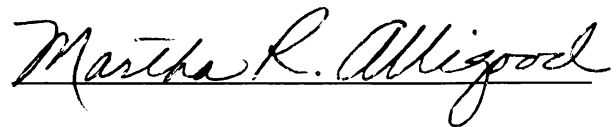


To the Graduate Council:

I am submitting herewith a dissertation written by Kathleen Mary Walker entitled "Struggling with a difficult choice: A lived experience of Human Becoming". I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

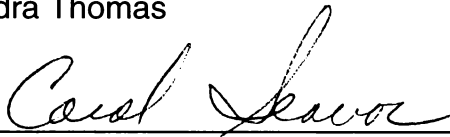


Martha R. Alligood, Major Professor

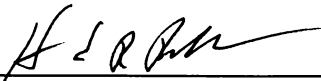
We have read this dissertation  
and recommend its acceptance:



Sandra Thomas

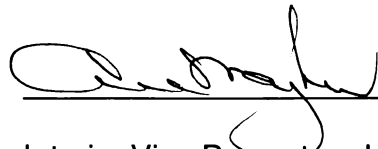


Carol Seavor



Howard Pollio

Accepted for the Council:



Interim Vice Provost and  
Dean of The Graduate School

**STRUGGLING WITH A DIFFICULT CHOICE:  
A LIVED EXPERIENCE OF HUMAN BECOMING**

**A Dissertation  
Presented for the  
Doctor of Philosophy  
Degree  
The University of Tennessee, Knoxville**

**Kathleen Mary Walker  
August 2001**

## DEDICATION

This dissertation is dedicated to my parents, Martin and Helen, and to my eight brothers and sisters. It was my parents who gave me the gift of wisdom, perseverance, and belief in myself. It is my brothers and sisters who inspire me, remind me of what is important in this world, and who have always served as role models, friends, supports, and most importantly, as my family. This study has been possible because of what they have taught me. This study was possible because of the life I cocreate within that family.

This dissertation is especially dedicated to my twin sister, Katie, who has shared every moment of my life with me. My life is a constant, cocreated process with her that continues to weave together our human becoming as twins, sisters, and friends. She is part of me and has been with me throughout this entire voyage of discovery.

## ACKNOWLEDGMENTS

I wish to acknowledge the invaluable support, encouragement, and resources given to me by the members of my dissertation committee. Dr. Thomas, Dr. Seavor, and Dr. Pollio have exemplified the best of teachers. I wish to thank the members of my dissertation committee for allowing me the freedom to explore, discover, learn, and to realize the value of my scholarship.

In addition, I wish to thank Dr. Mary Huch, of the University of Southern Mississippi. Dr. Huch graciously gave of her time and energy to function as the external expert on Parse's theory. She taught me much about the theory, but even more about truly living the principles of human becoming.

I wish to extend a special thanks to Dr. Martha R. Alligood who embodies the characteristics of the Theory of Human Becoming. This study would not have been possible without her constant guidance, caring, wisdom, and wit.

## ABSTRACT

Choice is a universal experience. Whether it is choosing a lifestyle, to divorce, or to seek health care, health is inexorably linked to the process of choice. Sometimes choices can be decisively made; far more commonly choosing takes time as an individual contemplates alternatives and struggles to find meaning for events that allow a choice to be made. Given how commonly it occurs, it is logical to assume that struggling may be useful and may allow an individual to change, to grow, and to reach optimal health. Yet while struggling with a difficult choice is a universal human phenomenon, frequently related to health, little is known about this very human activity. What struggling is like, the role that struggling plays when an individual is dealing with a difficult choice, and how nurses can best interact with patients struggling with difficult choices is not empirically clear.

The purpose of this study was to reveal the meaning of the lived experience of struggling with a difficult choice. The study utilized a qualitative phenomenological research method, developed by nursing theorist Rosemarie Parse, constructed to be in harmony with the ontological beliefs of an established nursing theory, the Theory of Human Becoming. A total of 11 dialogical engagements occurred with four males and seven females, ranging in age from 26 to 67. Participants related experiences of struggling with a variety of difficult choices, leading to identification of the structure of the phenomenon. Formal data analysis occurred first through extraction-synthesis, and then with

heuristic interpretation, using procedures of structural integration and conceptual interpretation, resulting in placing the research findings into the language of the Theory of Human Becoming.

The three core concepts, enduring and abiding amid arduous disruption, solitary responsibility amid affiliation, and contemplating consequences of the “was-is-will be” were identified and then elevated to increasing levels of abstraction within the Parse research method yielding a conceptual integration of the phenomenon of interest as *Struggling with a difficult choice is originating with connecting/ separating, while imaging with enabling/ limiting*. In addition, four related findings were identified including learning amid coming to know, untangling, honoring choices, and self-meaning. The findings indicate a need for nurses to alter common care practices, including patient teaching, in order to assist patients toward health. Other implications of these findings were identified as they pertained to the areas of practice, research, and education. Recommendations regarding the need to reconceptualize common notions such as noncompliance were also explored.

## TABLE OF CONTENTS

| CHAPTER                                                                        | PAGE |
|--------------------------------------------------------------------------------|------|
| I. INTRODUCTION .....                                                          | 1    |
| Epigenesis of the Study .....                                                  | 4    |
| Order and Arrangement of the Study .....                                       | 6    |
| Existentialism: The Ontological Heart of this Study .....                      | 8    |
| The Nursing Framework for the Study: Parse's Theory of Human<br>Becoming ..... | 12   |
| What is Currently Known: The Literature .....                                  | 17   |
| Purpose of the Study .....                                                     | 23   |
| The Phenomenon of Interest: Concepts for Study .....                           | 23   |
| Definitions .....                                                              | 24   |
| Health. ....                                                                   | 24   |
| Choice .....                                                                   | 24   |
| Struggling. ....                                                               | 25   |
| Research Questions .....                                                       | 25   |
| Limitations and Delimitations .....                                            | 26   |
| Significance of the Study .....                                                | 26   |
| Summary .....                                                                  | 28   |
| II. REVIEW OF THE LITERATURE .....                                             | 31   |
| Organization of The Chapter .....                                              | 32   |
| Extant Literature Review .....                                                 | 33   |
| The Concept of Struggling: What is Known .....                                 | 33   |
| Struggling as Progression With Difficulty .....                                | 33   |
| Struggling as Contention, Combat, or Competing .....                           | 35   |
| Struggling as Strenuous Involvement .....                                      | 38   |
| Struggling as Muscular Activity .....                                          | 40   |
| Struggling as an Existential Issue .....                                       | 41   |
| Summary of What is Known Regarding Struggling .....                            | 42   |
| The Concept of Difficult Choice: What is Known .....                           | 42   |
| Choice: The Ability to Participate in Care .....                               | 45   |
| Choice: The Process of Decision Making .....                                   | 48   |
| Choice: Nursing Choice Making Processes .....                                  | 50   |
| Choice: Mutuality and Coexisting Choice Development .....                      | 52   |
| Difficult Choice and the Non-nursing Literature .....                          | 52   |
| Choice and Education .....                                                     | 52   |
| Choice, medicine, and psychology .....                                         | 53   |
| Summary of What is Known Regarding Difficult Choice .....                      | 54   |
| Struggling and Difficult Choice .....                                          | 55   |

| CHAPTER                                                                  | PAGE      |
|--------------------------------------------------------------------------|-----------|
| Struggling With a Difficult Choice: The Contextual Perspective . . . . . | 57        |
| Existentialism and the Importance of the Lived Experience . . . . .      | 58        |
| Phenomenology, Inquiry, and Being-In-The-World. . . . .                  | 58        |
| Existentialism, Meaning, and the Relationship to Health . . . . .        | 61        |
| Significance of Struggling With a Difficult Choice . . . . .             | 62        |
| Summary . . . . .                                                        | 63        |
| <b>III. METHODS . . . . .</b>                                            | <b>66</b> |
| Methodological Considerations . . . . .                                  | 66        |
| Methodological Approach . . . . .                                        | 68        |
| Study Design: Philosophical and Methodological Linkage . . . . .         | 68        |
| Methodological Linkage: The Parse Research Method . . . . .              | 69        |
| Participants . . . . .                                                   | 71        |
| Ethical Requirements and Safeguards . . . . .                            | 74        |
| Data Collection Methods . . . . .                                        | 75        |
| Data Analysis . . . . .                                                  | 77        |
| Extraction-Synthesis. . . . .                                            | 78        |
| Rigor of the Study . . . . .                                             | 84        |
| Summary . . . . .                                                        | 87        |
| <b>IV. FINDINGS . . . . .</b>                                            | <b>89</b> |
| Organization of the Chapter . . . . .                                    | 89        |
| Participant Stories . . . . .                                            | 94        |
| Sarah's Story . . . . .                                                  | 94        |
| Extracted Essences . . . . .                                             | 94        |
| Synthesized Essences . . . . .                                           | 95        |
| Proposition . . . . .                                                    | 95        |
| Paula's Story . . . . .                                                  | 95        |
| Extracted Essences . . . . .                                             | 96        |
| Synthesized Essences . . . . .                                           | 96        |
| Proposition . . . . .                                                    | 96        |
| Julie's Story . . . . .                                                  | 97        |
| Extracted Essences . . . . .                                             | 97        |
| Synthesized Essences . . . . .                                           | 98        |
| Proposition . . . . .                                                    | 98        |
| Susan's Story . . . . .                                                  | 98        |
| Extracted Essences . . . . .                                             | 99        |
| Synthesized Essences . . . . .                                           | 99        |
| Proposition . . . . .                                                    | 99        |
| Cal's Story . . . . .                                                    | 100       |

| CHAPTER                                                                           | PAGE |
|-----------------------------------------------------------------------------------|------|
| Extracted Essences . . . . .                                                      | 100  |
| Synthesized Essences . . . . .                                                    | 100  |
| Proposition . . . . .                                                             | 101  |
| Jane's Story . . . . .                                                            | 101  |
| Extracted Essences . . . . .                                                      | 102  |
| Synthesized Essences . . . . .                                                    | 102  |
| Proposition . . . . .                                                             | 102  |
| Ted's Story . . . . .                                                             | 102  |
| Extracted Essences . . . . .                                                      | 103  |
| Synthesized Essences . . . . .                                                    | 103  |
| Proposition . . . . .                                                             | 104  |
| Jeff's Story . . . . .                                                            | 104  |
| Extracted Essences . . . . .                                                      | 105  |
| Synthesized Essences . . . . .                                                    | 105  |
| Proposition . . . . .                                                             | 105  |
| Connie's Story . . . . .                                                          | 105  |
| Extracted Essences . . . . .                                                      | 106  |
| Synthesized Essences . . . . .                                                    | 106  |
| Proposition . . . . .                                                             | 107  |
| Irene's Story . . . . .                                                           | 107  |
| Extracted Essences . . . . .                                                      | 108  |
| Synthesized Essences . . . . .                                                    | 108  |
| Proposition . . . . .                                                             | 108  |
| Beth's Story . . . . .                                                            | 109  |
| Extracted Essences . . . . .                                                      | 109  |
| Synthesized Essences . . . . .                                                    | 110  |
| Proposition . . . . .                                                             | 110  |
| Propositions . . . . .                                                            | 110  |
| Structure of the Lived Experience of Struggling with a Difficult Choice . . . . . | 112  |
| Heuristic Interpretation . . . . .                                                | 116  |
| Structure at the Level of The Theory of Human Becoming . . . . .                  | 116  |
| V. DISCUSSION AND APPLICATIONS . . . . .                                          | 118  |
| Organization of the Chapter . . . . .                                             | 118  |
| Discussion of the Core Concepts . . . . .                                         | 120  |
| Core Concept One: Enduring and Abiding Amid Arduous Disruption . . . . .          | 120  |
| Core Concept Two: Solitary Responsibility Amid Affiliation . . . . .              | 123  |
| Core Concept Three: Contemplating Consequences of "Was-Is-Will-Be" . . . . .      | 127  |

| CHAPTER                                                       | PAGE |
|---------------------------------------------------------------|------|
| Discussion of The Related Findings .....                      | 131  |
| Learning Amid Coming to Know .....                            | 133  |
| Untangling .....                                              | 134  |
| Honoring Choice .....                                         | 136  |
| Self-Meaning .....                                            | 141  |
| Applications and Recommendations .....                        | 143  |
| Answering the Research Questions .....                        | 146  |
| The Extant Literature and Findings of the Study .....         | 149  |
| Filling the Gap: Study Applications and Recommendations ..... | 151  |
| Practice Applications and Recommendations .....               | 151  |
| Education Applications and Recommendations .....              | 153  |
| Research Applications and Recommendations .....               | 154  |
| Summary .....                                                 | 155  |
| REFERENCES .....                                              | 157  |
| APPENDICES .....                                              | 190  |
| VITA .....                                                    | 195  |

## LIST OF TABLES

| TABLE                                                                                                             | PAGE |
|-------------------------------------------------------------------------------------------------------------------|------|
| 1. Demographic characteristics of participants.....                                                               | 73   |
| 2. The three major characteristics of the Parse research method.....                                              | 79   |
| 3. Conjunctions used in construction of research essences.....                                                    | 92   |
| 4. Abstractive languaging commonly used within Parse<br>research method.....                                      | 93   |
| 5. Core concept one as evidenced within the propositions.....                                                     | 113  |
| 6. Core concept two as evidenced within the propositions.....                                                     | 114  |
| 7. Core concept three as evidenced within the propositions.....                                                   | 115  |
| 8. Progressive abstraction of core concepts of the lived experience<br>of struggling with a difficult choice..... | 117  |
| 9. The function of struggling with a difficult choice.....                                                        | 148  |

## LIST OF FIGURES

| FIGURE                                                                                  | PAGE      |
|-----------------------------------------------------------------------------------------|-----------|
| 1. Evolution of the Study.....                                                          | 7         |
| 2. Summary of the Parse Research Method.....                                            | 82        |
| 3. The Symbol of the Theory of Human Becoming.....                                      | 83        |
| 4. Linking the first core concept to the Theory of Human Becoming.....                  | 124       |
| 5. Linking the second core concept to the Theory of Human Becoming...                   | 128       |
| 6. Linking the third core concept to the Theory of Human Becoming.....                  | 132       |
| 7. Linking the findings to the Theory of Human Becoming.....                            | 135       |
| 8. Linking related finding one to the Theory of Human<br>Becoming.....                  | 137       |
| 9. Linking related finding two to the Theory of Human<br>Becoming.....                  | 140       |
| 10. Linking related finding three to the Theory of Human<br>Becoming.....               | 142       |
| 11. The totality of findings linked to the Theory of Human<br>Becoming.....             | 144 - 145 |
| 12. The structure of the lived experience of struggling with a<br>difficult choice..... | 146       |

## CHAPTER ONE

### INTRODUCTION

Choice is a universal experience. Human beings are constantly choosing actions that affect their health. Sometimes the choice is simple and clear. More commonly, choices are complex and difficult and individuals struggle to find their way through the choices facing them. Often the more significant the consequences of the choice, the more difficult the choice is to make and the more an individual will struggle with the choice.

Health is about choice. Choice often results in an individual taking healthy or unhealthy actions. Whether it is choosing a diet or a lifestyle, health is inexorably linked to the process of choice. Sometimes choices can be quickly and decisively made; far more commonly choosing takes time as an individual contemplates alternatives and struggles to find meaning for events that allow a choice to be made. Given how commonly it occurs, it is logical to assume that struggling may be useful and may allow an individual to progress and to grow. Yet while struggling with a difficult choice is a common human phenomenon, frequently related to health, little is known about this human activity. What struggling is like and the role that struggling plays when an individual is dealing with a difficult choice is not empirically clear. How the struggle is related to choice and thus health has not been well described.

This study is concerned with the phenomenon of struggling with a difficult

choice. The phenomenon comprises two concepts; struggling and choice. Almost everyone can relate to struggling with a difficult choice. The author believes that struggling with a difficult choice is a universal human phenomenon common to human existence.

Given how health is inexorably linked to the choices a person makes, being interested in the concept of choosing would seem natural for nurses. Nursing has historically accepted and valued the capacity and right of patients' choosing health actions for themselves and has traditionally accepted struggling as part of the tapestry of making health choices. Even the earliest of American nursing textbooks refers to this traditional value of the profession of nursing. The *Textbook of the Principles and Practice of Nursing* from 1922 suggests that a nurse's approach to the sick should reflect "The old, deeply-rooted, urgent desire to relieve suffering and to restore health and well-being. In sickness and distress, particularly, the personal and family relationship of the nurse is one of peculiar intimacy and calls for a sacred regard of all their interests, choices, and welfare" (Harmer, 1922, p. 15).

Struggling with a difficult choice is assumed to be a universally experienced, common health phenomenon (Mitchell, 1990; Parse, 1981; Smith, 1990), yet one with little development in the professional nursing literature. Only 18 citations could be found in a CINAHL database search for the combination of both concepts; struggling and choice. Of those 18 citations, over half of them pertained to nurses struggling with choices about their careers or care practices,

and only a few specifically pertained to patients struggling with choices. In addition, struggling is often seen as a negative, uncomfortable and painful process that serves no useful purpose for patients. This literature advocates nursing actions aimed at decreasing or eliminating the struggles of patients, seemingly predicated on the assumption that the nursing role is to minimize patient discomfort.

However, a small body of literature, based in post-modern paradigms, argues that the process of struggling is an anticipated backdrop against which choice best happens (Mitchell, 1990) and that struggling is positive and can function as a window into the meaning and state of an individual's health (Allchin-Petardi, 1998; Smith, 1990). It is proposed that struggling can contribute to growth, to becoming, and therefore to improved health (Parse, 1998; 1999). The link between struggling and health is well stated in nursing literature, yet little consensus regarding the concept exists and little research has been devoted to understanding the process of struggling or to establishing the role struggling plays in health.

The literature regarding choice is far more developed than that pertaining to struggling. Choice is a well documented, important concept to the profession of nursing. Many models and theories of nursing touch on the concept of choice. The concept of "patient" is almost universally defined as the individual having free-will, choice, or capacity to participate and to choose actions regarding his or her health care. Despite the philosophical importance of choosing in nursing

theory and in nursing science development, the body of work regarding choosing is surprisingly small.

### Epigenesis of the Study

Interest in this phenomenon was seeded by the author's work as a nurse. Often people in crisis were encountered who were struggling with a difficult choice. Interestingly, it often seemed that it was the struggle that seemed to matter to people's growth and health more than the final choice selected. It began to look as if struggling with a difficult choice accomplished something powerful for people and had the potential to leave them feeling better when a decision was finally reached. Struggling with a difficult choice often appeared to result in growth and change in the individuals the author encountered.

The epigenesis of this study reflects this researcher's worldview compiled of a lifetime of experiences and meanings as a practicing nurse. It is seeded in the author's interest in understanding the ways in which patients interact, interpret and construct the reality of their own healthcare. For example, my experience suggested that patients often are active participants in their health, but also passive bystanders in their health care. I have encountered countless patients who choose not to follow treatment recommendations made by well-intended health professionals. Choice and the struggling to make those choices appeared increasingly important for me to understand as a nurse. Further, it seemed that it was the patients' experiences and perceptions that contained the

understanding I was looking for. The study therefore assumes that lived experiences and perceptions are legitimate pathways to understanding, and that the perspective of the individual is of critical importance to understanding phenomena of interest to nursing.

I became convinced that choice was integral to health, took time and energy, and often entailed struggle. From the literature, I increasingly became convinced that nurses had at best a murky understanding of the concept of choice and a very limited understanding of the process by which patients arrive at their choices. Although nursing has philosophically embraced the concept of patient choice, the process by which patients come to make choices, especially difficult ones, is not well explicated in the literature. For this reason, I became interested in the structure of struggling with difficult choices.

As I considered struggling with choice and the nurse's role in that process, I began to feel the need for a strong compass to guide my ongoing journey. The existential, phenomenological basis of Parse's (1998) Theory of Human Becoming appeared to offer goodness of fit for my increasingly narrowed focus of interest. The paradox of choice as explicated in Parse's theory particularly resonated within my experiences as a nurse. Parse explicates that as individuals choose one action, they give up other options for actions. This is the paradox of choice. As Parse states, "human incarnates living paradox as being, all-at-once, incarnates nonbeing, that is, living what is and what is not-yet all-at-once" (Parse, 1998, p. 21).

This study, this voyage, has developed a clear path and has crystalized into a study focused on gaining increased understanding of the universal health phenomenon of struggling with a difficult choice. Figure 1. reflects the journey and identifies the lived experience of the author that has brought me to this time, to this place, and to this study.

### Order and Arrangement of the Study

This study is concerned with understanding the universal health phenomenon of struggling with a difficult choice and the goal is to gain increased understanding of the phenomenon. The process that led to this study has itself been a journey of struggling with choices. I have struggled both intentionally and unintentionally to choose the order and arrangement of the events of the personal and professional aspects of my life that have led me to this study. The organization of the study reflects the outcome of the struggle with my choices.

This first chapter introduces the study. Starting with the epigenesis of the study, this chapter will present the ontological assumptions and principles that underlie the study. It explores how the study came to be, explains the nature of the problem of struggling with difficult choice, introduces definitions of concepts central to the study, and explores in broad terms what is known and unknown regarding the phenomenon. The first chapter concludes with a rationale for the study, its limitations, its potential significance.

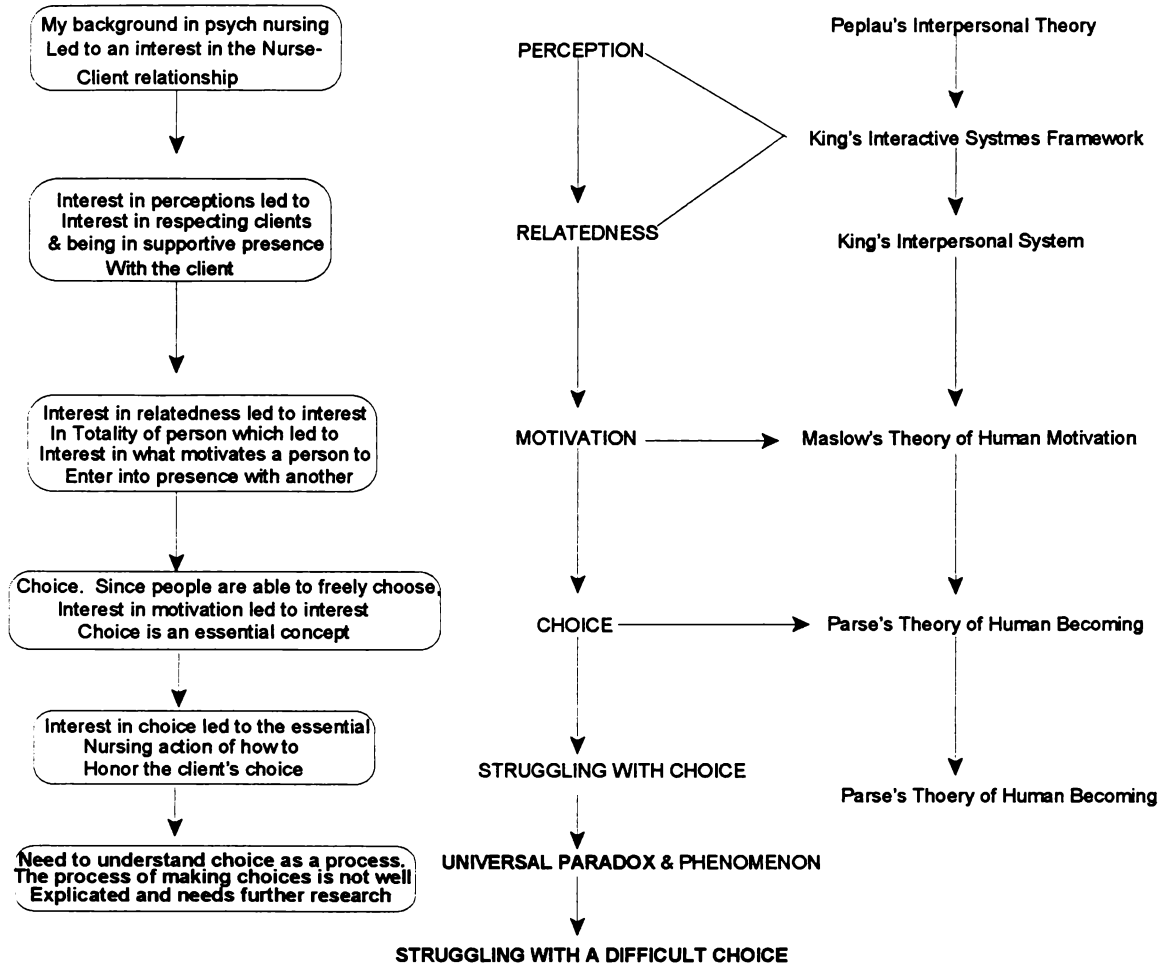


Figure 1. Evolution of the Study

The second chapter is primarily concerned with a thorough review of extant literature pertaining to the phenomenon of struggling with a difficult choice. The concepts that make up the phenomenon of interest will be explored through an epistemological focus of inquiry addressing the body of scholarship that represents the current state of understanding of the phenomenon. The epistemological focus will also give form to the direction of the study, explaining the choices made by this author as the study unfolds. Identification of what is known assisted in identifying gaps of what is not yet known and will help the reader understand how this study addresses the unknown.

The third chapter is concerned with methodological approach and will discuss in-depth the study design, sampling strategies, data collection procedures, and data analysis procedures. Linkages between the philosophical framework for the study and the choice of research methods will be made explicit in this chapter. Issues of study rigor, data collection, and data analysis will be directly addressed within this chapter.

The fourth chapter will present the findings of the study. The fifth chapter focuses on the conclusions drawn from the study, a discussion of the findings and provides recommendations for future research predicated on the findings.

#### Existentialism: The Ontological Heart of this Study

The approach of inquiry used in this study is heavily rooted in existential philosophy. Understanding these ontological assumptions and principles allows

for an understanding of the orientation of the study and an awareness of how it has been affected and shaped by the ontological river of existential thought and belief.

Existential philosophical inquiry is interpretive and maintains that objective awareness, objective knowledge, is impossible (Heidegger, 1962). Existential truth is contextual, and occurs only within our engagement with the world that surrounds us. Existential philosophy emphasizes the impossibility of laying aside one's contextual frame of reference when attempting to understand and comprehend "truth." Existential ontologic sources of understanding arise from shared experiences (Heidegger, 1962), and inquiry is rooted in phenomenological research methods. *Being* is conceptualized as a primordial condition upon which every other aspect of existence is based. A person is, first and foremost, a continuously emerging product of the world in which he or she experiences existence and *Being* is always to be contrasted with its alternative, *The Nothing* (Guignon, 1993).

Existential philosophy is concerned with lived human phenomena and views specific human experiences with those phenomena as captured and understood only in terms of the meaning the individual makes of these experiences. The meaning of human experience is invariably interpretive and can be found contained within narratives, and understanding of human experience is only possible through interpretive examination of personal narrative (Polkinghorne, 1988). Processes based on existential philosophy,

which allow for interpretation in order to uncover meaning, have been well developed. These processes most commonly consist of an organized collection of personal accounts, thematic examination of content for perceived significance, and of a comparison of thematic content for meaningful patterns comprising a comprehensive whole (Chinn, 1994; Denzin & Lincoln, 1994; Heidegger, 1962; Miles & Huberman, 1994; Sandelowski, 1991).

Struggling with a difficult choice is envisioned as a nursing phenomenon. Inquiry into the phenomenon therefore required a theoretical nursing perspective predicated on existential phenomenological tenets. Parse's Theory of Human Becoming provides a natural framework with a good fit to support this study. Choice is a central concept to Parse's (1999) theory and is expressed as one of her basic assumptions, known as "situated freedom" (p. 17). Parse's theory is heavily influenced by Heideggerian philosophy, and the existential tenets of Heidegger support choice as a central concept of being human. The Theory of Human Becoming assumes that individuals are open, freely choosing beings who choose meaning in situations and who bear responsibility for the choices they make. Human Becoming theory supports the essential role of human interaction that is reflected in the nurse-patient relationship, and assumes the ability of a nurse and patient to co-create meaning, with the goal of nursing always being focused on the process of becoming (Parse, 1999).

Parse's research methodology is based on her Theory of Human Becoming (1981) and represents a distinct form of interpretive inquiry rooted in

Heidegger's philosophical ontology. The study is designed as a post-modern journey of inquiry. Much of traditional nursing knowledge is predicated on modernistic ideology and assumes reality is objective. This perspective leads to a view of human beings as consisting of the "sum of parts who interacts with the environment in a causal way" (Mitchell, 1990, p. 170), and has led nursing to assume a reductionistic approach to care practices. Alternative paradigms such as Parse's theory have emerged, standing in contrast to the perspective that reality, and therefore truth, is objective. The dominance of the belief that reality is objective has led to a belief that subjective knowledge is prone to error (Chinn, 1994; Cody, 1997; Denzin & Lincoln, 1994), and not as valuable as objective knowledge. Such thinking has fostered an over reliance on the natural science's method of isolating cause and effect patterns.

Post-modernistic inquiry rooted in existential philosophy assumes experiences and perceptions are legitimate pathways to understanding (Chinn, 1994; Parse, 1995, 1987, 1981). Existential-based methods of inquiry represent a shift from natural science's reliance on the scientific method to what Parse (1998) refers to as a "human science" (p. 1) approach. Human science-based inquiry represents an acausal interpretive process stressing control and prediction as antithetical to understanding (Chinn, 1994; Parse, 1995; Parse, 1998; Sorrell, 1994). Such post-modern approaches look to understand human beings in the here-and-now of their personal experiences and are believed by many to be appropriate to study human phenomena (Baumann, 1999; Cody,

1997; Parse, 1996a; Parse, 1996b; Parse, 1997a).

The Theory of Human Becoming is predicated on the assumption that human beings exist as an open system, cooccurring with the environment. The human and the environment experience an interactional process that is based on an integrality of continuous mutual human field and environment field interaction (Parse, 1998). Choices made in the past affect the future, while choices made by one individual affect other people. It is the integrality and openness of humans that makes choosing an issue of such concern. It is both a duty and a moral obligation of human beings, of nurses, to choose and to accept responsibility for our choices, and to honor the choices made by others. It intuitively follows then that nurses as humans must accept as a moral obligation the protection and expression of those rights. Human becoming and health are fostered most in health care when patients are allowed to choose.

#### The Nursing Framework for the Study: Parse's Theory of Human Becoming

Parse's theory provides an alternative paradigm for nursing that is reflected in her Man-Living-Health approach to understanding the purpose and nature of the profession. Parse views nursing as a basic rather than applied science and man as a "unitary, indivisible being recognized through patterns" (Parse, 1998, p. 4). The Theory of Human Becoming is based on a human science ontology and reflects works such as Rogers (1970) and Heidegger (1954; 1962). Parse's theory offered this study a different paradigm from the

predominant natural science theoretical approach to nursing, and thus offered this researcher a “different fundamental view of the familiar” (Parse, 1998, p. 6) from which to increase understanding of choosing.

Parse’s Theory of Human Becoming was developed as an alternative to traditional practices of nursing predicated on the medical model. Parse was concerned with the philosophical orientation of the natural science paradigm and felt it did not fit well as a philosophical orientation for the practice of nursing. Parse was troubled by research methodologies that elicit primarily quantitative data, have purported objective data collection methods from observed phenomena, and whose primary goal is the identification of causal relationships. She felt that such reductionistic approaches to understanding human phenomena were neither useful to, nor compatible with, the goals of professional nursing. This non-reductionistic approach resonated with this researcher and seemed to offer an avenue to researching the phenomenon that was paradigmatically congruent with the researcher’s world view. Reliance on the natural science perspective, according to Parse, leaves one with a perspective of the individual as a bio-psych-social organism whose parts can be broken apart in order to establish causal relationships. Such a perspective is antithetical to Parse’s (1981) theory.

Parse’s Theory of Human Becoming views nursing as both an art and a science with human-universe-health processes as the central phenomena of concern. Parse’s theory of basic science for nursing presents a simultaneity view

of the human experience (1987, 1981). In such a view, humans are seen as unitary, indivisible, and not able to be subdivided into quantifiable parts. Human beings exist and are in constant, mutual, interactive processes with the universe. In this way, choosing is a universal, constant phenomenon making it accessible to study. The interactions of human beings can best be identified and understood as recognizable patterns that are explicated in the lived experiences of the individual. Human beings and the universe within which they exist are inseparable from, and complementary to, one another. These basic premises of Parse's theory are consistent with, and influenced by Martha Rogers (1970), and the existential phenomenological works of Heidegger (1962). These philosophical roots of Parse's theory support the researcher's view of the criticality of understanding lived experience and subjective meaning if one is to gain understanding of a particular phenomenon of interest.

The heart of Parse's theory is contained in three basic principles. The first principle, freely choosing personal meaning, infers that all individuals render personal, subjective meaning to lived experiences that are emerging in relation to environmental and experiential factors. This principle allows for the phenomenon of choosing to be viewed as a process of meaning formation where meaning, and therefore choosing, emerges in relationship to environmental and experiential factors. Meanings regarding the lived experiences of individuals are co-created on the basis of the three concepts of imaging, valuing, and languaging, and develop according to the personal experiences of the individual.

The second basic principle, co-creating rhythmical patterns of relating, infers that the human, in constant interaction with the universe, co-creates multidimensional universal patterns of relating. These patterns can be best understood and observed as paradoxes. Paradoxes are theoretically assumed to be present in all universal lived experiences, and therefore can be assumed to operate within the process of struggling with a difficult choice. The most common paradoxes, connecting-separating patterns, revealing-concealing patterns, and enabling-limiting patterns are best understood as the way in which we relate to the world. They are not either-or concepts, but rather exist as two sides of the same coin, present and possible in all situations. It is rationally feasible to assume that other common paradoxes may exist, and that they will be noticed in common universal phenomena such as struggling with a difficult choice. Based in the Theory of Human Becoming, and consistent with its principles and assumptions, the author believes that struggling with a difficult choice is an inherently paradoxical process.

Parse's third principle, co-transcending multidimensionality, infers the concept of reaching out beyond the limits that a person has set, or has been set for him or her. This principle provides reason to hope, reason to believe that change is possible. This third principle infers that human beings constantly change and are capable of moving beyond their present set of circumstances and the meaning they derive from these lived experiences. From this approach,

changing is seen as transcending, as becoming (Parse, 1999). Becoming is the ultimate goal of all human endeavor. Becoming, the process of changing and enhancing diversity, involves choosing among various options that have meaning for the person. Becoming, as a concept, infers that choice is an inherent aspect of change and integral to human growth. This principle illuminates the criticality of nursing as a profession to increase its understanding of the process of patient choosing and gives support to the supposition of this study that struggling with a difficult choice is a universal phenomenon.

Parse's Theory of Human Becoming fits well with nursing's metaparadigm. Parse views the person as more than, and different from, a sum of parts. Individuals, according to Parse, are capable of choosing and are responsible for the choices they make. Individuals co-participate with the environment, or universe, in creating patterns that have meaning for them. Choosing exists as such a pattern, nonlinear in its process and paradoxical in its pattern. Struggling is the living manifestation of the paradox of choosing. In such a context, Parse sees the environment as more appropriately referred to as "universe," and as inseparable from, complementary to, and always evolving with human beings.

The application of Parse's theory to professional nursing practice gives rise to certain alterations in how we have traditionally viewed the role of the nurse. Using Parse's framework, the essence of the nursing role is to focus on the patient's experiences and perceptions, not on their medical problems. The primary role of the professional nurse is to be in true presence with the patient

and to bear witness to his or her experiences (Parse, 1998, 1987). It is this process of simply being with the patient that is both hard to do and is the most essential of all nursing functions. It is this understanding, this alteration in what is viewed as the role of the nurse, that gives rise to the methodological considerations of this study.

### What is Currently Known: The Literature

Choosing is best developed conceptually in the professional literature as it pertains to the nurse's choosing. This is by far the largest example of the use of this concept within the nursing literature. These works can be broken into two sub-applications; 1) the nurse's choosing regarding clinical reasoning and practice actions, and 2) the nurse's choosing regarding advocacy or ethical action.

The first area of application, the literature pertaining to clinical decisions, is particularly voluminous. It is presumed that the ability to choose appropriate clinical decisions is a prerequisite for safe and effective nursing care. This literature focuses heavily on understanding the process by which the nurse chooses actions involving clinical care decisions. The literature examines such actions as reasoning strategies that nurses utilize in making clinical choices, and how these skills can be taught (Fisher, & Fonteyn, 1995; Ruland, 1996). Examples also exist that look at how clinical choices are a different process for novice versus experienced nurses (Hamers, vanden-Hout, Halfens, Abu-Saad, &

Heijltjes, 1997). Most of these works assume that a more complete understanding of the nurse's choice of actions regarding clinical decisions is necessary if nurse educators can reasonably be expected to teach these skills to nursing students (Ashworth, 1997; Ruland, 1996). Within these works, no emphasis is placed on what appears to be a logical counter-discussion; namely that a more complete understanding of how the patient chooses actions regarding health decisions is an equally valuable necessity for nurses to know.

The second area of application concerns how nurses go about choosing ethical and advocacy roles. These roles are seen as important to assuring the valued principle of supporting patient choice, yet they are approached as an issue for the nurse with little to no understanding of the process by which a patient chooses in the first place. This set of works most commonly examines how the nurses values influence his or her choosing among certain practice actions (Raines, 1998; Sletteboe, 1997; Smith, 1998; Valente, & Trainor, 1998) yet never discusses patients choosing as similarly influenced by their values. Autonomy, accountability and patient-advocacy are all identified as factors influencing how nurses choose between different clinical actions and are all frequently discussed in the literature (Casterle, Grypdonck, & Wauters, 1997; Esterhuizen, 1996; Taylor, & Ferszt, 1998 ). Ways to teach ethics such as through story telling, or ways to measure the presence of ethical decision making by nurses (Brehm, 1996; Bowman, 1995; McAlpine, Kristjanson, & Poroach, 1997; Millette, 1994; Payton & Sullivan, 1997) are discussed, but no

attention is paid to patient choosing processes.

Some literature can be found that focuses on patient choosing, with a handful of papers touching on the struggle inherent in difficult choices. These works are primarily opinion positions and advocate the right and ability of patients to choose health actions that are meaningful for them. These works continue to express this right as a cherished traditional value of the nursing profession.

Choosing, as a concept in the nursing literature, is occasionally applied to an individual patient's ability to participate actively and make choices about aspects of his or her care. The sanctity of this right to choose is well developed in the literature, although the process by which the patient goes about choosing is not clearly addressed. The most common and well-developed examples of the assumed right and ability of patients to choose health actions can be found in nursing literature pertaining to advanced directives. This literature examines patients' ability to participate in care through choosing advanced directives and supports the concept of patient choosing as credible and significant to nursing. While advanced directives have been endorsed by both healthcare providers and the general public, the literature consistently reflects that few people document their choice of treatment preferences in end-of-life decisions (Glick, Mackay, Balasingam, Dolan, & Casper 1998), thus failing to take action and exercise the most accepted patient right to choose. Little explanation for this apparent discrepancy is provided in the literature and little data exists to explain

why some patients choose to use advanced directives and some choose not to choose.

Choosing is conceptualized in other ways within nursing. For the past two decades in particular, nurses have emphasized patients' assuming individual responsibility for their own health, and have focused on the person's obligation to mediate risk factors to prevent illness (Davis, Aroskar, Liaschenko & Drought, 1997). In this approach, choice has been seen as a critical aspect of the individual's responsibility to alter such things as lifestyle, diet and stress level.

Conversely, attention has also been focused on the consequences of an individual's lack of responsibility to alter such things as lifestyle and diet, or their choosing not to follow recommendations for treatment. A whole body of literature devoted to the so-called issue of "noncompliance" reflects the growing concern of some professionals over patient's failure to choose what some health professionals consider the "right choice." While choice and the consequences of choosing are increasingly of concern to nurses, nursing has paid little attention to the process experienced by the person who is choosing and it remains an unclear, ill-defined process.

This body of work that addresses patients' choosing actions inconsistent with the desires of some health professionals has primarily focused on what is seen as negative aspects of patient choosing actions commonly called "noncompliance" (Bunn, O'Connor, Tansey, Jones, & Stinson, 1997). These works most commonly approach noncompliance as a nursing concern with little

focus on how it is conceptualized by the patient, what role struggling with choices plays in “noncompliance,” or the patient’s process of choosing to be “noncompliant” (Collingsworth, Gould, & Wainwright, 1997). These articles acknowledge that the process of patient choosing can be costly to our society (Wainwright, & Gould, 1997), and commonly focus on discussions regarding patients choosing actions that appear illogical and “unhealthy” from the perspective of the nurse (Hunter, O’Dea, & Britten, 1997; Manton, 1994; Nielsen, & Brodbeck, 1997). While these works seem to clearly support the existence of a struggle and inherently a paradox surrounding choosing, they focus on the significance of identifying the process of patient choosing primarily as a strategy to reduce the fiscal impact of poor choices, and only secondarily to improve the overall well-being of the patient (Playle, & Keeley, 1998 Rojas, Mandelblatt, Cagney, Kerner, & Freeman; 1996).

The least commonly encountered approach to choosing found in the nursing literature concerns mutuality, where choice is seen as a co-created process between nurse and patient. Mutuality explores the interaction between providers and patients that encourages patient accountability, responsibility, and mutual choice (Colluccio & Havlick, 1998; Poirier, 1997). Choosing in these works is conceptually approached as the need for the nurse to form a true partnership with the patient and to facilitate the patients’ ability for choosing (Henson, 1997). While similar to advocacy and accountability, mutuality is seen in the literature as somewhat different, incorporating aspects of negotiation,

participation, collaboration, empowerment (King, 1981; Rodwell, 1996), and of joint input into the choosing process. Mutuality is expressed as a means of restoring balance in power (Anderson, 1998; George, 1993) within the health care relationship in order to promote communication and foster effective choosing that reflects the patient's values and beliefs (Bunkers, 1995; Upvall, 1997).

The nature of the problem with choosing is that we as nurses simply do not yet have a clear understanding of the process by which patients move between decision and action. We know that the profession of nursing values choosing. The right and capacity of patients to engage in choosing are axiomatic in our professional literature. The process by which nurses approach choosing has been well studied and defined. Ways in which the profession can teach and facilitate choosing by nurses has been well documented as a critical aspect of nursing education. What is lacking is a corollary concern and understanding for the process of patient choosing. Nurses intuitively and anecdotally are concerned with the consequences with patients' choosing. It would seem appropriate that cogent strategies to address these perceived consequences can only be effectively addressed by increasing our understanding of the process of choosing.

Parse's Theory of Human Becoming supports the importance of choosing in the lives of human beings and in the existence of paradoxes in common universal experiences such as choice. This study will address the existing gap in

understanding regarding the phenomenon of choosing by examining the lived experience of choosing.

### Purpose of the Study

The purpose of this study is to reveal the meaning of the lived experience of struggling with a difficult choice. Struggling with a difficult choice is a common experience that surfaces in many common human situations and that moves the person beyond the present moment (Mitchell, 1990). The goal of this study is to increase understanding of an important phenomenon about which little is known. To accomplish this goal, the study addresses the area of choice through employing a naturalistic phenomenological method of inquiry that follows Parse's Human Becoming research methodology (1999).

### The Phenomenon of Interest: Concepts for Study

There are two concepts of interest to this study; struggling and choice. Implicit in an understanding of these two concepts is an awareness of them as a universally experienced phenomenon. Struggling with a difficult choice is a nonrecursive phenomenon, is an aspect of human becoming, and is therefore an aspect of health. Explication of the phenomenon of struggling with a difficult choice has the capacity to assist in understanding growing, changing, and becoming.

## Definitions

Health. For the purposes of this study, health is defined as a personal commitment on the part of the individual that is lived by the person as “incarnating his or her own value priorities” (Parse, 1998, p. 33). Health is a continuously changing process that the “human cocreates in mutual process with the universe” (Parse, 1989, p. 32). The individual is the expert and the author of his or her health and is consequentially responsible for the choices of actions about his or her health.

Choice. For the purposes of this study, choice is defined as the reflective and pre-reflective process of deciding and formulating action regarding health behavior. Choice exists as a dynamic process usually done without full awareness of the outcomes but with individual responsibility for the consequences of choosing (Parse, 1998, p. 18). While human beings face choices all the time, for the purposes of this study difficult choices are seen as those choices having significant, important, and probable consequences related to individual health. These choices are defined by the individual and include such common situations as a choice to change lifestyle, to accept or reject treatment, and/or to have a health problem explored. Inherent in the definition of choice is an awareness that not choosing an action is in fact choosing and that making a difficult choice necessitates contemplation and rejection of alternative choices. It is this very assumption that makes struggling a key component to understand in relation to choice.

Struggling. Struggling is the manifestation of a paradox as it is present in human existence (Mitchell, 1990; Parse, 1987). Humans live paradoxical lives (Parse, 1998, 1987) and paradox is seen as “moving and thinking in one direction, while struggling to move in the opposite direction, all at once” (Mitchell, 1990, p. 173). Struggling, for this study, is defined as the process by which one comes to recognize all patterns of human becoming, including health, and that is expressed through languaging. Struggling emerges in paradox, defined as “transcending with imagined valued possibles” (Parse, 1987, p. 33). Struggling with a difficult choice is an interactive, dynamic process taking energy and time.

### Research Questions

This study is guided by the following research question: What is the structural description of the lived experience of struggling with a difficult choice? Several sub-questions assist in providing a context for the study. These questions include:

1. What is the function of struggling in relationship to choice?
2. What is the structure of struggling with a difficult choice?
3. What influences the movement of the individual through the struggle with a difficult choice and on action?

### Limitations and Delimitations

Several limitations of this study can be identified. The naturalistic method is, by its very nature, subject to alternative interpretations. The use of qualitative sampling techniques will, by design, decrease the generalizability of the findings. Other limitations include the examination of struggling and choice only, with the intentional exclusion of other related concepts. Another limitation of the study lies in its use of phenomenological inquiry. As a naturalistic study attempting to enhance understanding, the study is inherently subjective in nature. The design is limited in not intended to make predictions, establish causality, or yield firm practice recommendations, activities better suited to larger, quantitative studies. Delimitation procedures will be used to address the identified limits. The procedures to be used will be based in Parse's research method and include strict adherence to Parse's methodology and in-depth attention to issues of qualitative rigor.

### Significance of the Study

To be alive is to engage in choice. Every moment of every day we make choices. We struggle with many of those choices before deciding on an action. Struggling with a difficult choice occurs in the day-to-day moments of our lives, and while not always self-evident, struggling with a difficult choice often affects health in both positive and negative ways. We cannot escape choice, and living with the consequences of actions linked to choosing. All of nursing theory is

predicated on philosophical tenets that conceptualize human beings as having the capacity of free will and choice (Reed & Ground, 1997). Struggling with a difficult choice is a phenomenon integral to health and, therefore, of significance to nursing.

The nurse-patient dyad is at the heart of nursing. The nurse and the patient represent two of the four meta-paradigm concepts of the profession (Fawcett, 1993), with health as the focus of the interaction between nurse and patient. The concept of choice is integrally woven into the profession of nursing (Parse, 1999; Reed & Ground, 1997). The process by which nurses come to make choices regarding nursing action has been examined in the literature and found to be important and meaningful. The significance of this study lies in its potential to increase understanding of how patients struggle to make difficult choices. Other significant aspects of this study include the following.

1) Challenges the current notion of noncompliance. Noncompliance is discussed in great detail within nursing literature. Nurses are concerned with the choices patients make, especially when the choice deviates from anticipated or desired actions. Noncompliance has traditionally been viewed negatively, as a problem with the patient and as a behavior requiring nursing intervention. This study could potentially present an alternative perspective for viewing such behavior. Such a new perspective may eliminate the labeling of patients and assist in eliminating power and control battles between nurse and patient.

2) Re-evaluate roles in the nurse-patient relationship: The nurse-patient

relationship has long been considered the quintessence of the art of nursing. The nurse-patient relationship encapsulates two of the four components of the metaparadigm of the profession, and is the arena of the helping, caring behaviors that make up nursing. While much has been written regarding the nurse-patient relationship, less is known regarding the contextual, interpersonal dynamic that occurs between nurse and patient when a patient is struggling with a difficult choice. This study will facilitate enhanced understanding of the nursing actions that promote and facilitate the process of meaning making that occurs contextually within the choosing process. Struggling is theoretically seen as an anticipated component of choice. Struggling is theorized to be an important aspect of the concept of choice and thus of choosing. The manner in which struggling functions to move a patient toward human becoming, or health, is assumed to have important implications for nursing care practices.

### Summary

Theoretically, choices are made as an aspect of human becoming (Parse, 1999). Difficult choices entail struggling and struggling with a difficult choice is seen as a universal phenomenon that affects health. Increased understanding of this phenomenon can significantly increase nursing knowledge regarding the role struggling with choice plays in individual health. The nursing literature contains several assumptions relevant to choice that are presented as axiomatic, although these assumptions have little empirical validation. Struggling is often

seen as an action to be relieved, and yet the theoretical assumptions of the Theory of Human Becoming suggest that the process of struggling may be critical to choice and thus to human health and growth. Choosing is assumed to be rooted in ethical considerations of valuing and respect for the individual as the author of their own health (Parse, 1997; Parse, 1999; Pilkington, 1997; Pilkington, 1999), and promotes the patient rather than the nurse as the expert on the patient's health. The issue of choosing is often intertwined with the concept of compliance, especially when the patient is perceived as not following the caregiver's advice or direction. Compliance connotes control. Often this label of noncompliant follows a patient when he or she does not choose to accept or receive nursing advice, suggestions, or goals.

Choosing has been identified as influencing the course and outcome of patient care rendered by nurses. Choosing has been identified as an issue of concern within the body of nursing science. While the concept of choosing is reflected in nursing in many ways, little scientifically based knowledge of the concept of struggling with a difficult choice can be found in the nursing literature. It is clear that choice matters to nurses. It also is clear that struggling often occurs relative to choice. It is not clear how nurses can best interact with patients struggling with difficult choices. Without this knowledge, nursing care is less than optimal, and a significant area of determining the outcome of nursing care is difficult to measure. Nurses need to better understand the process of struggling with a difficult choice in order to work with patients who commonly

face difficult choices. These phenomena matter to nursing and need further refinement. This study is designed to increase understanding of struggling with a difficult choice and how it affects perceptions of health.

## CHAPTER TWO

### REVIEW OF THE LITERATURE

The purpose of this study is to describe the meaning of struggling with a difficult choice, a phenomenon named by this author, and having little development in the nursing literature. While many references can be found pertaining to struggling and to difficult choices, little can be found in the literature regarding the combination of these concepts. This chapter is designed to provide an overview of what is known regarding the phenomena of interest to the study. Determination of what is known will assist in identifying the gaps between what is and is not known and will assist the reader in understanding how this study will address the identified knowledge gaps.

An in-depth review of broad-based multidisciplinary literature was used to establish the extant literature framing what is known about struggling with a difficult choice. Data bases specific to several disciplines were searched, including the Cumulative Index of Nursing and Allied Health (CINAHL) for nursing references, ERIC data base for education, MEDLINE for medicine, PsychInfo for psychology, and common philosophy, humanities, religion, social work, and dissertation abstract data bases. Search of these data bases was done using delimiters of the years 1990 to present, English-based literature, and relying on the key word terms and thesaurus derived search modifiers of

struggling, struggle, difficult choice, choice, and choosing. Classic references or frequently cited references outside of the 10-year time span also were included.

### Organization of The Chapter

Initial review of the extant literature reveals that struggling and difficult choice are common, frequently occurring concepts found in the literature. However, the phenomenon of interest to this researcher, struggling with a difficult choice, does not often explicitly appear within the literature. For this reason, struggling and difficult choice were first reviewed as individual concepts and therefore the review of the extant literature is organized around the two concepts, struggling and difficult choice, separately. Once this review is complete, the smaller body of knowledge identifying the link between struggling and difficult choice is presented.

The literature pertaining to struggling is presented first and the literature pertaining to difficult choice is presented second. The few instances where the literature addresses the phenomenon of struggling with difficult choices will be presented last. This will be followed by a review of the literature that gives contextual perspective to the author's belief that struggling with a difficult choice is a universal phenomenon. This literature explicates the existential tenets on which this study is based. The chapter ends with a summary of what is known and by extrapolation what is not known regarding struggling with a difficult choice.

## Extant Literature Review

The majority of concept development regarding struggling was found within the religion and education literature, and choice as a concept was best developed within the philosophy and nursing literature. The literature clearly establishes struggling and, in particular struggling with difficulty, to be a common, normative, universal experience, giving credence to this author's contention that struggling with difficult choices is a universal phenomenon.

### The Concept of Struggling: What is Known

The description of struggling in the extant literature can be categorized into five broadly defined areas. The concept is frequently represented as an activity of *progressing with difficulty*, where struggling is seen as inherently difficult or challenging. Struggling is also characterized as *contention or competing*, *strenuous involvement*, or *muscular activity*, and finally struggling is characterized as an *existential tenet*.

### Struggling as Progression With Difficulty

This application of the concept of struggling was found to be the most strongly developed within the religious literature. Struggling as a concept in this category was most commonly applied as a verb, and concerned instances where a group or an individual was seen as struggling *through or with* something that challenged the individual's beliefs, values, or knowledge. It was the very

challenge to beliefs and values that made struggle a difficult process. Examples of this from the religious literature included references to struggling with Orthodox Mormon doctrine (Jensen, 1998), hate (Lisherness & Pottschmidt, 1999), cultural significance (Dawson, 1998), grief (Berg, 1996), and divorce (Chira, 1995). When struggling was applied in this fashion, it was seen as often uncomfortable (Bauer, 1998; Taylor, 1999; Useem, 1998), as entailing the consideration and contemplation of choices (Bajema, 1993; Katz, 1990; Lyall, 1995; McKenna, 1993; Miller, 1997; Smith, 1986; Spiegelman, 1986; Vaughn, 1989), and as having an ultimate goal of the clarification of action and the acceptance of meaning of the event for the person (Sack, 1997; Sheeran, 1993; Wylie-Kellermann & Wortman, 1998). These works supported the view that there is benefit inherent in the act of struggling that is independent of what it is one is struggling with (Anderson, 1995; Green, 1995; Harvey & Harvey, 1996; Harris, 1994) and that struggling is a common human activity that is valuable and health promoting (Ageh, 1994; Fazio, 1994; Fernandez, 1992; Fromm, 1976; Klassen, 1992; Parrott, 1993; Sano, 1985). The development of struggling as involving choice, as analogous with difficult, and as inherently useful as a distinct entity, is reinforced in the literature of other disciplines. Puntenney (1995) presents an anthropological work that discusses struggling with economic priorities, while Tenson (1999) discusses accountants struggling from novice to expert functioning.

Some examples could be found within the nursing literature that support

the use of the concept of struggling within nursing. Landenburger (1998) describes the process of leaving abusive relationships, identifying that struggling is a critical aspect of the process that facilitates choice. Roseby & Johnston (1998) discuss children experiencing parental divorce, and how struggling is an anticipated aspect of separation issues that functions to provide a meaning for the experience of the child. Additional support is seen in works that describe struggling to heal after a life-threatening illness (Kruse, 1997) and struggling with unfinished business in terminally ill patients (Lucas, 1999).

#### Struggling as Contention, Combat, or Competing

The second most common use of the concept of struggling concerned the concept of competition. This use of struggling implicitly refers to a *win-lose* perspective whereby one is clear of what one wishes to accomplish, and the struggle is against identified obstacle to the intended goal. Struggling used in this fashion is seen as a means of arriving at a specific predetermined goal or outcome, as the means to an already identified and desired end. When used in this fashion struggling is seen as having no inherent benefit and no challenge to values or beliefs, although choice is still seen as an integral concept to struggling. Struggling is an action intent on modifying the actions of others so as to meet identified goals. This use of struggling is most developed within the business and political science literature, but appears with some frequency in the medical literature as well.

Katz (1997) typified this use of struggling in his paper on the Republican political party's struggles to clarify their political message to the American public. Similar political applications of struggling were found (Flannery, 1999; Groves, 1997; Jones, 1998; Saint-Cry, 1997; Schuman, 1998) showing the extrapolation of this use of struggling as an international concept. Numerous references to struggling exist reflecting the business world's attempts to overcome identified challenges to corporation goals (Farhi, 1997; McCormick, 1997; Meroney, 1998; Scarpa, 1998; Thorton, 1995). While the assumption in this application of struggling is that there is a single correct outcome, the concept of struggling is still seen as a common activity and still reflects choice as an integral aspect of struggling. Kaplan (1998), for example, discusses chain stores struggling with employee retention and asserts that employees have choices of where to work, and the role of industry is to influence or steer individuals to the "correct" choice.

Struggling through challenges to meet a clearly identified goal or to influence the choice of an identified "correct goal" is also reflected in the educational literature. Multiple examples of this can be found around issues of financing secondary education (Spiegler, 1998), improving language fluency (Oliver, 1993; Tyler & Chard, 2000), and influencing student choice of which college to attend (Rist, 1998; Spiegler, 1998). Finally, struggling is commonly cited as a normative aspect of the process of learning to read (Ellis, 1996).

The medical and nursing literature is ripe with references to struggling with recent changes in health care in America. These works clearly assume a

desired or preferred outcome and refer to struggling with current health care reform as a challenge that interferes with the desire to provide good care. Examples include Turkel (1998) who discusses struggling to find a balance between patient needs and economic context, whereas other authors discuss struggling as an action in response to the challenges of maintaining quality economically viable care in a managed care environment (Drukker, 1998; Norlan & Osborn, 1998). Additional medical references include struggling with staffing with locum tenens physicians (Larson, et. al., 1999), struggling with drug company policies (Morrow, 1998), political parties struggling with managed care reforms where those favorable to nurses are not supported by physicians (Foerstel, 1999), and ophthalmologists struggling with reimbursement and other career development issues (Mohr, et. al., 1998).

Some nursing references to this use of struggling can be found. Much of the nursing literature regarding patient compliance that will be discussed later under the concept of choice assumes a "correct" choice or individual goal exists and that the role of the care giver, in ways analogous with that of corporations, is to find a way to overcome the challenges the person is struggling with, in order to allow the person to make the "correct" choice (Bunn, O'Connor, Tansey, Jones, & Stinson, 1997; Nielsen, & Brodbeck, 1997; Playle, & Keeley, 1998).

Use of struggling as contention, combat, or competing supports choice as an integral aspect of struggling. Struggling in this application is all about choice, and struggle is the means by which one influences the choice of another.

Struggling as a difficult endeavor seems to be an implicit assumption in this application, yet it is distinctly different from the first application in the following ways: clarity of the finite goal, no challenge to belief or values, and in lack of any inherently redemptive or useful purpose to the struggle. Much of the literature within this category overtly states that elimination of the challenge that represents the struggle would be very helpful (Ascher, 1990; Hill & Celio, 1998), yet it holds out little hope for this to occur (Berg, 1997; McIntyre & Bird, 1998), supporting the universality of struggle as a human experience.

#### Struggling as Strenuous Involvement

In this understanding of struggling, the concept is seen as detrimental or deleterious to the individual and therefore as something to be altered or changed. This application is antithetical to the first one identified and is closely linked to the second one, struggling as contention, combat, or competing. This category is differentiated by its assumption that the helping professions may need actively to attempt interventions to minimize struggling as something deleterious to health, and is most developed within the psychology, medical, and nursing literature.

Powers and Griffith (1993) typify the belief that struggling can be detrimental to health in their discussion of a woman struggling with career and marital choices. Professional interventions are proposed as appropriate and clinically warranted to mediate the woman's struggle. Many other examples exist,

where struggling is seen as an unhealthy activity, often attached to patients struggling with aspects of illness including struggling with fibromyalgia (Mannerkorpi, Kroksmark & Ekdahl, 1999), tinnitus (Sourgen & Rose, 1998), diabetic behavioral changes (Sullivan & Joseph, 1998), clergymen struggling with sexual desire (Fones, Levine, Althof & Risen, 1999), patients struggling with seclusion and restraints (Hicks, Smith & Lynch, 1999), and with drinking and other addictions (Bailey, 1999). The psychology and medical literature provide many different uses of the concept of struggling as potentially harmful and as something to which one should intervene to minimize it. This type of struggling does on occasion refer to the individual's struggle with values or beliefs, but assumes one set of beliefs and the concomitant action to follow those beliefs to be healthy and the other beliefs not to be healthy, as typified by Reiter's (1991) work on the struggle with homophobia in heterosexual individuals.

Other examples exist where the health professional is seen as the one struggling, although the struggle is still seen as something to mediate or stop. Aktan (1999) discusses surgeons struggling with treatment of hydatid disease, Bendtsen, Hensing, Ebeling and Scedin (1999) discuss the physician struggle with prescribing opioids. Other common examples of this use of struggling include references to communities struggling with tragedy (Ray, Stromwell, Layne, Neumiller, & Roloff, 1998), young adults struggling with nutrition (Clark, 1998) and individuals struggling with common emotional responses (Dean,

1997).

The nursing literature conceptualizes struggling in a similar fashion including patients struggling with breast cancer (Balneaves & Long, 1999), with end of life pain management (LaDuke, 1998), families struggling with involvement in nursing home care of loved ones (Kellett, 1999), and hydration in palliative care (Stone, 1993). Struggling is seen as difficult, common, and stressful to the point of being potentially harmful for patients. The nursing literature provides support for conceptualizing struggling in this application to be an issue both for the nurse and the patient. For example Breeze and Repper (1998) discuss mentally ill patients struggling for control over their illness whereas Jones (1997) discusses nurses struggling to provide even minimal care within the new staffing patterns of inpatient settings. This use of struggling involved choice as a common, ordinary, universal experience. It also clearly links struggling with health, defining it as a health related concept.

#### Struggling as Muscular Activity

This least common application of struggling refers to the physical act of muscular activity used to accomplish a physical act. This application is most developed within the medical and occupational-sports medicine literature (Acevedo, Dzewaltowski, Kubitz, & Kraemer, 1999).

Struggling as a muscular activity is frequently found in the biological

literature, but applied to animals rather than to humans. Interesting, chickens, flies, and cattle are frequently described as struggling, with the research focusing on the biophysiological response that constitutes struggling. Whether it is chickens struggling with light intensity, hoods, or moving lines (Jones, Hagedorn, & Satterlee, 1998), flies struggling with mating (Allen & Simmons, 1996), or cattle struggling with separation and reunion (Boissy & LeNeindre, 1997), struggling is frequently cited as strenuous from a physical perspective.

### Struggling as an Existential Issue

Struggling viewed from an existential perspective is discussed in the literature as a cooccurring phenomenon and not as a problem to be resolved (Pierson, 1999). Nursing literature is replete with this use of the term struggling. Bunkers (1998) and others (Baumann, 1996) have investigated homeless children and the meaning of considering tomorrow for women who are homeless, reflecting the use of struggling as a window to understanding. Picard (1997) explored the nature of embodied soul as a phenomenon of concern to nursing, touching on the existential concept of struggling as a natural common aspect of human life. Parse (1996, 1997) provides extensive research aimed at uncovering the structure of lived experience in which paradox is an integral part. Kelley (1995) guided by Parse's theory of human becoming, studied quality of life in person-centered practice with community-based care, in contrast to traditional

nursing practice with groups, in which the focus is on problems. Struggling was seen as integral to this work. Mitchell (1993) most directly addresses struggling, discussing it as an important dimension of health.

### Summary of What is Known Regarding Struggling

Consensus can be found in the literature that struggling is a common, every day, universal experience of living. The literature indicates that struggling occurs in regards to many common human activities and can be seen as a difficult and often uncomfortable experience. Literature exists to support the contention that struggling occurs most commonly in regard to choice and that choice and struggling are often cooccurring concepts. However, there is a lack of consensus regarding the function of struggling and the appropriate intervention health professionals should take regarding patients. On the one hand, some literature supports struggling as having inherent usefulness beyond the issue around which one is struggling, while on the other hand literature also supports struggling as harmful and something to be minimized. It seems clear from a review of the extant literature that the structure and function of struggling represent a clear gap in the current development of the concept.

### The Concept of Difficult Choice: What is Known

Choice has long been considered an important concept for nursing.

Patients having a choice in their health care is the most common reference to choice within the nursing literature. Patient choice is identified as an essential right of patients and allowing the patient to choose is seen as a morally obligating action of professional nurses (ANA, 1998). Increasingly, the way in which patients go about making choices and the impact of the process of choice making has received additional attention.

This study is concerned with struggling with difficult choice. An examination of the literature readily supports the view that choices are inherently difficult and that the level or degree of difficulty is subjective. A search of the data bases using the previously identified delimiters yielded 421 records pertaining to difficult as a modifier of choice. Choice is difficult, entails consideration of options, directs action, and influences health outcomes. Because choice entails choosing between options, choices are difficult to make. Choice influences both the cost and the result of health care and directly affects issues such as patient satisfaction and outcome measures (Morris, 1994). The process of choosing is not well understood. From examples of the impact of litigation on professional behavior (Symon, 2000), to student nurses' choice of post graduation work areas (Fagerberg, Winblad, & Ekman, 2000), dealing with asthma (Houglum, 2000), interdisciplinary health care practices (Voyer, 2000), psychiatric nurses' feelings about restraints (Marangos & Wells, 2000), and coping with rheumatoid arthritis (Stephens & Yoshida, 1999), literature evidence

exists linking difficult with choice. Choice is seen as weighting options and selecting a choice that best reflects the intent of the individual (Noyes, Hartman, Samuels, & Southall, 1999; Salmon, 1999). The degree of difficulty that exists during the process of weighing choices and selecting action is subjectively determined. Much of the literature regarding choice referred to some degree of difficulty as part of the choice or it assumed it was inherent in choice. This literature review addresses what is known and identifies gaps in current understanding, providing further impetus for the proposed study.

Choice can be categorized into four broadly defined uses. The first application relates to an individual patient's ability to participate actively and to make choices about aspects of his or her care. Given the philosophical attention to this notion within both nursing theory and nursing science development, it was surprising that this body of work was so small. The second use concerns the process by which patients make choices. This category primarily contains works on noncompliance. The third use, by far the largest category, concerns the nurse's choice making and can be broken into two sub-applications; clinical decision making, and advocacy or ethical choice selection. The final, and least commonly encountered use concerns mutuality, where choice is seen as a shared, co-created process between nurse and patient. Each one of these uses will be addressed individually below.

### Choice: The Ability to Participate in Care

While the ability of patients to participate in care seems a priori, the nursing literature reveals little attention to this understanding of choice. Active involvement of patients in their care has strong theoretical underpinnings and has engendered wide acceptance and profession support (Kenney, 1996; Polifroni & Welck, 1999; Reed & Ground, 1997), although the application of theory to practice seems surprisingly underdeveloped.

The most common and well-developed application views choice as the ability to participate in care and is best developed in work pertaining to advanced directives. Most of the literature pertaining to patients' ability to participate in care through choosing advanced directives supports that the concept of allowing patient choice is credible in theory. However the ability to make this form of choice often fails to meet the needs of patients, and often is not operationalized by patients. Despite the fact that advanced directives have been endorsed by both healthcare providers and the general public, few actually document their choices of treatment preferences in end-of-life decisions (Glick, Mackay, Balasingam, Dolan, & Casper 1998).

Many articles were found to support the apparent paradox that advanced directives are deemed a good idea but are seldom used by consumers (Flarey, 1991; Palmer, 1999). Some of the articles go on to identify barriers to patients' ability to make choices in relation to the use of advanced directives (Diamond,

Jernigan, Moseley, Messina, & McKeown, 1989; High, 1993; Jones, 1997; Kane & Burns, 1997; Manian, 1997; Palker & Nettles-Carlson, 1995; Pfettscher, 1996; Smokowski & Wodarski, 1996; Zweibel, Cassel, & Karrison, 1989). The barriers identified include knowledge deficits, operational procedural difficulties, and lack of consensus between the choice of the patient and that of the health care provider (Crowley, 1995; Hoffman, Itkin, Zimmerman, & Tompkins, 1996; Skelton, 1996; Storch & Dossitor, 1994).

Choice as a concept pertaining to participation in care can also be found in less developed ways in the literature. Examples of this include references to the need for better understanding of patients' preferences for care practices (Brennan, & Strombom, 1998), in new approaches to patient teaching (vanden-Borne, 1998 ), and in calls for better oversight in general of the consumers' choice-making ability within health care systems (Bissell, 1998). In these approaches, the patient is increasingly being seen as responsible for her/his own health and therefore as someone who can and should make independent choices regarding his or her health. Consequences are evident for both patient and provider in this decision process, with some calling for a more detailed and complete consumer Bill of Rights (Erlen, 1998). While literature can be found supporting a stance of the responsible consumer, little literature can be found as to how to facilitate patient responsibility for and control of health choices.

The issue of who should ultimately be responsible for treatment decision-making also appears as a focus of choice and participation in the extant literature. It is interesting to note that the extreme manifestations of this question, such as choices for the incompetent or under age patients, are found with much more frequency than the less clear issue of fully competent adults assuming responsibility for health care choices (Raines, 1998). This discussion is framed most often around issues of the moral nature of health decisions. The theme of the moral nature of choice can be found in both qualitative and quantitative studies with vulnerable populations such as mental health consumers and high risk neonates (Breeze, 1998; Pelkonen, Perala, & Julkunen, 1998). These studies discuss the issues of paternalism that are still common in health care and examine the practice and rationality of continued application of such decision making models. It is again interesting to note that the primary focus of these works is on the conflict that a paternalistic model creates for the nurse, rather than in looking at the impact such an approach to health care has on the patient (Gallagher, 1998).

The last way in which the right to choose appears in the literature is in reference to issues of patient satisfaction (Badzek, Hines, & Moss, 1998; Sitzia, & Wood, 1998). In these applications, choice is seen as a critical aspect of satisfaction, and as predicated on self-care knowledge, values, and awareness of options.

### Choice: The Process of Decision Making

A second category found in the extant literature involves an examination of the process by which an individual makes choices. These articles acknowledge that the process of decision making results in choices that can be costly to our society (Wainwright, & Gould, 1997). Using this economic framework, the purpose of identifying the process of decision making is to reduce the fiscal impact of poor choices. Many expressions of this approach to the phenomenon of choice were found, with the most common being an exploration of issues of noncompliance.

Multiple studies could be found, both qualitative and quantitative, examining the very complex issues of noncompliance. Rojas, Mandelblatt, Cagney, Kerner, and Freeman (1996 ) looked at barriers to follow-up of abnormal screening mammograms in low-income minority women. This article typified a common approach to the process of decision making and noncompliance, and provided findings reporting common barriers to compliance that are supported in other works (Collingsworth, Gould, & Wainwright, 1997; Hunter, O'Dea, & Britten, 1997; Manton, 1994). Identified barriers to follow-up care that results in noncompliance included such things as the cost of care, wasted waiting room time for follow-up that led to lost wages, systems barriers, consumers considering different criteria from health professionals when making decisions, and fears or concerns that were not expressed to health care

providers. Noncompliance is also seen as a source of consternation for care providers and as exemplifying the often unclear differences of beliefs and values between provider and patient (Bunn, O'Connor, Tansey, Jones, & Stinson, 1997; Nielsen, & Brodbeck, 1997; Playle, & Keeley, 1998).

Some of the articles pertaining to noncompliance attempted to correlate demographic factors to the incidence of noncompliance (Black, & Bruce, 1998; de-Villiers, Chester, & Meyers, 1997; Hollen, & Brickle, 1998; Lowry, 1998; van-Essen, Kuyvenhoven, & de-Melker, 1997) including gender, social class, race, and socioeconomic status. McSweeney, Allan, and Mayo (1997) looked at compliance correlated to culturally appropriate knowledge and concluded that incorporation of diverse beliefs about health into nursing care increases compliance; other researchers have correlated severity and chronicity of illness to compliance (Frank, 1996; Noy, 1997). While not explicitly identified in most of these works, patient choice is implicitly framed as an issue surrounded by the notion of power.

While these studies have been plentiful, representing both qualitative and quantitative paradigms, results have been inconclusive, stating that better and more specific information needs to be collected. As such, they shed little light on improved understanding of the nature of noncompliant choice selection (Hornung, Eleazer, Strothers, Wieland, Eng, McCann, & Sapir, 1998; Rudd, 1998).

Other than noncompliance, the process of decision making has been explored in the literature as it pertains to chronic illness, and has most commonly been seen as an inverse relationship between health and effective choice selection (Wellard, 1998) and as an overall dimension of quality of life in chronic illness (Clark, Wray, Brody, Ashton, Giesler, & Watkins, 1997). Framed in this fashion, the current literature supports a hypothesized difference between choosing in acute versus chronic illness. Although this possibility was suggested in the literature, no studies could be found addressing the hypothesis.

#### Choice: Nursing Choice Making Processes

Just as choice has been examined as the process by which patients come to make decisions, the role of the nurse in decision making represents a third approach pertaining to choice. This category represents by far the largest group of studies pertaining to the phenomenon of interest.

The category of nurse choice-making can be divided into two distinct subgroups; these include an approach that looks at clinical decision making by nurses, and an approach that looks at choices made by the nurse as an aspect of the ethical advocacy role of professional nursing practice.

The literature pertaining to clinical decision making is voluminous. The ability to make appropriate clinical decisions is presumed to be prerequisite for safe and effective nursing care. The literature focuses on an understanding of

processes involved in clinical care decisions, with the most common approach considering which reasoning strategies are utilized by nurses to assist in decision making regarding patient care, how such skills could be taught (Fisher, & Fonteyn, 1995; Ruland, 1996), and differentiating the approaches of novice versus experienced nurses' decision making skills (Hamers, vanden-Hout, Halfens, Abu-Saad, & Heijltjes, 1997). Most works assume that a more complete understanding of the process of clinical decision making is necessary if nurse educators can reasonably be expected to teach these skills to nursing students (Ashworth, 1997; Ruland, 1996).

The approach to choice that considers nursing's ethical and advocacy role looks most often at how values influence nursing practice through decision making (Raines, 1998; Sletteboe, 1997; Smith, 1998; Valente, & Trainor, 1998) and assists in understanding the cognitive aspects of nursing choices that relate to application of conceptual ideals of the profession in the practice setting. Concepts of autonomy, accountability and patient-advocacy as factors in nursing decision making are frequently noted in the literature (Casterle, Grypdonck, & Wauters, 1997; Esterhuizen, 1996; Taylor, & Ferszt, 1998 ), as well as common ways for the decision making process to be taught (Bowman, 1995; Millette, 1994; Payton & Sullivan, 1997), such as teaching ethics through story telling, or ways to measure the presence of ethical decision making by nurses (Brehm, 1996; McAlpine, Kristjanson, & Poroch, 1997).

### Choice: Mutuality and Coexisting Choice Development

Mutuality was the least developed approach to choice found in the literature. Mutuality explores interactions between providers and patients that encourage accountable, responsible, and mutual choice selection. Analysis of the concept of mutuality includes such things as partnership of choices (Henson, 1997). While similar to advocacy and accountability, mutuality is seen in the literature as incorporating aspects of negotiation, participation, collaboration, empowerment (Rodwell, 1996), and joint input into the decision making process. Mutuality is expressed as a means to restore balance in power within the health care relationship and to promote communication within the nurse-patient dyad.

### Difficult Choice and the Non-nursing Literature

Professions other than nursing have also seen choice as a difficult, universal, and critical process. Disciplines such as education, psychology, and medicine have contributed in significant ways to the discussion of choice.

Choice and Education. Just as nurses have confronted the issue of how patients go about making choices, so too have educators wrestled with choices made by students. Interestingly, while nursing has most often focused on the nurses process of decision making, the bulk of literature from education has focused on the students process of decision making. The literature reflects an interest in how students make choices and on how teachers influence student

choice making (Berman, 1998; Bambara, Koger & Freya, 1992; Dyer, 1990). The education literature included discussions regarding the inherent nature of power equity in the process of decision making more than was found in the nursing literature. The articles were mainly scholarly essays, with some quantitative studies also represented. The role of the teacher in decision making was described in a few studies, although the profession seemed less interested in how its professionals make choices than in how recipients of the professional services made choices (Beatty, 1988; Guess, 1995).

Choice, medicine, and psychology. The medical and psychology literature also reflects a keen interest in the concept of choice. Similar to nursing and in contrast to education the literature of both is dominated by studies that examine the physician's or psychologist's choice making process. All studies were quantitative in nature, and all looked at how the professional made clinical decisions (Bartlett & Ballard, 1997; Holmes, 1998; Marlatt & Kilmer, 1998; Schulberg, Pilkonis & Houck, 1998; Soyka, Pfaffenrath, Steude & Zenz, 1998), with little attention concerning the process of decision making in consumers or in the mutuality of choice. No mention, implicit or explicit, was made in the literature concerning connotations of power as an aspect of choice. Some of the psychology literature did reflect on the consumer's process of choosing, but in all cases it examined this process as it pertained to individuals with disabilities (Parsons, Harper, Jensen & Reid, 1997; Stancliffe, 1997).

A few opinion pieces could be identified in the medical literature, reflecting an increasing interest in patient choice of providers. It appears that the consumer's ability to choose the provider they desire is of significant interest to the medical profession. This issue has been discussed as reflecting the cherished right of patient choice, yet the bulk of the extant literature pertaining to choice within medicine and psychology places little emphasis on other aspects of patient choice.

#### Summary of What is Known Regarding Difficult Choice

Consensus exists in the literature that choice is a universal concept and that choices are difficult to make. How choices are made and the role of choices in health is less clear within the literature. One of the biggest issues apparent from a review of the literature is a lack of consensus regarding definitional characteristics of the concept of choice. Little agreement was found in the literature pertaining to a definition for the concept of choice. There was little expressed agreement on the attributes or constituent components of the concept, and what little work on concept development that was found was not well represented in other works. It is clear that choosing is an important issue in nursing. Currently more is known about the process that nurses engage in choosing. The structure and function of the patient's choosing and the impact of those choices on the individual's health appear to be a gap in the extant

literature.

Little development of the concept of choice, except arguably the process by which nurses make choices, appears well developed in the nursing literature. While the volume of works on the topic testifies to the perceived importance of the concept, it remains an unclear and abstract concept. Descriptive elements of the concept have been identified, primarily within the literature pertaining to noncompliance. Barriers to patients making the so called “healthy” choice have been hypothesized, the fiscal impact of unhealthy choices has been outlined, and the frustration and burnout issue of nurses working with noncompliant populations have been explored.

### Struggling and Difficult Choice

While a review of the literature regarding both struggling and choice indicates that they are implicitly linked concepts, only 18 specific references could be found within the selected data bases that directly refer to struggling and difficult choice. As might be expected, the majority of these referred to struggles with choices about potentially terminal illness treatment or with end of life choices (Lucas, 1999). Examples range from Balneaves and Long (1999) who explore the process used by women with breast cancer to arrive at treatment decisions, to Kellet (1999) who examines issues of families struggling with care involvement in nursing homes, to LaDuke (1998) who discusses pain

management at end of life. While differing in populations studied, all considered struggling to be anticipated and normative given the difficult nature of the choices individuals faced. These few works also support the presumption that struggling has inherent merit and function. Lucas (1999), in particular, discusses the role of struggling as a normative aspect of life, as an inherently valuable process by itself, and a required activity at the end of life.

Aside from struggling with difficult choices regarding terminal and end of life choices, direct references to struggling and difficult choice dealt with nurses struggling with professional issues. Tingle (1999) discusses nurses struggling with value-based decisions in their roles as patient advocates. Cook (1999) looks at nurses and medication administration, concluding that workplace issues lead to nurses struggling with choices regarding safe medication practices. Marck (2000) examines ethics as nurses struggle with technologies in practice while Jones (1997) calls for the end of “RN abuse”, manifested by RN’s struggling to provide safe and effective patient care in health care systems that promote barriers to those goals. In all of these works, struggling with difficult choices is seen as an expected aspect of professional nursing practice.

Two specific references could be found to nurses struggling with patients in their choices. Breeze and Repper (1998) examine struggling for control as an aspect of the care experiences of what they call “difficult patients” in mental health services whereas Leutz (1998) examines the struggle over choices for

home care for individuals with disabilities. These issues highlight the universality of struggling with difficult choices, reminding us that as patients struggle with their choices, nurses concurrently may also struggle with choices of their own.

### Struggling With a Difficult Choice: The Contextual Perspective

The organization of this chapter reflects the meaning this author found within the literature. This author firmly believes that individuals choose the meaning a situation or event holds for them. The individual mutually cocreates patterns of relating that inform that meaning (Parse, 1998), with all of meaning culminating in human becoming. Human becoming is a construct that “points to human quality of life and health as ongoing mutual participation with the universe” (Parse, 1998, p. 31). Quality of life is the quintessential construct of the Theory of Human Becoming and is the embodiment of lived experiences. An individual’s quality of life is constructed as “changing patterns of shifting perspectives” (Parse, 1998, p. 31) that oscillate over time. Meaning matters to human existence, meaning is subjectively constructed, and meaning is reflective of lived experiences that comprise the lifeworld of the individual. Understanding and accepting these assumptions means understanding and accepting an existential paradigm.

## Existentialism and the Importance of the Lived Experience

Life is lived as a series of experiences that have been collectively referred to as the lifeworld (Heidegger, 1962; Parse, 1987). These experiences are the common, and ordinary moments of living that give meaning to every day, human existence. The lifeworld is, quite simply, the lived experience of an individual as contextually perceived by the person (Heidegger, 1962). Heidegger's seminal work *Being and Time* (1962) discussed the lifeworld as *Dasein*, or being-in-the-world. Heideggerian-based phenomenology strives for an understanding of the every day lived experiences, the lifeworld or *Dasein*, because it is in this world that meaning is constructed and housed.

But that which is "everyday" is often taken for granted, overlooked and overshadowed (Dreyfus, 1991), and therefore that which is most meaningful is often lost outside of conscious awareness. While often hidden, the every day, being-in-the-world experience remains one of the most direct links to human phenomena (Dreyfus, 1991; Packer, 1985; Parse, 1989; Van Manen, 1990).

## Phenomenology, Inquiry, and Being-In-The-World.

Struggling with a difficult choice is an ordinary lived experience that is a phenomenon of the lifeworld of humans. Phenomenology is both a philosophy and a research methodology (Gadamer, 1975; Howard, 1982). As a research method, phenomenology offers a qualitative approach concerned with hearing lived experiences in the participants' own voice, understanding contextual

meaning, describing patterns and processes of connectedness, and in revealing the personal nature of phenomena (Bernstein, 1985; Gadamer, 1975; Hathaway, 1995; Magee, 1987; Packer, 1985; Van Manen, 1990; Walter, 1995).

Philosophy provides an ontologic, cognitive road map (Kuhn, 1962) that ideally directs the research process. Phenomenology has existed as a philosophy for quite some time, and has been increasingly seen as a post-modern research paradigm. Identification of phenomenology as a new paradigm for research lies in its central focus on the researcher-participant relationship (Denzin & Lincoln, 1994; Parse, 1989; Mitchell, 1993; Reason & Rowan, 1981). Phenomenology as a new research paradigm implies a type of critical scholarship that values interaction between participant and researcher, which is concerned with the subjective, and with giving voice to the participant. The degree to which the researcher participates in the process of research and in what fashion he or she participates is dependent on the specific phenomenological philosopher the researcher is following.

Hermeneutic phenomenology assumes that the uniqueness of human beings lies in his or her capability for interpretation and understanding (Heidegger, 1962). Heidegger rejected the Cartesian notion that truth is equated with objective knowledge gained through scientific methodology. Believing that such a notion provided only one form of knowledge, Heidegger looked toward another, more subjective and personal form of truth and found it in the

interpretation of lived experiences. Heideggerian phenomenology is predicated on the *Dasein*. Methodology and researcher actions become logical when one understands the phenomenological belief that one cannot understand the person unless one understands the person's world (Heidegger, 1962). Put quite simply, one cannot study the individual without study of the context of that person's lived experience.

Heideggerian phenomenology uses hermeneutic interpretation for analysis of being-in-the-world. Hermeneutics attempt to systematically study descriptions and interpretations of the lifeworld of individuals as expressed orally or in text (Dreyfus, 1991). Such an approach presupposes human beings create meaning on the basis of self-interpretation (Heidegger, 1962). Phenomenology presumes that the fundamental dimension of humanness lies in this process of interpretation. Understanding of the world and making meaning of the world is accomplished through interpretation of lifeworld experiences.

Heideggerian hermeneutics assume that meaning is often concealed within the language and the culture of the individual (Heidegger, 1962; Parse, 1989). Language then becomes the most powerful source of discovering the being-in-the-world, the lived experience of individuals (Batali, 1992; Nye, 1990; Parse, 1998; Van Manen, 1990). This study is concerned with the being-in-the-world experiences of struggling with a difficult choice. It will look to the language of the individual to provide increased understanding of the universal health

phenomenon in order to achieve the goal of the study.

### Existentialism, Meaning, and the Relationship to Health

Health is becoming, health is a process of quality of life and as such has no linearity that can be quantified. Health cannot be defined in the reverse. Health is not the absence of disease, nor is it adaptation or coping to life events. Health is a constancy of change undertaken by people cocreated in mutuality with the universe (Parse, 1998). From this perspective, human becoming, quality of life, change, and health are integrally intertwined and become recognizable through languaging and are analogous with “structuring meaning multidimensionally” (p. 34).

Health is change and change is human becoming. Imaging is the link between health, change, and becoming. Imaging is defined as a coming to know process experienced by the person through reflection and pre-reflection of past-present-future experiences as an all-at-once process. Personal knowledge and meaning flow from imaging. When an individual is in a situation for the first time, the event is examined in light of personal knowledge and is reviewed for compatibility of fit to the individual's reflective and pre-reflective awareness and meaning of his or her life.

Significance or meaning of events is in this fashion a reflection of the wholeness of the individual and cannot be separated from the unity of the

individual. Imaging, in large measure, is about choosing. The individual chooses the meaning of multidimensional experiences that reflect what Parse (1998) refers to as the “was and will-be as they are appearing now” (p.37). Valuing relates to the notion of confirming-not confirming of cherished beliefs in light of the individual’s personal worldview (Parse, 1998, p. 38). This rhythmical process is one of choosing and owning one’s choices. The choices a person makes have fit to the individual’s values and principles and match the way the individual wishes to live his or her life.

#### Significance of Struggling With a Difficult Choice

To be alive is to make choices. Every moment of every day we are making choices. The choices we make in the day-to-day moments of our lives, while not always self-evident, often affect health in both positive and negative ways. We cannot escape making choices, struggling with choices, and living with the consequences of these struggles and choices. Struggling with difficult choices is a universal phenomenon integral to health.

Nursing as a profession has long recognized the importance of the process of choice. Nightingale initially noted that “If a patient is cold, if a patient is feverish, if a patient is faint, it is generally the fault not of the disease but of the choice...” (Nightingale, 1860, p. 19). All of nursing theory is predicated on philosophical tenets that conceptualize human beings as having the capacity of

free will and choice (Reed & Ground, 1997). The nurse-client dyad is at the heart of nursing. The nurse and the patient represent two of the four concepts of the meta-paradigms of the profession (Fawcett, 1993), with health as the focus of the interaction between nurse and patient. For the nurse-client interaction to be meaningful, and for the actions of the nurse to affect health, choices have to be made. The nurse makes choices relative to care practices, while the patient makes choices relative to the health practices he or she engages in. The review of the literature highlights that struggle is an expected aspect of choice, but one about which we have little understanding. The concept of choice is integrally woven into the profession of nursing (Parse, 1999; Reed & Ground, 1997) and this study is designed to increase our understanding of the phenomenon of struggling with difficult choice. This study will employ an inductively driven approach to gaining increased understanding of struggling with difficult choice. Using the literature and the theoretical constructs of Parse's Theory of Human Becoming, it will attempt to fill in some of the identified knowledge gaps by revealing the meaning of struggling with difficult choice through the lived experience of patients.

### Summary

Struggling with a difficult choice is a frequently occurring and universal health phenomenon that is frequently discussed but little developed within

nursing literature. It is theoretically well developed in both the philosophical and religious study literature. It is also present but ill defined within both the nursing and psychological literature. Most of the work found on struggling is theoretical and scholarly, and only a few of the works, most notably from psychology, were research studies. Of interest, given the philosophical concerns, is that all of these research studies were quantitative in nature.

A review of the literature pertaining to struggling supports the idea that this concept is an area of concern in nursing. Thus, a review also highlighted the lack of consensus regarding its definitional properties. These differences are primarily predicated on philosophical differences. The review also supports the need and the interest within the profession for a better understanding of paradoxes and the role they play in health.

Information derived from the literature review leads to several conclusions that are useful in informing the direction of further research. Struggling with difficult choices is a phenomenon that needs further development. The literature does support the idea that choice is integral to the profession of nursing, and is an area of interest to nurse researchers. Struggling exists and is frequently entwined with choice. Struggling as a concept must be used with specific attention to the philosophical perspective that gives the concept definition.

It is clear from a review of the literature that there is still much to be learned regarding struggling with difficult choice. What was found in the

literature regarding choice was surprising given the emphasis placed on patient involvement, choice, and participation in care. The literature implies that while patient participation is highly valued, little empirical data exists regarding the process of patient choice selection, the impact of choice selection on overall health, or on intermediary outcome measures of health. Little work has been done on the implications of lack of choices, on the identification of which population group, such as the disenfranchised and marginalized patients, suffer relative to lack of available choice selection, and on nursing actions that facilitate patient choice-making.

The nature and role that choice and struggling with choice play in health is unclear. The existence of struggling as an aspect of choosing is theoretically supported in the literature, but has been the focus of little research. Further development of the phenomenon of struggling with difficult choice needs to occur within the framework of a nursing theory in order to give form and structure that are supportive of the profession of nursing, and that is consistent with further development of the phenomenon.

## CHAPTER THREE

### METHODS

The purpose of this study is to describe the meaning of the lived experience of struggling with a difficult choice. Struggling with a difficult choice is a common experience that surfaces in many common human situations and that moves the person beyond their present moment (Mitchell, 1990). The goal of this study is to provide a rigorous understanding of an important phenomenon about which little is known. This chapter is concerned with the methodological approach to be used in answering the research questions posed in Chapter One, and discusses in depth the study design, sampling strategies, data collection procedures, and data analysis procedures. The linkages between the philosophical framework for the study and the choice of research methods will also be made explicit.

#### Methodological Considerations

Selection of a research paradigm is an intimate personal process. Methodological considerations are not simply a matter of choosing different processes of data collection and analysis. Methodological choice is most fundamentally about the researcher's ontological perspective, predicated on the researcher's previous experiences, values, beliefs, and perspectives all of which

affect methodology in subtle and critical ways.

Struggling with a difficult choice is a human activity, occurring in an interpersonal, social context. Understanding what it means to be human is a philosophical activity. While multiple schools of thought and various paradigms exist, this research study is based in this author's view of what it means to be human, a belief shaped and informed by existential thought, and specifically by Parse's (1981) Theory of Human Becoming. Because this study is guided by the Theory of Human Becoming, it follows that the methodology of inquiry aligns with that same perspective. Therefore, common research methods associated with qualitative studies, such as bracketing are not consistent with the Parse method are not utilized or described within this chapter.

The Theory of Human Becoming has centrality for this author, and is specified as a theoretical level of discourse in which human becoming is defined as "structuring meaning multidimensionally in co-creating rhythmical patterns of relating while cotranscending with possibles" (Parse, 1981, p. 41). Parse's Theory of Human Becoming is the vision, philosophy, and the guiding force for this study. It explains the methodology and the decisions made by the researcher in attempting to answer the study's research questions. Parse's theory forms the methodological basis that is applied to this study and it has been identified as appropriate to explicate the lived experiences of others as intelligible. It is in the common lived experiences of humanity that understanding

resides, and it is the researchers belief that the answers to this study's research questions can best be found in examination of common universal phenomenon.

### Methodological Approach

Human beings are complex, interactive, interrelated creatures who find meaning and significance in the lived experiences of everyday life (Heidegger, 1964). Finding the invested meaning of experiences by studying the lived experiences of others is a daunting undertaking and presents several methodological challenges that this chapter will attempt to address. The present chapter will explicate one well-established research process through which understanding of the lived experiences of others may occur. More specifically, this chapter is about the presentation and examination of that method, the Parse research method, as the basis of this study. Parse's nursing theory is utilized throughout this research study as the philosophical basis and principal frame of reference to organize and direct the research.

### Study Design: Philosophical and Methodological Linkage

The philosophical stance, world view, and ontological beliefs of the Theory of Human Becoming (Parse, 1981) that are reflected in the Parse research method are congruent with the basic science paradigm, and logically serve as an appropriate choice for this study. The goal of the Parse research

method is to describe structures of universal lived experiences to enhance understanding of human becoming (Parse, 1981, 1996) and is one of the only research methodologies that is uniquely based in nursing science. Parse's research methodology was chosen for the study design because of its obvious congruency with the principles of the Theory of Human Becoming (Parse, 1981) and with existential tenets and beliefs that have framed this study from its inception.

#### Methodological Linkage: The Parse Research Method

Parse's Theory of Human Becoming views nursing as a basic science with its own distinct knowledge base. This representation identifies nursing as a profession distinctly different from those predicated on the natural science paradigms, and Parse felt this point of differentiation was critical in helping explicate the difference between medicine and nursing. Nursing, as a paradigm distinctly different from natural sciences, requires a research methodology specific to its language, form, and purpose. The need for differentiation among the disciplines was the starting point for the establishment of Parse's specific methodology for qualitative research, and represents a significant rationale for its use in this study.

The research method, developed by Parse, was constructed to be in harmony with the ontological beliefs of the Theory of Human Becoming. The

assumed purpose of this research method is to expand nursing knowledge regarding universal health phenomena. Congruent with the basic science paradigm, this approach to research has precise form and language adhering to scientific rigor. The basic assumptions of Parse's Theory of human becoming underlie the research methods of this study. Humans are open beings in mutual process with the universe. The construct "human being" refers to the human-universal-health process. Human becoming is uniquely lived by individuals. People make reflective-pre-reflective choices in connection with others and the universe that incorporates their health. Descriptions of lived experiences enhance knowledge of human becoming. Individuals and families can describe their own experiences in ways that shed light on the meaning of health. Researcher-participant dialogical engagement uncovers the meaning of phenomena as humanly lived. The researcher, in true presence with the participant, is able to elicit authentic information about lived experiences. The researcher, through abiding with logic, inventing, and adhering to semantic consistency during the interaction-synthesis and heuristic interpretive processes, creates structures of lived experiences and weaves the structures with the theory in ways that enhance the knowledge base of nursing (Parse, 1989; 1998; 2001).

The Parse research method includes four dimensions. The first dimension of Parse's methodology is conceptual and is concerned with the description of

the universal human health phenomenon in the form of a research question. This dimension has been identified in Chapter One. The second dimension entails the ethical dimension of the research process and includes the scientific integrity of the research study and protection of participant's rights. The discussion of identified plans for the protection of study participants and plans for addressing the issues of study rigor will be included in this chapter.

A third dimension is methodological and includes dialogical engagement, or the researcher-participant dialog that elicits descriptions of the lived experience. This occurs through true presence and is conceived of as more than a simple interview (Parse, 1998). The researchers' activity of data analysis through extraction-synthesis moves the participant's descriptions to synthesized structures of lived experiences. The fourth research dimension, interpretive, is a heuristic interpretation that weaves the human becoming theory and moves beyond through saturated transposition and conceptual integration to enhance understanding of the phenomenon of struggling with a difficult choice while expanding knowledge about the human experience (Parse, 1998; 1999; 2001).

### Participants

Participants, according to Parse (1999), are persons who can describe the meaning of the experience under study through words, symbols, music, metaphors, poetry, photographs, drawings and/or movements. Parse's theory

assumes that individuals who have been invited to participate and who agree to participate in a study regarding a specific lived experience acknowledge, through their volunteering, their awareness of the phenomenon and their ability to give a true accounting of that experience (Parse, 1998). Generally a sample size of between two and ten is considered adequate for this methodology (Parse, 1987).

The phenomena of interest to this study concerns struggling with a difficult choice which is assumed to be a universal phenomenon impacting health. Consistent with Parse's methods, no participant protocol was used. Recruitment of participants occurred through a verbal exchange process. Individuals at the identified data collection sites were approached, told of the study, and asked if they had experience with the phenomenon of interest. The purposes of the study and the requisite activities of participation were explained to potential participants as an aspect of the informed consent process. All participants self reported experiences with the phenomenon and willingness to participate in the study. All participants were invited to participate and were asked if they had had experience with the phenomenon of interest. Participants ranged in age from 26 to 67. All participants were English-speaking, were able to give consent to their participation in an informed and ethical matter, and all voluntarily agreed to participation in the study including the tape recording of their dialogue and possible future publication of aggregate data.

Once participants had been recruited and had agreed to participate, demographic data of age, gender, and occupation was collected. Characteristics of participants are identified in Table 1. Consistent with the Parse research method, no attempt was made to establish representativeness within the participant group. Variables that are commonly seen as identifier of inclusion or exclusion in sample identification for quantitative studies have no relevance to the establishment of the participant group for this type of study (Parse, 2001).

Table 1.

Demographic characteristics of participants.

| Participant | Age | Gender | Occupation                |
|-------------|-----|--------|---------------------------|
| 1. Sarah    | 26  | Female | Receptionist              |
| 2. Paula    | 42  | Female | Store clerk               |
| 3. Julie    | 30  | Female | Nurse practitioner        |
| 4. Susan    | 67  | Female | Retired teacher           |
| 5. Cal      | 39  | Male   | Salesman                  |
| 6. Jane     | 32  | Female | Social worker             |
| 7. Ted      | 55  | Male   | Union vice president      |
| 8. Jeff     | 49  | Male   | High school teacher       |
| 9. Connie   | 57  | Female | Forensic pathologist      |
| 10. Irene   | 44  | Female | Billing clerk             |
| 11. Beth    | 31  | Female | Director of health clinic |

Participant-researcher dialogue occurred in a private area. Participants were asked to describe their experiences of struggling with a difficult choice. No specific directions or context was supplied to participants and participants were free to discuss any life experience they perceived as representing struggling with a difficult choice.

### Ethical Requirements and Safeguards

One of the most basic obligations of a researcher is to protect participants of a research study by taking actions to ensure ethical safeguards exist. Parse believes that her research method has high scientific integrity and preserves both the participants and the researcher's rights. By following her methodological steps, Parse believes a participant's rights will be strongly protected. This study carefully attended to ethical requirements in order to ensure the safeguarding of the ethical rights of individual participants. Human subject protection requirements, as identified by both federal, state, and institutional policy, were reviewed and adhered to in the development of this study. Institutional review processes were undertaken, with institutional approval from the University of Tennessee Institutional Review Board (see Appendix 1.) being obtained before initiation of this study. Prior to any engagement with participants and the collection of any data, a fully informed consent process occurred. Individuals were given, both verbally and in writing, information

regarding the purpose, benefits, and risks of the intended research study. Participants were asked to fully read the informed consent form, and signatures were obtained prior to participants being involved in the study. Participants were informed that researcher-participant dialogues could be halted at any point that the participant desired. As required by institutional review board policy all participants were furnished with the telephone numbers of the principal investigator and the Institutional Review Board should they have further questions. All participants were furnished with a written copy of their consent form.

#### Data Collection Methods

Data collection involved a process of discourse and occurred primarily through dialogical engagement. Dialogical engagement, as defined by Parse, is a process of researcher-participant dialogue that elicits descriptions of universal health experiences. It is thought of as a state of true presence and not at all a traditional interview format. The data analysis process of extraction-synthesis that moves participant's descriptions to a synthesized structure of lived experiences is predicated on dialogical engagement, thus differentiating this data collection method from other similar qualitative methods.

Data collection emphasized the researcher centering on each participant to establish true presence with the participant. Preparation for establishing true

presence involved what Parse refers to as an “emptying of self to be available to bear witness to the other to be flexible, and gracefully present from one’s center” (Parse, 1998, p. 71). The researcher dwelled with the universe in the moment and made every attempt to attend or focus on the moment at hand with the intent of co-creating attentiveness to the participant by being with the rhythm of the sounds in silence, the visions and blending of the human-universal process. The researcher did not use a formal interview protocol, but opened the dialogue with the comment “please tell me about a time you were struggling with a difficult choice”. Encouraging statements such as “go on,” or “could you please describe more about your experiences,” were used to encourage participants to relate more complete descriptions about the phenomenon under study. The researcher stayed in true presence with the participants without interjecting questions, but encouraged participants through the use of words that assisted the participant to expand on descriptions of their experiences. Participants were encouraged to continue until they had nothing at all left to say.

Actual engagement occurred in a quiet environment within data collection sites that were conducive to participant comfort, confidentiality and communication so as to facilitate study participants giving voice to their experiences. The researcher-participant processes of dialogical engagement were tape recorded for later evaluation and data analysis, and each researcher-participant engagement was then transcribed using a common data-processing

format and put into an ASCII text document. Researcher-participant dialogues lasted an average of 45 minutes and were tape recorded for later transcription. Transcripts were printed out into a hard copy format accessible for further data analysis.

Each researcher-participant dialogical engagement process was identified using a pseudonym name representing the gender of the participant and a coding number, with the name and number assigned being exclusively used for further identification of data in order to assure confidentiality of participants as identified in the informed consent document. Appropriate control of documents was established including keeping all transcription tapes and hard copies printouts in a locked file cabinet and using only code numbers/names on tapes and transcribed data to assure confidentiality.

### Data Analysis

Data analysis for this study relied on Parse's identified methods of heuristic interpretation. Heuristic interpretation weaves the structure of the data with human becoming theory and beyond through structural transposition and conceptual integration to enhance understanding of the phenomenon of choosing (Parse, 1999; 2001). The heuristic interpretation process is seen as both unique and effective because it identifies and helps explicate universal human experiences. These universal human experiences surface within the

human-universe process and reflect the being-becoming process of human life.

Universal human experiences reflect value priorities, and quality of life.

Parse identifies scholarly research as including rigorous conceptual, ethical, methodological and interpretive phases. This allows for the identification of distinct procedures consistent with the Parse research process. Parse's research method of data analysis is seen as phenomenological and hermeneutic. This method takes the data from the universal experiences described by participants who live them and interprets that data in light of the Theory of Human Becoming. Parse considers her research method as unique among qualitative methods (Parse, 2001). Table 2. identified the three major ways in which Parse believes her research method to be unique (Parse, 2001). Common aspects of other forms of qualitative research, such as bracketing, are not addressed here as they are not aspects of Parse's method.

Extraction-Synthesis. Formal data analysis occurred through the identified process of extraction-synthesis. This process was accomplished by the researcher dwelling with the transcribed audio- tapes, listening in deep concentration to elicit the meaning of the experience as described by participants. Extraction-synthesis entails the researcher coming to realize the subjective nature of lived experiences. The researcher, during the process of extraction-synthesis, comes to realize the very corporal, the very real

| Table 2.                                                      |                                                                                                                |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| The three major characteristics of the Parse research method. |                                                                                                                |
| Research Characteristic                                       | Uniqueness of Parse's method                                                                                   |
| Conceptual                                                    | Phenomena for study are universal health experiences                                                           |
| Methodological                                                | Dialogical engagement rather than interview<br>True presence                                                   |
| Interpretive                                                  | Heuristic interpretation that weaves the structure of the experience with the human becoming theory and beyond |
| <i>Note: adapted from Parse (1998, 2001) .</i>                |                                                                                                                |

meaning of the lived experience for the participant, in the language of the participant (Parse, 1995; 2001). Once this step was complete, the data was again reviewed and the essence was synthesized and extracted, now in the researcher's language, an abstractive step of data analysis commonly referred to as theming. Once the participant's and the researcher's languaging was examined for meaning, and themes were constructed, the researcher then formulated a proposition from the essence of each participant's experiences.

The extracting-synthesizing process continued through the identification of core concepts derived from the formulated propositions of all participants. The final process in extraction-synthesis occurs through a synthesizing of the structure of the lived experience from the core concepts. Data analysis through the methods of extraction-synthesis was primarily a process of "appropriating-disappropriating and constructing anew" (Parse, 1998).

Heuristic Interpretation. The final step of data analysis within Parse's research paradigm is that of heuristic interpretation. The interpretation itself is the meaning given to the text from the frame of reference of the researcher. The researcher used the Theory of Human Becoming to identify the form and structure of struggling with difficult choices. Heuristic interpretation is the most abstractive level of data analysis, and entailed the use of structural integration and conceptual interpretation, resulting in placing the research findings into the language of the Theory of Human Becoming. This final stage of data analysis

was concerned with “fusing” all that was known with all that is known (Parse, 1998) to identify emergent meaning in order to contribute knowledge and understanding of humanly lived experiences to guide further research and practice. Heuristic interpretation provides a way to identify a theoretical structure derived from the data that reflects the concepts of the Theory of Human Becoming (Parse, 1981, 1995; 2001). It is in this fashion that Parse’s research method expands the theory and contributes to the ongoing development of the theory and thus to the science of nursing. Figure 2. presents a visual summary of the data analysis process explicated by Parse.

While Figure 2. represents, as a snapshot in time, a summary of the research methodology, it should be remembered that the research method is dynamic and non-recursive, and it is somewhat artificial to break the process down into discrete steps and discuss them as if they were fixed in time. Figure 2. therefore is presented for convenience and ease of discussion. It should be viewed as a schematic reflecting an otherwise dynamic process in a moment-in-time, step-wise, temporal fashion.

Figure 3., the symbol of the Theory of Human Becoming, reinforces the dynamic non-recursive nature of the research process. The black and white colors were chosen to represent apparent opposites-paradox, which is significant to the ontology of human becoming, while the green is the color of hope, representing ongoing human-universe emergence. The center joining of

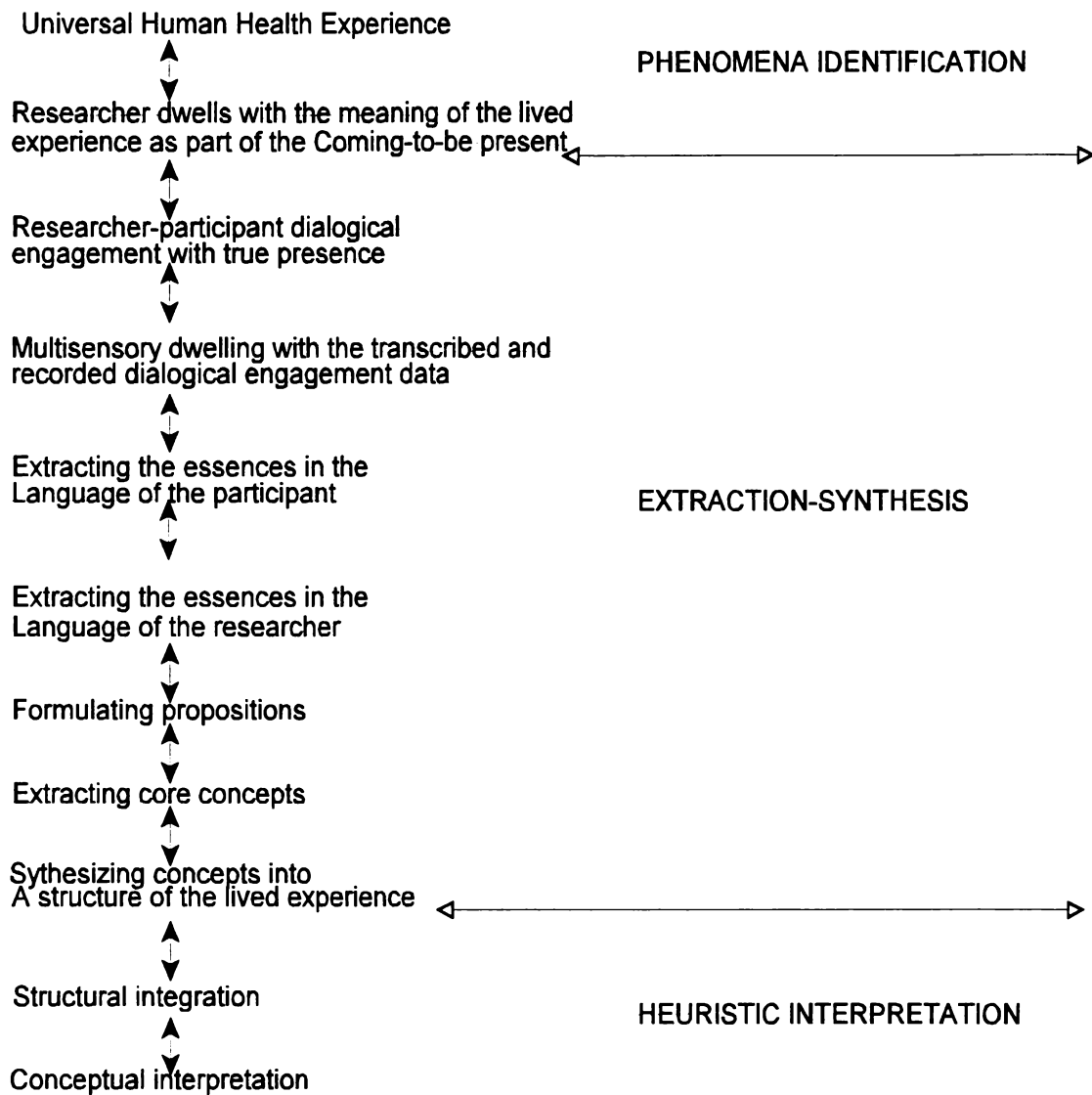


Figure 2. Summary of the Parse Research Method

the swirling ribbons represents the cocreated mutual human-universe process at the ontological level and the nurse-person process and researcher-participant process at the methodological level. Finally, the combination of green and black swirls intertwining represents human-universe cocreation as an ongoing process of becoming (Parse, 1995).



Figure 3. The Symbol of the Theory of Human Becoming

### Rigor of the Study

Quantitative research has a long established history of precise methods designed to ensure the rigor of study results. Interpretive research is similarly concerned with issues of rigor, but recognizes different concepts and terminology in addressing the scientific merit of research. Although the language and concepts of interpretive research may change, rigor is important to all qualitative studies. Rigor, as applied to this study, was addressed in several distinct ways. Application of procedures from both Burns (1989) and Lincoln and Guba's (1985) rigor methods occurred and will be described. Burns' approach to rigor represents the identification of standards that should be present in order to ensure the study met rigor requirements. It is assumed that rigid adherence to the research method will produce results that can be examined looking for the presence of these standards. Lincoln and Guba (1985) utilize a series of activities undertaken by the researcher to ensure the results will meet the standards of rigor.

Burns (1989) identified five standards required of a rigorous qualitative study. The first standard is that of descriptive vividness. This standard assumes that the data gathered from the participant provides a richness and a description of the lived experience that is comprehensive enough so as to allow for reader to have a full sense of the experience as lived by the participant. In this study, descriptive vividness was assured by using participant language in the first

extraction-synthesis process and in using researcher language during the second process to accurately reflect the participants' experience. It was also ensured by the researcher entering into true presence with participant, thus encouraging their sharing. The researcher also utilized an independent Parse scholar, an expert on the research method, to review the extraction-synthesis analysis process.

Methodological congruence was the second standard. This standard looks at the degree of congruency between the purpose of the study, the method of inquiry used, and the theory underpinning the study. This standard was assured through utilization of Parse's theory as the theoretical frame of the study, employment of Parse's research method, and in selection of a universal phenomenon to be studied. The use of Parse research methods, directly linked to her theory, ensured methodological congruence existed in this study.

Analytical preciseness represents the third of Burns standards. This standard calls for the researcher to provide precise, detailed documentation of the extraction-synthesis process to accurately reflect the decision-making process inherent in the steps of the research method. That standard was met by maintaining the documentation and using an expert in Parse's theory as a consultant during the data analysis stage. Results of the documentation can be found in the next chapter, Chapter Four.

Theoretical connectedness and heuristic relevance represent the last two

standards. Theoretical connectedness requires that the researcher's findings be clear, logical, reflective of the data, and remain consistent to the theoretical nursing base utilized in the study (Burns, 1989). Heuristic relevance requires that the findings of the research have significance and applicability to the broader science of nursing. These standards were met during the data analysis phase of the study and can be seen in the results of the study presented in the findings section of Chapter Four and conclusion section of Chapter Five.

In addition to Burns' standards for rigor, Lincoln and Guba's methods were also applied. Transferability, consistency, and confirmability, were used as measures of rigor in this study and as alternatives to the conventional criteria of reliability and validity better associated with more quantitative approaches to research (Lincoln & Guba, 1985).

Transferability, analogous in interpretive research to external validity, was used to ensure valid findings, and was primarily seen as an issue of "fit." Study findings that fit a context outside the current research situation are seen to have transferability. Fit was evaluated during data analysis by the researcher discussing study findings with other practicing nurses to determine whether they believed the results fit to the context of their experiences.

Consistency, analogous in interpretive research to reliability, was used to ensure reliability for findings. Consistency measures attempted to ensure clarity and accuracy of findings and were checked by the degree to which readers were

able to follow the logical progression of conclusions drawn from the data. Consistency was primarily met through the use of close adherence both to identified Parse research method and in careful documentation of the progressive abstractions of the core concepts identified through the interpretive process. This included careful documentation of the development of structural transposition and concept integration that provided the findings of this study and are presented in Chapter four.

Confirmability, analogous in interpretive research with objectivity, was used to assist, as much as is possible, in ensuring externally reliable findings. Confirmability in this study was achieved through the audit trail process of a clear description of all research stages and decisions made by the researcher during data analysis, while using a detailed descriptive process useful for possible future replication of the study.

### Summary

Chapter One indicated that struggling with difficult choices is a universal phenomenon with centrality for profession of nursing. Chapter Two identified what is known and what remains to be discovered regarding struggling with a difficult choice. The purpose of this study is to discover the meanings of struggling with a difficult choice through examination of the lived experience of the phenomenon. The goal of this study is understanding and awareness of a

phenomenon about which little is known.

Chapter three has described the intended voyage of discovery around which this study will flow. This study was planned as an interpretive, naturalistic inquiry, directed by an existential-phenomenological research design, and based on Parse's Theory of Human Becoming. The chapter has presented methodological considerations such as participant protection, participant inclusion, data collection and data analysis. Chapter four and five will describe what was discovered on this journey of inquiry.

## CHAPTER FOUR

### FINDINGS

This chapter presents the findings that were discovered within the dialogical engagement, extraction-synthesis, and interpretive process that defines the Parse research method. A total of 11 dialogical engagements occurred with four males and seven females, ranging in age from 26 to 67. Participants chose to relate experiences of struggling with a variety of difficult choices, ranging from career choices, revealing homosexual and HIV status to family, and stopping drinking, to ending relationships with children, terminating life support, and making choices of end of life elder care. Common in all of these shared experiences was the participants' self-identified "difficulty" of the choice.

#### Organization of the Chapter

The structure of the lived experience of struggling with a difficult choice was discovered using the Parse research method. The chapter is constructed to present the findings as they were discovered. Therefore, presentation of the findings will mirror the procedure of data analysis used in the study.

Each participant's story is presented first. Participant stories are summaries that embody the core ideas about the phenomenon of concern shared by participants during the process of dialogical engagement (Parse,

2001). Stories are constructed using the essential ideas about the phenomenon from each participant's dialogue (Parse, 2001). The story captures the experience as unfolded by the participant and consists primarily of verbatim languaging of the participant.

The stories are followed by presentation of the extracted essence of each participant's experience, first in the language of the participant and then in the language of the researcher. The essence contains essential ideas pertaining to struggling with a difficult choice for the participant. The extraction of the essence occurs as the researcher dwells with the dialogical engagement data (Bunkers, 1998, Parse, 1987). Dwelling with the data is central to the Parse research method and is seen as a way of "centering" the researcher within the data (Parse, 1990, p. 11). When dwelling with the data, the researcher simultaneously reads the transcribed data while listening to the audio tape of the participant, promoting the researcher being, what Parse calls, "multisensorily immersed" with the dialogue (Parse, 1990, p. 11). The essence of the participant is constructed as one or two sentences that use language of the participant to capture the quintessence from the dialogical data. In this fashion, the participant essences are presented as a succinct expression of the core ideas pertaining to the phenomenon of interest.

Once participant essences were derived from the data, core ideas were conceptualized in the language of the researcher. This process is designed to

reflect the meaning contained in the participant's language at a more abstractive level (Parse, 2001) and are written in the language of the science of Human Becoming (Bunkers, 1998, p. 57; Parse, 1996). This abstraction of the dialogue from the participant to the researcher level entails a precise languaging process, requiring adherence to semantical consistency, and includes attention to "inventing, abstracting, and abiding with logic" (Parse, 1987; p. 176). Researcher essences are constructed, in a fashion similar to that of the participant essences, as one or two sentences matched to the sentences of the participant. Although not expressly stated by Parse, common research practice has evolved whereby the researcher essences utilize specific connection languaging and specific reoccurring words to represent the abstracted concept within the language of the science of Human Becoming (Bournes, 2000; Bunkers, 1998; Carson & Mitchell, 1998; Costello-Nickitas, 1994; Davis & Cannava, 1995; Mitchell, 1998; Parse, 1996, 1990; Rendon, Sales, Leal & Pique, 1995). Table 3. identifies the common conjunctions used as adjoining words for construction of the researcher essences. These conjunctions place the essences within a context relative to one another, and are reflected in the presentation of data in chapter four. Table 4. identifies the meaning of the abstractive languaging commonly used by researchers employing the Parse research method. The languaging reflects the common meaning of the word within the science of Human Becoming.

|                                                          |
|----------------------------------------------------------|
| Table 3.                                                 |
| Conjunctions used in construction of researcher essence. |
| ..... surfaces with .....                                |
| ..... arises with .....                                  |
| ..... emerges with .....                                 |
| ..... amid .....                                         |

These tables, 3 and 4, are helpful in understanding the choices made by this researcher while attempting to represent the participant essences within the researcher essences. Chapter four will use this languaging to present the findings of the study.

Presentation of the essences within the chapter will be followed by the presentation of propositional statements discovered within the data. Propositions are discovered when the essences are taken, in a non-directional fashion, to the proposition level in order to join together core ideas of the essences at the abstract level. The central meaning of struggling with a difficult choice for each participant is contained within the proposition of that participant. Propositional

| Table 4.<br>Abstractive languaging commonly used within Parse research method. |                                                                                                                                         |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Language of the science                                                        | Abstractive Meaning                                                                                                                     |
| Enduring                                                                       | Persisting over time, occurring or taking years                                                                                         |
| Abiding                                                                        | Living with, process or journey of moving with, moving on, becoming.                                                                    |
| Possibilities                                                                  | The imaginable; the infinite array of choices and possibilities facing the human being.                                                 |
| Affiliations                                                                   | Co-participants. Individuals and resources involved in created meaning.                                                                 |
| Was-is-will be                                                                 | The web of human-universe process lived reflectively-prereflectively. The was-is-will-be-might-have-been occurring all-at-once-together |

findings are followed by extracting-synthesizing core concepts from the propositional level (Parse, 2001). Core concepts represent central ideas, written as phrases, about the phenomenon of struggling with a difficult choice, and that “capture the central meaning of the propositions” (Parse, 2001, p. 171).

As the presentation of findings unfolds within the chapter, the structure of the lived experience of struggling with a difficult choice is finally presented in a statement, created by the researcher, that adjoins core concepts. Consistent with the Parse research method, the identified structure is then threaded within

the Theory of Human Becoming, using the heuristic interpretive process of structural transposition and conceptual integration, to place the findings within the language of the Theory of Human Becoming. This final stage of data analysis is intended to “move the discourse of the structure to the discourse of the theory” (Parse, 2001, p. 171).

## Participant Stories

### Sarah's Story

*Sarah is a 26-year-old mother of two teenage children who is recently remarried and works as a receptionist. She shares struggling with the difficult choice of child custody after her divorce. She says struggling with a difficult choice is hard, “I guess when you’re trying to make a choice, there’s never really no easy way to make a choice. It’s...it’s hard no matter what you decide.” Sarah still worries over the choice she made three years ago and believes “I think maybe I did the wrong thing”. Sarah reveals that struggling with a difficult choice meant listening to the advice of others. “It’s like you have so many people telling you ‘Well you ought to do it this way, and you ought to do it that way’ but they wasn’t in my shoes. They didn’t have that choice to make. I did” and then being able to find a way to live with the choice one struggled to make. “It’s like well maybe if I’d have said no instead of saying yeah it wouldn’t be like it is now.”*

### Extracted Essences (Participant's Language)

1. Struggling with a difficult choice is having no easy way to make a choice, and knowing you have to make the choice yourself even when others give advice.

2. Struggling with a difficult choice is hard and is living with choices that you make while worrying about past choices.

### Synthesized Essences (Researcher's Language)

1. Solitary responsibility surfaces amid council from close affiliations.
2. Arduous enduring and abiding with the resolute amid contemplation of the "what-might-have-been".

### Proposition

Struggling with a difficult choice is arduous enduring and abiding with the resolute amid contemplation of the "what-might-have-been", while solitary responsibility surfaces amid council from close affiliations.

### Paula's Story

*Paula is a 42-year-old divorced mother with three children who works as a store clerk and shares her struggling with a choice to divorce her husband at the time that her mother was dying. She shares that struggling with a difficult choice is "...a very lonely thing...it's uncomfortable...it's so difficult." She reveals that the heart of struggling with a difficult choice is "like not doing what I want to do but trying to...trying to take care of other people ". She reveals that having other people around doesn't always make it less lonely. "I mean I've always tried to take advantage of any resources that I had or any family members or friends you know who would listen to me and give their opinions about how maybe they did something, what happen to them". But she still sees the struggle as an individual thing, and worries over whether she made the right choice. "I've tried to take advantage of resources like that... comfort you know where you could find it, but I still don't think sometimes I've done a very good job of that...of getting on with things." She recalls that struggling with a difficult choice means accepting that things are not how you want it to be "Well, I mean, uh, you know if I had my*

*choice or my way, I...my mom wouldn't have died. If I had it my way, I wouldn't have divorced my husband. But circumstances, you know, just didn't allow for that. And that's part of what made it difficult I think is that neither one was what I wanted to have happen". Paula feels that the struggling isn't over even after the choice is made, saying "...the funny thing is, too, mom died in '93. It's been seven years, going on eight, and I'm still not...I'm still struggling with it". She adds "... but I still struggle with that and uh still can't understand you know why that had to come between me and my husband. The struggling is not over seven years later".*

#### Extracted Essences (Participant's Language)

1. Struggling with a difficult choice is having to choose between choices you don't want and it is a very hard thing that is not over even years after the choice is made.
2. Struggling with a difficult choice is knowing you have to make the choice alone and your choice may cause difficulties in your relationships with others.

#### Synthesized Essences (Researcher's Language)

1. Arduous enduring and abiding amid possibles.
2. Persistent aloneness arising with disrupted affiliations.

#### Proposition

Struggling with a difficult choice is arduous enduring and abiding amid possibles, as persistent aloneness arises with disrupted affiliations.

### Julie's Story

*Julie is a 30-year-old nurse practitioner who shares her experiences with struggling with the difficult choice of selecting a career. She recalls that "Um, I can remember I wanted someone to make the decision for me. I talked to people and talked to people asking for advice um...and of course you know looking back I had to make the decision myself." She feels that struggling with this difficult choice was hard, "And I struggled and struggled...I...it...that...and that was awful. It really was. That was an awful time". She remembers "I struggled with it off and on for several years...I spent so long struggling". Julie questions the worth of struggling with the difficult choice, saying "I wish it...I...I can't say it was a good experience. I can't say it made me stronger. I...I wish I had not had struggled all that time. I think I wasted a lot of time". Julie still wonders if she made the right choice, saying "what would have happened then... maybe things would have turned out different?". She adds "I should have just picked something and gone with it. Or not put so much emphasis on trying to make the perfect decision." She knows that she learned from the struggle, saying "I mean I look back on that experience today when I'm...if I find myself having trouble making a decision and trying not to waste so much time trying to make the perfect decision just make one and go with it." She makes a distinction between struggling that felt like growth and struggling that felt wasteful, recalling "... to decide whether or not to go through with the divorce was...that struggle was one I think that I personally grew. I think that helped me".*

### Extracted Essences (Participant's Language)

1. Struggling with a difficult choice is feeling you can't choose and wanting someone else to make the choice for you, but being aware that you have to make the choice yourself and it's either an awful waste of time or results in personal growth.
2. Struggling with a difficult choice is so hard and is regretting the choice you did not make while wondering for years what would have happened if you had chosen differently.

### Synthesized Essences (Researcher's Language)

1. Solitary responsibility surfaces amid affiliations with ambivalent possibles.
2. Enduring and abiding arduously arising amid contemplating consequences of the "what-might-have-been".

### Proposition

Struggling with a difficult choice is solitary responsibility surfacing amid affiliations with ambivalent possibles, as enduring and abiding arduously arises amid contemplating consequences of the "what-might-have-been".

### Susan's Story

*Susan is a 67-year-old retired teacher who shares her experience of struggling with a difficult choice to break off contact with her oldest child. She states that for her struggling with a difficult choice has been a conflict. "The conflict has been do we hope or do we resign?" She reveals that even after arriving at a choice, "the struggle is going on all the time. ... We, uh, struggle with this so much." She feels "the struggle since then has been to do something or not to do something. If we do something, what do we do?" She adds that the struggle takes over many aspects of her life, saying "I struggle with sleep. I struggle with dreams". Struggling with a difficult choice means "I struggle with being the person that I think God wants me to be through this." Susan reveals what she believes is the value of struggling, saying "Diamonds are made from fire. They're...they're not you know you don't get tempered from lying on a beach. You get tempered and refined from going through fire. And the most important thing through all this to me is that I had the strength to be through all the struggles." Susan makes meaning of the experience, sharing "And the sunset years of our lives, I know that more of my life has been lived than is yet to be lived and so I struggle with how will this affect her (daughter)... I struggle with what did I...what happened previously to...what is my input in this? This did not happen in a vacuum. Um...and so I struggle with what was my part in it*

*and...and whatever part it was I have received forgiveness for.” She adds “Well, probably another thing I’ve had to struggle with is the why. The why us...So as I ask the why me for the sadness in my life, I think I have to ask the why me for the joy in my life. There’s just always a why. Why, why, why?”*

#### Extracted Essences (Participant's Language)

1. Struggling with a difficult choice is ongoing and can take over every aspect of your life but you don't give up and it's valuable because it strengthens and changes you.
2. Struggling with a difficult choice is questioning what was your part in things that are happening now and in the past, and knowing that things do not happen in a vacuum, but involves others.

#### Synthesized Essences (Researcher's Language)

1. Transforming fortitude surfaces with enduring and abiding amid disruption emerging with persistent tenacity.
2. Solitary responsibility amid affiliations surfaces with puzzlement of the “was-is-will-be”.

#### Proposition

Struggling with a difficult choice is transforming fortitude surfacing with enduring and abiding amid disruption emerging with persistent tenacity, as solitary responsibility amid affiliations surfaces with puzzlement of the “was-is-will-be”.

### Cal's Story

*Cal is a 39 year-old salesman who shares his struggle with the difficult choice of revealing his homosexuality and his HIV positive status to family and friends. He shares "It was the hardest thing that I've had to do...The biggest choice that I had um was how to openly come out and say I'm homosexual." He remembers that struggling with a difficult choice occurs over time, "Um so I couldn't really talk to him, and my parents didn't know anything either. So it came to the point of trying to weigh do I tell them? Do I not tell them? Do I lead a second life? You know I couldn't do it. The pressures were too great." Cal reveals that struggling with a difficult choice was "learning to be...come to terms with yourself, um to take life not so seriously." He adds that "...it was the hardest thing that I've had to do". He states that the struggle continues even though he has chosen to reveal his homosexuality and his HIV status "You know I...I had to come to terms with the disease and that's about when it...when it took place. It just took me you know almost ten years to do that. It's a growing process day by day. You don't know what tomorrow brings." He knows that struggling with a difficult choice means "I wouldn't go back...I wouldn't...I wouldn't change anything. I've learned too much uh about myself, about others.. um how to love other people. And if they don't love me, well that's okay. You know they're missing out, not me. It was just...it was difficult but you know it's a lesson that I had to learn."*

### Extracted Essences (Participant's Language)

1. Struggling with a difficult choice is weighing the risks of what to do and what not to do which can take years and is a hard growing process.
2. Struggling with a difficult choice is learning to come to terms with yourself, and knowing others may not agree with your choice.

### Synthesized Essences (Researcher's Language)

1. Arduous enduring and abiding arises with contemplated consequences of alternative possibilities.

## 2. Self-acceptance surfaces amid benevolent affiliations.

### Proposition

Struggling with a difficult choice is self-acceptance surfacing amid benevolent affiliations, while arduous enduring and abiding arises with contemplated consequences of alternative possibilities.

### Jane's Story

*Jane is a 32-year-old social worker, married to another study participant, Ted. She shares her experience of struggling with difficult choices regarding her mother's death and her son's placement in a rehabilitation hospital. She states that struggling with a difficult choice when you're ill is "an everyday choice when you get up, you know, do you choose to take your medicine and try to be as healthy as you can be or do you not". She feels that struggling with a difficult choice is "hard". She remembers that in struggling with a difficult choice it is "really hard to be really alone" and she wishes there were others to make the choice, saying "I needed her (her sister) ...you know when I was trying to make choices and decisions". She adds "I really envy people that have big families you know have...have more people to...to make decisions... That was the first time I'd ever wished for more children... Wished I'd had more." She states that "I really guess there wasn't that...that much of a choice if she couldn't live, but uh you know it didn't make it any less painful for me. That was a poor choice." She states that struggling with a difficult choice leaves her wondering "...did I make the right decision and I felt like I did what I had to do you know uh at the time." She recalls that even though some choices needed to be made quickly, she still struggles with them, adding "... you know at that time you...you have to make that choice and you have to make that decision and then you look back at it later and you think oh, did I do the right thing?". She knows that struggling with a difficult choice often means "what seemed like a choice wasn't really a choice...It was something...it was what you had to do at the time...what seems like a choice is...is...it's not really a choice. Sometimes it's...that it's made for you." She shares "I've struggled...you know I've thought about did I say the right thing? Did I uh make the right decision at the time or...? And then you think...then you go back to the point again where did you...did I really have a choice? You know was it...was it a choice?"*

### Extracted Essences (Participant's Language)

1. Struggling with a difficult choice is an everyday process that is really hard to do alone and is easier if others are there to help you make the choice.
2. Struggling with a difficult choice is knowing that what seemed like a choice wasn't really a choice but was what you had to do at the time and thinking later about whether you made the right decision.

### Synthesized Essences (Researcher's Language)

1. Enduring and abiding amid arduous aloneness eases with close affiliation.
2. Uncertainty with possibilities arises with contemplated consequences of the "what-might-have-been".

### Proposition

Struggling with a difficult choice is enduring and abiding amid arduous aloneness easing with close affiliation, as uncertainty with possibilities arises with contemplated consequences of the "what-might-have-been".

### Ted's Story

*Ted is a 55-year-old retired union vice president, married to participant Jane, who shares his experience of struggling with the difficult choice of having or not having a recommended operation. He remembers that struggling with a difficult choice is "...a hard thing", and means changing his mind "I'd done made up my mind I wasn't gonna be operated on. No, I told him I wasn't gonna have*

*it... but I didn't wanna die so I took the operation. It's probably the biggest decision I ever made cause I... normally I wouldn't have done it uh and I still hesitated because I knew that I had cancer and I didn't listen to what they were telling me." He reveals that struggling with the difficult choice is knowing "I probably wish I'd a done it a long time ago but I didn't". He shares that struggling with a difficult choice affects others, and he "made a lot of people happy, and I know I made a lot of people mad. And uh a lot of things you did affected their lives for 3 or 4 years." He adds "you can't always make everybody happy. Uh...and uh...a lot of things you do it just uh affects a lot of people and uh you just...you gotta make choices that you think will benefit the majority of 'em and uh you make the majority happy and uh then the rest of 'em you make unhappy. And uh you...you pay for it." He remembers that it "makes you wonder why you're doing it." He recalls "I made a lot of decisions. A lot of 'em wasn't right, but a lot of 'em should've been."*

#### Extracted Essences (Participant's Language)

1. Struggling with a difficult choice is hard and is wishing you had done something a long time ago but accepting you didn't.
2. Struggling with a difficult choice is making a lot of people happy and a lot of people mad and knowing the choice you made affects the lives of others for years to come.

#### Synthesized Essences ( Researcher's Language)

1. Yearning for the cherished amid arduous and enduring tolerance of the resolute.
2. Solitary responsibility amid affiliations with contemplating consequences of alternative possibilities.

## Proposition

Struggling with a difficult choice is solitary responsibility amid affiliations with contemplating consequences of alternative possibilities, while yearning for the cherished amid arduous and enduring tolerance of the resolute.

## Jeff's Story

*Jeff is a 49-year-old high school teacher who shares his struggling with the difficult choice of stopping drinking. While sharing his experience of struggling with a difficult choice, he remembers it was hard and "The final decision had to do with the other person...it was the other person I was...had a relationship with and her...her commitment to me unequivocally and her love for me to the point that that just uh I just said to myself I...this is...uh I've hurt a lot of people but this is ridiculous." He adds that even though he has made his choice, "I have to keep making that decision on a daily basis. " He says that "...the choice was spread over so many years." In struggling with his difficult choice, Jeff knows "My parents would...you know they would use all kinds of parental-types of sparring..and some of my friends would get pissed off if I manipulated them. Some people just fired me on the spot you know. Some people would force Antabuse down my throat thinking that was gonna work. Well, I mean...I thought...you know well this is kinda of a...that was just the most important decision I think I ever made" and he knows he had to make it for himself, "If you wanna stop smoking... you have to pick out a reason besides what somebody else wants. If you try to quit smoking because the...the uh if you try to quit smoking because the American Cancer Society says you're gonna get cancer, then you won't quit. That's their reason. You quit smoking because your doctor says that. That's his issue. You... you have to decide in your heart not up in your head...So I guess uh for me sometimes making decisions uh I have to make for myself. If it's somebody else's decision, then I kinda resent it you know don't tell me. Let me make it...let me decide you see". He states that "uh...pretty clear I did quit for other people. For a boss...for a parent ... other people wanting me to do something" but that it never lasted, so "I had to make that decision. That's their reason you see. You have to have your own reason. That as much as I needed to say."*

### Extracted Essences (Participant's Language)

1. Struggling with a difficult choice is spread out over years, is very hard, and you continue to struggle with your choice daily.
2. Struggling with a difficult choice is knowing your choice impacts others and knowing what they want you to do, but having to make your choice for your own reasons, not theirs.

### Synthesized Essences (Researcher's Language)

1. Enduring and abiding amid arduous disruption.
2. Solitary responsibility with counsel from affiliations surfaces with contemplating possibles.

### Proposition

Struggling with a difficult choice is solitary responsibility with counsel from affiliations surfacing with contemplating possibles, while enduring and abiding amid arduous disruption.

### Connie's Story

*Connie is a 57-year-old forensic pathologist who shares her experience of struggling with the difficult end-of-life choice regarding care for her father. She shares that struggling with a difficult choice is "a real struggle. And there were really numerous small decisions along the way" and it is a "painful experience". She reveals that after making her choice, she had trouble getting others to honor it "And so at this point I had to decide to...to put on the armor and essentially become the bitch, stay in everybody's faces about it as nicely as I could but also*

*persistently and...and enforcing forward movement.” She adds “there was sheer fatigue” after the choice was made “and frustration too... So uh it was a good decision but it should...it shouldn’t have taken the energy that it did to do it.” She states that in struggling with this difficult choice “I always felt like there’s the possibility I was hurting or betraying someone....but there is a sense that so many people had an investment in this decision.....there were times when I felt so much anger a couple of times and fury that...that it was frightening for me.” She remembers that “...the really hard thing about it I guess is not knowing whether you’re right uh and knowing you can’t know.... that’s hard... ...And...and scary.” She adds “also there was a certain loss of my normal life. Uh so there are a lot of little decisions you know that go into...it’s not just the big one...it’s one decision kinda...kinda leads to the next. And...and so forth.” She adds “But the decision making was hard and it was hard because there was so much emotion involved with it.”*

#### Extracted Essences (Participant’s Language)

1. Struggling with a difficult choice is awareness that there are numerous small choices that lead to the next choice and it’s a fatiguing and frustrating process which disrupts your normal life.
2. Struggling with a difficult choice is getting others to accept your choice, worrying over the possibility of hurting or betraying others with your choices, and not knowing if you’re right, which is hard and scary.

#### Synthesized Essences (Researcher’s Language)

1. Enduring and abiding arises with arduous disruption.
2. Solitary responsibility arises amid striving for endorsement from affiliations while contemplating consequences of the “what-might-have-been”.

## Proposition

Struggling with a difficult choice is enduring and abiding arising with arduous disruption, as solitary responsibility arises amid striving for endorsement from affiliations while contemplating consequences of the “what-might-have-been”.

## Irene's Story

*Irene is a 44-year-old billing clerk who shares her experiences of struggling with the difficult choice to end life support for her 3 year-old child as well as her more recent diagnosis of Multiple Sclerosis. She shares her experience of struggling with a difficult choice, saying “ Was (it) the right choice or the wrong choice? Today I still don’t know. I know it was a choice that I was comfortable with.” She recalls “Um the difficulty of the choice was...is this for my benefit or his benefit? Was this choice for me or for him? I would like to think it was for both. Hindsight I would have to say that choice was for me”. She adds, “Would I do the same thing today? Uh I have asked myself often. I can’t answer that question....if you’ve had to do it twice, the decision you made the first time may not necessarily be the correct decision or the choice that you make the second time.” She states that struggling with a difficult choice “impacts everything in your life”, and is a “learning process” that “was very difficult” with others telling her to accept the way things seemed to be. She recalls knowing “I don’t have to accept any of this. I do not have to do it.” She adds “So I decided to take a different outlook on it. I’d spent 25 years going through tragedy after tragedy after tragedy; and of all of this, I had to ask myself what did I learn? What did I learn....and I come to the conclusion that I had a choice. .. So I decided to fight.” She remembers “But I had to go deep in me and see what I wanted..”. She remembers “But I didn’t give up. I made the choice not to give up”. She shares “I choose to live. Those...those life choices are not easy. I choose to work, and I choose to push myself beyond limits that the professionals and the experts in...in MS say I can’t do. I choose to do it everyday. It is life; and of all the difficulties of losing a child, the children being sick, raising teenagers, I choose to live. I choose to see what lesson I have learned today. There are lessons that I have to learn every single day by making the choice to live. I don’t know what that lesson’s gonna be today, but I’m gonna learn one.” She knows “you have to make decisions that may not be the best decisions in the world and it may not be what your mother would have done or your sister would do or your father or brother, but you have to make that choice for you... life is full of choices every single day. And they’re not always good. They’re very seldom good.” She states*

*"I sought out the advice of others but did I have to agree with it, no. I had the choice. I am the expert on me and my life."*

#### Extracted Essences (Participant's Language)

1. Struggling with a difficult choice is a hard learning process of living every day with the choice you made, having it impact your whole life, and accepting it might not be the choice you'd make again, but it was the choice you were comfortable with at the time.
2. Struggling with a difficult choice is where others give you advice, but knowing ultimately you need to make the choice as the expert of your life.

#### Synthesized Essences (Researcher's Language)

1. Enduring and abiding with the resolute arises with arduous disruption amid contemplating consequences of the "was-is-will-be".
2. Solitary responsibility surfaces amid counsel from close affiliations.

#### Proposition

Struggling with a difficult choice is enduring and abiding with the resolute arising with arduous disruption amid contemplating consequences of the "was-is-will-be", as solitary responsibility surfaces amid counsel from close affiliations.

### Beth's Story

*Beth is a 31-year-old director of a medical clinic who shares two experiences of struggling with difficult choices; one work related choices and the difficult choice to change churches after many years of membership. She reveals that struggling with a difficult choice "...was so awful...having gone through two weeks of you know is this the right thing to do or is this the right thing to do and you know can I live with the choice? You know what am I getting myself into?" She adds "I will play a lot of scenarios in my mind and think if I decide this, how does that play out? If I decide that, how does that play out? And try to think of all possible scenarios". She says that struggling with a difficult choice means "finding out wh...where my support structures are, who my allies are... who I need to connect with, who... who is in the best position to help me succeed? Um now factoring into all of that thinking process uh is the fact that I'm a Christian. And major decisions...life-changing decisions uh are not made independently of the fact that I'm a Christian". She adds "So I'm ver...I'm...I'm pretty comfortable in the decision that I have made." She knows that "I feel like I'm maturing " and that struggling is a "process". She adds "....so I see from my part that I have grown some um because in the past when I've had uh decisions to make um I've been kinda wishy washy and .....I can see where I've done some things based on others' opinions about what should be done". She shares that struggling with a difficult choice is "just ugly. And it just broke my heart...just broke my heart. But I felt like I had made the decision that I...I knew in my heart to be right." She adds "I still feel like I...I...I did the right thing. And I still...I guess it...to be totally truthful I still struggle with that." She knows that "But if I had it to do over again, uh I don't know that I would have done anything differently. And I guess that's kinda my attitude when I'm making decisions is can I live with it? You know five months down the road, a year down the road, uh am I gonna look back and say should I have done something different? Of course, that's you know hindsight is always 20/20. But I make the decisions that I make based on what I feel is the right thing to do for me". She knows "it's gonna impact my family, my work", and "most importantly...is how it impacts me personally. But I...I do talk with my husband and uh I get his input. Uh we don't always agree about what I should be doing, but his...his input is important to me. And I do take it into consideration. Um but bottom line is if I...if I haven't prayed about it and I don't get a good sense that this is the way I should go, then I'm probably not gonna make that...that decision."*

### Extracted Essences (Participant's Language)

1. Struggling with a difficult choice is a hard process that matures you, and you use input from faith and family, but in the end make the choice yourself by reviewing different scenarios for what you might choose, then do the one you can live with best.

### Synthesized Essences (Researcher's Language)

1. Becoming arduously surfaces over time with counsel from close affiliations emerging with solitary responsibility amid contemplated consequences of possibilities.

### Proposition

Struggling with a difficult choice is becoming arduously surfacing over time with counsel from close affiliations emerging with solitary responsibility amid contemplated consequences of possibilities.

### Propositions

Sarah: Struggling with a difficult choice is arduous enduring and abiding with the resolute amid contemplation of the "what-might-have-been", while solitary responsibility surfaces amid council from close affiliations.

Paula: Struggling with a difficult choice is arduous enduring and abiding amid possibles, as persistent aloneness arises with disrupted affiliations.

Julie: Struggling with a difficult choice is solitary responsibility surfacing amid affiliations with ambivalent possibles, as enduring and abiding arduously arises amid contemplating consequences of the "what-might-have-been".

Susan: Struggling with a difficult choice is transforming fortitude surfacing with enduring and abiding amid disruption emerging with persistent tenacity,

as solitary responsibility amid affiliations surfaces with puzzlement of the “was-is-will-be”.

Cal: Struggling with a difficult choice is self-acceptance surfacing amid benevolent affiliations, while arduous enduring and abiding arises with contemplated consequences of alternative possibilities.

Jane: Struggling with a difficult choice is enduring and abiding amid arduous aloneness easing with close affiliation, as uncertainty with possibilities arises with contemplated consequences of the “what-might-have-been”.

Ted: Struggling with a difficult choice is solitary responsibility amid affiliations with contemplating consequences of alternative possibilities, while yearning for the cherished amid arduous and enduring tolerance of the resolute.

Jeff: Struggling with a difficult choice is solitary responsibility with counsel from affiliations surfacing with contemplating possibles, while enduring and abiding amid arduous disruption.

Connie: Struggling with a difficult choice is enduring and abiding arising with arduous disruption, as solitary responsibility arises amid striving for endorsement from affiliations while contemplating consequences of the “what-might-have-been”.

Irene: Struggling with a difficult choice is enduring and abiding with the resolute arising with arduous disruption amid contemplating consequences of the

“was-is-will-be”, as solitary responsibility surfaces amid counsel from close affiliations.

Beth: Struggling with a difficult choice is becoming arduously surfacing over time with counsel from close affiliations emerging with solitary responsibility amid contemplated consequences of possibilities.

### Core Concepts

Table 5 through 7 identify the three core concepts discovered within the dialogical engagement data using the extraction-synthesis analysis process. Core concepts reflect the lived experience of all participants and are contained within the dialogical data of all of the participants.

### Structure of the Lived Experience of Struggling with a Difficult Choice

The structure of the lived experience of struggling with a difficult choice, as derived from the participant data, is:

*Struggling with a difficult choice is enduring and abiding amid arduous disruption with solitary responsibility amid affiliation, while contemplating consequences of “was-is-will-be”.*

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| Table 5.                                               |                                              |
| Core concept one as evidenced within the propositions. |                                              |
| Core Concept One:                                      | Enduring and abiding amid arduous disruption |
| Sarah                                                  | enduring and abiding.....arduous             |
| Paula                                                  | enduring and abiding.....arduous             |
| Julie                                                  | enduring and abiding.....arduously           |
| Susan                                                  | enduring and abiding.....disruption          |
| Cal                                                    | enduring and abiding.....arduous             |
| Jane                                                   | enduring and abiding.....arduous             |
| Ted                                                    | enduring tolerance...arduous                 |
| Jeff                                                   | enduring and abiding.....arduous disruption  |
| Connie                                                 | enduring and abiding.....arduous disruption  |
| Irene                                                  | enduring and abiding.....arduous disruption  |
| Beth                                                   | becoming.....arduously                       |
| <u>Structural Transposition</u>                        |                                              |
| Living Ambiguities                                     |                                              |
| <u>Conceptual Integration</u>                          |                                              |
| Originating                                            |                                              |

|                                                        |                                                      |
|--------------------------------------------------------|------------------------------------------------------|
| Table 6.                                               |                                                      |
| Core concept two as evidenced within the propositions. |                                                      |
| Core Concept Two:                                      | Solitary responsibility amid affiliation             |
| Sarah                                                  | solitary responsibility... close affiliations        |
| Paula                                                  | persistent aloneness...unsettled affiliations        |
| Julie                                                  | solitary responsibility...affiliations               |
| Susan                                                  | solitary responsibility...affiliations               |
| Cal                                                    | self-acceptance...benevolent affiliations            |
| Jane                                                   | aloneness...close affiliation                        |
| Ted                                                    | solitary responsibility...affiliations               |
| Jeff                                                   | solitary responsibility...affiliations               |
| Connie                                                 | solitary responsibility...endorsement...affiliations |
| Irene                                                  | solitary responsibility... close affiliations        |
| Beth                                                   | solitary responsibility...close affiliations         |
| <u>Structural Transposition</u>                        |                                                      |
| Aloneness/Togetherness                                 |                                                      |
| <u>Conceptual Integration</u>                          |                                                      |
| Connecting/Separating                                  |                                                      |

|                                                          |                                                          |
|----------------------------------------------------------|----------------------------------------------------------|
| Table 7.                                                 |                                                          |
| Core concept three as evidenced within the propositions. |                                                          |
| Core Concept Three:                                      | Contemplating consequences of "was-is-will-be"           |
| Sarah                                                    | contemplation of the "what-might-have-been"              |
| Paula                                                    | possibles                                                |
| Julie                                                    | contemplating consequences of the "what-might-have-been" |
| Susan                                                    | puzzlement of the "was-is-will-be"                       |
| Cal                                                      | contemplating consequences of alternative possibilities  |
| Jane                                                     | contemplating consequences of the "what-might-have-been" |
| Ted                                                      | contemplating consequences of possibilities              |
| Jeff                                                     | contemplating possibilities                              |
| Connie                                                   | contemplating consequences of the "what-might-have-been" |
| Irene                                                    | contemplating consequences of the "was-is-will-be"       |
| Beth                                                     | contemplated consequences of possibilities               |
| <u>Structural Transposition</u>                          |                                                          |
| Pondering the Possibles with Opportunity/Restriction     |                                                          |
| <u>Conceptual Integration</u>                            |                                                          |
| Imaging with Enabling/Limiting                           |                                                          |

### Heuristic Interpretation

The structure of the lived experience of struggling with a difficult choice was raised, using structural transposition. The heuristic interpretation, as identified in Table 8., is:

*Struggling with a difficult choice is living ambiguities with aloneness/ togetherness, while pondering the possibles with opportunities/restrictions.*

### Structure at the Level of The Theory of Human Becoming

The final data analysis step consisted of using conceptual integration to specify the structure of the data at the level of the human becoming theory. The structure is initially raised one level of abstraction in the process of structural transposition (Daley, 1995). This step entails forging researcher generated interpretive links with the Theory of Human Becoming, as identified in Table 8. The structure is then raised one more level of abstraction, to the level of conceptual integration, linking the structure to the level and language of the theory. In this fashion, struggling with a difficult choices is:

*Struggling with a difficult choice is originating with connecting/ separating, while imaging with enabling/ limiting.*

Table 8.

Progressive abstraction of core concepts of the lived experience of struggling with a difficult choice

| Core Concept                                            | Structural Transposition                              | Conceptual Integration        |
|---------------------------------------------------------|-------------------------------------------------------|-------------------------------|
| 1. Enduring and<br>abiding amid<br>arduous disruption   | Living ambiguities                                    | Originating                   |
| 2. Solitary<br>responsibility amid<br>affiliation       | Aloneness/Togetherness                                | Connecting/Separating         |
| 3. Contemplating<br>consequences of<br>“was-is-will-be” | Pondering the Possibles<br>Opportunities/Restrictions | Imaging<br>Enabling/ Limiting |

## CHAPTER FIVE

### DISCUSSION AND APPLICATIONS

In this study the universal health phenomenon of struggling with a difficult choice was explored with 11 participants sharing lived experiences of the phenomenon. Guided by the Parse research methodology, three core concepts were extracted and synthesized; 1) enduring and abiding amid arduous disruption, 2) solitary responsibility amid affiliation, and 3) contemplating consequences of “was-is-will-be”. The core concepts were adjoined, forming the structure of the lived experience of struggling with a difficult choice.

The structure of the lived experience of struggling with a difficult choice represents the central finding of this study. This chapter will discuss this central finding and examine the applications contained in the structure of the phenomenon. Recommendations for practice, research, and education are presented predicated on the findings.

#### Organization of the Chapter

While the 11 participants shared diverse examples of the lived experiences of struggling with a difficult choice, the core concepts were represented within all of the eleven dialogical engagements of participants. Therefore the chapter will begin by providing a full discussion of the core

concepts. The core concepts have been identified using the language of the science of Human Becoming. Thus, the discussion of core concepts will entail links to the Theory of Human Becoming, including tying the findings to concepts of the theory of Human Becoming and to the principles of the Theory of Human Becoming through discussion of the heuristic interpretation.

The discussion of the structure and heuristic interpretation will be followed by a review of related findings of the study. These findings were discovered within the data of several participants, but were not unanimously represented by all participants. The related findings therefore did not represent core concepts, as defined by the Parse research method, and thus were not directly addressed as part of chapter four. These findings do, however, appear to have relevance and application for the science and practice of nursing and therefore will be presented and discussed in aggregate form as related findings.

The chapter will next provide an answer to the three research questions posited in chapter one, and then discuss the findings in light of the extant literature review presented in chapter two. Finally, the chapter will identify the applications of the study for nursing science, how the study may have contributed to the science, and recommendations flowing from the study. The recommendations explicated will pertain to nursing practice, education, and research.

## Discussion of the Core Concepts

Core concepts are ideas that capture the meaning of the of the participants propositions discovered during the extraction-synthesis phase of data analysis. Three core concepts were identified in chapter four, and will be discussed in the following section.

### Core Concept One: Enduring and abiding Amid Arduous Disruption

The first core concept identified was enduring and abiding amid arduous disruption. The researcher proposed the word abiding, consistent with the language of Parse's theory, to capture participants' perception that struggling with a difficult choice was, in part, a living-on-with, moving-on-with, process. This concept reflected the universal perception expressed by all participants of struggling with a difficult choice being lived as a process, not as a fixed moment in time and was an ebb-flow of giving oneself over to the flow of the struggle of coming to a choice.

In addition to being a process, participants discussed abiding as having an enduring nature. Participants shared that they would have to abide, move-on-with, live-on-with not only while making a difficult choice but long after the choice was made. Participants universally shared that struggling with a difficult choice was endured within the abiding, and that struggling with a difficult choice

persisted, and was not over even when a choice was made and acted upon.

Enduring and abiding represented participants' experiences of feeling that they were left living-with, moving-on-with, while enduring the struggle with a difficult choice for years to come. Enduring and abiding was, quite simply, having to live day-to-day into the future with choices made and not made.

"It was a slow process" said one participant, with another commenting that the phenomenon, struggling with a difficult choice, was not over with her making a choice, but "the struggle is going on all the time", with another saying "I struggled with it (choice) off and on for several years." In most cases, the enduring nature of struggling with a difficult choice was described as spanning many years, "the choice was spread over so many years" said one participant, while another shared, "It's been seven years, going on eight, and I'm still struggling with it".

Participants further identified a characteristic of enduring and abiding that was manifested as a sense of the process being hard, identified by this researcher as arduous. Participants in many cases described struggling with a difficult choice as the "hardest thing I've ever done", while others shared the process was "sheer fatigue", "frustration", "so hard", and as one said, "It broke my heart (to make choice) it just broke my heart...it was so hard". As an aspect of being hard, participants stated that struggling with a difficult choice was disruptive to many aspects of daily life, and was often felt as disruptive

uncertainty. Many shared experiences such as “it impacted everything”, and “it was a certain loss of my normal life”. Another stated “I struggled with sleep, I struggled with dreams, it impacted my whole life”. These arduous disruptive experiences of participants were elemental to enduring and abiding, and rounded out the lived experience of the first core concept.

Enduring and abiding amid arduous disruption clearly relates to Parse’s theoretical concept of originating. Originating is, within the Theory of Human Becoming, “inventing new ways of conforming-not conforming in the certainty-uncertainty of living” (Parse, 1998, p.49). Originating is seen to surface within the human-universe process. Conceptually, originating is experienced as individuals seeking to be “like others, yet all-at-once, not to be like others” (Parse, 1998, p.49). Originating is experienced as a paradox of living certainty-uncertainty which is lived as individuals clarify their choices in situations, yet, all-at-once, live the ambiguity of the unknown outcomes, the sure-unsure that exists all-at-once. Originating springs from cotranscendence with these paradoxes as one engages in day-to-day living. To transcend with these paradoxes one imagines new possibles, which open new opportunities, allowing the living-on to continue. Originating is a coconstituted process (Parse, 1998) that allows the individual to move on with living, while the ambiguity of not knowing the actual outcomes are expressed in living the paradox of certainty-uncertainty.

Enduring and abiding amid arduous disruption links to Parse’s concept

originating, which in turn links to Parse's theoretical principle three, which states: *Cotranscending with the possibles is powering unique ways of originating in the process of transforming* (Parse, 1981, 1998). This principle centers on the capacity of human beings for "moving beyond while pushing-resisting in creating new ways of viewing the familiar and unfamiliar" (Parse, 1998, p.46). In this fashion, humans cocreate new possibles, move beyond with intended hopes and dreams, that arise contextually from prior choosing. When the first core concept of this study, enduring and abiding amid arduous disruption, is heuristically woven up to the abstractive level of Parse's third principle, it is clear that struggling with a difficult choice is, in part, understanding that humans continuously invent ways of becoming while cotranscending possibilities. Figure 4. schematically identifies the link of this core concept to the Theory of Human Becoming.

#### Core Concept Two: Solitary Responsibility Amid Affiliation

The second core concept identified was solitary responsibility amid affiliation. Solitary responsibility was experienced unanimously by participants as a sense of aloneness and individual responsibility to make the choice themselves. "It's very lonely" said one participant, while others recalled "I had to make the decision", and "I had the choice, I had to choose".

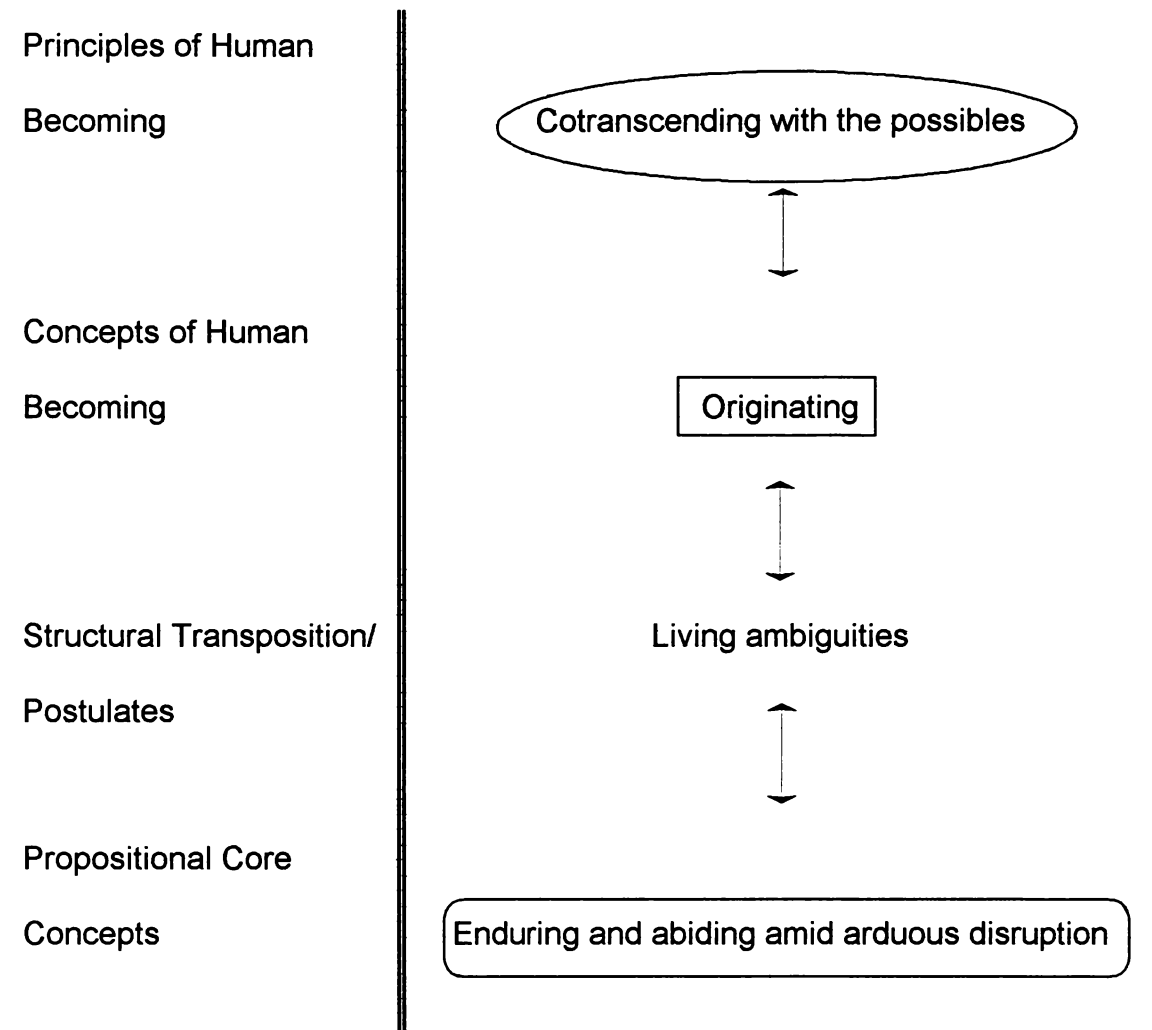


Figure 4. Linking the first core concept to the Theory of Human Becoming.

Solitary responsibility was unanimously experienced by participants amid affiliation. Consistent with the language of the science of Human Becoming, affiliation was the term used by this researcher to refer to participants experience of the presence of others coexisting within the phenomenon of struggling with a difficult choice.

Affiliation was lived by participants as the solicited and unsolicited input from others in the participants life, as consideration of the impact of choice on others, and was discussed by all participants as an aspect of the lived experience of struggling with a difficult choice. In some cases the affiliation was sought out and felt to be helpful. In some cases it was either unsolicited, unhelpful, or both. But in all cases affiliation was present, and in all cases participant felt the weight of the responsibility for having to make the choice alone despite affiliations. As one participant eloquently phrased it, "You know it's like you have so many people telling you, 'Well, you ought to do it this way, and you ought to do it that way. But they wasn't in my shoes. They didn't have to make the choice. I did". Another shared, "I've always tried to take advantage of any resources that I had or any family members or friends you know who would listen to me and give me their opinions about how maybe they did something, what happened to them, but its my choice I know". Still another captured the solitary responsibility amid affiliation by saying "I sought out the advice of others but did I have to agree with it? No. I had the choice. I am the expert of my life".

For most participants affiliations were predominantly family, friends, and co-workers. For two participants, the most important affiliations were faith-based. "Life-changing decisions are not made independently of the fact that I am a Christian" was how one participant phrased it. Another recalled "I knew that when it comes time and I stand before my Lord and we go back to this issue that I can say I did what you told me to do". Solitary responsibility amid affiliations was also experienced as participants shared struggling with the known-unknown impact of their choices on those affiliations. "I still struggle with...uh I still can't understand... you know why it had to come between me and my husband", said one participant. "She (daughter) began distancing from us", said another about her choice, while another recalled, "I always felt like there was a possibility of hurting or betraying someone". Still another shared, "You gotta make the choices that you think will benefit the majority of 'em and you make the majority happy and then the rest of 'em you make unhappy. And you pay for it for the next three years".

Solitary responsibility amid affiliations clearly relates to Parse's concept of connecting/separating, an integral concept within the Theory of Human Becoming. Connecting/separating is "being with and apart from others" all-at-once (Parse, 1998, p. 45). Connecting/separating is an inter-subjective, rhythmic, patterned process that, according to Parse, is experienced as all-at-once closeness-distant from others. As a paradoxical process, connecting/

separating, assumes that in closeness there is also distance, and in distance, there is closeness. This “continuous cadent process” (Parse, 1998, p. 45) is theorized to be an integral feature of being human and of human becoming.

Solitary responsibility amid affiliations links to the Parse concept of connecting/separating, which in turn is linked to her second principle; *Cocreating rhythmical patterns of relating*. When the second core concept of this study, solitary responsibility amid affiliations, is heuristically woven up to the abstractive level of Parse’s second principle, it is clear that struggling with a difficult choice is, in part, a rhythmical process of moving together and moving apart. Figure 5. schematically identifies the link between the second core concept and the theory of human becoming.

### Core Concept Three: Contemplating Consequences of “Was-Is-Will-Be”

The third core concept identified was contemplating consequences of “was-is-will-be”. This core concept was identified by participants as ongoing reflection and contemplation of the choices made and not made. This core concept reflected the possibilities, the imaginable, the web of human-universe process that humans live, reflectively-prereflectively, into the past and into the future all-at-once. Participants unanimously shared that the lived experience of struggling with a difficult choice was, in part, a process of wondering or

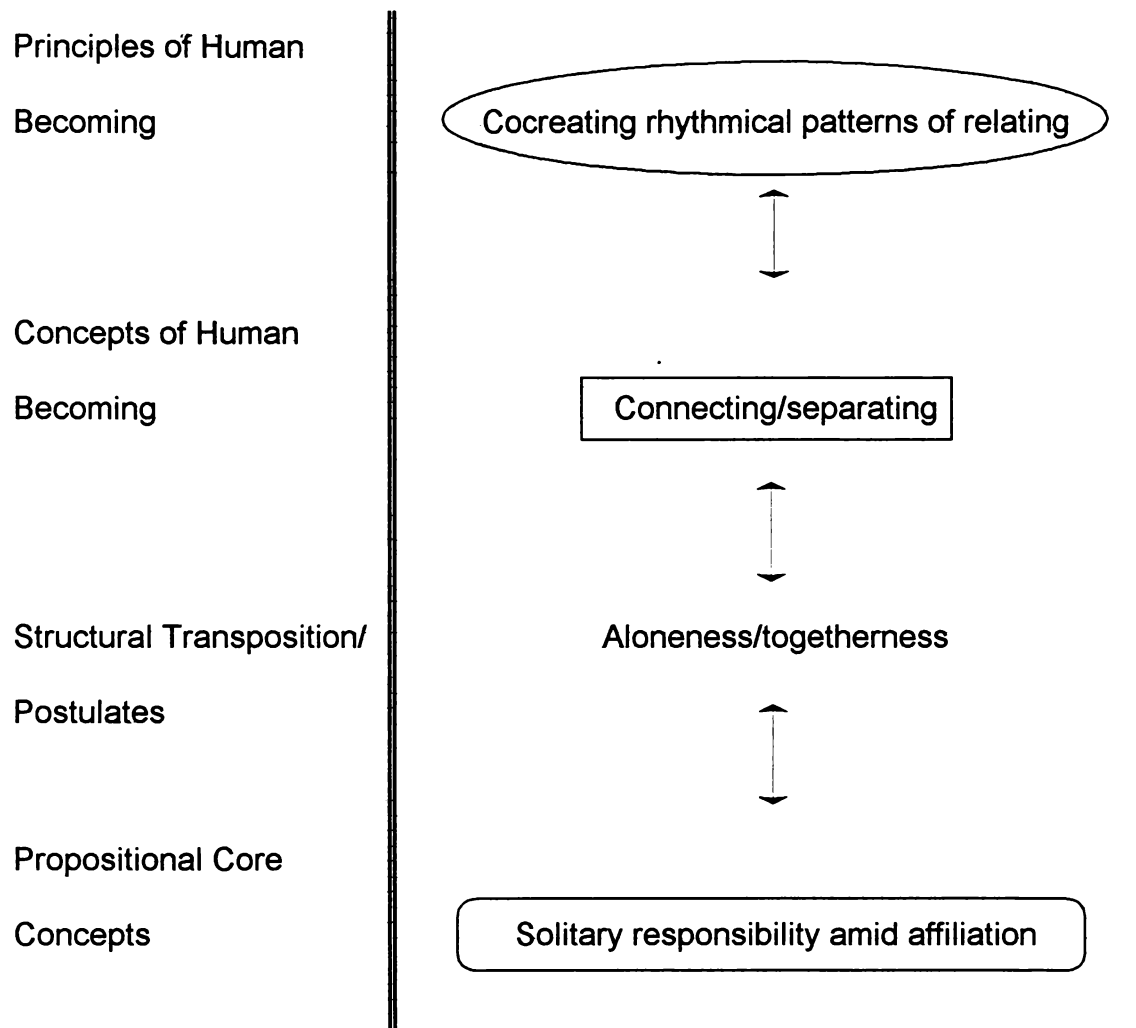


Figure 5. Linking the second core concept to the Theory of Human Becoming.

imagining about their choices. Participants wondered if they had made the correct choice, imagined what would have happened if they had made another choice, imagined alternative outcomes, and wondered if they would make the same choice again if faced with the same situation.

The lived experience of the core concept of contemplating consequences of “was-is-will-be” was experienced by participants as a contemplation of the possibles of both the choice taken and the choice not taken. Shared experiences included such statements as “You know, months down the road, a year down the road, am I gonna look back and say I should have done something different?”, and “It was 1976. Was it the right choice or the wrong choice? Today, I still don’t know. Would I do the same thing today? Uh I have asked myself often”. Another participant shared, “I mean, you know, have I made good choices that way? Have I made decisions that had to be made or did I create things that instead I could’ve just gone through life and let things be?” At the same time that participants pondered these questions, they expressed awareness that they would never really know the answer. As one participant stated, “The really hard thing about it I guess is not knowing whether you’re right and knowing you can’t know”.

Contemplating consequences of “was-is-will-be” clearly relates to Parse’s concepts of imaging and enabling/ limiting, integral concepts within the Theory of Human Becoming. Imaging is reflective-prereflective coming to know the

explicit-tacit all-at-once. In the explicit-tacit paradox, explicit knowing is articulated logically and reflected on critically. It has form and substance, while tacit knowing is prereflective, prearticulate, and acritical. Tacit knowing is quiet, vague, and lies hidden from reflective awareness. Imaging is a process through which individuals search for answers, coming to understand their world in relationship to its possibles, and thus construct their reality (Parse, 1987, 1998).

Enabling/ limiting is living the opportunities-restrictions present in all-choosing-all-at-once (Parse, 1998). In choosing, the individual moves in one direction, restricting movement in another direction, with both opportunities and restrictions in what is chosen and not chosen. The Theory of Human Becoming makes explicit that humans continuously make choices, and the universe is open to an infinite array of choices. But all possibilities cannot be taken at once. One is both enabled and limited all-at-once. Enabling/limiting is the coexistence of opportunities and limitations inherent in making choices (Parse, 1981, 1998).

Contemplating consequences of “was-is-will-be” links to Parse’s concept of imaging, which in turn is linked to her first principle; *Structuring meaning is multidimensional*. Contemplating consequences of “was-is-will-be” also links to Parse’s concept of enabling/limiting which is linked to Parse’s second principle; *Cocreating rhythmical patterns of relating*. When the third core concept of this study, contemplating consequences of “was-is-will-be”, is heuristically woven up to the abstractive level of Parse’s first and second principles, it is clear that

struggling with a difficult choice is, in part, constructing meaning by choosing options from the various realms of the universe (Parse, 1992), and a rhythmical process of moving together and moving apart. Figure 6. schematically presents the linkage of the core concept to the Theory of Human Becoming.

### Discussion of The Related Findings

While the three core concepts capture the central findings of the study, four additional findings were discovered within the data that round out the core concepts already explicated. These related findings were neither universal nor unanimous findings in all dialogical engagements and, while therefore not explicated within the Parse research method, they appear as enriching findings that help to fully inform understanding of the phenomenon of study, and to more fully identify the implications inherent in the study. The related findings can be conceptually viewed within the theory of Human Becoming and links to concepts identified by Parse within her theoretical principles. The four related findings that were discovered are discussed in the following section below.

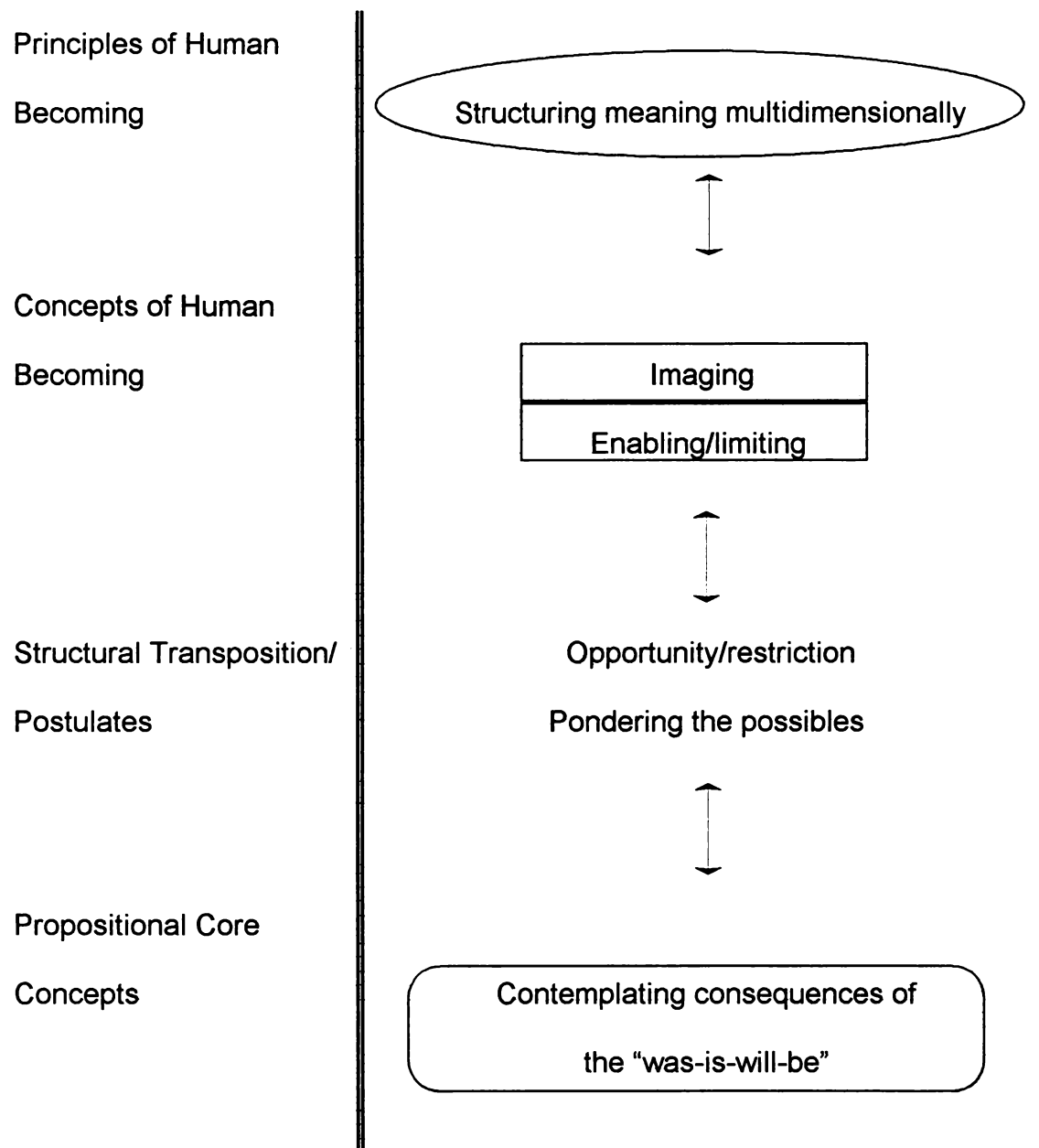


Figure 6. Linking the third core concept to the theory of Human Becoming

### Learning Amid Coming to Know

Seven of the eleven participants shared an explicit aspect of struggling with a difficult choice as being, in part, a process of learning. Some of these participants readily identified what struggling with a difficult choice had taught them, while others were attempting to identify the learning, but felt that learning existed and would be discovered in time.

Learning as an aspect of struggling with a difficult choice appeared linked with attempts to make meaning of why the participant had to experience the arduous, disruptive nature of the difficult choice. The learning became part of the answer of “why”. As one participant stated, “Another thing I’ve had to struggle with is the why? There’s just always a why? Why, why, why? And what lessons can be learned from this”. Another recalled, “I would just hope that as this experience is lived that it will not be lived in vain. What lesson can be learned from this?”. Another shared, “It’s...it was the hardest thing that I’ve had to do, but if somebody were to say would you do it over again, is there anything that you would change? Probably not because I learned about myself”, while another said, “I had to ask myself what did I learn? What did I learn? Was this a stepping stone to get me to the point that I’m at today? What did I learn? “.

Learning amid coming to know is conceptually linked to imaging, a concept discussed under the third core concept. Imaging is a process through which individuals search for answers, and come to understand their world in

relationship to its possibles, and in this manner construct their reality (Parse, 1981, 1987, 1998). Figure 7. schematically represents the linkage between this related finding and the Theory of Human Becoming.

### Untangling

The second related finding, discussed by four participants, was untangling. For these participants, struggling with a difficult choice was, in part, an explicit awareness that what appeared to be a difficult choice was actually perceived to really be no choice at all. As one participant said, "Sometimes a choice, what seems like a choice is not really a choice. Sometimes its made for you". Still another said, "If I had my choice or my way, my Mom wouldn't have died. If I had it my way, I wouldn't have divorced my husband. But circumstances, you know, just didn't really allow for a choice. And that's part of what made it difficult I think is that neither one was what I wanted to have happen".

This related finding is conceptually linked to both the existential-phenomenological tenets and concepts Parse identifies as the foundation of her Theory of Human Becoming. Parse (1998) identified human subjectivity as a basic tenet undergirding her theory. This tenet allows humans to "coparticipate with the world in the emergence of projects through choosing to live certain values" (Parse, 1998, p. 15). Tangled within the experience of these four

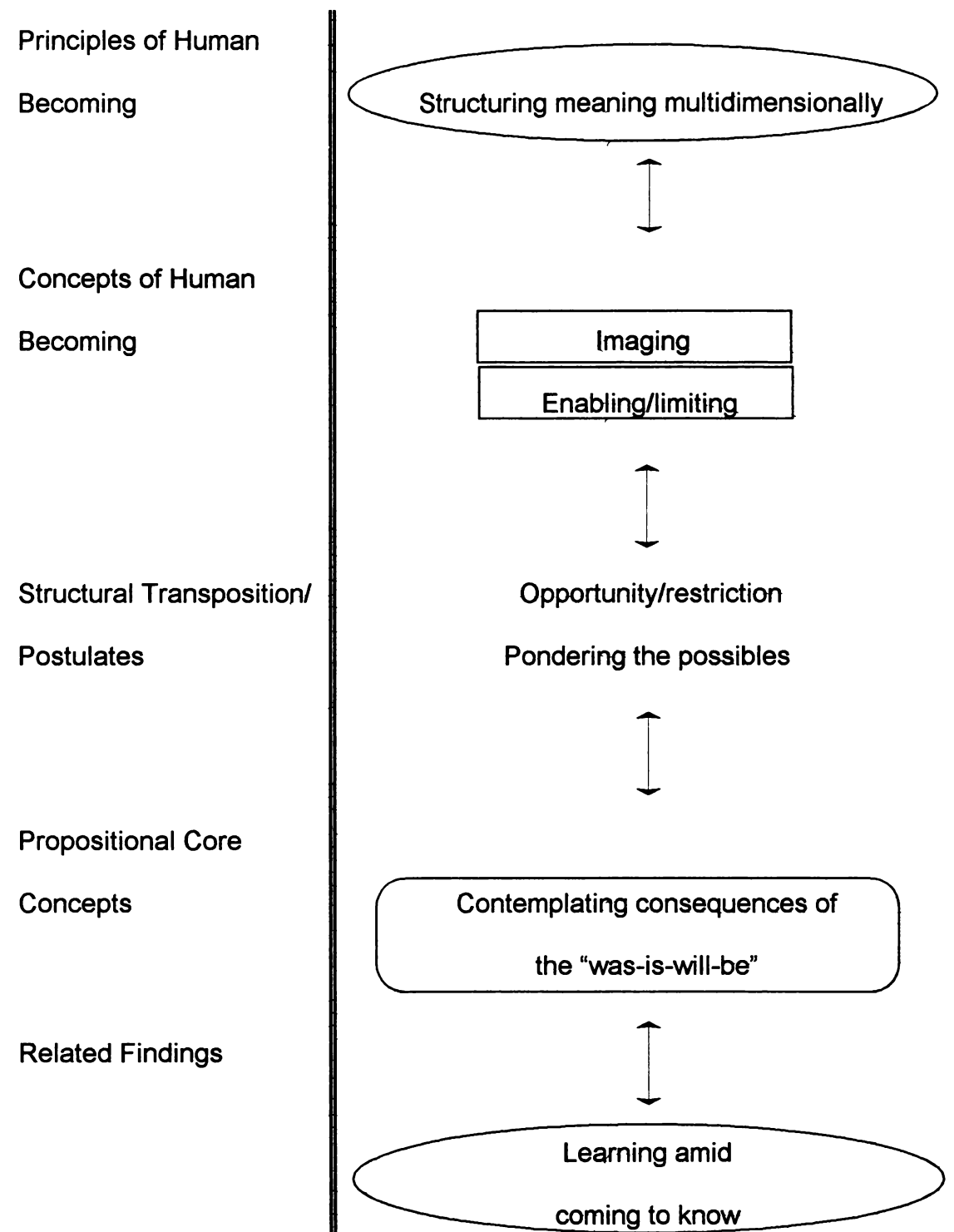


Figure 7. Linking the findings to the Theory of Human Becoming

participants is the choosing to live certain values. The participants' awareness of feelings of having no choice reflect a lived value that disallows alternative possibilities to be explored.

In addition to the existential tenet of human subjectivity, The related finding of untangling entails the existential-phenomenological concept of situated freedom. This concept allows for understanding that individuals participate in "choosing the situations in which one finds oneself, as well as one's attitude towards the situation" (Parse, 1998, p. 17). The options which one considers when presented with a choice in the "now" become presented from earlier choosing, from a "personal remembrance" (p. 18), that inculcates values into the priorities of current choices. Figure 8. schematically represents the link between this related finding and the Theory of Human Becoming.

### Honoring Choice

The third related finding, honoring choice, was shared by five participants. These participants shared that struggling with difficult choice, was in part, a process of getting others to honor the choices they had made. All of these experiences were shared within the context of health care choices and attempts to get providers to honor choices.

One participant described the narrow range of choices available to her as a patient, stating "I find it very disconcerting not to have a choice. You know your

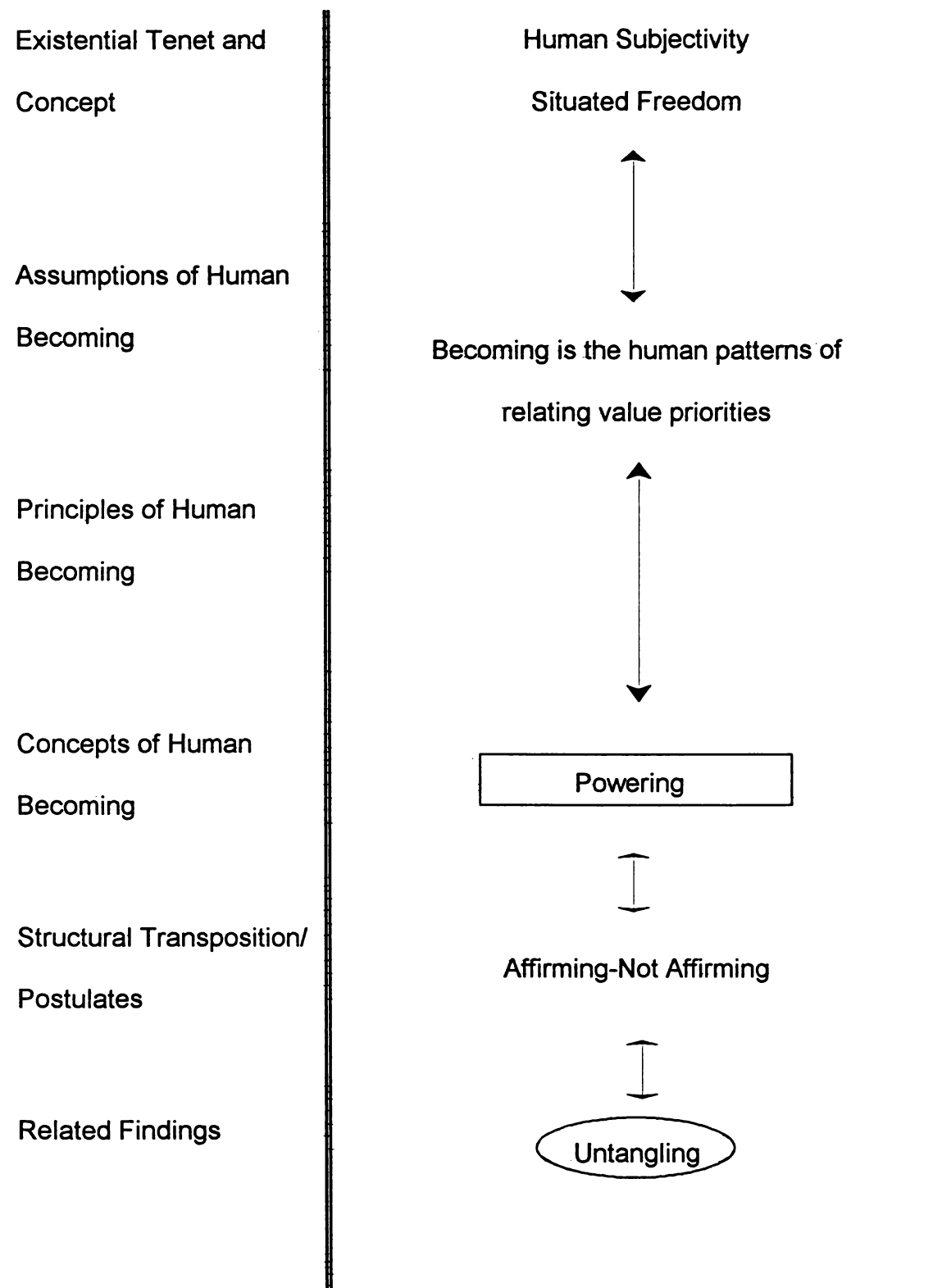


Figure 8. Linking related finding one to the Theory of Human Becoming

choice is dictated by who they decide that they're gonna sign on (as preferred provider), who they can get the cheapest, that's distressing not being able to choose who you want to deal with. It takes your rights away as a person. You don't have the right to choose". Other participants recalled their experiences of trying to have health care providers to honor the choices they had made regarding the care of their ill family members. As one said, "Not to be able to enforce the decisions. It's like you had to make them and then back them up and you know push the system". Another supported this, sharing what it was like to have to get health professionals to honor her choice, stating "And so at this point I had to decide to put on the armor and essentially become the bitch, stay in everybody's faces about it as nicely as I could but also persistently and...and enforcing forward movement. ...It's always this horrible feeling too in making a decision. I think for him that somehow if it was an unpopular decision with his caretakers that he was gonna be punished".

One eloquent participant shared her struggle with getting providers to honor her choices. She shared two specific instances in which her choices were fully ignored. The first entailed her choice for a tubal ligation after the death of her child.

"Uh the decision to keep my son alive I think triggered a lot of other decisions in my life. One would be, did I want to have other children? And I chose not to. I was seven months pregnant, and I just could not face another child dying. And I was very, very young. I was 15 when I gave birth to my first son. I was 18 when he got sick, so this was a very tough choice at a very young age. And I

was 19 when my second son was born. And because I was 19, the doctors decided. I could not make the choice of having more children or not. They would make it for me. So I was not granted a tubal ligation. So at the age of 20 I'm sitting here with a son that's dying, a second son that has already had surgery three times, a third son that has just been born with a heart defect".

She shared a second similar experience years later when MS first hit and she was left paralysis on one side of her body. She shared;

"The next day the neurologist told me I would never walk again... But I didn't give up. I made the choice not to give up. It took me four weeks to learn to walk again but I did. Third week Dr. Brown come in and he really, really gave me 'down the road' telling me he was real glad that I was optimistic but I had better face the facts I would never walk again. Two weeks after that I walked into his office... I am the expert on me and my life. My doctor is the expert on my disease of MS".

Honoring choice links conceptually with Parse's concept of affirming-not affirming. This living paradox is "all-at-once living reverence amid disregard" (Parse, 1998, p.35). The paradox of affirming-not affirming arises from the concept of powering, an integral concept of Parse's third principle, cotranscending with the possibles, discussed in depth in the core concept section. Powering is the "pushing-resisting process of affirming-not affirming" (p.47). Possibles emerge within the tension and conflict of powering, allowing for the creation of alternatives to cotranscend with "what-is-not-yet" (Parse, 1998, p. 49). Figure 9. schematically represents the link between this related finding and the Theory of Human Becoming.

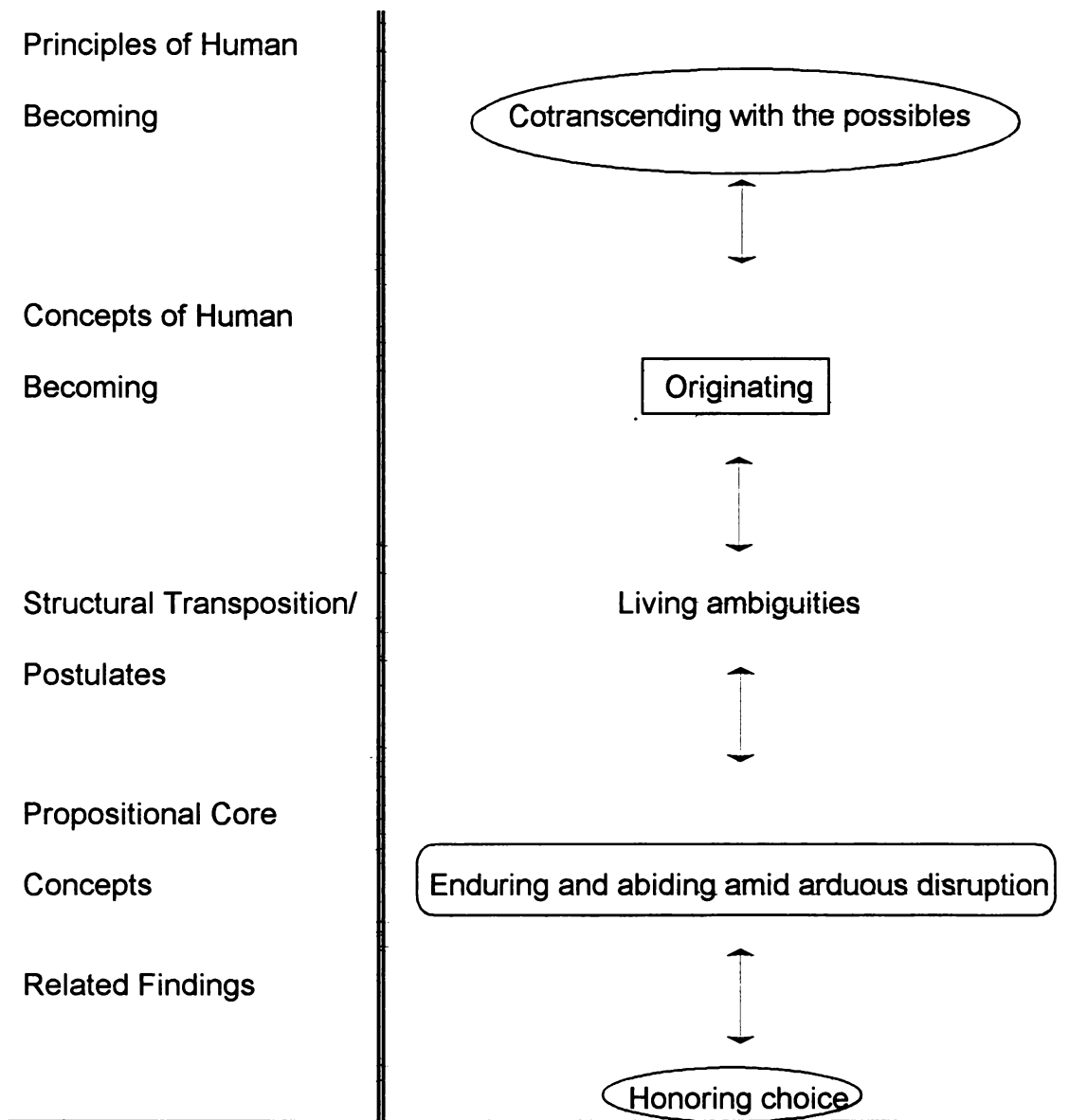


Figure 9. Linking related finding two with the Theory of Human Becoming

## Self-Meaning

Self-meaning was the fourth related finding identified. Two participants clearly identified the role of self-meaning in the identification of a difficult choice.

What constitutes a difficult choice was seen as highly personal. As one participant said, “You’d think that one would struggle with a divorce more than struggling with what to major in in college, but I didn’t struggle as much with whether or not to get a divorce.” The two participants who identified this finding had both struggled deeply with difficult choices that they believed others would not have conceptualized as difficult. Yet the seemingly insignificant choices they faced represented, for them, the hardest, most difficult choice with which either participant had ever struggled.

Self-meaning links conceptually with Parse’s (1998) concept of openness, which flows from her second assumption. The second assumption of the Theory of Human Becoming states that humans are open and can freely choose meaning in situations. Self-meaning is subjective, and is coconstructed by the individual. This is a subject, human process that assumes the capacity of the individual to self-select meaning in open and free interaction with the environment-universe. Figure 10, which schematically represents the link between the related finding and Parse’s Theory of Human Becoming, identifies self-meaning in this manner, linked to openness.

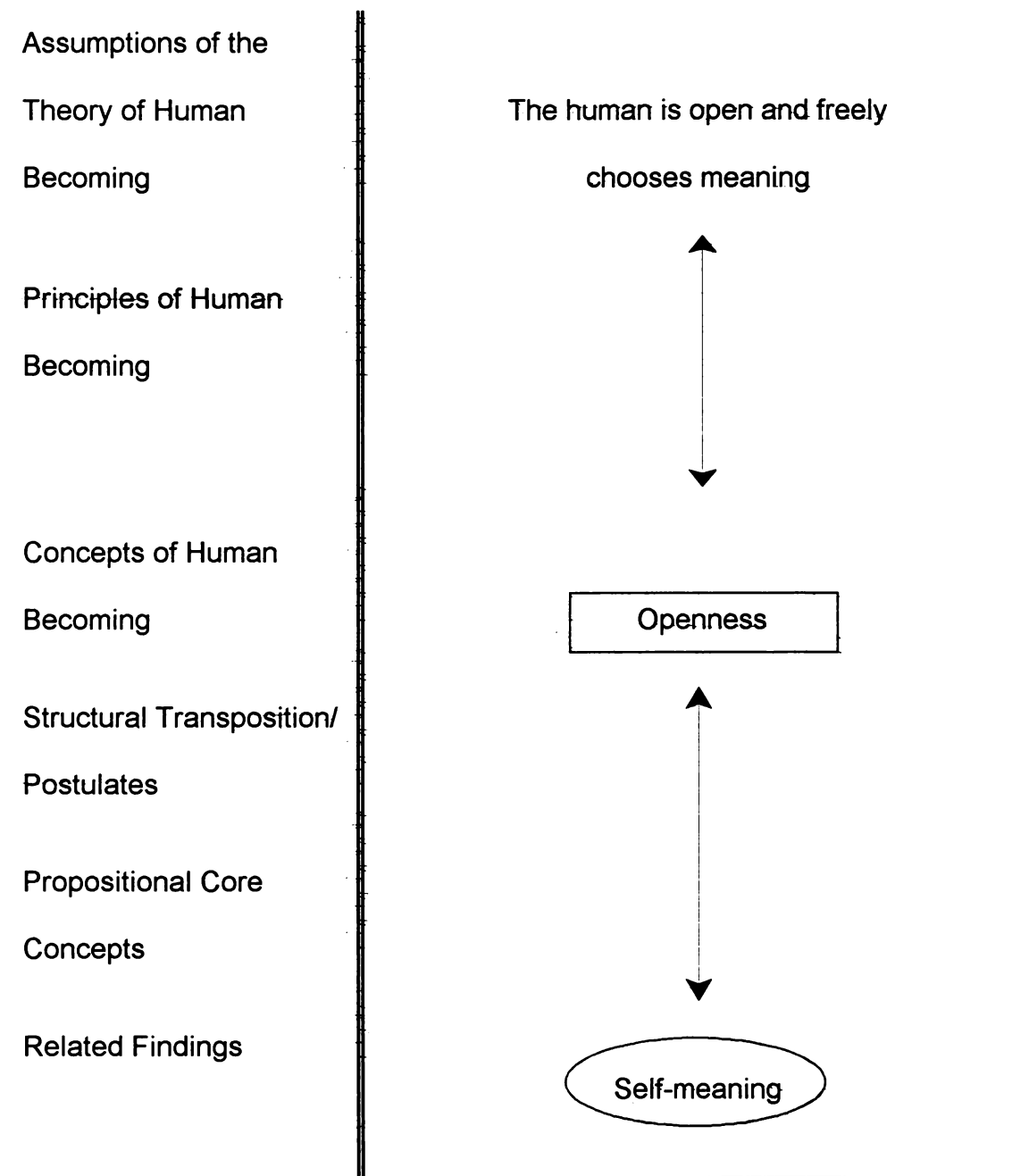


Figure 10. Linking related finding three with the Theory of Human Becoming

## Applications and Recommendations

Both central and related findings of this study have been identified and linked to the Theory of Human Becoming. Figure 11. identifies schematically the totality of these findings. The findings from this study focus attention on three notions, represented by the core concepts, that have not been made fully explicit in the extant literature pertaining to struggling and difficult choice. These core concepts, further informed by The related findings, begin to fill in the identified gap in the literature, and led directly to the identification of nursing applications relative to struggling with a difficult choice.

This final section will be divided into three specific segments. The first segment will address the formal research questions presented in chapter one. The research question directed and framed the study. The findings presented answers to the questions, and each one will be individually addressed in the first segment. Chapter two of this study identified what was known regarding the phenomenon and explored gaps in current knowledge regarding the phenomenon, and therefore the second segment of this section will address the findings of the study relative to the review of extant literature provided in chapter two. The final segment will provide applications and recommendations derived from the study.

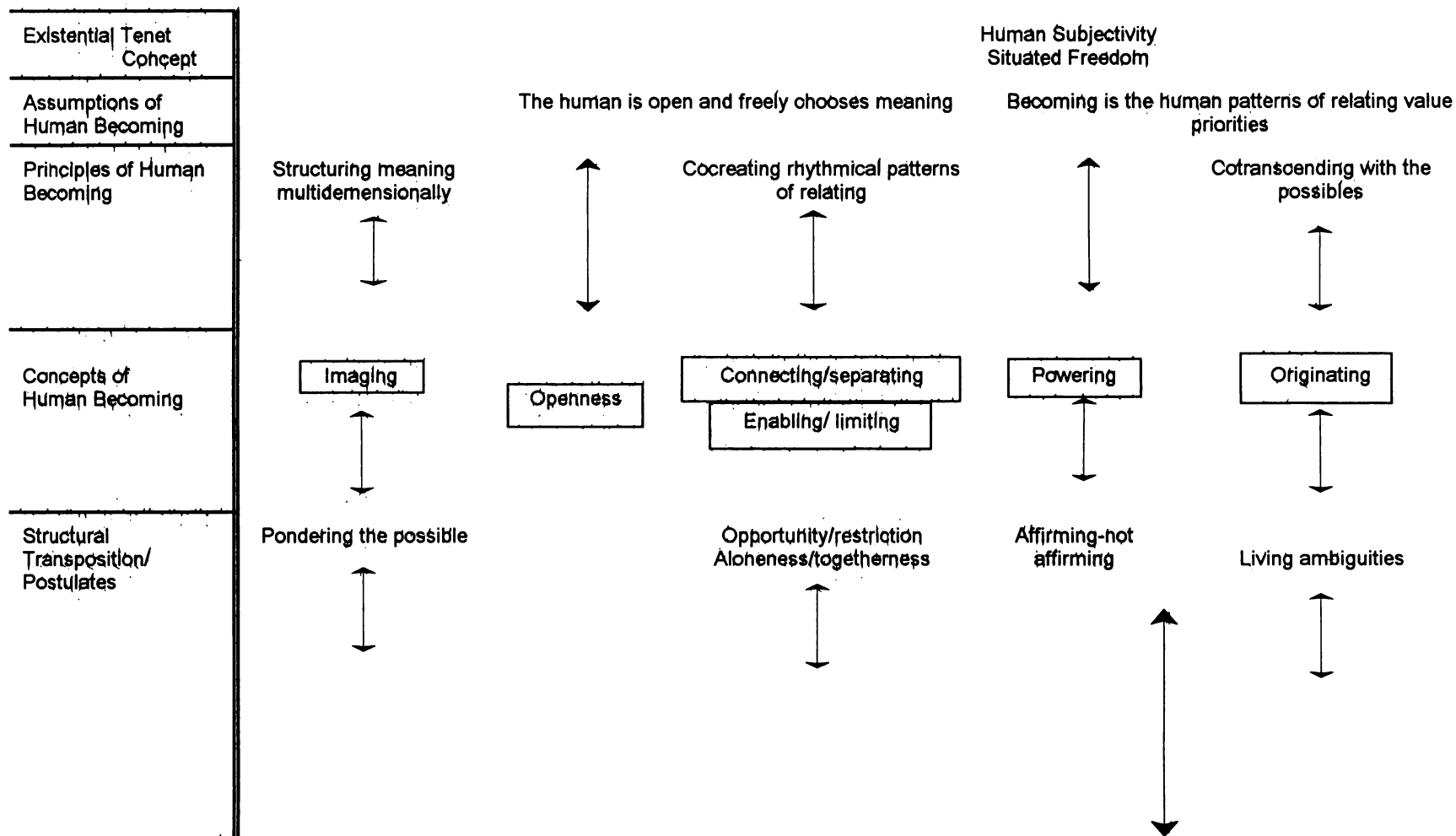


Figure 11. The totality of findings linked to the Theory of Human Becoming.

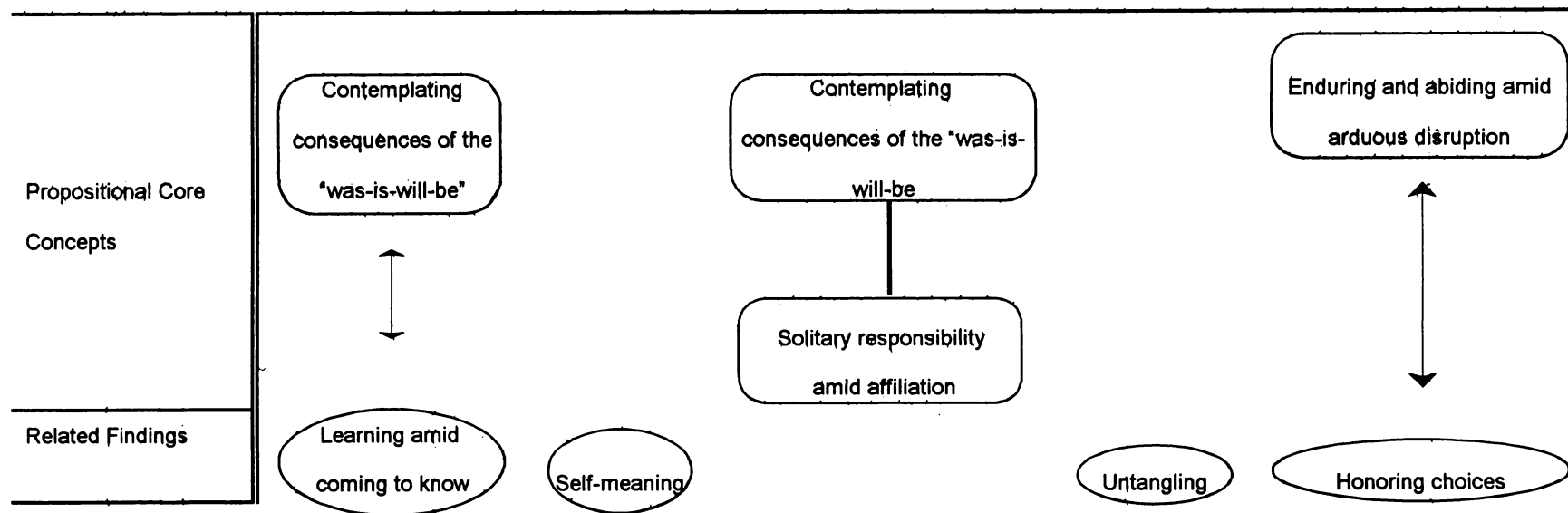


Figure 11(continued). The totality of findings linked to the Theory of Human Becoming.

### Answering the Research Questions

Chapter one began by presenting three research questions. The findings of the study have answered these questions and lead to an understanding of the phenomenon and to the implicit applications and recommendations of the study. The first research question to answer, what is the structure of struggling with a difficult choice, has been well answered and was represented as the central finding presented in chapter four. Figure 12. identifies the structure of the lived experience of struggling with a difficult choice.

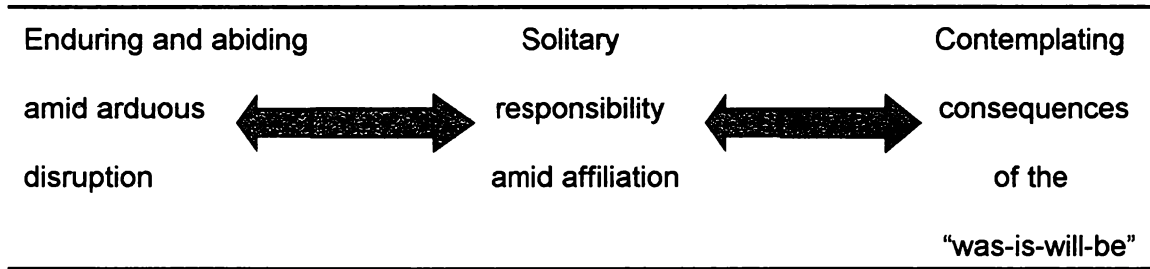


Figure 12. The structure of the lived experience of struggling with a difficult choice.

The second research question to answer, what is the function of struggling in relationship to difficult choice, is also answered by the study findings. The function of struggling with a difficult choice as identified by participants is contained within the increasing leveling of abstraction of the findings. Function was identified, both within the heuristic interpretation and within The related findings, as identified in Table 9. Struggling with a difficult choice functions to structure meaning multidimensionally, cocreate patterns of relating, and to cotranscend with the possibilities of life. Ultimately, within the theoretical perspective of the study, the function of struggling with a difficult choice is human becoming. Becoming is the individual's continuous changing through mutual process with the universe (Parse, 1981, 1998), and struggling with a difficult choice is a universal part of this process of becoming.

The third research question, what influences the movement of the individual through the struggle with a difficult choice and on to action, is also answered by the study findings. Presented findings suggest that this question was conceived of in too linear a manner, and may have misrepresented the phenomenon. The findings suggest that, within the lived experience of the phenomenon, struggling with a difficult choice persists long after participants had chosen an action. Struggling does not precede the choice in a linear manner, nor does it necessarily lead to an action predicated on the choice.

| Table 9.                                            |                                                                                                                                                                                                |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The function of struggling with a difficult choice. |                                                                                                                                                                                                |
| Level of Abstraction                                | Function                                                                                                                                                                                       |
| Core conceptual level                               | <i>Struggling with a difficult choice is enduring and abiding amid arduous disruption with solitary responsibility amid affiliation, while contemplating consequences of “was-is-will-be”.</i> |
| Structural transposition level                      | <i>Struggling with a difficult choice is living ambiguities with aloneness/ togetherness, while pondering the possibles with opportunities/restrictions</i>                                    |
| Conceptual integration level                        | <i>Struggling with a difficult choice is originating with connecting/ separating, while imaging with enabling/ limiting.</i>                                                                   |

Participants unanimously shared that struggling with a difficult choice persisted long after a choice was made and, as some participants shared through The related finding of untangling, struggling with a difficult choice occurred even when they believed they really did not have a choice at all.

### The Extant Literature and Findings of the Study

The findings of this study were hinted at yet not fully addressed in the extant literature reviewed in Chapter Two. The study findings support findings of the extant literature that struggling is a common, universal experience, that struggling often has a health promoting function, that struggling occurs in regards to many common human activities, and that it is often an uncomfortable experience. Struggling was most commonly found in the non-health related literature as struggling-through or with something that challenged the individual's beliefs, values, or knowledge, (Bauer, 1998; Taylor, 1999; Useem, 1998), and as requiring contemplation of choices (Bajema, 1993; Katz, 1990; Lyall, 1995; McKenna, 1993; Miller, 1997; Smith, 1986; Spiegelman, 1986; Vaughn, 1989). This was supported by the core concepts of the study. The literature identified the final end point of struggle as clarification of action and acceptance of the meaning of the event for the person (Sack, 1997; Sheeran, 1993; Wylie-Kellermann & Wortman, 1998).

This study identified struggling with a difficult choice as, in part, a process

that was enduring and arduous, but that often led to meaning. The findings of this study were however profoundly different from some literature, predominantly from psychology, that saw struggling as detrimental or deleterious to the individual and therefore as something to be altered or changed. This literature asserted that helping professionals needed to attempt interventions to minimize struggling as something deleterious to health. The findings of this study are consistent with the literature supporting the view that there is benefit inherent in the act of struggling (Anderson, 1995; Green, 1995; Harvey & Harvey, 1996; Harris, 1994) and that struggling is a common human activity that is both valuable and health promoting (Ageh, 1994; Fazio, 1994; Fernandez, 1992; Fromm, 1976; Klassen, 1992; Landenburger, 1998; Parrott, 1993; Roseby & Johnston, 1998; Sano, 1985).

Findings of the study also support the extant literature that choice is a universal concept and that choices are often difficult to make. The study supports the extant literature review findings that choice is an important issue in nursing. While currently more is known about choice and nurse behavior, this study assists understanding about choice and patients. The findings of this study contribute to knowledge of the structure and function of struggling with a difficult choice, which was identified in chapter two as a gap in the extant literature.

### Filling the Gap: Study Applications and Recommendations

The purpose of scholarly research is the discovery of new knowledge and the development or enhancement of theory. The formal process of research undertaken for this study was designed to enhance nursing knowledge by expanding on the body of nursing science. The findings of the study enhance the Theory of Human Becoming, thus advancing the science of nursing. Because nursing is comprised of practice, research informs that practice, and education disseminates and advances that practice. For these reasons, discussion of the applications and corresponding recommendations will be addressed within the three dimensions of practice, research, and education.

### Practice Applications and Recommendations

Struggling with a difficult choice begins and ends with the individual. It is a hard and disruptive process that occurs over time. It is experienced as a solitary responsibility, informed by input from others. Nursing care practices need to reflect these findings, explicated within the structure of the phenomenon.

Nursing care practices, and the focus of nursing, should concern quality of life with the goal of human becoming. A clear application of the study is that nursing should focus, not on an illness or a symptom, but on growth and change with the individual as the expert of their health. Quality of life is the incarnation of the lived experience of being human (Parse, 1998).

The findings of the study suggest that struggling with a difficult choice is a universal phenomenon that is integrally linked to health. Individual participants were shown to be capable of assuming the responsibility to cocreate the meaning of their life, and of choosing behaviors that had meaning for them. In this sense, the findings imply that relational concepts matter to health and that change occurs as a process over time. The present emphasis on nursing actions designed to facilitate behavioral change in patients seem poorly conceived in light of the findings of this study. Providing patient education to alter behavior negates the highly personal process of becoming that begins and ends with the individual. Even though affiliations mattered, change and growth was seen in this study to be a solitary responsibility informed by value prioritizing.

Assisting patients to move beyond, to transcend current possibilities would seem to yield far more effective nursing actions. Parse's theory gives insight into specific care practices to accomplish this including true presence and attending to paradox as lived patterns. Clearly, the study implies that information supplied to patients would do little to directly change health behavior. Struggling with difficult choices, such as changing behaviors, occur over time as a process. Findings of this study suggest a presence with patients and a bearing of witness to the patients struggle may well be more effective in promoting health. The study supports that dialogue may well be an effective nursing action, cocreating meaning with the patient within the ebb-flow of the

paradoxes explicated in the core findings of the study.

Study findings suggest a need to disregard common notions such as noncompliance. This concept implies a correct and incorrect action, a preestablished valuing that is individually created, negating the individual as the expert of their life. It further imposes an artificial time line of when an action should occur that also negates the finding of the study that struggling with a difficult choice occurs as a process over time.

#### Education Applications and Recommendations

While nursing is a practice profession, it is taught within a highly structured academic setting. In this fashion, applications of the study are, in part, applications for education. This study reinforced the importance of process in human interaction. Current educational practice places a heavy emphasis on content over process, and psychomotor skill over relational behavior. An application for this study is the need to rethink this current prioritization.

Nursing education curricula often promote a view that expert knowledge is what the nurse has, tacitly implying that the nurse is therefore expert over the patient. The notion of nurse as expert creates a power inequity that is antithetical to the findings of the study. The study findings imply that the individual is the expert of his/her life, having a right and a capability to make choices. A clear recommendation from the findings is the requirement for nurses

to learn to honor the choices of patients. Nursing curriculum should be reconceptualized to begin to teach this as a new paradigmatic approach to nursing practice.

### Research Applications and Recommendations

This study enhanced and extended the basic science of nursing by contributing to the knowledge of the Theory of Human Becoming and to the Parse method of research. The study confirmed the usefulness of research methods, based on nursing theory, as a guide to substantiate and generate knowledge. The methodology was effective in uncovering the lived experience of 11 participants struggling with difficult choices.

This theory-driven research method assisted in the identification of the structure of the phenomenon, and while the findings cannot be generalized in a quantitative sense, the newly specified concepts explicate the phenomenon of interest. The phenomenon was discovered to be a universal, multidimensional phenomenon of the human-universe-health process.

Further research exploring the phenomenon is needed. The participants who shared struggling with health related choices raised important issues that went, in some cases, beyond the intent of this study. The related findings, while not universally supported by all participants, do function to provide direction for future research. Honoring patient choice, untangling, and other related findings

of this study appear to have applicability to nursing practice and may provide areas for further phenomena development. What was clear was that, universally, these participants had negative and disaffirming experiences relative to operationalizing their choices within health care. This finding needs further exploration.

Further research on the phenomenon, using more focused populations, would further enhance understanding of the concept. While clearly a universal phenomenon, explicating the phenomenon within specific population groups would further enhance conceptual understanding.

### Summary

Parse's theory of nursing is unique in its definition of health as a process of becoming. Nursing has most commonly defined health using the traditional bio-psycho-social-spiritual paradigm. This study, and the theoretical framework around which it was organized, explicated health as a process of cocreation where individuals accept responsibility for their health, and, when allowed, capably function as the expert of their health. Health is not something the individual has or does. It is not something concrete that the nurse can optimize, change, or alter. Health is, very simply, becoming. It is the past-present-future all-at-once.

Participants in this study presented this researcher with an enormous gift

of learning. Each one shared important and deeply personal stories about their struggles with a difficult choice. Participants shared their unique experiences, allowing the commonness to emerge within the core concepts. And yet while sharing unique stories, this researcher and each participant, coexisting together, shared the simple experience of being human.

Participants shared living their health as they struggled, freely making meaning, with the difficult choices they faced. In the gift of their stories, I was able to find the choices they made, the possibles they created, the values they prioritized, and the possibles they all-at-once embraced and rejected. Participants shared their values, lived those values, connected and then separated with me.

Participants determined the quality of their lives as experts. The findings of the study are a testimony to the courage and strength demonstrated by participants and to the need for nurses to consider carefully how to alter nursing care in light of this new understanding of what it means to be a human being, struggling with a difficult choice.

## REFERENCES

## REFERENCES

Acevedo, E., Dziewaltowski, P., Kubitz, A., & Kraemer, S. (1999). Effects of proposed challenge on effort sense and cardiorespiratory response during exercise. Medical Science Sports Exercise, 31(4): 1460-65.

Ageh, J.R. (1994). Helping the struggling adolescent. Journal of Psychology and Christianity, 13: 290-291.

Agha, A. (1994). Honorification. Annual Review of Anthropology, 23: 277-302.

Aktan, A.O. (1999). Hydatid disease: surgeons struggling to treat a medical problem. European Journal of Surgery, 165(2):171-72.

Allchin-Petardi, L. (1998). Weathering the storm: persevering through a difficult time. Nursing Science Quarterly, 11(4): 172-177.

Allen, G.R. & Simmons, L.W. (1996). Coercive mating, fluctuating asymmetry and male mating success in the dung fly *Sepsis Cynipsea*. Animal Behaviour, 52(4): 737-41.

American Nurses Association. (1998). Standards of clinical nursing practice. (2d. Ed.). Washington, DC: American Nurses Publishing.

American Nurses Association. (1996). Scope and standards of advanced practice registered nursing. Washington, DC: American Nurses Publishing.

American Nurses Association Committee on Ethics to House of Delegates. (1986). Enhancing quality of care through understanding nurse's

responsibilities and rights. Kansas City, MO: American Nurses Association Publishing.

Anderson, G. (1998). Storytelling: a holistic foundation for genetic nursing. Holistic Nursing Practice, 12(3): 64-76.

Anderson, E. (1995). Naming the struggle: women and power. Daughters of Sarah, 21: 1-64.

Ascher, C. (1990). Southeast Asian adolescents: identity and adjustment. Equity and Choice, 6(2): 46-49.

Ashworth, P.D. (1997). The variety of qualitative research. Part two: non-positivist approaches. Nurse Education Today, 17(3): 219-24.

Backlar, P. (1998). Advance directives for subjects of research who have fluctuating cognitive impairments due to psychotic disorders. Community Mental Health Journal, 34(3): 229-40.

Badzek, L., Hines, S.C., & Moss, A.H. (1998 ). Inadequate self-care knowledge among elderly hemodialysis patients: assessing its prevalence and potential causes. ANNA-Journal, 25(3): 293-300.

Baggott, R. (1997). Evaluating health care reform: the case of the NHS internal market. Public Administration, 75: 283-306.

Bailey, S.L. (1999). The measurement of problem drinking in young adulthood. Journal of Studies in Alcohol, 60(2): 234-44.

Bajema, E. (1993). We're struggling with worship: questioning from a

worship coordinator. Reformed Worship, 27:6-7.

Balneaves, L.G. & Long, B. (1999). An embedded decisional model of stress and coping: implications for exploring treatment decision making by women with breast cancer. Journal of Advanced Nursing, 30(4): 882-92.

Bambara, L., Koger, M. & Freya, K. (1992). Opportunities for daily choice making. Innovations and Educational Research, 3(1): 17-23.

Banerjee, M.M. (1995). Desired service outcomes: toward attaining an elusive goal. Administration in Social Work, 19(1): 33-53.

Barker, P., Reynolds, B., Whitehill, I., Delaval, S. & Novak, V. (1996). Working with mental distress. Nursing Times, 92(2): 25-7.

Barnum, B.S. (1998). The advanced nurse practitioner: struggling towards a conceptual framework. Nursing Leadership Forum, 3(1): 7-14.

Barr, R.G. (1998). Reflections on measuring pain in infants: dissociation in responsive systems and "honest signaling." Archives of Disease in Childhood, Fetal & Neonatal Edition, 12(3): 19-24.

Bartlett, S., & Ballard, C. (1997). Antidepressants in the elderly: A review. Journal of Investigational Drug Research, 8(1): 51-63.

Bauer, S.W. (1998). The myth of a better life: bagfuls of books on the subject showed me I wasn't struggling alone. Christianity today, 42: 28-31.

Baumann, S.L. (1999). The lived experience of hope: children and families struggling to make a home (pp. 191-210). In R.R. Parse (Ed.). Hope: an

international human becoming perspective. Boston, MA: Jones & Bartlett.

Baumann, S.L. (1996). Feeling uncomfortable: children in families with no place of their own. Nursing Science Quarterly, 9(4): 152-9.

Baumann, S.L. (1995). Two views of homeless children's art: psychoanalysis and Parse's human becoming theory. Nursing Science Quarterly, 8(2): 65-70.

Beatty, M. (1988). Increasing student's choice making consistency. Communication Education, 37(2): 95-105.

Bellin, C., Gagnon, M., Mich, M., Plemmons, S., & Watanabe-Hayami, C. (1997). Ecologic health nursing for community health: applied chaos theory. Complexity and Chaos in Nursing, 3(6): 13-22.

Bendtsen, P., Hensing, G., Ebeling, C., & Schedin, A. (1999). What are the qualities of dilemmas experiences when prescribing opioids in general practice? Pain, 82(1): 89-96.

Berg, D.F. (1996). Adolescents struggling with grief on the road to recovery. Journal of Ministry in Addiction and Recovery, 3(2): 13-42.

Berg, J.L. (1997). No child should be left behind: working to fix what is broken in public schools. Teacher Education and Practice, 13(2): 46-60.

Berman, S. (1998). Making choice theory work in a quality classroom. Classroom Environment, 21: 123-32.

Bissell, N. (1998) Consumer bill of rights. Caring, 17(3): 42-7.

Bivens, D., Bettenhausen, E., & Richardson, N. (1993). Struggling through injury in the work of love. Journal of Feminist Studies in Religion, 9: 215-226.

Black, B., & Bruce, M.E. (1998). Treating tuberculosis: the essential role of social work. Social Work in Health Care, 26(3): 51-68.

Blise, M.L. (1995). Everything I learned, I learned from patients: radical positive reframing. Journal of Psychosocial Nursing and Mental Health Services, 33(12): 18-25.

Boissy, A. & LeNeindre, P. (1997). Behavioral, cardiac, and cortisol responses to brief peer separation and reunion in cattle. Physiology and Behavior, 61(5): 693-99.

Boncella, C. (1996). The powerful punch of nicotine: a smoking cessation facilitator's account. Kansas Nurse, 71(10): 1-3.

Borrus, A. (1997). A crash course for the GOP. Business Week, 17: 106-112.

Bottorff, J.L., Steele, R., Davies, B., Garossino, C., Porterfield, P. & Shaw, M. (1998). Striving for balance: palliative care patients' experiences of making everyday choices. Journal of Palliative Care, 14(1): 7-17.

Bournes, D.A. (2000). Having courage: a lived experience of human becoming. Unpublished doctoral dissertation, Loyola University, Chicago.

Bowman, A. (1995). Teaching ethics: telling stories. Nurse Education

Today, 15(1): 33-8.

Breeze, J. (1998). Can paternalism be justified in mental health care? Journal of Advanced Nursing, 28(2): 260-5.

Breeze, J., & Repper, J. (1998). Struggling for control: the care experiences of "difficult" patients in mental health services. Journal of Advanced Nursing, 28(6): 1301-11.

Brehm, D. (1996) Community-based nursing case management from vision to reality. Kansas Nurse, 71(3): 5-6.

Brennan, P.F., & Strombom, I. (1998). Improving health care by understanding patient preferences: the role of computer technology. Journal of the American Medical Informatics Association, 5(3): 257-62.

Bunkers, S.S. (1995). Stories: the tour. Nursing Forum, 30(3): 33-35.

Bunkers, S.S. (1998). Considering tomorrow: Parse's theory-guided research. Nursing Science Quarterly, 11(2): 56-63.

Bunn, M.H., O'Connor, A.M., Tansey, M.S., Jones, B.D., & Stinson, L.E. (1997). Characteristics of clients with schizophrenia who express certainty or uncertainty about continuing treatment with depot neuroleptic medication. Archives of Psychiatric Nursing, 11(5): 238-48.

Burdick, J. (1993). Struggling against the devil: Pentecostalism and social movements in urban Brazil. Temple University Press: Philadelphia, PA.

Burns, N. (1989). Standards for qualitative research. Nursing Science

Quarterly, (2): 44-52.

Carroll, M.L. (1997). A comparative analysis and evaluation of knowledge structures between expert novice and struggling novice accounting students.

Dissertation Abstracts International, 58(3-a):0733.

Carson, M.G., & Mitchell, G.J. (1998). The experience of living with persistent pain. Journal of Advanced Nursing, 28(6): 1242-1248.

Casterle, B.D., Grypdonck, M., & Wauters, M. (1997). Development, reliability, and validity testing of the Ethical Behavior Test: a measure for nurses' ethical behavior. Journal of Nursing Measurement, 5(1): 87-112.

Catlin, A.J. (1999) Physician's neonatal resuscitation of extremely low-birth-weight preterm infants. Image Journal of Nursing Scholarship, 31(3): 269-75.

Chira, S.D. (1995). Struggling to find stability when divorce is a pattern. New York Times, 144: 11-17.

Christiansen, C.H., Little, B.R., & Backman, C. (1998). Personal projects: a useful approach to the study of occupation: Personal projects analysis. American Journal of Occupational Therapy, 52(6): 439-46.

Churchill, J. (1989). Advance directives: beyond respect for freedom in advance directives in medicine. New York: Praeger Publishing.

Chinn, P.L. (1994). Advances in methods of inquiry for nursing. Gaithersburg, MD: Aspen Publications.

Clark, J.A., Wray, N., Brody, B., Ashton, C., Giesler, B., & Watkins, H. (1997 ). Dimensions of quality of life expressed by men treated for metastatic prostate cancer. Social Science and Medicine, 45(8): 1299-309.

Clark, N. (1998). Nutritional support programs for young adult athletes. International Journal of Sports Nutrition, 8(4): 416-25.

Cody, W. (1997). Affirming reflections. Nursing Science Quarterly, 12(1): 4-8.

Cody, W. (1997). Persistence in health patterns: the mystery of being human. Nursing Science Quarterly, 10(4): 152-53.

Collingsworth, S., Gould, D., & Wainwright, S.P. (1997 ). Patient self-administration of medication: a review of the literature. International Journal of Nursing Studies, 34(4):256-69.

Colluccio, M. & Havlick, K. (1998). Shared leadership in a newly merged medical center. Nursing Administration Quarterly, 22(2): 36-39.

Connelly, L.M., Keele, B.S., Kleinbeck, S.V., Schneider, J.K., & Cobb, A.K. (1993). A place to be yourself: empowerment from the patient's perspective. Image: Journal of Nursing Scholarship, 25(4): 297-303.

Cook, M.C. (1999). Nurses six rights for safe medication administration. Massachusetts Nurse, 69(5): 8.

Costello-Nickitas, D.M. (1994). Choosing life goals: a phenomenological study. Nursing Science Quarterly, 7: 87-92.

Coy, J. (1988). From patient to agent: on the implication of the values shift in informed consent in inquiries into values. Lewiston, ID: Mellen.

Crowley, S. (1995). Ethics column: patient autonomy. Massachusetts Nurse, 65(8): 5-8.

Crutcher, T. (1994). The struggling pilgrim: some thoughts upon the life of Fr. Seraphim Rose. Orthodox Word, 30: 315-320.

Curtin, L.L. (1996). Ethics in management. Why good people do bad things. Nursing Management, 27(7): 63-5.

Curtis, L.C., & Hodge, M. (1994). Old standards, new dilemmas: ethics and boundaries in community support services. Psychosocial Rehabilitation Journal, 18(2): 13-33.

Daley, J. (1995). The lived experience of suffering. In R.R. Parse (Ed.). Illuminations: the human becoming theory in practice and research. New York, NY: National League for Nursing Press.

Davis, A.J., Aroskar, M.A., Liaschenko, J. & Drought, T.S. (1997). Ethical dilemmas and nursing practice. (4<sup>th</sup>. Ed.). Stamford, CT: Appleton & Lange.

Davis, D.K., & Cannava, E. (1995). The meaning of retirement for community-living retired performing artists. Nursing Science Quarterly, 8: 8-16.

Dawson, L.L. (1998). Anti-modernism, modernism, and postmodernism: struggling with the cultural significance of new religious movements. Sociology of Religion, 59: 131-156.

Dean, R. (1997). Tyrannosaurus therapy: how to avoid emotional extinction. Cape Canaveral, FL: Blue Notes Books.

Denzin, N.K., & Lincoln, Y.S. (Eds.). (1994). Handbook of qualitative research. Thousand Oaks, CA: Sage Publications.

de-Villiers, F., Chester, E., & Meyers, K.E. (1997). Blood glucose control and compliance of diabetic children. Curationis: South African Journal of Nursing, 20(2): 12-6.

Drukker, B.H. (1998). Envelopes: presidential addresses. American Journal of Obstetrics and Gynecology, 179(6): 1400-4.

Dyer, K. (1990). Effects of choice making on the serious problem behaviors of students. Journal of Applied Behavioral Analysis, 23(4): 515-524.

Ellis, M.G. (1996). The effects of a parent-child reading program on reading ability and self-perceptions of reading ability in struggling young readers. Dissertation Abstracts International, 57(3a): 1013.

Esterhuizen, P. (1996 ). Is the professional code still the cornerstone of clinical nursing practice? Journal of Advanced Nursing, 23(1): 25-31.

Fagerberg, I., Winblad, B., & Ekman, S. (2000). Influencing aspects in nursing student's choices of first work area as graduated nurses. Journal of Nursing Education, 39(5): 211-18.

Farhi, S. (1997). As industry went global, Renault bailed out in U.S. Automotive News, 4: 26.

- Fawcett, J. (1993). Analysis and evaluation of nursing theories. Philadelphia: F.A. Davis.
- Fazio, P. (1995). Helping the struggling adolescent. Reformed Review, 48: 147-48.
- Fein, R. (1998). The HMO revolution: how it happened, what it means. Dissent, 45(2): 29-36.
- Fernandez, E.S. (1992). People's cry, creation's cry: a theologico-ethical reflection from the perspective of the struggling poor. Tugon, 12(2): 277-94.
- Flannery, R. (1999). Taiwan rules cause concern. Asian Wall Street Journal weekly, 21(46): 20.
- Flarey, D.L. (1991). Advanced directives: in search of self-determination. Journal of Nursing Administration, 21(11): 16-22.
- Fisher, A., & Fonteyn, M. (1995). An exploration of an innovative methodological approach for examining nurses' heuristic use in clinical practice. Scholarly Inquiry for Nursing Practice, 9(3): 263-79.
- Foerstel, K. (1999). Managed care fight finds GOP torn between doctors, insurers. CQ Weekly, 57(31): 1861-3.
- Fones, C.S., Levine, S.B., Althof, S.E., & Risen, C.B. (1999). The sexual struggles of 23 clergymen: a follow-up study. Journal of Sexual and Marital Therapy, 25(3): 183-95.
- Fromm, E. (1976). To have or to be? New York, NY: Continuum

Publishing Co.

Fulghum, D.A. (1997). Defense dilemma: force structure or modernization. Aviation Week and Space Technology, 146: 78-83.

Gallagher, S.M. (1998). Ethics. Paternalism in healthcare decision making. Ostomy Wound Management, 44(4): 24-5.

Gauthier, D. (1994). Assure and threaten. Ethics, 104(4): 690-721.

Glick, K.L., Mackay, K.M., Balasingam, S., Dolan, K.R., & Casper, I.S., (1998). Advance directives: barriers to completion Journal of the New York State Nurses Association; 29(1): 4-8.

Gillespie, R. (1996). Women, the body and brand extension in medicine: cosmetic surgery and the paradox of choice. Women and Health, 24(4): 69-85.

Green, R. (1995). Gender parity in the Black church: daughters of thunder struggling for two centuries. Daughters of Sarah, 21: 35-38.

Groves, D. (1997). Asian broadcasters turn to Hollywood for help. Variety, 369: 33.

Guess, D. (1985). Concepts and issues related to choice making. Journal of the Association for Persons with Severe Handicaps, 10(2): 79-86.

Guignon, C. (Eds.). (1993). The Cambridge companion to Heidegger. New York, NY: Cambridge University Press.

Hamers, J.P., vanden-Hout, M.A., Halfens, R.J., Abu-Saad, H.H., & Heijltjes, A.E. (1997). Differences in pain assessment and decisions regarding

the administration of analgesics between novices, intermediates and experts in pediatric nursing. International Journal of Nursing Studies, 34(5): 325-34.

Hamlin, A. (1991). Rational revenge. Ethics, 101(2): 374-381.

Harmer, B. (1922). Textbook of the principles and practice of nursing, (3<sup>rd</sup>. Ed.). New York: The Macmillian Co.

Harris, J. (1994). Struggling against the odds. Christian Ministry, 25: 29-31.

Harvey, P., & Harvey, J.H. (1996). In memory of Stephen: thinking that something of Stephen's experience and our learning from it will help others struggling with mental illness. Christian Social Action, 9: 18-20.

Hayton, B.P. (1991). Struggling with sex. Journal of Psychology and Christianity, 10: 78-80.

Heidegger, M. (1962). Being and time. New York: Harper & Row.

Heidegger, M. (1954). What is called thinking? New York: Harper & Row.

Henson, R.H. (1997) Analysis of the concept of mutuality. Image: Journal of Nursing Scholarship, 29(1): 77-81.

Hick, J.L., Smith, S.W., & Lynch, M.T. (1999). Metabolic acidosis in restraint-associated cardiac arrest: a case series. Academic Emergency Medicine, 6(3): 239-43.

Hill, P.T., & Celio, M.B. (1998). Fixing urban schools. Brookings Institute Press: Washington, DC.

Hollen, P.J., & Brickle, B.B. (1998). Quality parental decision making and distress. Journal of Pediatric Nursing, 13(3): 140-50.

Holmes, A.M. (1998). Providers choice and use of mental health care. Health Services Research, 33(5): 1263-1284.

Hornung, C.A., Eleazer, G.P., Strothers, H.S., Wieland, G.D., Eng, C., McCann, R., & Sapir, M. (1998). Ethnicity and decision-makers in a group of frail older people. Journal of the American Geriatrics Society, 46(3): 280-6.

Houglum, J.E. (2000). Asthma medications: basic pharmacology and use in the athlete. Journal of Athletic Training, 35(2): 179-87.

Hunter, M.S., O'Dea, I., & Britten, N. (1997). Decision-making and hormone replacement therapy: a qualitative analysis. Social Science and Medicine, 45(10): 1541-8.

Hurka, T. (1987). Why value autonomy? Social Theory and Practice, 13: 361-382.

Jacono, B.J. & Jacono, J.J. (1995). A holistic exploration of barriers to theory utilization. Journal of Advanced Nursing, 21(3): 515-9.

Jensen, L.N. (1998). One man's definition of the LDS membership: struggling with orthodox doctrine. Dialogue, 31(3): 143-148.

Jones, B. (1998). Seminar on advanced directives for adult outpatients increased completion rates. Evidence Based Nursing, 12(4): 412-418.

Jones, J. (1998). Suharto plays his jokes. The Economist, 24: 37-8.

- Jones, P. (1997). An open letter to INA nurses. Chart, 94(9): 4.
- Jones, R., Hagedorn, T.K., & Satterlee, D. (1998). Adoption of immobility by shackled broiler chickens: effects of light intensity and diverse hooding devices. Applied Animal Behaviour Science, 55(3-4): 327-335.
- Jones, R., Satterlee, D., & Cadd, G. (1998). Struggling response of broiler chickens shackled in groups on a moving line: effects of light intensity, hoods, and curtains. Applied Animal Behaviour Science, 58(3-4): 341-52.
- Kane, R.S., & Burns, E.A. (1997). Cardiopulmonary resuscitation policies in long-term care facilities. Journal of the American Geriatrics Society, 45(2): 154-57.
- Kaplan, S.L. (1998). Workers are seeking employers of choice. Chain Store Age, 74(10): 72-8.
- Katz, J.L. (1997). GOP school plans get a retooling. Congressional Quarterly Weekly Report, 55: 3062-3.
- Katz, M (1990). Judaism: struggling with opposites. Journal of Humanism and Ethical Religion, 3: 109-23.
- Kellett, U.M. (1999). Searching for new possibilities to care: a qualitative analysis of family caring involvement in nursing homes. Nursing Inquiry, 6(1): 9-16.
- Kelley, C. (1996). In search of new life for smaller cities. Public Management, 78: 36-7.

Kelley, L.S. (1995). Parse's theory in practice with a group in the community. Nursing Science Quarterly, 8(3): 127-32.

Kelley, L.S. (1991). Struggling with going along when you do not believe. Nursing Science Quarterly, 4(3): 123-129.

King, I.M. (1981). A theory for nursing: systems, concepts, process. Albany, NY: Delmar Publishing.

Klassen, R. (1992). Struggling with significance. Leadership, 13: 42-43.

LaDuke, S.D. (1998). Pain management at the end of life: a critical care perspective. Journal of the New York State Nurses Association, 29(2): 9-12.

Landenburger, K.M. (1998). The dynamics of leaving and recovering from an abusive relationship. Journal of Obstetrical and Gynecological Neonatal Nursing, 27(6): 700-6.

Larsen, L., Derksen, D.J., Garland, J.L., Chavez, D., Lynch, D.C., Diedrich, R., Proctor, D.D., & Sava, S. (1999). Academic models for practice relief, recruitment, and retention at the University of New Mexico Medical Center and East Carolina University School of Medicine. Academic Medicine, 74(1): S136-40.

Leutz, W. (1998). Home care benefits for person's with disabilities. American Rehabilitation, 24(3): 6-14.

Lincoln, Y. & Guba, E. (1985). Naturalistic inquiry. Newbury Park, CA: Sage.

Lisherness, S.P., & Pottschmidt, M.N. (1999). Hate. Church and Society, 90: 1-108.

Liszka, J. & Jakob, J. (1999) Moral competence: an integrated approach to the study of ethics. Englewood Cliffs, NJ: Prentice-Hall.

Lowry, D.A. (1998). Issues of noncompliance in mental health. Journal of Advanced Nursing, 28(2): 280-7.

Lucas, M. (1999). Recognizing and resolving unfinished business: coping with terminal illness and dying. Kansas Nurse, 74(10): 6-8.

Lyall, S. (1995). Schools in Britain are stumbling over a government commandment: struggling to be broadly Christian when students are from many faiths. New York Times, 144: A5.

Madder, H. (1997). Existential autonomy: why patients should make their own choices. Journal of Medical Ethics, 23: 221-5.

Maltby, H.J. (1999). Clinical practice department. Interpreters: a double-edged sword in nursing practice. Journal of Transcultural Nursing, 10(3): 248-54.

Manton, A.P. (1994). Making the decision to seek care for a non-urgent illness: a qualitative study. Journal of Advanced Nursing, 23(3): 2-9.

Manian, R. (1997). Advanced directives: refusal of treatment. Care of the Critically Ill, 13(6): 212-13.

Mannerkorpi, K. Kroksmark, T., & Ekdahl, C. (1999). How patients with

fibromyalgia experience their symptoms in everyday life. Physiotherapy Research International, 4(2): 110-22.

Marangos, F., & Wells, D. (2000). Psychiatric nurses' thoughts and feelings about restraint use: a decision dilemma. Journal of Advanced Nursing, 31(2): 362-69.

Marck, P.B. (2000). Recovering ethics after technics: developing critical text on technology. Nursing Ethics: International Journal for Health Care Professionals, 7(1): 5-14.

Marlatt, O., & Kilmer, J.R. (1998). Consumer's choice. Implications of behavioral economics for drug use and treatment. Behavioral Therapy, 29(4): 567-576.

McAlpine, H., Kristjanson, L., & Poroeh, D. (1997). Development and testing of the ethical reasoning tool (ERT): an instrument to measure the ethical reasoning of nurses. Journal of Advanced Nursing, 25(6): 1151-61.

McCormick, R.M. (1997). First nations counselor training in British Columbia: strengthening the circle. Canadian Journal of Community Mental Health, 16(2): 91-00.

McDougall, P. (2000). IBM pushes AS/400 for ASP's. Informationweek, 772: 119.

McGrath, P. (1998). Autonomy, discourse, and power: a postmodern reflection on principlism and bioethics. Journal of Medicine and Philosophy,

23(5): 516-532.

McIntyre, D., & Byrd, D.M. (1998). Strategies for career long teacher education. Teacher Education Yearbook, 6:71-4.

McKenna, M. (1993). Counseling the doubtful: struggling to live faithfully. In M. McKenna Rethinking the spiritual works of mercy (pp. 31-65). Villanova, PA: Villanova University Press.

McSweeney, J.C., Allan, J.D., & Mayo, K. (1997). Theory. Exploring the use of explanatory models in nursing research and practice. Image: Journal of Nursing Scholarship, 29(3):243-8.

Mechanic, D. (1996). Changing medical organization and the erosion of trust. Milbank Quarterly, 74(2): 171-89.

Mechanic, D. & Rochefort, D.A. (1996). Comparative medical systems. Annual Review of Sociology, 22: 239-70.

Meroney, J. (1998). The row on music row. The American Enterprise, 9: 52-7.

Miller, J.B. (1997). Religion and science in America: struggling for coherence. American Religion and Science, 62: 1925.

Miles, M.B., & Huberman, A. M. (1994). Qualitative data analysis: an expanded sourcebook. (2cd ed.). Thousand Oaks, CA: Sage.

Millette, B.E. (1994). Using Gilligan's framework to analyze nurses' stories of moral choices. Western Journal of Nursing Research, 16(6): 660-74.

Mitchell, G.J. (1993). Living paradox in Parse's theory. Nursing Science Quarterly, 6(1): 44-51.

Mitchell, G.J. (1990). Struggling in change: from the traditional approach to Parse's theory-based practice. Nursing Science Quarterly, 3(1): 170-76.

Mitchell, G.J. (1998). Living with diabetes: how understanding expands theory for professional practice. Canadian Journal of Diabetes Care, 22(1): 30-37.

Mohr, J.D., Gable, M., Colenbrander, A., Lee, P., O'Brien, T.P., & Singh, K. (1998). Migration patterns and practice choices of newly -trained ophthalmologists: implications for workforce policy development. Abstracts Book of the Association of Health Services Research, 15: 284.

Moon, J., Graber, G., & Glenn, G. (1985). When Danny said no: refusal of treatment by a patient of questionable competence. Journal of Medical and Human Bioethics, 6: 12-27.

Morris, J.B. (1994). Doctor's orders and patient choice. American Prospect, 17:115-16.

Morrow, D.J. (1998). Struggling to spell r-e-l-i-e-f. New York Times, 1229: C1-2.

Nielsen, M.L., & Brodbeck, C. (1997). Health locus of control, depression, and anxiety as predictors of adherence in back injury. International Journal of Rehabilitation and Health, 3(3): 143-57.

- Nightingale, F. (1860). Notes on nursing. New York: D. Appleton and Co.
- Norlin, C., & Osborn, L.M. (1998). Organizational responses to managed care: issues for academic health centers and implications for pediatric programs. Pediatrics, 101(4): 805-11.
- Noy, K. (1997). Clinical. A self-medication scheme in a post-coronary care unit. British Journal of Nursing, 6(7): 369-74.
- Oliver, E. (1993, November). Let the writing speak for itself: assessing the composing skills of inner-city African American students. Paper presented at the 83<sup>rd</sup> Annual Meeting of the National Council of Teachers of English, Pittsburgh, PA.
- Palmer, P.N. (1991). Learn all you can about an advanced directive now. AORN Journal, 53(4):901-2.
- Parrott, L. (1993). Helping the struggling adolescent: a guide to 30 common problems for parents, counselors, and youth workers. Zondervan, 3: 315-31.
- Parsons, M.B., Harper, V., Jensen, J.M., & Reid, D.H. (1997). Assisting older adults with severe disabilities in expressing leisure preferences. Research in Developmental Disabilities, 18(2): 113-126.
- Payton, O.D., & Sullivan, M.S. (1997). Description of a course designed to sensitize pre-professional students to patients' perspectives on health care. Journal of Physical Therapy Education, 11(2): 3-6.

Parse, R.R. (1981). Man-living-health: a theory of nursing. New York: Wiley & Co.

Parse, R.R. (1987). Nursing science: Major paradigms, theories, and critiques. Philadelphia: Saunders.

Parse, R.R. (1990). Parse's research methodology with an illustration of the lived experience of hope. Nursing Science Quarterly, 3: 9-17.

Parse, R.R. (1992). Human becoming: Parse's theory of nursing. Nursing Science Quarterly, 5:(1): 35-42.

Parse, R.R. (1995). Illuminations: the human becoming theory in practice and research. New York, NY: National League for Nursing Press.

Parse, R.R. (1996a). Reality: a seamless symphony of becoming. Nursing Science Quarterly, 9(4): 181-4.

Parse, R.R. (1996b). The human becoming theory: challenges in practice and research. Nursing Science Quarterly, 9(2): 55-60.

Parse, R.R. (1997a). The human becoming theory: the was, is, and will be. Nursing Science Quarterly, 10(1): 32-38.

Parse, R.R. (1997b). Joy-sorrow: a study using the Parse research method. Nursing Science Quarterly, 10(2): 80-7.

Parse, R.R. (1997c). Transforming research and practice with the human becoming theory. Nursing Science Quarterly, 10: 171-174.

Parse, R.R. (1998). The human becoming school of thought. Thousand

Oaks, CA: Sage.

Parse, R.R. (1999). Hope: an international human becoming perspective. Boston, MA: Jones & Bartlett.

Parse, R.R. (2001). Qualitative inquiry: the path of sciencing. Boston, MA: Jones & Bartlett.

Pelkonen, M., Perala, M., & Julkunen, K. (1998). Participation of expectant mothers in decision making in maternity care: results of a population-based survey. Journal of Advanced Nursing, 28(1): 21-9.

Pfetscher, S. (1996). Dealing with difficult situations. When conflict arises regarding a patient's advanced directive and a physician's order. ANNA Journal, 23(2): 244-5.

Pichler, J. (1978). The case for capitalism: is profit without honor? National Forum, 58: 3-6.

Pierson, W. (1999). Considering the nature of inter-subjectivity within professional nursing. Journal of Advanced Nursing, 30(2): 294-302.

Pilkington, F.B. (1997). Knowledge and evidence: do they change patterns of health? Nursing Science Quarterly, 10(4): 156-57.

Pilkington, F.B. (1999). An ethical framework for nursing practice: Parse's human becoming theory. Nursing Science Quarterly, 12(1): 21-25.

Picard, C. (1997). Embodied soul: the focus for nursing praxis. Journal of Holistic Nursing, 15(1): 41-53.

Playle J.F., & Keeley, P. (1998). Noncompliance and professional power. Journal of Advanced Nursing, 27(2): 304-11.

Poirier, L. (1997). Honoring the women who happens to have diabetes. Diabetes Spectrum. 10(3): 163-65.

Polkinghorne, D. (1988). Narrative knowing and the human sciences. New York, NY: State University of New York Press.

Powers, R.L., & Griffith, J. (1993). The case of Rosie: an Adlerian response. Career Development Quarterly, 42(1): 69-75.

Putteney, P.J. (1995). Informing environmental policy making. Futures, 27: 675-80.

Raines, D.A. (1998). Values influencing nursing practice. Neonatal Intensive Care, 11(3): 49-54.

Ranck, L. (1996). Special issue on mental illness. Christian Social Action, 9:4-42.

Ray, J., Stromwell, L.K., Neumiller, S., & Roloff, M. (1998). A community response to tragedy: individualized services for families. Child and Adolescent Social Work Journal, 15(1): 39-54.

Reed, J., & Ground, I. (1997). Philosophy for nursing. London, UK: Arnold.

Reiter, L. (1991). Developmental origins of antihomosexual men and women. Clinical Social Work Journal, 12(2): 163-175.

Rendon, D.C., Sales, R., Leal, I., & Pique, J. (1995). The lived experience of aging in community-dwelling elders in Valencia, Spain: a phenomenological study. Nursing Science Quarterly, 8: 152-157.

Rist, M.C. (1989). Choice sells in Minnesota, but who else will buy it. The Executive Educator, 11(3): 24-26.

Rodwell, C.M. (1996). An analysis of the concept of empowerment. Journal of Advanced Nursing, 23(2): 305-13.

Rodwin, M.A. (1997). The neglected remedy: strengthening consumer voice in managed care. American Prospect, 34: 45-50.

Rogers, M. (1970). The theoretical basis of nursing. Philadelphia, PA: Davis.

Rose, G., & Segesten, K. (1995). Someone who cares: patients' experiences concerning health examinations. Scandinavian Journal of Caring Sciences, 9(2): 105-12 .

Roseby, V., & Johnston, J.R. (1998). Children of Armageddon: common developmental threats in high-conflict divorcing families. Child Adolescent Psychiatric Clinics of North America, 7(2): 295-309.

Rosenblum, A. (1986). Coercion and autonomy: philosophical foundations, issues, and practices. Westport, CT: Greenwood Publishing.

Ruland, C. (1996). Clinical decision making in nursing. Nursing Science and Research in the Nordic Countries, 16(4): 4-12.

Rojas, M., Mandelblatt, J., Cagney, K., Kerner, J., & Freeman, H. (1996 ). Barriers to follow-up of abnormal screening mammograms among low-income minority women. Ethnicity and Health,1(3): 221-8.

Rudd, P. (1998). Compliance with antihypertensive therapy: raising the bar of expectations. American Journal of Managed Care, 4(7): 957-66.

Ruland, C. (1996). Clinical decision making in nursing. Nursing Science and Research in the Nordic-Countries, 16(4): 4-12.

Saint-Cyr, P. (1997). Struggling to emerge. Latin Finance, 7: 13-14.

Sack, D. (1997). Struggling for the soul of the American University: studies on religion and higher education. Religious Studies Review, 23: 35-39.

Sandelowski, M. (1995). Telling stories: narrative approaches in qualitative research. IMAGE: Journal of Nursing Scholarship, 23(3): 161-66.

Sano, R.I. (1985). Transforming suffering: struggling with life as an Asian American. In R.I. Sano (ed.) Changing contexts of our faith. Philadelphia, PA.: Fortress Press.

Scarpa, J. (1998). Draft picks. Restaurant Business, 97(17): 91-2.

Shackley, P. & Ryan, M.(1994). What is the role of the consumer in health care: policy emphasis on increasing patient choice. Journal of Social Policy, 23: 517-41.

Schedler, G. (1997). Is there honor in bravery on behalf of an unjust cause? Southwest Philosophy Review, 14(1): 39-46.

Schrag, Z.M. (2000). The bus is young and honest: transportation politics, technical choices, and the motorization of Manhattan surface transit. Technology and Culture, 41(1): 51-79.

Schulberg, J., Pilkonis, P., & Houck, P. (1998). The severity of major depression and choice of treatment in primary care practice. Journal of Clinical Psychology, 66(6): 932-938.

Schuman, M. (1998). Kim names cabinet, draws fire over some appointments. Asian Wall Street Journal Weekly, 20(10): 7.

Scully, T. & Scully, C. (1988). Playing god: the new world of medical choices. New York: Simon and Schuster.

Searle, D. (1996). Ephesians: Struggling against rulers, against the authorities. Evangel, 14: 68-71.

Sheeran, F. (1993). Still struggling with renewal. In Towards the 1994 Synod of Bishops. Dublin: Dominican Publications. (pp. 20-26).

Skelton, J. (1996). Dysphagia in motor neurone disease. Nursing Standard, 10(33): 49-53.

Sletteboe, A. (1997). Dilemma: a concept analysis. Journal of Advanced Nursing, 26(3): 449-54.

Smith, H. (1986). On cherishing the world and struggling to endure it. Anglican Theology Review, 68(1): 27-39.

Smith, S.C. (1998). Viewpoint. Patient education for decision making:

more important now than ever! Insight, 23(2): 41-2.

Smith, M.C. (1990). Struggling through a difficult time for unemployed persons. Nursing Science Quarterly, 3(1): 18-28.

Smokowski, P.R., & Wodarski, J.S. (1996). Euthanasia and physician assisted suicide. Social Work in Health Care, 23(1): 53-65.

Sitzia, J., & Wood, N. (1998). with cancer chemotherapy nursing: a review of the literature. International Journal of Nursing Studies, 35(½): 1-12.

Sobczak, J. (1997). Patient autonomy and the euthanasia debate. Professional Nurse, 12(12):878-9.

Sorrell, J.M. (1994). Writing as inquiry in qualitative nursing research. In P. Chinn (ed.), Advances in methods of inquiry for nursing. (pp. 1-12). Gaithersburg, MD: Aspen Publications.

Sourgen, P.E., & Ross, E. (1998). Perceptions of tinnitus in a group of senior citizens. South African Journal of Communication Disorders, 45: 61-75.

Soyka, D., Pfaffenrath, V., Steude, U., & Zenz, M. (1998). Therapy and prophylaxis of face neuralgia and chronic pain. Journal of Surgical Research, 43(2): 51-63.

Spiegelmann, J.M. (1986). Struggling with the image of God. Journal of Psychology and Judaism, 10: 100-111.

Spiegler, M. (1998). Have money will matriculate. American Demographics, 20(9): 50-4.

Stancliffe, R.J. (1997). Community living unit size, staff presence, and resident's choice making. Mental Retardation, 35(1): 1-9.

Stephens, M., & Yoshida, K.K. (1999). Independence and autonomy among people with rheumatoid arthritis. Canadian Journal of Rehabilitation, 12(4): 229-43.

Stone, C. (1993). Prescribed hydration in palliative care. British Journal of Nursing, 2(7): 352-57.

Stout, R.J. (1997). Caught in the middle: millions of Mexican adults, caught between poverty in their homeland and legal restrictions in the US, are struggling to survive on the boarder. Christian Social Action, 10: 4-7.

Sullivan, E.D., & Joseph, D.H. (1998). Struggling with behavioral changes: a special case for clients with diabetes. Diabetes Education, 24(1): 72-7.

Symon, A. (2000). Litigation and changes in professional behavior: a qualitative appraisal. Midwifery, 16(1): 15-21.

Taylor, C. (1999). An awful life: struggling to apply a call to awe-full life to events that are awful. Church and Society, 90: 46-52.

Taylor, P., & Ferszt, G. (1998). The nurse as patient advocate. Nursing, 28(8): 70-1.

Thornton, E. (1995). Spoiled for choice. Far Eastern Economic Review, 158: 70.

Tingle, C.A. (1999). Workplace advocacy: nursing values and the values of nurses. Pelican News, 55(1): 28-30.

Turkel, M.C. (1998). Struggling to find a balance: a grounded theory of the nurse-patient relationship within an economic context. Dissertation Abstracts International, 58(8B): 4149.

Topf, T. (1994). Theoretical considerations for research on environmental stress and health. Image: Journal of Nursing Scholarship, 26(4): 289-93.

Tyler, B.J., & Chard, D.J. (2000). Using readers theater to foster fluency in struggling readers: a twist on the repeated reading strategy. Reading and Writing Quarterly, 16(2): 163-168.

Upvall, M.J. (1997). Nursing perspectives of American Indian healing strategies. Journal of Multicultural Nursing and Health, 3(1): 29-34.

Useem, A. (1998). Struggling with theodicy: Kenyan reactions to the bombings. Christian Century, 115(9): 812-813.

Valente, S.M., & Trainor, D. (1998). Rational suicide among patients who are terminally ill. AORN-Journal, 68(2): 252-64.

Valentine, P. (1995). Management of conflict: do nurses/women handle it differently? Journal of Advanced Nursing, 22(1): 142-9.

vanden-Borne, H.W. (1998 ). The patient from receiver of information to informed decision-maker. Patient Education and Counseling, 34(2): 89-102.

van-Essen, G.A., Kuyvenhoven, M.M., & de-Melker, R.A. (1997 ). Why do

healthy elderly people fail to comply with influenza vaccination? Age and Ageing, 26(4): 275-9.

Vaughn, J. (1989). Family intervention: hope for families struggling with alcohol and drugs. Philadelphia, PA.: Westminster Knox Press.

Vertinsky, P. (1998). "Run, Jane, run": central tensions in the current debate about enhancing women's health through exercise. Women and Health, 27(4): 81-110.

Voyer, P. (2000). The challenge of interdisciplinary. Canadian Nurse, 96(5): 39-44.

Wainwright, S.P., & Gould, D. (1997). Non-adherence with medications in organ transplant patients: a literature review. Journal of Advanced Nursing, 26(5): 968-77.

Walker, C.A. (1996). Coalescing the theories of two nurse visionaries: Parse and Watson. Journal of Advanced Nursing, 24(5): 988-96.

Walberg, H.J. (1988). Educational productivity and choice. In J. Nathan (ed.) Public schools by choice. (pp. 69-94). St. Paul, MN: The Institute for Learning and Teaching.

Wellard, S. (1998). Constructions of chronic illness. International Journal of Nursing Studies, 35(½): 49-55.

Wilmot, S.(1993). Ethics, agency and empowerment in nurse education. Nurse Education Today, 13(3): 189-95.

Wylie-Kellermann, J., & Wortman, J.A. (1998). What do you do with what you don't believe? Struggling with feelings of exile. Witness, 81: 5-31.

## APPENDICES



01/12/2001

IRB#: 5957B

Institutional Review Board  
Office of Research  
404 Andy Holt Tower  
Knoxville, Tennessee 37996-0140  
865-974-3466  
Fax: 865-974-2805

TITLE: Struggling with a difficult choice

Walker, Kathleen  
Nursing  
1312 Oxford Place  
Johnson City, TN 37601

Alligood, Dr. Martha  
Nursing  
1200 Volunteer Blvd.  
Campus

The points of clarification you submitted to this office regarding the above-captioned project satisfied the concerns of the reviewers, thus your project has been approved.

This approval is for a period ending one year from the date of this letter. Please make timely submission of renewal or prompt notification of project termination (see item #3 below).

Responsibilities of the investigator during the conduct of this project include the following:

1. To obtain prior approval from the Committee before instituting any changes in the project.
2. To retain signed consent forms from subjects for at least three years following completion of the project.
3. To submit a Form D to report changes in the project or to report termination at 12-month or less intervals.

The Committee wishes you every success in your research endeavor. This office will send you a renewal notice on the anniversary of your approval date.

Sincerely,

Brenda Lawson  
Compliances

## **INFORMED CONSENT FORM**

**[Struggling with a Difficult Choice]**

*This Informed Consent will explain about being a research subject in a study. It is important that you read this material carefully and then decide if you wish to be a volunteer.*

You are invited to participate in a research study. The purpose of this study is to learn more about how and why people struggle with difficult choices.

### **INFORMATION**

Volunteering in this study will take between 45 and 60 minutes. You will be asked to talk about a time when you were struggling with a difficult choice. An interviewer will tape record your comments as you talk. Interviews will be scheduled at a time and in a location that is both convenient and comfortable for you. Your name will not be on the tape and the comments you make will be kept and be available only to the investigators and your answers cannot be connected in any way with you. Your name will never be linked with any of these words. The information you share for the purposes of this research will be kept confidential and anonymous, be locked in a cabinet, and reported only in combination with the answers from other study participants. If at anytime during the interview you decide you no longer want to be in this study, you may stop.

### **RISKS**

There are no known possible risks or discomforts to being in this study. If you do not want to answer any of the interviewers questions, you can simply skip that question. If at any time during the interview you decide you no longer want to be in the study you may stop and the tape will be destroyed.

### **BENEFITS**

There are no immediate benefits to you personally from being in this study. The only possible benefit is knowing you are providing information that may increase health care providers awareness of how struggling with a difficult choice impacts health.

### **CONFIDENTIALITY**

The information in the study records will be kept confidential. Data will be stored securely and will be made available only to persons conducting the study unless you specifically give permission in writing to do otherwise. No reference will be made in oral or written reports which could link you to the study. The results of the study may be published and/ or presented at professional meetings without naming you as a subject.

### **COMPENSATION**

Participants will receive no compensation for their participation in this study.

## CONTACT

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study,) you may contact the investigator, Kathleen Walker, at 423-926-2820. If you have questions about your rights as a participant, contact the Compliance Section of the Office of Research at (865) 974-3466.

## PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

## CONSENT

I have read the above information and agree to participate in this study. I have received a copy of this form.

Participant's name (print) \_\_\_\_\_

Participant's signature \_\_\_\_\_

Date \_\_\_\_\_

APPROVED  
By IRB - Brenda Lawson  
Date 1-12-01

# VOLUNTEERS NEEDED



Have you ever struggled with a difficult choice?

I am a nursing doctoral student  
and I am seeking volunteers to participate in a research study on the experience of  
struggling with a difficult choice.

Participation would involve one meeting with researcher to “tell your  
story” on audiotape.

Confidentiality and anonymity is guaranteed.

**For more information, contact**

Kathleen Walker at  
423-926-2820

## VITA

Kathleen Mary Walker was born in Syracuse, New York on October 15, 1954. She was educated in private Catholic Schools in Syracuse, New York, graduating from Assumption High School in June, 1972. She matriculated to St. Elizabeth's School of Nursing, where she received her registered nurse diploma in 1975. After working her first few years as a nurse, she return to school to obtain her baccalaureate degree in science, majoring in nursing. She graduated in May 1977 from SUNY-Utica Institute of Technology. She continued working as a nurse, functioning in supervisory positions, and working predominantly in psychiatric settings. She returned to school, attending Syracuse University, to obtain her Master of Science degree, graduating in May 1983. She demonstrated her commitment to underserved patient population in 1986 by working overseas in a developing country, Grenada, for Project Hope. Leaving that assignment in 1988, she worked from 1989 until 1991 for the Republic of the Marshall Islands as the Director of Alcohol and Substance Abuse Services. She returned to the United States in 1992 and worked for a mental health consortium in Washington State. Deciding to return to school for her doctorate, she chose to attend the University of Tennessee at Knoxville. She is presently Program Director for Clinical Services at Frontier Health, continuing to provide clinical nursing services to mentally ill patients.