed that in neonatal nurse's role a task – oriented approach to nursing developments and nursing care practice is dominated. • Areas of skill involving more invasive procedures, the use of advanced technical equipment, or in which decision – making is an integral part, clearly have yet to be accepted as part of the role on a broad scale. • From many perspectives the changing role of the neonatal nurse is much a function of changing perceptions of the nursing and medical interface as of the specific activities employed in the role. To many neonatal nurses, the changing role should include areas such as training, education, research, and family – centered care.
	CONTENT of EXTRACT			**COMMENTS**
	"… In nurse's role a task – oriented approach to nursing developments and nursing care practice is dominated…Areas of skill involving more invasive procedures, the use of advanced technical equipment, or in which decision – making is an integral part, clearly have yet to be accepted as part of the role on a broad scale…From many perspectives the changing role of the …nurse is much a function of changing perceptions of the nursing and medical interface as of the specific activities employed in the role… to many …nurses, the changing role should include areas such as training, education, research, and … care…" (p. 175)			• Nurse's role is based on task - oriented approach • Nurse's role is performed in technical level (technical skills) and cognitive level (decision – making, perceptions) • Nurse's role is based on functions' performance • Nurse's role includes these areas: training, education, research, and care

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
WALKER, A. (1996). *International Journal of Nursing Practice*, **2:** 40 – 44.	The 'expert' nurse comforter: Perceptions of medical surgical patients.	To describe informants perceptions of the 'good' and 'expert' nurse	The transformational mode of Paulo Freire's whereby the [nurse] student becomes through moving to a level of critical awareness. The mapping was used in two groups of nurse students in order they identify themselves in nurses roles within micro and macro structures of their world work.	• Thoughtful practice is not enough if insights derived from reflection one capable of modifying our realities. • Obligations to patients and clients outweigh other competing nurse's obligations. • The core of nurse's role is the individual nurse and the beliefs he/she holds about him/herself and nursing.
	CONTENT of EXTRACT			**COMMENTS**
	"…Good nurses in their role performance were nurses who knew what to do in order to get the patient comfortable…" (p. 41)			• To 'know – how'
	"…Nurses were comforting when they were aware of patients discomfort, showed some concern and tried to help. There were instances in which nurses used sensitivity, tact, and, occasionally, dry humor, to minimize moments of acute embarrassment for patients…" (p. 41)			• Being supporting the patients • Being concerning about and helping the patients • Having these personal qualities: sensitivity, tact, sense of humor
	"…Nurses who came in and out here seen to be keeping an eye on things. This friendly, protective surveillance was particularly comforting, and nurses who made nursing visits, as distinct from the times when they came in specifically to do tasks and then went away…" (p. 42)			• Being concentrated and managing the situation • Being friendly with the patient • Making nursing visits those are oriented to patient's social, spiritual needs and supporting the patient

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
WHILE, A., BARRIBALL, K. (1996). In: *Nursing Care of Children*, *Advanced Nursing Series*. Ed. J. P. Smith. – UK: Blackwell Science. – p.56 – 74.	School nursing.	To reveal the school nurses roles and to illuminate the nurse's roles contributions to health of school children.	The sample consisted from 381 school nurses (UK). The data was collected by means of questionnaires. The data was analyzed by SPSS for Windows version 6.0 presenting the Pearson's correlation, Cronbach alpha and values of descriptive statistics.	• In a climate of economic stringency, the school health service is under mounting pressure to demonstrate its usefulness and cost – effectiveness; it has been recognized that the school health service has been dogged by a lack of understanding compounded by poor – quality information about what type of health service school children actually receive. School nurses still give 'the invisible service' with the role performance in it. • The research results suggest that school nurses have the potential to make a major contribution to the health of school children, however their current role appears to vary enormously nationwide in the UK and the issues of competency for the role and integration into the school team need addressing.
	CONTENT of EXTRACT			**COMMENTS**
	"…The role of school nurses to be related to screening and the least important function included health education work…" (p. 68)			• Nurse's role includes technical aspect (screening) and education aspect (health education)
	"…The school nurse is in an ideal position to act as a link between parents, teachers and other professionals…those who made contacts, do so consistently…" (p. 69)			• Nurse's role includes the relationships with clients (children), their parents (family members), other professionals • Nurse plays a key role in connecting patients, their relatives and other professionals

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
BOUSFIELD, C. (1997). *Journal of Advanced Nursing*, **25:** 245 – 256.	A phenomenological investigation into the role of the clinical nurse specialist.	To investigate how a group of clinical nurse specialists think and experience their role and review the literature on the clinical nurse specialist from 1943.	The research tool – interview schedules. The interviews were an attempt to gain an understanding of the thoughts and feelings experienced by clinical nurse specialists in their role. Through intensive dialogue on the part of the interviewees the researcher encouraged the clinical nurse specialists to enlarge on their experiences, seeking effective responses through open questions allowing them to create their own sense of reality. The method suggested by Giorgi *et al* (1975) for data analysis was used. In the first instance the researcher read the transcripts of the interviews, where the clinical nurse specialists described their experience within their role, in order to get a sense of the whole. Secondly, the transcripts were read again identifying transitions or units in the experiences called constituents. Thirdly, redundancies in the constituents were eliminated, clarifying and elaborating the meaning of the remaining constituents by relating them to each other in clusters and the whole experience. Fourthly, the researcher reflected on the given constituents and transformed the meanings from concepts into language. Fifthly, the essences of the phenomena being studies were presented as elements and the synthesized to analyze the dimensions of their lived experience.	Findings of the study suggest that clinical nurse specialists are experienced practitioners who strive to be in positions in which they influence patient care and utilize advanced know-ledge, expertise and leadership skills in a multidisciplinary environment. The literature proposes that for the role to be recognized and accepted individuals need to be educated at an advanced level, demonstrate practice based in research and have a firm base as a specialist in nursing. The findings suggest that while the role of the clinical nurse specialist can be influenced in a positive manner, by the organization and guided by the individual, it is important to acknowledge that the role is in a transitional phase. The research suggests the importance of establishing a clear role definition in a creative and supportive environment allowing for autonomy, professional growth and the development of individuals as clinically competent nurse specialists.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
REFERENCE	**CONTENT of EXTRACT**			**COMMENTS**
BOUSFIELD, C. (1997). *Journal of Advanced Nursing*, **25:** 245 – 256. **(Continuation)**	*"…The value of the role of the clinical nurse specialist was in realm of linking theory to practice and, as a result, education at degree level evolved to prepare nurses to function at this level…" (p.246)*			• Role is an outcome of linking theory and practice • The role enactment is dependent on highest quality education
	"…The three key characteristics …that act to define the clinical nurse specialist are those of graduate education, practice based in research and a firm base as a specialist in nursing…"(p.248)			• Role enactment is based on three aspects: graduate education, research-based nursing practice and nurse being expert in nursing area
	"…The essential structure of the role of the clinical nurse specialist is held within a system of experience. The individuals are the activators of the experience who, in turn undergo many feelings and stressors. These stimuli make them reactive as they are driven forwards to undertake the role…" (p.250)			• The nurse's role is based on experience • The individual [nurse] is responsible for role realization, i.e. the role is driven by the nurse • The role enactment is related to environmental stimuli, which influence the nurse
	"…Inter-role conflict …refers to conflict outside oneself amongst others, and intra-role conflict refers to conflict within oneself…" (p.251)			• Nurse's role enactment includes the inter-role (in interaction with others) and intra-role (in interaction with the self) conflicts
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
FAGERMOEN, M. (1997). *Journal of Advanced Nursing*, **25:** 434 – 441.	Professional identity: values embedded in meaningful nursing practice	To illuminate, what are the values underlying nurses' professional identity as expressed through what is meaningful in nurses' work.	Two – phase descriptive study: the first phase was a survey of 767 randomly selected nurses with one, five and 10 years of experience in nursing, the second phase data on work – meaning were obtained from a convenience sample of six nurses by in – depth interviews eliciting nurses' stories about providing care to patients. The survey data was analyzed using qualitative content analysis. Interview data were analyzed by means of hermeneutic and narrative analysis.	• Content analysis of survey – data revealed that the nurses held both other – oriented and self – oriented values, i.e. moral and work values. Human dignity and altruism were the most prominent moral values whereas the most significant work – values were intellectual and personal stimulation. • The interview – data, analyzed by means of hermeneutic and narrative analysis, revealed a greater diversity in value – expressions compared to the survey – data. Altruism, the moral orientation of care, was the overall philosophy and human dignity appeared as a core value in nurse's role performance.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
REFERENCE	**CONTENT of EXTRACT**			**COMMENTS**
FAGERMOEN, M. (1997). *Journal of Advanced Nursing*, **25:** 434 – 441. **(Continuation)**	*"…The conceptualization of professional identity in terms of nurses' perception of the nurse role focuses their preferred role – content whereas the perspective emphasizing nurse's perception of the 'professional self' focuses on personal attributes which are considered to influence how the actual role – contents are performed…" (p. 434 – 435)*			• The nurse's role is related to professional identity through the nurse's 'professional self' • Personal attributes of a nurse influence the performance of a role - content
	"…To all nurses' roles fundamental were interactions aimed at knowing the patient as a person, exploring his perceptions of the situation, and creating a sense of trust in the nurse to further a feeling of security…" (p. 440)			• Role is based on interaction through which the nurse knows the patient as a person • Creating a sense of trust between the nurse and patient through interaction
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
PAAVILAINEN, E., ASTEDT, A., KURKI, P. (1997). *Public Health Nursing*, **14** (3): 137 – 142.	The client – Nurse Relationship as Experienced by Public Health Nurses: Toward Better Collaboration	To look at the ways the client and public health nurse cooperate and to see what makes for efficient collaboration.	A phenomenological – hermeneutic approach was adopted. The data consisted of essays written by the public health nurses and focused interviews, which were analyzed by phenomenological method.	• The outcome is an interpretive description of public health nurses' experiences of collaboration with their clients. Successful collaboration requires an active and committed involvement on both sides and a joint effect to help the client cope with his/her situation. This means there has to be not only a shared understanding of the ultimate goal of nursing, but also open and sincere confidence – building interaction for the creation of a sense of confidentiality and trust worthiness. • The results suggest that the contents of the client – nurse relationship are extremely important to both sides of the dyad: both the client well – being and the public health nurse's feeling of succeeding on the job will depend to great extent on the kind of relationship they construct.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES		
PAAVILAINEN, E., ASTEDT, A., KURKI, P. (1997). *Public Health Nursing*, **14** (3): 137 – 142. **(Continuation)**	**CONTENT of EXTRACT**	**COMMENTS**
	"…Successful collaboration requires an active and committed involvement on both sides and a joint effect to help the client cope with his/her situation. This means there has to be not only a shared understanding of the ultimate goal of nursing, but also open and sincere confidence – building interaction for the creation of a sense of confidentiality and trust worthiness…that is the main point of nurse's role" (p. 140)	• Being involved with the patient into the same situation, i.e. contextuality • Being in shared understanding with the patient • Building interaction with the patient on the basis of confidence, openness and trust
	"…Nurse's role is empathically health – oriented. Even though illness has an obvious everyday presence in the job, health is always defined in public health nursing in broad terms as 'client well – being'…" (p. 138)	• Orientation to health and patient's well – being • Important element of nurse's role is empathy
	"…A confidential relationship develops through a gradual process involving the active contribution of both sides to the collaboration: eventually the mutual confidence will translate to something reminiscent of friendship…For the client to feel that he or she can speak freely to the public health nurse and expect to get help, the client must not only be on friendly terms with the nurse but also have absolute confidence in her professionalism…" (p. 140)	• Relationship/interaction between the nurse and patient • Important is active contribution from both sides, i.e. patient and nurse • Professional friendship • Keeping confidentiality in patient – nurse interaction

AUTRHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
RAATIKAINEN, R. (1997). *Journal of Advanced Nursing*, **25:** 1111 – 1115.	Nursing care as a calling	To clarify the relationship between a calling experience and professional knowledge, nursing action and motivation.	The data were collected from all the registered nurses (n = 179) at five hospitals. Data collection was performed using closed – ended questionnaire. Data analysis – quantitative performing Pearson's correlation.	• Nurses who experienced a calling had a good knowledge of patients' needs, acted proficiently and were highly motivated. • To serve patients altruistically in a close relationship was very important for the nurses who experienced a calling, but their work satisfaction was also very high. • Tie calling obviously was a strong resource, which gave the strength to care for patients proficiently. • According to the results experiencing a calling did not conflict with professional growth in nursing.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

<table>
<tr><th colspan="5">ARTICLES</th></tr>
<tr><td rowspan="2">RAATIKAINEN, R. (1997). Journal of Advanced Nursing, 25: 1111 – 1115.

(Continuation)</td><td colspan="3">CONTENT of EXTRACT</td><td>COMMENTS</td></tr>
<tr><td colspan="3">"…The nurses who experienced their job as a calling in role performance, described themselves more often than the other nurses as having a good knowledge about pains and aches, long – term depression; the importance of family relationships, poor adjustment to changes in life situations, the needs of dying patients, and spiritual life…" (p. 1113)</td><td>• Having a good knowledge about psychological, physiological, social and spiritual aspects related to patients and their families</td></tr>
<tr><td></td><td colspan="3">"…In nursing action the nurses who performing their roles that are experienced as a calling worked at a high professional level. They collaborated well with patients' families, and team members…" (p. 1114)</td><td>• Experiencing calling
• High professional level of performance
• Collaboration with patients' families
• Collaboration with team members</td></tr>
<tr><td>AUTHOR</td><td>TITLE</td><td>AIM</td><td>METHOD</td><td>GENERAL RESULTS</td></tr>
<tr><td rowspan="3">TAYLOR, PH., FERSZT, G. (1998). Nursing98, August: 70 – 71. [http://www.springsnet.com]</td><td>The nurse as patient advocate.</td><td>To understand the system that makes advocacy necessary: how were decisions made?</td><td>Interview and observation.
Description of one case.</td><td>The key elements of nurse's role as patient's advocate and barriers' of this role realization were identified:
1) Key elements are following – timely information for the patient, time to absorb the information for the patient, the tools the patient needed to clearly make her/his choices known.
2) Barriers are the following – personal barriers (nurse could be inexperienced, uncertain about being involved in patient's situation); barriers between nurse and patient (lack of clear expectations between nurse and patient); barriers between health professionals (e.g. the lingering belief that the physician knows best can daunt even an assertive nurse).</td></tr>
<tr><td colspan="3">CONTENT of EXTRACT</td><td>COMMENTS</td></tr>
<tr><td colspan="3">"…As advocates, nurses have helped vulnerable patients and their loves ones map out and follow a treatment course consistent with patient's values…" (p.70)</td><td>• Nurse's role is as a 'bridge' between the patient and his/her family in order to follow patients values
• Nurse's role is facilitating the treatment
• Nurse's role is oriented to patient</td></tr>
</table>

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
TAYLOR, PH., FERSZT, G. (1998). *Nursing98*, August: 70 – 71. [http://www.springsnet.com] **(Continuation)**	*"…A key element of nurse's advocacy was to facilitate patient's decision making by giving her: Timely information so she could make informed decisions. We ensured that she understood her treatment options and prognosis and taught her objectively about life – support measures…Time to absorb what we told her. The tools she needed to clearly make her choices known; along with paper and pencils…* *What's stopping the nurse? Personal barriers: you may feel inexperienced or inadequate as an advocate for your patient…uncertain about getting involved…Barriers between nurse and patient: a lack of clear expectations between you and patient can slow your progress. To clear this hurdle, foster openness by actively listening and showing your patient empathy and respect. She may soon begin trusting you and discussing her expectations. Barriers between health care professionals. The lingering belief that the physician knows best can daunt even an assertive nurse. Every nurse-advocate needs support from colleagues, so strong relationships with physician are critical. Build god communication with other professionals as well to develop backing for your advocacy…" (p.71)*	• Role includes the following elements: giving information for the patient, communication with patient, personal qualities of the nurse – self-confidence, empathy • Ethical behavior – to show the respect to patient • Important – collaboration with colleagues, ability to listen attentively the patient, to create the trusting environment between the nurse and patient • Nurse's role is realized in the context of nurse-patent interaction • Nurse's role is oriented to patient
	"…Nurse advocacy opened a new avenue for connecting with our patient. Besides providing physical comfort, we gave…the information she needed to make informed choices, protected her humanity, maintained reverence and fidelity for her wishes, and removed the obstacles that impeded her. As nurse-advocates, we helped our patient find meaning in both living and dying…" (p.71).	• Role's orientation to patient • Role's realization includes: informing, providing physical comfort • Ethical behavior – to show the reverence, fidelity for patient's wishes • Philosophical aspect – helping the patient to find meaning in living and dying

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
WILKES, L., WALLIS, M (1998). *Journal of Advanced Nursing*, **27:** 582 – 589.	A model of professional nurse caring: nursing students' experience.	To present a study in which described the construct of caring as experienced by students nurses.	Qualitative data were collected using a questionnaire and semi – structured interviews. For data analysis the ethnography method was used.	From the analysis of the data a model of professional nurse caring form the students; perspective was created. In this model, compassion, as the core of caring is actualized in the students' nursing of patients; nursing of patients by communicating, providing comfort, being competent, being committed, having conscience, being confident and being courageous. Communication is not only an actualization of this caring but constituted an important medium for the expression of caring actions those are connected to nurse's role.
	CONTENT of EXTRACT			**COMMENTS**
	"…Professional nurse caring that is connected to nurse's role attempts to bind the core of caring – compassion – with a number of 'caring actions' specific to the nurse…" (p. 587)			• Nurse's role is related to professional nursing care practice where the core is compassion
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
TORN, A., McNICHOL, E. (1998). *Journal of Advanced Nursing*, **27:** 1202 – 1211.	A qualitative study utilizing a focus group to explore the role and concept of the nurse practitioner.	To describe the first part of a two – stage study exploring the concept of the nurse practitioner role.	Focus group interview. Qualitative content analysis: 1) the transcript was first read three times, and notes were made on the general themes arising from the data (immersion of data). 2) The transcript was examined again and the researcher attempted to write down as many headings as necessary to describe all aspects of the content (open coding). At this point it was evident that the amount of headings arising from the data was difficult to control and conceptualize. 3) Two of the researchers went back to the transcript examining each work and/or phrase, and underlining the work or phrase, which reflected a theme. This process was continued until most of the transcript had been absorbed. 4) Collapsing categories, condensing subcategories into broader categories. In order to do this, each statement was examined individually and the researcher elicited the 'essence' of that statement.	Eight categories emerged from the data and the paper explored four of them. These are: role recognition, feature of the nurse practitioner role, nurse/patient relationship and doctor/patient relationship.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
TORN, A., McNICHOL, E. (1998). *Journal of Advanced Nursing*, **27:** 1202 – 1211. **(Continuation)**			5) The subcategories were diagrammatically linked to the main category by the development of a cognitive map for each category. To further clarify the subcategories and main categories, they were also further subjected to the funneling technique (this technique allows the subcategories to be collapsed into broader categories and then perhaps an even broader category). This enables finer distinctions to be made, and subdivisions can be continually compared. 6) When all the data had been coded and subcategories condensed to a few broader categories each category was assessed and compared to determine whether it was saturated.	
	CONTENT of EXTRACT			**COMMENTS**
	"…Within the category 'role recognition' there were four subcategories: 1) non-recognition of the role; 2) need to recognize the role; 3) difficulty in articulating the role; 4) acceptance of the role…" (p.1204)			• The nurse's role needs to be recognized, accepted by the nurse and others and realized in reality
	"…Two main role were clearly defined within the data: clinical and consultant…" (p.1206)			• Nurse's role is related to clinical and consultancy areas
	"…The nurse practitioners were able to describe their 'clinical role' well in relation to the following key distinctions: 1) They are directly accessible to an undifferentiated population of patients. 2) They conduct a comprehensive physical and psychological assessment. 3) A differential diagnosis is made. 4) They initiate and maintain a continuity of care. 5) They provide counseling, advice and health promotion. 6) They work with consumers and other professionals..." (p.1206)			• Role's orientation to patients • Role is based on cognitive processes (assessment, diagnosing) • Role is related to caring • Clinical role includes counseling, advising, assessing physical and psychological patient's condition • In role realization is important collaboration with consumers and other professionals • The role realization empowers the nurse to take the responsibility: initiate and maintain a continuity of care
	"…The concept of 'consultant role' is connected with the autonomy…" (p.1206)			• The consultant's role (sub-role) means nurse's autonomy

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
REFERENCE	**CONTENT of EXTRACT**			**COMMENTS**
TORN, A., McNICHOL, E. (1998). *Journal of Advanced Nursing*, **27:** 1202 – 1211. **(Continuation)**	*"…Nurse/patient relationship' category stemmed from the nurse practitioners' descriptions of their relationships with their patients, the interaction that took place and aspects of the relationship that the patients saw as important. There were three subcategories informing this category: 1) patient satisfaction; 2) communication; 3) empowering the patient…" (p.1207)*			• Through the role, which includes the interaction nurse-patient the nurse empowers the patient, communicates with the patient and at the same time influences patient's satisfaction.
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
WILLMONT, M. (1998). *Journal of Advanced Nursing***, 28** (2): 419 – 427.	The new ward manager: an evaluation of the changing role of the charge nurse.	To explore the experiences of one National Health Service trust in implementing this change in the charge nurse's role, and in doing so highlight the importance of effective change management.	Semi-structured interviews and questionnaire with the close-ended questions. Qualitative data: critical reflection on data and providing the text in description way. Quantitative: using the descriptive statistics – percents.	The findings demonstrate a degree of confusion about the scope of the three roles – nurse manager, charge nurse and nurse coordinator. The nurse managers exerted differing levels of control; often not giving charge nurses the autonomy they expected. The nurse coordinators seem to have found it difficult to adapt to a supporting and guiding role particularly.
	CONTENT of EXTRACT			**COMMENTS**
	"…The nurse's role is concentrating on …management, skills mix, … responsibilities, direct clinical care…" (p.426)			• Role is related to caring • Role includes the management, direct clinical care • Role is connected with the nurse's responsibility • Role's elements are the skills

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
HUNT, J. (1999). *Journal of Advanced Nursing*, **30** (3): 704-712.	A specialist nurse: an identified professional role or a personal agenda?	To offer new insights into defining 'specialist' role and practice: 1) To provide multidisciplinary rather than nursing-specific definitions of 'specialist' role through the perceived value of nurses; 2) To prefer informal definitions of 'specialist' role which are not wholly enshrined in measurable criteria which have to be met such as qualifications; 3) To tender insight in-to the influence of work settings of the definition of 'specialist' practice.	*1 stage*: the qualitative interview. *2 stage*: comparison of three case studies consisting of focused in-depth interviews with a broad cross section of community and hospital-based health care professionals. Analysis of the interviews with health care professionals was conducted through the development of a conceptual framework, which was generated using a data reduction, display and verification model.	Four major themes emerged from within the conceptual framework: teamwork, relationships between pediatric oncology nurses and other nurses, relationships between pediatric oncology nurses and doctors and specialist knowledge.
	CONTENT of EXTRACT			**COMMENTS**
	"…The term 'specialist' nurse role includes two classes of nurses – the amateur and the professionally prepared hospital nurse…" (p.704)			• Role includes: technical aspect (amateur) and educational (professional preparation) aspects
	"…11 key aspects of the role of nurse specialist: direct involvement in care, responsibility and accountability for nursing actions, to be highly educated, a researcher, an educator, a coordinator of care, an expert in both clinical assessment of patients and in her field, to be autonomous, to be a writer and to form a liaison between the community and hospital…"(p.705)			• Multiciplicity of subroles included into holistic nurse's role: career, educator, researcher, coordinator, expert, facilitator, evaluator, communicator • Ethical behavior: accountability, responsibility, autonomy • Nurse's role is associated with highly educated specialist (educational standpoint)
	"…Some confusion still exists about the essential clinical practice skills needed for the advanced role…" (p.705)			• Not exists the exact and constant list of skills needed for nurse's role • The main element of nurse's role is skills

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
HUNT, J. (1999). *Journal of Advanced Nursing*, **30** (3): 704-712. **(Continuation)**	*"…This situation may be due to the wide diversity of roles that [nurse] assume in health care settings. In one situation a clinical nurse specialist may be involved primarily as an educator, in another as an administrator or researcher or some combination of these roles…" (p.705)*	• Nurses realize the diversity of roles and combine them • Nurse's role is dependent on concrete context and needs of organization • Nurse's role includes these subroles: educator, researcher, consultant, administrator • Nurse's role is related to care
	"…Six major components to nurse's roles to which many health care professionals currently subscribe. These comprise: clinical expert, resource consultant, educator, change agent, researcher and advocate…" (p.705)	• Components of roles are subroles from which consists the holistic role of nurse clinical specialist: clinical expert, resource consultant, educator, change agent, researcher, and advocate.
	"…Acts as main contact persons to families in their own homes during periods of treatment and post – treatment enabling them to feel more secure. In so doing they provide links between primary, secondary and tertiary care, offering local services, information and support…" (p.706)	• Orientation to patient and family • Nurse's role is realized at homes and various levels health care organizations • Nurse's role consists from these subroles: facilitator, informatory, supporter • Nurse's role is related to care, empowering the patient and 'giving" to patients the feeling of secure.
	"…Nurse 'specialist'…is conferred to…'specialist' knowledge is seen to be derived from a combination of: formal qualifications, hands-on technical skills, previous 'specialist' work experience, in depth 'medical' knowledge and/or insight into families' dynamics. The relative contributions each of these makes towards constructing a 'specialist' primarily depends upon the regional or district location…" (p.707)	• Nurse's role is dependent on organizational needs • The main element of nurse's role is knowledge • Nurse's role also includes: formal qualification, insights, technical skills, work experience
	"…Needs-driven [nurse's role] agenda resolves the patients' anxiety…peer driven agenda concerns the professional status of clinical nurse specialist…arise firstly from the perceived 'specialist' knowledge required to establish successful relationships with local communities…" (p.710)	• Nurse's role consists from two sides – patients and nurses' self as a specialist in order to empower the self for continuing development • Nurse's role orientation to relationships with patients

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
BROWN, S. (2000). *Australian Nursing Journal*, **8** (5). [Database: Academic Search Elite][*]	Resuscitating aged care.	To explore a model for nurse practitioners that may lead as the way for RNs in providing their significant value in the care of the older client.	Factual description of documents.	Answered the question 'Why the excitement for the possibilities for nurse practitioners in aged ca re?' because it could be a foot in the door' for this section of nursing to be finally recognized for the complex skilled delivery of care for a growing section of the community. For the future direction of nursing, the development of the aged care nurse practitioner role is vital for those committed to ongoing education that wish to follow a clinical career path and are prepared to accept the accompanying accountability.
	CONTENT of EXTRACT			**COMMENTS**
	"…Multi-skillling was eroded nurses' [role's] core work in aged care and diluted the concept of care management strategies as a specialist function… That's why a greater, not lesser, nursing clinical component is vital in aged care – to facilitate clinically based management strategies using practitioners skilled in assessing the overlap of medical, environmental, social and spiritual issues, which impact on the wellness of the…client…"(p.2-3)			• Role is related to care • Nurse's role includes functions among them is care management • Nurse's role is based on multi-skillling • Nurse's role includes nursing clinical components that are directed to assessment of overlap of medical, environmental, social and spiritual issues • Nurse's role is oriented to patient

[*] …/citation.asp?tb=1&_ug=dbs+0+ln+en%2Dus+sid+tB563CC8%2D284E%2D4CCC%21; [2003.05.16]

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
COLLINS, K., McDONNELL, A., READ, S., JONES, R., CAMERON, A. (2000). *Journal of Nursing Management*, **8:** 3-12.	Do new role contribute to job satisfaction and retention of staff in nursing and professional allied to medicine?	To consider the views of 452 nurses and 162 professionals allied to medicine (PAMs) in innovative roles, on job satisfaction, career development, intention to leave the profession and factors seen as hindering and enhancing effective working.	A self-completion postal questionnaire comprising 38 items with areas chosen to test the generalizability of impressions gained during the mapping exercise and case studies. The questionnaire included closed and Likert questions with spaces for free text for respondents to explain their answers. Quantitative data was analyzed using The SPSS Version 6. Qualitative data were subjected to content analysis, where the data were coded and classified in terms of concepts and categories arising from it.	Job satisfaction was significantly related to feeling integrated within the post-holder's own professional group and with immediate colleagues, feeling that the role had improved their career prospects, feeling adequately prepared and trained for the role, and working to protocol. 68% of respondents felt the role had enhanced their career prospects but over a quarter of respondents (27%) said they would leave their profession if they could. Low job satisfaction was significantly related to intention to leave the profession. The vast majority of post-holders in innovative roles felt that the role pro-vided them with a sense of job satisfaction. However, it is essential that the post-holders feel adequately prepared to carry out the role and that the boundaries of their practice are well defined. Career progression and professional integration both being associated with job satisfaction.
	CONTENT of EXTRACT			**COMMENTS**
	"…Six categories emerged form the data. In hierarchical order these were support, respondent's own qualities, effective communication, the autonomous nature of the posts, adequate resources and access to appropriate education/ training…. referred primarily to consultant and manager support, although support from colleagues and multidisciplinary teams…" (p. 7-8)			• Nurse's role's realization and its effectiveness is dependent on: ability to act autonomously, adequate resources, access to appropriate education and training, support from consultant, manager, colleagues and multidisciplinary teams

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
BOLTON, S. (2000). *Journal of Nursing Management*, **32** (3): 580-586.	Who cares? Offering emotion work as a 'gift' in the nursing labor process.	To highlight the emotional complexity of the nursing labor process, expanding the current conceptual analysis, and offering a path for future research.	Longitudinal qualitative study. The research focuses on a group of gynecology nurses. Data collected by using semi-structured interviews and observation in the gynecology wards and in the outpatient clinics.	• The emotional nurse's involvement in caring for patients causes them the most anxiety. • Nurses also see the emotional stresses of the job as bringing the greatest potential for job satisfaction. • The nurses take pride in the way they employ the implicit feeling rules of the profession and maintain a professional demeanor but they also value their freedom in being able to offer something extra, an additional kindness that goes beyond their professional caring role. • Their comments confirm the underlying social expectation that nursing is a vocation, involving altruism and an overwhelming drive to 'care' for people, rather than offering a career involving choice.
	CONTENT of EXTRACT			**COMMENTS**
	"…On many occasions nurses may allocate themselves the time to offer extra emotion work as a gift to patients…" (p. 584)			• Offering positive emotions to patient
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
GOULD, D., THOMAS, V., DARLISON, M. (2000). *Journal of Advanced Nursing*, **31** (1): 157-164.	The role of the haemoglobinopathy nurse counselor: an explanatory study	To describe the nature and scope of the service currently provided by haemoglobinopathy nurses and their perceptions of their role	Data was collected by the survey - using questionnaire with closed – and open – ended questions and by semi – structured interviews. Data analysis was performed using qualitative content analysis.	• Nurses suggested that most of their time was spent in client – centered activities and most clients were seen antenatal. However, there were significant barriers, which prevented optimal service provision. These included: problems of communication with other health professionals, obtaining laboratory results crucial to the early identification of couples at risk, late referral from general practitioners and poor facilities for administration, especially maintaining computer data bases essential for record keeping. Developing and obtaining written information suitable for families was particularly time – consuming.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
REFERENCE	**CONTENT of EXTRACT**			**COMMENTS**
GOULD, D., THOMAS, V., DARLISON, M. (2000). *Journal of Advanced Nursing*, **31** (1): 157-164. **(Continuation)**	*"…To spend a high proportion of their time in direct client contact…" (p. 160)*			• Direct contact with the patient
	"…Nurses make strenuous efforts to involve partners…either inviting them to the clinic or undertaking home visits…" (p. 161)			• Involving patient's family • Working in clinical setting and at patient's home
	"…Nurses provided verbal information to carriers routinely…provide additional written information, usually a leaflet…give verbal information…" (p. 162)			2.Giving information in various forms to patients and their family members
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
PERRY, M. (2000). *Journal of Clinical Nursing*, **9**: 137 – 145.	Reflections on intuition and expertise	To explore the professional implications of intuition and expertise through meaningful reflections providing new insight into familiar circumstances as they relate to the nurse's role.	Data collection: structured written reflections of nurses' practitioners. Data analysis: hermeneutic perspective was used.	• Reflective practice can be seen to open up new dimensions to situations as I engage in my search for self – awareness. • If reflection is constructed knowledge derived from practice, then I would enlighten me as to who I am, empower me in action for change and emancipate me from previous way of being. • Thus if we are to continue to learn through reflection to respond in new – ways, we need to attend to the culture and conditions of our practice as they form part of our horizons.
	CONTENT of EXTRACT			**COMMENTS**
	"…The ability to 'connect' rapidly is central to the relationship between nurse and patient…this take time, the process maybe accelerated because of the patients extreme need…a connected relationship, in which the patient is seen first as a person before being a patient. This position is…question designed to tune practitioners into the patient and into themselves…" (p. 142)			• Nurse's role is based on connected relationship between the nurse and patient • Emerge two facts: 1) seeing first a person before being a patient; 2) tune nurses practitioners into the patient and themselves.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
WILMOT, S. (2000). *Journal of Advanced Nursing*, **32** (5): 1051-1057.	Nurses and whistleblowing: the ethical issues	To explore the whistleblowing phenomenon as practical and ethical dilemma for nurses	Philosophical discourse as theoretical analysis method	• The ethics of whistleblowing can only be understood in relation to its moral purpose, whether that is to achieve a good outcome (a consequentiality view) or fulfill a duty (deontological view. • The consequentiality perspective is unable on its own to resolve problems arising from the balance of good and harm resulting from the act to whistleblowing (where considerable harm might be caused) or of responsibility that harm. • A deontological approach provides an analysis of these problems but raises its own problem of conflicting duties for nurses. • A strong argument can be made for the precedence of the nurse's duty to the patient over her/his duty to the employer. • Although both duties are based on an implicit or an explicit promise, the promise to a person (the patient) must take precedence over the promise to an organization. • It can even be argued that duty to the employer may in fact justify whistleblowing by nurses in some circumstances. • However, the consequences of whistleblowing are forced upon nurses in a different way by the fact that the danger of reprisals acts as a deterrent to whistleblowers, however justified their actions may be.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
REFERENCE	**CONTENT of EXTRACT**			**COMMENTS**
WILMOT, S. (2000). *Journal of Advanced Nursing,* **32** (5): 1051-1057. **(Continuation)**	*"…A nurse may see herself as having a specific moral duty to her employer based on her contract of employment…" (p. 1054)*			• The nurse's role has the formal side – moral duty to employer
	"…Nurse's role includes a moral contract with the profession, and its regulatory body, as well as with the patient…" (p. 1054)			• Nurse's role includes three – direction contracts: with profession, with regulatory body and with the patient
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
COWMAN, S., FARRELLY, M., GILHEANY, P. (2001). *Journal of Advanced Nursing,* **34** (5): 745 – 753.	An examination of the role and function of psychiatric nurses in clinical practice in Ireland.	To describe the role and function of all grades of psychiatric nurse in clinical practice so as to clarify the nature and scope of psychiatric nursing services.	Three disparate but complementary methods of data collection were used including non-participant observation, self-reporting through an activity log, and an examination of documentary data. The first stage in data analysis involved induction analysis and the creation of themes. Followed by interpretative and explanatory codes. Themes were constantly re-examined and revised with a view to creating distinct categories. Several stages of categorization took place until all the data were accounted for. Therefore at intervals, a sample of clinical nurses was as-ked to comment on the categories being created and this served to clarify particular issues and inform the respondents. Activity logs were read repeatedly to ensure familiarization with data. An initial effort was made to reduce the volume of data and facilitate depth of analysis. A classification of elements was undertaken that highlighted nursing activities ranging from the most frequent to the less frequently engaged in activities. Following analysis of data obtained through observation and activity logs the documentary evidence was used to clarify, confirm or add new information to the existing data. Data triangulation was used as a means of integrating information to yield an interpretation obtained from the three data collection methods.	• Nine categories of nursing role were identified; these included both independent and interdependent roles. Clearly psychiatric nursing occupation a pivotal role in all mental health care set-tings. A major proportion of psychiatric nursing related to caring interactions and this appears to be a central nursing element. • The assessment and maintenance of patient's safety was also important as mental health problems may place the patient or others in a position where their physical safety is threatened.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
COWMAN, S., FARRELLY, M., GILHEANY, P. (2001). *Journal of Advanced Nursing*, **34** (5): 745 – 753. **(Continuation)**	*"…Nursing role identified included: 1) assessing patient needs and evaluating care; 2) planning care; 3) nurse/patient interaction; 4) pharmaceutical interventions; 5) education (teaching and learning); 6) documenting information; 7) coordinating the services of nurses and other professionals for patients; 8) communication with other professionals and other grades of staff; 9) administration/organization of the clinical area…" (p.749)*	• Role is oriented to patient • Role is connected with the caring Role is oriented to following areas: management (planning care; coordinating the services of nurses and other professionals for patients; administration/organization of the clinical area); • Education (teaching and learning); social-psychological (interaction nurse-patient); direct clinical nursing (pharmaceutical interventions) • Role's realization is related to collaboration with colleagues (communication with other professionals and other grades of staff) • Role's realization based on two-side interaction: nurse – patient and nurse – other health professionals (and various grade staff)
	"…A major part … appears to relate to managing patients and providing ca-ring interactions; and these activities appear to be fundamental to … nurse's role and central to …health services. It was clear that nurses cared for patients at different levels; for example, for patients with greater dependency levels nursing meant doing for patients those activities that they could not do for themselves. In other cases the nurse's role involved care at a level of ***doing with*** *individuals, which meant supporting, supervising and working alongside patients in a way that recognized their strengths. At another level nurses at times provided a presence, being with patients where other more active interventions were not possible, not required or inappropriate…" (p.752)*	• Role is oriented to patient • Role is related *to* managing patients and providing caring interactions (these activities are central to nurse's role) • Role's realization and specificity is dependent on patient's conditions and abilities (levels of dependency) • Nurse's role has two integrated parts: *doing with individuals* (which meant supporting, supervising and working alongside patients in a way that recognized their strengths) and *being with patients* (where other more active interventions were not possible, not required or inappropriate)

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
CAAN, W. *et al* (2001). *ENB, Research Highlights*, **45:** 1-6.	Exploring the role and contribution of the nurse in the multi-professional rehabilitation team.	To examine the role and contribution of the nurse within the multiprofessional, multi-agency rehabilitation team by pursuing two questions: 1) how did the nurse, other members of the multi-professional team, the client and the career perceive the nurse's actual and desired role? 2) How relevant did nurses find pre- and post-registration education in preparing them for their role in the rehabilitative team?	Data sources included: observation of and interviews with clients, carers, nurses and other members of the multiprofessional team and record review. Information was gathered from an ethnographic study. Data collection involved: observation of settings, events and interactions; interviews of clients, carers and staff; think – aloud with nursing staff; staff questionnaire; record review. Data analysis was based on approach of grounded theory, identifying and attaching codes and categories and isolating more general abstracted categories and themes for generalization.	Six core-nursing roles were identified relating to the areas of: assessment, co-ordination and communication, technical and physical care, therapy integration and therapy carry-on, emotional support, and involving the family. The extent to which all or any of these were taken forward depended on what was achievable within the particular situation. Changes in nurse education, both at pre- and post-registration level, are needed to adequately prepare the nurse for rehabilitation practice.
	CONTENT of EXTRACT			**COMMENTS**
	*"…**An assessment role**: typically nurses performed and initial assessment, from which the nursing care plan was devised and first referrals made to other members of the multiprofessional rehabilitation team.* ***A coordination and communication role**: This embraced responsibility for a range of activities including gathering, synthesizing and disseminating information, liaison, negotiation and in the hospital setting running the ward and discharge planning. In both the hospital and community settings, nurses accessed services and the input of different practitioners on behalf of clients, this relied on good relations with other team members, an awareness of the client's needs and the motivation to advocate for clients and carers.* ***Providing technical and physical care**: nurses and other team members perceived this as an expected contribution.* *Integrating therapy and therapy carry-on: the nurse's role in therapy integration and therapy carry-on required the nurse to adopt the philosophy and practice of rehabilitation, and additional skills and knowledge.*			• Role is oriented to patient, his/her family • Role's realization is dependent on good relations with team members • Role is related to nurse's responsibility • In order to realize the role, the nurse should adopt the nursing philosophy of specialized area and put it into the specific practice and to add new skills and knowledge

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
REFERENCE	**CONTENT of EXTRACT**			**COMMENTS**
CAAN, W. *et al* (2001). *ENB, Research Highlights*, **45:** 1-6. **(Continuation)**	***Providing emotional support**: This role was considered by many practitioners to be a special and unique nursing contribution. Clients and carers frequently praised the personal characteristics of individual nurses. More often this was an informal activity discussed verbally the term 'empowerment' was frequently mentioned…providing advice or reassurance where appropriate… Involving the family: the nurse's attempts to involve the client's family formed part of their activities of providing information, emotional care, communication and coordination…" (p.3)*			• Nurse's holistic role includes six subroles that are oriented to various areas: mixed - clinical expertise and management (assessment, technical and physical care provider, therapy integrator and therapy carrer on, providing & coordination and communication roles); socio-psychological area (emotional supporter and family involver roles)
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
NARAYANASAMY, A., OWENS, J. (2001). *Journal of Advanced Nursing,* **33** (4): 446 – 455.	A critical incident study of nurses responses to the spiritual needs of their patients	To carry out a critical incident study to: 1) describe what nurses consider to be spiritual needs; 2) explore how nurses respond to the spiritual needs of their patients; 3) typify nurses' involvement in spiritual dimensions of care; 4) describe the effect of nurses' intervention related to spiritual care.	Critical incidents were obtained from 115 nurses. The data from these incidents were subjected to content analysis and categories were developed and described. The emerging categories were subjected to peer reviews to ensure reliability and validity of findings.	• The findings suggest that there is confusion over the notion of spirituality and the nurse's role related to spiritual care. • A variety of approaches to spiritual care emerged in this study from the critical incidents derived from nurse respondents. These were categorized as 'personal', 'processual', 'culturalist' or 'evangelical'. • These was an overwhelming consensus that patients faith and trust in nurses produces a positive effect on patients and families and nurses themselves derived satisfaction from the experience of giving spiritual care. • In this respect, spiritual care interventions promote a sense of well – being in nurses as well as being a valuable part of total patient care.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
REFERENCE	**CONTENT of EXTRACT**			**COMMENTS**
NARAYANASAMY, A., OWENS, J. (2001). *Journal of Advanced Nursing,* 33 (4): 446 – 455. **(Continuation)**	*"…There is a confusion over the notion of spirituality and nurse's roles related to spiritual care…good care delivered by the nurse could be unsystematic, personal and intuitive…an overwhelming consensus [is] that faith and trust in nurses produces a positive effect on patients and families…nurses also derived personal satisfaction when they implemented spiritual care. In this respect, spiritual care intervention promote a sense of well – being in nurses as well as being a valuable part of total patient care…" (p. 454)*			• Nurse's role is oriented to spiritual care • Caring as a task of nurse's role could be unsystematic, personal and intuitive • Important in nursing care for nurses are their faith and trust that influence patients and their families positively • Nurses experience satisfaction when feel the valuability for the patient
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
ZHANG, Z., LUK, W., ARTHUR, D., WOND, T. (2001). *Journal of Advanced Nursing,* **33** (4): 467 – 474.	Nursing competencies: personal characteristics contributing to effective nursing performance.	To identify the underlying competencies in nurse's role which contribute to effective nursing performance.	Following the McBer method, 50 experienced nurses in China were asked to report 82 valid critical incidents in their jobs. Two individuals coded the scripts and decided the presence of each competency according to a pre-established coding system. Prior to data analysis the research team generated a coding book.	• Interpersonal understanding, commitment, information gathering, thoroughness, comforting, critical thinking self – control and responsiveness are the top 10 important characteristics across the 47 successful working incidents. • The skills needed for nursing situations are: cognitive/intellectual skills interpersonal skills and technical/ manual skills. • In nurse's role is important moral competency, which includes commitment, thoroughness and compassion. • Interpersonal understanding is the most important characteristic for good nurse's role performance; this makes sense given that individual nurses need to know the thoughts, feelings and attitudes of their patients. • Successful practice is characterized by the nurses; high commitment to their job and thoroughness in their performance

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
ZHANG, Z., LUK, W., ARTHUR, D., WOND, T. (2001). *Journal of Advanced Nursing*, **33** (4): 467 – 474. **(Continuation)**	*"…The desire to understand other people's expressed and/or unexpressed thoughts, emotions or concerns. Typical behavioral indicators are: to perceive/understand situation from the patient's view; to predict the patient's actions based on observation; to understand the cause of the patient's feelings, thoughts and behavior; to read the patient's unspoken needs or concerns. This is necessary for the individual nurse to establish effective communication with the patient…" (p. 470 – 471)*	• Communication with patient, which includes: ability to evaluate the situation, context and patient's needs and feelings; being empathetic; being able to prognose
	"…The state of being bound physically, emotionally or intellectually or the job…showing passionate devotion to one's work; having a sense of responsibility; spending extra effort or time to complete work when not required to do so; achieving more than expected in job…" (p. 471)	• Being committed to the job • Being responsible • Being faithful to job • Being initiative
	"…A desire to know more about the patient's illness, situation and his/her background…" (p. 471)	• Being able to gather the information • Being empathetic
	"…Thoroughness in nurse's role…A disposition to be very accurate and careful in delivering nursing care…" (p. 471)	• Being accurate • Being careful
	"…An ability to persuade, convince and influence the patient or family…" (p. 471)	• Being able to influence patient and/or his/her family
	"…The inclination to share the feelings of others and to show compassion and concern for the patient's comfort and well – being…" (p. 471)	• Being oriented to patient • Striving for patient's well – being • Being in caring communion with the patient • Being compassionate
	"…The intention to give the patient physical, informational or psychological support to enhance his/her well – being…" (p. 471)	• Supporting the patient • Striving for patient's well - being
	"…An ability to make careful and exact evaluations or judgement of the patient's condition…" (p. 471)	• Being able to evaluate or judge the patient's situation objectively
	"…A disposition of remaining calm and demonstrating patience under stressful situations when delivering nursing care…" (p. 471)	• Being able to manage the stressful situation
	"…A readiness promptly to react to the patient's inquiries, needs and problems…" (p. 471)	• Being able to evaluate patient's situation • Being responsive to patient's needs

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
DORAN, D., SIDANI, S., KEATINGS, M., DODGE, D. (2002). *Journal of Advanced Nursing,* **38** (1): 19 – 38.	An empirical test of the Nursing Role Effectiveness Model	This study investigated the propositions depicted in the Nursing Role Effectiveness Model, in which nurse and patient structural variables were expected to influence nurse's role performance, which, in turn was expected to affect patient outcome achievement.	A cross – sectional design was used to collect data on the structure, process, and outcome variables. Data were collected through structured questionnaires and chart audit, involving a total of 372 patients. And 254 nurses form 26 general medical – surgical units in a tertiary care hospital. The quality of nurses' independent role performance was assessed by collecting data from patients on their perception of the quality of nursing care. Collecting data from nurses on the quality nurse communication and coordination of care assessed nurses' interdependent role performance.	• Patients viewed nurses' independent role performance more effective on units where nurses reported less autonomy but more time to provide care. • The quality of nurse communication was higher on units where nurses had higher education, more autonomy, less hospital experience, and lower role tension. • The coordination of care was more effective on units where nurses had higher education, greater hospital experience, less autonomy and role tension. • The three role performance variables were associated with patients' therapeutic self – care ability at hospital discharge. • Nurses' independent role performance was associated with better patient functional status and less mood disturbance at hospital discharge. • The role performance variables fully mediated the effect of the structural variables on patient outcomes, lending support for the propositions that nurses' role performance explains the relationship between structural variables, such as nurse education and autonomy, and patient outcome achievement.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
REFERENCE	**CONTENT of EXTRACT**			**COMMENTS**
DORAN, D., SIDANI, S., KEATINGS, M., DODGE, D. (2002). *Journal of Advanced Nursing*, **38** (1): 19 – 38. **(Continuation)**	*"…Work autonomy had a negative effect whereas, the adequacy of time to provide care had a positive effect on the nurses performance of independent role functions…" (p. 35)*			• Nurse's role consists of functions
	"…The role performance variables were interrelated. Nurse communication had a positive effect on nurses' independent role performance and on the coordination of care. Contrary to expectations, coordination of care had a negative effect on the quality of nurses' independent role performance…" (p. 36)			• Nurse's role performance is influenced by nurse's ability to communicate
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
SMITH, K., GODFREY, N. (2002). *Nursing ethics*, **9** (3): 301-312.	Being good nurse and doing the right thing: a qualitative study	To answer the research question: who is the good nurse and how does he/she go about doing the right thing through exploring qualitatively the meaning of 'good nurse' and 'doing the right thing' with American nurses in practice.	Focus group interview was used for data collection (two researchers were conducting a series of one-day conferences around a Midwestern state on the topic of ethical nursing practice). Qualitative content analysis was used for data analysis. 53 nurses responded to two open-ended questions: 1) a good nurse is one who… 2) how does a nurse go about doing the right thing?	The seven categories that emerged from the content analysis were: 1) Personal characteristics (all the attributes that the good nurse brings into nursing by virtue of the person and how she/he demonstrates these attributes in everyday life). 2) Professional characteristics (consists of all aspects that exists in nurse's practice by virtue of being a member of nursing profession). 3) Knowledge base (all the facts, information and skills necessary for the nurse to be or recognize him/herself as competent or to admit when he/she needs help). 4) Patient centeredness (the principle of being patient oriented, sometime to the extent of giving the patient priority over all others [including self]). 5) Advocacy (the principle of empowering others or if necessary looking after and or interviewing on behalf of patients' or clients' interests). 6) Critical thinking (the reflective analysis needed to make appropriate and/or right judgements or decisions; to make the judgement or decision itself, and to plan and evaluate the outcome). 7) Patient care (the actual application on performance of safe, competent nursing care, including the unique way the nurse expresses him/herself in caring for and about patients).

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
REFERENCE	**CONTENT of EXTRACT**			**COMMENTS**
SMITH, K., GODFREY, N. (2002). *Nursing Ethics*, **9** (3): 301-312. **(Continuation)**	*"…Being and doing of nursing in relation to a telos or ideal of nursing: 'we all look not only at doing, but at being, not only at duties and obligations, but also at virtues, not only at conduct but also at character…" (p. 303)*			• Nursing includes nurse's doing and being, duties and obligations, virtues as character qualities form which the nurse's role consists
	"…Nurse's role integrally related to efficient, effective and attentive care which fosters the well - being of the patient…nurse is focused on way of fostering patients' well – being because she/he is engaged in a practice with an inherent moral sense…" (p. 303)			• Being focused on fostering the patient's well - being • Attentive care • Being engaged in a nursing practice • Being in nursing practice with moral sense
	"…Nurses' views of their own roles…personal traits such as appropriateness and kindness, just and equal treatment, and genuineness and honesty. Nurses believed they should provide holistic, health – oriented, patient – centered care…" (p. 304)			• Nurse's personal traits: kindness, appropriateness, honesty, genuineness, kindness • Provision of holistic care • Health – oriented care • Patient – oriented care
	"…Personal characteristics identified by the nurses included: is pleasant, keen to learn, empathetic, dedicated, conscientious, and able to communicate; possess common sense; and takes initiative…" (p. 309)			• Nurses' role include these personal characteristics: pleasant, striving to learn, empathetic, conscientious, being communicative, being in communion, being initiating
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
FESSEY, CH. (2002). *Learning in Health and Social Care*, **1** (4): 202 – 217.	The development of clinical nursing capability and analysis of progression towards individual clinical and role skills in a surgical ward.	To describe a study of the progression of qualified surgical nurses towards capable proficiency in one setting using participant observation within and ethnographic approach.	Two distinct methodologies were used: (1) 18 months of participant observation the social and economic processes that shaped the nursing team, its leadership and a busy surgical practice context, in which qualified nurses and post – qualifiers learned the ropes of the specialty; (2) invited observations of episodes of skilled behavior followed by knowledge elicitation interviews using heuristic devices as mediating artifacts. These artifacts, digital images and practitioner knowledge maps allowed the individual to explore current and potential representations of their knowledge within a variety of contexts.	Distinctions were drama between the features of fluent and problem – solving activity and factors that triggered and interruption in clinical fluency were isolated. The practitioner analyzed deliberative triggers and outcomes. Establishing the cadre of local fluent capability within the ward presented the opportunity to explore newcomer progression. The dual methodology provided a unique perspective on: 1) the context of capability and progression towards clinical fluency; 2) the different role of deliberation in capable and newcomer practice; 3) an emergent view of newly promoted nurses as they learned to run things in the ward.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

<table>
<tr><th colspan="5">ARTICLES</th></tr>
<tr><th>REFERENCE</th><th colspan="3">CONTENT of EXTRACT</th><th>COMMENTS</th></tr>
<tr><td rowspan="2">FESSEY, CH. (2002). Learning in Health and Social Care, 1 (4): 202 – 217.
(Continuation)</td><td colspan="3">"…Personal manners and cohesion are an important variable in shared nursing practice…" (p. 206)</td><td>• Nurse's role includes personal nurse's manners and being cohesive</td></tr>
<tr><td colspan="3">"…Nurse's learning skills and sustaining roles occur within an ascending perspective of self – knowledge and self – control. Acquiring know – how entails both developing proficient individual action and understanding its contextual value and meaning within a…nurses' community…" (p. 216)</td><td>• Nurse's role is connected with the learning skills
• Nurse's role include self – knowledge and self – control
• Know – how is acquiring through performing the nurse's role in nursing care practice
• Nurse's role is connected to patient's individuality and nurse's community
• Nurse's role is contextual
• Through performance of nurse's role he/she perceives the meaning and value of the contextual situation</td></tr>
<tr><th>AUTHOR</th><th>TITLE</th><th>AIM</th><th>METHOD</th><th>GENERAL RESULTS</th></tr>
<tr><td rowspan="3">ZYDZIUNAITE, V. (2002a). Health Sciences, 4 (20): 53 – 59.</td><td>Characteristics of the nurses' competencies: from the standpoints of education and nursing</td><td>To validate the conceptual characteristics of competencies and disclose the core categories of nursing meanings through nurse's role performance.</td><td>Sample consisted from 335 registered nurses. For data collection was used the authorship 38 item questionnaire and the 34 of those are open – ended. For data analysis the qualitative content analysis was used.</td><td>• In nurse's role performance the competencies are the 'key' elements and those include knowledge, skills, attitudes, standpoints, values, behavioral and mental components and dimensions of personality, expertise of activity and clinical competence.
• Content analysis enlightened, that core category of nursing meaning in nurse' role performance is HELP and the categories of TEACHING, NURSING FOR, COMMUNICATION are enriching this core category.</td></tr>
<tr><th colspan="3">CONTENT of EXTRACT</th><th>COMMENTS</th></tr>
<tr><td colspan="3">"…Respondents identify the nurse's role with the help which includes teaching, performance if nursing technique, entering into contact, counseling…respondents emphasize not on technical part of help, but they ground their notions on caring standpoints…" (p. 57)</td><td>• Nurse's role is directed to help
• Nurse's role includes teaching, performance of nursing techniques, interaction, counseling
• Nurse's role is based on caring standpoint</td></tr>
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MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

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<tr><td>ZYDZIUNAITE, V. (2002a). Health Sciences, 4 (20): 53 – 59. (Continuation)</td><td colspan="3">"…Nursing is art, science, practice and the technique is additional, compulsory and acquiring through practice element of nurse's role…" (p. 59)</td><td>• Technical skills are additional element of nurse's role, which is acquiring and developing through nursing care practice</td></tr>
<tr><th>AUTHOR</th><th>TITLE</th><th>AIM</th><th>METHOD</th><th>GENERAL RESULTS</th></tr>
<tr><td rowspan="4">ZYDZIUNAITE, V. (2002b). Social Sciences, 3 (35): 55 – 66.</td><td>Qualitative Diagnostics of Nurses' Competences development using Content Analysis</td><td>To ground and elucidate reciprocal interaction of the nurse's standpoints, expectation, values expression and competences' development in nurse's role performance</td><td>• Research literature analysis.
• Quantitative and qualitative content analysis.</td><td>1. Peculiarities of nurses' competences development are as follows:
• Nurses realize activity roles of practitioner, manager, teacher, researcher, which require different professional behavior and realize the link between specialist behavior and social structure, thus, in order to realize the roles nurses must possess competences in conceptual, technical, interpersonal fields.
2. Content of qualitative categories reflects orientation of competences development to activity, patient, professional development and profession rigidity, when in orientation to patient aspects of ethics interaction, values, specialized competences, and into activity aspects of autonomous nursing activity and development of independent science of nursing.</td></tr>
<tr><th colspan="3">CONTENT of EXTRACT</th><th>COMMENTS</th></tr>
<tr><td colspan="3">"…In acquiring of different roles the nurses 'possess' two stages – role perception and role performance…" (p. 59)</td><td>• Nurse's role consists of two processes – role perception and role performance</td></tr>
<tr><td colspan="3">"…Total/holistic role of nurse involves all these roles [nurse – manager, nurse – practitioner, nurse – teacher, nurse – researcher] as components. These roles represent the ways using which people fulfill their duties in the context of work activity. Thus role performance realizes connection between behavior of an individual and social structure…" (p. 59)</td><td>• Nurse's role is holistic
• Nurse's holistic role's components are the separate roles of manager, practitioner, teacher/educator and researcher
• Nurse's roles are performed as duties
• Nurse's role is contextual
• Nurse's role is related to nursing care activity
• Nurse's role connects the behavior of a nurse and social structure</td></tr>
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MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
MERETOJA, R., LEINO – KILPI, H. (2003). *Journal of Nursing Management*, **11:** 404 – 409.	Comparison of competence assessments made by nurse managers and practicing nurses	To explore the agreement between the assessments made by nurses and their managers, concerning the level of nurse competence and the frequency of using competencies in role performance in a hospital setting.	The instrument used in this study was a pre-tested 73 – item questionnaire, including seven competence categories: Helping role (7 items), Teaching – coaching (16 items), Diagnostic functions (7 items), Managing situations (8 items), Therapeutic interventions (10 items), Ensuring quality (6 items), Work role (19 items). Data were analyzed using SPSS 10.0 and Statistica'99 soft wares.	• Managers assessed the overall level of competence significantly higher than the nurses themselves. In most of the categories there was a significant difference between the two assessments. • Only in the categories of Helping role and Diagnostic functions the assessments were fairly close to each other, while the greatest difference was found in Teaching – coaching category. • Nurses were considered that they were most competent in skills and tasks falling into the categories of Helping role, Managing situations and Diagnostic functions, similarly to managers, who reported the level of competence as being high also in Teaching – coaching. • Least competence was shown according to both nurses and managers, in the category of Ensuring quality. • The correlation coefficients for nurse and nurse manager paired assessments of the level of competence were generally low. Only in the Helping role category there was a moderate correlation between the two assessments.
	CONTENT of EXTRACT			**COMMENTS**
	"…Education promoted a broader range abilities than experience in nurse's role performance and more highly educated nurses frequently demonstrated the teaching – coaching behavior as a more complex form of influencing (such as instructing and encouraging)…work experience in the current workplace correlated positively with nurse self – assessments of their level of competence… (p. 408)			• Nurse's education influences her/his role performance in nursing care practice • The core activity in nurse's role is teaching – coaching • Nurse's role includes her/his ability of competence self – assessment, which is contextual
	"…The amount of experience was the best prediction of critical care skills in nurse's roles performance…" (p. 408)			• Experience influences the quality of nurse's roles performance positively 3.Critical skills are the elements of nurse's role

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
ZYDZIUNAITE, V. (2003b). *Social Sciences*, **5** (42): 78 – 89.	Reflection on the gap between Higher Education and Practice: Obstacles in Realization of Nurses' competencies	To diagnose, reflect on and illuminate the obstacles in the realization of nurses' competencies as the gap between education and practice (in the Lithuanian context).	• Research literature analysis. • Qualitative content analysis (in some cases the values of descriptive statistics were presented there).	• Nurses do not have the possibility to realize competencies, acquired in higher education (universities and/or colleges/ because the real nursing practice is directed not to the development of nursing practice that include nurses roles, its autonomy interprofessional collaboration and application of interdisciplinary competencies, acquired by nurses, but to stereotypical hierarchical nurse's subordination to the profession of the physician. • Nursing activity becomes twofold: one part of the activity includes multidisciplinary competencies, acquired in higher education, but not used; the other parts consist of meta – roles which are not based on adequate multidisciplinary competencies.
	CONTENT of EXTRACT			**COMMENTS**
	"…From the quantitative standpoint the following characteristics have the highest values in nurse's role performance: honesty, devotion to work, sincerity, acquired nursing qualification…" (p. 85)			• Nurse's role reflects orientations to nursing care practice, nurse's personality and requirements for nursing qualification
	"…The qualitative content analysis has illuminated the role of psychologist and guardian as the role that are realized in communication with patients and their relatives and collaboration with physician…" (p. 87)			• Nurse's role includes psychological and guardian components • Nurse's role is realized in communication with patients, their relatives 4.Nurse's role is realized in collaboration with physician

ANNEX 3

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (Total: 4 books / monographs)

BOOKS				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
SALVAGE, J. (1993). WHO Regional Office for Europe, Copenhagen: WHO Regional Publications, European Series, No. 48. – 123p.	Nursing in action.	To illuminate and explore the roles and functions of the nurse in the European Region.	Theoretical data and document critical analysis	Presented the following aspects: nursing policies and principles, changing nursing practice, development of regulatory framework for nursing, aspects of reorientation of nursing education and ways of nurses' preparation for leadership.
	CONTENT of EXTRACT			**COMMENTS**
	"…Nurses maybe change agents at any level of organization. The change agent who works with nurses as part of the team has considerable advantages…" (p.30)			• Role realization in a team • Nurse's role is related to changes • Nurse's role is the change agent at any level of organization
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
HANSON, S., BOYD, S. (1996). Philadelphia: F. A. Davis Company. – 421 p.	Family Health Care Nursing: theory, practice and research.	To provide foundation in the concepts and theories of family health care nursing and to demonstrate how they are practiced in the traditional nursing specialties and nurse's roles.	Theoretical study. Concept analysis. Clinical case studies.	• The comprehensive overview of family nursing that integrates theory, practice and research is presented. • Discussed family nursing practice as it pertains to each specialty area of nursing and different nurse's roles, e.g. childbearing, family/child, gerontology, medical – surgical, psychiatric/mental health, and community health nursing.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

BOOKS		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
HANSON, S., BOYD, S. (1996). Philadelphia: F. A. Davis Company. – 421 p. **(Continuation)**	*"…The roles of …nurses are evolving along with changes within the field…these roles may vary in different health care settings…* 1. ***Health teacher****…Nurses teach the family about illness and wellness…teach in all settings, both formally and informally.* 2. *Coordinator/collaborator/liaison. The …nurse coordinates the care that families receive and collaborates with the family in planning this care…. the nurse plays a key role in helping the family gain access to inpatient care, outpatient care, social services, or rehabilitation. The nurse often serves as the liaison among these various services.* 3. ***Deliverer and supervisor of care/technical expert****. …The nurse either delivers or supervises the care that families receive in various settings…this requires expertise, knowledge, and skill on the part of the …nurse.* *4.* ***Family advocate****…nurses advocate for the families with whom they work. The nurse empowers family members to speak for themselves or peaks out for the family. A nurse might advocate for family safety by supporting legislation* *5. … Consultant…nurses …serve as consultants to families, and sometimes they consult with agencies to facilitate family – centered care…* *6. Counselor. The … nurse plays a therapeutic role in helping individuals and families solve problems or change behavior…* *7.* ***Case finder/epidemiologist****. The…nurse gets involved in case finding and becomes a tracker of disease…The nurse may also screen the whole family and make referrals for treatment.* *8.* ***Environmental modifier****. The…nurse consults with families and other health care professionals to modify the environment…*	• The holistic nurse's role includes the different roles, e.g.: health teacher, coordinator/collaborator/liaison, deliverer and supervisor of care/ technical expert, advocate, consultant, counselor, case finder/ epidemiologist, environmental modifier, clarifier/ interpreter, surrogate, researcher, case manager. • The performance of different roles requires from the nurse to acquire the different competencies in these areas: clinical nursing, education, public health, management, psychology, social care, law, epidemiology, and research methodology. • The activity aspects those stipulate the efficiency of nurse's role performance: teaching collaborating, helping, caring, delivering, supervising, empowering, consulting, advocating, influencing, informing, modifying, supporting, identifying, investigating/researching, coordinating, managing.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

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<tr><td>HANSON, S., BOYD, S. (1996). Philadelphia: F. A. Davis Company. – 421 p.

(Continuation)</td><td colspan="3">9. Clarifier/interpreter. The … nurse clarifies and interprets information for families in all settings…the nurse clarifies and interprets information about the…diagnosis, treatment and prognosis…
10. Surrogate. The … nurse serves as a surrogate, or stand – in for another person. For example, the nurse may stand in temporarily as a loving mother to an adolescent…
11. Researcher. The...nurse identifies practice problems and tries to find the best solutions to the problems through the process to scientific investigation.
12. Case manager. As case manager nurse coordinates the collaboration between a family and the health care system. The case manager is formally empowered to be in charge of a case…(p. 29 – 30)</td><td></td></tr>
<tr><th>AUTHOR</th><th>TITLE</th><th>AIM</th><th>METHOD</th><th>GENERAL RESULTS</th></tr>
<tr><td rowspan="3">MELEIS, A. (1997). Philadelphia, New York: Lippincott. – 665 p.</td><td>Theoretical nursing: development and progress.</td><td>To present the theories and metatheories that uncovers the different aspects of nursing theory and practice and illuminates the development of nursing science.</td><td>Theoretical study. Descriptive concept analysis.</td><td>• In the book here is presented: various nursing theories, metatheories and grand – theories; the terminology, which is used in nursing theories; the theories are divided according their ontological and epistemological basis.</td></tr>
<tr><td colspan="3">CONTENT of EXTRACT</td><td>COMMENTS</td></tr>
<tr><td colspan="3">"…Looking for ideas…of nurses for such functional roles as teachers, administrators, consultants, and clinical specialists prompted a shift to disciplines such as education and business administration. Functions within the context of nursing, but derived form other disciplines theories became the impetus for investigations and explorations…" (p. 126)</td><td>• Nurse's role are oriented to functions
• Nurse's roles are as following: teachers, administrators, consultants, and clinical specialists</td></tr>
</table>

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

BOOKS		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
MELEIS, A. (1997). Philadelphia, New York: Lippincott. – 665 p. **(continuation)**	*"…Nurses play different roles…need – oriented nurses are actively doing and functioning; they rely on problem solving, they carefully plan their interventions, and they evaluate their work mainly (but not only) by the activities performed.* *Interaction – oriented nurses rely on the process of interaction and include themselves in the sphere of other actions; they use themselves therapeutically and evaluate their actions primarily in terms of interactions. Interaction – oriented nurses rely more on counselling, guiding, and teaching – helping clients find meanings in their situations – and less on doing and functioning…are the existentialists who focus on the support and development of the human potential. That potential includes for the nurse and the client, the goal of authentic being, the process of creating options, and an openness to present and future experiences.* *Outcome – oriented nurses focus on the goals of maintaining and promoting energy and harmony with the environment and on enhancing the development of healthy environments. Outcome nurses do not include themselves as therapeutic agents; they enact the healing roles but do not necessarily consider authentic being as essential in the healing process…" (p. 196 – 197)*	• Nurse's role performance has three orientations from the standpoint of nursing practice: need – oriented, interaction – oriented and outcome oriented. • Need-oriented roles rely on problem solving, planning interventions, and evaluating the work by the activities performed. • Interaction-oriented roles rely on involvement of nurse's self into the nursing care as therapeutic instruments, counseling, guiding, teaching and helping clients to find meanings in their situations, striving for the goal that is the authentic being through the creating options and preparedness for future experiences. • Outcome-oriented roles rely on maintaining and promoting energy and harmony with the environment, enhancing the development of healthy environments. • Through the roles' performance nurses strive for patients' healing

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

BOOKS				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
BARKER, P., ALTSCHUL, A. (1999). UK: Churchill Livingstone. – 258 p.	The Philosophy and Practice of Psychiatric Nursing.	The illuminate the unique and idiosyncratic character of psychiatric nursing philosophy and the nurse's role in it.	Theoretical study that includes concept analysis and narratives.	Tie nature of nursing, the proper focus of nursing and the reflection on practice through the philosophy and nurse's role is illuminated in the book.
	CONTENT of EXTRACT			**COMMENTS**
	"…Whatever nurses do, of necessity, it involves a complex of interpersonal relations. Given the form of care – human meeting human – and the content of those meeting – interaction, exchange and mutual influence – we could not discuss caring without interpersonal relations. If…healing is one of the goals of nursing, interpersonal relations must be the process by which it is realized…" (p. 118)			• Nurse's role includes interpersonal relations those are based on 'human meeting human' • Nurse's role's content includes interaction, exchange and mutual influence • Healing is the aim of nursing that is achieved by performance of nurse's role • Caring is the basis of nursing that is realized by performance of nurse's role
	"…The role that the nurse fulfils is how she acts in specific situations. Just as an actor acts in a particular way to convey a certain meaning, so the nurse acts in different ways that are meaningful in different situations. Given that people in care present themselves differently, at different times. So the nurse's role might be expected to change correspondingly. There is, however, some agreement that a range of valued roles exists, from which the nurse draws as appropriate. In organizing the delivery of care, a range of subroles needs to be fulfilled. Among these are the parental or authority role, the technician, the teacher, the social contact, and the counselor or therapist. Most nurses recognize the value of these different sub–roles. Ethical dilemmas emerge when nurses are faced with choosing between two or more of these roles, any of which might appear appropriate for the situation…" (p. 203)			• The nurse's role is based on nurse's actions in different situations • Every nurse's role has its one unique meaning for her/him • The nurse's role is contextual and situational • The holistic nurse's role consists from these subroles: parental. Authority, teacher, facilitator of social contact, counselor, therapist • In choosing the exact role, which is contextual illuminates the ethical dilemmas those should be solved by the nurse

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

BOOKS				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
SPOUSE, J. (2003). UK: Blackwell Publishing. – 236p.	Professional learning in nursing	The research – based evidence scientific book that is illuminates the experiences of eight nurses with the meanings of being a nurse, feeling like a nurse, and learning to be professional.	• A longitudinal qualitative research project. • The following research methods were employed: case studies, individual interviews (semi – structured and in – depth), focus groups discussions, observation of practice, illuminative artwork, learning contract analysis, interviews with mentor.	• Patients are seen as people experiencing life – events that are part of the student's life experience. Nurse's ability to provide technical care, to relate to patients whilst providing care and to have a sound knowledge base which inform their practice are important components of the role. • To become successful as a nurse and acquiring the roles in nursing care practice nurses need to adopt one or more personalities and roles; in that process nurses experience the emotional transition from disconfirmation of their initial expectations and of either trying to live up to their mental images or adjusting them to conform to the demands of their professional colleagues until; they found some sort of equilibrium. • In order to become the valued member of the clinical team and realize nurse's role in full value the nurse's self – image should include these five specific areas of nurse's practice: relating to patients and their carers; developing technical knowledge; learning to bundle activities together; developing craft knowledge; managing feelings and emotions (their own as well as those of patients and relatives); developing the essence of nursing which promotes therapeutic action; relating to and functioning within a clinical team.

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

BOOKS		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
SPOUSE, J. (2003). UK: Blackwell Publishing. – 236p. **(Continuation)**	*"…She learned to consider the patients as work objects rather than people with needs and interests…She anticipated nurse's role to be more dynamic and challenging, requiring a sound technical ability as well as theoretical knowledge...she had developed more sophisticated conclusions about the role of the nurse…"(p. 35)*	• Nurse's role is dynamic and challenging • Nurse's role's work objects are patients rather than people with needs • Nurse's role performance requires integration of technical abilities and theoretical knowledge
	"…Nursing as primarily the development of personal relationships between patients and their careers, to the extent that the nurse takes a key role in the patient's life, sharing their joys and sadness. Her images of nursing were concerned with providing comfort and a form of professional mothering. She knew that being a nurse meant high standards of integrity as well as having a protect vulnerable patients…" (p. 50)	• Nurse's key role in patient's life • Importance of relationships between the nurse - patients and nurse – patient's relatives • Nurse's role aim is threefold with the orientation to patient: 1) providing the comfort; 2) realizing the professional mothering; 3) protect vulnerability • Being in caring communion with patients: sharing their joys and sadness
	*"…Being a nurse and doing nursing were … distinct in students' minds. The **being** aspects were concerned with affective needs; the **doing** related to tasks and technical procedures...images were concerned with human aspects of nursing, such as giving emotional support, helping patients or their carers cope with illness, filling them with encouragement, being their advocate and being their ally in the face of adversity. These approaches to caring have been described…as spiritual care, intimate care and emotional labor…" (p. 124)*	• Nurse's role includes two meanings – *being* (affective needs) and *doing* (tasks and technical procedures) • Nurse's role includes these aspects of emotional labor: giving emotional support, helping patients or their carers cope with illness, • Nurse's role includes these aspects of spiritual care: spiritual care: filling patients or their carers with encouragement, being their advocate • Nurse's role includes these aspects of intimate care: being patients or their carers ally in the face of adversity

MATRIX OF LITERATURE REVIEW ON 'ROLE' CONCEPT (CONTINUATION)

BOOKS		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
SPOUSE, J. (2003). UK: Blackwell Publishing. – 236p. **(Continuation)**	*"…Relationship with patient, of **being** nurses... Often their images of being a nurse had become an integral part of their personality, as if they had been formulated over a long period of time and were evident in different ways ... Despite their limited understanding of how they would relate to other members of the health care team, of the detail of their day – to – day nursing role.images were concerned with the essence of practice and provided the rationale for all their actions and intentions as nurses…" (p. 126)*	• Nurse's role, which includes the elements of BEING is oriented to relationship with patient, personal nurse's qualities, relations with colleagues/team – members • Nurses' role includes nurse's practical actions and intentions related to nursing care practice

ANNEX 4

MATRIX OF LITERATURE REVIEW ON 'MISSION' CONCEPT (Total: 14 articles)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
FEALY, G. (1995). *Journal of Advanced Nursing*, **22:** 11354 – 1140.	Professional caring: the moral dimension.	To explore and explain caring through philosophical discourse relating to nursing mission.	Concept analysis.	• Caring is central to the social relationship that is nursing. • Caring as a concept may be constructed as meaning 'caring about somebody', 'providing for somebody' or it may imply 'looking after somebody'. Mo usually it denotes combinations of all three. • The dispositions and the activities aspects of caring are related. The activities of caring have their basis in the carer's perception of the individual's needs or in the self – perceived and self – articulated needs of the individual in a given situation at a given time. The carer, having identified an individual's needs, is motivated to act, to provide for, and to assist. To look after. This motivation to act is derived from a disposition within the carer towards the other.
	CONTENT of EXTRACT			**COMMENTS**
	"…Professional caring relationship, then, originate in circumstances in which one individual is in need of caring by virtue of some illness, crisis or inability to engage in self – care. These caring relationships evolve quite readily from an initial recognition of need and a disposition to act on the part of the carer, through to helping activities which may be quite intense, given the nature of the need, and into an open and potentially reciprocal relationship in which both carer and cared – for may gain. This is mission…The professional caring relationship tends to be different from a non - professional 'caring about' relationship in that there tends to be unidirectional operation of activities, i.e. from carer to receiver of care. These is, nonetheless, a potential within such a relationship for reciprocity extends to the attitudinal dispositional elements of the caring relationship…" (p. 1136)			• Mission is based on professional caring relationships between the nurse and patient • Mission performance is an answer to calling for help • Mission performance creates the reciprocity between the nurse and patient • Mission is performed in a critical situations related to illness, crisis • Mission performance always involves the nurse's self

MATRIX OF LITERATURE REVIEW ON 'MISSION' CONCEPT (continuation)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
STEVEN, E. (1996). *Journal of Medical Ethics*, **22** (2): 1-7.	What are the limits to the obligations of the nurse?	To illuminate the nature and the extent of the obligations of nurses.	Critical literature analysis, integrating the inductive and deductive way of thinking.	The nature of obligations is out-lined, and then the groups and individuals to whom nurses have obligations are identified. Following a brief discussion the moral foundation of the nurse's obligations to her/his employer, a common conflict of obligations is identified. Then a distinction is drawn between ordinary and extraordinary moral standards.
	CONTENT of EXTRACT			**COMMENTS**
	"…By entering into the nursing profession nurses take on certain professional obligations as a part of nursing mission…nurses have obligations to respect confidentiality, the religious beliefs of patients and so on. But in addition to these professional obligations… nurses are under certain moral obligations... nursing is not the kind of occupation which people enter simply for the financial rewards, rather nursing is entered by persons who, by and large, want to help others want to do good…work for health is a moral endeavor. This is because it involves striving towards an end which is deemed to constitute a "good"; namely, to improve the health and develop the autonomy of those who are patients and clients…" (p.2)			• Nurse's obligations are the part of nursing mission • Nurse's obligations are oriented to respect confidentiality, the religious beliefs of patients • Nurses are under certain moral obligations • Nursing is a moral endeavor and directed to improve the health and develop the autonomy of those who are patients and clients
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
DENNY, E. (1997). *Journal of Advanced Nursing*, **26**: 1175-1182.	The second missing link: Bible nursing in 19th century London.	To focus on the mission as exemplifying three strategies in Victorian philanthropy.	Theoretical literature analysis	Analyzed three strategies of nursing mission in Victorian philanthropy: 1) the use of working class women in the maintenance of social order; 2) the utilization of the middle class household to exemplify relations between the social classes; 3) the creation of districts in a attempt to recreate a 'golden age' of rural communities.

MATRIX OF LITERATURE REVIEW ON 'MISSION' CONCEPT (continuation)

ARTICLES		
REFERENCE	**CONTENT of EXTRACT**	**COMMENTS**
DENNY, E. (1997). *Journal of Advanced Nursing*, **26**: 1175-1182. **(Continuation)**	*"…19th century and since many conversions occurred during serious illness or following a death in the family, medical missions were often used as the vehicle for intervention…" (p.1176).*	• Missions were related to situations of illness or dying • Missions were oriented to families • Medical missions were based on interventions
	"…If people's physical needs were so great, then their spiritual need must be equally unmet. The linking of body and soul, medicine and religion was very common during the 19th century, particularly by evangelicals. This synthesis was a particular feature of women's missions…" (p.1176)	• Missions are oriented to satisfaction of patients' physical and spiritual needs • Missions were based on linking of body and soul, medicine and religion • Medical missions are treated as a particular feature of women's missions
	"…The aim of the mission as stated in …1862, was twofold: to supply the very poorest of the population … to improve their temporal conditions by teaching them to help themselves rather than look to others: the former can be attained by taking small weekly installments for the bible and the latter by assisting them to procure better food, clothing and beds in the same way…" (p.1177)	• The mission was oriented to poor people in order to improve their temporal conditions by teaching, i.e. mission's element is teaching • Through the teaching peoples were empowered to help themselves rather than to look to others • Mission was oriented to help people with food, clothing • Mission was related to religion context
	"…The mission also had a services of a 'medical lady' who had studied at the female medical college and who verified all the case the nurses visited…" (p. 1178)	• The leader of a mission was the physician • Nurses performed missions under the control of a physician
	"…The mission's main aims of spreading the word of God to the poor, and helping the poor to help themselves…" (p.1180)	• Missions were related to religion • Missions were oriented to poor people in order to help them through their empowerment
	"…Children, too, were used to demonstrate the work of the mission…" (p.1180)	• Mission was oriented to children

MATRIX OF LITERATURE REVIEW ON 'MISSION' CONCEPT (continuation)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
POWER, T., HEATHFIELD, L., McGOEY, K., BLUM, N. (1999). *School Psychology Review*, **28** (2): 251-263.	Managing and preventing chronic health problems in children and youth: school psychology's expanded mission.	To describe potential roles for school psychologists for managing and preventing chronic health problems.	Critical literature analysis, integrating the inductive and deductive way of thinking.	• Central to the mission of school psychology is improving the instructional outcomes of students by removing barriers to education, which may include children's health and mental health problems. • Reforms in education and health care are expanding the mission of schools and creating the need for community schools that address the needs of the whole child including academic, social, emotional, and health issues. • Within community schools, exciting new roles are emerging for school psychologists to address the needs of children and youth with or at risk for health problems. • These roles encompass the domains of intervention, program development, training, and applied research. Thus school psychologists should manage and prevent chronic health problems. • To take advantage of these opportunities, school psychologists are challenged to shift their unit of analysis from a focus upon the individual child to an examination of school and community systems that promote or impede the expression of healthy behavior**.**

MATRIX OF LITERATURE REVIEW ON 'MISSION' CONCEPT (continuation)

<table>
<tr><th colspan="5">ARTICLES</th></tr>
<tr><th>REFERENCE</th><th colspan="3">CONTENT of EXTRACT</th><th>COMMENTS</th></tr>
<tr><td rowspan="2">POWER, T., HEATHFIELD, L., McGOEY, K., BLUM, N. (1999). School Psychology Review, 28 (2): 251-263.
(Continuation)</td><td colspan="3">"…Central mission of school psychology is …supporting the mission of the school: the school psychologist is charged with the task of improving instructional outcomes by assessing…needs and designing effective, feasible, and acceptable educational interventions…the business of school psychology mission is to examine potential barriers…and to collaborate with school professionals and parents to remove those obstacles…" (p.252)</td><td>• The specific mission is related to the mission of organization where the specialist works
• Mission has its task
• Mission includes the specific functions, e.g. assessing, designing, examining/evaluating
• The mission includes the educational process
• The performance of a mission is supported by collaboration with other professionals
• In realization of a mission are included family members</td></tr>
<tr><td colspan="3">"…New roles …continue to evolve in response to the mission…school psychologists can serve exciting roles as interventionists, systems consultants, pro-gram developers, and applied researchers within…centers…" (p.252)</td><td>• Roles emerge in response to mission
• Roles are related to specific functions
• Roles are performed in organizational environment</td></tr>
<tr><th>AUTHOR</th><th>TITLE</th><th>AIM</th><th>METHOD</th><th>GENERAL RESULTS</th></tr>
<tr><td rowspan="3">BERKOWITZ, B. (2002). Public Health Nursing, 19 (5): 319 – 320.</td><td>Preserving our mission.</td><td>To present the public health nursing mission.</td><td>Reflection on current public nursing mission: personal standpoint.</td><td>Not indicated.</td></tr>
<tr><th colspan="3">CONTENT of EXTRACT</th><th>COMMENTS</th></tr>
<tr><td colspan="3">"…Infrastructure…will assist in the overall mission of public health: promo-ting health, preventing disease, and protecting the public from a range of bio-logical, behavioral, social, and environmental threats to health…" (p.319)</td><td>• The specific infrastructure is the premise for performance of a mission
• Mission has its own aims</td></tr>
<tr><td colspan="3">"…Improving the overall health of the public is our primary mission…" (p.320)</td><td>• Mission has the specific overall aim – improve the health of the public</td></tr>
</table>

MATRIX OF LITERATURE REVIEW ON 'MISSION' CONCEPT (continuation)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
BUXA, G. (2002). *Journal of Hospice and Palliative Nursing*, **4** (2), April – June: 74 – 75.	Air Lifeline Pilots volunteer to fly medical missions.	To describe the nurse's role objectives and responsibilities in specific medical missions.	Literature review.	Not indicated.
	CONTENT of EXTRACT			**COMMENTS**
	"…To fly Lifeguard missions to assist in the disaster. While regular patient transport was affected by the shutdown, Air Lifeline … generously donated their time to transport emergency personnel (firefighters, Red Cross workers, nurses, doctors) and needed supplies such as blood to the disaster sites. Pilots also flew Green Cross personnel – trauma specialists, mental health workers, and others – who provided needed emotional support during the crises…" (p. 74)			• The mission has the specific tasks • The mission is connected with the critical situations • The teamwork is the one of methods to perform the mission
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
LOWER, J., BOSACK, C. (2002). *Dimensions of Critical Care Nursing*, 21 **(5):** 201 – 205.	High-Tech high-touch: mission possible? Creating an environment of healing.	To illuminate the possibility to perform missions for nurses in critical care	Literature review	Authors described the journey of establishment of the mission in critical care nursing.
	CONTENT of EXTRACT			**COMMENTS**
	"…We should create environments in which healing can happen..." (p.201)			• Mission is related to creation of environments for patients' healing
	"…Tie reality of nursing today consists of the goings on of a busy shift and the delineation of priorities. The focus is on tasks such as patient transfers and admissions, sending patients to radiology, inserting intravenous lines, giving medications, but certainly not guided imagery. For a …nurse, frequently overwhelmed by the assignment, the task may be one as basic as keeping the patient alive … Traditionally, staffs reward the successful management of tangible items, not intangibles. At the end of the shift if all of the tasks are done, the mission is performed…" (p.202)			• Everyday shift from the start until the end is the mission of a concrete nurse • The mission is purposeful and has its own tasks that consists from concrete functions • The mission is oriented to strive for the patient to do everything in order to keep him/her alive • The mission includes not even a the technical tasks, but management of tasks too

MATRIX OF LITERATURE REVIEW ON 'MISSION' CONCEPT (continuation)

<table>
<tr><th colspan="5">ARTICLES</th></tr>
<tr><th>AUTHOR</th><th>TITLE</th><th>AIM</th><th>METHOD</th><th>GENERAL RESULTS</th></tr>
<tr><td rowspan="3">DARRAS, E., CLAESSENS, P., DIRCKX, B. de CASTERLE et al (2002). In WENR Abstracts, 11th Biennial Conference of The Workgroup of European Nurse Researchers (WENR), Geneva, Switzerland. – p.57.</td><td>The mission of nursing as perceived by nurses within the hospitals.</td><td>To describe the mission of nursing as perceived by bedside nurses and head nurses and this within the realm of skilled companionship and transformational leadership.</td><td>Unstructured interview, where nurses were asked to describe a care situation, which they perceived as 'good nursing care'.
Data analysis based on techniques inherent to Grounded Theory.</td><td>The mission of nursing described as it is perceived by bedside nurses and head nurses and this within the realm of skilled companionship and transformational leadership: nurses perceive their tasks and responsibilities with regard to their role within the health care organization.</td></tr>
<tr><td colspan="3">CONTENT of EXTRACT</td><td>COMMENTS</td></tr>
<tr><td colspan="3">"…Nursing organizations today are part of highly interconnected and un-stable global market environments in which innovation, adaptation and creativity are key elements in survival and in fulfilling one's mission…" (p.57)</td><td>• Key elements such as innovation, adaptation and creativity fulfilling nursing mission</td></tr>
<tr><td rowspan="3">JACOB, B. (2002). Nursing Homes Long Term Care Management Magazine, August, p. 54 – 57.</td><td>Using a mission statement to staff assisted living.</td><td>To illuminate the importance of mission statement.</td><td>Literature review</td><td>It is important to take more responsibility for improving the team's skills to realize your mission statement's standards. When your mission statement stands at the forefront of your operations, you will find it strengthening the culture of your senior living community in many ways.</td></tr>
<tr><td colspan="3">CONTENT of EXTRACT</td><td>COMMENTS</td></tr>
<tr><td colspan="3">"…nursing team to become part of the hiring process. Besides, who better to address the team's expectations and responsibilities than someone who performs your mission daily?…"</td><td>• Working in a team is the best possibility to perform the mission</td></tr>
</table>

MATRIX OF LITERATURE REVIEW ON 'MISSION' CONCEPT (continuation)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
LIDDY, P. (2003). *Kaitiaki Nursing, New Zeeland*, **9** (8): 24-25.	Removing barriers between nurses and patients.	To indicate the barriers of nurse's mission performance.	Literature review and critical reflection.	Recovery oriented manner empower nurses to celebrate and enjoy their clients' everyday achievements. Staff has learned what it means to walk beside people in a helping relation-ship, understanding the importance of reciprocity and therapeutic self-disclosure.
	CONTENT of EXTRACT			**COMMENTS**
	"…six key principles: a focus on strengths not weaknesses; an acceptance that the person who is ill is in charge; an acceptance that all people continue to grow and change;, a view of the community as an oasis of understanding; an acknowledgement that the relationship between the person and a key health worker is primary importance; and an acceptance that assertive outreach is the best form of intervention…" (p.22)			• Mission is oriented to patient • Mission is performed in the context of interaction patient-nurse/health worker • Mission is based on positive standpoint • Mission has its contextuality • In order to perform the mission is important to collaborate with colleagues
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
PACKER, J. (2003). *Christianity Today*, December, p. 56.	Reflected Glory.	The illuminate the image of God in nurse's mission.	Literature review.	Not indicated
	CONTENT of EXTRACT			**COMMENTS**
	"…I have a mind, including a conscience, also feelings and desires, along with my powers of mental and psychical action…" (p. 56)			• Mission is performed by the nurse's integral personality, which includes her/his feelings, desires • Nurse performs the mission through the actions those are inspired by her/his mental and psychical potential

MATRIX OF LITERATURE REVIEW ON 'MISSION' CONCEPT (continuation)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
SEBASTIAN, S *et al* (2003). *Critical Care Nurse*, **23** (5): 24-36.	Resiliency of accomplished critical care nurses in a natural disaster.	Not indicated	Not indicated	Not indicated
	CONTENT of EXTRACT			**COMMENTS**
	"…a personnel to their mission of caring and service during the disaster precipitate by…everyone was given a job, one that clearly defined boundaries of responsibility. This helped to keep the synergy and teamwork alive and well… (p.30)			• Mission is directed to caring • Mission includes the concrete job (functions) that define the boundaries of nurse's responsibility • Mission is performed effectively in a team
	"…We were all caught up in this magical feeling of commitment and determination. I air almost seemed to be laden with a drug that encouraged friendliness and a bond of respect. In all my years of nursing I have never had the opportunity to experience such camaraderie and sincere commitment to a goal... I am lucky to have experienced and participated in the human-chain. I know I will always be able to recount how a group of people banded together to service the needs of our patients…" (p.34)			• Feeling of commitment • Friendliness and cooperation • Experience of camaraderie and sincere commitment to a goal • Feeling of togetherness
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
SHELBY, H. (2004). *Writer*, **117** (4): 38 – 40.	Fact – finding mission.	To illuminate the four rules for finding information that gives the depth and veracity.	Literature review through the critical reflection.	Four rules for finding information that give the depth and veracity those are useful in nursing practice and research: 1) discover your facts firsthand; 2) repeat facts in such way that they deepen the meaning and move the plot as the story; 3) sift your facts for crucial details; 4) gather more facts than you think you need.
	CONTENT of EXTRACT			**COMMENTS**
	The mission related to finding the important fact for nursing consists from four rules that give the depth and veracity those are useful in nursing practice and research: 1) discover your facts; 2) repeat facts in such way that they deepen the meaning and move the plot as the story; 3) sift your facts for crucial details; 4) gather more facts than you think you need.			• The mission has the concrete aim • The mission performance consists from the concrete steps and the clear content
	"…The marvelous nature …is that you don't know what you're looking for until you get into your [patients] story…" (p. 39)			• The content of a mission becomes known when the nurse enters the patient's world

MATRIX OF LITERATURE REVIEW ON 'MISSION' CONCEPT (continuation)

ARTICLES				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
KIRSCHLING, J. (2004). *Journal of Hospice and Palliative Nursing*, **6** (1): 1.	Alliance for Excellence in Hospice and Palliative Nursing.	To illuminate the vision that is related to nursing mission.	Literature review.	Not indicated
	CONTENT of EXTRACT			**COMMENTS**
	"…our unified vision is to ensure that all persons [nurses] who provide …nursing care mission have the knowledge and expertise to deliver high – quality…of…care…The mission of the …nursing is t o serve as the voice and resource fostering excellence in hospice and…care…enhance our ability to draw on each other's strengths and to envision the future of high – quality…nursing care…" (p. 1)			• The mission is based on vision, which is oriented to patient, high quality of nursing care performance, nurses' competence and knowledge • The mission is connected with the organization [health care organization], nurse's competence and nursing care practice • Mission has the orientation to future • Nurses as mission performers should be the experts in nursing care • Mission performance requires from the nurse the strengths • Mission is performed on the basis of collaboration

MATRIX OF LITERATURE REVIEW ON 'MISSION' CONCEPT (Total: 3 books)

BOOKS				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
SALVAGE, J. (1993). WHO Regional Office for Europe, Copenhagen: WHO Regional Publications, European Series, No. 48. – 123p.	Nursing in action.	To illuminate and explore the roles and functions of the nurse in the European Region.	Theoretical data and document critical analysis	Presented the following aspects: nursing policies and principles, changing nursing practice, development of regulatory framework for nursing, aspects of reorientation of nursing education and ways of nurses' preparation for leadership.
	CONTENT of EXTRACT			**COMMENTS**
	"…The mission of nursing in society is to help individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context of the environment in which they live and work. This requires nurses to develop and perform functions that promote and maintain health as well as prevent ill health. Nursing also includes the planning and giving of care during illness and rehabilitation, and encompasses the physical, mental and social aspects of life as they affect health, illness, disability and dying…" (p.15)			• Emphasized on nursing mission • Nursing mission is oriented to HELPING process from physical, social standpoints • Nursing mission is oriented to individuals, families and groups Performers of nursing mission are nurses through the realization of specific functions that promote and maintain health as well as prevent ill health and also includes the planning and giving of care during illness and rehabilitation
	"…the functions of the nurse derive directly from the mission of nursing in society. These functions remain constant, regardless of the place (home, work-place, school, university, prison, refugee camp, hospital, primary health care clinic or other site) or time in which nursing care is given, the health status of the individual or group to be served, or the resources available…" (p.16)			• Nursing mission includes nurses' functions, i.e. the functions of the nurse derive directly from the mission of nursing • Functions (as the constituents of the nursing mission) are dependent on the context and environment • Mission is related to care

MATRIX OF LITERATURE REVIEW ON 'MISSION' CONCEPT (continuation)

BOOKS				
AUTHOR	**TITLE**	**AIM**	**METHOD**	**GENERAL RESULTS**
MELEIS, A. (1997). Philadelphia, New York: Lippincott. – 665 p.	Theoretical nursing: development and progress.	To present the theories and metatheories that uncovers the different aspects of nursing theory and practice and illuminates the development of nursing science.	Theoretical study. Descriptive concept analysis.	In the book here is presented: various nursing theories, metatheories and grand – theories; the terminology, which is used in nursing theories; the theories are divided according their ontological and epistemological basis.
	CONTENT of EXTRACT			**COMMENTS**
	"…All theorists agree that the discipline of nursing needs to concur on the phenomena, perspectives, and problems central to the field and to the mission of nursing. But to select caring, adaptation, homeostasis, self – care, need fulfillment, or effective nurse – patient interactions as the mission of nursing may mean concentrating exclusively on one mission to the exclusion of others. Defining a nursing mission, advocated by the early nurse theorists, may have bee interpreted to mean an exclusive mission…" (p. 55)			• Mission includes the following phenomena: caring, adaptation, homeostasis, self – care, need fulfillment, effective nurse – patient interactions • Mission isn't constant
	"…Nurses need basic knowledge to understand the basic phenomena related to the goals and the mission of nursing, for example, how certain their balance and health, and how different patterns of responses to such events as pain, intrusive interventions, hospitalization, and discharge exert their influence. Basic understanding of such phenomena as comfort, touch, confusion, ambiguity, sleeplessness, and restlessness is essential for the subsequent development of applied knowledge. Applied knowledge is that which provides guidelines to maintain, ameliorate, develop, inhibit, support, change, advocate, clarify, or suppress some of these basic phenomena. Both basic and applied knowledge are the cornerstones of nursing as a practice – oriented discipline. Nurses also seek knowledge related to the practical care they provide. Practical aspects of nursing have been dichotomized with its theoretical aspects rather than integrating, incorporating, and using them as a springboard for further development of the discipline…" (p. 95)			• Mission is based on basic and practical knowledge • Mission includes these following phenomena: comfort, touch, confusion, ambiguity, sleeplessness, and restlessness • Mission includes these activities: maintaining, ameliorating, developing, inhibiting, supporting, changing, advocating, clarifying and suppressing • Mission is based on integration of practice and theory • Mission aims are related to patient's health balance, his/her responses to pain, intrusive interventions, hospitalization and discharge

MATRIX OF LITERATURE REVIEW ON 'MISSION' CONCEPT (continuation)

<table>
<tr><th colspan="5">BOOKS</th></tr>
<tr><th>AUTHOR</th><th>TITLE</th><th>AIM</th><th>METHOD</th><th>GENERAL RESULTS</th></tr>
<tr><td rowspan="3">YOUNG, A., TAYLOR, S., McLAUGHLIN – RENPENING, K. (2001). UK: Mosby. – 509.</td><td>Connections: nursing research, theory, and practice.</td><td>To illuminate the connections between nursing research, theory and practice.</td><td>Literature review based on concept analysis and critical reflection.</td><td>In the book here is presented the integrative development of connections between the nursing research, theory and practice and the overview of theories related research and practice applications is made.</td></tr>
<tr><td colspan="3">CONTENT of EXTRACT</td><td>COMMENTS</td></tr>
<tr><td colspan="3">"…the mission statement should be congruent with the theoretical framework, and the staff should be familiar with the mental model of it…The role of nursing and the relationship of nurse variables to patient variables should be described in a mission…" (p. 42)</td><td>• Mission is connected to nursing care practice
• Mission is based on concrete theoretical framework
• Mission content should be clear to nurse practitioners
• Mission includes the role of nursing
• Mission includes variables of the nurse and patient and its relational modifications</td></tr>
</table>

DIMENSION OF A MISSION: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…and mission, maybe seeing intuitively, observing, meeting with people, I feel, what I, being as a specialist in this area as professional, what I must perform, must and I can not to act in other way…it is related to illness, health…[1 respondent]	Committing oneself to patients through nurse – patient interaction	**Communicating with the patient**	**BEING COMMITTED**
…you should communicated with him/her…it is commitment… [1 respondent]	Committing to communicate with patient		
… and to 'bring' the self to ill people…through commitment…[1 respondent]	Committing to ill people through absolute devotion	**Being devoted to patient**	
…Whatever we would say, it is needed to be burning with a desire to 'make' the good, i.e. a little bit of altruism…then you perceive that mission is performing…you are committed straightly… [2 respondent]	Committing through perception of mission performance based on benevolence and altruism	**Being benevolent and altruistic to the patient**	
…if I am responsible for transported patient until the delivering him / her, and putting to bed, and I committing myself to protect him / her… [7 respondent]	Responsibility for patient through his / her protection	**Protecting the patient**	
…The essential nurse's mission – to nurse, I mean – not superficially, you must be interested in human being…[7 respondent]	Nursing through interest in human being	**Being interested in a patient**	
…you must be absorbed in all his / her problem – to see all its sides… [7 respondent]	Being absorbed in a patient problem by seeing all the sides	**Being absorbed in a patient problem**	
…Finally – you must to block up the way to illness or illness complications…it is your duty…It means that you must teach the patient about what could be and what should not be… [8 respondent]	Preventing the illness / complications through patient teaching	**Educating the patient**	
…Yes, its means, I should to show the concern for…Yes, it happens you meet unpleasant people that are repellent, but you can not show it… he / she is a human being, and your obligation is to care of that man from human inducement, no matter, who is he / she – drug – addicted, or an alcoholic, or homeless, nevertheless you should take care of him/ her…but it is yours as nurse's commitment to human being… [9 respondent]	Caring of patient from human inducement, independently from his / her social status as performance of commitment	**Expressing care of the patient**	
…The nurse must recognize the spiritual, cultural needs of a patient. Only in this way we achieve the nursing quality. In this way I understand the nurse's obligation…[3 respondent]	Obligating through recognition of patient's needs, striving for nursing quality	**Recognizing the patient's needs**	
…this mission is to devote the self to other people – this devotion to people…you 'giving' the self to them and it is maybe a mission. Maybe it is broader. Who knows…[1 respondent]	Devoting the self to other people	**Devoting the self to others**	**BEING DEVOTED**
…Nursing mission is the permanent nurse's efforts that are 'inserted' into nursing in order to accomplish the concrete nursing philosophy, which includes first and foremost the efforts in the name of human being, in the name of those who your nurse… [2 respondent]	Accomplishing the nursing philosophy through permanent nurse's efforts in the name of patient / human being	**Striving to accomplish the nursing care philosophy in practice**	
…I think that I am carrying the mission, i.e. realizing in reality the genuine nursing philosophy, which is based on devotion, attentiveness and love to human being…[3 respondent]	Realizing the nursing philosophy through devotion, attentiveness and love		

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…So, people ask me, how I would act in one or another situation, if you should save the human life, I always justify myself: 'if here would be a danger, which would threaten me and my life would be under the danger, maybe I would not save the patient'. But in reality, when it happens, I never think about myself, I even do everything for this human being. I do this at a concrete time not consciously, but I do everything what I can, and I do not think about my personal life, really…[9 respondent]	Nurse's self – sacrificing to patient in critical situation	**Being self – sacrificed to the patient**	**BEING DEVOTED (continuation)**
…The mission is to make something useful for the patient, for all patients …[8 respondent]	Realizing the useful activity for patient	**Being useful for the patient**	
…In patients' nursing the nurses should forget their problems that happens to everyone…[10 respondent]	'Forgetting' the personal problems in patients' nursing	**Being detached from personal problems in activity**	
…It is not enough to do even your work through actions, e.g. to make injections, to bring the meal. I think that the nurse should be able to communicate with patient…[9 respondent]	Inadequacy of acting without ability to communicate with patient	**Communicating with the patient**	**BEING COMPETENT**
'…permanent conversations with the patient…in this way the patient see my competence…I should be able to manage those conversations…' [9 respondent]	Expressing the competence through ability to manage the permanent conversations with the patient		
…It is nursing care of people through communication with patients…[9 respondent]	Nursing through communication with patients		
…I communicated with patients…I think that it was the mission…mine as nurse's…[9 respondent]	Communicating with patients		
… it is very important the attentiveness, listening, caring, sincerity, not damaging in nursing and efforts not to make the additional suffering for patient and his / her relatives, not insult their self – dignity, to respect them…all ethical principles should be realized in a mission…in this way the nurse proves the competence…[3 respondent]	Proving the competence through realization of ethical principles working with patients	**Being ethical with the patient**	
…I want to note that in mission here should be expressed the satisfaction of all need …[4 respondent]	Satisfying all the needs of a patient	**Being able to satisfy the patient's needs**	
…The main accent of a mission is the satisfaction of all patient's needs. Those are the following: physiological, social, self – dignity, self – realization etc.…[5 respondent]			
…Needs that are satisfied in reality for patients, here is any secret, it is only physiological. Here is any debate on this point… [5 respondent]	Satisfying the physiological needs of a patient		
…The nurse is 'encirclemented' by ill people that need not even the physical help, but psychological too. Even being in a new environment people feel badly and it is difficult to be accustomed, adapted… nurses should be able to 'encode' this…[5 respondent]	Being able to 'encode' the physical and psychological need for help among patients because of the bad feeling in a new environment	**Being able to illuminate / recognize the patient's needs**	
…If the patient meets the nurse, who is ready – she has knowledge, skills, she sees that patient's needs and she 'answers' to patient's needs and then everything is going o.k.…[5 respondent]	Nurse's readiness to see and answer to patient's needs through her knowledge, skills		

DIMENSION OF A MISSION: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…Elucidation of spiritual and cultural needs as a process is very urgent in a mission…[2 respondent]	Elucidating the spiritual and cultural needs	**Being able to illuminate / recognize the patient's needs (continuation)**	**BEING COMPETENT (continuation)**
…But again – one nurse sees that she is able to give some time to patient, to be together and to communicate, and the other nurse do not accept that, do not give any meaning to that, from her understanding and she thinks that the patient do not need anything…[5 respondent]	Being able to 'see' the patient's need for communication		
…When we speak about nurse's mission it is the nurse's ability to realize not even that she must realize…but to see from the patient, what is his / her need…[5 respondent]	Being able to make, what she 'must' through evaluation / seeing the existing patient's needs		
…I am observing the patient, how is she – is everything o.k.; does she not feel the pain, is she taking the remedies etc.…[3 respondent]	Evaluating the patient's state	**Being able to evaluate the patient's health**	
…I should not even protect the patient's health, but to be able to exclude his / her pain…[3 respondent]	Protecting patient's health and being able to exclude the pain	**Being able to exclude the patient's pain**	
…When the nurse works with the patient…she needs to know not even the technique of making injections, or values on a monitor…it is realized complex of activities…but the technique is important… [8 respondent]	Working with the patient through knowing the nursing technique and realizing the complex of activities	**Knowing the nursing care technique**	
…but also the conveying the personal knowledge, and practical, and theoretical knowledge…to patients…[8 respondent]	Conveying the knowledge (theoretical and practical)	**Educating the patient**	
…It is to ensure the satisfaction of all needs, and any patient's needs…This is – physical, social, psychological, satisfying all the patient's needs through the patients' teaching… [9 respondent]	Satisfying all the patient's needs (physical, psychological) through the education		
…the nursing mission consists of education how to preserve the health… [9 respondent]	Realizing the health education		
…of course, happens various moments, when we need to make decisions, evaluate, what is the essential problem in a concrete moment…thus the nurse takes the initiative…[5 respondent]	Taking the initiative from the patient in evaluating the importance of a problem	**Being initiative in evaluation of the patient's problem**	
…Nurses should help people…in the context, which is known for the nurse and which she had observed…[5 respondent]	Helping the people in a known context	**Giving the help to the patient**	
…Through the active listening the nurse may help the patient to express what he / she feels…[5 respondent]	Helping the patient to express to express the feelings through the active listening	**Being able to listen the patient**	
…Firstly, the nursing mission for me, is the help to patient…in this way I show the concern…[1 respondent]	Helping the patient through showing the concern	**Being helpful to the patient**	**BEING CARING**
…in any situation to strive to help him / her…help is the care… [1 respondent]	Helping the human being (in any situation) through showing the care		
…I strive, that the patient would feel better and would be happier…to strive for wellness of a patient…to care of him / her…[3 respondent]	Striving for patient's wellness through the care	**Striving for wellness of a patient**	
…The aim is the part of a mission. Because of the mission is realized for the wellness of a patient: you want, that the patient in recovering would make a progress…[3 respondent]	Realizing the aim as a part of a mission for the progress of a patient in recovering		
…I think I should do everything for wellness of a patient, to care of him / her…[5 respondent]	Acting for wellness of a patient through the care		

DIMENSION OF A MISSION: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…I think, that mission is to afford to human the wellness, i.e. patient… [5 respondent]	Affording the wellness to patient	**Affording the wellness to the patient**	**BEING CARING (continuation)**
… The important task for nurses in mission performance is to care of patients through striving to maintain spiritual and vital needs of a patient. Here in this area the help and support for the patient is offered moderately…[5 respondent]	Expressing the care through help and support for patients directed to maintaining their spiritual and vital needs	**Striving to maintain the patient's needs**	
…the mission is to care of patients, to answer to patient's needs. At least of those people with whom I work…[6 respondent]	Caring of patients as an answering to their needs	**Answering to the patients' needs**	
…I think, I really perform the nurse's mission – I behave as a trustee with patients… [6 respondent]	Behaving as a trustee with patients	**Being trustee with the patient**	
…the mission is associated with something that the nurse should be a very good person, friendly, warm, i.e. to be able to express the motherly tender…[6 respondent]	Expressing the friendliness and be motherly tender to patient	**Being able to express the motherly tender to the patient**	
…It is an ability to influence the patient, to care of him / her – it is really a mission, but not the role…[9 respondent]	Nurse's caring of patient being able to influence him / her	**Being able to influence the patient**	
…In reality I have cared of this man, I endeavored myself to feel this person's part of the concrete position deeply… [9 respondent]	Caring of patient through feeling one's part deeply	**Endeavoring to feel the patient's part deeply**	
…An they [patients] feel, and you see, that they feel you…[5 respondent]	Mutual feeling one's part with patients	**Being in mutual feeling one's part with the patient**	**BEING IN COMMUNION**
… together with patients I am experiencing everything… [5 respondent]	Common experiences with patients	**Being in mutual experiences with the patient**	
…But if I should say that in some cases I felt the performance of a mission…when I felt it, I thought that it is very hard to see many pain, together to experience it…[1 respondent]	Feeling the mission through seeing the pain and experiencing it together with patient		
…together with patient we are going on forward through the mutual contact…[5 respondent]	Going on forward *through the mutual contact with patient*	**Being in mutual relationship with the patient**	
…And in reality…we spoke, because of…the patient had many questions and experience about it. What about the future, what he should do in future, how to get more information, who may give this information etc… [5 respondent]	Communicating with patient about experiences		
…Firstly those conversations were timid, he does not dared this from the start. But gradually he entered into conversation…[5 respondent]	Patient's entering into conversation through the communication with the nurse		
*…that mission we perform everyday, especially when we are together with patients, when we communicate with them, but we do not think that it is mission…it is the thing, which goes of its own accord…Here is the main aspect – **being with** the patient in this communication, communion…[5 respondent]*	Performing the mission through begin with patient in mutual communication	**Being in mutual communication with the patient**	
…It is really important to be with the patient, to get from him / her the feedback…[9 respondent]	Getting the feedback from the patient being with him / her	**Getting the feedback from the patient**	

DIMENSION OF A MISSION: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…she says to me: it is very painful to me…then I sat down near her on the chair…then she started to narrate, bet firstly asked me – do I have the time to listen. I said 'yes', I have…[9 respondent]	Forming the mutual confidence between the nurse and patient	**Forming the mutual confidence with the patient**	**BEING IN COMMUNION (continuation)**
…When I associate with patient, and he / she trusts you, is opening and narrating about his / her past, the patient could raise various psychological problems and to discuss about them with you…Sometimes people need even to discuss, to be open as with the psychologist …[2 respondent]	Forming of patient's trust and being open through the association with the nurse		
…Communication is the reciprocal connection and the essential basis of nursing that is given for all people and really of composite parts of a mission…[2 respondent]	Forming the reciprocal human connection through the communication	**Forming the reciprocal connection with the patient**	
…the individual nursing care of a patient I perform, when I satisfy his / her needs…then emerges the communion…[2 respondent]	Individualizing the nursing care work through the satisfaction patient's needs	**Individualizing the patient's nursing care**	
…Relation between the nurse and patient is based on patient's needs satisfaction, then this relation is 'rounding' about it …but this relation is real… [4 respondent]	Nurse's and patient's relating through the patient's needs satisfaction	**Satisfying the patient's needs**	
…I really see that old people have the need to communicate and you may just take a seat near and be with them and to talk and do not make any other work. These talks sometimes are long…[5 respondent]	Being near - the answering to (old) patient's need to communicate		
… for me the mission is associated with…being near the patient and nursing care performance not even mechanically…[4 respondent]	Being near patient in nursing care performance	**Being near the patient**	
…I came into one ward and see that one woman is sitting and crying. No matter that I had to perform the other activities, I came up to this woman…not because of the curiosity, but I felt sorry for her…I had interested what has happened. I see that she is shaking…thus according to diagnosis I knew, she had…[9 respondent]	Showing the attentiveness to patient	**Being attentive to the patient**	
…When I washed the patient, then we permanently talked to one another, and I spend a lot of time with her…we need to give the time to patient and to ourselves… [9 respondent]	Giving the time to patient through performing nursing activities and communicating		
…I think, tender and nice words give a lot. I also was a patient at hospital and it was really pleasing, when the nurse communicated with tenderness, and was nice, sincere… [1 respondent]	'Depositing' through the sincere communication	**Being sincere with the patient**	
…Maybe from the side it seems not meaningful, but of the person has to say something, I always trying to be in listener's role…that's my mission too…[5 respondent]	Listening the patient	**Listening the patient**	
…I came back to patient, took her to procedural, tied up the wound, but I can't change the drains – pipes, I can't nothing to do without the physician…and this patient…sometime I meet her and she remembers me and says :'I am very thankful to you that you at that minute had listened me, supported morally'… [9 respondent]	Helping morally to patient through nurse – patient communication	**Being able to support the patient morally**	

DIMENSION OF A MISSION: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…It is simply the same humanness…the patient needs the humanness, which is shown by the nurse…it is mutual communion…[9 respondent]	Expressing the humanness being with the patient	**Being able to express the humanness to patient**	**BEING IN COMMUNION (continuation)**
…Thus the mission includes much altruism to the patient and it forms the communion between the nurse and patient... [10 respondent]	Forming the communion through the altruism to the patient	**Being altruistic with the patient**	
…the nurse always is dependent on patient's situation…I think, the nurse should be oriented to patient, because of exactly the patient is the basis on which all the nursing care is 'rounding'. If here would be any patient, thus the nursing care would not be useful. He / she is our 'employer'. Thus the mission should be concentrated on the patient, his / her situation …[9 respondent]	Depending on patient's situation	**Being dependent on patient's situation**	**BEING DEPENDENT**
…I think it depends on situation. If here would be a situation…my mission is directed to patient, because of he / she needs it at that moment …[5 respondent]	Depending on patient's needs in a concrete situation		
…the mission in a different context is different, and it depends on patient, his / her situation, his / her needs…contextuality here is important…[1 respondent]	Depending on a context related to patient's situation and needs		
…The patient in this situation was an initiator. Me, as a nurse, I had performed my mission in order to answer the patient's need. He had shown the need, that he needs the information that he wants to communicate with us. And we, nurses, had shown the same feedback. In this case, the patient had initiated…the nurse in this case is dependent …[5 respondent]	Answering to patient's need through patient's initiating	**Being dependent on patient's initiating**	
…The patient, maybe not directly, but takes part in nurse's 'shaking up'… [5 respondent]	Taking indirect part by the patient in nurse's 'shaking up'		
…thus everything in a mission is dependent on person, mood of the nurse and patient…[6 respondent]	Depending on nurse's and patient's mood	**Being dependent on mutual mood**	
…Every case is a little bit similar, but here are also exceptional cases. In common all the cases are unique and this goes through nurse's experiencing… the nurse should perceive this… [2 respondent]	Perceiving the uniqueness in every patient's situation through the experience	**Being able to perceive the uniqueness of cases / situations**	**BEING EXPERIENCED**
…But the mission is not like you would plan, that you need to work with other patients in the same way or manner…you experience that for every patient is performed the unique mission…here is no one , the best plan…this is important to perceive…[2 respondent]			
…Experiencing the various situations of the patients, the internal sensitivity does not disappear. It is important…[2 respondent]	Keeping the internal sensitivity through the experience	**Keeping the sensitivity**	
…The nurse's behavior could not be mechanical, here should be accustoming to the patient's role…[8 respondent]	Accustoming to the patient's role	**Accustoming to the patient**	**BEING ACCUSTOMED**
…I think, here is no even the mechanical activity, here should be also the accustoming…to the patient… [8 respondent]			

DIMENSION OF A MISSION: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…mine as nurse's aims is permanently to be accustomed and to create the therapeutic environment in order to satisfy the patient's needs… [8 respondent]	Striving permanently to create the therapeutic environment that satisfy patient's needs	**Striving to create the therapeutic environment to the patient**	**BEING ACCUSTOMED (continuation)**
…For me as for the nurse, the first step in nursing care is always the same: firstly to look at to the patient as to the human being from the spiritual side…[2 respondent]	Seeing the patient's spiritual side	**Being able to 'see' the patient's inside**	
…it is needed to be accustomed more deeply into the situation…by evaluating the patient's problems, to look at to the patient as to personality…[2 respondent]	Accustoming into the patient's situation through evaluation of his / her problems and seeing patient's personality	**Accustoming into patient's situation**	
…I communicate with the patient enough long time, because it is needed to be more deeply accustomed into the existing situation…[9 respondent]	Accustoming into the situation through the communication with the patient		
…I see many pain, and I live with those thoughts…[1 respondent]	Living with thoughts about the patient's pain	**Being involved into patient's pain experience**	
…I can't detach myself from patient's pain…I see the life not very nice, but by the way like it is in reality…[1 respondent]	Not detaching the self form the patient's pain		
…If we are do not know – how, we are ignorant, then we jeopardize the human's lives… [10 respondent]	Jeopardizing the human's lives through the ignorance	**Being ignorant**	**BEING LIMITED**
…the other patient does not show or express the need. It could block – the patient does not come into the contact with the nurse… [5 respondent]	Blocking the contact of the patient – nurse because of the patient's inexpression of needs	**Being 'blocked' by the patient**	
…that patient's refusal, it rejects the offer to help from the nurse …[5 respondent]	Rejecting the nurse's offer to help because of the patient's refusal	**Being 'rejected' by the patient**	
…We as the nurses 'are spoiling' through the practice: after some years we do not see the person, but only see the object of an illness. It is terrible. And such attitude has nothing to do with the nursing care and the nurse's mission…[6 respondent]	Seeing in patient the object of an illness	**Following the depersonalized attitude to the patient**	
..Such depersonalized attitude is terrible – you do not see, that the patient is an individuality with his / her wishes, pretensions and to everybody it expresses differently…[6 respondent]	Leaning on depersonalized attitude as disturbance in seeing the patient's individuality		
…I you become the 'mechanic' in nursing care, thus you do not see this…Then you look at in this way: patients are coming…hmmm, this is one, it is o.k., here is another – also is o.k. Thus everything according to the same 'boot – tree'…[6 respondent]	Using the 'mechanical' attitude in nursing care		
…If the nurse works in order only to work formally – the patients feel that and fix it straightly. Then the communication does not happen…patients encoding the nurse's looseness…[6 respondent]	Disturbing the nurse – patient communication because of the nurse's looseness	**Loosening with the patient**	
…but the primary obligation of a nurse is to help the patient. Then why she did not realized this obligation? Why the nurse who is responsible for the concrete patient did not realized her mission?.. [6 respondent]	Not helping the patient as ignoring the primary obligation of a nurse	**Ignoring the primary obligation to the patient**	

DIMENSION OF A MISSION: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…The woman is saying to me: 'I was lying on the bad all the night alone, I had very painful flank…it is very painful to me…the nurse call at the ward and not even ask me, how do I feel'…Then I am saying to the patient: 'Missis, I will help you, I will wash you'. She is saying to me: 'nobody did not wash me'. Though tell me, please, is it possible to ask the patient, how doing he/ she feels even from human side? What has happened to her / him? And it means that the nurse to does not realize the obligations… [9 respondent]	Not showing the humanness – not having the possibility to uncover the patient's needs	**Not expressing the humanness to the patient**	**BEING LIMITED (continuation)**
… not feeling one's part deeply in communication with the patient… people feel it very much. Especially patients…Do not happens the 'connection' with the patient …[8 respondent]	Nurse's not feeling one's part in communication with the patient expressing through the patients' feelings	**Not feeling one's part in communication with the patient**	
…It is really not for theoretical knowledge. Everything I do for the human being, for his/ her better health. In this way I understand the mission…he / she had shown, then I should motivate myself and to do everything in order would be better to him / her. I understand in this way…[7 respondent]	Nurse's self motivation to act / work for the patient's wellness	**Self – empowering to strive for the patient's wellness**	**BEING SELF - EMPOWERED**
…if I see that I may provoke the badness by my additional, not adequate actions, then I should to set to something…[7 respondent]	Taking the responsibility striving for decreasing the patient's badness	**Self – empowering to take the responsibility**	
…when the patient's situation is not clear to me, then I am trying again to ask the questions to the patient, to contact with him / him again, and to revaluate the same situation again. It is important to elucidate everything comprehensively… [9 respondent]	The revaluation of the situation through the contacting with the patient	**Self – empowering to revaluation of the patient's situation**	
…and for the patient is given the rest, and the absence of the anxiety – it means that my mission is performed…and I feel satisfied… [1 respondent]	Being in satisfaction through giving the rest to the patient	**Giving the rest to the patient**	**BEING SATISFIED**
…the complicated situation was: she had standing and adjusted by 'lifted' tone, and no one finger she does not 'moved'…but I had experienced the satisfaction in some way because of I had protected the patient…[7 respondent]	Experiencing the satisfaction through protecting the patient	**Protecting the patient**	
…this wonderful feeling, when you are able to protect the patient emotionally, because of he / she at that time can not stand for him / herself…for the patient and only for him / her….it is not related to my personal or the other nurse's relationships, I do not care about her …but the patient – the other nurse has no right to damage the patient… [7 respondent]	Being able to protect the patient emotionally, when he / she is not able to stand for him / herself		

DIMENSION OF A MISSION: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…Really, when you see that with the patient feels good, you feel the satisfaction, that you made good for somebody – maybe the last time, o maybe not, it is not important…that you make the person happy a little bit …[2 respondent]	Experiencing satisfaction through seeing the positive results of the nursing care activity	**Seeing the nursing care results**	**BEING SATISFIED (continuation)**
…your satisfaction happens through undirected 'help' of the patient… when you see your result: how many your work, how many your nursing care had influenced the patient's quality of life, his / her health quality… the same I could say about the mission…[5 respondent]	Feeling the satisfaction through patient's health condition as a result of nursing care		
…maybe those sincere and equivalent relationships between the patient and the nurse were pleasant for ourselves…[5 respondent]	Experiencing satisfaction through the sincere and equivalent value patient – nurse relationships	**Being in equivalent relationships with the patients**	
…and not even the realization of concrete actions it is, but the self – satisfaction – when you work with the patient…[8 respondent]	Experiencing satisfaction working with the patient through the realization of concrete actions	**Realizing the concrete actions for the patient**	
…the health personnel should endeavor in order the patient would not avoid the others, because of later for him / her will be very hard to come back to society…[2 respondent]	Endeavoring to influence the patient in order he / she would not avoid other people	**Endeavoring to drawing the patient in life**	**BEING INFLUENCING**
…want you or not, you should give the strength to the patient, to 'plant' the desire to live, to recover sooner, conquer the illness, to achieve the better results in recovering…[2 respondent]	Motivating the patient for recovering	**Motivating the patient**	
…passes some time, I reconsidering and never writing the nursing care histories offensively…It is important to reconsider in order you would be able to write exactly the important nursing care problems, on that are dependent their solving...[9 respondent]	Depending in decision – making from nurse's reconsidering	**Reconsidering retrospectively**	**BEING REFLECTING**
…And all the information about the patient should 'become firmly packed' in your head and only after you reconsider everything, and you are systemize, try to analyze…you perform the real reflection …[9 respondent]	Reflecting on patient's situation through the systematization and analysis of the information	**Analyzing and systemizing the information**	
…The mission is connected to nurse's ability to be in some position in order the others would take her / his opinion into consideration…Only this will open the possibility to do for the patient, what he ' she really wants, i.e. really to perform the nurse's mission…[9 respondent]	Being in dignity as the possibility to act for the patient's wellness	**Being in dignity in acting for the patient**	**BEING IN DIGNITY**
…The age predetermine everything…If it is the old person, thus the nurse's mission includes the aspect of entire communication … [5 respondent]	Influencing the content of nurse's mission by the patient's age	**Being influenced by patient's age**	**BEING INFLUENCED**
…You should feel the patient's response to all your activity…the patient's reaction influences the nurse…[8 respondent]	Feeling the patient's response to the performed activity	**Being influenced by patient's response**	

DIMENSION OF A MISSION: BEING CONNECTED TO NURSE			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…The mission is really wider than the role…and the mission, I think, is related to nurse's inner condition, as professional's, is related to nurse's feelings…[1 respondent]	Relating the nurse's inner condition, feelings and professionalism	**Experiencing sensitively**	**BEING ACCUSTOMED**
…The mission – when you experience all those things sensitively as a human being…[1 respondent]	Experiencing sensitively		
…I have the examples form my experience, when is very hard to experience everything, but in those moments I join this mission in critical situations, but after I experience this pain very much, because of I see all that pain…[1 respondent]	Experiencing the difficulties through seeing many pain		
…Undoubtedly, in mission performance, you should be very patient…in this way the nurse expresses the devotion… [3 respondent]	Expressing the devotion through being patient	**Being patient**	**BEING DEVOTED**
…The mission is really connected to nurse's experiences…when you giving, seeing, and this go unconscious. Maybe it would be nice if everything would go consciously, but in my case everything was going unconsciously… [1 respondent]	Experiencing through giving and seeing	**Being experiencing**	
…I understand that the mission is, when you give all your strengths … [10 respondent]	Giving all the strengths	**Giving the strengths**	
… I am the professional practitioner and I have everything what is needed, e.g. knowledge, skills, i.e. competence…this mission is performed really by nurses practitioners and I can't ignore that…[1 respondent]	Performing the mission professionally through the nurse's competence	**Acting professionally**	**BEING COMPETENT**
…that professionalism consists from many things, i.e. knowledge, skills, understanding, prejudices, and finally, – organizational things, economical, cultural things…[8 respondent]	Being manifold in professionalism		
…But the nursing care mission is the philosophy that is carried out by the nurses practitioners… [7 respondent]	Carrying out the nursing care philosophy through the nurses practitioners	**Being able to carry out the nursing care philosophy**	
…the nurse should be strong emotionally and then everything is going well…[7 respondent]	Being strong emotionally – the outcome of positive results	**Being strong emotionally**	
…Yes, undoubtedly, the nurse's education here is very important – developing the wider, exhaustive conception about the work, profession; that, what you thought is well or good until this time, today is not very good…[10 respondent]	Developing the conception about the work / profession by dependence to nurse's education	**Being educated**	
…even the mission is codified in nurse's behavior…I would say…the activity aim is represented through the nurse's behavior…[7 respondent]	Codifying the activity through the nurse's behavior	**Representing activity through the behavior**	
…By whom the mission is performed, this person should describe it in his / her way…it is individual and is dependent from the person, who forms the personal mission…thus the nurse influences the mission…[9 respondent]	Forming the mission in dependence on nurse's personality	**Forming personal mission**	**BEING INFLUENCING**
…though through the mission realization you feel the peace, even the situation finishes badly, but you feel the peace, you are calm…[1 respondent]	Feeling the peace through mission realization, independently form the situational outcomes	**Being in peace**	**BEING SATISFIED**

DIMENSION OF A MISSION: BEING CONNECTED TO NURSE			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…Through it the life 'awards' with the nicest emotions…I see the world nicer…[2 respondent]	Being 'awarded' by the nice emotions	**Being 'awarded' emotionally**	**BEING SATISFIED (continuation)**
…I am becoming the patient's listener and it helps me to find the answer that seems the most right…And you becoming calm and you are feeling well…[3 respondent]	Finding the answers through the patient's listening	**Finding the answers**	
…the mission of a nurse in reality…it is the self – satisfaction in full value ... [8 respondent]	Realizing the self	**Being self - realized**	
…The various duties, those are maybe are exactly for mission performance…And the duties are indicated in concrete standard, you should keep on them and they are like define your activity. And the responsibility – the person could be responsible for the self, striving for this mission…[1 respondent]	Taking the self – responsibility by striving for the mission	**Being self – responsible**	**BEING RESPONSIBLE**
…I see the nurse's mission directed to development of a nurse's profession that is realized by the self – empowered nurse… [10 respondent]	Realizing the development of a profession purposefully	**Developing the profession purposefully**	**BEING SELF - EMPOWERED**
…The notion 'mission' is what you are striving for, it is the line, which is guiding you forward, to the future…[8 respondent]	Orienting to future through striving	**Being oriented to the future**	
…the mission is not even the obligation performance, but the setting the concrete task to do something…the perspective to the future …[8 respondent]	Performing the obligation through the task setting with the future perspective		
…And if you started to work as a nurse, you should strive for the purpose persistently…[9 respondent]	Striving for the purpose persistently	**Being persistent**	
…You should be in self – dignity and to show that you are able, because only at this time you may create more possibilities for yourself… [8 respondent]	Unfolding the abilities through the creating more possibilities for the self	**Unfolding the abilities**	**BEING IN DIGNITY**
…I do not know…do I really would perform the mission intuitively, when my dignity is disturbed or self – respect, do I rush at this mission…[9 respondent]	Limiting the mission performance by disturbing the dignity / self - respect	**Experiencing the disturbance of dignity / self - respect**	**BEING LIMITED**
…From my understanding, the nurse's mission is dependent on many things. From the start, when I started to work, it seemed that I should do even that, what is charged to me, i.e. what is charged by the physician, that, what is asked by the patient and… in general because of changes in nursing situation in hospital, in country too…and in myself as personality, then I this mission understand in this way…[5 respondent]	Depending on nursing changes and personality in development of personal comprehension	**Being dependent on changes**	**BEING DEPENDENT**
…Thus the realization of that mission is dependent of nurse's comprehension – how does she / he sees this situation, does she / he evaluates this situation as valuable… [5 respondent]	Depending on personal comprehension about the situational value	**Being dependent on personal comprehension**	

DIMENSION OF A MISSION: BEING CONNECTED TO NURSE			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…But the mission could be directed to the nurse too, i.e.to personal qualities, to competence, maybe more to competence. Because of those personal qualities…thus this friendliness should be, but this is not the decisive criterion, it is maybe one of the additional aspects… [7 respondent]	Depending on personal nurse's qualities and competence	**Being dependent on the self - competence**	**BEING DEPENDENT (continuation)**
…Speaking about the mission and the nurse, here could be more discussed about the professional competence on which everything is dependent…[7 respondent]	Relating the mission with the nurse's professional competence		
…The person from the medical school, college or university already comes with the personal formulation of a mission. Maybe in this case it is formed at studies…[7 respondent]	Forming the conceptions at the educational organizations	**Being influenced by educational process**	**BEING INFLUENCED**
…When you are studying, you are reading a lot of the new things in theory…and it influences the comprehension about the nursing care …[7 respondent]	Being influenced by theoretical studies in nursing care		
…I mean that when you are studying more, thus your understanding about the nursing care mission is correcting also more often…[7 respondent]	Correcting the formed understanding about nursing care through the continuing learning	**Being influenced by continuing learning**	
…But in practice day after day you are doing the alike things…the working nurse must expand the personal knowledge continually: more the person knows, more his / her becomes broad – minded, more broad the nurse understands her / his mission. Let's say, when I finished the medical school, my understanding about the mission was homogenous, - even the procedures, because only for that we were prepared, only that was accentuated. Yes, I should perform rightly, but my general attention is not concentrated only to it… [10 respondent]	Being influenced by continuing knowledge development		
…For the total change in understanding about the mission, here is needed a lot, to learn continually, I mean, this total change could make only the studies… [7 respondent]	Being influenced by continuing learning		
…Thus the person 'brings' the understanding about the mission from the educational institution, after the corrections happen because of the collision with the practice, but this process is in continuing 'motion'… [7 respondent]	Correcting the formed understanding about the mission in practice	**Being influenced by practice**	
…only performing the practical activity, the big change in mission will not happen...But again, the practice can't ruine totally the brought understanding about the mission, it could influence only partly…[7 respondent]	Being influenced by nursing care practice limitedly		
…being able to comprehend the fragility of life…it comes only through the experience…[2 respondent]	Comprehending the life fragility through the experience	**Being able to comprehend the life fragility**	**BEING EXPERIENCED**

DIMENSION OF A MISSION: BEING CONNECTED TO ACTIVITY			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…the mission, I think, you should give everything, the self totally – all your heart to the work…[8 respondent]	Devoting to the work	**Being devoted to the activity**	**BEING DEVOTED**
…devoting to the environment, which is at the work…to your working environment…[8 respondent]	Devoting to the working environment		
… the mission is very high thing, I think. In order to perform it, you are very little as the person, and you should do a lot of things…you should make many efforts…[1 respondent]	Performing the mission through making the efforts		
…and to the mission you are devoted with all your personal creature…you are devoting to this thing…to the work…[1 respondent]	Devoting to the work with all human creature		
…here could be the self – sacrifice to that work, everything is going from inside… [7 respondent]	Self – sacrificing to the activity through the inner sense		
…the mission performance demands many time, self – sacrificing, devoting, dedicating …[7 respondent]	Realizing the mission through the time, self – sacrificing and dedicating		
… with the mission is self – sacrificing and intuition…[7 respondent]	Relating the intuition and self - sacrificing	**Being intuitive**	
...In practical work I saw, how much the person needs the nursing care…I understood the meaning of an activity…[7 respondent]	Understanding the nursing care meaning to the person through the practical work	**Understanding the activity meaning**	
…I think that the nursing care mission includes many areas. As one among them is compassion – to perceive and understand the person in his / her suffering, indisposition…in this way you realize the devotion to the work …[2 respondent]	Compassing as perception and understanding in suffering and indisposition – the expression of devotion to the work	**Being compassionate**	
…In order to perform the mission, the nurses should feel the deep love to the human being…to be devoted…[2 respondent]	Being devoted through the love to the human being	**Loving the human being**	
…from the nurse everyone expects to be benevolent, and through it devoted …[3 respondent]	Being devoted through the benevolence	**Being benevolent**	
…my mission in reality could be broader comparing to what I do now…to work hardly, being more devoted to this work…[7 respondent]	Being devoted through the hard working	**Working hardly**	
…The nursing care mission is the responsibility and commitment too…By agreement to take the responsibility on actions… [1 respondent]	Taking the responsibility on actions as the commitment	**Being responsible on actions**	**BEING COMMITTED**
…I must to account of actions' performance in order to be committed…[2 respondent]	Accounting of the actions' performance as the commitment	**Accounting of actions**	
…I may define the mission of mine, as the nurses, as the realization of professional obligations, based on ethical principles the shows my commitment…[2 respondent]	Realizing the professional obligations through the ethical principles as the commitment	**Being ethical**	
…trully, at first you should form – what you are planning to do…here should be the purpose…[6 respondent]	Forming the purpose through the activity planning	**Forming the activity purpose**	
…The competent nurse even in one shift may perform the mission…[9 respondent]	Performing the mission in one shift / through the limited time	**Being able to perform the activity in limited time**	**BEING COMPETENT**

DIMENSION OF A MISSION: BEING CONNECTED TO ACTIVITY			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…that person does not die, it is not very bad for this person that he should need my mission…he is healthy totally…I could turn round and to leave…but the mission the nurse performs for her / himself , and for the organization, and for the patient…thus I should detach the self from personal feelings and to act competently, knowing the purpose …[1 respondent]	Detaching the self form subjective feelings and being able to act purposefully	**Being able to act purposefully**	**BEING COMPETENT (continuation)**
...If the patient is at hospital, then we starting from the short – term aims, o after are long – term. If from the start you will define the long – term aim, you will not achieve it. It is unreal. Step – after – step going forward…[6 respondent]	Striving for long – term aims through the short – term aims		
…The nursing care mission performance is the art that appears, when the nurse's knowledge, personality and prejudices flows together to indivisible wholeness…and this competence is realized in practice…[3 respondent]	Transforming the nurse's competence to nursing care mission	**Being able to realize the nursing art**	
…The nursing care mission is based on science and practice… undoubted-ly, without the science and skills nothing would be…[3 respondent]	'Leaning' on science and practice in nursing care mission performance	**Being able to integrate the science and practice**	
…here is needed to be able to manage especially the conflict situations…it is the evidence of the competence…[3 respondent]	Being able to manage conflict situations	**Being able to manage situations**	
…and individualized, i.e. oriented to one patient's as personality, case …[3 respondent]	Individualizing the activity orienting it to the patient	**Being able to individualize the activity**	
…the mission is related to individualized work with the patient… [3 respondent]	Relating to the individual patient's situation		
…I see myself in the mission as giving the services professionally …[3 respondent]	Giving services professionally	**Being able to give the services**	
…He does it everyday by performing the small mission everyday …[10 respondent]	Performing the small missions everyday	**Being able to perform the everyday missions**	
… This mission you are doing through the everyday missions in practice by the nurse's missions…[6 respondent]			
…But this mission is performed and everyday, the smaller things, I could say, are missions. But you do not think about that – it is the spontaneous thing... [1 respondent]	Performing the mission everyday through the missions as spontaneous thing		
…because of, that my aim is to perform the clinical work and procedures … [10 respondent]	Performing the clinical work	**Being able to perform the clinical work**	
…Thus it means to work the clinical work…[10 respondent]			
…the mission includes the different connections between the roles, and even at that time is really realized the mission. I would say, that I performed the mission…[4 respondent]	Realizing the mission through the different connections between the roles	**Realizing the roles in practice**	
…Thus because of it I am saying that my personal mission includes many roles…and the nurse realizes that mission, performing the separated roles …[7 respondent]	Realizing the nursing care mission through nurse's roles		

DIMENSION OF A MISSION: BEING CONNECTED TO ACTIVITY			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…For me it is the broader notion…it is more with the philosophical nature…you should to realize the idea …[7 respondent]	Expressing the philosophical nature of a mission through the idea realization	**Being able to realize the idea**	**BEING COMPETENT (continuation)**
…though in this area, when we do something, we should evaluate, will it be good…[7 respondent]	Being able to evaluate the activity	**Evaluating the activity**	
…the mission could be realized in the practice often – by elementary humanness details…[3 respondent]	Realizing the mission in practice through the elementary humanness details	**Expressing the humanness in practice**	**BEING CARING**
…Is it my mission only to do the work quickly and to leave, o my mission is to help the patients? Those are different things. When I will come and say, for me is important more quicker to do the injection and to leave, then I will say – yes, my mission is only that and it is realized, because of I see and understand it only in this way. But if I will say that the mission is bigger, broader, i.e. to help, to exhaust myself, to give all my strengths, to help the patients through the counseling, teaching them, and giving them the hope, then I will strive to do this too…[9 respondent]	Relating the different nurse's prejudice to nursing care realization	**Being dependent on personal prejudice to activity**	**BEING DEPENDENT**
…it depends on the formed purposes, what you plan, what are the purposes of the mission…on that you are dependent…[6 respondent]	Forming the purposes for the activity	**Being dependent on formed activity purposes**	
…Performance of such mission could not be detached from the context. It means that the mission is contextual…dependent on context…[4 respondent]	Interflowing the mission with the activity context	**Being dependent on activity context**	
…if here is department of 'hard' pathologies, then for the nurses is difficult to perform the mission…[7 respondent]	Depending in mission performance on the department specificity	**Being dependent on department specificity**	
…But I believe, that with the goodwill you may do everything…We are not working with the conveyer …[7 respondent]	Self – empowerment through goodwill	**Being benevolent**	**BEING SELF - EMPOWERED**
…I understand that the nurse is not even the performer of tasks and the passive member in recovering process, but is and active actor too. But it is as a perspective to the future…[6 respondent]	Acting actively with the perspective to the future	**Being active in activity**	
…when she [nurse] needs to be active in this situation, or to leave everything for laissez – faire, though, to bring the medicines, may be to call the physician…by being active the nurse is able to manage the situation…[5 respondent]	Being active in situational management		
…At the hospital here are many situations, when the nurse maybe active and influencing many things…[5 respondent]	Influencing positively the situations through the nurse's being active		
…The mission, I think, my, as nurse's, should be formed as the purpose for ling time, maybe for all the life. ..The mission is the broader notion, long – term…here the nurse empowers the self …[7 respondent]	Forming the long – term mission	**Being able to form the long – term purpose**	
…If the mission purpose is concretized, if you foresighted something for the future…thus you should work by this direction…[6 respondent]	Foreseeing the concrete purpose for the future		
…If my mission is this, I saw that it could be my deposit, thus together here is the satisfaction with the work…[7 respondent]	Being satisfied with the work through having the possibility to give the personal 'deposit'	**Comprehending the possibilities of personal 'deposit'**	**BEING SATISFIED**

DIMENSION OF A MISSION: BEING CONNECTED TO ACTIVITY			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…The mission emerges especially in ethical, critical situations. Because at that time you feel that you performed the mission…[4 respondent]	Feeling the mission in ethically controversy and critical situations	**Feeling the mission in controversy situations**	**BEING SATISFIED (continuation)**
…yes, in practice is possible to realize the mission, but this – the mission – I understand as the broader thing. The mission is the holistic thing. It should be related not even to practical work, but this is realization of your knowledge on a broad scale…by this way you feel the satisfaction …[8 respondent]	Being satisfied by the mission realization and practical work through knowledge realization on a broad scale	**Realizing the knowledge on a broad scale**	
…The young nurses are able to stand for themselves and have the professional dignity…Firstly, when you start to work, you should show yourself, that you know, that you should…you should not give the possibility to others to be 'treaded under food'... [9 respondent]	Being able to stand for the self through the expression the professional dignity and acquired knowledge	**Being able to express the professional dignity**	**BEING IN DIGNITY**
…The nurse as the person, has the very big influence to the nursing care 'motion' and results…[4 respondent]	Influencing the nursing care 'motion' and results by nurse's personality	**Influencing the activity 'motion' and results**	**BEING INFLUENCING**
…In that everything the very important is nurses' coordinating function through what the nurse influences… [4 respondent]	Performing the coordinating function	**Being able to coordinate**	
…If I see only narrow, thus for me all these altruistic things are zero, I just performed the action and it is enough…[9 respondent]	Ignoring the altruism through the narrow standpoint	**Having the narrow standpoint to activity**	**BEING LIMITED**
…I have in mind her feeling one's part deeply, not mechanic work, not only the performance of the duties and throwing it…I did, did, did and threw off… I mean, the person is going to the work sometimes as a robot, machine: he / she performs the duties, procedures perfectly, but here is not feeling one's part deeply in the context of the activity… [8 respondent]	Not being able to feel one's part deeply in activity context	**Not being able to feel as the activity part deeply**	
…in mission broad, exhaustively, deeply you think, how to realize everything, but not even the technical actions to make…[8 respondent]	Realizing the mission through the deep considering	**Considering the activity realization**	**BEING REFLECTIVE**
…When the critical situation happens and maybe because of the critical situations are not happening often, then you are taking a seat, giving many time for the considering, reflecting, memorizing, starting to consider …[1 respondent]	Considering the critical situations	**Considering the situations**	
…It is important to feeling part deeply of the working process …[10 respondent]	Being able to feel working process' part deeply	**Being able to feel as the working process part**	**BEING FEELING ONE'S PART DEEPLY**

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DIMENSION OF A MISSION: BEING CONNECTED TO PATIENT FAMILY			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…you know, by 'interflowing' with this family, you realize, I mean, you approaching faster to that mission…[1 respondent]	Realizing the mission through interflowing with the patient's family	**Being interflowed with the patient's family**	**BEING IN COMMUNION**
…Communication is the connection and the background of all nursing care and really the one part of the mission…especially connection with the patient's family…[3 respondent]	Forming the humanness connection through the communication	**Being able to form connection with the patient's family**	
…Those are alike elementary questions, alike, hmmm…it seems those are very commonplace questions, but in this situation between two people: patient's and his wife situation, me as a nurse, I saw the importance from my personal side, how it is needful to explain in a very simple, very sincere way for people … [5 respondent]	Explaining sincere for the patient's family		
… very important is attentiveness, listening, caring, sincerity, not damaging in nursing care and efforts not to cause the additional pain to patient's family, not to insult their dignity, to respect them…all the ethical principles should be realized in a mission…[3 respondent]	Realizing ethical principles with respect to patient's family	**Being ethical with the patient's family**	**BEING COMPETENT**
…It is caring of people through communication with the patients' family members…[2 respondent]	Caring through communication with the patients' family members	**Communicating with the patient's family**	
…it is important the conveying of personal knowledge, and practical and theoretical knowledge…for patients' relatives…[10 respondent]	Conveying knowledge to patient's relatives	**Being able to convey knowledge to patient's relatives**	
…I influence not indicating, who is guilty and what and for you should look for, but just it means, that the nurse, the patient and his wife may speak the three together and make the arrangements for the family…At least to me it seemed – to help the family to make arrangements, not become angry with each other, not to insult one another…[10 respondent]	Influencing the family in reconciliation through nurse's mediating	**Mediating in family reconciliation**	**BEING INFLUENCING**
…Of course, I did not take the mission straightly in family reconciliation, but in peoples' self – understanding, what has happened and how to make decisions in future…such influence…[10 respondent]	Mediating through influencing the family self - understanding	**Mediating in family self - understanding**	
…You should feel one's part in this family situation… [5 respondent]	Feeling one's part deeply in family situation	**Feeling one's part deeply in family situation**	**BEING FEELING ONE'S PART DEEPLY**
…you should communicate with patient's relatives… [5 respondent]	Communicating with the patient's relatives	**Communicating with the patient's relatives**	**BEING COMMITTED**

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DIMENSION OF A MISSION: BEING CONNECTED TO PROFESSION			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
… me as the nurse I am empowering myself to nursing care mission realization to continuing extension of professional knowledge ….[3 respondent]	Self – empowering for mission realization through knowledge development	**Developing professional knowledge**	**BEING SELF - EMPOWERED**
…The mission is what you see in front and realize, and self - empowering …[8 respondent]	Self – empowering through orientation to the future	**Being oriented to the future**	
…it is important wish to develop nursing science, to write articles, to give the good presentation at conferences…[9 respondent]	Wishing to develop nursing science	**Being motivated to develop nursing science**	
…the nurses finally should respect the profession by themselves…[7 respondent]	Respecting the profession	**Being respectful for profession**	**BEING IN DIGNITY**
…to be the patriots of the profession and to be in dignity…to be faithful to profession…[2 respondent]	Being faithful to profession through being in dignity	**Being faithful to profession**	
…Yes…Only the mission causes the nurse's satisfaction, but it is impossible to realize it without some things: without love to profession… [2 respondent]	Experiencing satisfaction through the 'love' to profession	**Being 'loving' the profession**	**BEING SATISFIED**
…When I say that I realized the mission, it means that I did everything, what I could, all the strengths I gave…thus, for example, like it is with the life purpose…it is alike…and at that time you become calm and satisfied …[7 respondent]	Satisfying through the devotion	**Being devoted**	

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DIMENSION OF A MISSION: BEING CONNECTED TO COLLEAGUES NURSES			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…I tried to understand, and I can't to ascribe only to myself those merits, here were the colleague too…thus we by counseling together divided that work – it came from the situation….[5 respondent]	Collaborating with the colleague through counseling and dividing the work	**Being able to collaborate with colleagues**	**BEING IN COMMUNION**
…But here, again, when you realize this mission, here should be come out the collaboration with the colleagues nurses…[8 respondent]	Collaborating with colleagues nurses in mission realization		
…and the committing to your colleagues, who are surrounding you …[8 respondent]	Committing to surrounding colleagues	**Being committed to colleagues**	**BEING COMMITTED**
…but to convey the personal knowledge, and practical, and theoretical knowledge…to nurses' collective …[8 respondent]	Conveying knowledge to nurses' collective	**Being able to convey knowledge to colleagues**	**BEING COMPETENT**

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DIMENSION OF A MISSION: BEING CONNECTED TO ORGANIZATION			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
… the mission is connected to teamwork at the concrete organization… [9 respondent]	Relating the mission with the teamwork	**Working in a team**	**BEING IN COMMUNION**
…at the institutional level everything comes from, when is formed the image of nursing care from the 'top'…I mean, at the organization here should be formed the positive standpoint to nursing care. In that I see the nurse's mission …[9 respondent]	Self – empowering to form the positive standpoint to nursing care at the organization	**Forming the standpoint to nursing care at the organization**	**BEING SELF - EMPOWERED**

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DIMENSION OF A MISSION: BEING CONNECTED TO SOCIETY			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…Nurses must help to individuals, families and groups, i.e. society … and to be committed through that obligation… [2 respondent]	Being devoted to society through helping as obligation performance	**Helping to society**	**BEING COMMITTED**
…The mission – means to realize something useful to all patients, to all society…[7 respondent]	Realizing the useful activity to society	**Being helpful to society**	**BEING DEVOTED**
…the mission is connected to broader, holistic things, it is 'going' to society through self-empowerment…[5 respondent]	Relating the mission with the holism through 'going' to society	**'Going' into the society**	**BEING SELF - EMPOWERED**

DIMENSION OF A ROLE: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
...I had very many sensations that really I performed my, as nurse's, role. When does this sensation emerge? This sensation emerges, when you feel that you had done really everything, what you could in that concrete case, when you find oneself in concrete situation, when the person needs help, you are devoted to patient …[7 respondent]	Sensing through perceiving that you did everything you could in helping	**Being devoted to patient**	**BEING SATISFIED**
…You, by working with patients, who are ill and you know that they will not recover, by communicating with the patients you feel like a state of anxiety, uncertainty…but when you do everything, what is dependent from you, inside you feel the quietness, calmness…[1 respondent]	Feeling calmness through doing everything you can do	**Being calm**	
…Like a balance appears between these anxieties, which you feel by communicating with the person, who is ill hardly and you feel the calmness that you did everything you could… [8 respondent]	Balancing anxiety and calmness through doing everything you could	**Being in balance**	
…But at the same time you are glad, if you success, if for the patient is better because of your activity…[3 respondent]	Being in joy through successful activity	**Experiencing the joy**	
…I just inform, explain, tell…I am very glad, if I may explain something for the patients, to tell them, for me it is very joyful…[7 respondent]	Experiencing the joy through possibility of informing and explaining		
…Thus in such case I am saying – I did everything I could, and the patient became sensitive for the environment, he / she absorbs the life to the self – inside, perceives the reality of the situation and strives to grasp only the positive things…[5 respondent]	Experiencing the professional joy through seeing the positive results of patient's recovering		
...And I will say more, when I feel very good: when you have a talk with the patient and the patient says, 'thank you, nurse that you have explained, told me, thank you that you spend a time with me'. I hear it very often. For me is the best utterance. I feel in those situations very good, I am very glad, it is joyful to me, that I helped to the patient … [7 respondent]	Experiencing the joy through conversation with the patient by hearing the patient's gratitude		
...It depends on the surgeon, who operates, kind of operation and patient's state. It is natural thing. I am experiencing the joy, when I see that the help is given for the patient and at those moments I do not think, would I do it autonomously, for me the most important is the patient, who is operated …[10 respondent]	Experiencing the joy through helping the patient		
…But those warm relations educate you, replenish, creates the adequately good atmosphere or the motivation increases…[5 respondent]	Being educated by relationships between the nurse and patient	**Being educated by relationships with the patient**	
…You did everything to patient and he / she is well, you gave the information, he / she became glad, when leave this nurses' collective, this environment … it means that you were benevolent…[5 respondent]	Being benevolent through helping and informing the patient	**Being benevolent**	
…From subconsciousness emerged everything, I had concentrated what I should know: what is the voltage, how to do everything technically…I was able to realize and I am very glad that I could to do this, because of the child came to life…[8 respondent]	Being able to concentrate by integrating theoretical knowledge with the practice	**Relating theory and practice**	
…If to relate with experience, this is very big role – to help the person in any situation at any age…[1 respondent]	Helping the patient situatively relating to nurse's experience	**Helping the patient**	**BEING EXPERIENCED**

DIMENSION OF A ROLE: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…Helping to patient to understand the environment, how his / her health is dependent from environment…how he / she may control the environment, to manage it, to care about personal health…[1 respondent]	Empowering the patient through helping to understand	**Helping the patient**	**BEING EMPOWERING**
…If theoretically and not only, I would like to direct this role to education, just by itself…That educational activity includes teaching the patient to control the environment, to understand, how his / her help is dependent on it, how to manage, control by him / herself, in this way I would characterize the role …[1 respondent]	Empowering the patient through education	**Educating the patient**	
…Through education I empower the patient to take the responsibility on personal health, it is important…My very big, i.e. the biggest activity part is related to education…[1 respondent]			
…Thus in this case I am following my role, duty and I am asking to wash hands, where is newborn in order to examine him. And, of course, that grand-mother became calm…but if I would be with the same temperament as grand-mother, thus the conflict would emerge between me and grandmother…but in this case I am following my feeling of duty, my role… [1 respondent]	Performing the role through duty	**Being dutiful**	**BEING SELF - EMPOWERED**
...Thus my feelings were very sad, I felt very tired, exhausted emotionally…and going to this family again you are going even for the duty, that you must go. Because of the child is healthy, though they do not need your mission, then you realize even the role, because of the you are following even on duty …[1 respondent]	Being dutiful as the 'guide' independently from the situation and nurse's emotions	**Being obligated**	
…And the nurse I see as the person, who may initiate some things that help the patient…[2 respondent]	Being humanness through initiating the helping to the patient	**Being initiating**	
…And is interested, concerned with the patients' wellness, with wellness of the supervised wards …[4 respondent]	Being curious and concerned with the patient's wellness	**Being concerned with the patient's wellness**	
…When the patient was after operation at the intensive ward, the clinical death overtook him and he needed the refreshing…and the specific this situation – the chest was open, and the physician does not come about the half of hour and we should take the means…and to take the responsibility by myself …[7 respondent]	Taking the responsibility in critical situation	**Being responsible**	
…This role is very big and that help, because of it is related to help in illness … [1 respondent]	Helping in illness case	**Helping the patient**	**BEING CARING**
…To help the patient and it will be your role…[3 respondent]	Helping the patient		
…To care…you may just to realize this role – to satisfy patient's needs and in this way to show the caring…[2 respondent]	Caring through satisfying the patient's needs	**Caring of the patient**	
…The help to patient in the role overlaps with the other areas…I mean this everyday straightforward routine activity that is your duty…[1 respondent]	Working through everyday routine activities as expression of the duty	**Being able to realize the routine activity**	**BEING OBLIGATED**

DIMENSION OF A ROLE: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…Obligation…it is more related to role, maybe it could be related to mission, but no, really, to role…I try to remember an example…what conflict situations had happened – various situations happens, when you work with people, yes? Thus you do, because of it is your duty, your obligation constrains you to do one or the other…[1 respondent]	Constraining the self for activity realization by personal obligation	**Being constrained**	**BEING COMMITTED**
…And later, through years, and to other patients is very important emotional field, environment fulfilled with the safety. Though who is responsible for that? Who is obligated? I think that only the nurse…[9 respondent]	Being responsible for emotional patient's safety	**Being able to create the patient's safety**	
...I think that to give a tablet is very simple, and more, when it is written in physician's reference paper…but this is not nursing care…here is no my role…you took and gave…and everything…my communication with patient is more important through what I perceive my obligation…[5 respondent]	Perceiving the obligation through communication with the patient	**Communicating with the patient**	
…Happened it my work – it was enlivening …I was enlivening the patient…my as nurse's role were – to safe patient's life… [7 respondent]	Saving the patient's life through enlivening	**Saving the patient**	
…At night, when I work – asthma attack for the person, who is through many years very well known – it is very hard patient. And you are ready and all the night you are waiting for this attack… [1 respondent]	Being ready to act for the patient	**Being ready to act**	**BEING COMPETENT**
…Because of this person does not speak, her eyes, saying simple, patient's eyes 'climbs out' to upward, the person does not speak, she is becomes limp and you know it, that it is like that… [1 respondent]	Knowing the patient's situation	**Knowing the situation**	
…You always must know that the water should be warm, but not hot…I know those things, how to help to patient, I always keeping the gasstove switched – in that water would be hot at the right moment, that the infusion system would be ready…[1 respondent]	Knowing the helping ways related to patient	**Knowing the helping ways**	
…The roles could be various: oriented to patient – here I see the satisfaction of physiological needs mainly… [9 respondent]	Being oriented to patient through satisfaction of physical needs	**Satisfying patient's needs**	
…Form the practical standpoint in many situations the nurse realizes… hmm... patient's needs…the clinical role is an essential in practice…[9 respondent]	Satisfying the patient's needs through clinical role realization		
… The society needs that the nurse would teach the patient the self - care…[9 respondent]	Being able to teach the patient the self - care	**Realizing the education**	
...The teacher's, lets say. The most popular…but theoretically…practically this role at the hospital rarely could be realized in full value…for example at primary health care level here are various cabinets, when the patient comes and leaves, when he / she needs the information, teaching, then yes. At my department here is the specialized teaching programme – it is short… [9 respondent]	Teaching through realizing the specialized programme		
…I had realized the organizator's role in patient's situation – I organized the documents for the patient…[6 respondent]	Being organizing the documents for the patient	**Being organized**	

DIMENSION OF A ROLE: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…You say to patient: 'you will not die today, not die'. It is not a good example. And just it is needed to speak about the patient wants. And it happens that we speak with the patients about events, for example, about miscarrying event…Your tactics is always important…[5 respondent]	Choosing the necessary communication tactics oriented to patient's wishes	**Choosing the activity tactics**	**BEING COMPETENT (Continuation)**
…In reality the nurse at the hospital may observe and evaluate. Through that he / she analyses the patient's state – whatever she / he would do or should do, how would be for the patient etc.… [4 respondent]	Analyzing the patient's state through observing and evaluating	**Analyzing the patient's situation**	
…But sometimes, what includes the role; it is not expressed in nurse's action. Let's say, you work at intensive therapy department, so you work for the patient's sake, but at that time is a critical situation, and the instrumental actions are realized the most often. But the nurse the role of practitioner is realizing autonomously: thinks by herself, manages her by herself and performs actions that are oriented especially to that patient …[9 respondent]	Realizing the activity for the patient's sake	**Acting autonomously**	
…I am asked to come to the ward, thus I am coming and see – the woman is broken into a 'cold' sweat, shivers with cold; thus I looked at her and think, what it could be? Nothing else, only the anaphylactic shock …[8 respondent]	Being able to evaluate the situation	**Evaluating the situation**	
…You may only to realize that your role – t satisfy patient's needs … and it would be the devotion…[1 respondent]	Being able to satisfy patient's needs	**Satisfying the patient's needs**	**BEING DEVOTED**
…But at that time, when you perform the task, you do not think about the people surrounding you, only about the patient – he is the most important … [10 respondent]	Being oriented to the patient through the task performance	**Being oriented to the patient**	
…And here is another side – you work, running, devoting oneself to the patients and 'using' the self in reality, your human 'I' as instrument …[2 respondent]	Being devoted to the patients through the 'using' the self as instrument	**'Using' the self**	
…That action, that wish to tell, is she have met the person, who is listening, is very important for that person…here is forming the patient's reliance to the nurse…[7 respondent]	Forming the reliance through the nurse – patient communication	**Being reliable**	
…And very obligated…O do not say, that everything is meaningful in nursing care, but the obligingness is the most important thing…[8 respondent]	Expressing the obligingness	**Being obligated**	
…I think that the nurse performs the bigger part of a work, when the patient is at the hospital. Thus she realizes the main part, how to say the more exact… hmm…the biggest 'deposit' into the patient's recovering is carried in by the nurse …[3 respondent]	Carrying in the deposit in patient's recovering through the activity performance	**'Carrying in the deposit' in patient's recovering**	
…I helped morally, I had listening him. Not physically, I did not lifted his leg, not, really, but I had supported him psychologically…[5 respondent]	Helping the patient' morally through the listening	**Helping the patient**	
…Maybe to help the patient, to listen…we are helping, when the person complains…the most often is a pain…sleeplessness…[7 respondent]	Helping purposefully, when the patient is in pain and / or has the sleeplessness		

DIMENSION OF A ROLE: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
...It has happened one case, when the 87 years old man left his wife, when she was at the hospital, though that woman had cried two days. Thus I consoled her…not even to consol, but to listen too…in such cases the only consoling is being able to listen the patient…she then told me – thank you, nurse, that you were attentive to me…for me it was strange, because of that woman also was 85 years old…Such things 'knocks out', when you should help the patient, it is not unusual help…[8 respondent]	Consoling the patient through attentiveness and listening	**Consoling the patient**	**BEING DEVOTED (Continuation)**
...Maybe I am not – 'standard' nurse, how to say…maybe because of I am educating the patients, testing many other ways and really giving to that may time and devotion. Only the remedies, those are, I do not ignore them, but they are really the last part in nursing care. Sometimes it is enough to the person only to explain…[8 respondent]	Educating the patients through testing various ways and giving the time for explanation	**Being creative in activity**	
…With the dieing patients you perceive clearly that you will come tomorrow and maybe you will not see that patient any more… [5 respondent]	Perceiving the life temporality through patient's critical situation	**Being perceptible**	**BEING EXPERIENCING**
…What do you think, at the department I 'acquired' the enemies, i.e. colleagues that treated me as foolish and they told me that I do all sorts of nonsense. But did not experienced the helplessness, because I saw that the patient needs me and for him is better…And they did not brake my dignity…[7 respondent]	'Preventing' the helplessness by seeing the patient's recovering and being in dignity	**Preventing the self – helplessness**	**BEING IN DIGNITY**
...Thus my coming to her, realizing the infusion took approximately one hour because of I could not leave the ward…even I knew that here is a lot of work at the department, but I could not leave her alone. In such situation I am always in dilemma… [10 respondent]	Experiencing the dilemma through knowing the real working situation and feeling one's part deeply in patient's situation	**Being in dilemma**	**BEING FEELING ONE'S PART DEEPLY**
…Thus, the nurse's role includes the spiritual things too, i.e. to see the patient's spirit, I mean to help the patient to open him / herself… [2 respondent]	Realizing the spiritual things through helping the patient to open him / herself	**Helping the patient**	
…That possibility to contact, communicate, speak, more exact – to talk to patient in order he / she would speak to the full. It was the man, 40 years old and he 'started' to recover and it was like a miracle, he started to smile, even the primary phase after operation was the total depression. Nobody did expected such wonderful recovering...Thus I had initiated that communication with him and the results were, you se…[5 respondent]	Initiating the communication with the patient as the 'mean' for preventing patient's depression and influencing his / her recovering	**Initiating the communication with the patient**	**BEING INFLUENCING**
…For such patient is enough to explain, to talk to them, then they become calm, because you say that it is normal, then not everybody patient is asking for those tablets. This is the real action, what I could do and influence …[7 respondent]	Assuaging the patient through conversation and explanation	**Assuaging the patient**	

DIMENSION OF A ROLE: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…It could be only wondering, why only at some hospitals here is oriented to the person…patients after coming to one's senses starting to understand that they are able to manage some things by themselves and that gives to them the strength, and the nurse here takes the biggest part in such patient's education …[9 respondent]	Empowering the patient for self care through education realized by the nurse	**Empowering the patient**	**BEING INFLUENCING (Continuation)**
…It is the real education, when you need the technical skills, but also the nurse should be able to motivate the patient and empower him for learning, being able to take care of himself, as much as he is able to…to take remedies…This is the real influence …[3 respondent]	Empowering the patient for learning and self - care		
…And to convince with the motivation…and suddenly you understand that sometimes it is impalpable thing what for you are teaching the patient…[9 respondent]	Motivating the patient for learning through their teaching	**Being able to convince the patient**	
...I had realized the counselor's role…it was directed to patient, for example, when the patient asks to inquire about the concrete thing and after we are discussing… [9 respondent]	Realizing the counselor's role through the patient's initiation	**Counseling the patient**	**BEING INFLUENCED**
…Not long ago I had a patient, who wanted to know comprehensively about the processes in his organism very much. I had collected the literature, systemized it and we had conversations step – by – step, when I had a time. Maybe earlier I would refuse with the motivation that it is not my work, that it is not related to my competence…[9 respondent]	Empowering the patient through the patient's initiating	**Being initiated by the patient**	
…I had the possibility to observe many 'from the side'…Maybe my personal changes I did through observing those people…patient's reactions, their experiences... thus, I empowered the self for my personal changes because of that…Yes… [1 respondent]	Being empowered for personal changes through observing patient's reactions and experiences	**Being empowered**	
…The nurse is the only among the other medical personnel only the nearest to the patient…who is caring of the patient from the childhood until the old age …[3 respondent]	Caring of the patient through 'being near'	**Being caring**	**BEING IN COMMUNION**
…Truly, maybe I perform the psychologist's role, because of I am listening the patient...[9 respondent]	Performing the psychologist's role through listening the patient	**Listening the patient**	
...In practice here are many psychological things…the nursing care practice by itself…thus you work with the person, thus not even you do the instrumental things…you help the person, you listen him / her as the psychologist, i.e. give the help to the person, because of…like it is an expression 'the world cures the person'…[4 respondent]			
...All the night I was with him, I hold him by the hand, we talked, and he was a little bit sleepy. Thus I performed the role of the guardian…[2 respondent]	Realizing guardianship through communication with the patient	**Being in wardship**	
...But he communicates, I talk with him, and this relation with that patient is very meaningful and until today those are the very big lessons for me, for my future practice… [6 respondent]	Communicating with the patient as the educational process for the nurse	**Being educated by the patient**	

DIMENSION OF A ROLE: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…Because of the person perceives the world and it is like teaching for the nurse. Only through such 'lessons', touches and encouragements the nurse learns…[6 respondent]	Learning through patient's perceptions about the world, touches and encouragements	**Being educated by the patient** (Continuation)	**BEING IN COMMUNION** (Continuation)
…The patient is like an educator, who is saying to you today that this is the day, when we may talk about the life meaning... [6 respondent]	Being educated by the patient through his / her life perceiving		
…And it is hard to work with such patients, because of you do not see their life perspective, but from the psychological standpoint those patients are directing you to perceive the life meaning…[6 respondent]	Being oriented by the patient to perceive the life meaning	**Being directed by the patient**	
…Those nurses are very tolerant with the patients…but the tolerance in relationships is very meaningful thing. Of course, it is very difficult to evaluate… [5 respondent]	Being tolerant to patients through relationships with them	**Being tolerant**	
…Most often, when you keep the sincere contact with the patient, when you create warm relationships with the patient, you always feel form that – yes, it is successful day…[4 respondent]	Creating the sincere contact with the patient	**Being sincere**	
...Really, the nurse's role in practice [pause] primary here is the contact with the patient…And communication…[10 respondent]	Contacting with the patient through communication	**Being in contact with the patient**	
…The nurse must be near the patient… [9 respondent]	Being near the patient	**Neighboring with the patient**	
…Finally the patient by him / herself is appealing first and foremost to the nurse, but not to the physician. And the nurse is the neighboring person to the patient at the hospital. And you relating with the patient neighboring… [4 respondent]	Forming the neighboring between the nurse and patient		
…The nurse always is the mediator between the patient and physician. The patient often cannot and not says many things to the physician, and more says to the nurse and the patient has more possibilities to communicate with the nurse. You know, the physician the most often comes in the morning, through visitation, maybe shortly at the evening and before leaving the department sees the patient. …[4 respondent]	Mediating between the physician and patient giving the possibility to the patient to put the ideas into words		
…And the nurse 'hurries and scurries' in those corridors, walks, and he / she is continually near the patient. The real contact is only between the patient and nurse…[10 respondent]	Forming the real contact through being near the patient		
…You must be near the person. No matter that you will look like a foolish for others…[5 respondent]	Being near the person		
…The nurse contacts, communicates and through it sees, when is bad to the patient, when it is good… [4 respondent]	Evaluating the patient's condition through communication	**Evaluating the patient's state**	
...You are the mediator between the patient and physician, e.g. the patient has the pain, you going to the physician, referring and the remedies are prescribed, and only after that you do the injection. But to stroke, to turn the patient on the other side you may…[4 respondent]	Mediating the contact between the physician and patient	**Mediating the contact**	

DIMENSION OF A ROLE: BEING CONNECTED TO PATIENT			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
...And in that conversation was the informing, I had indicated, to whom the patient should apply in concrete cases and the advices, how to feed on, how to care of skin etc.…[10 respondent]	Informing the patient through conversation with the nurse	**Informing the patient**	**BEING IN COMMUNION** (Continuation)
...And it is not only the informing, it is the real teaching with feedback – the nurse teaches the patient, and verifies, how is going on - does acquire or not the knowledge and skills…[9 respondent]	Realizing the real teaching of the patient through feedback	**Educating the patient**	
...I understand, this is the most difficult thing…you may and must teach the patient…it is more informing, not teaching, but you may not get the feedback… the patient may conceal, that do not takes the remedies…the patient maybe not believe in what you say, e.g. the remedies are prescribed, and the person does not believe that he needs it…the nurse in such situation must create the atmosphere of reliance…[9 respondent]	Creating the reliance atmosphere through the patient's teaching	**Being reliable**	
…Talking about the patient's situation, thus in nurse's role always is dependent on individual situation… [3 respondent]	Depending on individual patient's situation	**Being dependent on situation**	**BEING DEPENDENT**
…You are following the good things, thoughts, work, but the result is that you become anxious, sad…maybe is broken your dignity…thus the surrounding you people, society does not respect you…maybe such people do not respect any human…[1 respondent]	Breaking the dignity as premise for nurse's anxiety and sadness	**Being in broken dignity**	**BEING LIMITED**
…Even the psychological support you realizing with the inertness…[3 respondent]	Supporting the patient with inertness	**Being in inertness**	

DIMENSION OF A ROLE: BEING CONNECTED TO NURSE			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…At that time you experience the emotions, when you perform your role... [2 respondent]	Experiencing the emotions through performing the role	**Experiencing the emotions**	**BEING EMOTIONAL**
…. You feel intuitively the various nuances in nursing care practice … [2 respondent]	Feeling intuitively the variety of nuances in practice	**Feeling intuitively**	**BEING INTUITIVE**
…And you giving, you are devoted, you more experience and you feel more than according your role you should… [1 respondent]	Devoting 'more than you should' through experiences and feelings	**Experiencing the feelings**	**BEING DEVOTED**
...As you see, here is again in that practitioner's role – firstly the nurse is the human being… [9 respondent]	Being humanness in practitioner's role	**Being humanness**	
…I left this house…I realized the duty or maybe the part of a role…all the day I reflected, I felt myself very bad, I was very tried and this situation exhausted me emotionally…This role – the formal dutifulness…[1 respondent]	Performing the role through dutifulness as a premise for reflections	**Being dutiful**	**BEING REFLECTIVE**
…I think, the person by him / herself also evaluates the performed work and reflects on it, and thinks that his / her work is the most important, and the other's - additional ... [10 respondent]	Evaluating the work through the reflecting on importance of personal work	**Evaluating the importance of work**	
…But this role is invisible. I just now 'discovered', when I started to reflect on. Thus the most often I realize the technique [pause]. But in reality the nurses could be the real teachers…and not only…[1 respondent]	'Discovering' the role through reflecting on activity	**Discovering the role in the activity**	
…The role you perform as the specialist in specific area, as professional… [10 respondent]	Performing the role as an outcome of professionalism	**Acting professionally**	**BEING COMPETENT**
…Thus, the nurse's practitioner's role is characterized by subroles, which content include the nurse's qualification and competence…and the competence gives the possibility to you to work in nursing care activity … [2 respondent]	Performing roles based on nurse's qualification and competence		
…Thus for performance of such role you need the highest competence and being able to act professionally…[9 respondent]	Acting through nurse's competence and professionalism		
…And the acquired education…The nurse teacher sometimes also is in nursing care practice. Firstly – in order to be that teacher you should be educated and cultivated… [9 respondent]	Being educated and cultivated as a premise for nurse's role performance	**Being educated and cultivated**	
…I think that the nurse's personal qualities, social abilities are the original bridge that connects the role and mission…[2 respondent]	Connecting the role and mission through personal qualities and social abilities	**Being social**	
…When we say 'the nurse's role', I think that it is the functions that are performed by the nurse. I know that it should not be like that, but know it is. Maybe in future it will not be. But now it is …[5 respondent]	Identifying the nurse's role and functions	**Performing the functions**	
…The essential element for the nurse in teacher's role performance are the knowledge about the activity…[3 respondent]	Performing the role through acquired knowledge about activity	**Knowing the activity**	
…Then those theoretical knowledge acquire the 'weight' and the nurse about the nursing care knows many and especially about the area in which works… [7 respondent]	Integrating the theoretical knowledge with practice	**Integrating theory and practice**	

DIMENSION OF A ROLE: BEING CONNECTED TO NURSE			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
...After some days the patient died, because of his chances were law, but as the nurse, really, being in intensive care department and in that concrete situation I was able to perform the personal role effectively… [7 respondent]	Being able to act purposefully and effectively in critical situation	**Being able to act efficiently**	**BEING COMPETENT (Continuation)**
…To be concentrated and to do the essential things that needed to be done…[3 respondent]	Being able to concentrate through doing the essential things	**Being able to concentrate**	
...In that case, you know, what you should do, and you do, and nobody do not indicates, and you are the person, who could be 'shoved' by others and you feel competent and they take your opinion into consideration…and you following your personal thinking and you know, what you should do in that situation…[9 respondent]	Experiencing the competence through autonomous acting	**Acting autonomously**	
…Patients are oriented to nurse, and the nurse must to learn permanently…it is the self - empowerment. [10 respondent]	Being obligated to permanent learning through self - empowerment	**Being obligated to permanent learning**	**BEING SEFF - EMPOWERED**
...Thus the biggest number of nurses with whom I contact and communicate, they are not superficial, and here are the nurses, who are really interested in nursing care. Then such nurses could be the real teachers in nursing care practice… [10 respondent]	Being interested - the premise for teacher's role performance in nursing care practice	**Being interested**	
…Through years you experience the situations, you forebode, what and how it should be said etc., thus you feel one's part deeply… [10 respondent]	Developing the intuition through the experience and feeling one's part deeply	**Being intuitive**	**BEING FEELING ONE'S PART DEEPLY**
…Thus, if we talk about the nurse's role, then it is more oriented to obligation, when the nurse performs, what she must, what is formally written in work instructions, and she realizes everything, what she must…[6 respondent]	Being obligated to act under formally written work instructions	**Being obligated formally**	**BEING COMMITTED**
…I think that the role is related to feeling of duty…it is dutifulness… [10 respondent]	Being dutiful in acting	**Being dutiful**	
. The role of the nurse, I think, what you should do…it is dutifulness…[1 respondent]			
…The infusion was over, the blood pressure was higher, I called to the physician and had referred, and she says to me: o.k. But I experienced the big satisfaction that I am able to be orientated in the concrete situation, that without the physician's help I did everything perfectly. Of course, in such cases the physician's help is necessary, but this is another aspect…but I autonomously in reality felt the satisfaction that me as the nurse performed my role in reality. As the competent nurse I had realized my role until the end…[8 respondent]	Experiencing satisfaction through ability to be orientated in concrete situation and to perform the actions	**Being able to find one's bearing at situation**	**BEING SATISFIED**
...Because of me alone I would not be able to help, but as the team member I worked and it was really…I had used all my technical knowledge, practical skills…[7 respondent]	Realizing the role in full value at team through using the knowledge and skills	**Being self - realized**	
…Skills really are not higher than the nurse's personal standpoint – it is the essential thing…[10 respondent]	Having the personal standpoint as the higher 'step' comparing to skills	**Having the personal standpoint**	**BEING IN DIGNITY**

DIMENSION OF A ROLE: BEING CONNECTED TO NURSE			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…The patient comes after hear attack; I had participated in such situation. The life – givingness was performed to the patient. And you already know, when the patient came, I realized the team member's role – carried out the apparatus we needed, I kept the lower jaw, had performed the actions …[9 respondent]	Performing the team member's role through autonomous acting	**Performing the activities independently**	**BEING IN COMMUNION**
…Because of the professional prestige, nurse's dignity is treaded under foot and I should be humbled and not for the role, but only for the duty … [1 respondent]	Being humble for the patient through the duty	**Being humbled**	**BEING LIMITED**
…In this case, of course, I think that I realized the duty, not the mission, but only the part of the role and I did not feel the peace inside…no…I experienced the anxiety, anxiety state, when you become hurted, even you perform your duty or role…[1 respondent]	Being hurted through experienced anxiety	**Being hurted**	
...Yes…And the subrole of the HUMAN I had single out purposefully, because of for its performance I miss the time …[5 respondent]	Being in time shortage for HUMAN role performance	**Being in time shortage**	
…It means that if the nurse is not able to 'use' the self-flexible as an instrument, thus the relation between the role and mission is disturbed… [2 respondent]	Not being able to 'use' the self as an instrument - disturbance of relation between the role and mission	**Not being able to 'use' the self**	
…When I just started to work, I had experienced the horror feeling – the nurse is not very working for the patient, she is more running about the department, striving to please to everybody woman. Really she is treated as the specialist, not…[4 respondent]	Experiencing disappointment through devaluating the nurse's competence	**Being disappointed**	
…But again, I think that nurse's work partly is dependent on her personality, in what kind of family she grew up…[5 respondent]	Being dependent partly on personality and family in which the nurse grew up	**Being dependent on personal 'roots' / origin**	**BEING DEPENDENT**
…The nurses of my generation mainly are from the villages. They have the understanding that the nursing care of the patient, caring of old people is the Lithuanian tradition…[4 respondent]	Being influenced by family traditions to perceptions about nursing care of patients	**Being influenced by family traditions**	**BEING INFLUENCED**
…Those nurses, who cares of their parents, children, just through the practice I see the brought positive standpoints from their families, where they grew up … [4 respondent]	Being influenced by family standpoints in caring of parents and children		
…And really, it is influenced very much, how many you are interested in novelties…because of here should be formed the adequate standpoint to nursing care…[3 respondent]	Being interested in novelties as a premise to form the standpoint to nursing care	**Being interested in novelties**	

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DIMENSION OF A ROLE: BEING CONNECTED TO ACTIVITY			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…It is straightly related to teaching activity…[3 respondent]	Performing the teaching activity	**Being able to educate**	**BEING COMPETENT**
…Because of you know that the attack happens at night, approximately at the concrete time…and all that time until that you are waiting and your are ready to act if the attack will happen…you have prepared the remedies, apparatus… here is important the purposefulness…[1 respondent]	Acting purposefully through knowing the patient's situation	**Being purposeful**	
…And you are preparing all that time until the attack, which will be maybe at four in the morning…[1 respondent]	Being ready to act for the patient	**Being ready to act**	
...I put everything near the door, I am preparing everything and at the time of attack I am ready, calm, concentrated and I do everything, i.e. I know that I will do everything in order to help at that moment to patient…[1 respondent]	Helping the patient through readiness, calmness, concentrating and acting	**Knowing the helping ways**	
…Maybe the role is my work that I know… [4 respondent]	Knowing, what to do		
…The role…the role you could perform through realizing the routine work… [3 respondent]	Performing the activity through realizing the routine work	**Realizing the routine work**	
…It is practice, technique, obligations, indispensable actions and not more… [10 respondent]	Realizing the practice through technique and obligations	**Realizing the necessary activities**	
…When I say that I as the nurse realize the role, for me it is the association with the perfect technique… [3 respondent]	Associating the role performance with the technique realization	**Realizing the technical interventions**	
…The content of practitioner's role includes the specific, specialized things, e.g. procedures, interventions. But again here I have in mind only the technical interventions… [2 respondent]	Realizing the technical interventions as elements of practitioner's role		
…The role could be performed as function, concrete action, but only technically, routinely. In that case I can't talk about the mission performance … [8 respondent]	Expressing the functions and actions through role performance		
…Here is in nursing care practice important exactness… [8 respondent]	Being exact in nursing care	**Being exact**	
…Coordination is not detached from the role performance… [10 respondent]	Performing the role through being coordinated	**Being self - coordinated**	
…Thus … those roles are poor, e.g. I am documenting… but this is also the competence…[8 respondent]	Being competent through documenting	**Documenting**	
…And the psychological element, which also is as an intervention and is more related to psychologist's subrole…[2 respondent]	Performing the psychological interventions in psychologist's subrole	**Realizing the psychological interventions**	
…In that case I had performed in practice the role from the educational standpoint and I had informed…[9 respondent]	Realizing the informing as the educational action	**Informing**	
…And I had counseled…it is related to the role… education…[1 respondent]	Realizing the counseling as the educational action	**Counseling**	
…And this is not an intuition; the role's or as I said, performance of the subroles it is the concrete actions by demonstrating or more exact – by realizing the self - competence…[1 respondent]	Performing the concrete actions through realizing the self - competence	**Acting concretely**	
…The concrete actions, functions as the nurse's role…[1 respondent]	Performing the concrete actions and functions		
…The concrete actions are as nurse's role…[4 respondent]			

DIMENSION OF A ROLE: BEING CONNECTED TO ACTIVITY			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…And here is performed only the role that is oriented to functions…[1 respondent]	Performing the role through the functions	**Realizing the functions**	**BEING COMPETENT (Continuation)**
...The nurse performs a lot, she observes a lot and at the same time she evaluates everything. It means that nurse's role is oriented not only even to functions… [10 respondent]	Being able to relate performance, observing and evaluating	**Being holistic in activity**	
…The nurse not only performs the work, and I think that more or less she is an observer, and more exact – the researcher. Not only that she performs only that she must…[9 respondent]	Performing the activity through researching	**Researching the activity**	
…But I relate it with the short informing, teaching…more exact – diffusing the experience to colleagues nurses …[10 respondent]	Diffusing the experience through informing and teaching	**Diffusing the experience**	
…I think that nurse's role is very broad. For me as for the practitioner it is reveals very broad. What is it? Here the role could be described form various aspects. Let's say that one of the essential maybe is to perform the nursing care actions. Yes, it is one between the others. To perform the various procedures: injections, infusions… [7 respondent]	Expressing the role through performance of nursing care actions	**Realizing the nursing care actions**	
…My first reaction is like that: the first step – I am running and carrying out the blood pressure apparatus, yes the blood pressure is lower and it drop-ping…everything according to shock's signs…I should react adequately …[8 respondent]	Reacting to situation through performing concrete actions	**Being able to react adequately to situation**	
…And I am going to procedural, collecting the infusion. Firstly is dripping hardly, because of here is no blood pressure, then I regulate the stand and I see that now is dripping well…everything I an doing autonomously …[8 respondent]	Performing the actions autonomously	**Being able to realize activities independently**	
…And to perform the role as nurse's, it means more mechanical work…the role is related to technical things…[8 respondent]	Identifying the role with the mechanical work	**Realizing the mechanical work**	
…I think that my knowing of the theory was very concentrated and I was able to apply all that to practice … [7 respondent]	Being able to concentrate the acquired theoretical knowledge to practice	**Integrating theory and practice**	
…Knowing the practice and ability to act in it helps to me to work with students more convince, i.e. I give the more realistic situations as the illustrations for the concrete study theme…[10 respondent]	Knowing the practice and being able to act – the premise to work with students convince		
…And the role are related to everyday short – term activities… [4 respondent]	Performing the everyday short – term activities	**Realizing the short – term activities**	
…You do not experience self – satisfaction, because of you collide with the serious situations – with illness, health and here is no never the satisfaction… [1 respondent]	Not experiencing self – satisfaction by colliding with the critical health situations	**Being in continuing involvement**	**BEING EXPERIENCING**
…On the contrary – you see that life from the practice, I mean, you observe very many illnesses, deaths, for me it is very hard to see…and you are in those hard experiences continually… [1 respondent]	Being in hard experiences through observing the illness and death situations	**Being in continuing hard experiences**	

DIMENSION OF A ROLE: BEING CONNECTED TO ACTIVITY			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
...You did everything and you are very sure about it…inside…and it is nonsense, what kind of the help it was…It could be the teaching, it could be situations of death…you become calm, if you know and feel inside that you did everything, and you understand that you realized you role…[1 respondent]	Being calm through being sure that you did everything you could	**Being calm**	**BEING SATISFIED**
...But if you realize everything and you know it, you experience peace… [4 respondent]	Experiencing peace through knowing that you did everything		
…And sometimes I think that if I would not choose this work, this profession, maybe the life would be nicer for me…I think…[1 respondent]	Not being able to detach the self form the work	**Being in continuing involvement**	**BEING FEELING ONE'S PART DEEPLY**
...You must, you may through the role performance, all your activity, you may experience intuitively inside… [1 respondent]	Experiencing intuitively inside through the role performance	**Experiencing internally**	
…You rethink what you will do and consider…[10 respondent]	Considering through rethinking the actions	**Considering**	**BEING REFLECTIVE**
…And all the anger and the negative emotions of the other people revive only when you perform the concrete activity. Then you reflecting and wondering, and through that you are considering…[6 respondent]	Considering by reviving the negative emotions after activity performance and through reflecting		
...When I perform the activities, then I taking a seat, when I work at night shift, then I rethink everything, reflecting…emerge various thoughts…again and again those thoughts…you are thinking – did I really performed that? Did I really perform that o.k? Did I perform my role? You always should consider to many things… [8 respondent]	Considering through rethinking the activity and reflecting		
…By performing the role here is more consciousness…here is important also an obligation…the duty, you realize it…I am obligated…[1 respondent]	Being in consciously obligated	**Being conscious**	**BEING COMMITTED**
…But I would related the obligation with the role, if I would analyze the various situations…I realize the obligation…this term 'sticks' to the role…[9 respondent]	Relating the duty to the role through obligation	**Being dutiful**	
…The technical role is necessary. You want or not you should perform it…This aspect - it is seen by others …[9 respondent]	Expressing the duty through performance of technical role		
…No emotions, only the action, which should be performed – want you it or not…Here is any feelings and emotions, it is not valid in technical role…[2 respondent]	Being obligated to perform actions without emotions	**Being not emotional**	
…It means that the acquired qualification gives possibilities form law standpoint to work the nurse's job and together it obligates you… [3 respondent]	Being obligated through qualification to work in nursing care activity	**Being qualified**	
...When you 'put' your spirit, and perform sincerely and you do the maximum, thus it should be the role mission…[2 respondent]	Expressing the role mission through sincerity and 'doing maximum'	**Being sincere**	**BEING DEVOTED**
…In practice the nurse in specific area, the specific department, when works honestly…it is devotion …[3 respondent]	Expressing devotion through honest activity	**Being honest**	
…You like interflowing to activity…nursing care becomes your part…[7 respondent]	Being interflowed to nursing care activity	**Being interflowed**	**BEING IN COMMUNION**
…It is needed the teamwork – without it here is no nurse's roles' performance… [7 respondent]	Performing the roles in teamwork	**Working in a team**	

DIMENSION OF A ROLE: BEING CONNECTED TO ACTIVITY			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
...But sometimes happen the situations, when you know that it is your duty, you must perform. You should realize it and you do it, even intuitively and even when you do not want to perform it…[7 respondent]	Being empowered by the obligation to perform the activity independently from the nurse's wish	**Being dutiful**	**BEING SELF - EMPOWERED**
…When is the situation, then you 'must do', I would relate it with the role…you empowering the self…[7 respondent]	Empowering the self through being bounded to do in concrete situation	**Being obligated**	
…And I see it broader and want to discuss about it; we do not understand each other at work and it is the peculiar problem. I want to say that it is important nurse's education that influences her motivation and standpoint in order to improve the work…[8 respondent]	Being influenced by education to nurse's motivation and standpoint	**Being influenced by personal education**	
…And the activity performance is dependent on me – my knowledge, skills, personal qualities, and it means the foremost from the competence…[10 respondent]	Being dependent in role performance on nurse's competence	**Being competent**	**BEING INFLUENCING**
…The physiologic needs of all people are similar, but the nursing care should be also individualized, because here are no two adequate and similar people…on that the nurse is dependent…[10 respondent]	Being able to individualize the nursing care through recognizing the patient's uniqueness	**Individualizing the nursing care**	**BEING DEPENDENT**
…The role in nursing care is not detached from the department specificity… [10 respondent]	Being dependent on department specificity in nursing care	**Being dependent on department specificity**	
...Let's say, the teacher's role, you cannot say that in all departments the nurses perform the teacher's role. It is not realistic. But everything depends on department specificity. E.g., at endocrinology department, where are patients ill with the diabetes, here the main thing is patient's teaching…regulating the eating, evaluating the glucose… [9 respondent]			
…The role is specific, oriented to context of nursing care situation …[8 respondent]	Being dependent on context of nursing care situation	**Being dependent on context**	
…Here are the nurses, who do not take into account the relations and they come only to perform the activities that are prescribed in documentations, and after they leave the department, close the door…and it is expressed by their behavior, conversations, relationships with the colleagues, here is such aspect …[5 respondent]	Being indifferent to performing activity and relationships with the patients and colleagues	**Being indifferent**	**BEING LIMITED**
… I continually experience the situation that I am able to do more than it is allowed to me... [7 respondent]	Experiencing the state that the nurse is able to do more than it is allowed	**Being 'narrowed' in activity**	
…I mean – your obligation is to do the concrete technical things, and after – leave the patient. And that feeling of helplessness is unpleasant…[7 respondent]	Experiencing the helplessness because of orienting only to technique	**Experiencing the helplessness**	
…I think, the role is the theoretical thing, about which we read, but you not do that; you are educated for many things at the university, but in real practice you do not realize it…[2 respondent]	Not having the possibility to perform what you have learned at the educational institution	**Being in dilemma between the practice and theory**	
...With those roles it is hard. They are theoretical, but in reality it is hard to perform them even because of you as the nurse are not autonomous in full value in your activity … [4 respondent]	Being not autonomous in role performance	**Being not autonomous**	

DIMENSION OF A ROLE: BEING CONNECTED TO ACTIVITY			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…The nurse performs also the invisible roles that are invalid and are understood as self – contained. I mean – I should prepare the instruments for sterilization, I should control always, is the floor of operating – room are cleaned, are the instruments that are on the table, with the right date of sterilization. I am working as technician with the higher nursing education …[10 respondent]	Being in inadequacy between the nursing care practice and acquired higher nursing education	**Being in inadequacy between the work and education**	**BEING LIMITED (Continuation)**
...More I am learning, more broader I start to see my job, more problems I start to see, e.g. how do we behave with each other, how do we behave (even short time) with the patient after operation, do we recognize the competence of each other, do we respect on another and etc.…[10 respondent]	Being influenced by continuing learning to see the nursing care broader	**Being influenced by continuing education**	**BEING INFLUENCED**

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DIMENSION OF A ROLE: BEING CONNECTED TO PROFESSION			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…The role, which I must to do…. which is obligated by my profession…. And I should perform it as professional. The specialist in specialized area, to do everything what is needed…[1 respondent]	Performing the role through being obligated by the profession	**Being obligated by the profession**	**BEING OBLIGATED**

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DIMENSION OF A ROLE: BEING CONNECTED TO SOCIETY			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…After studies you have the right to perform that role in society as the specialist, like the other specialists – to perform it well, e.g., like a driver drives the car, someone repairs…[2 respondent]	Having the right to perform the role in society because of acquired education	**Being qualified**	**BEING EDUCATED**
…I think that society needs the nurses, who are able to think critically through reflection … [8 respondent]	Being able to think critically through reflection	**Thinking critically**	**BEING REFLECTIVE**
…The society needs that the nurse would solve the problems through showing the self - competence…[7 respondent]	Being able to solve problems	**Solving the problems**	**BEING COMPETENT**
… The society needs that the nurse would be able to nurse perfectly through illuminating the self - competence…[10 respondent]	Illuminating the self – competence through being able to nurse	**Being able to nurse**	
…And the evaluation; that the neighbors evaluate nurse's role. Do you carry in many or not …[10 respondent]	Being evaluated by neighbors through nurse's 'carrying in' nursing care activity	**Being evaluated by neighbors**	**BEING INFLUENCED**

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DIMENSION OF A ROLE: BEING CONNECTED TO PATIENT'S FAMILY			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…It happens, the patient dies, near is the relative, who nurses the patient, and you experience and intuitively help the family, relatives. Maybe it is your role to perform that… [8 respondent]	Helping intuitively for the patient's family through experiencing the situation	**Being intuitive**	**BEING IN COMMUNION**
…Thus the relation is mutual: patient – nurse, patient's relatives – nurse… [10 respondent]	Being mediator between the patient and relatives	**Being able to mediate**	
…Then we started to talk about child's problems, how to solve them effectively … [2 respondent]	Talking about the problems and their solving	**Communicating purposefully**	
…After conversation that mother had thanked me for the given peace …[2 respondent]	'Giving' peace for patient's relatives	**Being able to assuage**	
...It means that in this process the family member evaluated me externally, i.e. my competence and only after that 'admitted' me in cognitive level to the child's present problems 'here and now' ... [2 respondent]	Being evaluated by patient's relatives through the expressed nurse's competence	**Being reliable**	
…Then, when the result is positive, you try to valid the parent's behavior, you trying to be tolerant…[1 respondent]	Trying to valid the patient's relative's behavior through being tolerant	**Being tolerant**	**BEING CARING**
…At night shift the child's mother came to me and asked to tell how the remedies are 'doing' physiologically. She was interested not in pharmacological influence, but the anatomical 'way' of remedies. It was at three o'clock at night. After, when I told everything, she had trusted to my competence. She told that to me. And she the same had heard from the physician about me …[2 respondent]	Expressing the reliance through the self – competence and communication	**Being reliable**	**BEING COMPETENT**
...When I came on the other day the colleagues told me that the child's mother is not so 'sharp' as it is always, she had changed, i.e. she became compliant, here were no comments that would be related to distrust to nurses what were before characterized to her communication…It is perfect evaluation of my competence …[2 respondent]			
…At that minute I felt the relief, peace and the peculiar pride that the mother applies to me as to the nurse... [2 respondent]	Being pride through patient's relative's trust related to nurse's competence	**Being reliable**	**BEING CALM**

DIMENSION OF A ROLE: BEING CONNECTED TO COLLEAGUES NURSES			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…Partly at the department here is realized the teamwork member's role. This team role is under development…of course at rehabilitation is expressed 'brighter', but exists in my specificity too. This role is expressed between the nurses…[2 respondent]	Realizing the teamwork member's role working with the nurses	**Working in a team**	**BEING IN COMMUNION**
...I am observing my colleagues, who experience that feeling – not like a servitude, when she did and closed the door, but the relationships with the other nurses are very important. Those nurses, who understand the importance of these relations, they feel satisfaction too. They are in 'right car'…[2 respondent]	Being satisfied through understanding the importance of relationships with the colleagues nurses	**Understanding the communication value**	**BEING SATISFIED**
…We work with people, here are various situations. In this way the tempers of colleagues uncover, we know deeper each other, 'comes out' the good and middling things, and you know, what you can expect in future, in critical situation working with the concrete colleague. You are dependent on collaboration …[4 respondent]	Being dependent on collaboration as the possibility to know the colleagues	**Being in collaboration**	**BEING DEPENDENT**
…I had the post – operative patient with the very complicated state: I have 'carry in' many strengths in order everything would be o.k. With him, e.g. I turned him from one side to another, oiled him, had injected, communicated through keeping the hand, had listened him and did not only the technical activities, i.e. everything what for the other colleagues nurses seemed 'nonsense'…[2 respondent]	Being ignored by colleagues nurses in 'carrying' the strengths to the patient's state	**Being ignored by colleagues**	**BEING LIMITED**
…My colleagues jeered at me: 'What are you, what are you standing here for? Do you have not much to do? We will give you our activities to do? You do not have anything to do more? / And in such case I may say that I do not feel in full value as the nurse, I did not have the possibility to perform the work as I wanted it. I did only I must…colleagues are mockery of me: 'Thus what are talking to them about?' What I am talking about? Not stories… [7 respondent]			
…Everyday they recounted me, they pressed me, saying that maybe I have nothing to do at work if I am sitting with the patients and talking with them then they always gave me more technical activities to do. I always did them and after that – again to patients…[7 respondent]	Experiencing the pressure from colleagues nurses	**Being 'pressed' by colleagues**	

DIMENSION OF A ROLE: BEING CONNECTED TO PHYSICIAN			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…Of course you may say, form the practitioner's role you may extract the nurse's as secretary role…The nurse by the biggest part of the work is acts as the secretary, i.e. performs the 'paper activity'. I mean that the nurse is the physician's secretary, because of the papers in physician's work time limit here is a lot, the control is stronger, thus the documental fixing, monitoring, counting, controlling in practice is more. And this documentary role is performed by the nurse … [9 respondent]	Being oriented to perform the documenting secretary role as a part of physician's role activity	**Documenting**	**BEING LIMITED**
...And to the secretary role we may mention the phone calls, and at the hospital here are the uncountable number of them and the nurses should answer the calls and to inform. The same about the visitors, who come to the physicians, they ask the nurses and they should direct them and inform, where is possible to find the physician, at what time and etc. all those things are related or naturally they 'came' into nurse's work environment and they exist. Near the work that exists relating it to patients… [5 respondent]	Performing the role of physician's secretary	**Assisting the physician**	
...I work with the nurses who see nursing care as not autonomous, but as additional to physician's work. Thus how it is in reality? May I say that…the nurse performs her role? No, it is not – the nurse's role becomes the part of physician's role …[8 respondent]	Being in dilemma because of the nurse's role as a part of physician's role or autonomous nursing care activity	**Being a part of physician's activity**	
…As the nurse I did not feel and still does not feel, I feel myself as actions' performed, but not through the autonomous activity prism, but through the help to surgeons…[10 respondent]	Experiencing inferiority because of inability to act independently	**Being not autonomous in activity**	
…But here again – in a team the nurse's role is depreciated. Mainly the physicians make decisions…the physician always is dictating the terms…very hardly is realized that team member's role, but slowly, step – by - step …[10 respondent]	Being depreciated in a team	**Being not equivalent in a team**	
…Only the physician realizes the evaluations, and you become more informer. Thus the teacher's role I perform partly through informing mainly… [10 respondent]	Performing the informer's role as result of dependence form physician's leadership	**Being dependent on physician's leadership**	**BEING DEPENDENT**
...Today I perform only the role, but what kind of the role…For whom I perform this role, also I said – not for the patient, but for the surgeon…I am only for the surgeon…Because of that not only one time I had experienced very big discomfort…[10 respondent]	Experiencing the discomfort through dependence on physician's activity	**Being dependent on physician's activity**	
…And I am going to the phone to call for the physician. We communicate, and I say: it is that and this…I injected the medicines, and now the infusion drippers. What to do now? Please, come as soon as possible, because of patient' state is acute. Physician tells me: the infusion is o.k. And you will see with the patient will be everything o.k. And I am saying again: doctor, I said to you, I did everything…then the physician tells me: what for you are calling me? When the infusion will be over, evaluate the blood pressure, if the condition will not be better, call me again…[8 respondent]	Initiating the communication with the physician about the patient's situation	**Initiating the physician**	**BEING EMPOWERING THE PHYSICIAN**

DIMENSION OF A ROLE: BEING CONNECTED TO PHYSICIAN			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…Thus the surgeons ask me and I am the helper through answering. They are asking me the other questions and I am answering. They are treating me as the helper, but I feel the other thing: I feel the obligation and responsibility for all the process. It is complicated feeling…[10 respondent]	Being in contradiction between nurse's feelings and external environment prejudices to nurses responsibility	**Being in contradiction between feelings and external environment**	**BEING IN DILEMMA**
…I feel that the surgeons need me as the nurse firstly for the successful finish of operation. If here will not be me as the nurse, they will not know what and form where to take, i.e. one thing is surgeon's ignorance, and the other – their inability to leave the operational field, operation wound – they can't to go and to take the instrument, it is natural. This is the phase, where they need the nurse …[10 respondent]	Being treated as the physician's helper	**Helping the physician**	

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DIMENSION OF A ROLE: BEING CONNECTED TO ORGANIZATION			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…The nurse's role at the organization is related to formal instructions…[5 respondent]	Associating the role with the documented formal instructions	**Being obligated formally**	**BEING COMMITTED**
…Saying shortly, when you do, what is needed, what is demanded form you form documental side, e.g., your obligations at concrete department…[5 respondent]	Performing the role through formal documented demands		
…If about the nurse's researcher's role, thus such kind of possibilities is very little…in reality in practice it is unreal…it is far, maybe after ten years in future…because of the nurse's rigid and old – fashioned understanding about nursing care…[9 respondent]	Not realizing the researcher's role because of rigid and old – fashioned nursing care understanding among nurses	**Being rigid in nursing care understanding**	**BEING LIMITED**
…And because of the nurses are not free in their activity …[9 respondent]	Not being re in nursing care activity	**Being not autonomous**	
…Because of the negative prejudices related to nurse's profession and independent activity at the organization …[9 respondent]	Being influenced by negative organizational prejudices	**Being influenced by the organization negatively**	

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DIMENSION OF A ROLE: BEING CONNECTED TO OTHER SPECIALISTS			
MEANING UNIT	**CONDENSED AND ABSTRACTED STATEMENT**	**SUBTHEME**	**THEME**
…But I was a mediator between the other specialists in this situation…[9 respondent]	Being a mediator between the other specialists	**Being able mediate**	**BEING COMPETENT**
…What I did? Firstly I left everything, called the helper in order to be with the patient and to calm her, to talk to her…[8 respondent]	Delegating the actions	**Being able to delegate**	