

## Patients' and nurses' experiences of perioperative dialogues

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**Background.** Previous research has shown that perioperative visiting can aid the planning and implementation of nursing care by giving patients an opportunity to express their expectation and to receive information. This in turn can reduce anxiety and stress. However, patients and nurses' experiences of this process have not been studied before.

**Aim.** The aim of the research was to describe and interpret the meaning of nursing care experienced by patients and nurse anaesthetists or operating-room nurses (referred to as perioperative nurses) through the pre-, intra- and postoperative dialogues.

**Methods.** A hermeneutic approach was used when interpreting text from interviews with 10 patients after the operation and 10 nurses who were asked to write down their experiences after having conducted pre-, intra- and postoperative dialogues with their patients. The interpretation of the whole was: the common quality of the pre-, intra- and postoperative dialogues was continuity and the distinguishing quality was how the patient and nurse experienced continuity.

**Findings.** Continuity in 'the perioperative dialogue' from the patients' point of view is expressed as sharing a story and the body is in safe hands. From the nurses' point of view continuity means that professional nursing care becomes visible and that continuity gives meaning to the work.

**Conclusion.** If perioperative nurses used the perioperative dialogue they could create continuity for patients and for themselves in the pre-, intra- and postoperative phases. The nurse is, in this context, the continuity and continuity gives the possibility of establishing a caring relationship and caring for the patient in a dignified way.

**Keywords:** perioperative nursing care, perioperative dialogue, nurse anaesthetist, operating-room nurse, continuity

## Introduction

This study focuses on perioperative nursing care, i.e. 'nursing actions and activities performed by the nurse anaesthetist or the operating-room nurse in the pre-, intra- and postoperative phases of the patient's surgical process. These three phases are simply periods of time when prescribed nursing and caring actions take place' (von Post 1999, p. 1). Perioperative is a term used to connect these three phases of surgical care [Association of Operating room Nurses (AORN) 1985]. The concept perioperative nurse is below used to include both nurse anaesthetists and operating-room nurses.

## Background

We have chosen to approach perioperative nursing care from a caring point of view, where the human being is fundamentally seen as an entity of body, soul and spirit (Eriksson 1992, 2002, Parse 2002), and the human body is understood as a 'lodge' for the soul and spirit (Lindwall *et al.* 2001). In perioperative nursing care the human body is in focus because it is often a diseased/injured body which needs surgical treatment (Salter 1992, Mock 1993). However, the human body can never be understood merely as a biological entity or as an object. Instead, it is perceived as being the person and representing life (Merleau-Ponty 1962). The body is the most visible and material part of us, and occupies a central part in our individual perception of ourselves (van Manen 1998). When our bodies are healthy and strong we meet the world unafraid, but when we are weak and sick the body expresses fear and powerlessness. Every bodily illness has a particular meaning that alters our attachment to the world, and we conceive our body as it appears to ourselves (Merleau-Ponty 1962).

The idea behind caring is to alleviate human suffering and to preserve and safeguard life and health (Eriksson 1992, 2002). When a patient has to go through anaesthesia and surgical treatment they have to leave themselves in professional careers charge, and the careers have to take over the responsibility for the person's body and life. In this situation, it is assumed that it is important for the patient to be able to feel confident in the hands of professionals. In order to be able to trust another person, it may be necessary to have had the opportunity to get to know that person, i.e. in this case the nurse.

Nursing research on perioperative visiting (Carter 1996, Gabrielsson 1997) show that preoperative visits have beneficial effects on the planning and implementation of nursing care because they give patients opportunities to express their expectations and thoughts and receive information. Studies of

perioperative nursing information and teaching (Dalayon 1994, Brumfield *et al.* 1996) show that anxiety and stress can be reduced before surgery. However, how patients and nurses experience perioperative dialogues is rarely described within perioperative nursing research.

## Perioperative dialogue

The perioperative dialogue as an ideal model described by von Post (1999) was used as the framework for the study. The perioperative dialogue consists of the nurse anaesthetist's or operating-room nurse's and patient's encounter, i.e. their meeting, relationship and information exchange about the operation on three occasions. Its purpose is to create a place for the dialogue, give time and space, listen to the patient and to create a sense of community (von Post 1999). In the preoperative dialogue, the patient and nurse meet before the surgery. Here the patient is given a chance to get to know the nurse, tell their story, and describe their thoughts and expectations concerning the anaesthesia and surgery. The nurse listens, answers and documents the patient's questions and explains things that need to be explained. The nurse has a chance to get to know the patient and plan the intraoperative period together with them. The intraoperative dialogue starts when the patient meets the same nurse in the operating room and the nurse again explains what is going on and implements the planning. In the postoperative dialogue the same nurse visits the patient when it is convenient after their operation. In this dialogue the nurse listens to the patient's experiences and together they evaluate the nursing care. The nurse's caring attitude to patients and her responsibility for them and for the creation of a relationship all come to the fore in their first dialogue. A professional nurse has an ethical responsibility to invite the patient into a caring relationship and create confidence through their meetings (Lévinas 1988).

## The study

### Aim

The aim of the study was to describe and interpret the meaning of nursing care experienced by patients and perioperative nurses through the pre-, intra- and postoperative dialogues.

### Design

A hermeneutic approach (Gadamer 1989) was used as the aim was to gain deeper understanding of the meaning (Palmer 1969) of continuity of nursing care for the patients and

nurses. Data were collected by interviews with patients and written stories in which nurses described their experiences of dialogues with patients. Interviews were used to allow participants the freedom to describe their perioperative experience (Leinonen *et al.* 1996). According to Parker (1990), every patient and nurse has a story to tell. Narratives in empirical nursing research are important for gaining knowledge (von Post 1999, Frid *et al.* 2000) and to understand the lived experience (Wiklund *et al.* 2002).

### Sample

The data were collected between 1999 and 2000 from 10 patients (three men and seven women) aged between 31 and 76 years. They were selected from the operation programme so as to represent different specialist kinds of surgery and age level, as we anticipated that they would have different kinds of experience. Three of the patients underwent planned general surgery, four orthopedic operations, and three had gynaecological operations. Seven patients had general anaesthesia and three had local anaesthesia.

### Patient interviews

All patient interview questions were open-ended and covered the experience of meeting the same nurse in a pre-, intra- and postoperative dialogue. The interviews lasted from 30 to 60 minutes and were recorded on a tape recorder and then transcribed word for word. The interviews were carried out by the first author (LL) 1 week after the postoperative dialogue.

### Nurses' descriptions

Ten nurses all women, with 5–25 years of experience within perioperative nursing care were asked to write down their experience based on the pre-, intra- and postoperative dialogues they have had with their patients.

### Data analysis

The texts from patients' interviews and nurses' written stories were interpreted separately. Before reading the texts, we decided not to question their credibility. Each story should express itself, claiming to say something about the patient's experiences and the reality of the perioperative dialogue and the nursing care reality. The interpretation started by naive reading to acquire a general sense of how respondents experienced pre-, intra- and postoperative dialogues.

In the first stage, integrating the text with the reader, i.e. a spontaneous interpretation of what the text says (Cöster

1981, Gadamer 1989), was conducted. The interpretations were influenced by our preunderstanding arising from the area investigated (von Post 1999). Our professional preunderstanding was based on a caring-science perspective and on knowledge, experience, duty and commitment as nurse anaesthetists. We were using our internalized professional knowledge and skill, applied in practice as a form of professional judgment (Gadamer 1989). When reading with an open mind (Nyström & Dahlberg 2001), we constantly asked questions of the text and our preunderstanding influenced the answers that the text produced.

In the second stage we asked new questions of the text. These new questions arose when we transcended the horizon of the texts and our own horizon (Cöster 1981, Gadamer 1989). Before reading the texts again, we deepened our knowledge from previous research about patients' experiences of the body and of going through anaesthesia and surgery. Gadamer (1989) stated that a dialogue with a text leads to a fusion of horizons, i.e. the reality of the text has become a part of the reader. As a result of this stage of the analysis, continuity stood out as an answer to our questions.

In the third stage new questions to the text and the answers arose. The following question emanated from our new understanding: what do patients and nurses experience as continuity in 'the perioperative dialogue'? The transcripts were carefully read in order to find a common quality and were also searched for distinguishing qualities (Eneroth 1984). Questioning and answering led to a new understanding described by (Gadamer 1989) as a hermeneutical spiral. Significant expressions were organized into the main category of 'continuity', which captured meanings and meaningful patterns of continuity from the patients' point of view and continuity from the nurses' point of view. Four subcategories emerged from the main category, and are described below using direct quotations.

### Ethical considerations

The study was approved by Research Committee of the University of Karlstad. Patients and nurses gave consented to participate in the study and were informed on several occasions that their participation was voluntary. The identity of both patients and nurses was protected by anonymising the data.

### Findings

Continuity from the patient's viewpoint is experienced as *We share a story* and *The body is in safe hands*. Continuity from

the perioperative nurse's viewpoint is experienced as: *Professional nursing care becomes visible* and *Continuity gives meaning* to the work. In the quotations below, the numbers in brackets refer to participants' identities.

### Continuity from the patient's viewpoint

#### *We share a story*

According to patient pre-, intra- and postoperative dialogues, the patient and perioperative nurse share a story that includes the past, present and future. This story also includes the patient's expectations concerning the bodily disease, anaesthesia and surgery. The nurse shares her knowledge about the actual anaesthesia and surgery and what will happen in the operating-room with the patient. In the preoperative dialogue the nurse takes time and listens to the patient's story. One patient stated:

I felt good when the nurse came from the operating room and told me what will happen. She described what they were going to do with me and my body, listened to my story about my previous problems with my worn knee and we talked about my future with a new artificial knee (2).

The intraoperative dialogue starts in the operating-room, when the patient and nurse met again. This meeting is characterized by a feeling of sharing and familiarity. The nurse knows the patient's problem with their body and has prepared the operating table and procedures based on her knowledge of the patient's needs. The patient has the experience of being important, a person, and not an object that is to be handled. Patients also reported that there was a feeling of friendship, which included being told what was going to happen.

I was clearly amazed by her positive and warm approach. The nurse knew me from before and used my first name and this was essential for me. She looked upon me as a person, not just as an object (7).

Another patient stated:

It was something special between us and I felt important. I recognized her, her eyes and voice and I felt that we belonged to each other. I asked what they did and she told me everything about the operation (10).

In the postoperative dialogue, when the nurse comes to the patient they talk about the patient's experiences and how they felt.

The nurse came to me in the ward. She asked me how I felt after the surgery and we talked about my experience in the operating theatre. You get attached to people when you are vulnerable as I was (5).

Continuity from the patients' viewpoint is to have a story together with the nurse who has been the continuity through the pre-, intra- and postoperative dialogues. The patient and nurse share the same wholeness when the patient has been given the opportunity to be a part of the continuity.

#### *The body is in safe hands*

When a perioperative nurse visits the patient, in a preoperative dialogue the day before surgery, they can discuss the anaesthetic and how the body will be cared during the operation. Some patients stated that nurses were skilful and competent when they listened to questions and understood how worried and stressful they were. They trusted the nurse and felt safe in leaving the body in the nurse's hands. One patient stated:

We talked about the anaesthesia and how my body will be different after breast surgery. She listened to my questions and understood how worried I was to be anaesthetized and to lose my breast. She was careful and I felt safe to leave myself (in her hands) (9).

Patients intimated that the nurse displays respect for their fear in the preoperative dialogue and allows them to be well prepared before the surgery. They could then feel confidence in the nurse in the operating room.

I talked about my previous problems and told her I was afraid of the needle and the injection. She treated me seriously and I did not see any needle and injection in the operating room (1).

In the intraoperative dialogue patients were in safe hands when careers helped their bodies to rest comfortably on the operating table. The skills became visible when the nurse touched the patient's body, which could be interpreted as touching the whole person and making them feel good. Another patient stated:

I could feel her warm hands comforting my body on the table and her touch made me feel less worried. She held me safely and I felt good (3).

In the postoperative dialogue the patients have the opportunity to discuss with the nurse about their changed body and the future in a new body shape, and the nurse gives the patient hope to believe in their new altered body.

The nurse gave me power to believe that I would accept my different body with a stoma in the future. I felt very sad and it's like something that's been taken away from me (9).

Continuity in 'the perioperative dialogue' gives the patient time to get to know the nurse's knowledge and skill, and to discuss the planning for themselves and their bodily well-being. Patients intimate that they do not need to have total

control of the situation, but the most important thing is to be able to feel confidence in the perioperative nurse and thus have a feeling of being in safe hands.

### Continuity from the perioperative nurse's viewpoint

#### *Professional nursing care becomes visible*

Continuity created through 'the perioperative dialogue' makes professional nursing care more visible. Perioperative nurses thought that previously caring had been taken for granted and that it must therefore now be given time and space, be planned for and evaluated. In the preoperative dialogue the nurse listens to the patient's problems with their body, their experiences, expectations and wondering, and plans together with the patient. The preoperative dialogue gives the nurse time to listen and create a caring relationship. A nurse wrote:

After our dialogues I realized that I had learned a lot. I had time to listen to the patients' previous problems and could plan for the intraoperative phase. The professional nursing care became more obvious. It was manageable and did not take a long time, it did not cost anything, but it gave so much (4).

When the nurse meets the patient in the operating theatre, they already know each other and have established a relationship through the preoperative dialogue. The intraoperative dialogue has given them the opportunity to show respect and integrity; they share the experience with each other. The nurse knows how to protect the patient's body from injury and humiliation.

She told me that she did not want anyone to insert a catheter inside her when she was awake. I promised her to do what she wanted. We talked about her previous operations, and when we met again we could continue the dialogue (7).

The patient and nurse are together in a caring relationship, which sometimes is non-verbal. There are mutual bodily signs, for example that a secret is shared, and that means something special for the patient and nurse. In this way words are not necessary, and the silent dialogue can even be stronger and connect the patient more firmly with the nurse.

By his body language he showed me that everything was all right. He kept two fingers crossed and I returned the signal, keeping my fingers crossed. Sometimes you do not need to communicate (1).

Another nurse wrote:

She smiled vaguely showing that she recognized me. 'Good, you are here'. I took her hand, and felt good not to be strangers (3).

In the postoperative dialogue the nurse tries to give the patient confidence and their relationship ends.

I tried to give her confidence, to find another way of thinking about her new body after the surgery. When I left her, she was more positive than before and I felt that our conversations were important for her (9).

The patient is also given the opportunity to thank the nurse for her caring in the postoperative dialogue. Giving the patient the opportunity to say 'thank you' is a way to end the relationship in a positive and dignified manner.

The patient squeezed my hand and thanked me for coming back to meet her again. She thanked me for listening and for having a nice time together (6).

When professional nursing care becomes visible, nurses think that 'the perioperative dialogue' can be seen as continuity based on a caring relationship, compassion and responsibility. Continuity arises in a relationship with the patient and from a genuine desire to make them feel good.

#### *Continuity gives meaning to the work*

The continuity established by the pre-, intra- and postoperative dialogues creates a feeling of solidarity, which gives meaning to the nurse's work. When the patient is allowed to tell their story this gives the nurse the opportunity to get to know them. The information comes directly from the patient and thus helps the nurse to feel more prepared for the task. Nurses get to know details they would not have known otherwise and they learn more about the small details so vital for the patient. A nurse wrote:

You get to know about details you would not have known otherwise. The patient may think that some information is not necessary but those things may be vital for us. By talking about their problems, I am able to make it easier for the patient and to prepare myself to meet the entire patient, not only his or her organ (2).

The preoperative dialogue gives nurses time to prepare themselves and the patients before the anaesthesia and surgery, and the time in the operating room can be used more effectively.

The preoperative dialogue was very good, because I was prepared to meet a worried patient, who needed more time and information about the operation than I expected (10).

After the postoperative dialogue the nurse experiences continuity as something new that influences the patient positively. The work has a new dimension, which makes the nurse more engaged.

I felt relieved and happy after the postoperative meeting. It is more fun to work with a patient you are engaged with. You perform in a more human and dignified way (5).

The nurses had become aware of how they could care more effectively and safely for the patient, and could allow themselves the possibility of taking responsibility, i.e. of gaining the patient's confidence. When they experienced how continuity influenced patients, it also became important for them. Another wrote:

I understood that the dialogues meant a lot for the patient. In the postoperative phase we talked about the tiredness and weakness and the patient's concern about pain, worry and daily living in the body. I realized that I gained the patient's confidence (8).

From the nurses' point of view 'the perioperative dialogues' create continuity, which gives meaning to their work and increases the deepest ethical motive in all caring.

## Discussion

### Methodological considerations

The aim of this study was to describe and interpret the meaning of nursing care experienced by patients' and perioperative nurses' through pre-, intra- and postoperative dialogues.

The research was based on interviews with 10 surgical patients and narratives by 10 perioperative nurses who had participated in a perioperative dialogue. They were all given the opportunity to choose their stories. Patients' and nurses' stories proved to be a relevant tool for understanding perioperative nursing care. According to Cöster (1981), a critical examination focuses on a text as an original source and the validity of the story is found in its relevance to reality. In this study, patients and nurses told their own stories about 'the perioperative dialogue. How and why they chose these stories is not investigated. The hermeneutic interpretation of these texts has deepened understanding of the experience of participating in pre-, intra- and postoperative dialogues, and this is therefore a way of releasing nurses' knowledge (Cöster 1981).

The study had a relatively limited number of informants, whose experiences varied considerably. We have been unable to find any patient or nurse who has not experienced the effect of 'the perioperative dialogue' as positive, but that is not to say that they do not exist. The study has obvious limitations, but even so we claim that our contribution is to have focused on a central problem connected with clinical nursing that has not been particularly well described in

earlier research, such as that by Dalayon (1994), Brumfield *et al.* (1996), Carter (1996), Hankela and Kiikkala (1996), Leinonen *et al.* (1996), Gabrielsson (1997) and Lilja *et al.* (1998).

The content of the interviews seemed to cover 'the perioperative dialogue' well, although they did not give a full picture of all cases. When interpreting them we did not question their veracity (Cöster 1981), which is based on the fact that the stories are self-reports and not second-hand information (Koch 1995). The connection between patients' and nurses' experiences lay in the fact that there were variations of continuity in 'the perioperative dialogue'. When analysing the data, one of us acted as co-examiner and has found the categories fruitful and concordant. We believe that the concepts *we share a story* and *the body is in safe hands* describe well continuity in professional nursing care (Eriksson 2002). We also maintain that the concepts *professional nursing care becomes visible* and *continuity gives meaning to the work* can be used directly to create an understanding of continuity as an undivided whole (Allén 1991). Using the perioperative dialogue as a model for perioperative nursing care gives nurses the opportunity to protect human dignity.

### Continuity in the perioperative dialogue

This study has uncovered how the perioperative dialogue creates continuity and establishes a caring relationship. In this context, the idea of compassion emerges as the basic motive of nursing care as expressed by the nurses: nursing care is meaningful and creates a feeling of being engaged (Eriksson 2002). Continuity from the patient's point of view takes the form of *we share a story* and *the body is in safe hands*. To have a story together can be understood as compassion (von Post 1999), the nurse's spontaneous charity and responsibility to create an inviting and caring relationship with the patient (Lögstrup 1994). The basic category of caring is suffering and caring is done to alleviate suffering, preserve and safeguard life and health (Eriksson 2002). The patient's response to this invitation can be understood as confidence (Roach 1987). To be *in safe hands* means that the patient leaves their body in care hands. They do not longer need to control the body during anaesthesia and surgery and they commit themselves to the safe hands of the nurses. In the perioperative dialogue, when the patient and nurse know each other they have the chance to have a deeper and genuine dialogue. Verbal communication is not sufficient: the perioperative nurse also has the responsibility to interpret the expressive body (Merleau-Ponty 1962, van Manen 1998, Lindwall *et al.* 2001), which can be understood as the nurse's obligation to care for the patient (Lögstrup 1994). The

### What is already known about this topic

- Perioperative nursing research has described preoperative teaching, experience of anxiety and stress and preoperative information given to surgical patients.
- Studies dealing with the intraoperative phase have concentrated on patients' physical indicators, body temperature and nursing activities during anaesthesia and surgery.
- Other studies have focused on recovery and relieving postoperative pain.

### What this paper adds

- The paper considers a new way of organizing perioperative nursing care – the perioperative dialogue – in which patient and nurse get to know each other and the nurse can give time and space, listen to the patient's story and create a caring relationship during the surgical process.
- The central finding of the study is that of continuity, which from the patient's viewpoint is experienced as *We share a story* and *The body is in safe hands*, and from the perioperative nurse's viewpoint as *Professional nursing care becomes visible* and *Continuity gives meaning* to the work.
- Further research using both qualitative and quantitative methods is needed to explore quality and continuity and to evaluate the experiences of participation in the perioperative dialogue.

human body is central to the experience of health, illness, suffering and caring.

In continuity the patient and nurse form a whole and the nurse does not leave the patient alone in the operating room feeling that they are with strangers. To be in safe hands can also mean to be in a relationship characterized by solidarity and some kind of friendship. In the postoperative dialogue the nurse can help the patient to understand, accept and move in a vulnerable and altered body, a 'lodge for soul and spirit' (Mock 1993, Lindwall *et al.* 2001). According to our findings continuity in the pre-, intra- and postoperative dialogues can prevent and alleviate suffering in surgical procedures. Continuity in the perioperative dialogue also means that *professional nursing care becomes visible* and *continuity gives meaning to the work* in a 'high-tech' world where the nurse wants to care for the patient as a whole person (von Post 1999). The aims of the model were to create continuity and to create higher quality in perioperative nursing care. The

findings show how a framework can help a perioperative nurse to be the continuity and thus given the possibility of acting in a dignified manner. The perioperative dialogue has shown a way to create a caring relationship in perioperative nursing care. However, further research is needed to evaluate it as an organization model.

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