

# Forskning på verdiarbeid i helsetjenesten – litteratursøk

Rapport fra Kunnskapssenteret nr 9 –2009

Litteratursøk med sortering



 kunnskapssenteret

**Bakgrunn:** Nasjonalt kunnskapssenter for helsetjenesten har fått i oppdrag fra Diakonhjemmet sykehus å identifisere forskningslitteratur om verdiarbeid i helsetjenesten. **Metode:** Vi utørte et systematisk litteratursøk i følgende databaser: Ovid MEDLINE, Ovid EMBASE, Ovid British Nursing Index, ISI Web Of Science (Science Citation Index, Social Science Citation Index, Arts and Humanities Citation Index), SveMed, Cochrane Library of Systematic Reviews, Cochrane Method Studies, DARE, HTA, Sociological Abstracts, Emerald Management Journals og Google Scholar. Søket inneholdt relevante søkeord for å fange opp studier på fire verdiområder: organisatoriske verdier, ledelsesverdier, profesjonsverdier og individuelle verdier. Søket ble avgrenset til publikasjoner utgitt f.o.m. 1994 og med søkefiltre for relevante studiedesign. **Resultat:** 256 publikasjoner ble vurdert som relevante. Disse ble sortert i henhold til de fire verdiområdene.

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Nasjonalt kunnskapssenter for helsetjenesten  
Oslo, 17.03.2009

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# Oppsummering

Dette prosjektet ble gjort på oppdrag fra Diakonhjemmet sykehus. Mandatet for prosjektet var å identifisere litteratur som handlet om forskning på verdier i helsetjenesten publisert f.o.m. 1994.

Vi gjorde et systematisk litteratursøk for å identifisere oversikter og primærstudier som besvarte spørsmål knyttet til fire verdiområder: organisatoriske verdier, ledelsesverdier, profesjonsverdier og individuelle verdier. Verdier i organisasjoner utenfor helsetjenesten ble også inkludert. Det var ingen eksklusjonskriterier knyttet til studiedesign eller språk.

Vi søkte i følgende databaser: Ovid MEDLINE, Ovid EMBASE, Ovid British Nursing Index, ISI Web Of Science (Social Science Citation Index, Science Citation Index, Arts and Humanities Citation Index), SveMed, Cochrane Library of Systematic Reviews, Cochrane Method Studies, DARE, HTA, Sociological Abstracts, Emerald Management Journals og Google Scholar.

Søket resulterte i 5161 unike referanser som ble gjennomgått på sammedragsnivå. 257 publikasjoner ble vurdert som relevante i henhold til oppdraget.

Publikasjonene ble kategorisert i henhold til de fire verdiområdene:

|                           |                   |
|---------------------------|-------------------|
| - organisatoriske verdier | 105 publikasjoner |
| - ledelsesverdier         | 40 publikasjoner  |
| - profesjonsverdier       | 79 publikasjoner  |
| - individuelle verdier    | 33 publikasjoner  |

De fire verdiområdene som ble brukt til å sortere referansene gikk tematisk over i hverandre, men kan danne utgangspunkt for å få oversikt over et komplekst tema.

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# Forord

Nasjonalt kunnskapssenter for helsetjenesten har fått i oppdrag fra Diakonhjemmet sykehus å identifisere forskningslitteratur om verdiarbeid i helsetjenesten.

Prosjektet ble ledet og gjennomført av forskningsbibliotekar Ingvild Kirkehei. Takk til Ingrid Harboe for tilbakemeldinger på litteratursøket.

Når vi bruker forskning som beslutningsgrunnlag, bør vi ta utgangspunkt i tilgjengelig forskning av høyest mulig kvalitet. Studiedesign, utførelse og analyser påvirker vår tillit til studienes resultat. I denne rapporten hadde vi ingen begrensinger mht. studiedesign og studiene ble ikke kritisk vurdert med henblikk på metodisk kvalitet. I vedlegg til Kunnskapssenterets håndbok "Slik oppsummerer vi forskning" finnes det sjekklister som kan brukes til å vurdere kvaliteten av ulike typer studier. Sjekklistene kan være gode hjelpemidler i det videre arbeidet med å ta stilling til forskningens verdi, gyldighet og overførbarhet. Håndboken er tilgjengelig på [www.kunnskapssenteret.no/Verktoy/2139.cms](http://www.kunnskapssenteret.no/Verktoy/2139.cms).

Gro Jamtvedt  
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# Problemstilling

Mandatet for dette prosjektet var å identifisere og presentere relevant litteratur som handlet om forskning på verdiarbeid i helsetjenesten publisert f.o.m. 1994.

Arbeidet skulle resultere i en referanseliste over relevante oversikter og primærstudier.

Vi søkte etter studier som besvarte spørsmål knyttet til fire verdiområder: organisatoriske verdier, ledelsesverdier, profesjonsverdier og individuelle verdier.

Relevante spørsmål var:

- Hva finnes av forskning på verdiarbeid i helsetjenesten og andre organisasjoner?
- Hvilke virkemidler har vi for å anvende, implementere og operasjonalisere organisatoriske kjerneverdier?
- Hva er effekten av verdibasert ledelse, etiske regnskap og andre verdibaserte styringsredskap?
- Hvordan kan vi måle tilstedeværelsen og effekten av disse styringsredskapene?
- Hvordan kommer organisatoriske, ledelses-, profesjons-, og individuelle verdier til uttrykk i organisasjonen som helhet og i den enkelte ansattes yrkeshverdag?
- Hvordan kan faktisk atferd uttrykke skjulte verdier i organisasjonen?
- Hvilke retoriske virkemidler kan tas i bruk i verdiarbeidet og hvilken effekt har de?
- Hva er sammenhengen mellom de ansattes og institusjonens verdigrunnlag og hvordan kan denne sammenhengen identifiseres?

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# Innledning

De regionale helseforetakene er bærere av felles nasjonale verdier som bl.a. fokuserer på omsorg, trygghet, velgjørenhet, ikke-skade og respekt for autonomi og integritet (1). Helsedepartementet ønsker at de regionale helseforetakene setter verdispørsmål på dagsorden (2). Det er per i dag identifisert lite forskningsbasert dokumentasjon på metoder for og effekten av verdiarbeid i helsetjenesten (1). Oversikt over tilgjengelig forskning kan være et grunnlag i arbeidet med å følge opp nasjonale intensjoner og realisere institusjonelle verdier i norsk helsetjeneste.

Verdibegrepet kan forstås på mange måter. Verdier beskrives gjerne som det vi vil stå for, det som er viktig for oss, det vi strekker oss etter og vurderinger av hva som er "av det gode" (3;4). Dette er nært beslektet med etikk og tro.

Verdiarbeid i helsetjenesten kan relateres til ulike "verdiområder" (3). I denne rapporten søker vi etter litteratur med fokus på fire (ofte overlappende) verdiområder:

- **organisatoriske verdier**, ofte beskrevet som kjerneverdier. Dette er vedtatte organisatoriske verdier som sammen danner virksomhetens verdigrunnlag. Eksempelvis er Diakonhjemmets kjerneverdier "respekt", "kvalitet", "tjeneste" og "rettferdighet" (1). Kjerneverdier brukes ofte som ledelses- og styringsredskap. Verdiene skal komme til uttrykk gjennom foretakenes virksomhetskultur og medarbeidernes holdninger. I den sammenheng er *verdibasert ledelse* og *etisk regnskap* sentrale begrep (5).
- **ledelsesverdier**. Ledelsesverdier er nært knyttet til og inngår ofte i organisatoriske verdier. I denne rapporten brukes ledelsesverdier som et eget verdiområde for å vise til studier som bl.a. har sett på verdiene hos hver enkelte leder.
- **profesjonsverdier** hos ulike faggrupper innen helsetjenesten, som for eksempel sykepleiere, fysioterapeuter og leger.
- **individuelle verdier** hos hver enkelt ansatte.



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# Metode

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## LITTERATURSØK

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En forskningsbibliotekar utførte et systematisk litteratursøk i følgende databaser: Ovid MEDLINE, Ovid EMBASE, Ovid British Nursing Index, ISI Web Of Science (Science Citation Index, Social Science Citation Index, Arts and Humanities Citation Index), SveMed, Cochrane Library of Systematic Reviews, Cochrane Method Studies, DARE, HTA, Sociological Abstracts, Emerald Management Journals og Google Scholar.

Litteratursøket ble utarbeidet i henhold til forhåndsdefinerte inklusjons- og eksklusjonskriterier. Søket inneholdt relevante søkeord for å fange opp studier på organisatoriske verdier, ledelsesverdier, profesjonsverdier og individuelle verdier. Søket ble avgrenset til publikasjoner utgitt f.o.m. 1994 og med søkefiltre for relevante studiedesign. Søket ble supplert med 2 referanser identifisert av oppdragsgiver. Detaljert søkestrategi er gjengitt i vedlegg 1.

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## INKLUSJONS- OG EKSKLUSJONSKRITERIER

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### Publikasjoner som oppfylte følgende kriterier ble inkludert:

- **Institusjoner:** Alle deler av helsetjenesten. Litteratur om verdiarbeid i andre organisasjoner ble også inkludert.
- **Tema:** Vi inkluderte artikler som besvarte spørsmålene som beskrevet i problemformuleringen (s. 2) eller som på annen måte omhandlet verdiarbeid knyttet til et av de fire verdiområdene. Artiklene måtte beskrive resultater fra utførte studier eller metodiske problemstillinger knyttet til disse studiene.
- **Studiedesign:** Systematiske oversikter, oversiktsartikler, case studier, kvalitative studier, observasjonsstudier, pilotstudier, kontrollerte studier, tverrsnittstudier, retrospektive studier og annen empirisk forskning. Hvis søket identifiserte andre typer primærstudier, ble disse også inkludert.
- **Publikasjonsår:** 1994 – 2009
- **Språk:** Ingen begrensninger

## **Eksklusjonskriterier**

- Studier på økonomiske verdier, pasientens/brukerens verdier og på etiske og religiøse spørsmål ble ekskludert med mindre de eksplisitt var relatert til et av de fire inkludert verdiområdene. Dette inkluderte for eksempel studier på forskningsetikk og på etiske dilemmaer knyttet til spesifikke temaer som aktiv dødshjelp, prevensjon, screening og livsforlengende behandling.

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## **UTVELGELSE OG SORTERING**

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Samme person som gjorde litteratursøket gjennomgikk og valgte ut resultatene fra søkene. Referansene ble utvalgt på bakgrunn av artiklenes sammendrag og i henhold til inklusjons- og eksklusjonskriteriene. Der hvor sammendrag manglet, ble referansene inkludert hvis tittel var relevant. Referansene ble sortert i henhold til de fire tidligere nevnte verdiområdene. Utover dette gjorde vi ingen vurderinger eller analyser av innholdet i studiene.

Publikasjonene ble presentert med referanser og sammendrag kopiert fra databasene hvor de ble identifisert.

# Resultat

Søket identifiserte 5161 unike referanser (5868 før dublettkontroll).

Tabell 1 Søketryff fordelt på kilder

|                            |      |
|----------------------------|------|
| Ovid MEDLINE               | 2309 |
| Ovid EMBASE                | 1211 |
| Ovid British Nursing Index | 378  |
| Cochrane Library           | 352  |
| CRD Databases              | 110  |
| Sociological Abstracts     | 318  |
| ISI Web of Knowledge       | 900  |
| SveMed                     | 83   |
| Google Sclar               | 150  |
| Emerald management         | 53   |
| Oppdragsgiver              | 2    |

257 publikasjoner ble vurdert som relevante. Disse ble alfabetisert etter forfatternavn og sortert i henhold til de fire verdiområdene (se tabell 2). Flere av publikasjonene var relevante i forhold til mer enn ett verdiområde. Disse ble kun plassert under en kategori. Hver kategori ble videre inndelt i henholdsvis oversikter (oversiktsartikler eller systematiske oversikter) og primærstudier. Studier på organisasjoner utenfor helsetjenesten ble sortert sammen med de andre.

Tabell 2 - Relevante publikasjoner fordelt på verdiområder.

| Verdiområde                    | Referanser totalt | Studietype       | Se side            |
|--------------------------------|-------------------|------------------|--------------------|
| <b>Organisatoriske verdier</b> | 105               | 16 oversikter    | <a href="#">9</a>  |
|                                |                   | 89 primærstudier | <a href="#">13</a> |
| <b>Ledelsesverdier</b>         | 40                | 5 oversikter     | <a href="#">35</a> |
|                                |                   | 35 primærstudier | <a href="#">36</a> |
| <b>Profesjonsverdier</b>       | 79                | 6 oversikter     | <a href="#">45</a> |
|                                |                   | 73 primærstudier | <a href="#">46</a> |
| <b>Individuelle verdier</b>    | 33                | 3 oversikter     | <a href="#">63</a> |
|                                |                   | 30 primærstudier | <a href="#">63</a> |

Søket identifiserte 82 publikasjoner som var tematisk relevante men som i sammendraget ikke henviste til konkrete studier. Disse presenteres for seg selv i vedlegg 2.

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## 1 ORGANISATORISKE VERDIER

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### 1.1 Oversikter

1. **Begley PT. Values and leadership: Theory development, new research, and an agenda for the future. *Alberta Journal of Educational Research* 2000; 46(3):233-249.**

Sammendrag: This article presents an updated account of values and valuation processes as they occur in school settings. A tradition of epistemological and philosophical debate, as well as the dominance of empiricist perspectives in educational administration, have tended to separate the consideration of values as influences on leadership practices from the usual organizational or social collective perspectives common to the field. More recently, however, powerful social forces such as globalization and the increasing diversity of our societies have stimulated increased academic productivity in this sector. A more balanced view of values as an influence on administration is emerging, which combines notions of the personal values manifested by individuals and the professional values of administration with the collective values manifested by groups, societies, and organizations. Discussion and inquiry have now extended beyond the usual expert opinion and academic debate of theorists and philosophers to include practitioners, empirical verifications of theory, and important new research findings. In this article key concepts from theory and a selection of findings from research are reviewed. The application of theory and research about values through reflective educational practice is discussed. Certain methodological problems associated with values research are examined, and the ground-breaking work of several key contributors to the field is identified and considered. The article concludes with some speculations on an agenda for future theory-building and research in the values field.

2. **Dose JJ. Work values: An integrative framework and illustrative application to organizational socialization. *Journal of Occupational and Organizational Psychology* 1997; 70:219-240.**

Sammendrag: This article examines the work values and ethics literatures with the goal of integrating these diverse and independent research streams. The vocational behaviour literature and the management and organizational behaviour literature on work values, the Protestant Work Ethic construct, and business ethics theory are first reviewed and discussed, demonstrating how insights from these diverse research areas can inform each other. I propose a comprehensive definition of work values and a structural framework that reflects the central elements of the construct and reduces confusion over its conceptual boundaries. The framework consists of a two-by-two dimensional structure, with one continuum ranging from personal to social consensus-type values, and the other axis corresponding to moral versus preference values. The contents of each resulting quadrant and the relationships between quadrants are examined. Implications of this proposed structure for organizational socialization are discussed to illustrate its potential application.

3. **Driscoll C, Mckee M. Restorying a culture of ethical and spiritual values: A role for leader storytelling. *Journal of Business Ethics* 2007; 73(2):205-217.**

Sammendrag: In this paper, we outline some of the connections between the literatures of organizational storytelling, spirituality in the workplace, organizational culture, and authentic leadership. We suggest that leader storytelling that integrates a moral and spiritual component can transform an organizational culture so members of the organization begin to feel connected to a larger community and a higher purpose. We specifically discuss how leader role modeling in authentic storytelling is essential in developing an ethically and spiritually based organizational culture. However, we also acknowledge a potential dark side to leader storytelling. Implications for authentic storytelling research and practice are discussed.

4. **Fitzpatrick RL. A literature review exploring values alignment as a proactive approach to conflict management. *International Journal of Conflict Management* 2007; 18(3-4):280-305.**

Sammendrag: Purpose - The research aim has two purposes: to clarify the concepts of values, collaboration and conflict and their relationship with one another within organizations; and to provide data that supported or disconfirm values alignment as a proactive approach to conflict management.

Design/methodology/approach - An interdisciplinary review of literature was undertaken, as current literature on the topic of values as it relates to conflict was very limited in scope. The key concepts investigated were the connection between values (including alignment and congruence) and decision making, behavior, collaboration, strategy, prioritization and conflict within an organization. Research was guided using constructionism, chaos and complexity theories within a framework of Chaordic systems thinking. Findings - The paper provides documentation that previous values research practices have been fragmented and have had limited practical applications. Support is provided indicating that values alignment fosters collaboration and could be a proactive approach to conflict management. Research implications/limitations - No long-term studies were found on the topic of inquiry, although some documentation on business performance is starting to appear. Further research using values alignment as an organizational process would be beneficial. Practical implications - The framework presented appears to have a pragmatic application that would benefit organizational development and effectiveness. Originality/value - This paper expands previous studies by examining values research across domains and suggesting a different research approach. A model is discussed that provides meaningful linkage between business strategy and organizational values.

5. **Gelfand MJ, Erez M, Aycan Z. Cross-cultural organizational behavior. *Annu Rev Psychol* 2007; 58:479-514.**

Sammendrag: This article reviews research on cross-cultural organizational behavior (OB). After a brief review of the history of cross-cultural OB, we review research on work motivation, or the factors that energize, direct, and sustain effort across cultures. We next consider the relationship between the individual and the organization, and review research on culture and organizational commitment, psychological contracts, justice, citizenship behavior, and person-environment fit. Thereafter, we consider how individuals manage their interdependence in organizations, and review research on culture and negotiation and disputing, teams, and leadership, followed by research on managing across borders and expatriation. The review shows that developmentally, cross-cultural research in OB is coming of age. Yet we also highlight critical challenges for future research, including moving beyond values to explain cultural differences, attending to levels of analysis issues, incorporating social and organizational context factors into cross-cultural research, taking indigenous perspectives seriously, and moving beyond intracultural comparisons to understand the dynamics of cross-cultural interfaces.

6. **Gilliland SW, Steiner DD, Scarlicki DP, editors. *Emerging perspectives on values in organizations. A volume in research in social issues in management. Greenwich CT: Information Age Publishing, 2003.***

7. **Gingerich E, Mainstone L, editors. *The journal of values based leadership (JVBL). Indiana: Valparaiso University. <http://www.valpo.edu/cba/jvbl/index.htm>***

“*JVBL* is dedicated to publishing articles related to. Leading with integrity, credibility and morality; creating ethical, values-based organizations; balancing the concerns of stakeholders, consumers, labor and management, and the environment; teaching students how understand their values and how values impact organizational performance. In addition to articles that bridge theory and practice, the *JVBL* is interested in book reviews, case studies, personal experience articles, and pedagogical papers.”

8. **Grandori A. *Models of Pluralistic Organization: The Contribution of European Decision Making Research. Research in the Sociology of Organizations* 1995; 13:47-70.**

Sammendrag: Offers an overview & critical discussion of organizational decision making in Europe, tracing the evolution of European theoretical literature to illustrate how values such as individualism, subjectivism, & pluralism have emerged in thematic & methodological choices. Emphasized are those studies having common fundamental epistemological bases, or a cognitive orientation toward actors' preferences & their capacity for purposeful action. Research combining features of diffidence toward determinism, concern with actor freedom, & awareness of methodological issues with interest in human cognition, rationality, & organizational reform & redesign are highlighted. In the process, a modelization of pluralistic forms of organizing is proposed, comprising polyarchies, democracies, & anarchies as ideal-type coordination mechanisms.

9. **Granitz NA. *Individual, social and organizational sources of sharing and variation in the ethical reasoning of managers. Journal of Business Ethics* 2003; 42(2):101-124.**

Sammendrag: A growth in consumer and media ethical consciousness has resulted in the need for

organizations to ensure that members understand, share and project an approved and unified set of ethics. Thus understanding which variables are related to sharing and variation of ethical reasoning and moral intent, and the relative strength of these variables is critical. While past research has examined individual (attitudes, values, etc.), social (peers, significant others, etc.) and organizational (codes of conduct, senior management, etc.) variables, it has focused on their influence on the individual - and not on their role in relation to patterns of group sharing and variation in an organization. Introduced as a new methodology to study ethics, microcultural analysis stipulates that to explain patterns of sharing and variation, one must understand how individual, social and organizational variables influence sharing and variation. Key hypotheses predict that managers who share in individual, social or organizational determinants will be more likely to share in ethical reasoning and moral intent. Qualitative and quantitative research supports the key hypotheses, finding social ties, personal moral intensity, Machiavellianism, locus of control and codes of ethics as significant determinants. Individuals who share in these determinants are more likely to share in ethical reasoning and moral intent. Additionally, regression analysis reveals social ties and personal moral intensity to be the strongest determinants. Based on these results, managerial recommendations focus on a holistic approach, manipulating these three determinants to cultivate a unified code of ethics within an organization.

10. **Harris LC. Initiating planning: The problem of entrenched cultural values. Long Range Planning 1999; 32(1):117-126.**

Sammendrag: The aim of this paper is to contribute to a growing body of research into initiating planning by identifying and critically evaluating the means through which the entrenched values of an organizational culture can impede its ability to initiate planning. This article provides a review of literature which describes how existing research has concentrated on the identification and analysis of potential problems during plan generation and execution. After a brief discussion of the research methodology, the findings from interviews with managers from a case company are presented. The study finds that six entrenched values appear to have impeded the initiation of planning within the company. These are: reactivity; management activities and practice; compartmentalisation; short-term cost orientation; internal focus; and stability. The paper culminates within a series of conclusions and implications which lead to the development of an agenda for executives.

11. **Jurkiewicz CL, Giacalone RA. A values framework for measuring the impact of Workplace spirituality on organizational performance. Journal of Business Ethics 2004; 49(2):129-142.**

Sammendrag: Growing interest in workplace spirituality has led to the development of a new paradigm in organizational science. Theoretical assumptions abound as to how workplace spirituality might enhance organizational performance, most postulating a significant positive impact. Here, that body of research has been reviewed and analyzed, and a resultant values framework for workplace spirituality is introduced, providing the groundwork for empirical testing. A discussion of the factors and assumptions involved for future research are outlined.

12. **Lega F, DePietro C. Converging patterns in hospital organization: beyond the professional bureaucracy. Health Policy 2005; 74(3):261-281.**

Sammendrag: This study builds a framework to investigate the current trends emerging in hospital organizational design and its main consequences on human resources management. The analysis derives from an extensive literature review, which shows over the last 30 years a significant lack of works on organization design for hospitals, and from a number of experiences in hospital settings, which provide useful insights on changes taking place in hospitals. We intend to contribute to the filling of the gap in literature created by the lack of interest scholars have shown on hospital organization. The framework we discuss depicts the major converging trends of reorganization that can be observed in hospital contexts of industrialized countries. What we found is that large multi-specialty hospitals--by large we mean hospitals over about 300 beds--located in different countries, though starting from different internal and external organizational and environmental features are mostly converging towards a common design scheme. We labelled that scheme the care-focused hospital and we analysed in-depth its features in the attempt to facilitate cross-national comparison, otherwise difficult due to the fact that organizational concepts are value loaded and tend to be culture-bound. Challenges and managerial implications of this more and more widely diffused organizational paradigm are debated in the last part of the study.

13. **Luthans F, Youssef CA. Emerging positive organizational behavior. Journal of Management 2007; 33(3):321-349.**

Sammendrag: Although the value of positivity has been assumed over the years, only recently has it become a major focus area for theory building, research, and application in psychology and now organizational behavior. This review article examines, in turn, selected representative positive traits (Big Five personality, core self-evaluations, and character strengths and virtues), positive state-like psychological resource capacities (efficacy, hope, optimism, resiliency, and psychological capital), positive organizations (drawn from positive organization scholarship), and positive behaviors (organizational citizenship and courageous principled action). This review concludes with recommendations for future research and effective application.

14. **McLaughlin LA, Braun KL. Asian and Pacific Islander cultural values: considerations for health care decision making. *Health Soc Work* 1998; 23(2):116-126.**  
Sammendrag: As the United States becomes more ethnically diverse, health care practitioners must learn about the perspectives and values of a variety of cultural groups. Of interest is how these cultural values intersect with those of the dominant culture, especially in the health care arena. This article explores the values that influence decision making among Asian and Pacific Islander cultures, with specific illustrations from six of these cultures. The literature, along with our observations as health professionals and researchers working in Hawaii, suggest potential areas of conflict between the more collectivist values of Asian and Pacific Islander cultures and the more individualist orientation of the U.S. health care system. Implications for practice and research are presented.
15. **Poole E. Organisational Spirituality - A Literature Review. *Journal of Business Ethics* 2009; 84(4):577-588.**  
Sammendrag: The jury remains out about the bottom-line relevance of organisational spirituality. This article reviews the arguments made thus far, using those sources most commonly cited as providing 'evidence' that organisational spirituality adds value to the bottom line. Having collated the evidence, this article offers some observation about the robustness of this existing 'business case'. It then offers some preliminary conclusions on the literature review, examining the merits of pursuing a 'business case' in this field and identifying some specific questions for future research.
16. **Wright TA, Goodstein J. Character is not "Dead" in management research: A review of individual character and organizational-level virtue. *Journal of Management* 2007; 33(6):928-958.**  
Sammendrag: We propose that strength of character is a potentially important organizational research topic, one that has been largely untapped in applied research. Character (ethos) refers to those inter-penetrable habitual qualities within individuals and applicable to organizations that constrain and lead them to desire and pursue personal and societal good. In our review, we first provide an initial conceptualization of character, partly by distinguishing it from virtue and values. Second, starting with the Old Testament, we examine how character has traditionally been considered across time and culture. Next, we discuss the extant research on strength of character and organizational virtue. We conclude with promising research directions involving individual character strength and organizational virtue.

## 1.2 Primærstudier

1. **Aadland E, Askeland H, Flatebø E, Haugen H, Kaasa A, Stapnes LM. Verdibasert ledelse i praksis. En studie av 8 medlemsvirksomheter i HSH. Oslo: Diakonhjemmet Høgskole, Seksjon for Verdibasert ledelse, 2006.**  
Sammendrag: Verdibasert ledelse er et tema som opptar mange. De fleste virksomheter er opptatt av hvilke verdier som skal gjelde for driften og kjennetegnede atferd og holdninger blant ledere og medarbeidere. Dette temaheftet gir veiledning og råd om hvordan verdier kan praktiseres.
2. **Aaker JL, Benet-Martinez V, Garolera J. Consumption symbols as carriers of culture: a study of Japanese and Spanish brand personality constructs. *J Pers Soc Psychol* 2001; 81(3):492-508.**  
Sammendrag: This research argues that the meaning embedded in consumption symbols, such as commercial brands, can serve to represent and institutionalize the values and beliefs of a culture. Relying on a combined emic-etic approach, the authors conducted 4 studies to examine how symbolic and expressive attributes

associated with commercial brands are structured and how this structure varies across 3 cultures. Studies 1 and 2 revealed a set of "brand personality" dimensions common to both Japan and the United States (Sincerity, Excitement, Competence, and Sophistication), as well as culture-specific Japanese (Peacefulness) and American (Ruggedness) dimensions. Studies 3 and 4, which extended this set of findings to Spain, yielded brand personality dimensions common to both Spain and the United States (Sincerity, Excitement, and Sophistication), plus nonshared Spanish (Passion) and American (Competence and Ruggedness) dimensions. The meaning of these brand personality dimensions is discussed in the context of cross-cultural research on values and affect, globalization issues, and cultural frame shifting.

3. **Amos EA, Weathington BL. An Analysis of the Relation Between Employee-Organization Value Congruence and Employee Attitudes. J Psychol 2008; 142(6):615-631.**

Sammendrag: Researchers have examined the fit or match between a person and an organization extensively in the empirical literature. Overall findings have supported the existence of a positive relation between the congruence of employee and organizational values with employee attitudes toward the organization. However, this relation is not fully understood, and more research is needed to understand the relation between the congruence of different value dimensions and multiple employee attitudes. Therefore, the authors aimed to analyze value congruence across 7 dimensions and its relation to (i) job satisfaction, (b) organizational commitment, (c) satisfaction with the organization as a whole, and (d), turnover intentions. The results suggest that the perceived congruence of employee-organizational values by employees is positively associated with satisfaction with the job and organization as a whole and employee commitment to the organization. The results also support a negative relation between value congruence and employee turnover intentions.

4. **Aquino K. An Exploratory Study of Organizational Values in Jails. International Journal of Value-Based Management 1995; 8(2):99-115.**

Sammendrag: Data collected in 3 stages are used to inductively identify organizational values that guide the operation & management of jails. In stage 1, a set of 23 value items were drawn from surveys completed by 26 jail administrators. In stage 2, 206 officers in 5 facilities were asked to indicate the extent to which their administrators emphasized each value through their actions, statements, & policies. A principal components analysis showed that a subset of values could be represented by 2 underlying dimensions. Findings in stage 3, in which surveys were completed by 87 jail administrators, showed that 4 values were consistently ranked as being of high priority relative to others. Implications for jail management are discussed & future research directions offered. 3 Tables, 1 Appendix, 45 References. Adapted from the source document

5. **Arad S, Hanson MA, Schneider RJ. A framework for the study of relationships between organizational characteristics and organizational innovation. Journal of Creative Behavior 1997; 31(1):42-58.**

Sammendrag: This paper presents a taxonomy of organizational characteristics that was developed as part of a large scale job analysis project conducted for the Department of Labor (DOL). Based on research and theory related to organizations, a hierarchical taxonomy of organizational characteristics was developed with six construct domains at the highest level: organizational structure, leadership, human resources (HR) systems and practices, goals, and organizational values. The taxonomy has been empirically tested using data from over 300 organizations, and a summary of these results is presented. This taxonomy is then used to organize and review research on the relationships between organizational variables and innovation. Implications of the taxonomy for understanding relationships between organizational size, industry type, "high-performance" practices, and innovation are discussed.

6. **Azzoni G. Corporate Religions Religioni aziendali. Sociologia del Diritto 2004;31(2):181-211.**

Sammendrag: To explain some relevant features of major contemporary companies, we need concepts that are usually employed in the study of religion. Moving from a renowned view espoused by Emile Durkheim, Azzoni suggests that since big companies are subjects of general social relevance, they also develop religious practices & values. As a living case of corporate religion, the article analyzes the Johnson & Johnson Credo & suggests that it is the ground of the "invention of a tradition." It also deals with the development of the Credo & the complex "history of its influence" (Wirkungsgeschichte). In the last section, the author examines the normative force of the Credo, by analyzing the managerial decisions of Johnson & Johnson & American case law.



7. **Bajdo LM, Dickson MW. Perceptions of organizational culture and women's advancement in organizations: A cross-cultural examination. *Sex Roles* 2001; 45(5-6):399-414.**  
 Sammendrag: This study is a cross-cultural examination of the relationship between organizational culture and women advancement to management in organizations. The source of data for this study was the Global Leadership and Organizational Behavior Effectiveness Research Project, a cross-cultural study of societal culture, organizational culture, and leadership. The results of this study indicate that aspects of organizational culture typically associated with women are related to women's progress. In organizations in which organization members reported shared values of high humane orientation and high gender equity, organization members also reported high percentages of women in management relative to other organizations in their society. In addition, organizational cultural practices that emphasized high humane orientation, high gender equity, high performance orientation, and low power distance were also related to reports of high percentages of women in management relative to societal norms. Results of regression analysis predicting the percentage of women in management from the dimensions of organizational culture indicated that gender equity practices and values emphasizing humane orientation contributed significantly to the prediction of the percentage of women in management. Organizational cultural practices related to gender equity were found to be the most important predictor of the percentage of women in management. This study adds to the literature on women's progress in organizations by further extending the focus from individual and structural characteristics to characteristics of organizational culture. The findings suggest that change agents focused on increasing opportunities for women in management should attend to organizational culture, particularly aspects of culture related to gender equity practices.
  
8. **Baker TL, Hunt TG, Andrews MC. Promoting ethical behavior and organizational citizenship behaviors: The influence of corporate ethical values. *Journal of Business Research* 2006; 59(7):849-857.**  
 Sammendrag: In the present study, a model of antecedents and outcomes of ethical behavior in work organizations was developed and tested. Antecedents included are corporate ethical values, organizational justice, and organizational commitment. The outcome of organizational citizenship behaviors was also examined. Data were gathered from 489 members of a regional chapter of the National Association of Purchasing Managers (NAPM). Structural equation modeling was used to test the model. Results indicated the data fit the model well. Implications for managers and directions for future research are discussed.
  
9. **Barrett R. Building a values-driven, visionary organization. *Aspens Advis Nurse Exec* 1998; 13(6):1-8.**
  
10. **Becker TE, Billings RS, Eveleth DM, Gilbert NL. Foci and bases of employee commitment: Implications for job performance. *Academy of Management Journal* 1996; 39(2):464-482.**  
 Sammendrag: Previous research has found that employee commitment and job performance are largely unrelated. However, prior work has not distinguished among individual foci (targets) and bases (motives) of commitment. We found, as expected, that commitment to supervisors was positively related to performance and was more strongly associated with performance than was commitment to organizations. Further, internalization of supervisors' and organizations' values was associated with performance but identification with these foci was not.
  
11. **Bourne S, Snead JD. Environmental determinants of organizational ethical climate: A community perspective. *Journal of Business Ethics* 1999; 21(4):283-290.**  
 Sammendrag: This paper examines the role of community norms and values in determining employees' ethical perceptions. The local community is viewed as a microculture which contributes to the ethical framework within which firms operate. Research findings indicate the existence of a community-based microculture that potentially moderates an organization's ability to create homogenous organizational ethical cultures in various geographical locations.
  
12. **Bowen SA. Organizational factors encouraging ethical decision making: An exploration into the case of an exemplar. *Journal of Business Ethics* 2004; 52(4):311-324.**  
 Sammendrag: What factors in the organizational culture of an ethically exemplary corporation are responsible for encouraging ethical decision making? This question was analyzed through an exploratory case study of a top pharmaceutical company that is a global leader in ethics. The participating organization is renowned in public opinion polls of ethics, credibility, and trust. This research explored organizational culture, communication in issues management and public relations, management theory, and deontological

or utilitarian moral philosophy as factors that might encourage ethical analysis. Our understanding of organizational ethics is enhanced-by elucidating factors the case revealed as encouraging ethical analysis: an organizational culture that emphasizes the importance of ethics, Theory Y management, a symmetrical worldview valuing innovation and dialogue, a counseling role for issues management or public relations in the dominant coalition, rewarding ethical behavior, ethical analysis using moral philosophy, consistency between individual values and organizational philosophy, and ethics training. These factors, and perhaps others as yet unidentified, worked together to create an environment that encouraged ethical decision making at the exemplar organization.

13. **Braddy PW, Meade AW, Kroustalis CM. Organizational recruitment website effects on viewers' perceptions of organizational culture. Journal of Business and Psychology 2006; 20(4):525-543.**

Sammendrag: When utilizing traditional recruitment media, organizations are typically limited to providing job seekers with information solely on their vacant positions. Organizational recruitment websites, on the other hand, allow organizations to provide prospective applicants with both job descriptions and other information about the organization. However, little research exists regarding the impressions that viewers gain from organizational recruitment websites. The present study identified aspects of recruitment websites that may give rise to job seekers' perceptions of organizational culture. Results indicated that both website design features and information about organizational values, policies, awards, and goals affected viewers' perceptions of organizational culture.

14. **Bronn PS, Engell A, Martinsen H. A reflective approach to uncovering actual identity. European Journal of Marketing 2006; 40(7-8):886-901.**

Sammendrag: Purpose - This paper aims to present a case study of a unique identity-building process employed in a Scandinavian service firm. As noted by many authors, the concept of corporate identity is probably one of today's most explored areas by both academics and practitioners. Most agree that there is neither one way to define it nor one way to measure it. Some authors suggesting it is a multiple concept further complicates it. One thing is clear; uncovering identity starts internally with individuals and the organization. This article discusses the technique used in a Norwegian collection agency, Conecto, to develop an understanding of their actual identity. Design/metbodology/approach - The objective of the case study was to find the core values of the firm defined from an employee perspective, which would then provide an anchor for the firm's future work on its identity. The methodology employed is an existential psychotherapeutic framework, combining Socratic dialogue techniques refined by previous researchers, along with the concepts of personal identity and thought experiments. The project involved the entire organization in a year-long process to uncover past personal values that could provide a present anchor for the firm's future work on their identity, as defined from an employee perspective. Findings - Consistency in communication is a critical factor for a successful branding strategy. Employees are critical in this process, particularly in service firms. This case study demonstrates that by engaging employees deeply in the identity process, a more solid and consistent branding platform can be built. The project initially started with internal research from a corporate branding perspective. The point was to identify the fundamental values of the organization and to make them more explicit in the firm's marketing communication, with the intent to help Conecto create a solid position in its sector. However, the project quickly developed into a much deeper process where each member of the organization participated in answering the existential question "who are we?" It evolved from a simple corporate communication task to an effort embracing different disciplines: existential philosophy, organizational psychology and culture. Summarily, the firm has identified what we refer to as a "super value" - responsibility. Another result of the process has been a redefinition of the firm's role in its business sector. By anchoring their business activities in the concept of responsibility, the firm sees itself as a mediator between its customers and the debtors. Therefore responsibility provides the foundation for "branding" strategies with all stakeholders. Originality/value - The case study can be useful for organizations undergoing an identity process.

15. **Brown I. Organizational values in general practice and public involvement: case studies in an urban district. Health Soc Care Community 2001; 9(3):159-167.**

Sammendrag: A multiple case study design was used to explore dimensions of organizational values in general practice with respect to developing public involvement. The study was undertaken in an urban district in England with data collected through in-depth individual and focus group interviews with service providers and service users. Four general practice organizations were randomly selected for study after sorting all in the district according to their record of developing involvement activities. The case studies provide evidence of

how organizational values can differ markedly in general practice in relation to ideas of public involvement, with consequences for the quantity and quality of activities for involving local people and service users. The differences manifest themselves in the beliefs and attitudes of service providers about the purpose of the organization and the types of relationships that are appropriate with service users and local people. Service users appear to be very perceptive to the underlying ethos and purpose to their practice organization and this affects their responsiveness to initiatives for their involvement. The dimensions of the different values found in the study appear to be essentially the same as a number of established empirical findings of variations in values in general practice: an orientation to a narrow medical role and to general practice as a business are associated with a low valuation of involvement; an orientation to teamwork and to a broader social role appear more congruent with the development of involvement. Power is a critical issue in this setting with evidence in the study of the dominance of the medical practitioners in establishing organizational values and the nature of public involvement activities.

16. **Bullis CA, Kennedy JJ. Value Conflicts and Policy Interpretation: Changes in the Case of Fisheries and Wildlife Managers in Multiple Use Agencies. *The Policy Studies Journal* 1991; 19(3-4):542-552.**

Sammendrag: In a replication of an earlier study (Bullis, C., "Organizational Values and Control: The Case of Professionals in the U.S. Forest Service," in Conrad, C. [Ed], *The Ethical Nexus: Values and Decision Making in Organizations*, Norwood, NJ: Ablex, 1991), professional subcultures within the US Forest Service (USFS) are compared, drawing on mail questionnaire data from foresters, engineers, & wildlife & fisheries biologists (total N = 185). Herbert Simon's decision-making theory (*Administrative Behavior*, 3rd edition, New York: Free Press, 1976) is drawn on to examine the value premises & parties considered in organizational decision making, to explore differences in subculture perceptions of the organizational mission. Results indicate that foresters rely on a land ethic as a decision premise more than do the other groups. Wildlife & fisheries biologists report relying more on specific resource & multiple use. No differences are reported for parties considered in decision making. Wildlife & fisheries biologists tend to view the USFS mission as managing ecosystems more than do the other groups, though over the five-year period between studies, there was a trend toward greater homogeneity of values. It appears that biologists have both adapted to & created an adaptation of the USFS.

17. **Burke RJ. Workaholism in organizations: the role of organizational values. *Personnel Review* 2001; 30(5-6):637-645.**

Sammendrag: Workaholism has received considerable attention in the popular media but little research consideration. This study, using measures of workaholic and non-workaholic type developed by Spence and Robbins, examines the relationship of workaholic type and organizational values supporting work-personal life balance. Data were collected from 530 women and men MBA graduates in professional and managerial jobs using questionnaires. The results showed that organizational values supporting work personal life imbalance were significantly higher in workaholic than non-workaholic types. Practical implications for organizations and management are offered.

18. **Calnan M, Rowe R. Trust relations in a changing health service. *Journal of Health Services Research and Policy* 2008; 13(SUPPL. 3):97-103.**

Sammendrag: Objective: Trust in health care is an important policy area although research has tended to focus on interpersonal trust between patient and practitioner and has neglected trust relations at the organizational and institutional levels. Each of these levels of trust may have been influenced by recent policy and organizational changes in the NHS as well as wider cultural changes. Our aim was to explore the relationship between patients, practitioners and managers to identify if there was any evidence of changes in trust relations. Method: A comparative case study design in two different clinical and organizational settings. Results: Trust is still important for effective therapeutic and working relationships but the nature of that trust and how it is lost and won appears to be affected by the organizational context in which health services are delivered. The increasing partnership between patients and clinicians in managing health problems and the greater inter-dependence of clinicians and managers in providing multidisciplinary shared care have changed how patients, clinicians and managers trust each other. For many informants trust can no longer be assumed, it is conditional and has to be earned. However, the sources of trust are the quality of the patient-clinician interaction, the competence and empathy that is displayed rather than informed trust based on abstract disembodied data. Likewise in inter-practitioner relationships and clinician-manager relations trust no longer appears to be primarily based on professional status and seniority, instead it appears to be conditional and may be earned through a variety of strategies that demonstrate honesty, reliability, competence,

accessibility and an indication that colleagues share similar values and have a common agenda. Conclusion: Trust is still important for effective therapeutic and working relationships.

19. **Cambra-Fierro J, Polo-Redondo Y, Wilson A. The influence of an organisation's corporate values on employees personal buying behaviour. Journal of Business Ethics 2008; 81(1):157-167.**

Sammendrag: This article explores the influence that an organisation's corporate values have on employees' behaviour and values both within and outside the work environment. In particular, it focuses on the impact of these values on the personal buying behaviour of employees. The empirical research was undertaken within a case study organisation that produces wine in Spain and involved interviews with senior management, an analysis of company documentation, as well as group discussions with employees supported by an employee survey. The article argues that an organisation's corporate values influence not only its employees' behaviour within the work environment, but also impacts on their global values system outside of the work environment. In particular, this was evident within the employees' buying behaviour practices in relation to supplier loyalty and environmental concern. This has implications for business ethics as an organisation's value system may go beyond the purely business context. Organisations need to be aware of their impact on employees' behaviour outside of the work environment; this is particularly the case for multinational companies working across many cultures.

20. **Campbell A. Core values in healthcare or why the patient isn't an afterthought. Quality in Ageing 2005; 6(1):6-9.**

Sammendrag: Discussion of alternative views on the ethical basis of health care. Principlism is contrasted with the ethics of care, and virtue ethics is suggested as a more appropriate alternative, based on a research project with chronically ill people.

21. **Chen ANK, Edgington TM. Assessing value in organizational knowledge creation: Considerations for knowledge workers. Mis Quarterly 2005; 29(2):279-309.**

Sammendrag: To maintain competitive advantage, a firm's investment decisions related to knowledge creation are likely to be strategic in nature. However, strategic investments usually have an element of risk linked to uncertain and deferred investment benefits. To date, such-investment decisions relating to knowledge workers have not been extensively researched. In this paper, we explore the following research question: How do we strategically assess knowledge creation over time giving consideration to complex decision criteria in order to improve organizational value? We develop a model based on economic and organization theory for assessing organizational value with regard to knowledge creation investments. Our model prototype provides managers with a learning tool relating to the timing and selection of knowledge creation investments. Our own use of the tool in simulation experiments yielded several insights which suggest that the decisions typically made by managers may dilute knowledge creation investments. Our results demonstrate that the organizational benefit of knowledge creation processes should be well aligned with near-term tasks. Under instances of high knowledge depreciation, however, it is unlikely that individual workers can optimize knowledge creation process decisions without organizational involvement in matching skills to task complexities. The organizational benefits of consistent and frequent knowledge creation process participation increase over time as the match of skills and task complexities improve.

22. **Chen GQ, Tjosvold D. Organizational values and procedures as antecedents for goal interdependence and collaborative effectiveness. Asia Pacific Journal of Management 2008; 25(1):93-112.**

Sammendrag: Organizational values of people and respect and interdependent structures of team procedures and task interdependence may help departments believe their goals are cooperative and thereby coordinate effectively. CEOs in China completed measures of their organization's values and interdependent structures and their Vice-Presidents completed measures of the department's goal interdependence ( cooperative, competitive, and independent) and collaborative effectiveness. Structural equation analysis suggested that values and interdependent structures promote cooperative, but not competitive or independent, goals that in turn results in collaborative effectiveness. These results, coupled with previous research, were interpreted as suggesting that people and respect values, team procedures, task interdependence, and cooperative goals are complementary foundations for synergy in China and perhaps other countries as well.

23. **Chun R. Ethical character and virtue of organizations: An empirical assessment and strategic implications. Journal of Business Ethics 2005; 57(3):269-284.**

Sammendrag: Virtue ethics has often been regarded as complementary or laissez-faire ethics in solving business problems. This paper seeks conceptual and methodological improvements by developing a virtue character scale that will enable assessment of the link between organizational level virtue and organizational performance, financial or non-financial. Based upon three theoretical assumptions, multiple studies were conducted; the content analysis of 158 Fortune Global 500 firms ethical values and a survey of 2548 customers and employees. Six dimensions of organizational virtue (Integrity, Empathy, Warmth, Courage, Conscientiousness and Zeal) are identified through confirmatory factor analysis, and validated against satisfaction measure. Strategic implications of virtue characters are discussed.

24. **Cox M, DeMarco W. The Praxis of Values-Based Leadership: Aligning Culture, Community & Capability. *SCL Leadership Review* 2008; 2(1):31-43.**

Sammendrag: This paper describes a methodology for values-based leadership praxis directed towards cultural understanding, community empowerment and sustainable dialogue to build capability. It comes out of twenty-five years of independent research by each of the authors in Culture Analysis (CA) and Values Based Leadership (VBL) in frequently hostile, cross-cultural environments. At the heart of the model is a leading change culture assessment tool which is based on historical, sociological, anthropological and psychological conceptual and empirical research. It is the authors' contention that this is a fully functional integrated tool easily adaptable to civil-military-police-community cooperation. Properly implemented, it could enhance the quality of the liaison among civil-military-police-community agencies, while it provides greater perspective to understand the needs of diverse stakeholder groups. This model is founded on a leadership philosophy which builds trust and engenders confidence. The culture model identifies and defines the major elements of a culture and provides an accurate way to gain insight into its three major components: Values, History, and Folklore. The Culture Analysis is part of a fully integrated VBL process that helps leaders in a variety of contexts. It connects the three integral components of a total leader- character (EQ, emotional intelligence), competency (IQ, leadership intelligence), and capability (SQ, strategic intelligence). This paper will ultimately provide a useful model for addressing the fundamental 21st century leadership questions of civil-military-police cooperation: what do all parties need to do to engage in meaningful dialogue and what is it going to take to build sustainable community development.

25. **Craigie FC, Hobbs RF. Exploring the organizational culture of exemplary community health center practices. *Fam Med* 2004; 36(10):733-738.**

Sammendrag: Background and Objective : A 1999 precursor to this study, published in Family Medicine, suggested that the organizational culture of practices was potentially important to health care providers and patients. In this research, we examined the experiences of people working in exemplary community health center practices to explore the components and maintaining factors of positive medical organizational culture. Methods: Two exemplary practices were identified through a process of nominations and selection with respect to a presumptive definition of positive organizational culture. Interpretive categories and themes were developed through qualitative content analysis of semi-structured interviews, along with field observation. Results: Categories of culture in these practices included Community Mission and Values, Leadership and Organizational Dynamics, Relationships, and Physical meetings, and Space. Cultural qualities were nurtured by leadership approaches, collaborative staff consistently indicated that the spirit shared values about mission and workplace relationships. Staff or culture in their practices was beneficial for employees, patients, and the process of clinical care. Conclusions: The positive organizational culture in these practices was substantially characterized and cultivated by specific values, attitudes, behaviors, and relationships of employees. Further work is indicated in approaches to assessment and intervention with organizational culture in medical settings and in evaluating associations with medical outcomes.

26. **Danisman A, Hinings CR, Slack T. Integration and differentiation in institutional values: An empirical investigation in the field of Canadian National Sport Organizations. *Canadian Journal of Administrative Sciences-Revue Canadienne des Sciences de l'Administration* 2006; 23(4):301-317.**

Sammendrag: Integrating institutional theory's institutional isomorphism with integration and differentiation cultural views, the study examines the sources of variation in institutionally prescribed values in the field of Canadian National Sport Organizations. The results indicate support for the adaptation of institutional based values and norms among individual actors from both integration and differentiation perspectives. Specifically, results demonstrate institutionally prescribed values to be mostly monolithically adapted at the organizational level. However in spite of uniformity in most organizations as well as institution-wide strength, these values are also prone to be manifested distinctively around functional

subgroups across the field. Implications of results for research on both institutional theory and culture are discussed.

27. **De Clercq S, Fontaine JRJ, Anseel F. In search of a comprehensive value model for assessing supplementary person-organization fit. *J Psychol* 2008; 142(3):277-302.**  
Sammendrag: In this study, the authors tested the comprehensiveness of the S. H. Schwartz (1992) value model as a conceptual framework for assessing supplementary person-organization fit. They conducted an extensive literature search in which they identified 42 value instruments or typologies that are used to measure life, work, or organizational values. Experts judged whether each of 1,578 items from these 42 instruments could be regarded as an indicator of 1 of the 10 value types identified by S. H. Schwartz (1992). The authors found that (a) 92.5% of the items could be classified into 1 of the 10 value types and (b) the remaining items suggested 2 possible new types (goal orientedness and relations). The authors also found indications that 2 value types could be split to obtain a more univocal meaning. Overall, these findings suggest that the S. H. Schwartz (1992) value model might be an appropriate comprehensive framework for studying supplementary person-organization fit.
28. **De Coornan R, De Gieter S, Pepermans R, Hermans S, Du Bois C, Caers R et al. Person-organization fit: Testing socialization and attraction-selection-attrition hypotheses. *Journal of Vocational Behavior* 2009; 74(1):102-107.**  
Sammendrag: Using the socialization and attraction-selection-attrition (ASA) frameworks, this study examined the relation between employees' work values and their organization's values (person-organization fit). With a two year time interval, 140 respondents participated in a longitudinal study. After entry, socialization served to enhance homogeneity. The work values underwent small changes and the perception of fit with the organization grew. Despite high retention rates results confirmed the attrition effect. Results indicated that the lower the perceived match between own and organizational values at entry, the more likely it was that someone left the organization over time. We concluded that socialization as well as attrition mechanisms were present at the same time.
29. **Diaz-Cabrera D, Hernandez-Fernaud E, Isla-Diaz R. An evaluation of a new instrument to measure organisational safety culture values and practices. *Accident Analysis and Prevention* 2007; 39(6):1202-1211.**  
Sammendrag: The main aim of this research is to evaluate a safety culture measuring instrument centred upon relevant organisational values and practices related to the safety management system. Seven dimensions that reflect underlying safety meanings are proposed. A second objective is to explore the four cultural orientations in the field of safety arising from the competing values framework. The study sample consisted of 299 participants from five companies in different sectors. The results show six dimensions of organisational values and practices and different company profiles in the organisations studied. The four cultural orientations proposed by the competing values framework are not confirmed. Nevertheless, a coexistence of diverse cultural orientations or paradoxes in the companies is observed.
30. **Dickson MW, Resick CJ, Hanges PJ. Systematic variation in organizationally-shared cognitive prototypes of effective leadership based on organizational form. *Leadership Quarterly* 2006; 17(5):487-505.**  
Sammendrag: This study examined whether the content of organizationally-shared cognitive prototypes of effective leadership varies in predictable fashion according to the degree to which organizations are mechanistic or organic. Data for this study come from the GLOBE Project [House, R. J., Hanges, P. J., Javidan, M., Dorfman, P. W., & Gupta V (Eds.) (2004). *Culture, leadership, and organizations: The GLOBE study of 62 societies*. Thousand Oaks, CA: Sage]. First, we identified several different styles of leadership, and tested whether there is within-organization consensus in the perceived effectiveness of these different styles of leadership (i.e., whether cognitive prototypes of effective leadership are shared within organizations). We then investigated whether the organizationally-shared perception of effective leadership was related to the degree to which organizational cultures were characterized as having mechanistic or organic policies and practices or shared values. Results indicated that the organizationally-shared prototypes of effective leadership varied, in some cases, based on the degree to which organizations reflected mechanistic or organic organizational forms. Implications regarding the linkages between organizational factors and prototypes of effective leadership are discussed.

31. **Dobni D, Ritchie JRB, Zerbe W. Organizational values: The inside view of service productivity. Journal of Business Research 2000; 47(2):91-107.**  
 Sammendrag: In this study, we examined relations between organizational value systems and the productivity of service workers. Research was conducted in 92 service firms to construct an empirical taxonomy of organizational value systems based on the content focus of values, and the resulting taxonomy was used as a framework to examine the relationship between value system types and individual productivity, conceptualised in terms job-related behaviors, attachment, and affect. Four value system types were identified, and, as predicted, were shown to be differentially associated with all three ingredients of service productivity. These findings indicate the importance of the value system as a marketing and management tool, and underscore the need for services managers to determine the behavioral and psychological responses that define productive performance in their organizations and to diagnose and develop the value systems that will reinforce them.
32. **Eide T, Eide H. Verdien av en verdiintervensjon. En studie av verdiarbeid i et norsk sykehus. Oslo: Diakonhjemmet høgskole; 2008. Forskningsrapport nr. 2/2008.**  
[http://www.diakonhjemmet.no/stream\\_file.asp?iEntityId=2439](http://www.diakonhjemmet.no/stream_file.asp?iEntityId=2439)  
 Sammendrag: I perioden 2003-2006 ble det gjennomført et verdiprosjekt ved Diakonhjemmet sykehus. Hensikten var å øke bevisstheten om verdier i praksis. Denne rapporten dokumenterer de tre fasene i dette verdiarbeidet, og undersøker særlig verdien av den intervensjonen som ble gjennomført i den tredje fasen.
33. **El Sawy OA, Eriksson I, Raven A, Carlsson S. Understanding shared knowledge creation spaces around business processes: precursors to process innovation implementation. International Journal of Technology Management 2001; 22(1-3):149-173.**  
 Sammendrag: The thesis of this paper is that the implementation success of process innovations is facilitated by having an organizational environment that is conducive to effective shared knowledge creation around the process that is being improved. The paper describes a research study to better understand shared knowledge creation around business processes by developing a model of shared knowledge spaces that includes catalysts, organizational values, information technology infrastructure, and SKC processes. The context used is the new product development process in two high technology companies in Finland. Findings are presented and implications for creating effective shared knowledge creation environments are drawn. The paper ends with a call for creating such spaces as precursors to process innovation implementation.
34. **Eriksen S. Verdibasert ledelse i dydsetisk perspektiv - med utgangspunkt i ansvar for egen helse og rehabilitering. Masteroppgave i profesjonsetikk og diakoni. Oslo: Universitetet i Oslo, Det teologisk fakultet, 2006.**  
<http://www.duo.uio.no/publ/teologi/2006/40833/master.pdf>  
 Sammendrag: Verdibasert ledelse er en populær ledelsesmetode som setter fokus på verdier som samlingspunkt i en organisasjon. Lederstyrte prosesser skal definere nøkkelveidier som medarbeiderne kan enes om. Intensjonen er at medarbeideren skal gjøre verdiene til sine egne, slik at de kommer til uttrykk i praksis. Det er en utfordring å samle de ansatte på tvers av profesjongrensener og med ulike personligheter, om verdier. Hvordan skal en organisasjon gå fram for å finne de grunnleggende verdiene som alle kan jobbe sammen om? Hva kan ledelsen gjøre for at verdiene skal m<sub>2</sub> ½te hver enkelt medarbeider slik at hun gjør verdien til sin og synliggjør den i sitt arbeid? Intensjonen med verdibasert ledelse er viktig, spesielt i vår samtid, men metoden må søke støtte i annen teori slik at den ikke bare blir pene ord i strategiplanene eller markeds materialet. Moralfilosofen Alasdair MacIntyres dydsetiske teorier kan være en slik hjelp. Dydsetikk har sitt utgangspunkt i praksis, og fokuserer på individet som en del av et fellesskap. Oppgavens problemstilling er derfor: På hvilke måte blir metoden verdibasert ledelse utfordret av teoriene om dydsetikk? Problemstillingen belyses og diskuteres ut fra en studie basert på intervjuer med sykepleiere og fysioterapeuter som alle arbeider ved den samme rehabiliteringsinstitusjon, kalt Rehabiliteringssenteret. Institusjonens ledelse har valgt ansvar for egen helse som en av sine nøkkelveidier. Rehabiliteringssenteret står overfor flere dilemmaer i møte med verdibasert ledelse. Et hoveddilemma er en grov diskrepans mellom ledelsens definisjon av verdien og de ansattes definisjon.
35. **Falkenberg G. Verdier og sosiale normer i store norske virksomheter. Viktige kulturbærere eller fordekt PR? Fafos Rådsprogram 2006-2008. Oslo: Fafø, 2006. Fafø-notat 2006:08.**  
<http://www.fafø.no/pub/rapp/10028/10028.pdf>  
 Sammendrag: Norske virksomheter er opptatt av organisasjonsverdier, og verdibasert ledelse er et nytt mantra i næringsliv og offentlig sektor. Denne undersøkelsen av organisasjonsverdiene i de 50 største

virksomhetene i Norge, viser at hovedtyngden er definert som ikke-økonomiske verdier. En typologi viser at de omfatter moralske verdier, men først og fremst ulike former for sosiale normer. Organisasjonsverdiene lider av at de er vage og til dels uklart formulert, og derfor krevende å følge opp i praksis. Likevel har mange virksomheter forventninger til at organisasjonsverdiene skal danne basis for organisasjonskultur og ønsket atferd. Det er derfor et paradoks at få av verdiene har de ansatte som sin primære og viktigste målgruppe. Heller enn å uttrykke indre «kjerneverdier» for de ansatte, synes de å være begrunnet ut fra ønsket om å profilere virksomheten og skape et positivt inntrykk i omverdenen. Dermed greier ikke verdibasert ledelse å levere i henhold til egne ambisjoner.

36. **Finegan JE. The impact of person and organizational values on organizational commitment. *Journal of Occupational and Organizational Psychology* 2000; 73:149-169.**  
 Sammendrag: This study explored the relationship between personal values, organizational values, and organizational commitment. Participants from a large petrochemical company rated 24 values with respect to how important the value was to them and how important it was to the organization. They also completed Meyer and Allen's commitment scale. The results of hierarchical multiple regression analyses found that commitment was predicted by the employees' perception of organizational values. Furthermore, affective, normative and continuance commitment were each predicted by different clusters of values. This study highlights the importance of recognizing that values are multidimensional and that each value cluster may affect behaviour differently.
37. **Gabrielsen HC. Etisk regnskap - fra ide til praksis. En studie av adoptering og handtering av Etisk regnskap på bransje - og bedriftsnivå. Hovedoppgave. Tromsø: Universitetet i Tromsø, Institutt for statsvitenskap, 1998.**
38. **Gamble PR, Gibson DA. Executive values and decision making: The relationship of culture and information flows. *Journal of Management Studies* 1999; 36(2):217-240.**  
 Sammendrag: The effect of culture on work values has been studied in a number of ways, largely from a western perspective. Studies have predominantly employed questionnaires as the principal agent of data collection. Yet the Confucian work ethic attributes greater emphasis to collectivist values which bear more centrally on personal relationships. This research used discourse analysis in order to try to identify the implicit features of cultural values as they affected the transmission of financial information, a problem highlighted by the Asian currency crisis in 1997/98. The international hotel industry operates in a multicultural environment where very often foreign operators manage locally owned premises. In these circumstances, budgetary planning and control is an important mechanism. A sample of the interactions between 18 hotel general managers and their financial controllers were studied in Hong Kong. Financial controllers are already subject to a number of role conflicts and it was found that these may be exaggerated by culture. Chinese financial controllers seem to distort the outputs of budgetary planning and control processes in recognition of important organizational relationships. It is suggested that recognizing the direction and effect of these relationships has implications for leadership and performance judgements generally.
39. **Goodman SA, Svyantek DJ. Person-organization fit and contextual performance: Do shared values matter. *Journal of Vocational Behavior* 1999; 55(2):254-275.**  
 Sammendrag: The influence of person-organization fit on employees' task and contextual performance was investigated in this study. It was hypothesized that the fit between employees' desired organizational cultures and their actual organizational cultures would predict contextual performance (e.g., helping behaviors toward other employees or the organization). It was found that (1) perceptions of the organizational culture and (2) the discrepancy between employees' ideal organizational culture and their perceptions of the actual organizational culture were important in predicting both contextual performance and task performance. Implications of these findings for organizational research and human resource management practice are presented.
40. **Grugulis I, Dundon T, Wilkinson A. Cultural control and the 'culture manager': Employment practices in a consultancy. *Work Employment and Society* 2000; 14(1):97-116.**  
 Sammendrag: This article explores the use of 'company culture' as a means of management control. It reports on research conducted in a consultancy that aimed to secure loyalty from its employees through a conscious policy of organised 'play' at company socials. Employees were given a certain amount of freedom over their working lives in exchange for accepting company regulation of their social time. Here it is argued that this normative control differs from historical attempts to ensure that employees were of good moral character. In



earlier interventions social and community obligations were emphasised, now every 'virtue' encouraged is designed to be exercised in the workplace, often at the expense of the individual or the community. Further, that while control through organisational culture does have some of the advantages claimed for it in the prescriptive literature, it also extends the employment contract to areas previously outside the managerial prerogative.

41. **Gruys ML, Stewart SM, Goodstein J, Bing MN, Wicks AC. Values enactment in organizations: A multi-level examination. Journal of Management 2008; 34(4):806-843.**

Sammendrag: Business writers and practitioners recommend that core organizational values be integrated into employee work life for enhanced organizational productivity, yet no published studies have empirically examined the antecedents and outcomes of values enactment. Using longitudinal data on 2,622 employees, hierarchical linear modeling (HLM) results revealed that tenure and department-level values enactment were significant predictors of individual values enactment. Furthermore, employees who demonstrated high levels of values enactment were less likely to leave, and employees of high or low levels of values enactment in departments whose levels of values enactment matched their own were the most likely to be promoted.

42. **Hansen WS. A Sociolinguistic Analysis of Moral Language in Narratives by Leaders at an Urban School. Dissertation Abstracts International 2005; 66(1):136-13A.**

Sammendrag: The study examines discourse processes through which moral meaning is encoded in stories about school told by teachers at an urban public school. The author argues that moral climate is created through multiple mechanisms by all members of a school community and that an especially important such mechanism is teacher discourse about school. Prior literature has demonstrated that the moral climate of American public schools is an important, yet under-examined, determinant of school success. The study responds to the need for the study of intentional moral climate at schools by describing the ways in which teachers and researchers can be aware of moral content in daily discourse. The study identifies five key discourse processes present in the construction of moral meaning in the narratives examined. These are: (1) gnomic statements, (2) empathetic narrative, (3) perspective-taking, (4) ownership and membership categories, and (5) rule formulation. The author concludes that awareness of moral discourse processes will help teachers and school leaders to be aware of the moral differences and tensions in their communities. By studying and discussing these tensions as a community, school leaders and teachers can create moral environments that are at once tolerant of difference and explicit with regard to competing moral thought. Such moral environments are, the author argues, more comfortable and welcoming to diverse student populations than those environments in which the moral climate is neither intentionally created nor openly discussed.

43. **Haugh H, Mckee L. The cultural paradigm of the smaller firm. Journal of Small Business Management 2004; 42(4):377-394.**

Sammendrag: This paper presents the findings from an ethnographic study of organizational culture and shared values in four smaller firms, the outcome of which was the identification of the cultural values shared between owner-managers (OMs) and employees in each firm. The research employed Schein's conceptualization of culture as a three-layer phenomenon, consisting of surface artifacts, shared values and beliefs, and basic assumptions. The analytical technique of grounded theory was employed to process the large volume of data gathered during the extended research period. The data reveal a complex array of values in each firm, with only one firm exhibiting a homogenous culture where values are shared by all those working in the organization. In the remaining three firms, five values appear to be shared by all employees; however, this is overlaid by a pattern of subcultures differentiated by distinctive shared values. Interfirm analysis among the four firms found that the values of survival, independence, control, pragmatism, and financial prudence were shared by two or more firms. The research collectively defines these shared values as the cultural paradigm of the smaller firm.

44. **Ilouga SN. The impact of Person-organization congruence on the organizational normative commitment. Psychologie du Travail et des Organisations 2006; 12(4):307-325.**

Sammendrag: Numerous studies in organizational behaviour research have examined the congruence (i.e. fit, match, agreement and similarity) between two constructs as a predictor of some outcome. Edwards (1993, 1994) shows that, these studies operationalized congruence by collapsing two or more measures into a single index, such as an algebraic, absolute or squared difference and then, present numerous substantive and methodological problems that severely threaten the interpretability and conclusiveness of the obtained results. On the basis of the alternative approach proposed by Edwards (1993, 1994), we devoted ourselves to

examine the effect of the objective congruence between the organisational valorisation of the mutual assistance in the work and the individual need for interpersonal solidarity on the organizational normative commitment. The main effects of the individual preferences or the mode of organization were not taken into account in the analysis. We thus used the procedure of polynomial regression proposed by Edwards (1993, 1994) to make sure that congruence, rather than the components which are subjacent to it, does have a specific effect on the dependent variables. We actually found out that, notably for Gabonese employees, the objective congruence between the perception of the organizational valorisation of the mutual assistance and the individual need for interpersonal solidarity has the effect on the normative commitment towards the organization (Mso: beta = -0,65, P < 0,001 and Msp: beta = 0,77, P < 0,001; R-2 = 0,56). The level of organizational commitment increases with congruence between the personal and organizational values, then decreases with the shift. (c) 2006 Association internationale de psychologie du travail de langue française.

45. **Jacobsen APL. Fra sinnelag til system. Om å benytte verdier i ledelse av diakonal praksis. Masteroppgave i profesjonsetikk og diakoni. Oslo: Universitetet i Oslo, Det teologisk fakultet, 2005.**

<http://www.duo.uio.no/publ/teologi/2005/32885/AUTO/32885.pdf>

Denne studien tar for seg ledelse på Diakonhjemmet Sykehus. Spesifikt ser den på hvordan ledelse kan utføres ved å rette fokus mot organisasjonens grunnleggende verdier. Verdifokuset er et resultat av et ønske om å øke bevisstheten om organisasjonens verdigrunn-lag og diakonale identitet. Spesifikt var det et ønske om at verdiene skulle vises i praksis. For å oppnå dette ble det igangsatt et paraplyprosjekt kalt "Det diakonale sykehus i en postmoderne tid". Under dette ble det startet flere underprosjekt. To av dem er studert her. Disse prosjektene er "Prosjekt Diakonisykepleiere" og "Prosjekt Verdier i praksis".

46. **Kaptein M. Developing and testing a measure for the ethical culture of organizations: the corporate ethical virtues model. Journal of Organizational Behavior 2008; 29(7):923-947.**

Sammendrag: Based on four interlocking empirical studies, this paper initially validates and refines the Corporate Ethical Virtues Model which formulates normative criteria for the ethical culture of organizations. The findings of an exploratory factor analysis provide support for the existence of eight unidimensional subscales: clarity, congruency of supervisors, congruency of management, feasibility, supportability, transparency, discussability, and sanctionability. The findings of a confirmatory factor analysis show that the overall fit of the model is quite high. Evidence of convergent and discriminant validity is also found. The resulting 58-item self-reporting questionnaire is a useful tool that can be used in future research and by managers in assessing the ethical culture of their organization.

47. **Khazanchi S, Lewis MW, Boyer KK. Innovation-supportive culture: The impact of organizational values on process innovation. Journal of Operations Management 2007; 25(4):871-884.**

Sammendrag: For managers, innovation is vital, but paradoxical, requiring flexibility and empowerment, as well as control and efficiency. Increasingly, studies stress organizational culture as a key to managing innovation. Yet innovation-supportive culture remains an intricate and amorphous phenomenon. In response, we explore how organizational values - a foundational building block of culture - impact a particular process innovation, the implementation of advanced manufacturing technology (AMT). To unpack this scarcely studied construct, we examine three-dimensions of organizational values: value profiles, value congruence and value-practice interactions.

48. **Lloyd-Jones R, Lewis MJ, Eason M. Culture as metaphor: Company culture and business strategy at Raleigh Industries, c.1945-60. Business History 1999; 41(3):93.**

Sammendrag: This study of Raleigh Industries, one of the leading bicycle manufacturers in the world in the immediate post-war years, argues that its business strategy was in part shaped by a managerial commitment to a dominant company culture which was deeply embedded in Raleigh's history. Using the notion of culture as metaphor, the paper examines the way that core values in the company acted as a guide in the setting of organisational goals and, intended or unintended, impinged upon company performance. In many respects, the culture guided the company well, but our study shows a number of ambiguities, tensions and contradictions between culture and strategy which had negative effects on company behaviour. Thus, Raleigh's attachment to personal capitalism constrained its capacity expansion programme, and, while it adopted what appeared to be a progressive education and training policy, it in effect trained workers for the past rather than the future.

49. **McKibbin S. The soul of a corporation. Hosp Health Netw 1995; 69(10):20-22+24.**  
 Sammendrag: Medtronic Inc., the world's largest therapeutic medical technology company, is a prosperous organization. The company's 1994 net earnings reached a record \$232.4 million on net sales of \$1.39 billion. The company was ranked 300 on Fortune magazine's list of the 500 largest corporations last year, and was ranked 103 among 1,000 companies on its 'market value- added list,' based on its success in using capital to build shareholder value. But it's not the company's sales of pacemakers, tachyarrhythmia devices and balloon catheters that set it apart from many of its high- performing peers; it's the unique philosophy behind its achievements. The company's success, says CEO Bill George, is based firmly on rock-solid, mission-driven values that are nonnegotiable and universal. Unlike most CEO's of large for-profit corporations, he's not at all shy about discussing spiritual values, and has publicly spoken about 'the soul of the corporation.' To him, there's no contradiction between extraordinary profitability and a values-driven corporate culture; indeed, in his view, the two go hand in hand. To find out what makes him-and Medtronic-tick, Sue McKibbin, Ph.D., of the Hospital Research and Educational Trust of the AHA, interviewed George, who will be a speaker at the AHA's annual convention in San Francisco in August.
50. **Klenke K. Corporate values as multi-level, multi-domain antecedents of leader behaviors. International Journal of Manpower 2005; 26(1):50-66.**  
 Sammendrag: Purpose - This paper seeks to argue that leadership is a purposive process, which is value-transcendent, and to suggest that organizations, and leadership systems within organizations, are governed as much by beliefs as by rationality and outcomes. Design/methodology/approach - The paper provides a model which incorporates three sets of value-anchored antecedents as predictors of leader behavior is presented: work values including the Protestant work ethic and work involvement, leadership values including corporate stewardship, accountability and spiritual values including trust, humility, stewardship and community. Findings - The paper is consistent with research that supports the role values play as personal and organizational phenomena as well as research that indicates that values and beliefs are instrumental determinants of organizational culture. Originality/value - By including spiritual values as a domain of corporate values and predictors of leader behavior, the author is expanding existing value typologies and opening the discourse toward a values-based, spiritually anchored paradigm of leadership.
51. **Mills AE, Spencer EM. Values based decision making: a tool for achieving the goals of healthcare. HEC Forum 2005; 17(1):18-32.**  
 Sammendrag: The recognition that the success of the healthcare organization depends on its achievement of two interrelated goals is a relatively recent phenomenon. In its mid-history the healthcare organization was largely able to ignore cost issues. In its latter history, many would argue that it ignored its quality goals as it pursued its cost goals (15). Either approach, given declining revenues and a competitive landscape, is incompatible with continued responsible operation. If this is true, then tools that were appropriate when the healthcare organization was focused on the achievement of one or another of these goals are not adequate as the healthcare organization seeks to achieve both goals together. Thus, new perspectives and new tools must be found that help the organization address two intimately related but sometimes conflicting goals. Values based decision-making can be the perspective needed, and organization ethics is one tool that can be of use in supporting it within the institution. But there are caveats. In order for values based decision-making to be effective, leadership must take an active role in promoting its use. It must relinquish a degree of control and it must begin to trust its stakeholders to make decisions within the context of the organization's values and goals. This can be extremely difficult, as control by senior management is often seen as the only effective means of ensuring that correct decisions are made. There are additional difficulties in the healthcare organization. Control rests within two groups and the healthcare organization is operating in an environment in which variance elimination is emphasized as a means of controlling costs. This may be an appealing notion for revenue strapped healthcare organization leaders, but it implies greater control exerted by managers, not less. Relinquishing any degree of control is a frightening prospect, but it has been done successfully. An excellent example of leadership encouraging decisions based on values was presented by a unit administrator frustrated by the hierarchical structure and ponderous rituals of a traditional intensive care unit. Invoking a management tool called "the balanced scorecard" (which recognizes the multiplicity of goals and values in any organization) he identified the goals and values of the unit, and with the help and input of his staff he restructured it into functional multidisciplinary "teams" organized around tasks and goals which were based on values. The transformation of identities of unit members from their job description to their accomplishments improved both the efficiency of the unit and its morale--as well as resulting in cost savings. In this example teams had to learn to work together, collaborate and disregard the fear of doing things differently. Staff had to be motivated and feedback was necessary to ensure goals rather than rules were being

meet. The balanced scorecard was implemented with mechanisms to support the communication and collaboration necessary to achieve the goals of the unit. The experiment was successful, but only because leadership recognized that multiple goals and multiple values were involved, that were explicitly articulated with the priority of excellent care. But once leadership was sure that "shared vision" existed leadership was able to trust staff to make appropriate decisions to realize that vision.

52. **Minvielle E, Sicotte C, Champagne F, Contandriopoulos AP, Jeantet M, Preaubert N et al. Hospital performance: competing or shared values? *Health Policy* 2008; 87(1):8-19.**  
Sammendrag: OBJECTIVE: To find out which are the emerging views on hospital performance and to analyze how these views vary among hospital stakeholders. METHODS: Study setting: Three hospital stakeholder groups (physicians, caregivers, and administrative staff) in a large Paris teaching hospital. Study design: A case study combining a qualitative (interviews of 80 key hospital stakeholders and a survey of hospital staff), and a quantitative analysis (a questionnaire composed of 4 theoretical dimensions, 13 sub-dimensions, 66 items) with triangulation of the results. RESULTS: Hospital stakeholders assign greatest importance to the human relations dimension, i.e., organizational climate (professional and public service values) and quality of work life. These values attract a high degree of consensus among stakeholders (no statistical difference between physicians, caregivers and administrative staff). CONCLUSIONS: Our findings challenge the mainstream view that competing values underlie hospital performance. Currently, views are to some extent shared among different stakeholder groups. A reason for this could be the need to form a more united front in the face of recent reforms. This common emphasis on professional and public service values could be the basis for formulating management priorities in teaching hospitals in order to improve performance.
53. **Morris M, Schindehutte M. Entrepreneurial values and the ethnic enterprise: An examination of six subcultures. *Journal of Small Business Management* 2005; 43(4):453-479.**  
Sammendrag: A vital question receiving only limited attention in the extant research concerns the implications of culturally based values for the successful creation and growth of entrepreneurial ventures. This study explores core values held by entrepreneurs in growth-oriented firms belonging to six subcultures based in the state of Hawaii. Thirty first-generation entrepreneurs each were interviewed from the populations of Japanese, Korean, Filipino, Chinese, Vietnamese, and native Hawaiian firms. Evidence is provided of commonalities and differences in the value profiles of the different types of entrepreneurs. While some of the salient values are clearly traceable to the entrepreneur's native culture, it appears that entrepreneurs share certain core values regardless of cultural origin. Evidence is also provided of linkages between values and specific operational practices within the ventures studied. Implications are drawn for ongoing theory development and managerial practice.
54. **Naumes W, Boshoff AB, Naumes MJ. Business Values in the Republic of South Africa and the United States: A Tale of Two Countries. *International Journal of Value-Based Management*; 8(1):79-87.**  
Sammendrag: Reports a study of the values of 2 samples of South African managers over a 10-year period (N = 381 in 1983 & 126 in 1992) & compares these to values among a group of 412 US entrepreneurs, using scale data obtained via the Allport-Vernon-Lindzey Study of Values. Findings indicate a shift in the current values of the South African managers, with little difference explained on the basis of age. These findings are similar to those in the US sample, as well as the earlier South African sample. There are differences in the strength of the values, but less so in the pattern of values exhibited based on industry backgrounds. Reasons for these shifts are discussed, along with the potential impact on the education process in South Africa.
55. **Nelson G, Janzen R, Trainor J, Ochocka J. Putting values into practice: public policy and the future of mental health consumer-run organizations. *Am J Community Psychol* 2008; 42(1-2):192-201.**  
Sammendrag: The purpose of the paper is to reflect on value dilemmas in mental health consumer-run organizations and to discuss implications for research, policy, and practice. We review the roots of consumer-run organizations in the self-help movement and the psychiatric survivor liberation movement, focusing on the distinctive values espoused by consumer-run organizations. We also discuss evidence-based and value-based approaches to mental health policy formulation and mental health reform, noting the particular importance of value-based approaches and the role that consumer-run organizations can play in mental health reform. Based on our experiences conducting a participatory action research study of four mental health consumer-run organizations, we identify and examine several value dilemmas, discuss the lessons that

we learned about these value dilemmas, and note their implications for future directions in research, policy, and practice.

56. **Nelson RE, Gopalan S. Do organizational cultures replicate national cultures? Isomorphism, rejection and reciprocal opposition in the corporate values of three countries. *Organization Studies* 2003; 24(7):1115-1151.**  
Sammendrag: Despite the intuitive relation between national and organizational culture, empirical research relating the two phenomena is sparse. This article compares the national and organizational cultures of India, Brazil, and the USA, uncovering a significant but complex relationship. Clusters are found in all three countries that both systematically replicate and reject national values. Possible reasons for these 'isomorphic' and 'rejective' responses to national culture are explored and their theoretical implications developed.
57. **Nice FJ. Professional and organizational values of male and female U. *Mil Med* 1994; 159(11):693-698.**  
Sammendrag: A study was conducted to determine the organizational and professional values held by male and female physicians, nurses, and pharmacists serving in the U.S. Public Health Service. An existing instrument was modified to measure health professionals' organizational values and professional values. These values were analyzed by multivariate and multiple regression techniques to ascertain the relationship the independent variables sex, age, marital status, race, and practice type of the health professionals had with the levels of each measurement. Sex, age, marital status, race, and practice type appeared to affect the values held in varying degrees. Differences between organizational and professional values held by the health professionals will have an effect on future roles for officers in the U.S. Public Health Service. There will also be an impact on society as the nation decides the future direction for health care.
58. **Parkes LP, Bochner S, Schneider SK. Person-organisation fit across cultures: An empirical investigation of individualism and collectivism. *Applied Psychology-An International Review-Psychologie Appliquee-Revue Internationale* 2001; 50(1):81-108.**  
Sammendrag: The present study extended person-organisation fit research by concentrating exclusively on one national culture dimension affecting organisational values: individualism-collectivism (I-C). Volunteers (N=581) from two matched organisations (hospitals and management consultancies) in Australia and in South-East Asia completed questionnaires measuring individuals' orientations on I-C and other organisational variables. Two types of fit were analysed: interactions between(1) individual I-C and national culture, and (2) individual I-C and organisational culture. These interactions were tested in relation to three outcome variables: organisational commitment, job satisfaction, and tenure. Both national and organisational differences were found with respect to I-C. Asian organisations were more collectivistic than Australian organisations, and hospitals were more collectivistic than management consultancies. In support of person-organisation fit hypotheses, collectivists were more committed to their organisations and had longer tenure than individualists in Asian, as compared to Australian organisations. Interaction terms were significant even in the presence of direct effects of collectivism on organisational commitment and tenure. The same results were not found for job satisfaction. Predicted effects of person-organisation fit were not found at the organisational level within cultures.
59. **Pollock RE. Value-based health care: the MD Anderson experience. *Ann Surg* 2008; 248(4):510-516.**
60. **Porter ME. Value-based health care delivery. *Ann Surg* 2008; 248(4):503-509.**
61. **Posner BZ, Westwood RI. A Cross-Cultural Investigation of the Shared Values Relationship. *International Journal of Value-Based Management* 1995; 8(3):197-206.**  
Sammendrag: Mail survey data from managers in Australia (N = 505) & Hong Kong (N = 653) support the findings of previous studies in the US that shared values, or person-organization values fit, is strongly related to positive work attitudes. A 2-way ANOVA demonstrates that this relationship is unaffected by culture. Managerial implications are discussed.
62. **Rego A, Cunha MPE. Workplace spirituality and organizational commitment: an empirical study. *Journal of Organizational Change Management* 2008; 21(1):53-75.**  
Sammendrag: Purpose - The paper aims to study the impact of five dimensions of workplace spirituality (team's sense of community, alignment with organizational values, sense of contribution to society,

enjoyment at work, opportunities for inner life) on affective, normative and continuance commitment. Design/methodology/approach - A sample of 361 individuals from 154 organizations were interviewed. Correlations, regressions and cluster analyses were carried out. Findings - The five spirituality dimensions explain 48, 16 and 7 per cent of the unique variance of, respectively, the affective, normative and continuance forms of commitment. The findings suggest that when people experience workplace spirituality, they feel more affectively attached to their organizations, experience a sense of obligation/loyalty towards them, and feel less instrumentally committed. Research limitations/implications - Dependent and independent variables were collected from the same source, simultaneously. This can produce the risk of common method variance, leading to an inflation of statistical relationships. Future studies may use a double source method. A longitudinal research design may also be suitable. Practical implications - By improving spirituality climates, managers can promote organizational commitment and, thus, individual and organizational performance. It is likely that this occurs because people react reciprocally towards an organization that satisfies their spiritual needs, allows them to experience a sense of psychological safety, makes them feel that they are valued as human beings and that they deserve respectful treatment, and allows them to experience senses of purpose, self-determination, enjoyment and belonging. Originality/value - The paper contributes by filling a gap in the organization and management literature, in which empirical studies on organizational spirituality have been scarce until now.

63. **Sazko A. "Jeg vet ikke hvorfor de må ha verdier...": en kvalitativ studie av ansattes forhold til sin organisasjons offisielle identitet. Masteroppgave. Bergen: Universitet i Bergen, Sosiologisk Institutt, 2007.**

[https://bora.uib.no/bitstream/1956/2577/1/Masterthesis\\_Sazko.pdf](https://bora.uib.no/bitstream/1956/2577/1/Masterthesis_Sazko.pdf)

Sammendrag: Å måtte bli det man er, er et særtrekk ved det moderne liv, sier Zygmunt Bauman (2001). Det å utvikle sin identitet - en idé om hvem man er og hvordan man ønsker å fremstå for andre - er blitt en oppgave for individer i det moderne samfunnet. Men også kollektive aktører utvikler forestillinger om hvem de er og hvordan de ønsker å bli oppfattet av andre. Trolig blir flere hundre millioner kroner brukt hvert år i Norge på å utvikle og formidle organisasjonsidentitet gjennom ulike programmer for grafisk design, verdigrunnlag, visjoner og merkevare- og omdømmebygging (Kvåle og Wæraas 2006). I denne oppgaven vil jeg se nærmere på temaet identitetsbygging i organisasjoner og undersøke dette ut fra et arbeidstakersperspektiv. Begrepet organisasjonsidentitet kan forstås som en felles forståelse av 'hvem vi er' i organisasjonen. I denne oppgaven vil jeg imidlertid ta utgangspunkt i det jeg kaller organisasjonens offisielle identitet, eller organisasjonens offisielle selvbeskrivelser. At selvbeskrivelsene er offisielle, betyr at de er formulert som et enhetlig og samlet uttrykk for hvem organisasjonen er (Kvåle og Wæraas 2006). I bedrifter brukes den offisielle identiteten på den ene side til å skape et bestemt bilde av organisasjonen som kommuniseres utad, på den annen side kan identitetsbygging knyttes til kulturstyring internt i bedriften. Susan Wright sier at organisasjonskultur har forandret seg fra noe en organisasjon er til noe en organisasjon har, og fra å være en kontekstbasert prosess til ledelsens objektiverte verktøy (Wright 1994: 4). Slik blir kulturbegrepet ifølge Wright brukt ideologisk. Når det gjelder intern identitetsbygging kan ordet offisiell som regel knyttes til ordet obligatorisk - det forventes at alle aktører i bedriften internaliserer en bestemt sosial identitet. Det er denne delen av identitetsbyggingen jeg tar for meg i den følgende oppgaven.

64. **Schuh AM. Institutional values: The foundation for civil service change. Public Personnel Management 2006; 35(1):49-69.**

Sammendrag: The U. S. federal civil service system, which focuses on using common human resource management procedures developed through a political process, is disappearing. Since the literature suggests that inclusion of institutional values is key to successful administrative systems such as human resource (HR) management, developers of alternative federal HR systems need to know what values are most important to American institutional stakeholders. This research addresses the question of most important values from the perspective of one key stakeholder - the president. Recognizing that the president as the institutional gatekeeper is the most sensitive articulator of American values, the author uses content analysis of presidential speeches to determine which values the president articulates most frequently. The research finds that presidents consistently use ethics language when speaking to the nation. Performance and support are also regular subjects, but their intensity varies over time. Although presidents showed little interest in leadership language during colonial times, as the nation has aged, leadership language has grown exponentially.

65. **Schwartz M. The nature of the relationship between corporate codes of ethics and behaviour. Journal of Business Ethics 2001; 32(3):247-262.**

Sammendrag: A study was conducted in order to examine the relationship between corporate codes of ethics and behaviour. Fifty-seven interviews of employees, managers, and ethics officers were conducted at four large Canadian companies. The study found that codes of ethics are a potential factor influencing the behaviour of corporate agents. Reasons are provided why codes are violated as well as complied with. A set of eight metaphors are developed which help to explain how codes of ethics influence behaviour.

**66. Schwartz MS. Effective corporate codes of ethics: Perceptions of code users. Journal of Business Ethics 2004; 55(4):323-343.**

Sammendrag: The study examines employee, managerial, and ethics officer perceptions regarding their companies' codes of ethics. The study moves beyond examining the mere existence of a code of ethics to consider the role that code content and code process (i.e. creation, implementation, and administration) might play with respect to the effectiveness of codes in influencing behavior. Fifty-seven in-depth, semi-structured interviews of employees, managers, and ethics officers were conducted at four large Canadian companies. The factors viewed by respondents to be important with respect to code effectiveness include: provisions of examples; readability; tone; relevance; realism; senior management support; training; reinforcement; living up to standards; reporting requirement; anonymous phone line; communicating violations; and enforcement. The factors found to be potentially important include: justification for provisions; employee involvement; and sign-off requirements. Factors found not to be important include: objectives for the code; prior distribution; testing; and relating one's performance review to compliance with the code.

**67. Smith PB, Peterson MF, Schwartz SH. Cultural Values, Sources of Guidance, and Their Relevance to Managerial Behavior: A 47-Nation Study. Journal of Cross-Cultural Psychology 2002; 33(2):188-208.**

Sammendrag: Data are presented showing how middle managers in 47 countries report handling eight specific work events. The data are used to test the ability of cultural value dimensions derived from the work of Hofstede, Trompenaars, & Schwartz to predict the specific sources of guidance on which managers rely. Focusing on sources of guidance is expected to provide a more precise basis than do generalized measures of values for understanding the behaviors that prevail within different cultures. Values are strongly predictive of reliance on those sources of guidance that are relevant to vertical relationships within organizations. However, values are less successful in predicting reliance on peers & on more tacit sources of guidance. Explaining national differences in these neglected aspects of organizational processes will require greater sensitivity to the culture-specific contexts within which they occur.

**68. Sorensen OT, Hvidsten MA. "Ethical accounting" at a psychiatric hospital; value-based management involving staff and patients in improving quality of care. Nordic Journal of Psychiatry 2002; 56:38.**

**69. Strautmanis J. Employees' values orientation in the context of corporate social responsibility. Baltic Journal of Management 2008; 3(3):346-358.**

Sammendrag: Purpose - The aim of this paper is to explore if there are any statistically significant values orientations that determine the organizational culture environment and ascertain the factors that affect the values orientation structures differences. Design/methodology/approach - This study investigates the relationship between organizational values and sensitivity to corporate social responsibility among current employees and business students in Latvia. Using a questionnaire on value orientation, survey data were collected from a sample of 718 employees, 125 first year business students, and 277 MBA students. Findings - The research has contributed to the development of assessment instrument for organizational culture environment values orientation - nine scales representing values orientation typical of organizational culture. These scales were updated, analyzed by context and tested by application of statistical methods. Practical implications - Results of the research point out the necessity of social responsibility facilitating ethics studies in entrepreneur training programs in universities and colleges. Universities and colleges have important tasks in preparing the prospective managers. The time that has been spent studying is an important stage in the personal development in the early adult age. Originality/value - A structural model of nine values orientations describing organizational culture environment has been developed. Results of the research identified significant factors determining differences in values orientation: the gender and the type of the place of employment.

70. **Sylvester S. Measuring the learning practice: Diagnosing the culture in general practice. Quality in Primary Care 2003; 11(1):29-40.**  
 Sammendrag: Aim: To use a learning organisation diagnostic tool to ascertain the organisational culture of general practices. Setting: General practice. Subjects: Medium and large-sized general practices in the North Tees Primary Care Trust (PCT). Method: A questionnaire was developed to gauge staff perceptions of the extent to which their employing practice reflected eight characteristics of a learning organisation. The 40-item, indexed Likert scale questionnaire was completed by the practice-employed staff of 15 participating practices. Results: There were high levels of practice (93.8%) and staff (85.5%) participation in the study. The areas identified as least well developed among participating practices were: fostering understanding of others' roles; developing pluripotentiality and interdependence of skills; recognition and reinforcement of positive behaviour; seeking and valuing feedback from staff; development of shared values and goals; releasing the creative potential of staff; and learning from and working through conflict in the team. Conclusion: Measurement of organisational culture within general practices is possible and is able to identify priorities for change in practices seeking to develop as learning organisations.
71. **Taft S, Hawn K, Barber J, Bidwell J. Fulcrum for the future: The creation of a values-driven culture. Health Care Manage Rev 1999; 24(1):17-32.**  
 Sammendrag: This article describes the efforts of a small children's specialty hospital to prepare for a difficult period of restructuring in the marketplace by using the organization's core values as a force for direction, stabilization, and leverage. A best practices model was used to identify values that were a central part of the hospital's cultural heritage but were also critical for ensuring future institutional success. Principles for values definition and implementation provide guidance for other health care institutions.
72. **Thoms JC. Ethical Integrity in Leadership and Organizational Moral Culture. Leadership 2008; 4(4):419-442.**  
 Sammendrag: Ethical integrity and moral culture are defined, and ethical integrity in leadership, ethical dilemmas and failures, and organizational moral culture are examined. These views are measured against a number of case studies to determine whether there are linkages between organizational moral culture and the ethical or unethical integrity of leadership. A number of conclusions are drawn from the case studies. There appears to be a direct link between ethical leadership and organizational moral culture, although in some cases, considerable time may be needed to change the moral culture of an organization. Shareholders and the public appreciate and reward organizations with high ethical principles and moral culture whereas regulators are increasingly taking legal action against companies which flout shareholders' and the public's trust. The article questions whether codes of conduct, regular performance and audit reviews or other mechanisms to maintain ethics inhibit employees' right to moral autonomy. Finally, it is noted that inconsistencies exist in correlating private standards and behaviour as important predictors or determinants of ethical business conduct.
73. **Thumin FJ, Johnson JHJ, Kuehl C, Jiang WY. Corporate values as related to occupation, gender, age, and company size. J Psychol 1995; 129(4):389-400.**  
 Sammendrag: A mail survey was used to study the perceived importance of 15 corporate values among advertising personnel, CPAs, and business school professors. Excellent customer service, ethical behavior, and product quality were perceived as highly important by all groups. Political activity and contribution to the community were seen as relatively unimportant. There was general agreement that it was more important to make a fair profit than to maximize profits. A number of corporate values were significantly related to occupational group, gender, age, and company size.
74. **Tjosvold D, Coleman PT, Sun HF. Effects of organizational values on leaders' use of informational power to affect performance in china. Group Dynamics 2003; 7(2):152-167.**  
 Sammendrag: The traditional idea that power is limited was hypothesized to induce managers to develop a competitive relationship with and withhold their resources from employees. Results of an experiment conducted in China with 60 male and 60 female students indicated that participants used their information power to provide assistance and encouraged their subordinates when their organization valued expandable power compared with limited power and when they believed the others were unable rather than unmotivated. Results were interpreted as suggesting that even in high power distance societies such as China, organizational valuing of expandable power and the development of cooperative goals contribute importantly to the constructive use of information power. Results have implications both for the general theory of cooperation and competition and for our understanding of power in China.



75. **Valentine S, Fleischman G. Professional Ethical Standards, Corporate Social Responsibility, 82(3):657-666.**  
 Sammendrag: This study explored several proposed relationships among professional ethical standards, corporate social responsibility, and the perceived role of ethics and social responsibility. Data were collected from 313 business managers registered with a large professional research association with a mailed self-report questionnaire. Mediated regression analysis indicated that perceptions of corporate social responsibility partially mediated the positive relationship between perceived professional ethical standards and the believed importance of ethics and social responsibility. Perceptions of corporate social responsibility also fully mediated the negative relationship between perceived professional ethical standards and the subordination of ethics and social responsibility. The results suggested that professions should develop ethical standards to encourage social responsibility, since these actions are associated with enhanced employee ethical attitudes.
76. **van der Wal Z, De Graaf G, Lasthuizen K. What's valued most? Similarities and differences between the organizational values of the public and private sector. Public Administration 2008; 86(2):465-482.**  
 Sammendrag: In recent administrative and organizational literature much attention has been paid to values that guide organizational and managerial behaviour in the public and private domain. Comparative empirical research efforts, however, are sparse. This article reports the results of a comparative empirical survey of 382 managers from a variety of public and private sector organizations in The Netherlands. Contrary to much recent literature that presupposes the intermixing or convergence of value systems guiding governance in different kinds of organizations, the results of this study show two distinct and relatively classical value systems for government and business as well as a 'common core' of important organizational qualities. These are accountability, expertise, reliability, efficiency and effectiveness, all of which are considered crucial in both public and private sector organizations. Additional analysis shows that value preferences are primarily attached to sector rather than to age, gender, working experience, or previous employment in the other sector.
77. **van der Wal Z, Huberts L. Value solidity in government and business - Results of an empirical study on public and private sector organizational values. American Review of Public Administration 2008; 38(3):264-285.**  
 Sammendrag: This article reports on a survey study of 382 managers from a variety of public and private sector organizations, on the values that guide sectoral decision making. Just as some important classical differences emerge, a number of similarities between the public and private sector appear to result in a set of common core organizational values. Furthermore, the data support neither increasing adoption of business values in public sector organizations nor flirtation with public values by business sector managers. This contradicts expectations in the literature on new public management and corporate social responsibility, suggesting public-private value intermixing. Value solidity seems the dominant feature in both sectors. Additional analysis shows that "publicness," the extent to which an organization belongs to the public or the private sector rather than age, gender, years of service or a past in the other sector-strongly determines value preferences.
78. **Van Lee R, Fabish L, McGaw N. The value of corporate values [SSRN Working Paper Series]. [opdatert 2005; lest 13.03.2009]. Tilgjengelig fra: [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=956170](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=956170).**  
 Sammendrag: Corporate values are in vogue - but what does the fashion tell us about enduring corporate practice, as it is and as it could be? Increasingly, companies around the world have adopted formal statements of corporate values, and senior executives now routinely identify ethical behavior, honesty, integrity, and social concerns as top issues on their companies' agendas. The meaning of this new emphasis on values, however, is less obvious than the trend itself. So to explore how deeply these values are embedded in organizations and to examine the role that values are playing, in 2004 Booz Allen Hamilton and the Aspen Institute, a nonprofit and nonpartisan forum focused on values-based leadership and public policy, conducted a global study of corporations in 30 countries and five regions.
79. **van Tuijl HFJM, van de Kraats AH. Value people, the missing link in creating high performance organizations. International Journal of Technology Management 2000; 19(6):559-570.**  
 Sammendrag: A collaborative research programme is proposed, based on the supposition that the urgently

needed renewal of our companies should follow the model of a Value People Organization. Such an organization is characterized by four mutually related conditions: the presence of shared values; the competencies to transform these shared values into results; selfmanagement systems to guide this process; and appraisal and reward systems to support it. To realize these four conditions is considered a number one management responsibility. The proposed research programme looks for empirical evidence in support of the above hypothesis. It also tackles the question of how to realize the conditions mentioned, if they are lacking. Two context factors are taken into account: educational programmes of universities, because of their impact on the influx of employee competencies into organizations; and national and supranational bodies, because of their role in the conditioning of people's (shared) values.

**80. Verschoor CC. A study of the link between a corporation's financial performance and its commitment to ethics. *Journal of Business Ethics* 1998; 17(13):1509-1516.**

Sammendrag: A number of studies have tested the relationship between a corporation's social and ethical performance and its financial performance. In contrast, this is the first study to demonstrate: a link between overall financial performance and an emphasis on ethics as an aspect of corporate governance. It identifies the 26.8 percent of the 500 largest U.S. public corporations that, in their annual report to shareholders, commit to ethical behavior toward their stakeholders or emphasize compliance with their code of conduct. The financial performance of these corporations ranks higher than that of those who do not at a significance level of  $p = < 0.005$ , using the 1997 Business Week ranking which averages eight publicly-reported measures of historical financial performance. These findings should motivate more corporations to utilize the principles of Social and Ethical Accounting, Auditing and Reporting (SEAAR).

**81. Voss GB, Cable DM, Voss ZG. Linking organizational values to relationships with external constituents: A study of nonprofit professional theatres. *Organization Science* 2000; 11(3):330-347.**

Sammendrag: This study explores the organizational values that characterize firms in the nonprofit professional theatre industry, and examines the links between firms' organizational values and their relationships with external constituents. Using grounded research methods, we uncover five value dimensions that are relevant to arts organizations: prosocial, artistic, financial, market, and achievement. Using a sample of 97 nonprofit theatres, we extend our qualitative inquiry with an empirical investigation of how firms enact their organizational values to build and maintain relationships with external constituents. Results from a two-wave survey design indicate consistent patterns of association between organizational values and (1) perceptions of values congruence with external constituents, (2) human resource allocation and programming decisions that firms make to support relationships with external constituents, and (3) the level of financial resources that firms obtain from their relationships with different external constituents. Interestingly, results from both investigations hint at underlying tensions between competing values in cultural firms, such as pressures to be both artistic- and market-oriented.

**82. Wagner WJ. Constitutional values and the ethics of health care: a comparison of the United States and Germany. *J Contemp Health Law Policy* 2002; 18(3):619-632.**

**83. Wan C, Chiu CY, Peng SQ, Tam KP. Measuring cultures through intersubjective cultural norms - Implications for predicting relative identification with two or more cultures. *Journal of Cross-Cultural Psychology* 2007; 38(2):213-226.**

Sammendrag: Core values of a culture may refer to values endorsed by most members of the culture or to values members of the Culture generally believe to be widely shared in the culture. The authors propose an intersubjective consensus approach to identifying core cultural values based on the latter definition. In three studies, they illustrated the utility of the intersubjective consensus approach for identifying the cultural values that differentiate two or more nested cultural groups. They showed that endorsement of these values was related to the relative strength of identification with these cultural groups. The findings from the present research have important implications for social identity theories and acculturation research.

**84. Wan C, Chiu CY, Tam KP, Lee SL, Lau IYM, Peng SQ. Perceived cultural importance and actual self-importance of values in cultural identification. *J Pers Soc Psychol* 2007; 92(2):337-354.**

Sammendrag: Cross-cultural psychologists assume that core cultural values define to a large extent what a culture is. Typically, core values are identified through an actual self-importance approach, in which core values are those that members of the culture as a group strongly endorse. In this article, the authors propose a perceived cultural importance approach to identifying core values, in which core values are values that

members of the culture as a group generally believe to be important in the culture. In 5 studies, the authors examine the utility of the perceived cultural importance approach. Results consistently showed that, compared with values of high actual self-importance, values of high perceived Cultural importance play a more important role in cultural identification. These findings have important implications for conceptualizing and measuring cultures.

85. **Watkins A, Hill RP. The impact of personal and organizational moral philosophies on marketing exchange relationships: A simulation using the prisoner's dilemma game. Journal of Business Ethics 2005; 62(3):253-265.**

Sammendrag: The purpose of this research is to examine the impact of individual and firm moral philosophies on marketing exchange relationships. Personal moral philosophies range from the extreme forms of true altruists and true egoists, along with three hybrids that represent middle ground (i.e., realistic altruists, tit-for-tats, and realistic egoists). Organizational postures are defined as Ethical Paradigm, Unethical Paradigm, and Neutral Paradigm, which result in changes to personal moral philosophies and company and industry performance. The study context is a simulation of an exchange environment using a variation of the prisoners' dilemma game. A literature review is provided in the opening section, followed by details on the simulation, discussion of the results, and the implications for theory and practice.

86. **Whitcomb LL, Erdener CB, Li C. Business ethical values in China and the US. Journal of Business Ethics 1998; 17(8):839-852.**

Sammendrag: The research presented in this paper focuses on business ethical values in China, a country in which the process of institutional transformation has left cultural values in a state of flux. A survey was conducted in China and the U.S. by using five business scenarios. Survey results show similarities between the Chinese and American decision choices for three out of five scenarios. However, the results reveal significant differences in rationales, even for similar decisions. The implications of similarities and differences between the U.S. and Chinese samples are discussed.

87. **White KR, Begun JW, Tian W. Hospital service offerings: does Catholic ownership matter? Health Care Manage Rev 2006; 31(2):99-108.**

Sammendrag: Controlling for market and organizational characteristics, Catholic hospitals in 2001 offered more stigmatized and compassionate care services than investor-owned hospitals, and more stigmatized services than public hospitals. There were no differences between Catholic hospitals and other nonprofit hospitals, however, in the number of compassionate, stigmatized, and access services offered. This may reflect growing isomorphism in the nonprofit hospital sector.

88. **Williams J, Smythe W, Hadjistavropoulos T, Malloy DC, Martin R. A study of thematic content in hospital mission statements: A question of values. Health Care Manage Rev 2005; 30(4):304-314.**

Sammendrag: We examined the content of Canadian hospital mission statements using thematic content analysis. The mission statements that we studied varied in terms of both content and length. Although there was some content related to goals designed to ensure organizational visibility, survival, and competitiveness, the domain of values predominated over our entire coding structure. The primary value related theme that emerged concerned the importance of patient care.

89. **Wilson VJ, McCormack BG, Ives G. Understanding the workplace culture of a special care nursery. J Adv Nurs 2005; 50(1):27-38.**

Sammendrag: Aim: This paper presents findings from the first phase of a research study focusing on implementation and evaluation of emancipatory practice development strategies. Background: Understanding the culture of practice is essential to undertaking effective developments in practice. Culture is a dominant feature of discussions about modernizing health care, yet few studies have been undertaken that systematically evaluate the development of effective practice cultures. Method: The study intervention is that of emancipatory practice development with an integrated evaluation approach based on Realistic Evaluation. The aim of Realistic Evaluation is to evaluate relationships between Context (setting), Mechanism (process characteristics) and Outcome (arising from the context-mechanism configuration). This first phase of the study focuses on uncovering the context (in particular the culture) of the Special Care Nursery in order to evaluate the emancipatory practice development processes and outcomes. Data collection methods included survey, participant observation and interview. Cognitive mapping, constant comparative method and coding were used to analyse the data. Findings: Four key categories were identified: Teamwork, Learning in Practice,

Inevitability of Change and Family-Centred Care and collectively these formed a central category of Core Values and Beliefs. A number of themes were identified in each category, and reflected tensions that existed between differing values and beliefs within the culture of the unit. Conclusion: Understanding values and beliefs is an important part of understanding a workplace culture. Whilst survey methods are capable of outlining espoused workplace characteristics, observation of staff interactions and perceptions gives an understanding of culture as a living entity manifested through interpersonal relationships. Attempts at changing workplace cultures should start from the clarification of values held among staff in that culture.

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## 2 LEDELSESVERDIER

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### 2.1 Oversikter

1. **Dent EB, Higgins AE, Wharff DM. Spirituality and leadership: An empirical review of definitions, distinctions, and embedded assumptions. Leadership Quarterly 2005; 16(5):625-653.**

Sammendrag: Spirituality and its relationship to workplace leadership is a compelling issue for management practitioners and researchers. The field of study is still in its infancy and as such is marked by differences in definitions and other basic characteristics. Much of what has been written on this subject has appeared in general, rather than academic publications and consequently may lack rigor. The purpose of this study is to analyze known academic articles for how they characterize workplace spirituality, explore the nexus between spirituality and leadership, and discover essential factors and conditions for promoting a theory of spiritual leadership within the context of the workplace. An emergent process was used to identify and validate eight areas of difference and/or distinction in the workplace spirituality literature: 1.) definition, 2.) connected to religion, 3.) marked by epiphany, 4.) teachable, 5.) individual development, 6.) measurable, 7.) profitable/productive, and 8.) nature of the phenomenon. Eighty-seven scholarly articles were coded for each of these areas. Findings conclude that most researchers couple spirituality and religion and that most either have found, or hypothesize a correlation between spirituality and productivity. The emergent categories offer provocative new avenues for the development of leadership theory.

2. **Kanji GK, Sa PME. Measuring leadership excellence. Total Quality Management 2001; 12(6):701-718.**

Sammendrag: In Kanji's Business Excellence Model leadership plays the prime role for the creation of excellence in an organization. In this paper, we investigate why leadership is the prime and how leadership excellence converges from the core values of the organization. In order to do so, we start by discussing the concept of leadership and reviewing the main theories developed in its study. Then, we identify the fundamental competencies of leaders in a quality organization. Supported by an extensive literature review, we propose a structural equation model for leadership. To illustrate its application, we present a simplified example. Given the criticality of leadership, the emergence of a model that expands the understanding of the leadership construct and its measurement is of major importance for organizations to pursue business excellence. The purpose of this paper is to make a significant contribution in this regard and open the debate to further discussions and refinements.

3. **Russel RF. The role of values in servant leadership. Leadership & Organization Development Journal 2001; 22(2):76-84.**

Sammendrag: This paper reviews the existing literature regarding values in leadership. It identifies issues relating to both personal values and organizational values. The literature indicates that values affect leader behavior, as well as organizational performance. The paper also provides an overview of servant leadership theory and extrapolates applications of the values in leadership literature to three aspects of servant leadership: trust; appreciation of others; and empowerment. Values constitute the foundation of servant leadership. Fundamentally, leader values may be the underlying factors that separate servant leaders from all other leadership types.

4. **Russel RF, Stone AG. A review of servant leadership attributes: developing a practical model. Leadership & Organization Development Journal 2002; 23(3):145-157.**

Sammendrag: Servant leadership is an increasingly popular concept in the repertoire of leadership styles. While an intuitively attractive concept, it is systematically undefined and not yet supported by empirical research. Reviews the servant leadership literature with the intent to develop a preliminary theoretical framework. Builds a foundation for categorizing and appraising the functional and accompanying attributes of servant leaders. Once categorized, a formative, rational servant leadership attribute model is constructed. The authors call for further development of the model and empirical research to support it.

5. **Strack G, Fottler MD. Spirituality and effective leadership in healthcare: is there a connection?[see comment]. Front Health Serv Manage 2002; 18(4):3-18.**

Sammendrag: Does the level of a leader's spirituality affect his or her effectiveness as a leader? The existence or nonexistence of a link between leadership and spirituality is an emerging issue in the healthcare leadership

and management literature. This article defines effective leadership and spirituality and reviews the literature for both healthcare and other organizations in the discussion of this link. It concludes that healthcare leaders who are more developed in terms of their actualized spirituality simultaneously implement the five practices of effective leaders: challenge the process, inspire a shared vision, enable others to act, model the way, and encourage the heart. Moreover, they achieve more positive results for their organizations.

## 2.2 Primærstudier

1. **Alvesson M. Leadership as Social Integrative Action. A Study of a Computer Consultancy Company. *Organization Studies* 1992; 13(2):185-209.**

Sammendrag: It is suggested that leadership, at least in some types of organizations, can be conceptualized as social integrative action, seen as a synthesis of institutional & human-relations-oriented leadership. Findings of a case study of a Swedish computer consultancy company, a professional service adhocracy, support this argument. It is also argued that leadership can be viewed as an expression of those values, virtues, norms, & symbolic guidelines for understanding that are usually referred to as corporate culture or ideology. Leadership is consequently seen as subordinated to the cultural context. A less "commander"- & micro-oriented view on managerial work (ie, the leader as a boss, understood through focus on him/her & the group) than those common in the literature is recommended. 2 Figures, 38 References. Adapted from the source document.

2. **Bishop CF. Generational Cohorts and Cultural Diversity as Factors Affecting Leadership Transition in Organizations. *Dissertation Abstracts International* 2004; 64(12):4632-463A.**

Sammendrag: This qualitative, descriptive research study was motivated by concerns related to organizational change with a focus on leadership transition. Two distinct factors were explored that may affect leadership transition in organizations: generational cohorts and cultural diversity. The sociological construct of generational cohort presents the possibility that a group of people (in a delineated population) who experience the same significant historical and social events within a given period of time may have distinct values and behaviors. With respect to organizational change and leadership transition, such values and behaviors may have implications related to leadership conceptualization. Similarly, culture-value differences may have like consequences. Semi-structured interviews were conducted with thirty-eight leaders who work for a global university that is part of a multicultural, faith-based mission organization. The Silent, Boomer, and Generation X cohorts were represented in this group as well as eighteen different cultures classified in three distinct groups: North America, Europe and Australasia, and non-Western. With respect to generational cohorts, the findings reveal a change in leadership conceptualization, shifting from a preference for hierarchy and task towards collaboration and relational models of leadership as one moves from the Silent generation to the Boomers to Generation X. The research also indicates hesitancy on the part of the Boomers, especially second-wave Boomers, to assume more leadership responsibility. Gen X leaders are open but cautious and delineate specific conditions for assuming additional responsibility. When considering the implications for leadership transition, the research reveals a pattern of caution and negative perspective across the Boomer and Gen X cohorts. With respect to cultural diversity, the findings reveal dissimilarities between the cultural groupings with regard to leadership conceptualization in the categories of leadership style, gender inclusion, task versus relationship orientation, and response to change and uncertainty. The findings indicate that culture-value differences present significant implications and challenges for leadership transition. However, the perceptions of those challenges vary according to cultural background. Western leaders tend to focus on overt issues such as age, gender inclusion, authoritarianism, and worldview whereas non-Western leaders converge on underlying issues of organizational politics, an American style of leadership, and lack of genuine inclusion.

3. **Brown ME, Trevino LK. Socialized charismatic leadership, values congruence, and deviance in work groups. *J Appl Psychol* 2006; 91(4):954-962.**

Sammendrag: The authors conducted a field study to investigate the relationship between socialized charismatic leadership and deviance in work groups. Because socialized charismatic leaders are thought to play an ethical leadership role, the authors hypothesized that the socialized charismatic leadership style would be associated with reduced deviance in the leader's work group. This prediction was supported for both the interpersonal and the organizational dimensions of deviance. Next, the authors examined the mediating role of values congruence. The results were partially supportive of the values congruence mediating hypothesis. Implications for future research and for management are discussed

4. **Bruno LFC, Lay EGE. Personal values and leadership effectiveness. Journal of Business Research 2008; 61(6):678-683.**

Sammendrag: The study sought to evaluate the personal values profile, the predominant leadership styles, the leadership effectiveness, and the relationship between personal values balance and leadership effectiveness of a group of Brazilian executives. In order to evaluate the personal values profile a closed instrument of the rank order type has been developed and applied. To identify the predominant leadership styles, as well as the leadership effectiveness of the involved executives, it has been used as an instrument available in the market. To verify the relationship between personal values balance and leadership effectiveness, the linear regression method has been used computing the linear correlation coefficient between the before mentioned variables, involving 400 executives. The study has shown that the executives have an unbalance in their personal values profile, with predominance of economic and theoretical values. Additionally the study has uncovered lack of flexibility regarding the leadership styles, presenting styles of selling and sharing ideas as dominants. The study also showed that the leadership effectiveness of the involved executives was at a moderate level. Finally, the research pointed out a high positive relationship between personal values balance and leadership effectiveness, and, furthermore, it showed a better balance of personal values, if one considered only the part of the sample involving executives working in organizations which presented better results in the three previous years (50 executives).

5. **Carney M. Positive and negative outcomes from values and beliefs held by healthcare clinician and non-clinician managers. J Advanced Nursing 2006; 54(1):111-119.**

Sammendrag: Research with heads of departments in acute hospitals in Ireland to investigate the values and beliefs of health care managers. Managers of clinical and non-clinical departments were surveyed about ethical beliefs, organisational cultures, trust, dependability, conflict and expectations of care delivery.

6. **Carney M. Understanding organizational culture: the key to successful middle manager strategic involvement in health care delivery? J Nursing Management 2006; 14(1):23-33.**

Sammendrag: Quantitative research in Ireland exploring the views of middle managers in acute care hospitals regarding the impact of organisational culture on clinician and non-clinician involvement in strategic management. Organisational culture was measured by goals and philosophy, informal rules, social opportunities for staff involvement, shared values and ethical behaviour.

7. **Cassiday PA. Expatriate leadership: An organizational resource for collaboration. International Journal of Intercultural Relations 2005; 29(4):391-408.**

Sammendrag: This qualitative research study asked: (a) What are the deeply held values, beliefs, and assumptions of effective organizational leaders with international experience? and (b) How do the internally held values, beliefs, and assumptions of the leader affect leadership practices in an international setting and within the global organization? The 11 research participants were middle and upper level managers with a minimum of 2 years international experience. The six women and five men ranged in age from 29 to 68 with an average age of 45. They were employed by 11 different organizations, and in 11 different career fields. Collectively, they had a total of 96 years of experience in 16 foreign countries. Seven participants were US Americans and one participant was born in each of the following countries: Canada, Jordan, Taiwan and (formerly East) Germany. The diverse demographics of the participants and the uniqueness of their individual experiences added to the richness of the study. All participants were screened using the Intercultural Development Inventory. Only participants in an ethnorelative stage of development on the IDI were included in the research. Two semi-structured interviews were conducted with each participant. The interview data were recorded and transcribed. The transcribed data were analyzed, using QSR NUD\*IST, version 5 software. Each participant also completed a Values Management Inventory, providing an objective assessment of personal values and leadership style. Values Technology analyzed the data from the VMI. The values expressed by the expatriate leaders who participated in this study clustered in Hall's cycle four of leadership development. In this cycle, Hall reports an enormous shift of consciousness, and an opportunity for significant growth. Findings revealed that these expatriate leaders were able to maintain creative tension between two or more worldviews, which precipitated their ability to work across cultures. Participants described relationship-building skills that allowed them to synthesize best practices from different cultures toward a competitive advantage. Policy implications for selection of successful expatriate candidates, as well as, suggestions for in-country support of leadership development emerged from this study. An "In-Country" model for support of expatriate leaders allows organizations to garner greater knowledge and insight from their own expatriates. These leaders were often found to be an untapped resource of first hand international experience, intercultural knowledge and cross-cultural skills.

8. **Chang HW, Lin G. Effect of personal values transformation on leadership behaviour. Total Quality Management & Business Excellence 2008; 19(1-2):67-77.**

Sammendrag: This research includes two investigations. The first studies how personal values and leadership behaviour change when individuals are exposed to a foreign culture for a period of time. The second examines which personal values are dominant in motivating leadership behaviour. The leadership behaviour and personal values between Taiwanese with Anglo (the US, Australia, New Zealand and Canada) cultural experience and Taiwanese without foreign cultural experience were compared by using a questionnaire survey. The instruments used were the Leadership Behaviour Description Questionnaire (LBDQ) Form XII for the assessment of leadership behaviour and the Schwartz Portrait Values Questionnaire (PVQ) for the evaluation of personal values. The findings indicate that neither personal values nor leadership behaviour show significant differences between two groups. However, correlations of personal values and leadership behaviour exhibit profound divergence. The results suggest that the leadership behaviour of Taiwanese leaders with Anglo cultural experience is less related to the personal values identified than is the case for the behaviour of Taiwanese leaders without foreign cultural experience. Moreover, the values-in-use, which motivated leadership behaviour in Taiwanese leaders with Anglo cultural experience, are more complicated than those of Taiwanese leaders without foreign cultural experience.

9. **Chang Y. The impact of Chinese cultural values on Taiwan nursing leadership styles: comparing the self-assessments of staff nurses and head nurses. J Nurs Res 2008; 16(2):109-120.**

Sammendrag: The purpose of this study was to investigate the influence of Chinese culture on nursing leadership behavior in Taiwan nurses. A descriptive study compared staff nurses' assessment of Chinese value in the leadership behavior of their head nurses. Data analysis was made on a convenience sample in Taiwan of 214 head nurses and 2,127 staff nurses who had worked with their head nurse for at least one year. Six medical centers and regional hospitals in northern (Taipei), central (Taichung) and southern (Kaohsiung) Taiwan were recruited for this study. Instruments included the demographic questionnaire, Chinese Value Survey, and Kang's Chinese Leadership Behaviors Module Scale. Results indicated that head nurses scored significantly higher than staff nurses in terms of all cultural values and leadership behaviors. Both staff nurses and head nurses scored the highest mean scores in personal integrity (Yi) and human connectedness (Ren) and the lowest in moral discipline (Li). Staff nurse perceptions of leadership behavior indicated the role of parent to be higher than either the role of director or mentor. Head nurses perceptions of leadership behavior emphasized the role of the director more than either parent or mentor. There were no significant differences between the staff nurses and head nurses in terms of expectative leadership behavior, which gave the role of director higher mean scores than those of either the parent or mentor. Positive and significant associations ( $r = .266$  to  $r = .334$ ) were found between cultural values and perceptions of leadership behavior. Cultural values predicted 10.6% of leadership behavior variance. The three demographic characteristics of location in northern Taiwan ( $\beta = .09$ ), intention to leave ( $\beta = -.14$ ), and general unit ( $\beta = .10$ ) and the two cultural values of human connectedness (Ren) ( $\beta = .16$ ) and personal integrity (Yi) ( $\beta = .16$ ) together reported a cumulative  $R^2$  of 14.6% to explain variance in leadership behavior perceptions. Results of this study identified the important cultural values "Ren" and "Yi". Managers and administrators could add the consideration of such cultural values into nursing leadership to enhance the organization in which Taiwan nurses work.

10. **Connor PE, Becker BW. Personal value systems and decision-making styles of public managers. Public Personnel Management 2003; 32(1):155-180.**

Sammendrag: This study investigated the question of whether public managers' personal values are related to their decision-making styles. One hundred sixty-one state government managers participated, completing the Rokeach Value Survey and the Rowe Decision Style Inventory. Results indicate that there is an identifiable relationship: Of Rokeach's 14 clusters of values, 12 were significantly related to particular decision-making styles.

11. **Egri CP, Herman S. Leadership in the North American environmental sector: Values, leadership styles, and contexts of environmental leaders and their organizations. Academy of Management Journal 2000; 43(4):571-604.**

Sammendrag: Interview and questionnaire data obtained from 73 leaders of nonprofit environmentalist and for-profit environmental product and service organizations showed that these leaders' personal values were more ecocentric, open to change, and self-transcendent than those of managers in other types of organizations. These leaders also acted as "master managers," performing both transformational and



transactional leadership behaviors. As hypothesized, nonprofit environmentalist organizations were highly receptive contexts for transformational leadership, whereas for-profit environmental organizations were at least moderately receptive in this regard. We used these findings to develop a preliminary model of environmental leadership.

12. **Ergeneli A, Gohar R, Temirbekova Z. Transformational leadership: Its relationship to culture value dimensions. *International Journal of Intercultural Relations* 2007; 31(6):703-724.**  
 Sammendrag: This study examines the relationships between overall transformational leadership, as well as its five aspects (challenging the process, inspiring a shared vision, enabling others to act, modeling the way and encouraging the hearth) as identified by Kouzes and Posner, and Hofstede's culture value dimensions by investigating the responses of Pakistani, Kazakh and Turkish business students. The evaluation of the responses indicates that a significant and negative relationship exists between the uncertainty avoidance culture value dimension and overall transformational leadership. Further analysis revealed that some aspects of transformational leadership are found to be common, whereas others are culture-specific. The transformational leadership aspects such as challenging the process and enabling others to act were not found to be related to any of the culture value dimensions. Inspiring a shared vision and modeling the way were significantly and negatively related to uncertainty avoidance while encouraging the hearth was positively related to power distance.
  
13. **Gaudine A, Beaton M. Employed to go against one's values: nurse managers' accounts of ethical conflict with their organizations. *Canadian J Nursing Research* 2002; 34:(2):17-34.**
  
14. **Giacomini M, Hurley J, Gold I, Smith P, Abelson J. The policy analysis of 'values talk': lessons from Canadian health reform. *Health Policy* 2004; 67(1):15-24.**  
 Sammendrag: Despite widespread recognition of the importance of values, decision makers and stakeholders in health policy appear to disagree fundamentally over what 'values' essentially are. Hidden dissent about the nature of values can confuse policy deliberations. This study investigates empirically the following two questions: (1) what sorts of entities do Canadian health reformers typically call 'values'? and; (2) how do Canadian health reformers use the idea of values in health reform rhetoric? We conducted a qualitative, interpretive analysis of 36 Canadian health reform documents published during the period 1990-1999. The values raised in Canadian health reform rhetoric vary widely not only in topic (e.g. health states, health services, equity, economic viability, etc.) but also in substance (e.g. physical entities, goals, principles, attitudes, etc.). We review the diversity of concepts underlying 'values talk' in health policy, and discuss implications for policy analysis and future research.
  
15. **Haynor PM. The coaching, precepting, and mentoring roles of the leader within an organizational setting. *Holist Nurs Pract* 1994; 9(1):31-40.**  
 Sammendrag: The article examines the use of learning relationships to develop followers. The concepts of mentoring, precepting, and coaching are differentiated. Leader values are examined. The process of performing an environmental assessment and assessing organizational values is explored in a case study format. Four possible outcome assessments and the role of the leader are described. The use of theory and concepts to create change and to structure win-win situations is explored.
  
16. **Horvath KJ, Secatore JA, Alpert HB, Costa MJ, Powers EM, Stengrevics SS et al. Uncovering the knowledge embedded in clinical nurse manager practice. *J Nurs Adm* 1994; 24(7-8):39-44.**  
 Sammendrag: To redesign effective nurse manager roles, databased descriptions of their skilled performance and developmental learning are essential. This article is the first report of an interpretive, phenomenologic study to identify the skills and expertise embedded in the practice of nurse managers. The data describe how nurse managers operationalize institution values for patient care, and conversely, the impact of organization values on nurse managers' everyday behavior.
  
17. **Huang MP, Cheng BS, Chou LF. Fitting in organizational values - The mediating role of person-organization fit between CEO charismatic leadership and employee outcomes. *International Journal of Manpower* 2005; 26(1):35-49.**  
 Sammendrag: Purpose - The current leadership literature has paid little attention to understanding the intervening mechanism by which leaders influence followers. In order to partially bridge this gap, the article aims to present a value-fit charismatic leadership theory which focusses on the key intervening mechanism - person-organization values fit. Design/methodology/approach - The model was tested empirically on 180

participants, including 51 managers and 129 employees from 37 large-scale companies in Taiwan. Findings - Based on the block regression analysis, the results showed that CEO charismatic leadership has both direct and indirect effects on employees' extra effort to work, satisfaction with the CEO, as well as organizational commitment, which are mediated by employees' perceived person-organization values fit. The findings also provided evidence that the relationship between charismatic leadership and person-organization values fit is significant. Furthermore, the analysis also showed the significant effects of person-organization values fit on employee outcomes. Originality/value - The study shows how CEO charismatic leadership can, through the mediating effect of person-organization values fit, have profound influence on employee outcomes.

**18. Jackson T. Cultural values and management ethics: A 10-nation study. *Human Relations* 2001; 54(10):1267-1302.**

Sammendrag: There is currently a lack of empirical work on cross-cultural differences in ethical attitudes towards day-to-day management decisionmaking in organizations. Work that currently exists in the area of management ethics also lacks cultural explanations of differences. The present study tries to overcome these deficiencies by providing a model of ethical decision-making that is based on cultural antecedents, which may explain differences in judgements of ethicality, and consequential ethical attitudes or professed behaviour. This article reports a 10-nation empirical study that focuses on ethical 'grey areas' that form part of the day-to-day decision-making in organizations across the globe. Countries were selected to represent variation along two cultural dimensions of 'collectivism-individualism', and 'uncertainty avoidance'. These dimensions were then used to explain national cultural differences in judgements of ethicality of decision items concerned with relations with external stakeholders, with the corporation and with the group. Results generally confirm that these dimensions, once elaborated to consider more recent detailed research, provide explanations for differences in ethical attitudes among national groups. This study points the way to further investigations based on cultural explanations of differences in managers' ethical attitudes and behaviour.

**19. Jones HB, Jr. Principle-Centered Leadership: Empirical Fact or Wishful Thinking? *J Soc Behav Pers* 1999; 14(3):367-383.**

Sammendrag: Investigates the effectiveness of S. R. Covey's arguments in predicting actual leadership, drawing on questionnaire data (final N = 69 pastors) via the Ascetic Personality Measure. The central theme of Covey's (1990) principle-centered leadership is not leadership behavior but the highly self-disciplined person who engages in this behavior. William James ([1902] 1936), Emile Durkheim ([1915] 1965), Max Weber ([1904/05] 1958), & B. Mazlish (1976) described a very similar type of person as an ascetic. Principle-centered living is also very similar to the behavior of the person who is high in need for achievement (McClelland, D. C., 1961) & to the "discipline" recommended by M. Scott Peck (1978). Common to all these models are self-discipline, the belief that one can have an impact on results, a sense of purpose in life, & religious awareness. Only Mazlish agrees with Covey in associating these things with leadership. Other research suggests that personal traits do not predict success as a leader, & the influence strategies that Covey decries seem to be important for successful leadership. No correlation was found between leaders' self-descriptions on these four dimensions & followers' descriptions of leadership. It is concluded that personal asceticism has no impact on one's success or failure as the leader of an organization.

**20. Jose A, Thibodeaux MS. Institutionalization of ethics: The perspective of managers. *Journal of Business Ethics* 1999; 22(2):133-143.**

Sammendrag: Corporate America is institutionalizing ethics through a variety of structures, systems, and processes. This study sought to identify managerial perceptions regarding the institutionalization of ethics in organizations. Eighty-six corporate level marketing and human resource managers of American multi-national corporations responded to a mail survey regarding the various implicit and explicit ways by which corporations institutionalize ethics. The results revealed that managers found ethics to be good for the bottom line of the organizations, they did not perceive the need for additional formalization of ethics, and that they perceived implicit forms of institutionalizing ethics (e.g., leadership, corporate culture, top management support) to be more effective than the explicit forms of institutionalizing ethics (e.g., ethics ombudspeople, ethics committees, ethics newsletters). Implications of the survey and future research directions conclude the paper.

**21. Jurkiewicz CL, Bradley DB. Generational ethics: Age cohort and healthcare executives' values. *HEC Forum* 2002; 14(2):148-171.**

22. **Kraemer AM. The influence of ethics on leadership. Exec Housekeep Today 1913; 16(5):10-11.**  
 Sammendrag: Value driven ethical leadership is needed today. The housekeeping field employs a diverse work force, and managers must develop and empower workers to attain organization goals. As managers, we must understand and develop our personal value structures that affect our decision making. This paper reviews Lawrence Kohlberg's study of moral behavior and how those stages are relevant to ethical management practices. It also addresses ways to overcome some obstacles in understanding and dealing with personal values that may threaten moral and ethical practices. Mature ethical principles and good communication are the foundation for and foster strong leadership for the future.
23. **Maierhofer NI, Griffin MA, Sheehan M. Linking manager values and behavior with employee values and behavior: a study of values and safety in the hairdressing industry. J Occup Health Psychol 2000; 5(4):417-427.**  
 Sammendrag: Five theoretical processes that link values and behavior were identified: value congruence, value-behavior consistency, behavioral modeling, value internalization, and descriptive norms. A values questionnaire was administered to 219 employees and their managers. Values for preventive safety procedures and time urgency were linked to safety behavior of employees in the hairdressing industry. Hairdressers are frequently exposed to hazardous chemicals, and the safety behavior measured was wearing protective gloves. Results support value internalization (linking manager's and employee's values) and behavioral modeling (linking manager's and employee's behavior). Employee time urgency values were also negatively related to safety behavior (value-behavior consistency). Descriptive norms and value congruence were not supported. Strategies to align values within organizations and the management of safety at work are considered.
24. **McGuire D, Garavan TN, Saha SK, O'Donnell D. The impact of individual values on human resource decision-making by line managers. International Journal of Manpower 2006; 27(3):251-273.**  
 Sammendrag: Purpose - This paper explores this relationship between the individual values of managers and human resource (HR) decision-making. Design/methodology/approach - Questionnaire data were collected from a total of 340 line managers from both Ireland and Canada. The questionnaire instrument comprises three components: Rokeach's instrumental and terminal values instrument; two HR related decision scenarios; and demographic and human capital data. Findings - The results provide modest support for the proposed model that individual values affect HR decision-making in that capability values were shown to be a significant positive predictor of the importance of health and safety, and peace values were a significant positive predictor of the importance of employment equity. Research limitations/implications - The findings emphasise the need to simultaneously examine both individual values and organisational factors as predictors of HR decision-making. Future work should examine the psychometric use of value instruments. Practical implications - The study underlines the fact that managers need to be aware of the fact that their own values influences how they make decisions. Attention to the values concept amongst managers will improve comprehension of the decision-making process within organizations. Originality/value - The value of the paper lies in the fact that the effect of individual values on decision-making has been under-researched in the literature.
25. **Oliver BL. Comparing corporate managers' personal values over three decades, 1967-1995. Journal of Business Ethics 1999; 20(2):147-161.**  
 Sammendrag: What is the nature of the decision-related personal values of corporate management? Managers' attitudes and behaviors are built upon their personal value systems (PVS). Knowledge about the structure of management's PVS assists in understanding the attributes of corporate decision making. Utilizing a survey instrument developed and used by England (1967, 1975), this article updates this research into corporate managers' personal value systems. England's PVS consists of sixty-six pre-tested values clustered into five groups. As one could expect with personal values, statistical tests reveal that even with dramatic changes in the business environment the overall personal values structure has not changed over the intervening three decades. The results also reveal that corporate managers retain their pragmatic value orientation as discussed by England.
26. **Pendleton D, King J. Values and leadership. BMJ 2002; 325(7376):1352-1355.**
27. **Perkel LK. A test of transformational leadership as a values based leadership model. Conference abstract [Virginia Henderson International Nursing Library]. [oppdatert 2002;]**

lest 10 Mar 2009]. Tilgjengelig fra:

<http://nursinglibrary.org/Portal/main.aspx?pageid=4024&pid=3223>

Sammendrag: Nurse leaders struggle to provide for the delivery of humanistic and holistic healthcare that is consistent with nursing values in a changing, economic driven health care environment. Leadership experts contend that transformational leadership is the leadership style that can potentiate an organization's chance of survival in these uncertain times. However, transformation, in and of itself, presents us with many choices. The direction an individual or organization chooses is made based on values held by the organization and/or the individual. As organizations change to meet the demands of the current environment, the nurse leader is often conflicted with the opposing values that may be at play. There is concern that nurse executives find it increasingly difficult to reconcile the differences between organizational economics and their personal and professional identities. The question then arises: How will the presence of personal and organizational value incongruence resulting from the conflicting interests of nursing and the organization impact effective nursing leadership? This paper will present the findings of a study whose purpose was to examine the relationship between nurse executives perceived personal and organizational value congruence and their leadership behaviors: transformational, transactional, and laissez-faire. Four hundred eleven nurse executives employed by American Hospital Association hospitals located east of the Mississippi participated in the study. Findings to be presented will provide insight into the values held by nurse executives, the areas of personal and organizational value congruence and conflict perceived by the nurse executives, and the leadership behaviors used by the nurse executives. For example, the findings indicate there is a moderate degree of value congruence between nurse executives' personal and organizational values. However, the degree to which specific values are important are significantly different. Nurse executives report that they most often engage in transformational leadership behaviors but there was no relationship between their leadership behavior and the degree of personal and organizational value congruence. The implications of the findings for nursing administration and nursing education will be discussed.

**28. Rendall DJ. Comparison of Values of Social Enterprise Leaders and Leaders of Nonprofit and for-Profit Organizations. Dissertation Abstracts International 2004; 65(4):1558-1559.**

Sammendrag: The purpose of this quantitative causal-comparative study was to determine the differences between the values of 36 social enterprise leaders, 73 leaders of nonprofit and for-profit environmental organizations (Egri & Herman, 2000), and 388 leaders of for-profit organizations (Egri et al., 1999), using the Schwartz Values Survey (Schwartz, 1994). There were significant differences between the values of social enterprise leaders and nonprofit environmental and business leaders. These differences suggest that social enterprise leaders integrate the values of the nonprofit and for-profit sectors. This is significant since it identifies a new profile and metaphor for social enterprise leadership. These findings also contribute to the debate regarding the definition of social enterprise and the influence of commercialism on nonprofit sector values.

**29. Shamir B, Lapidot Y. Trust in Organizational Superiors: Systemic and Collective Considerations. Organization Studies 2003; 24(3):463-491.**

Sammendrag: The social-psychological literature on trust in organizational superiors implies that it is an interpersonal phenomenon, based on the superior's behaviors & on subordinates' perceptions of the superior's behaviors & qualities. The sociological literature, in contrast, implies that trust in a superior is a property of the system in which the superior-subordinate relationship is embedded. In this article, we suggest that trust is both an interpersonal & a collective phenomenon & focus on the linkages between three levels of trust: the system level, the group level, & the individual level. We use a longitudinal quantitative analysis of cadets' trust in their team commanders & a qualitative analysis of critical incidents of trust building & erosion to develop & support three propositions. First, trust in a superior reflects subordinates' trust in the system that the superior represents. Second, subordinates employ criteria derived from systemic properties such as collective identities & values to evaluate the trustworthiness of their superior. Third, team processes play a major role in the social construction of trust in a superior & in translating systemic considerations into criteria for evaluating superiors' trustworthiness.

**30. Shapira R. Communal Decline: The Vanishing of High-Moral Servant Leaders and the Decay of Democratic, High-Trust Kibbutz Cultures. Sociological Inquiry 2001; 71(1):13-38.**

Sammendrag: What is the connection between leaders' morality & the output performance of organizations? Can their morality explain, through trust, continuity, & change of organizational cultures? Is periodic rotation of managers the right solution for the distrust caused by self-serving conservatism due to Michels's "Iron Law of Oligarchy"? An anthropological study of kibbutzim, whose innovative & adaptive cultures declined

recently, found that past success was dependent on high-moral servant leaders who backed democracy & promoted high-trust cultures that engendered innovation by creative officers in some kibbutzim, which others imitated. However, conservatism of continuous leaders as heads of low-trust kibbutz federative organizations, which were ignored by customary kibbutz research, engendered oligarchization, which rotation enhanced rather than prevented. However, creativity deteriorated only after decades of growing oligarchy, with the vanishing of the high-moral old guard. Thus, the crux of democratic communal culture sustainability is pinpointed in the superiority of trusted, high-moral leaders. A preliminary idea for achieving that aim, predicated on officers' continuation in office being conditional on periodic tests of trust, is herein presented.

31. **Souba WW, Mauger D, Day DV. Does agreement on institutional values and leadership issues between deans and surgery chairs predict their institutions' performance? Acad Med 2007; 82(3):272-280.**

Sammendrag: PURPOSE: To gain a better understanding of the values that medical school deans and surgery chairs consider most essential for effective leadership, to assess their perceptions of the values and leadership climate in their institutions, and to test the premise that agreement on leadership values and climate predict greater organizational effectiveness and performance. METHOD: From June 2005 through March 2006, questionnaires designed to assess leadership core values and organizational leadership climate were mailed to medical school deans and surgery chairs of the 125 U.S. academic health centers. Institutional performance measures used were the National Institutes of Health (NIH) standing and U.S. News and World Report ranking of each institution. RESULTS: Sixty-eight surgery chairs (54%) and 60 deans (48%) returned surveys. Q-sort results on 38 positive leadership values indicated that integrity, trust, and vision were considered the most important core values for effective leadership by both chairs and deans. Both groups ranked business acumen, authority, and institutional reputation as least important. Deans consistently ranked the leadership climate as being healthier (more positive) than did their surgery chairs on multiple scale items: leadership is widely shared ( $P = .005$ ), information is widely shared ( $P = .002$ ), missions are aligned ( $P = .003$ ), open communication is the norm ( $P = .009$ ), good performance is rewarded ( $P = .01$ ), teamwork is widely practiced ( $P = .01$ ), and leaders are held accountable ( $P = .002$ ). Tighter alignment between chairs and deans on core values and on the leadership climate scale correlated with higher school and department NIH standing and higher U.S. News and World Report medical school and hospital ranking ( $P < .05$ ). CONCLUSIONS: Although surgery chairs and deans espouse similar core leadership values, deans believe that a healthier leadership climate exists in their institutions than their surgery chairs do. The study findings suggest that tighter leadership alignment between deans and surgery chairs may predict a higher level of institutional performance in the clinical and academic arenas.

32. **Szabo E, Reber G, Weibler J, Brodbeck FC, Wunderer R. Values and behavior orientation in leadership studies: reflections based on findings in three German-speaking countries. Leadership Quarterly 2001; 12(2):219-244.**

Sammendrag: The article focuses on two sets of concepts commonly used in the explanation of leadership behavior, including values in one area and behavioral intentions in the other. Most leadership researches concentrate exclusively on one or the other area and there are few integrative approaches. The literature also shows that there are often implicit assumptions of a direct and linear relationship between the two sets of concepts. We introduce a model reflecting this research dichotomy by differentiating between "far-from-action" concepts like values or leadership ideals and "close-to-action" concepts like intended behavior. In a next step, we question the assumption of a direct and linear link between the two sets of concepts and discuss two studies in order to find out whether there is empirical support for our argument. We compare empirical findings on leadership ideals (GLOBE study) and intended leadership behavior (Vroom/Yetton study) collected from managers in the German-speaking countries Austria, Germany, and Switzerland. The results show inconsistencies that suggest quite complex intrapersonal processes influenced by cultural factors. We conclude that the link between "far-from-action" and "close-to-action" concepts is worth pursuing further and expands the initial model, thus paving the way for a more holistic understanding of the intrapersonal processes on which leadership behavior is based. Finally, we discuss the consequences of these processes for the stability of leadership behavior.

33. **Takahashi MM. Grassroots Leadership: Common People with Uncommon Values. Dissertation Abstracts International 2005; 66(1):371-37A.**

Sammendrag: Many seemingly ordinary individuals, without training, experience, or resources, assume grassroots leadership roles. This qualitative study examines the factors motivating ordinary people to become leaders. The emerging values-based leadership paradigm suggests leadership is rooted in the fundamental

values of a society. This study examines the personal values and motivating factors of 13 grassroots leaders who founded nonprofit volunteer organizations in Hawaii. The study found a paradigm shift in personal values from materialism to personal spiritualism has broad implications to American society. An opportunity for a "golden age of volunteerism" is present. Common predictor characteristics for identifying potential grassroots leaders are discussed. This study furthers our understanding of why ordinary people become leaders at the grassroots level of society

34. **Turner N, Barling J, Epitropaki O, Butcher V, Milner C. Transformational leadership and moral reasoning. J Appl Psychol 2002; 87(2):304-311.**  
Sammendrag: Terms such as moral and ethical leadership are used widely in theory, yet little systematic research has related a sociomoral dimension to leadership in organizations. This study investigated whether managers' moral reasoning (n = 132) was associated with the transformational and transactional leadership behaviors they exhibited as perceived by their subordinates (n = 407). Managers completed the Defining Issues Test (J. R. Rest, 1990), whereas their subordinates completed the Multifactor Leadership Questionnaire (B. M. Bass & B. J. Avolio, 1995). Analysis of covariance indicated that managers scoring in the highest group of the moral-reasoning distribution exhibited more transformational leadership behaviors than leaders scoring in the lowest group. As expected, there was no relationship between moral-reasoning group and transactional leadership behaviors. Implications for leadership development are discussed.
  
35. **Venable BT, Wagner J. An exploratory study of ethical values in nonprofit fundraising: Survey of fundraising executives. Psychol Rep 2005; 97(2):527-537.**  
Sammendrag: An initial study used the Ethical Position Quotient in an extension of this measure from for-profit organizations to nonprofit organizations. Responses from professional fundraising executives for nonprofit organizations were generally more idealistic than relativistic regarding ethical decision-making. Additionally, in a comparison of the executives' answers to those of M.B.A. students, the students were significantly more relativistic and less idealistic than the nonprofit executives. On Forsyth's Taxonomy of Ethical Perspectives, approximately 20% of the students were absolutists versus 66% of the fundraising executives. Conversely, 70% of the M.B.A. students were situationists compared to only a third of the executives. This disparity in responses between these groups provides a rich and interesting platform for research.

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## 3 PROFESJONSVERDIER

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### 3.1 Oversikter

1. **Anthony MK. Shared governance models: The theory, practice, and evidence. Online J Issues Nurs 2004; 9(1):55-72.**

Sammendrag: Nursing practice models provide the structure and context to organize the delivery of care. Shared governance is a model of nursing practice designed to integrate core values and beliefs that professional practice embraces, as a means of achieving quality care. Shared governance models were introduced to improve nurses' work environment, satisfaction, and retention. The purpose of this article is to review representative published evidence of shared governance and to evaluate whether shared governance has lived up to its promise and potential. Theoretical and empirical evidence will be examined and discussed in an attempt to answer whether shared governance, as an organizational form of nursing practice, has achieved the positive outcomes it intended.

2. **Arnold L. Assessing professional behavior: yesterday, today, and tomorrow. Acad Med 2002; 77(6):502-515.**

Sammendrag: PURPOSE: The author interprets the state of the art of assessing professional behavior. She defines the concept of professionalism, reviews the psychometric properties of key approaches to assessing professionalism, conveys major findings that these approaches produced, and discusses recommendations to improve the assessment of professionalism. METHOD: The author reviewed professionalism literature from the last 30 years that had been identified through database searches; included in conference proceedings, bibliographies, and reference lists; and suggested by experts. The cited literature largely came from peer-reviewed journals, represented themes or novel approaches, reported qualitative or quantitative data about measurement instruments, or described pragmatic or theoretical approaches to assessing professionalism. RESULTS: A circumscribed concept of professionalism is available to serve as a foundation for next steps in assessing professional behavior. The current array of assessment tools is rich. However, their measurement properties should be strengthened. Accordingly, future research should explore rigorous qualitative techniques; refine quantitative assessments of competence, for example, through OSCEs; and evaluate separate elements of professionalism. It should test the hypothesis that assessment tools will be better if they define professionalism as behaviors expressive of value conflicts, investigate the resolution of these conflicts, and recognize the contextual nature of professional behaviors. Whether measurement tools should be tailored to the stage of a medical career and how the environment can support or sabotage the assessment of professional behavior are central issues. FINAL THOUGHT: Without solid assessment tools, questions about the efficacy of approaches to educating learners about professional behavior will not be effectively answered.

3. **Finfgeld-Connett D. Meta-synthesis of caring in nursing. J Clin Nurs 2008; 17(2):196-204.**

Sammendrag: AIM: The aim of this investigation was to enhance the understanding of the concept of caring. BACKGROUND: Despite many analyses and studies of caring, the concept is not fully understood. This lack of clarity is unsettling given that caring is suggested to be the essence of nursing and a component of nursing's guiding paradigm. Meta-synthesis methods offer a way to push the understanding of caring forward using existing research findings. DESIGN: Qualitative meta-synthesis. METHOD: Meta-synthesis and grounded theory strategies were adapted to synthesize findings from 49 qualitative reports and six concept analyses of caring. RESULTS: Results from this work indicate that caring is a context-specific interpersonal process that is characterized by expert nursing practice, interpersonal sensitivity and intimate relationships. It is preceded by a recipient's need for and openness to caring, and the nurse's professional maturity and moral foundations. In addition, a working environment that is conducive to caring is necessary. Consequences include enhanced mental well-being among nurses and patients, and improvements in patients' physical well-being. RELEVANCE TO CLINICAL PRACTICE: It appears that caring has the potential to improve the well-being of patients and nurses. It is recommended that healthcare agencies and educational institutions devote more resources to cultivate the caring among employees and students. CONCLUSIONS: The findings explicate a cohesive process of caring. They provide insight into the human attributes and clinical milieu that are necessary for caring to emerge. They also offer clarity regarding the therapeutic benefits of caring.

4. **Horton K, Tschudin V, Forget A. The value of nursing: A literature review. Nurs Ethics 2007; 14(6):716-740.**  
Sammendrag: This article is part of a wider study entitled Value of Nursing, and contains the literature search from electronic databases. Key words for the search included 'values of nursing', 'values in nursing', 'organisational values' and 'professional identity'. Thirty-two primary reports published in English between 2000 and 2006 were identified. The findings highlight the importance of understanding values and their relevance in nursing and how values are constructed. The value of nursing is seen to be influenced by cultural change, globalization, and advancement in technology and medicine. These factors are crucial in providing a more structured and measured view of what nursing is, which will result in greater job satisfaction among nurses, better nurse retention and enhanced patient care within a supportive and harmonious organization. The findings of this review have implications for policy makers in recruitment and retention in determining the global value of nursing.
  
5. **Horton K, Tschudin V, Forget A. The value of nursing: a literature review. Nurs Ethics 2007; 14(6):716-740.**  
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6. **Lynch DC, Surdyk PM, Eiser AR. Assessing professionalism: a review of the literature. Med Teach 2004; 26(4):366-373.**  
Sammendrag: Although assessing professionalism poses many challenges, gauging and detecting changes in professionalism is impossible without measurement. This paper is a review of techniques used to assess professionalism during the past 20 years. The authors searched five electronic databases and reference lists from 1982 to 2002. Eighty-eight assessments were retained and organized into content area addressed (i.e. ethics, personal characteristics, comprehensive professionalism, diversity) and type of outcome examined (i.e. affective, cognitive, behavioral, environmental). Instead of creating new professionalism assessments, existing assessments should be improved. Also, more studies on the predictive validity of assessments and their use as part of formative evaluation systems are recommended. Based on the review, suggestions are presented for assessing medical students, resident physicians and practicing physicians.

### 3.2 Primærstudier

1. **Altun I. Burnout and nurses' personal and professional values. Nurs Ethics 2002; 9(3):269-278.**  
Sammendrag: Research in Turkey.
  
2. **Armstrong A, Parsons S, Barker P. An inquiry into moral virtues, especially compassion, in psychiatric nurses: findings from a Delphi Study. J Psychiatric & Mental Health Nursing 2000; 7(4):297-306.**  
Sammendrag: Research findings from questionnaires.
  
3. **Arthur D, Pang S, Wong T, Alexander MF, Drury J, Eastwood et al. Caring attributes, professional self concept and technological influences in a sample of Registered Nurses in eleven countries. Int J Nurs Stud 1999; 36(5):387-396.**  
Sammendrag: Caring, the theoretical foundation of nursing, is identified as one of the core values by Hospital



Authorities world-wide to be actualised in clinical practice. Exactly how caring attributes relate to nurses' professional self image and quality nursing service in the context of a contemporary technological environment have yet to be operationalised. In total, 1957 Registered Nurses from 11 different countries were involved in the study which aimed to: develop an understanding of and compare the responses to items relating to caring, professional self concept and technological influences. To collect data an instrument containing 104 Likert items was administered to RNs working in general hospitals. The instrument contained sections which examined professional self concept, technological influences and caring attributes. Descriptive and inferential statistics revealed that many of the Asian nurses in the sample were younger, had less experience yet were more qualified than their 'western' colleagues. The mean scores for the caring attributes for nurses from the Philippines, Sweden and South Africa were significantly higher than those from China (Beijing), Korea, China (Hong Kong) and Scotland. The Korean sample demonstrated the lowest mean score for professional self concept while the New Zealand sample the highest. The Australian, Canadian, NZ, Scotland and Swedish samples were strongly of the opinion that the increase in technology has not brought about the any more spare time in nursing and generally had a more negative opinion about the influence of technology when compared to those from China (Beijing), Philippines, China (Hong Kong) and Singapore. The results are discussed in the light of the cultural differences in the sample and recommendations for future research are considered.

4. **Austgard K. What characterises nursing care? A hermeneutical philosophical inquiry. Scand J Caring Sci 2008; 22(2):314-319.**

Sammendrag: The aim of this study was to identify some common characteristics associated with nursing care based on the historical text by the nursing pioneer, Rikke Nissen, and the modern philosophy of care, principally that of Kari M. Martinsen. The hermeneutic approach has been inspired by Gadamer's thinking. His philosophy influenced interpretation and reflection on the content of historical and modern text. Typical basic characteristics associated with nursing care can be grouped into three mutually reinforcing areas: (i) the notion of excellence in nursing care, (ii) the relationship between nursing care and moral values, and (iii) caring as an interpretational exercise. The most significant core element was the strong relationship between care and professional judgement (or clinical judgement), and the requirement of analytic cognition on different levels of abstraction in context with the patient. In the early days of nursing, care was a concept deeply rooted in Christian philosophy. Within modern nursing philosophy, care is conceptualized in a number of ways, depending on philosophical stance and world view. What seems absolutely necessary is to differentiate between the concept of care on the superordinate level and each individual philosopher's unique perspective on care. As a superordinate term, nursing care encompasses the patient's fundamental needs, as well as the patient's values and experience. Nursing care is characterized by the holistic view and the moral inherent in excellent nursing. Excluding the patient as a unique human being, should be regarded as noncaring and amoral practice. Whether nursing care represents a specific domain of knowledge is still an unanswered question, and something which has consequences for the application of a caring philosophy in nursing practice and the state of caring knowledge in nursing.

5. **Backes DS, Koerich MS, Erdmann AL. Humanizing care through the valuation of the human being: resignification of values and principles by health professionals. Rev Lat Am Enfermagem 2007; 15(1):34-41.**

Sammendrag: This qualitative study aimed to find the values and principles steering health professionals' practice, in order to reach the values guiding humanization. The study took place between October and November 2005, when 17 professionals from a multiprofessional team at a hospital in the South of Brazil were interviewed in three different samples. The methodology used for comparative data analysis and interpretation was based on Grounded Theory, resulting in the creation of a theoretical model, guided by "humanizing care through the valuation of the human being". Data demonstrated that new competencies can be developed, which are capable of provoking a resignification of values and principles guiding humanization, with a view to reaching personal/professional accomplishments through work, allying technical and human skills in professional practice and experiencing humanized care.

6. **Barazzetti G, Radaelli S, Sala R. Autonomy, responsibility and the Italian 'Code of deontology for nurses'. Nurs Ethics 2007; 14:(1):83-98.**

Sammendrag: Qualitative research evaluating the revised Italian 'Code of deontology for nurses' (1999). The professional context in which the revised Code was introduced is outlined and findings from focus groups of nurses are discussed, including: the Code's impact on nurses' professional autonomy and responsibility; its value as a guideline and its use as a stimulus for ethical reflection.

7. **Beach MC, Meredith LS, Halpern J, Wells KB, Ford DE. Physician conceptions of responsibility to individual patients and distributive justice in health care. *Ann Fam Med* 2005; 3(1):53-59.**  
 Sammendrag: PURPOSE Physicians' values may be shifting under managed care, but there have been no empirical data to support this claim. We describe physician conceptions of responsibility to individual patients and distributive justice in health care, and explore whether these values are associated with type of managed care practice and professional satisfaction. METHODS We mailed a questionnaire to 500 primary care physicians from 80 outpatient clinics in 11 managed care organizations (MCOs) who were participating in 4 studies designed to improve the quality of depression care in primary care. RESULTS We received 414 responses (response rate 83%). Twenty-eight percent of physicians strongly agreed that their main responsibility was to the individual patient rather than to society (strong sense of responsibility to individual patients). Physicians with a strong sense of responsibility to individual patients were older (43% of physicians older than 50 years reported a strong sense of responsibility to individual patients, compared with 26% of physicians aged 36 to 50 years, and 21% of physicians younger than 35 years,  $P=.009$ ) and tended to practice in network-rather than staff-model MCOs (33% of physicians in network-model MCOs reported a strong sense of responsibility to individual patients compared with 24% in staff-model MCOs,  $P=.077$ ). Scores on a scale measuring egalitarian conceptions of distributive justice within the health care system were similar for physicians regardless of whether they reported a strong sense of responsibility to individual patients. When we controlled for physician and practice characteristics, physicians with a strong sense of responsibility to individual patients and physicians with higher scores on an egalitarian scale were more likely to be very satisfied overall with their practices (adjusted odds ratio [AOR] = 2.23, 95% confidence interval [CI], 1.11-4.49, and AOR = 1.18, 95% CI, 1.09-1.29, respectively). CONCLUSIONS Physicians with a strong sense of responsibility to individual patients are older and less likely to practice in staff-model MCOs. Stronger commitment to an egalitarian health care system and a strong sense of responsibility to individual patients are independently associated with greater practice satisfaction among physicians. The impact of these values on patient care should be a priority for future research and the subject of professional education and debate.
  
8. **Beagen B, Ells C. Values that matter, barriers that interfere: the struggle of Canadian nurses to enact their values. *Canadian J Nursing Research* 2007; 39(4):36-57.**  
 Sammendrag: Qualitative research in Canada into nurses' moral experience in their working lives. Nurses identified the values that mattered most to them and the frustrations and challenges met in enacting these values. Professional hierarchies, organisational structures and failings of the health care system are discussed and practical steps nurses can take to alleviate ethical distress are suggested.
  
9. **Begat I, Ikeda N, Amemiya T. Comparative study of perceptions of work environment and moral sensitivity among Japanese and Norwegian nurses. *Nursing & Health Sciences* 2004; 6(3):193-200.**  
 Sammendrag: Quantitative research exploring the relationship between work environment and moral sensitivity or moral distress in hospital-based registered nurses in Norway and Japan, using a socio-cultural perspective to compare the 2 groups. Moral sensitivity was measured through participants' perceptions of morality in decision-making, restricting a patient's autonomy for medical reasons, and experiencing moral conflict and confidence in medical nursing knowledge.
  
10. **Braunack-Mayer A. What makes a good GP? An empirical perspective on virtue in general practice. *J Med Ethics* 2005; 31(2):82-87.**  
 Sammendrag: This paper takes a virtuous approach to medical ethics to explore, from an empirical angle, ideas about settled ways of living a good life. Qualitative research methods were used to analyse the ways in which a group of 15 general practitioners (GPs) articulated notions of good doctoring and the virtues in their work. I argue that the GPs, whose talk is analysed here, defined good general practice in terms of the ideals of accessibility, comprehensiveness, and continuity. They regarded these ideals significant both for the way they dealt with morally problematic situations and for how they conducted their professional lives more generally. In addition, I argue that the GPs who articulated these ideals most clearly were able to, in part, because they shared the experience of working in rural areas. This experience helped them to develop an understanding of the nature of general practice that their urban colleagues were less able to draw on. In that sense, the structural and organisational framework of general practice in rural areas provided the context for their understanding of ideals in general practice.

11. **Brilowski GA, Wendler MC. An evolutionary concept analysis of caring. J Adv Nurs 2005; 50(6):641-650.**  
 Sammendrag: AIM: The aim of this paper is to identify the core, enduring attributes of nursing caring in order to increase understanding of the concept and to identify its implications for research and practice. BACKGROUND: Caring is considered a core concept in nursing as a practice discipline. During the past 20 years, research into nurse caring has been evolving, but the concept of caring remains ambiguous. METHODS: Using a rigorous evolutionary method of concept analysis, the concept caring was examined for its significance, use and application as it has unfolded over time, between 1988 and 2002. After applying inclusion and exclusion criteria and a sampling method, a total of 61 articles was included in the final analysis. RESULTS: Defining attributes, antecedents, and consequences of caring were identified. Core attributes included relationship, action, attitude, acceptance and variability. CONCLUSION: Identification of the core attributes of concepts, including caring, allows nurses to determine appropriate research questions, develop theory and identify practice priorities at a time of increasing demands and constrained resources.
  
12. **Carlsen B, Norheim OF. "Saying no is no easy matter" a qualitative study of competing concerns in rationing decisions in general practice. BMC Health Serv Res 2005; 5:70.**  
 Sammendrag: BACKGROUND: The general practitioner in Norway is expected to ensure equity and effectiveness through fair rationing. At the same time, due to recent reforms of the Norwegian health care sector, both the role of economic incentives and patient autonomy have been strengthened. Studies indicate that modern general practitioners, both in Norway and in other countries are uncomfortable with the gatekeeper role, but there is little knowledge about how general practitioners experience rationing in practice. METHODS: Through focus group interviews with Norwegian general practitioners, we explore physicians' attitudes toward factors of influence on medical decision making and how rationing dilemmas are experienced in everyday practice. RESULTS: Four major concerns appeared in the group discussions: The obligation to ration health care, professional autonomy, patient autonomy, and competition. A central finding was that the physicians find rationing difficult because saying no in face to face relations often is felt uncomfortable and in conflict with other important objectives for the general practitioner. CONCLUSION: It is important to understand the association between using economic incentives in the management of health care, increasing patient autonomy, and the willingness among physicians to contribute to efficient, fair and legitimate resource allocation.
  
13. **Chambers D, Narayanasamy A. A discourse and Foucauldian analysis of nurses health beliefs: implications for nurse education. Nurse Educ Today 2008; 28:(2):155-162.**  
 Sammendrag: Research, drawing on discourse and Foucauldian analysis, into nurses' health beliefs, to determine what influence these have on their health promotion practices. Contradictory sets of values uncovered during analysis of data from interviews with newly-registered UK nurses are discussed; a holistic view and a victim-blaming view. Implications of these findings for the teaching of health promotion are considered.
  
14. **Cochrane DK, Jowett SA. Preparing for trust status--an investigation into the morale of nurses undergoing change. J Nurs Manag 1994; 2(5):223-227.**  
 Sammendrag: The morale of nurses is a phenomenon often open to public comment without substantiated evidence. This study objectively explored the morale of nurses in a large district general hospital preparing for transition to National Health (NHS) Trust status. Information was sought using a 72-item questionnaire. The investigation was firmly centred around a structured theory which construes morale in terms of nine dimensions. The notion of morale being a construct synthesized of nine dimensions adds to the uniqueness of the study. Other studies fail to differentiate between the dynamic morale construct and the more complacent attitudes of job satisfaction.
  
15. **Cooke L, Hutchinson M. Doctors' professional values: results from a cohort study of United Kingdom medical graduates. Med Educ 2001; 35(8):735-742.**  
 Sammendrag: OBJECTIVES: To examine young doctors' views on a number of professional issues including professional regulation, multidisciplinary teamwork, priority setting, clinical autonomy and private practice. METHOD: Postal survey of 545 doctors who graduated from United Kingdom medical schools in 1995. RESULTS: Questionnaires were returned by 95% of the cohort (515/545). On issues of professional regulation, teamwork and clinical autonomy, the majority of doctors held views consistent with current General Medical Council guidance. The majority supported the right of doctors working in the NHS to engage in private practice. Most respondents thought that public expectations of doctors, medicine and the NHS

were too high, and that some form of rationing was inevitable. On many issues there was considerable variation in attitudes on the basis of sex and intended branch of medicine. CONCLUSIONS: The results highlight the heterogeneity of the profession and the influence of specialty and gender on professional values. Doctors' attitudes had also been shaped by broader social changes, especially debates surrounding regulation of the profession, rising public expectations and the need for rationing of NHS care.

16. **Coverdale JH. Virtues-based advice for beginning medical students. Acad Psychiatry 2007; 31(5):354-357.**

Sammendrag: OBJECTIVE: The goals of this article are to present a framework, based on John Gregory's (1724-1773) concept of professionalism, for advising beginning medical students about what is important to training and to the practice of medicine. METHOD: The author presents Gregory's concept of professionalism with an emphasis on the related virtues. Members of the editorial board of Academic Psychiatry were also surveyed for their advice for beginning students. RESULTS: There are four fundamental virtues that originated from Gregory's concept of professionalism: integrity, compassion, self-effacement, and self-sacrifice. Medical students should actively cultivate these virtues in order to promote excellence in every clinical encounter. CONCLUSIONS: These four fundamental virtues together obligate medical students to learn and practice in accordance with the principles of evidence-based medicine and to protect and promote the interests of patients.

17. **Curtis DW, MacDonald LL. Student dental hygienists' work values: a measure of an emerging profession? Probe 1997; 31(2):41-48.**

Sammendrag: The purpose of this study was to compare the work values of students in the School of Dental Hygiene and the Faculty of Dentistry at the University of Manitoba, Canada, both with each other, and with national sample of Canadian practitioners in both fields. The study was an outgrowth of a larger study measuring the work values of graduating students in six faculties selected to represent the occupational classification system of John Holland. The English version of the Canadian form of the Values Scale which measures 20 work and life values, was used in this study. Differences in values found between the student hygienists and practitioners in both dentistry and dental hygiene may indicate a growing desire for professional status by dental hygienists. Value differences found between practising dentists and hygienists may reflect a traditional hierarchical relationship between these occupations. Limitations of the study and future research questions are discussed.

18. **Degeling P, Zhang K, Coyle B, Xu L, Meng Q, Qu J et al. Clinicians and the governance of hospitals: a cross-cultural perspective on relations between profession and management. Soc Sci Med 2006; 63(3):757-775.**

Sammendrag: This paper explores similarities and differences in the value stances of clinicians and hospital managers in Australia, England, New Zealand and China, and provides some new insights into how we theorise about the health profession and its relations with management. The paper draws on data derived from a closed-ended questionnaire administered to 2637 hospital-based medical, nursing and managerial staff. We examine variations between the countries in the value orientations of doctors, nurses and managers by considering their assessments of issues that are the focus of reform. In particular, we examine the ways in which the Chinese findings differ from those of the other countries. Whereas the results from the Commonwealth hospitals showed a marked division between clinicians and managers about issues that can affect clinical autonomy, this was not the case in the Chinese hospitals. The concluding discussion traces these differences to a number of cultural, organisational and policy-based factors. The implications of our findings on how we conceive the relationship between professionals and organisations are then discussed, as are further lines of research.

19. **Dukerich JM, Golden BR, Jacobson CK. Nested Cultures and Identities: A Comparative Study of Nation and Profession/Occupation Status Effects on Resource Allocation Decisions. Research in the Sociology of Organizations 1996; 14:35-89.**

Sammendrag: The impact of cultural & professional identity on resource allocation decision making was examined through mail survey of chief financial officers & physicians from US & Australian hospitals, (total N = 489). Compared to their Australian counterparts, US respondents (Rs) were less likely to favor preferences that served social vs organizational interests & more likely to focus on managerially oriented interpretation categories. Value orientations were similar in both national groups. Managers were more likely than physicians to have a Smithian (self-interest) rather than a humanitarian value orientation & to prefer options that served the organization's interests. Rs who viewed resource allocation dilemmas as justice issues were

more likely to favor preferences that served social interests than Rs who viewed dilemmas as financial issues. The results are discussed from the perspective of a theory of nested cultures & identities. 4 Tables, 5 Figures, 122 References. Adapted from the source document.

20. **Fagermoen M. Professional identity: values embedded in meaningful nursing practice. J Advanced Nursing 1997; 25:(3):434-441.**  
Sammendrag: Research on the values underlying nurses' professional identity.
21. **Faithfull S, Hunt G. Exploring nursing values in the development of a nurse-led service. Nurs Ethics 2005; 12:(5):440-452.**  
Sammendrag: Qualitative pilot study research of a nurse-led service for supportive care for men undergoing radiotherapy, to explore developments in the specialist nurse's role. 7 professional values fundamental to nurse-led care and leadership, including therapeutic support, enhanced professional autonomy and role flexibility, were identified and examined.
22. **Greenfield BH, Anderson A, Cox B, Tanner MC. Meaning of caring to 7 novice physical therapists during their first year of clinical practice. Phys Ther 2008; 88(10):1154-1166.**  
Sammendrag: Background and Purpose. Caring has been identified as a rules-based approach to good patient care, as a core value in physical therapist professional behavior, as a part of experienced and expert practice, as a virtue, and as a moral orientation. Previous research showed that experienced and expert female physical therapists value compassion and caring in clinical practice. However, little is known about how novice physical therapists care for their patients. The purpose of this study was to explore the meaning of caring from the perspectives of novice physical therapists. Subjects. Seven novice physical therapists (with less than 1 year of clinical experience) working in either an outpatient or an inpatient facility were recruited. Methods. A qualitative method (phenomenology) was used, with data being obtained from retrospective interviews of the novice physical therapists regarding their experiences in the clinic. Results. Three common themes relating to the nature of caring emerged: learning to care (with the following subthemes: barriers to caring, the "difficult" patient, finding a balance, and time constraints), patients as subjects, and the culture of the clinic. Discussion and Conclusion. The novice physical therapists in this study expressed difficulty in dealing with difficult patients, with time management, and with balancing their professional and personal lives. However, despite the barriers to caring, many of these participants viewed caring not just as a rules-based approach but as a core value and, in some cases, a moral orientation that guided their first year of clinical practice. The findings suggest that caring requires certain skills and attitudes that accrue over time and that physical therapist education programs should integrate learning experiences (including clinical experiences) throughout the curriculum that foster caring behaviors in order to prepare students for the first-year transition in the clinic. In addition, experienced clinicians should appreciate how their clinic's culture and their behaviors can help model caring attitudes in novice physical therapists. copyright 2008 American Physical Therapy Association
23. **Haigh C, Johnson M. Attitudes and values of nurse educators: an international survey. Int 2007; 4:Article14.**  
Sammendrag: Within the last two decades the holistic care of patients has become increasingly important to nurse practitioners and educators. This has led to a move from a wholly biological approach to care to one that requires greater moral reasoning and value judgments by practitioners. There is a significant body of literature suggesting that values developed by students throughout their education can be affected to varying degrees by the nurse educators to whom the student is exposed. Yet, there is a dearth of research into what the values held by such nurse educators may be. A questionnaire was distributed to nurse educators from nineteen different countries at an international conference. Overall, educators reported high regard for the values of honesty and intellectualism, whilst maintaining a more cautious, although still positive, attitude toward altruism in health care.
24. **Hancock TH, Wilk RJ. Promoting Professional Values: A Study of Two Types of Small Group Interaction. Arete 1988; 13(2):12-25.**  
Sammendrag: A comparison of the effectiveness of two small group interactions designed to shift undergraduate social work students' (total N = 79 participants) values toward a more professional direction. One group represented a "discussion-to-consensus" approach, while the other format was an "open-ended" structure. Using a quasi-experimental research design, each group was given the same set of practice-related value dilemmas for consideration. The discussion-to-consensus participants were instructed to come up with

a group solution; the open-ended structure permitted each participant to respond but without the pressure of group consensus. An added feature to the experimental design was that both groups were balanced according to L. Kohlberg's theory ("The Cognitive Developmental Approach to Socialization" in Goslin, D. A. [Ed], Handbook of Socialization, Chicago: Rand McNally, 1969, 347-380) of cognitive moral development so that both groups contained student participants with advanced moral reasoning ability. Analysis revealed no significant difference between the two types of groups.

25. **Haque MS, Nolan P, Dyke R, Khan I. The work and values of mental health nurses observed. J Psychiatr Ment Health Nurs 2002; 9(6):673-680.**

Sammendrag: While there is agreement among stakeholders that change is required in mental healthcare, yet the precise nature of this change and how it should be brought about are relatively under-explored. Research has looked at developments taking place in primary mental health services, but relatively little has examined the work of community mental health nurses (CMHNs), especially those working at the interface between primary and secondary care. This study used a 39-item questionnaire to explore how CMHNs perceive their role and the degree to which they are able to carry it out. The findings suggests that while CMHNs are enthusiastic about their work and are keen to see mental health services develop in primary care, many are concerned about how they are perceived by other health personnel, deficiencies in their therapeutic skills and the level of support they currently receive. The study concludes by suggesting areas that managers, commissioners and educators should target to enable CMHNs to continue to play their part in a service that relies heavily upon them.

26. **Hegney D, Plank A, Parker V. Extrinsic and intrinsic work values: their impact on job satisfaction in nursing. J Nurs Manag 2006; 14(4):271-281.**

Sammendrag: AIMS: The aim of this study was to identify the intrinsic and extrinsic work values that were perceived by the members of the Queensland Nurses Union (QNU) in Queensland, Australia, to influence job satisfaction. BACKGROUND: The current shortage of nurses in Australia has been the focus of many recent studies and national inquiries. This shortage is experienced internationally in both developed and developing nations. Few studies, however, have examined the results of surveys from the model of intrinsic and extrinsic work values and their impact on job satisfaction. METHODS: Following a pilot study, a questionnaire was posted to 2800 assistants-in-nursing, enrolled and Registered Nurses in October 2001, who were members of the QNU. The sampling of nurses was undertaken from three sectors - public, private and aged care and therefore the results are reported separately for these three sectors. A total of 1477 nurses responded to the survey, equating to a total overall response rate of 53%. It should be noted that the study was limited to members of the QNU, and therefore does not represent nurses who are not members of the Union. RESULTS: The results show that intrinsic and extrinsic work values do impact upon job satisfaction and therefore intention to leave employment. The results also indicate that work stress was high and morale was low and decreasing. CONCLUSIONS: The findings of this study give some indication of what should be included in a nursing workforce planning strategy, the need for which in Australia is 'fundamental and urgent' (Senate Community Affairs References Committee 2002, p. xiii). The findings of this study also suggest that a 'one size fits all' solution across sectors will not work.

27. **Hem MH, Heggen K. Is compassion essential to nursing practice? Contemp Nurse 2004; 17(1-2):19-31.**

Sammendrag: The Norwegian Nurses' Association recently (2001) approved a new code of ethics that included compassion as one of the basic values in nursing care. This paper examines the idea of compassion in the context of the Bible story of the Good Samaritan using an analysis of qualitative data from nurses' clinical work with psychiatric patients. The aim is to show how the idea of compassion challenges nursing practice. Thereafter, the paper discusses the benefits of and premises for compassion in care work. The results show that nurses tend not to be guided by compassion in their work with patients. The organisation of the day-to-day work in the hospital ward, the division of labour between nurses and doctors, and the nurses' approach to nursing were identified as influencing this tendency. The study shows that compassion is a radical concept with a potential to promote greater respect for patients' dignity.

28. **Hendel T, Steinman M. Israeli nurse managers' organizational values in today's health care environment. Nurs Ethics 2002; 9(6):651-662.**

Sammendrag: Research in Israel.

29. **Hendel T, Gefen-Liban D. Getting ready for the future: assessing and promoting graduate students' organizational values. *Nurse Educ Today* 2003; 23:(7):482-491.**  
Sammendrag: Research on nursing students' perceptions of the importance of management and professional issues in Israel.
30. **Hendel T, Eshel N, Traister L, Galon V. Readiness for future managerial leadership roles: nursing students' perceived importance of organizational values. *J Prof Nurs* 2006; 22(6):339-346.**  
Sammendrag: This study explored the values held by nursing students attending a baccalaureate program. Our aim was to determine whether nursing students' values change after being exposed to educators as well as mentors and ethics education and after experiencing today's challenging work environment, with an emphasis on the organizational domain of the students' values set. The conceptual framework that underpins the approach to values presented in this study argues that the total values set of a working person consists of three domains: personal, professional, and organizational values. Our sample consisted of first, third, and fourth year nursing students (N = 496) attending the Tel Aviv University in Israel. Participants were requested to answer a questionnaire and to rate their perceived importance of 30 values. The results revealed significant differences in the participants' perceived importance of the three values domains. The organizational values--the new business values--were perceived significantly to be least important. Sex was found to be significantly related to perception of values' importance. Year of study was not found to be significantly correlated to perception of values. The findings reflect that senior nursing students are only moderately prepared for their future managerial leadership roles and point out the need to provide students with more stimulating and supportive learning experiences.
31. **Hjalmers K, Soderfeldt B, Axtelius B. Moral values and career: Factors shaping the image of healthy work for female dentists. *Acta Odontol Scand* 2006; 64(5):255-261.**  
Sammendrag: Objective. Female unpromoted general practice dentists (GPDs) constitute about one-quarter of all dentists in Sweden. These female dentists suffer from many problems relating to their psychosocial working conditions. There are wide discrepancies between their perception of the ideal job situation and reality. Previously, three factors were found to constitute the ideal job situation. The aim of this study was to analyze patterns in two of these factors, i.e. the moral and the career factors, for understanding how ideal circumstances are conceived, i.e. how "good work" for the dentists could be obtained. Material and Methods. In the year 2000, all female unpromoted GPDs (183 persons) within the Public Dental Health Service (PDHS) in a region in Sweden received a questionnaire; response rate 94%. Four multiple regression models were constructed for two factors of good work and for the differences between the ideal job situation and reality concerning these factors. Results. In all models, the explained variance was high. Those dentists who were committed to moral issues perceived large differences between the ideal and reality concerning moral values. Dentists committed to career issues experienced large differences between the ideal and reality concerning career development. Those dentists - about 60% - who would not want to be a dentist if they were to choose today, perceived large discrepancies concerning moral and career issues. Conclusions. The PDHS organization has failed to convince or engage those whom it ought to engage, that is those with the highest level of commitment. Dentists' emphasis on moral values confirms the character of dentistry as primarily a human service work.
32. **Hudacek SS. Dimensions of caring: a qualitative analysis of nurses' stories. *J Nurs Educ* 2008; 47(3):124-129.**  
Sammendrag: The purpose of this qualitative, phenomenological study is to describe dimensions of caring as they relate to and clarify the practice of professional nursing. Nurses are unique caregivers, and their work at the bedside and in the community matters. What nurses do as they care for patients is multi-dimensional, complex, and essential. Two hundred stories written by nurses were analyzed using Giorgi's methodology for existential phenomenology. Their stories indicate that nursing goes far beyond technical skills. Seven dimensions of caring that define professional nursing practice were found: caring, compassion, spirituality, community outreach, providing comfort, crisis intervention, and going the extra distance. The nurses' stories demonstrate that the dimensions of caring that define professional nursing practice are universal. Documentation of nurse's stories facilitates reflective and thoughtful practice, while clarifying the essential components of nursing.
33. **Humphrey C, Russell J. Motivation and values of hospital consultants in south-east England who work in the national health service and do private practice. *Soc Sci Med* 2004; 59(6):1241-**

**1250.**

**Sammendrag:** In the UK, a small private health care sector has always existed alongside the national health service (NHS). The conventional assumption is that doctors who work as salaried employees of the NHS are guided in their clinical practice by professional values which encourage them to put their patients' interests first. A common suspicion is that doctors undertaking fee-for-service practice in the private sector are motivated by self-interest, with commitment to their patients compromised by consideration for their purse. The great majority of hospital consultants are salaried employees of the NHS, but most also undertake some private practice. This paper uses findings from an interview study of 60 surgeons and physicians engaged in dual practice of this kind to investigate their reasons for working in this way and look at how they reconcile their personal, professional and public sector values and responsibilities with the temptations of the market. The existence of the private sector and their own engagement in it was regarded by almost all respondents as a net benefit, not only to themselves and their private patients, but also to the NHS, so long as they handled it properly. The interviews revealed a complex range of beliefs and assumptions through which these doctors justify their activities and a variety of informal principles for dealing with such conflicts of interest as they acknowledge. Neither their values nor their actions can be adequately explained using generic concepts of professional self-interest or public service values without consideration of what such concepts represented in the specific social, economic, professional and policy context of health care in south-east England at the time of the study.

**34. Itzhaky H, Gerber P, Dekel R. Empowerment, skills, and values: a comparative study of nurses and social workers. *Int J Nurs Stud* 2004; 41(4):447-455.**

**Sammendrag:** This article focuses on social workers and nurses who complement each other's work in providing health care services to their patients. The professional literature suggests that understanding the professional differences between social workers and nurses may lead to more collaboration between these groups. This study empirically compares empowerment, skills, and values of social workers (n = 213) and nurses (n = 152). Nurses reported higher scores in all empowerment and value variables. Nurses also claimed to use more therapeutic and communication skills, and social workers reported the use of more social action skills. The differences in empowerment, skills and values between social workers and nurses are discussed in light of their different professional roles and work environments.

**35. Johansson I, Holm AK, Lindqvist I, Severinsson E. The value of caring in nursing supervision. *J Nurs Manag* 2006; 14(8):644-651.**

**Sammendrag:** **AIM:** The aim of this study was to explore and describe nurse supervisors' views of the value of caring in nursing supervision and how they strive to make this value visible. **BACKGROUND:** The academic part of nursing education presupposes scientifically based nursing knowledge. Several strategies have been suggested for ensuring high-quality clinical nursing education, including nursing supervision, as it facilitates the fusion and integration of theory and practice. To achieve high-quality nursing supervision it is important to describe the supervisors' interventions. **METHOD:** Data were collected by means of focus group interviews and analysed by qualitative content analysis. **FINDINGS:** Four themes emerged: genuine encounter, consciousness of one's own value base, confirmation and a relationship characterized by learning and consolation. The supervisors' description of how they strived to make the value of caring in nursing supervision visible can be expressed as follows: the value of caring is inherent in all aspects of nursing supervision; in the narratives of the patients' situations; in relation to the professional role; and in the benefits of participating in group supervision. **CONCLUSIONS:** The value of caring in nursing supervision was described as a genuine encounter, consciousness of one's own value base, confirmation and a relationship characterized by learning in addition to providing consolation. The role of the supervisor is characterized by three dimensions: willingness, knowledge and courage.

**36. Johnson M, Haigh C, Yates-Bolton N. Valuing of altruism and honesty in nursing students: a two-decade replication study. *J Adv Nurs* 2007; 57(4):366-374.**

**Sammendrag:** **AIM:** This paper reports a study investigating changes in the self-reported values of nursing students over the period 1983-2005 in the light of changes in student demography. **BACKGROUND:** Nurses' values have been studied by both qualitative and survey methods over half a century. Generally idealism and altruism are said to wane as a result of professional socialisation, whilst honesty has been rarely examined. **METHOD:** Building on an instrument designed by William Scott, further items were developed which addressed value orientations in a nursing context. Using a Likert scale and demographic items, a 1983 survey of three schools of nursing in England was repeated with a comparable population of students in 2005. **FINDINGS:** Student valuing of altruism and honesty has changed in important ways in the intervening



decades. Nursing students are now generally less altruistic ( $P = 0.01$ ) but value honesty with patients a great deal more ( $P = 0.01$ ) than their counterparts in 1983. CONCLUSION: The current situation, with older students having more domestic responsibilities and some students needing to have extra jobs besides their nursing course, seems to have led them to adopt a pragmatic approach. However, there are encouraging changes in the valuing of honesty with patients, which reflect in part students' increased maturity and changed social attitudes to healthcare professional paternalism.

37. **Kubsch S, Hansen G, Huyser-Eatwell V. Professional values: the case for RN-BSN completion education. *J Continuing Education in Nursing* 2008; 39:(8):375-384.**

Sammendrag: Research in the USA using Hall's Care, Cure and Core theory (1969) as a framework for exploring differences in perceptions of professional values among registered nurses (RNs) and examining links between participants' perceptions, educational background and other factors. Recommendations are made to emphasise professional values in the RN-BSN programme.

38. **Leners D, Roehrs C, Piccone A. Tracking the development of professional values in undergraduate nursing students. *J Nursing Education* 2006; 45:(12):504-511.**

Sammendrag: Quantitative research in the USA examining the learning of professional values within the curriculum of a BSN programme and assessing whether students' professional values change over time. Nursing students completed a survey involving the Nursing Professional Values Scale upon entry into and on exit from the programme, and the results were compared and discussed.

39. **Lui MHL, Lam LW, Lee IFK, Chien WT, Chau JPC, Ip WY. Professional nursing values among baccalaureate nursing students in Hong Kong. *Nurse Educ Today* 2008; 28(1):108-114.**

Sammendrag: The development of a nursing code of professional conduct is to guide nurses to make appropriate clinical decision, in particular when facing ethical dilemma. It is of paramount importance that nurse educators understand baccalaureate nursing students' perceptions of the importance of the code of professional conduct and the level of difficulties in implementing this code while preparing them for future practicing nurses. The Code of Professional Conduct in Hong Kong has been developed to guide nursing practice for over two decades. Nevertheless, no study has examined Hong Kong baccalaureate nursing students' perception about this professional code. The aim of this paper was to examine the perceptions of 263 baccalaureate nursing students about this professional code using a cross sectional survey design. The results indicated that most items in the professional code were rated as important and "provide safe and competent care" was rated as the most important one. A few areas that the students perceived as difficult to implement were discussed and future research was recommended. The significant differences identified among students from different years of study also highlighted areas for consideration in planning educational program to further equip students with the ability to deal with challenges in professional practice.

40. **Maben J, Latter S, Clark JM. The sustainability of ideals, values and the nursing mandate: evidence from a longitudinal qualitative study. *Nurs Inq* 2007; 14(2):99-113.**

Sammendrag: This article reports on research that examines newly qualified UK nurses' experiences of implementing their ideals and values in contemporary nursing practice. Findings are presented from questionnaire and interview data from a longitudinal interpretive study of nurses' trajectories over time. On qualification nurses emerged with a coherent and strong set of espoused ideals around delivering high quality, patient-centred, holistic and evidence-based care. These were consistent with the current UK nursing mandate and had been transmitted and reinforced throughout their 'prequalification' programmes. The existence of professional and organisational constraints influenced their ability to implement these ideals and values once in practice. Data analysis revealed that within 2 years in practice the newly qualified nurses could be categorised as sustained idealists, compromised idealists, or crushed idealists. The majority experienced frustration and some level of 'burnout' as a consequence of their ideals and values being thwarted. This led to disillusionment, 'job-hopping' and, in some cases, a decision to leave the profession. These data are explored and discussed to inform the question of whether the current nursing mandate is sustainable.

41. **Marian F, Widmer M, Herren S, Doenges A, Busato A. Physicians' philosophy of care: A comparison of complementary and conventional medicine. *Forschende Komplementärmedizin und Klassische Naturheilkunde* 2006; 13(2):70-77.**

Sammendrag: Background: This project is part of an evaluation of complementary and alternative medicine (CAM) aimed at providing a scientific basis for the Swiss Government to include 5 CAM methods in basic health coverage: anthroposophic medicine, homeopathy, neural therapy, phytotherapy and Traditional

Chinese Medicine (TCM). Objectives: The objective was to explore the philosophy of care ( convictions and values, priorities in medical activity, motivation for CAM, criteria for the practice of CAM, limits of the used methods) of conventional and CAM general practitioners (GPs) and to determine differences between both groups. Materials and Methods: This study was a cross-sectional survey of a representative sample of 623 GPs who provide complementary or conventional primary care. A mailed questionnaire with open-ended questions focusing on the philosophy of care was used for data collection. An appropriate methodology using a combination of quantitative and qualitative approaches was developed. Results: Significant differences between both groups include philosophy of care ( holistic versus positivistic approaches), motivation for CAM ( intrinsic versus extrinsic) and priorities in medical activity. Both groups seem to be aware of limitations of the therapeutic methods used. The study reveals that conventional physicians are also using complementary medicine. Discussion: Our study provides a wealth of data documenting several aspects of physicians' philosophy of care as well as differences and similarities between conventional and complementary care. Implications of the study with regard to quality of care as well as ethical and health policy issues should be investigated further.

**42. Marino R, Stuart GW. The validity and reliability of the Tertiary Student Values Scale (TSVS). Med Educ 2005; 39(9):895-903.**

Sammendrag: OBJECTIVE: To explore the factorial composition of an instrument developed to assess value orientations in tertiary students, the Tertiary Student Values Scale (TSVS), using data from culturally diverse undergraduate dental students. METHODS: A 68-item questionnaire was used to collect the data. The questionnaire included 15 3-item subscales developed in a manner consistent with the Kluckhohn and Strodtbeck value orientation model. The psychometric properties were evaluated using a sample of students from 4 Australian dental schools. The questionnaire was administered to 364 students aged 18-50 years, mean age 21.3 years (SD 3.45 years), using a convenience sampling method. Scores on the 45 items were factor analysed using the maximum-likelihood estimation method for factor extraction with oblique rotation (oblimin). Internal consistency was examined on all of the 3-item subscales, using Cronbach's alpha. RESULTS: The analysis indicates that the TSVS reflects the hypothesised 15-dimension construct of value orientation. Furthermore, the analysis showed that the identified 15 factors were independent of one another and were sufficiently reliable for group comparisons. With 1 exception, all subscales yielded a Cronbach's alpha  $\geq$  0.55, the exception being 1 subscale with alpha = 0.40 (range 0.40-0.80). CONCLUSION: Results indicated that value orientation is a complex construct, but that it is quantifiable along multiple dimensions in a psychometrically valid manner. Further refinement of this instrument would increase its value as a tool for policy makers designing educational programmes and services for culturally diverse student groups.

**43. Martin P, Yarbrough S, Alfred D. Professional values held by baccalaureate and associate degree nursing students. J Nursing Scholarship 2003; 35:(3).**

Sammendrag: Research comparing professional values held by graduating students and whether the type of degree course affected their attitude.

**44. Midttun L. Private or public? An empirical analysis of the importance of work values for work sector choice among Norwegian medical specialists. Soc Sci Med 2007; 64(6):1265-1277.**

Sammendrag: In the aftermath of the Norwegian hospital reform of 2002, the private supply of specialized healthcare has increased substantially. This article analyses the likelihood of medical specialists working in the private sector. Sector choice is operationalized in two ways: first, as the likelihood of medical specialists working in the private sector at all (at least 1% of the total work hours), and second, as the likelihood of working full-time (90-100%) privately. The theoretical framework is embedded in work values theory and the results suggest that work values are important predictors of sector choice. All analyses are based on a postal questionnaire survey of medical specialists working in private contract practices and for-profit hospitals and a control group of specialists selected from the Norwegian Medical Association's member register. The analyses revealed that while autonomy values impact positively on the propensity for allocating any time at all to the private sector, professional values have a negative effect. Given that the medical specialist already works in the private sector, a high valuation of professional values and payment and benefit values increases the likelihood of having a dual sector job rather than a full-time private position. However, due to the cross-sectional structure of the data and limitations in the dataset, causality questions cannot be fully settled on the basis of the analyses. The relationship between work values and sector choice should, therefore, be regarded as associations rather than causality links. Finally, the likelihood of working in the private sector varies

significantly at the municipality level, suggesting that medical specialist's location is important for sector choice.

45. **Molloy J, Cribb A. Changing values for nursing and health promotion: exploring the policy context of professional ethics. *Nurs Ethics* 1999; 6(5):411-422.**

Sammendrag: In this article we illustrate, and argue for, the importance of researching the social context of health professionals' ethical agendas and concerns. We draw upon qualitative interview data from 20 nurses working in two occupational health sites, and our discussion focuses mainly upon aspects of the shifting 'ethical context' for those nurses with a health promotion remit who are working in the British National Health Service. Within this discussion we also raise a number of potentially substantive issues, including the risks of colluding in 'double standards', and the tensions between the practitioner and managerial roles in nursing. Overall, we hope to pose questions about the best ways to understand the ethical agency and responsibilities of health professionals.

46. **Morgan PI, Ogbonna E. Subcultural dynamics in transformation: A multi-perspective study of healthcare professionals. *Human Relations* 2008; 61(1):39-65.**

Sammendrag: The extensive criticism of the integrative 'shared values' view of culture has prompted many researchers to argue that one way of advancing culture research is by examining the ways different subcultures interact in organizational settings. However, existing studies in this area generally explore the nature of subcultures and the differences between them. The findings from a study of two large healthcare organizations suggest that greater insights can be generated into organizational subcultures by studying doctors, nurses and non-clinical managers through multiple analytical lenses. Such analyses help to uncover the wide variation in subcultural values, norms and assumptions, revealing those that are shared, those that differ and those that are characterized by ambiguity both within and across subcultures. It is argued that this approach reveals interesting insights into the dynamics of subcultures and the ways in which different subcultures interpret and respond to management initiated changes designed to transform organizational practices.

47. **Naden D, Eriksson K. Understanding the importance of values and moral attitudes in nursing care in preserving human dignity. *Nurs Sci Q* 2004; 17(1):86-91.**

Sammendrag: The purpose of this investigation was to explore when nursing becomes an art, and to develop a theory/model of nursing as art. The overall design of the investigation was qualitative, and phenomenological-hermeneutic. The five substantial categories in the theory/model are: Invitation and confirmation, encounter, values, moral attitude and demeanor, the act of good will, and aesthetic communication. One main finding of this nursing investigation based on the caring perspective was that values and a thoroughly moral attitude and demeanor are central when nursing becomes an art.

48. **Nathaniel AK. Moral reckoning in nursing. *West J Nurs Res* 2006; 28(4):419-438.**

Sammendrag: Analysis of qualitative data resulted in an original substantive grounded theory of moral reckoning in nursing, a three-stage process. After a novice period, the nurse experiences a stage of ease in which there is comfort in the workplace and congruence of internal and external values. Unexpectedly, a situational bind occurs in which the nurse's core beliefs come into irreconcilable conflict with external forces. This compels the nurse into the stage of resolution, in which he or she either gives up or makes a stand. The nurse then moves into the stage of reflection in which he or she lives with the consequences and iteratively examines beliefs, values, and actions. The nurse tries to make sense of experiences through remembering, telling the story, and examining conflicts. This study sets the stage for further investigation of moral distress. The theory of moral reckoning challenges nurses to tell their stories, examine conflicts, and participate as partners in moral decision making.

49. **Neumann JK, Leppien FV. Impact of religious values and medical specialty on professional inservice decisions. *Journal of Psychology and Theology* 1997; 25(4):437-448.**

Sammendrag: Research indicates that professional group and religion affect decision making. Five hundred board-certified physicians from each of 5 specialty areas (General Surgery, Psychiatry, Internal Medicine, Pathology, and Family Practice) were mailed vignettes reflecting 1 of 4 value systems (Evangelical Christian, Liberal Protestant, Humanist, or Hindu) in a randomized survey. One hundred twenty-five vignettes of every value system were mailed to each specialty yielding a total of 500 per specialty. Respondents were asked to rate 1 vignette which provided a brief description of a professional inservice. Questions for rating covered approval and interest in the training as well as requests for respondent descriptive information. About 40% of

the total group responded. Humanist and Hindu vignettes were clearly more approved than Liberal Protestant and Evangelical Christian (EC) vignettes. Medical specialty was not an independent factor but was significant in interaction with value type. Personal interest/value similarity correlated highly with approval ratings. Dissimilarity with parental religious values was a frequent moderating variable and varied significantly among medical specialty groups. Religious values influence medical nonclinical decisions. Implications concerning separation of church and state issues, research strategy, and medical ethical and training activities were discussed to encourage more openness in the area of medical decisions and theistic/non-theistic religious values.

**50. Neumann JK, Olive KE. Absolute versus relative values: effects on family practitioners and psychiatrists. *South Med J* 2003; 96(5):452-457.**

Sammendrag: **BACKGROUND:** Research demonstrates that religious values clearly impact on the judgments made by physicians and their patients. One basic dichotomy--belief in ethical values that do not change (absolute values) versus belief in values that change depending on the situation (relative values)--has recently been experimentally associated with different ethical decision-making patterns. **METHODS:** An anonymous, randomized, national survey and 1-week response prompt with 1-month follow-up mailing as necessary were distributed to nationwide samples of board-certified American family practitioners and psychiatrists. Physicians answered descriptive questions and standardized personality assessments and responded to three vignettes describing ethically sensitive scenarios concerning birth control medication for sexually active single women, euthanasia, and abortion. **RESULTS:** Response rates were 34% for psychiatrists and 38% for family practitioners. Family practitioners and absolutists were significantly more supportive of religious activities and had more religious parents than psychiatrists and relativists. Furthermore, family practitioners and absolutists were less approving of the vignettes than other groups. **CONCLUSION:** Family practitioners were more supportive of religious activities than psychiatrists as reported in previous research. The absolute versus relative value dichotomy is a useful concept in examining physician attitudes as they affect health care and personal behavior. However, questions concerning place of worship attendance and giving in addition to specific religious value labels may be more efficient experimentally. Physicians should be aware of their own biases in discussions with patients, families, and other health care providers.

**51. Nosse LJ, Sagiv L. Theory-based study of the basic values of 565 physical therapists. *Phys Ther* 2005; 85(9):834-850.**

Sammendrag: **Background and Purpose.** There is a prevailing belief expressed in the physical therapy literature that values influence behavioral choices. There is, however, meager research on physical therapists' values. A values theory was used to study the organization of physical therapists' basic values and to generate hypotheses about age-related value priority differences. **Subjects.** Participants were volunteers from the Wisconsin Physical Therapy Association (N=565). **Methods.** Values importance ratings were gathered using a modified Schwartz Values Survey. Demographic data were obtained with an investigator-developed questionnaire. Analyses included descriptive and nonparametric statistics and nonmetric multidimensional scaling. **Results.** The organizational structure of therapists' values was similar to the theoretical model. Physical therapists rated values associated with benevolence as most important and values associated with power as least important. Three of 7 age-related hypotheses were supported. **Discussion and Conclusion.** The theory adequately explained the organization of physical therapists' values and provided rational explanations for age-based value priority differences. Compared with occupationally heterogeneous samples, the results suggest that physical therapists highly prize values that benefit others and give remarkably little importance to values associated with power.

**52. Pasco A, Morse J, Olson J. Cross-cultural relationships between nurses and Filipino Canadian patients. *J Nursing Scholarship* 2004; 36:(3).**

Sammendrag: Research in Canada to examine Filipino Canadian patients' views of nursing care. The research revealed the Filipinos' worldview and core values, showing the need for nurses to understand different types of relationship, the communication process and the importance of family involvement.

**53. Pauly B. Shifting moral values to enhance access to health care: Harm reduction as a context for ethical nursing practice. *Int J Drug Policy* 2008; 19(3):195-204.**

Sammendrag: **Background:** People who are street involved including those experiencing homelessness and substance use are at increased risk of morbidity and mortality. Such inequities are exacerbated when those facing the greatest inequities in health have the least access to health care. These concerns have rarely been addressed in bioethics and there has been a lack of explicit attention to the dominant societal and

organizational values that structure such injustices. The purpose of this paper is to describe the underlying value tensions that impact ethical nursing practice and affect equity in access to health care for those who are street involved. Methods: In this paper, findings from a larger qualitative ethnographic study of ethical practice in nursing in the context of homelessness and substance use are reported. The original research was undertaken in two 'inner city' health care centres and one emergency department (ED) to gain a better understanding of ethical nursing practice within health care interactions. Data were collected over a period of 10 months through face-to-face interviews and participant observation. Results: In order to facilitate access to health care for those who are street-involved nurses had to navigate a series of value tensions. These value tensions included shifting from an ideology of fixing to reducing harm; stigma to moral worth; and personal responsibility to enhancing decision-making capacity. A context of harm reduction provided a basis for the development of relationships and shifted the moral orientation to reducing harm as a primary moral principle in which the worth of individuals and the development of their capacity for decision-making was fostered. Conclusions: Implementation of a harm reduction philosophy in acute care settings has the potential to enhance access to health care for people who are street involved. However, explicit attention to defining the harms and values associated with harm reduction is needed. While nurses adopted values consistent with harm reduction and recognized constraints on personal responsibility, there was little attention to action on the social determinants of health such as housing. The individual and collective role of professional nurses in addressing the harms associated with drug use and homelessness requires additional examination.

54. **Perroca MG. [Values that guide the decision process in nursing]. Rev Esc Enferm USP 1997; 31(2):206-218.**

Sammendrag: The aim of this study is to identify the values raised by a group of nurses from a health care institution, and to understand in which way these values can interfere in nursing management activities. This study was based on Methodological Triangle which involves both quantitative and qualitative methods. It was held at a philanthropic hospital in Sao Jose do Rio Preto with nurses who work in specialized areas with in-patients. The data were collected using a questionnaire in which three situations were presented covering usual incidents to nurses. These situations required important decisions to be made based on personal values. The results showed that for nurses, honesty, self-control and responsibility are inter-related; usually, the nurses demonstrated tolerance, understanding and solidarity. But, many times, nurses are condescending to their subordinates when their professional competence is not required. However, when trying to attain social recognition, nurses are keen and they can punish their subordinates.

55. **Perry B. Core nursing values brought to life through stories. Nurs Stand 2005; 20:(7):41-48.**

Sammendrag: Research examining what factors contribute to the career satisfaction of registered nurses. An international study collected narratives from nurses from the United States, Canada, England, Scotland and Germany to find out what association there was between the quality of nursing care provided and nurse satisfaction.

56. **Prilleltensky I, Rossiter A, Walsh-Bowers R. Preventing harm and promoting ethical discourse in the helping professions: conceptual, research, analytical, and action frameworks. Ethics Behav 1996; 6(4):287-306.**

Sammendrag: The first in a series of 4 articles, this article provides an overview of the concepts and methods developed by a team of researchers concerned with preventing harm and promoting ethical discourse in the helping professions. In this article we introduce conceptual, research, analytical, and action frameworks employed to promote the centrality of ethical discourse in mental health practice. We employ recursive processes whereby knowledge gained from case studies refines our emerging conceptual model of applied ethics. Our participatory conceptual framework differs markedly from the restrictive model typically used in applied ethics. Our research relies on lived experiences of ethics, while our analytical framework draws attention to the multiple levels and contexts in which ethical dilemmas take place. Finally, our action framework is designed to collaborate with research participants and practitioners in making use of our data and interpretations. We demonstrate how the various frameworks inform each other in an integrative fashion. The article sets the stage for 2 case studies presented in subsequent articles.

57. **Raines DA. Values influencing neonatal nurses' perceptions and choices. West J Nurs Res 1994; 16(6):675-691.**

Sammendrag: The purpose of this research was to identify the values influencing the nurses' perception and choice of behavior in a hypothetical clinical situation. The theoretical framework was Rokeach's theory on the nature of human values and value systems. A descriptive study using a mailed survey was conducted on a

random sample of 331 members of the National Association of Neonatal Nurses. Data on individual nurse's values, perception of information, and behavioral choices were collected with an investigator-developed questionnaire consisting of a values scale, and an information scale and choice alternatives related to three hypothetical vignettes: a low-birthweight infant, an infant with chromosomal anomalies, and a chronically ill infant. Results of this study indicate that nurses identified a hierarchy of values related to their practice. Information related to infant characteristics was consistently most important; however, in uncertain situations, rules or external protocols had an increased influence on the behavioral choice process. The behavioral choice option with the greatest agreement was different for each situation. A consistently negative correlation between the options within each vignette indicates that nurses have clearly defined choice preferences. Model testing revealed a consistent relationship across the three vignettes between the variable being just and protocol, doing right and infant characteristics, and infant characteristics and the choice options ( $p < .05$ ).

58. **Rassin M. Nurses' professional and personal values. Nurs Ethics 2008; 15:(5):614-630.**  
Sammendrag: Research in Israel measuring nurses' professional and personal values and investigating factors that affected how they rated the importance of those values. Findings from the Rokeach Values Survey were used to explore the impact of age, education, ethnic origin, experience, professional position and field of expertise on their views.
  
59. **Ray LN, Goodstein J, Garland M. Linking professional and economic values in healthcare organizations. J Clin Ethics 1999; 10(3):216-223.**
  
60. **Rickard M, Kuhse H, Singer P. Caring and justice: a study of two approaches to health care ethics. Nurs Ethics 1996; 3(3):212-223.**  
Sammendrag: This article presents an empirical study of approaches to ethical decision-making among nurses and doctors. It takes as its starting point the distinction between the perspectives of care and of justice in ethical thinking, and the view that nurses' thinking will be aligned with the former and doctors' with the latter. It goes on to argue that the differences in these approaches are best understood in terms of the distinction between partialist and impartialist modes of moral thinking. The study seeks to determine the distribution of these modes of thinking between nurses and doctors, and finds that these are no significant differences between them. A 'two-level' philosophical view of the nature of moral thinking is appealed to in order to explain the study findings.
  
61. **Riley B. Defining the core values of nursing, midwifery and health visiting. Br J Community Health Nursing 1997; 2:(10):456.**  
Sammendrag: Editorial on the 1997 report 'A Celebration of Nursing, Midwifery and Health Visiting.
  
62. **Robertson DW. Ethical theory, ethnography, and differences between doctors and nurses in approaches to patient care. J Med Ethics 1996; 22(5):292-299.**  
Sammendrag: OBJECTIVES: To study empirically whether ethical theory (from the mainstream principles-based, virtue-based, and feminist schools) usefully describes the approaches doctors and nurses take in everyday patient care. DESIGN: Ethnographic methods: participant observation and interviews, the transcripts of which were analysed to identify themes in ethical approaches. SETTING: A British old-age psychiatry ward. PARTICIPANTS: The more than 20 doctors and nurses on the ward. RESULTS: Doctors and nurses on the ward differed in their conceptions of the principles of beneficence and respect for patient autonomy. Nurses shared with doctors a commitment to liberal and utilitarian conceptions of these principles, but also placed much greater weight on relationships and character virtues when expressing the same principles. Nurses also emphasised patient autonomy, while doctors were more likely to advocate beneficence, when the two principles conflicted. CONCLUSION: The study indicates that ethical theory can, contrary to the charges of certain critics, be relevant to everyday health care-if it (a) attends to social context and (b) is flexible enough to draw on various schools of theory.
  
63. **Salamon J. Values and ethical virtues of a nurse and their meaning in career. Onkologia Polska 2005; 8(3):177-180.**  
Sammendrag: The highest values for Plato was the good (idea of the good). In M. Scheler's value structure, it is transcendental and spiritual values that are on the very top. The spiritual values distinguish a full worth essence - the human being - claims K. Wojtyla. In realization of the high values ethical virtues are indispensable. The proper value hierarchy and ethical values are the important elements of nurse's

personality. The purpose of the study is to get acquainted with the values and ethical virtues of a nurse and their usefulness in career. In order to know these categories the survey research has been done. 80 extramural nursing students were involved. The research proved that transcendental and spiritual values are placed highest in hierarchy of values for nurses, stand for their signpost for life, basis will be good human, especially for a patient, suffering, helped shape their personality too. The ethical virtues of a nurse: responsibility, conscientiousness, goodness, kind-heartedness, justice, helped in the work, facilitate to take the correct ethical decisions and permit to cooperate with a patient and the therapeutic team better. Nursing is for this group an important mission to fulfill by portraying a patient the sense of life and the sense of suffering, for themselves nurses a chance of development and creation.

64. **Schank MJ, Weis D. Service and education share responsibility for nurses' value development. J Nurses Staff Dev 2001; 17(5):226-231.**

Sammendrag: This article examines professional values of senior baccalaureate nursing students and practicing nurses. An important finding was that practicing nurses rated behaviors reflecting values in the American Nurses Association (ANA) Code for Nurses as more important than did senior students, thereby supporting the notion that practice contributes to value formation. The ongoing development and internalization of the nursing professions' values requires active involvement by staff development educators. The phenomena of value formation and development of professional values appear to mirror the novice to expert model.

65. **Singh U. Values Attached to the Choice of Professions: A Commitment to Society. The Journal of Sociological Studies 1990; 9:181-189.**

Sammendrag: The questions of whether individual or general good should be pursued, & how to integrate economic & social values were explored through a study of the value preference of a random sample of students at Punjab U in India (N = 183). Promotion of personal social status was found to be the most highly regarded value. The ordering of values indicated no consistency between egoism & altruism, leading to the conclusion that the "spirit of profession" is missing.

66. **Souba WW. Academic medicine's core values: what do they mean? J Surg Res 2003; 115(2):171-173.**

67. **Verpeet E, Meulenbergs T, Gastmans C. Professional values and norms for nurses in Belgium. Nurs Ethics 2003; 10(6):654-665.**

Sammendrag: Because of their responsibilities for providing high-quality care, at times when they are continuously confronted with inherent professional and ethical challenges, nurses should meet high ethical standards of practice and conduct. Contrary to other countries, where codes of ethics for nurses are formulated to support those standards and to guide nurses' professional practice, Belgian nurses do not have a formal code of ethics. Nevertheless, professional ethics is recognized as an important aspect in legal and other professional documents. The aim of this article is to illustrate that codes of ethics are not the only professional documents reflecting nurses' values, norms and responsibilities. Other documents can also set out professional nursing ethics, and as such replace codes of ethics.

68. **Weis D, Schank M. An instrument to measure professional nursing values. J Nursing Scholarship 2000; 32:(2).**

Sammendrag: Research to evaluate the Nursing Professional Values Scale.

69. **Woodbridge K, Fulford B. Good practice? Values-based practice in mental health. Mental Health Practice 2003; 7:(2):30-34.**

Sammendrag: Continuing Professional Development, article 335. Reflection and analysis of values in practice.

70. **Wright SM, Carrese JA. Which values do attending physicians try to pass on to house officers? Med Educ 2001; 35(10):941-945.**

Sammendrag: Context: Professional development in medicine includes the acquisition of values and attitudes which are fundamental to the role of the physician. Little is known about which values and attitudes attending physicians emphasize in their teaching of medical trainees to help them develop professionally. Objective: To determine the values and attitudes which attending physicians try to pass on to residents in order to encourage their professional development. Design: Cross-sectional study using a mailed survey. Setting: Four university-affiliated teaching hospitals. Subjects: Attending physicians with residency-level

teaching responsibilities. Measurements: The self-reported single value or attitude that attending physicians try to pass on to house officers. Results: Of the 341 attending physicians who returned a completed questionnaire, 265 (78%) shared the single value or attitude they try to pass on to residents. The four main categories into which more than 95% of responses could be categorized were: (i) caring, (ii) respect, (iii) communication and (iv) integrity. There were no statistically significant differences between the responses given by attending physicians who had been named as excellent role models and their colleagues who had not been so named. Conclusions: Attending physicians attempt to pass on values and attitudes they consider important for the professional development of medical trainees. Future research might focus on optimal ways to teach these qualities to medical learners

71. **Wros P, Doutrich D, Izumi S. Ethical concerns: comparison of values from two cultures. Nursing & Health Sciences 2004; 6:(2):131-140.**

Sammendrag: Qualitative research involving a secondary analysis of data from 2 phenomenological studies comparing the values and ethical concerns of nurses in the USA and Japan. Hermeneutic interpretive methods and feminist approaches were used to reinterpret the data with sensitivity and in a non-hierarchical way. The values and concerns compared included respecting the patient, providing comfort and care, truth-telling, understanding the patient, and acknowledging the importance of the family.

72. **Yarbrough S, Alfred D, Martin P. Research study: professional values and retention. Nurs Manage 1912; 39(4):10.**

73. **Yeun EJ, Kwon YM, Ahn OH. [Development of a nursing professional values scale]. Taehan Kanho Hakhoe Chi 2005; 35(6):1091-1100.**

Sammendrag: PURPOSE: The purpose of this study was to develop an instrument to measure nursing professional values. METHOD: Forty preliminary items were selected by classifying 223 basic items extracted via a literature study and in-depth interviews of subjects and testing the relevance of their contents. In order to verify the reliability and relevance of the preliminary instrument, data was collected from 504 nurses in 3 general hospitals. RESULT: As a result of the item analysis, 29 items were selected from a total of 40 items. Five factors were extracted by factor analysis, and the total variance was 51.5%. For the explanation of variances by factors, the 1st factor, 'self-concept of the profession' accounted for 14.8%, the 2nd factor, 'social awareness' 12.1%, the 3rd factor, 'professionalism of nursing' 9.8%, the 4th factor, 'the roles of nursing service' 9.1%, and the 5th factor, 'originality of nursing', 5.6%. Cronbach's Alpha of those 29 items was .9168, which was high. CONCLUSION: This paper is meaningful in a way that it developed a tool capable of measuring nursing professional values, which reflects the characteristics of our country. In order to re-verify the relevance and stability of this tool, it is necessary that comparative studies should be conducted.



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## 4 INDIVIDUELLE VERDIER

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### 4.1 Oversikter

1. **Meglino BM, Ravlin EC. Individual values in organizations: Concepts, controversies, and research. *Journal of Management* 1998; 24(3):351-389.**

Sammendrag: The values of managers and employees in organizations are phenomena that have captured the interest of researchers, practitioners, social critics, and the public at large. Despite this attention, there continues to be a conspicuous lack of agreement on what values are and how they influence individuals. In this article we discuss how values have been defined and conceptualized Focusing on values as desirable modes of behavior, we describe how they affect individuals in organizations and discuss some of the salient controversies that characterize contemporary research on values. Finally,, we report on a comprehensive review of the most recent literature in this area.

2. **Rohan MJ. A rose by any name? The values construct. *Personality and Social Psychology Review* 2000; 4(3):255-277.**

Sammendrag: Definitional inconsistency has been epidemic in values theory and research. An abbreviated review of values-related theory and research is provided, and 5 aspects of the values construct that may have contributed to this inconsistency and the resulting lack of synthesis are discussed. A proposal for the process by which value priorities influence attitudinal and behavioral decisions also is outlined. Attitudinal and behavioral decisions are shown to be traceable to personal value priorities, although the link is indirect. The importance of 4 constructs in this process is highlighted. In the past, personal value systems, social value systems, worldviews, and ideologies each may have been given the generic label values.

3. **Vansteenkiste M, Neyrinck B, Niemiec CP, Soenens B, De Witte H, Van den Broeck A. On the relations among work value orientations, psychological need satisfaction and job outcomes: A self-determination theory approach. *Journal of Occupational and Organizational Psychology* 2007; 80:251-277.**

Sammendrag: Using self-determination theory, two studies found that holding an extrinsic, relative to an intrinsic, work value orientation was associated with less positive outcomes (i.e. less satisfaction with, dedication to and vitality while on the job) and more negative outcomes (i.e. higher emotional exhaustion, short-lived satisfaction after successful goal-attainment, and turn-over intention). These relations were not limited to job outcomes, but also emerged using indicators of employees' general mental health. Moreover, income level did not moderate these relations. Study 2 found that holding an extrinsic, relative to an intrinsic, work value orientation was detrimental to employees' job outcomes because these orientations thwarted the satisfaction of the basic psychological needs for autonomy, competence and relatedness at work.

### 4.2 Primærstudier

1. **Agerstrom J, Bjorklund F. Temporal Distance and Moral Concerns: Future Morally Questionable Behavior is Perceived as More Wrong and Evokes Stronger Prosocial Intentions. *Basic and Applied Social Psychology* 2009; 31(1):49-59.**

Sammendrag: Prior research on temporal construal has shown that core values become more salient when people think about distant- as compared to near-future events. The present research shows that greater temporal distance of an event also results in greater moral concern. More specifically, it was found that people make harsher moral judgments of others' distant-future morally questionable behavior than near-future morally questionable behavior. Moreover, it was shown that people increasingly attribute distant vs. near future behavior to abstract dispositional relative to concrete situational causes, and that this attribution bias is partially responsible for the temporal distance effect on moral judgments.

2. **Ambrose ML, Arnaud A, Schminke M. Individual moral development and ethical climate: The influence of person-organization fit on job attitudes. *Journal of Business Ethics* 2008; 77(3):323-333.**

Sammendrag: This research examines how the fit between employees moral development and the ethical work climate of their organization affects employee attitudes. Person-organization fit was assessed by matching individuals' level of cognitive moral development with the ethical climate of their organization. The influence of P-O fit on employee attitudes was assessed using a sample of 304 individuals from 73 organizations. In general, the findings support our predictions that fit between personal and organizational ethics is related to higher levels of commitment and job satisfaction and lower levels of turnover intent. Ethical P-O fit was related to higher levels of affective commitment across all three ethical climate types. Job satisfaction was only associated with ethical P-O fit for one of the three P-O fit variables and turnover intentions were significantly associated with two of the ethical P-O fit variables. The most consistent effect was found for the Conventional - Caring fit variable, which was significantly related to all three attitudes assessed. The weakest effect was found for the Preconventional - Instrumental fit variable, which was only predictive of affective commitment. The pattern of findings and implications for practice and future research are discussed.

3. **Angeles-Llerenas A, Alvarez del Rio A, Salazar-Martinez E, Kraus-Weissman A, Zamora-Munoz S, Hernandez-Avila M et al. Perceptions of nurses with regard to doctor-patient communication. Br J Nurs 2003; 12(22):1312-1321.**

Sammendrag: The objective of this study was to evaluate nurses' perceptions of communication between doctors and patients with cancer, AIDS and rheumatoid arthritis. A cross-sectional study was conducted with 741 nurses in 12 hospitals. Nurses received a self-questionnaire that included questions on personal value and attitudes. The answers were used in constructing affective variables (religious beliefs, attitude towards death, paternalism). The prevalence of explicit communication in 'nurse perception of doctor-patient communication' in the case of cancer was 4.5%, with AIDS 30%, and with rheumatoid arthritis 41.8%. When the value of communication was evaluated, it became evident that the likelihood of a nurse perceiving explicit communication in reference to a diagnosis of cancer was 6.5 time greater when communication was considered to be of greater value (CI 95% 2.6-6.6). For nurses who accept the possibility of death, the likelihood of perceiving explicit communication in the case of AIDs was 7.4 times greater than for nurses who deny this possibility (CI 95% 3.7-14.7), and when nurses displayed a deeply religious attitude, the likelihood of perceiving explicit communication was 80% greater than for nurses without this attitude (CI 95% 1.1-2.9). Nurses participate actively in the process of attending to patients with cancer and other disabling illnesses. Thus, there is a need for health professionals who provide compassionate attention, which will improve the various interrelationships between nurses and patients.

4. **Ashkanasy NM, Falkus S, Callan VJ. Predictors of ethical code use and ethical tolerance in the public sector. Journal of Business Ethics 2000; 25(3):237-253.**

Sammendrag: This paper reports the results of a survey of ethical attitudes, values, and propensities in public sector employees in Australia. It was expected that demographic variables, personal values, and contextual variables at the individual level, and group- and organisational-level values would predict use of formal codes of ethics and ethical tolerance (tolerance of unethical behaviour). Useable data were received from 500 respondents selected at random across public sector organisations in a single Australian state. Results supported the study hypotheses, but indicated that different mechanisms underlie each of the criterion variables. Use of ethical codes was determined primarily on the basis of a perception that others use the code, while ethical tolerance was determined by personal values. At an applied level, the research highlights the need for organizations to establish a critical mass of code users, so that this operates as a normative influence on others in the organization.

5. **Boero M, Caviglia M, Monteverdi R. Spirituality of health workers: a descriptive study. Int J Nursing Studies 2005; 42(8):915-921.**

Sammendrag: Research in Italy on the relationship between quality of life and spiritual, religious and personal beliefs among a sample of health care workers in rehabilitation hospitals. Participants completed questionnaires about their personal values and spiritual beliefs and their attitudes to providing spiritual care.

6. **Bogaert S, Boone C, Declerck C. Social value orientation and cooperation in social dilemmas: A review and conceptual model. Br J Soc Psychol 2008; 47:453-480.**

Sammendrag: Social psychologists have long recognized that people fundamentally differ with respect to their social value orientation (SVO), that is, self-regarding versus other regarding preferences, and that these differences affect cooperative behaviour in situations of interdependence. In this paper, we systematically review the vast number of findings on SVO and cooperation, and synthesize the state of the art by presenting

an integrated conceptual model that may explain why and when people with different social values select different behavioural strategies in social dilemmas. Specifically, building on Pruitt and Kimmel's (1977) goal/expectation theory and our review of the literature, we suggest that the relationship between SVO and cooperative behaviour is mediated by (1) a cooperative goal and (2) the specific expectations concerning alters' behaviour. We also propose that trust and goal alignment are important contextual moderators of this relationship: for prosocials, cues signalling trust are necessary to generate positive expectations regarding alters' behaviour, whereas proselves need external incentives to align their personal interest with a cooperative goal. We conclude this review by pointing to several avenues for future research that would help to deepen our understanding of the role of SVO in human cooperation.

7. **Browne AJ. The meaning of respect: a First Nations perspective. *Can J Nurs Res* 1995; 27(4):95-109.**  
 Sammendrag: A qualitative study was conducted to explore the meaning of respect from the perspective of five Cree-Ojibway key informants. Data were obtained from in-depth interviews conducted in a First Nations community in northern Manitoba. Interviews focused on key informants' understanding of the meaning of respect, and their experiences of being treated with or without respect during clinical interactions. The qualitative analysis identified characteristics of respect and lack of respect that reflected the informants' experiences as First Nations persons interacting with Western health-care providers. The features of respect reflected ethical values related to equality, inherent worth, and the uniqueness and dignity of the individual. Findings highlighted the need for nurses to be cognizant of the sociopolitical context of interactions with First Nations patients. The preliminary descriptions of respect identified in this study provide a foundation for further analysis of the concept.
  
8. **Bumpus MA, Munchus G. Values in the Workplace: Diversity in Meaning and Importance. *International Journal of Value-Based Management* 1996; 9(2):169-194.**  
 Sammendrag: In a replication of R. Homant's (1970) values study, an alternative way to study value meaning & importance in an organizational context is described & evaluated, based on schema theory & a repeated-measures design. As predicted, frequency-of-word-usage & meaningfulness analyses of survey data from 78 undergraduates at a large southeastern US university reveal more agreement on the meaning of nonvalue vs value words. On the other hand, no significant difference in meaning was found between those who ranked a value low & those who ranked it high, & sex role & value ranking were shown to function independently. Further research should attempt to identify a more appropriate method for measuring agreement on meaning, as well as a more accurate method for obtaining responses. 10 Tables, 27 References. Adapted from the source document.
  
9. **Carlisle Y, Baden-Fuller C. Re-applying beliefs: An analysis of change in the oil industry. *Organization Studies* 2004; 25(6):987-1019.**  
 Sammendrag: Beliefs and values are hard to alter; yet they strongly influence employees' attitudes towards strategic changes. Using a longitudinal case study in the oil industry, we show how to distinguish between ideological beliefs (justified by ethical values) and mundane beliefs (substantiated by knowledge structures). We explain that the willingness of workers to participate in change was promoted by a dynamic interaction between these interdependent belief sets. More critically, we show that acceptance of change did not require a change in values, but rather a change in the way that values were applied. We develop propositions that move theory forward and point to future directions for research.
  
10. **Cennamo L, Gardner D. Generational differences in work values, outcomes and person-organisation values fit. *Journal of Managerial Psychology* 2008; 23(8):891-906.**  
 Sammendrag: Purpose - The purpose of this paper is to investigate differences between three generational groups currently in the workforce (Baby Boomers, Generation X, and Generation Y), in work values, job satisfaction, affective organisational commitment and intentions to leave. The study also seeks to examine generational differences in person-organisation values fit. Design/methodology/approach - A total of 504 Auckland employees representing a range of industries completed an online questionnaire. Generation X (57 per cent) was defined as those born between 1962-1979, Baby Boomers (23 per cent) were born 1946-1961 and Generation Y (17 per cent) were born 1980-2000. The remainder (3 per cent) were born 1925-1945. Findings - The youngest groups placed more importance on status and freedom work values than the oldest group. Baby Boomers reported better person-organisation values fit with extrinsic values and status values than Generation X and Generation Y but there were no other generational differences in fit. Where individual and organisational values showed poor fit there were reduced job satisfaction and organisational

commitment, and increased intentions to turnover across all three generational groups. Research limitations/implications - The study was cross-sectional and based on self-report data, limiting the generalisability of findings. Practical implications - Values are important in guiding behaviour and enhancing work motivation. Organisational values must be able to meet the needs of different employees, and organisations; need to clarify their work values and expectations with staff. Originality/value - The paper presents evidence that person-organisation values fit is important for all generational groups and popular notions about generational differences should not be over-generalised.

11. **Eliason BC, Schubot DB. Personal values of exemplary family physicians: implications for professional satisfaction in family medicine. J Fam Pract 1995; 41(3):251-256.**  
 Sammendrag: BACKGROUND. Personal social values have been identified as important determinants of generalists' specialty choice. However, the personal values or "guiding principles" of generalist physicians have not been identified scientifically. To establish a benchmark, we measured the personal values of exemplary family physicians because they serve as role models for current and future physicians. We also explored the relationship between personal values and practice satisfaction. METHODS. We obtained a list of 330 family physicians nominated for the American Academy of Family Physicians' (AAFP) Family Doctor of the Year award for the years 1988 through 1993. We asked them to complete the Schwartz Values Questionnaire, a 56-item instrument for measuring personal values. They also answered three questions concerning practice satisfaction. RESULTS. The return rate was 83%. The physicians' mean age was 63 years. They had been in practice an average of 34 years, 93% were male, and 52% practiced in rural areas. Honesty was rated as the most important of the 56 values, and social power as the least important. Of the 10 value types (groups of common values), the responding physicians rated "Benevolence" as most important and "Power" as least important. Practice satisfaction correlated positively with the Benevolence value type ( $r = .21$ ,  $P = .001$ ) and negatively with the Power value type ( $r = -.15$ ,  $P = .023$ ). CONCLUSIONS. Of the 10 value types, Benevolence was rated the most important and Power the least important by exemplary family physicians, and both value types also correlated, positively and negatively, respectively, with their practice satisfaction. These results have implications for the selection, training, and career satisfaction of generalist physicians.
  
12. **Fritzsche DJ. Personal Values - Potential Keys to Ethical Decision-Making. Journal of Business Ethics 1995; 14(11):909-922.**  
 Sammendrag: Personal values have long been associated with individual decision behavior. The role played by personal values in decision making within an organization is less clear. This study examines the relationship between personal values and the ethical dimension of indicated decisions utilizing discriminant analysis. Past research has found that managers tend to respond to ethical dilemmas situationally. The study examines personal values as they relate to four types of ethical dilemmas.
  
13. **Fritzsche DJ, Oz E. Personal values' influence on the ethical dimension of decision making. Journal of Business Ethics 2007; 75(4):335-343.**  
 Sammendrag: Personal values have long been associated with individual decision behavior. The role played by personal values in decision making within an organization is less clear. Past research has found that managers tend to respond to ethical dilemmas situationally. This study examines the relationship between personal values and the ethical dimension of decision making using Partial Least Squares (PLS) analysis. The study examines personal values as they relate to five types of ethical dilemmas. We found a significant positive contribution of altruistic values to ethical decision making and a significant negative contribution of self-enhancement values to ethical decision making.
  
14. **Hojat M, Brigham TP, Gottheil E, Xu G, Glaser K, Veloski JJ. Medical students' personal values and their career choices a quarter-century later. Psychol Rep 1998; 83(1):243-248.**  
 Sammendrag: A longitudinal study of 391 physicians tested two hypotheses regarding personal values and career choices: that higher preference for social values would be associated with physicians' being more interested in "people-oriented" rather than "technology-oriented" specialties and that higher preference for economic values would be associated with expectations of high income. The physicians (344 men, 47 women) were graduates of Jefferson Medical College in 1974 and 1975 who completed the Allport-Vernon-Lindzey Study of Values during medical school. Analysis showed that physicians currently in the "people-oriented" specialties scored significantly higher on the Social Value scale than their peers in "technology-oriented" specialties. A moderate but statistically significant correlation was found between scores on the Economic Value scale and expectations of higher income. The findings suggest that physicians' personal values are relevant to their career decisions such as specialty choice and expectations of income. The findings have

implications with regard to two major issues in the evolving health care system, namely, the distribution of physicians by specialty and cost containment.

15. **Hutchison BG, All AC, Loving GL, Nishikawa HA. Values identified in different groups of Air Force nurses. *Mil Med* 2001; 166(2):139-145.**  
Sammendrag: Fundamental personal values are reflected in the choices and decisions made in every aspect of our lives. This descriptive study identified values held by a convenience sample of 224 Air Force nurses stationed at four U.S. Air Force medical facilities. Study participants identified seven of eight literature-supported values in the categories "important" or "very important" across the demographic factors of age, gender, educational level, military rank, marital status, and years of Air Force or civilian nursing experience. These seven values were ability utilization, achievement, altruism, autonomy, economic reward, economic security, and personal development. Personnel using this information may ease the transition process to military nursing, facilitate job placement to positions reflecting personally held values, and provide valuable insight for Air Force nurse recruiters who have limited knowledge of the nursing profession. In all, this would promote job satisfaction and Air Force nurse retention.
16. **Nagata H, Kondo M, Ogawa S. [Changes in interpersonal values in student nurses: a longitudinal study]. *Kango Kenkyu* 1994; 27(1):41-48.**  
Sammendrag: Our cross-sectional studies of interpersonal values in female student nurses showed that (1) third graders attached more importance to the values of Support and Independence and less to those of Benevolence and Leadership than did first graders, and (2) the discrepancy between the ratings of what they were and those of what their ideal nurses were was greater in the third than in the first graders. We interpreted these differences between the two graders as indicating a developmental change brought about during the three years. This study examined the internal validity of this interpretation through the use of a longitudinal method. The KG-SIV (Kikuchi-Gordon Survey of Interpersonal Values) was administered twice to 85 female student nurses: immediately after entering their nursing schools and immediately before finishing them, with a testing interval of approximately three years. For each testing, subjects were asked to rate what they were and then what their ideal nurses were. Analyses produced almost the same results as obtained in cross-sectional studies: perceived values of Benevolence and Leadership decrease while those of Support and Independence increase over the three years, with the discrepancy increasing from the first to the second testing. Findings thus support the internal validity of our prior interpretation. The changes in interpersonal values found for the student nurses suggest a socialization process they undertake in nurse training and imply an increase of stress they experience in that process.
17. **Neumann JK, Olive KE, McVeigh SD. Absolute versus relative values: effects on medical decisions and personality of patients and physicians. *South Med J* 1999; 92(9):871-876.**  
Sammendrag: BACKGROUND: Speculation suggests that health care workers and patients who believe in ethical values that do not change--absolute values--will respond differently to ethical problems and personality tests than those who affirm changing-relative values. METHODS: We did a cross-sectional survey to investigate the effects of absolute vs relative values on (1) decision making concerning ethical dilemmas and (2) questionnaire assessments of hostility, forgiveness, and social desirability. Two groups of participants were medical/surgical inpatients (n = 60) at a Department of Veterans Affairs medical center and practicing physicians (n = 73) in the larger Johnson City, Tennessee, area. RESULTS: In both groups, relativists were more approving of birth control for sexually active single women, physician-assisted suicide, and abortion. For patients but not physicians, several indices of hostility were higher for relativists than absolutists. No overall group differences existed as a function of value type for forgiveness or social desirability scores. However, subgrouping by religious faith affected response pattern. CONCLUSION: The absolute/relative value dichotomy predicted differences in approval ratings for both physicians and patients. Ethically sensitive health care and health care training should explicitly consider this dimension of personal values.
18. **Nevins JL, Bearden WO, Money B. Ethical values and long-term orientation. *Journal of Business Ethics* 2007; 71(3):261-274.**  
Sammendrag: Lapses in ethical conduct by those in corporate and public authority worldwide have given business researchers and practitioners alike cause to re-examine the antecedents to personal ethical values. We explore the relationship between ethical values and an individual's long-term orientation or LTO, defined as the degree to which one plans for and considers the future, as well as values traditions of the past. Our study also examines the role of work ethic and conservative attitudes in the formation of a person's long-term orientation and consequent ethical beliefs. Empirically testing these hypothesized relationships using data

from 292 subjects, we find that long-term perspectives on tradition and planning indeed engender higher levels of ethical values. The results also support work ethic's role in fostering tradition and planning, as well as conservatism's positive association with planning. Additionally, we report how tradition and planning mediate the influence of conservatism and work ethic on the formation of ethical values. Limitations of the study and future research directions, as well as implications for business managers and academics, are also discussed.

19. **Nilstun T, Sjokvist P. From fact to recommendation: explicit value premises make the conclusion more convincing. J Intern Med 2001; 249(2):121-125.**  
Sammendrag: In this article we describe one way to use value premises, i.e. conceptions of what is right or wrong, good or bad, just or unjust. They may, in combination with the results from surveys on attitudes, be used to defend normative conclusions, for example changes in professional guidelines. Several ethical principles may be relevant when discussing an end-of-life decision. We use the preferences of those involved in or affected by that decision (the principle of autonomy) and the obligation to maximize benefits and minimize harm (the principle of beneficence) as value premises. To illustrate the ethical, empirical and logical issues relevant to assess normative conclusions, we present a Swedish survey of the attitudes of health care workers and the general public. In this survey, the physicians stated that they do not want the family to be the sole decision-maker, whilst the public did not want the physician to be the sole decision-maker. As a third option we propose joint decision-making regarding end-of-life decisions. This normative conclusion may be rationally discussed, not only by questioning scientific aspects of the survey, but also by critically assessing value premises (autonomy and beneficence) and the logic of the argument.
20. **Olivette MJ. Beliefs and Values As Possible Correlates of Ethical Awareness in Business. Journal of Business and Psychology 1995; 9(4):427-434.**  
Sammendrag: The relationship between retailing students' beliefs and values about life and their reactions to and perception of ethical dilemmas in retailing settings was investigated. One hundred and two male and female college students majoring in retailing were asked to complete the Beliefs and Values Questionnaire (BVQ) and to indicate their agreement with a variety of actions taken in retailing situations. Participants were also asked to indicate the extent to which the scenarios presented were representative of ethical problems or issues. With a few exceptions, results of this exploratory study did not support the contention that beliefs and values, as a measure of ethical orientation, are related to one's perception of retailing scenarios as either ethical or unethical. Discussion focuses on the need for more rigorous, systematic research to identify the correlates of ethical or unethical behavior and also the need for more direct investigation of the link between ethical decision making and students' ethical orientation. It is argued that such research is necessary as a prerequisite to ethics education.
21. **Perrinjaquet A, Furrer O, Usunier JC, Cestre G, Valette-Florence P. A test of the quasi-circumplex structure of human values. Journal of Research in Personality 2007; 41(4):820-840.**  
Sammendrag: Schwartz's value system (SVS) has been widely used in different disciplines (e.g., psychology, management, and marketing). Although the value structure seems to be validated when data are analyzed through multidimensional scaling, we show that the quasi-circumplex structure of human values is not supported when confirmatory analysis approaches (e.g., CIRCUM and constrained confirmatory factor analysis) are used. Based on two samples of French and Swiss respondents, confirmatory tests of SVS provide little support for its quasi-circumplex structure, mainly due to problems of construct and discriminant validity resulting from multicollinearity between value types.
22. **Phillips KA, Johnson FR, Maddala T. Measuring what people value: a comparison of "attitude" and "preference" surveys. Health Serv Res 2002; 37(6):1659-1679.**  
Sammendrag: OBJECTIVE: To compare and contrast methods and findings from two approaches to valuation used in the same survey: measurement of "attitudes" using simple rankings and ratings versus measurement of "preferences" using conjoint analysis. Conjoint analysis, a stated preference method, involves comparing scenarios composed of attribute descriptions by ranking, rating, or choosing scenarios. We explore possible explanations for our findings using focus groups conducted after the quantitative survey. METHODS: A self-administered survey, measuring attitudes and preferences for HIV tests, was conducted at HIV testing sites in San Francisco in 1999-2000 (n = 365, response rate = 96 percent). Attitudes were measured and analyzed using standard approaches. Conjoint analysis scenarios were developed using a fractional factorial design and results analyzed using random effects probit models. We examined how the

results using the two approaches were both similar and different. RESULTS: We found that "attitudes" and "preferences" were generally consistent, but there were some important differences. Although rankings based on the attitude and conjoint analysis surveys were similar, closer examination revealed important differences in how respondents valued price and attributes with "halo" effects, variation in how attribute levels were valued, and apparent differences in decision-making processes. CONCLUSIONS: To our knowledge, this is the first study to compare attitude surveys and conjoint analysis surveys and to explore the meaning of the results using post-hoc focus groups. Although the overall findings for attitudes and preferences were similar, the two approaches resulted in some different conclusions. Health researchers should consider the advantages and limitations of both methods when determining how to measure what people value.

**23. Phillips R, Bourne H. The impact of worker values on client outcomes within a drug treatment service. *Int J Drug Policy* 2008; 19(1):33-41.**

Sammendrag: BACKGROUND: Little attention has been paid to understanding the impact of values, attributes and characteristics of drugs workers on therapeutic relationships and treatment outcomes. Interaction of values with other variables is considered to be of importance since values play a role in determining attitudes and behaviours. This exploratory study investigates the impact of drug workers' personal values on client outcomes within a drug treatment service. METHODS: Eight drug workers and 58 clients were recruited at a UK charity working with problematic drug users who are also socially excluded. Drug workers completed a validated questionnaire to elicit their personal values. Client outcomes were assessed using the Christo Inventory for Substance Misuse Services. The relationship between client outcomes and worker values were analysed using Spearman's rank test of association. RESULTS: Drug workers prioritising stimulation, self-direction and hedonism value types experienced more positive client outcomes compared with those prioritising security, conformity, benevolence, tradition and universalism types. The value types associated with positive outcomes fall within Schwartz's 'openness to change' superordinate dimension, whereas those related to more negative outcomes fall within the 'conservation' dimension. CONCLUSION: The study suggests that drug workers' personal values may have a significant impact upon client outcomes in the treatment of substance misuse. Reasons for this finding are explored, as are limitations of this study and suggestions for future research.

**24. Prothero MM, Marshall ES, Fosbinder DM. Implementing differentiated practice: personal values and work satisfaction among hospital staff nurses. *J Nurses Staff Dev* 1999; 15(5):185-192.**

Sammendrag: This project was part of a collaborative model for nursing staff development and student education. Personal values and work satisfaction of 49 staff nurses working on three hospital units were compared. One of the units employed differentiated practice. Results revealed high similarity in personal values among all nurses. Work satisfaction was significantly higher among nurses working on the unit employing differentiated practice. The importance of assessing personal values of nurses emerged as an important aspect of staff development, and differentiated practice appeared to be related to staff nurse satisfaction.

**25. Salem I, Renner W. Do human values reflect job decisions and prosocial and antisocial behavior? A contribution towards validating the Austrian Value Questionnaire by group comparisons. *Psychol Rep* 2004; 94(3 Pt 1):995-1008.**

Sammendrag: The Austrian Value Questionnaire was developed on the basis of the Lexical Approach to account for specific facets of values in Austrian culture. It comprises 54 items, constituting five scales, Intellectualism, Harmony, Religiosity, Materialism, and Conservatism, and 13 subscales. To assess construct validity, hypotheses on human values were derived from the literature and tested in Austrian samples of Catholic priests and nuns (n=30, 8 women, M age=52.6 yr.), community servants (n=30, all men, M age=21.4 yr.), and students of psychology (n=33, 19 women, M age=23.8 yr.) and economics (n=33, 18 women, M age=23.8 yr.), prisoners (n=40, 9 women, M age=34.9 yr.), and drivers who had been fined for driving while intoxicated (n=35, 5 women, M age=34.6 yr.). Participants were volunteers. Previous and more recent findings from the USA, Canada, Germany, and Switzerland provided similar results for community servants, students of economics, prisoners, and intoxicated drivers, and thus, the hypotheses for these groups were largely confirmed. Most earlier findings for priests and nuns and students of psychology were not replicated, however. Taking into account that values may change over time and variously in different cultures, the results pose an argument for the construct validity of the newly developed questionnaire.

26. **Schubot DB, Cayley J, W, Eliason BC. Personal values related to primary care specialty aspirations. *Fam Med* 1996; 28(10):726-731.**  
 Sammendrag: Background and Objectives: Two recent studies showed that personal values influence specialty choice. However, both studies assessed the perceived influence of values instead of measuring values directly. The present study measured and compared the values of aspirants to primary care versus other specialties. Methods: In 1993, first-year medical students, entering residents, and graduating residents at a private Midwestern medical school completed a questionnaire on their specialty aspirations and completed the Schwartz Values Survey, which measures the importance of 10 types of values: achievement, benevolence, conformity, hedonism, power, security, self-direction, stimulation, tradition, and universalism. A three-factor MANOVA (specialty aspiration, gender, level of training) was performed on the importance ratings. Results: The three MANOVA main effects were significant. Primary care aspirants rated power and self-direction values lower and benevolence values higher than did aspirants to other specialties. Women gave higher ratings to universalism and benevolence and lower ratings to power, tradition, and conformity values than did men. Medical students rated security values lower than did the two resident groups. Conclusions: This study demonstrates the relationship of personal values and specialty choice and provides empirical support for admissions policies that incorporate personal values into the admissions process.
27. **Sivberg B, Petersson K. Self-image, self-values and interpersonal values among newly graduated nurses. *Nurs Ethics* 1997; 4(5):407-422.**  
 Sammendrag: This longitudinal study (1994-1996) used the Gordon Personality Inventory to measure nursing students' self-image (Gordon A), self-values (Gordon B) and interpersonal values (Gordon C). It was performed with students from three colleges of health in the south of Sweden: Jonkoping (n = 54), Vaxjo (n = 24) and Kristianstad (n = 38). The null hypothesis of the study was that the new academic three-year programme did not have the power to change significantly the students' self-image and professional values. The hypothesis was tested by paired sample Student's t-test. The result was that, at Jonkoping, self-image changed and increased significantly in the dimensions of 'cautiousness' and 'personal relations', and decreased in 'sociability', and increased in the self-value 'order'. At Vaxjo the self-image dimensions of 'original thinking' and 'personal relations' increased, and, at Kristianstad, the students increased their self-image scores in 'responsibility'.
28. **Verplanken B, Holland RW. Motivated decision making: effects of activation and self-centrality of values on choices and behavior. *J Pers Soc Psychol* 2002; 82(3):434-447.**  
 Sammendrag: Six studies examined the value-behavior relation and focused on motivational properties of values, the self, and value activation. Priming environmental values enhanced attention to and the weight of information related to those values, which resulted in environmentally friendly consumer choices. This only occurred if these values were central to the self-concept. Value-congruent choices were also found in response to countervalue behavior in an unrelated context. Donating behavior congruent with central altruistic values was found as a result of enhanced self-focus, thus demonstrating the importance of the self in the value-behavior relation. The external validity of the value-centrality measure and its distinction from attitudes were demonstrated in the prediction of voting. Values were thus found to give meaning to, energize, and regulate value-congruent behavior, but only if values were cognitively activated and central to the self.
29. **Warna C, Lindholm L, Eriksson K. Virtue and health: finding meaning and joy in working life. *Scandinavian J Caring Sciences* 2007; 21(2):191-198.**  
 Sammendrag: Research in Finland to investigate the meaning of virtues for workers' health and to develop a theoretical model of the inner health domains. The virtues of pride, generosity, love and honesty were explored.
30. **Williams SL, Ferris GR. The changing nature of the employment relationship: Reclaiming values in the workplace. *Journal of Organizational Excellence* 2001; 20(1):25-30.**  
 Sammendrag: As the employment relationship changes from a paternalistic model of loyalty-for-job security to an adult-to-adult model of creativity and skill application exchanged for increased knowledge and learning opportunities, the worker had gained power as a resource, if not the last strategic competitive advantage of value for today's organizations. Understanding this, individuals are now rethinking their reasons for organizational engagement and reexamining work in regards to wholeness and personal value integration. Evidence suggests that individuals are seeking to align themselves with groups and workplaces committed to similar core values. Work, itself, is no longer viewed as an economic livelihood, but is emerging as a critical environment for the sharing and integration of like values and beliefs. Cognizant organizations are coming to



realize the survival rationality for creating workplaces that are nurturing and healing by naming, claiming, and aligning core organizational values with business visions and objectives.

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# Diskusjon

Litteratursøket i denne rapporten var vidt og identifiserte mange studier på verdiarbeid i helsetjenesten og andre organisasjoner. På oversiktsnivå fant vi mest ikke-systemtiske oversikter og på primærstudienivå fant vi mange kvalitative studier. Vi fant både norske og internasjonale studier og alle de fire verdiområdene var godt representert i søketreffet.

Dette er likevel ikke en altomfattende kartlegging over all forskning på området. Vi søkte ikke i de mest sentrale databasene for ledelses og- organisasjonslitteratur og heller ikke i bokdatabaser. Mange sentrale ledelses- og organisasjonstidsskrifter ble likevel fanget opp i databasene ISI Web of Science og Emerald Management.

Verdiarbeid er sammensatt tema som er utfordrende både mht. til valg av søketermer og etterfølgende relevansvurdering og kategorisering. Begrepet "values" brukes i mange forskjellige irrelevante sammenhenger, men også i forbindelse med nært beslektede områder som etikk og tro. Mange av de identifiserte publikasjonene omhandlet helsepersonells verdier i situasjoner knyttet til for eksempel prevensjon, aktiv dødshjelp og livsforlengende behandling. Disse ble på grunn av omfanget i søketreffet og utvalgte studier ekskludert fra denne rapporten.

De fire verdiområdene som er brukt til å sortere referansene glir tematisk over i hverandre, men kan danne utgangspunkt for å få oversikt over et stort og kompleks temaet.

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# Referanser

1. Eide T, Eide H. Verdien av en verdiintervensjon. En studie av verdiarbeid i et norsk sykehus. Oslo: Diakonhjemmet høgskole; 2008. Forskningsrapport nr. 2/2008.
2. Helse Midt-Norge. Styringsdokument for Helse Midt-Norge RHF 2003. [Oppdatert 2002; lest 17. mars 2009]. Tilgjengelig fra: [http://www.helse-midt.no/Helse-Midt/Dokumenter/2005\\_Konvertering/STYRINGSDOKUMENT2003-Helse-Midt-Norge-RHF.pdf](http://www.helse-midt.no/Helse-Midt/Dokumenter/2005_Konvertering/STYRINGSDOKUMENT2003-Helse-Midt-Norge-RHF.pdf).
3. Aakre M. Omsorgsverdier. Hva er omsorgsverdiene verdt i en markedspreget endringstid? Presentasjon avholdt hos Stiftelsen Betania Alta Fagdager 9. mars 2006. [oppdatert 1 jul 2007; lest 12. nov 2008]. Tilgjengelig fra: [http://www.betania-alta.no/Fagdager/Marie\\_aakre\\_Omsorgsverdier\\_2006\\_0903.pdf](http://www.betania-alta.no/Fagdager/Marie_aakre_Omsorgsverdier_2006_0903.pdf).
4. Om verdiar for den norske helsetjenesta. St.meld.nr. 26 (1999-2000). Det kongelige sosial- og helsedepartement.
5. Aadland E, Askeland H, Flatebø E, Haugen H, Kaasa A, Stapnes LM. Verdibasert ledelse i praksis. En studie av 8 medlemsvirksomheter i HSH. Oslo: Diakonhjemmet Høgskole, Seksjon for Verdibasert ledelse; 2006.

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# Vedlegg

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## VEDLEGG 1 SØKESTRATEGI

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**Ovid MEDLINE(R)** 1950 to January Week 4 2009

Dato: 6.2.2008

Treff: 2309

1. (((value\* based or principle based or value\* driven) adj2 (leader\* or decision\* or care or organi?ation\* or healthcare\* or health care\* or management\* or service\* or choice\* or administration\* or praxis\* or treatment\* or approach\* or corpor\*)) or virtue\* based or ((value\* focused or value\* driven\*) adj2 (management or decision making or leadership or corpor\*))).tw. or ethical accounting.tw
2. ((core or organi?ation\* or institution\* or health\* system\* or executive\* or corporate\*) adj2 (value\* or virtue\*)).tw.
3. Social Values/ or virtues/
4. morale/ or morals/ or moral development/
5. moral obligations/
6. ((social\* or cultural\* or share\* or principle\* or professional\* or personal\* or individual\* or human) adj2 value\*).tw.
7. exp Principle-Based Ethics/
8. (ethic\* adj12 (value\* or virtue\* or principle-based)).tw.
9. (virtue\* or (moral\* adj (orientation\* or value\* or principle\*)) or ((religious or spiritual\*) adj affiliation) or (value\* orientation\* or value\* oriented)).tw.
10. (Religion/ or Spirituality/) and ((values or virtue\*).tw. or Attitude of health personnel/)
11. or/3-10
12. Leadership/
13. Decision Making/
14. decision making, organizational/ or organizational culture/ or organizational objectives/
15. (leadership or decision making).tw.
16. exp Professional-patient relations/es
17. patient relation\*.tw.
18. (professional adj2 practice).tw.
19. professional practice/
20. choice behavior.tw.
21. choice behavior/
22. Attitude of health personnel/
23. "Delivery of Health Care"/es [Ethics]
24. Health services administration/es
25. or/12-24
26. 2 or (11 and 25)
27. (editorial or comment or letter).pt.
28. 26 not 27
29. animal/ not human/
30. 28 not 29
31. Meta-analysis/ or exp Controlled Clinical Trials as Topic/ or meta analy\$.tw. or metaanaly\$.tw. or meta analysis.pt. or ((systematic\* or comprehensive or literature or quantitative or critical or

integrative or evidence\$) adj2 (review\$1 or overview\*).tw. or literature study.tw. or ((literature or database) adj2 search\*).ab. or (medline or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or cinhal or science citation index).ab.

32. 30 and 31

33. exp cohort studies/ or Comparative Study.pt. or Cross-sectional studies/ or (cohort adj2 stud\*).tw. or (cross sectional adj2 (stud\* or design\*).tw. or ((follow up or followup) adj2 study).tw. or (longitudinal adj2 stud\*).tw. or (observational adj2 stud\*).tw. or (prospective adj2 study).tw. or (retrospective adj2 stud\*).tw.

34. 30 and 33

35. case reports.pt. or case stud\*.tw.

36. 30 and 35

37. Qualitative research/ or (qualitative adj3 (analys\* or research\$ or method\$ or approach\$ or study or studies or evaluation\$)).tw. or (focus group or questionnaire).tw.

38. 30 and 37

39. ((controlled or clinical) adj2 (trial or study)).tw. or randomized controlled trial.pt. or controlled clinical trial.pt. or clinical trial.pt. or Clinical trial/ or (quasi-randomized or quasi-experimental).tw.

40. 30 and 39

41. Pilot Projects/ or (pilot adj (project\* or research or stud\*)).tw.

42. Research/ or empirical stud\*.tw. or empirical research/

43. or/41-42

44. 30 and 43

45. \*Social Values/ or \*virtues/

46. (2 or 45) and 25

47. review.pt.

48. 46 and 47

49. 1 or 32 or 34 or 36 or 38 or 40 or 44 or 48

50. limit 49 to yr="1994 - 2009"

#### **EMBASE 1980 to 2009 Week 05**

Dato: 6.2.2009

Treff: 1211

1. (((value\* based or principle based or value\* driven) adj2 (leader\* or decision\* or care or organi?ation\* or healthcare\* or health care\* or management\* or service\* or choice\* or administration\* or praxis\* or treatment\* or approach\* or corpor\*)) or virtue\* based or ((value\* focused or value\* driven\*) adj2 (management or decision making or leadership or corpor\*))).tw. or or ethical accounting.tw

2. ((core or organi?ation\* or institution\* or health\* system\* or executive\* or corporate\*) adj2 (value\* or virtue\*)).tw.

3. cultural value/

4. personal value/ or social attitude/

5. social belief/

6. morality/

7. ((social\* or cultural\* or share\* or principle\* or professional\* or personal\* or individual\* or human) adj2 value\*).tw.

8. (ethic\* adj12 (value\* or virtue\* or principle-based)).tw.

9. (virtue\* or (moral\* adj (orientation\* or value\* or principle\*)) or ((religious or spiritual\*) adj affiliation) or (value\* orientation\* or value\* oriented)).tw.

10. religion/ and ((values or virtue\*).tw. or exp health personnel attitude/)

11. or/3-10

12. leadership/

13. decision making/

14. management style/

15. (leadership or decision making or organi?ation\*).tw.

16. doctor patient relation/ or nurse patient relationship/

17. patient relation\*.tw.

18. professional practice/

19. (professional adj2 practice).tw.
20. choice behavio?r.tw.
21. exp health personnel attitude/
22. exp health care delivery/ and ethics/
23. exp health care management/ and ethics/
24. or/12-23
25. 2 or (11 and 24)
26. (letter or comment).pt.
27. 25 not 26
28. animal/ not Human/
29. 27 not 28
30. Systematic Review/ or meta analysis/ or metaanaly\$.tw. or meta analy\$.tw. or ((systematic\* or comprehensive or literature or quantitative or critical or integrative or evidence\$) adj2 (review\$1 or overview\*)).tw. or literature study.tw. or ((literature or database) adj2 search\*).ab. or (medline or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or cinhal or science citation index).ab.
31. Cohort Analysis/ or Time Series Analysis/ or Pretest Posttest Control Group Design/ or pretest posttest design/ or exp Case control study/ or Clinical study/ or exp Comparative Study/ or Longitudinal Study/ or Observational Study/ or Prospective Study/ or Retrospective Study/ or (case control or cohort or cross sectional or (epidemiologic adj2 study) or ((follow up or followup) adj2 study) or longitudinal or observation\* stud\* or (prospective adj2 stud\*) or (retrospective adj2 stud\*) or time series or pretest posttest or pre test post test).tw.
32. Qualitative Analysis/ or qualitative research/ or (qualitative adj3 (analys\* or research\$ or method\$ or approach\$ or study or studies or evaluation\$)).tw. or (focus group or questionnaire).tw.
33. Clinical Trial/ or Randomized Controlled Trial/ or Randomization/ or ((controlled or clinical) adj2 (trial or study)).tw. or (quasi-randomized or quasi-experimental).tw.
34. Case study/ or Case report/ or ((case adj study) or report).tw.
35. pilot study/ or (pilot adj (project\* or research or stud\*)).tw.
36. exp research/
37. or/30-36
38. 29 and 37
39. review.pt.
40. 2 or 3 or 4
41. 39 and 40
42. 38 or 41
43. limit 42 to yr="1994 - 2009"

## **Cochrane Library**

2009, issue 1

Dato: 29.1.2009

Treff: Cochrane Reveiws 10, DARE 3, CENTRAL 304, Method Studies: 29, HTA 6

### **ID Search**

- #1 (((value\* based or principle based or value\* driven) near/2 (leader\* or decision\* or care or organi?ation\* or healthcare\* or health care\* or management\* or service\* or choice\* or administration\* or praxis\* or treatment\*)) or virtue\* based or ((value\* focused or value\* driven\*) near/2 (management or decision making or leadership or corpor\*)))):ti,ab,kw
- #2 ((core or organi?ation\* or institution\* or health\* system\* or corporate or executive) near/2 (value\* or virtue\*)):ti,ab,kw
- #3 MeSH descriptor Social Values explode all trees
- #4 MeSH descriptor Virtues explode all trees
- #5 MeSH descriptor Morale explode all trees
- #6 MeSH descriptor Morals, this term only
- #7 MeSH descriptor Moral Development explode all trees
- #8 MeSH descriptor Moral Obligations explode all trees
- #9 ((social\* or cultural\* or share\* or principle\* or professional\* or personal\* or individual\* or human) near/2 value\*):ti,ab,kw

- #10 MeSH descriptor Principle-Based Ethics explode all trees
- #11 (ethic\* near/12 (value\* or virtue\* or principle-based)):ti,ab,kw
- #12 (virtue\* or (moral\* next (orientation\* or value\* or principle\*)) or ((religious or spiritual\*) next affiliation)):ti,ab,kw
- #13 MeSH descriptor Religion explode all trees
- #14 MeSH descriptor Spirituality explode all trees
- #15 (#3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14)
- #16 MeSH descriptor Leadership explode all trees
- #17 MeSH descriptor Decision Making, this term only
- #18 MeSH descriptor Decision Making, Organizational explode all trees
- #19 MeSH descriptor Organizational Culture explode all trees
- #20 MeSH descriptor Organizational Objectives explode all trees
- #21 (leadership or decision making):ti,ab,kw
- #22 MeSH descriptor Professional-Patient Relations explode all trees
- #23 (patient relation\*):ti,ab,kw
- #24 (professional near/2 practice):ti,ab,kw
- #25 MeSH descriptor Professional Practice, this term only
- #26 (choice behavior or choice behaviour):ti,ab,kw
- #27 MeSH descriptor Choice Behavior, this term only
- #28 MeSH descriptor Attitude of Health Personnel, this term only
- #29 MeSH descriptor Delivery of Health Care, this term only
- #30 MeSH descriptor Ethics explode all trees
- #31 (#29 AND #30)
- #32 MeSH descriptor Health Services Administration explode all trees
- #33 (#30 AND #32)
- #34 (#16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #31 OR #33)
- #35 (#15 AND #34)
- #36 (#1 OR #2 OR #35)
- #37 (#36), from 1994 to 2009

**British Nursing Index** 1994 to January 2009

Dato: 6.2.2009

Treff: 378

1. (((value\* based or principle based or value\* driven) adj2 (leader\* or decision\* or care or organi?ation\* or healthcare\* or health care\* or management\* or service\* or choice\* or administration\* or praxis\* or treatment\* or approach\* or corpor\*)) or virtue\* based or ((value\* focused or value\* driven\*) adj2 (management or decision making or leadership or corpor\*))).tw. or or ethical accounting.tw
2. ((core or organi?ation\* or institution\* or health\* system\* or executive\* or corporate\*) adj2 (value\* or virtue\*)).tw.
3. Ethics/
4. "Codes of Conduct"/
5. "culture and religion"/ or health attitudes/
6. ((social\* or cultural\* or share\* or principle\* or professional\* or personal\* or individual\* or human) adj2 value\*).tw.
7. (ethic\* adj12 (value\* or virtue\* or principle-based)).tw.
8. (virtue\* or (moral\* adj (orientation\* or value\* or principle\*)) or ((religious or spiritual\*) adj affiliation)).tw.
9. or/3-8
10. leadership/ or management : theory/ or nursing : management/ or staff : welfare/
11. decision making process/
12. health service management/
13. (leadership or decision making).tw.
14. exp interpersonal relations/
15. patient relation\*.tw.

16. (professional adj2 practice).tw.
17. nursing : profession/ or midwifery : profession/ or professional organisations/
18. medical profession/
19. choice behavio?r.tw.
20. staff : attitudes/
21. or/10-20
22. 2 or (9 and 21)
23. (review or meta-analysis or stud\* or trial\* or analysis or overview or report or research\* or evaluation or project).tw.
24. exp "research and development"/ or exp evidence based practice/
25. or/23-24
26. 22 and 25
27. 1 or 26
28. limit 27 to yr="1994 - 2009"

## ISI

Dato: 6.2.2009

Treff: 900

Run search: 1994-2009

- #17 #16 AND Document Type=(Article OR Review)
- #16 #15 NOT #14
- #15 #13 OR #4 or #5
- #14 Topic=(animal\* or nonhuman)
- #13 #12 AND #11
- #12 Topic=("systematic\* review\*" or "literature review\*" or "systematic overview\*" or "database search\*" or "literature search" or "meta-analys\*" or study or studies or trial\* or "qualitative analys\*" or "quantitative analys\*" or "prospective analys\*" or "retrospective analys\*" or longitudinal or "time series" or research or "scale\* development")
- #11 #10 AND #9
- #10 Topic=(leadership or "decision making" or "health care management\*" or "organizational management" or "organisational management" or "health care administration\*" or "healthcare administration" or "organisational cultur\*" or "professional culture\*" or "organizational culture\*" or "patient relation\*" or "professional practice\*" or "personell\* attitude" or "nurse\* attitude\*" or "practition\* attitude" or "staff attitude\*" or "personnel\* attitude\*")
- #9 #8 OR #7 OR #6
- #8 Topic=(virtue\* or "moral\* orientation\*" or "moral\* value\*" or "moral\* principle\*" "religious affiliation" or "spiritual affiliation")
- #7 Topic=(ethic\*) AND Topic=(value\* or virtue\* or "principle-based")
- #6 Topic=("social\* value\*" or "cultural\* value\*" or "share\* value\*" or "principle\* value\*" or "professional\* value\*" or "personal\* value\*" or "individual\* value" or "human value\*")
- #5 Topic=("core value\*" or "core virtue\*" or "organization\* virtue\*" or "organisation\* virtue\*" or "organization\* value\*" or "organisation\* value\*" or "institution\* virtue\*" or "institution\* value\*" or "health\* system\* value\*" or "health system\* or virtue\*" or "corporate value\*" or "corporate virtue\*" or "executive value\*" or "executive virtue\*")
- #4 #3 OR #2 OR #1
- #3 Topic=("virtue\* based")
- #2 Topic=("principl\* based leadership" or "principl\* based decision\*" or "principl\* based care" or "principl\* based management" or "principl\* based healthcare" or "principl\* based health care\*")
- #1 Topic=("value\* based leadership" or "value\* based decision\*" or "value\* based care" or "value\* based management" or "value\* based healthcare" or "value\* based health care\*" or "value\* driven" or "ethical accounting")

## CRD

Dato: 6.2.2009



Treff: DARE 73, HTA 37

- 1 "values based" OR "value based" OR virtues
- 2 "core values" OR "organizational values" OR "organisational values" OR "personal values" OR "professional values"
- 3 MeSH Social Values EXPLODE 1
- 4 MeSH Virtues EXPLODE 1 2 3
- 5 MeSH Morale EXPLODE 1
- 6 MeSH Morals EXPLODE 1 2 3
- 7 "social values" OR "cultural values" OR "shared values" OR "principled values" OR "individual values" OR "human values"
- 8 MeSH Principle-Based Ethics EXPLODE 1 2
- 9 ethic\* AND ( value\* OR virtue\* OR principle-based )
- 10 virtue\*
- 11 moral\*
- 12 MeSH Religion EXPLODE 1
- 13 MeSH Spirituality EXPLODE 1 2
- 14 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13

### **Sociological Abstracts**

Dato: 6.2.2009

Treff: 318

Date range: 1994-2009

Search Query #6 (((DE=("cultural values" or "social values" or "work values" or "beliefs" or "conscience" or "morality" or "value orientations"))) or (KW="organizational values" or "organisational values" or "personal values" or "professional values" or "core values" or virtues)) and((DE=("choices" or "decisions" or "dilemmas" or "decision making" or "group decision making")) or (DE=("leadership" or "administrators" or "decision making" or "group decision making")) or (KW=("professional practice") or ("personell attitude" or "nurses attitudes" or "practitioners attitudes" or "staff attitudes" or "personnels' attitudes")))) or(((("values based") or ("value based") or valuebased) or ("virtues based") or ("virtue based")))) and(KW=(review\* or "systematic overview" or "database search" or "literature search" or "meta analysis" or study or studies or trial\* or qualitative or prospective or retrospective or longitudinal or "time series" or research\*))

### **Google scholar**

Dato: 3.2.2009

Treff: Lest gjennom 150 artikler

Søk 1

"values based leadership" (in title)

Treff: 45

Søk 2

(study OR research) AND "values based leadership" (anywhere in document)

Treff: lest gjennom de 55 første

Søk 3

"Verdibasert ledelse"

Treff: 22

Søk 4

Verdiarbeid OR kjerneverdier

Treff: 162 – lest gjennom de 28 første

## **Emerald management**

Treff: 53

The search: values / All fields(excluding fulltext) OR virtues / All fields (excluding fulltext) AND 1994 : 2009 / YEAR found

The search: value based leadership / All fields(excluding fulltext) OR value based decision making / All fields (excluding fulltext) OR value based organisation / All fields (excluding fulltext) AND 1994 : 2009 / YEAR

## **SveMed**

Dato: 10.3.2009

Treff: 83

### **Søkmængd Søkvillkor**

- S1 verdibaser\$ OR verdistyr\$
- S3 "value\$ based"
- S7 values OR virtues OR verdier\$
- S8 Explodesøkning på Social-Values
- S9 Explodesøkning på Virtues
- S10 Explodesøkning på Morale
- S11 Explodesøkning på Morals
- S12 Explodesøkning på Moral-Development
- S14 kjerneverdi\$ or etisk\$ regnska\$
- S16 core value\$
- S18 Explodesøkning på Leadership
- S19 Explodesøkning på Decision-Making, Organizational
- S20 Explodesøkning på Decision-Making
- S21 Explodesøkning på Organizational-Culture
- S22 Explodesøkning på Organizational-Objectives
- S23 Explodesøkning på Professional-Practice
- S24 leadership or "decision making" or ledelse or styring
- S25 S1 or S3 or S8 or S9 or S14 or S16
- S26 S7 or S8 or S9 or S10 or S11 or S12
- S27 S18 or S19 or S20 or S21 or S22 or S23 or S24
- S28 S26 and S27
- S32 S25 or S28

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## **VEDLEGG 2 ANDRE PUBLIKASJONER – TEORI OG MENINGSUTVEKSLING**

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### **1. Virtue in emergency medicine. Acad Emerg Med 1996 Oct;3(10):961-6.**

Sammendrag: At a time in which the integrity of the medical profession is perceptibly challenged, emergency physicians (EPs) have an opportunity to reaffirm their commitment to both their patients and their practice through acceptance of a virtue-based ethic. The virtue-based ethic transcends legalistic rule following and the blind application of principles. Instead, virtue honors the humanity of patients and the high standards of the profession. Recognizing historical roots that are relevant to the modern context, this article describes 10 core virtues important for EPs. In addition to the long-recognized virtues of prudence, courage, temperance, and justice, 6 additional virtues are offered: unconditional positive regard, charity, compassion, trustworthiness, vigilance, and agility. These virtues might serve as ideals to which all EPs can strive. Through these, the honor of the profession will be maintained, the trust of patients will be preserved, and the integrity of the specialty will be promoted.

2. **Armstrong AE. Towards a strong virtue ethics for nursing practice. NURS PHILOS 2006; 7(3):110-124.**

Sammendrag: Illness creates a range of negative emotions in patients including anxiety, fear, powerlessness, and vulnerability. There is much debate on the 'therapeutic' or 'helping' nurse-patient relationship. However, despite the current agenda regarding patient-centred care, the literature concerning the development of good interpersonal responses and the view that a satisfactory nursing ethics should focus on persons and character traits rather than actions, nursing ethics is dominated by the traditional obligation, act-centred theories such as consequentialism and deontology. I critically examine these theories and the role of duty-based notions in both general ethics and nursing practice. Because of well-established flaws, I conclude that obligation-based moral theories are incomplete and inadequate for nursing practice. I examine the work of Hursthouse on virtue ethics' action guidance and the v-rules. I argue that the moral virtues and a strong (action-guiding) version of virtue ethics provide a plausible and viable alternative for nursing practice. I develop an account of a virtue-based helping relationship and a virtue-based approach to nursing. The latter is characterized by three features: (1) exercising the moral virtues such as compassion; (2) using judgement; and (3) using moral wisdom, understood to include at least moral perception, moral sensitivity, and moral imagination. Merits and problems of the virtue-based approach are examined. I relate the work of MacIntyre to nursing and I conceive nursing as a practice: nurses who exercise the virtues and seek the internal goods help to sustain the practice of nursing and thus prevent the marginalization of the virtues. The strong practice-based version of virtue ethics proposed is context-dependent, particularist, and relational. Several areas for future philosophical inquiry and empirical nursing research are suggested to develop this account yet further.

3. **Arnold WW. 9 lessons of value-driven leadership. How to position your organization for success while maintaining your values. Healthc Exec 1995 Jul;10(4):12-5.**

4. **Aronson E. Integrating leadership styles and ethical perspectives. Canadian Journal of Administrative Sciences-*Revue Canadienne des Sciences de l'Administration* 2001;18(4):244-56.**

Sammendrag: This paper reviews two major ethical theories and the manner in which the values they espouse are associated with the directive, transactional, and transformational leadership styles. A model of ethical leadership is proposed which relates the dimensions of these styles to the level of the leader's moral development. Transformational leadership appears to be most closely connected to deontology, while transactional leadership would seem to be related more to teleological ethics, and directive leadership to ethical egoism, a category of teleology. The paper concludes with some suggestions for future research.

5. **Arries E. Virtue ethics: an approach to moral dilemmas in nursing. Curationis 2005; 28(3):64-72.**

Sammendrag: Nurses are increasingly confronted with situations of moral difficulty, such as not to feed terminally ill patients, whistle blowing, or participation in termination of pregnancy. Most of these moral dilemmas are often analyzed using the principle-based approach which applies the four moral principles of justice, autonomy, beneficence, and non-maleficence. In some instances, consequentialism is considered, but these frameworks have their limitations. Their limitations has to do with a consideration for the interpersonal nature of clinical nursing practice on the one hand, and is not always clear on how to judge which consequences are best on the other hand. When principles are in conflict it is not always easy to decide which principle should dominate. Furthermore, these frameworks do not take into account the importance of the interpersonal and emotional element of human experience. On the contrary, decision-making about moral issues in healthcare demands that nurses exercise rational control over emotions. This clearly focuses the attention on the nurse as moral agent and in particular their character. In this article I argue that virtue ethics as an approach, which focus of the character of a person, might provide a more holistic analysis of moral dilemmas in nursing and might facilitate more flexible and creative solutions when combined with other theories of moral decision-making. Advancing this argument, firstly, I provide the central features of virtue ethics. Secondly I describe a story in which a moral dilemma is evident. Lastly I apply virtue ethics as an approach to this moral dilemma and in particular focusing on the virtues inherent in the nurse as moral agent in the story.

6. **Barrette R. Building a Values-Driven Organization. A Whole-System Approach to Cultural Transformation . <http://richardbarrett.net/> 2006 [cited 2009 Mar 10];Available from: URL: <http://richardbarrett.net/docs/WholeSystemApproach.pdf>**  
Sammendrag: This paper is an extract from the book, *Building a Values-Driven Organization: A Whole-System Approach to Cultural Transformation* published in March 2006 by Butterworth-Heinemann.
  
7. **Begley AM. Facilitating the development of moral insight in practice: teaching ethics and teaching virtue. NURS PHILOS 2006; 7(4):257-265.**  
Sammendrag: Abstract The teaching of ethics is discussed within the context of insights gleaned from ancient Greek ethics, particularly Aristotle and Plato and their conceptions of virtue (arete, meaning excellence). The virtues of excellence of character (moral virtue) and excellence of intelligence (intellectual virtue), particularly practical wisdom and theoretical wisdom, are considered. In Aristotelian ethics, a distinction is drawn between these intellectual virtues: experience and maturity is needed for practical wisdom, but not for theoretical wisdom. In addition to this, excellence of character is acquired through habitual practice, not instruction. This suggests that there is a need to teach more than theoretical ethics and that the ethics teacher must also facilitate the acquisition of practical wisdom and excellence of character. This distinction highlights a need for various educational approaches in cultivating these excellences which are required for a moral life. It also raises the question: is it possible to teach practical wisdom and excellence of character? It is suggested that virtue, conceived of as a type of knowledge, or skill, can be taught, and people can, with appropriate experience, habitual practice, and good role models, develop excellence of character and become moral experts. These students are the next generation of exemplars and they will educate others by example and sustain the practice of nursing. They need an education which includes theoretical ethics and the nurturing of practical wisdom and excellence of character. For this purpose, a humanities approach is suggested.
  
8. **Begley AM. Truth-telling, honesty and compassion: a virtue-based exploration of a dilemma in practice. Int J Nurs Pract 2008; 14(5):336-341.**  
Sammendrag: In this paper a discussion of the strengths of a virtue-based approach to ethics in nursing is discussed. Virtue ethics is often depicted as vague and lacking in any convincing application to the reality of practice. It is argued that exploring issues from a virtue perspective offers the possibility of a sensitive moral response which is grounded in the context of the client and his family. Far from being vague, virtue ethics offers guidance in practice, but this guidance acknowledges the complexity of individual lives as opposed to the impartiality and abstract nature of traditional moral theory, rules and principles. The vehicle for discussion is a case in practice. The position presented here is that in taking account of the salient features of each individual case, withholding the truth from adults with a life threatening illness can be justified for compassionate reasons.
  
9. **Branch WT. Viewpoint: Teaching respect for patients. Acad Med 2006;81(5):463-7.**  
Sammendrag: Respect is a core value of medical professionalism. Respect for patients often manifests itself as an attitude, of which the physician is only partially self-aware. To teach respect means bringing it fully into consciousness. Physicians then should strive to make respect an inner quality, beyond being a behavior. The author illustrates the depth of feeling involved in respecting another person by citing passages from *Let Us Now Praise Famous Men*, James Agee's classic book that describes Depression-era tenant farmers. However, major barriers inhibit teaching of respect in clinical settings. The author proposes that synergies can be achieved that overcome the barriers by combining the effective modeling of respect in bedside teaching with formal teaching exercises involving patients and deep critical reflection using narratives wherein learners describe their experiences in patient care.
  
10. **Briggs K, Batchelor J. What are the core values of care? Journal of Dementia Care 2004;12(6):14-5.**
  
11. **Brown CK. Values-based care. Br J Gen Pract 2007 Mar;57(536):243.**
  
12. **Brown D. The role of work and cultural values in occupational choice, satisfaction, and success: A theoretical statement. Journal of Counseling and Development 2002;80(1):48-56.**  
Sammendrag: Theorists have all but ignored the career development of ethnic and cultural minorities. The

purpose of this article is to rectify this oversight by presenting a values-based theory of occupational choice, satisfaction, and success. Values were chosen as the cornerstone of the theory because work values have been identified as critical variables in the career development process (e.g., N. A. Fouad, 1995, D. E Super & B. Sverko, 1995). Cultural values also play an important role in the occupational choice-making process (e.g., F A. Ibrahim, H. Ohnishi, & R. R Wilson, 1994). Although they are the primary factors in choosing and advancing in an occupation, a number of other variables interact with values.

13. **Calman KC. Evolutionary ethics: Can values change. J Med Ethics 2004;30(4):366-70.**  
Sammendrag: The hypothesis that values change and evolve is examined by this paper. The discussion is based on a series of examples where, over a period of a few decades, new ethical issues have arisen and values have changed. From this analysis it is suggested that there are a series of core values around which most people would agree. These are unlikely to change over long time periods. There are then a series of secondary or derived values around which there is much more controversy and within which differences of view occur. Such changes need to be documented if we are to understand the process involved in the evolution of differences in ethical views.
14. **Cha SE, Edmondson AC. When values backfire: Leadership, attribution, and disenchantment in a values-driven organization. Leadership Quarterly 2006;17(1):57-78.**  
Sammendrag: Theory on charismatic leaders suggests that shared values play an important role in promoting employee effort and organizational performance. This article proposes a theoretical model to identify conditions under which charismatic leadership and values inadvertently give rise to employee disenchantment, despite the good intentions of leaders and followers. The model integrates findings from a qualitative longitudinal study of a small advertising firm with prior research to develop new theory on unintended negative consequences of charismatic leadership. We propose that employee sensemaking triggered by strong organizational values can increase the risk of attributions of leader hypocrisy, which lead to employee disenchantment in a process we call the hypocrisy attribution dynamic. Value expansion, organizational tenure, and perceived benefit/harm are proposed to moderate the hypocrisy attribution dynamic, influencing the chances of negative sensemaking about leaders' behavior. This research sheds light on mechanisms through which charismatic leadership and values achieve their effects, and suggests that value expansion may be a double-edged sword-heightening followers' experience of meaning at work but also increasing the risk of subsequent disenchantment.
15. **Cherry MJ. Scientific excellence, professional virtue, and the profit motive: The market and health care reform. J Med Philos 2003; 28(3):259-280.**
16. **Cohen JJ. Viewpoint: Linking professionalism to humanism: What it means, why it matters. Acad Med 2007; 82(11):1029-1032.**  
Sammendrag: The terms professionalism and humanism are sometimes confused as being synonymous; even more confusing, each is sometimes regarded as a component feature of the other. The author argues that, in the context of medicine, the two terms describe distinctly different, albeit intimately linked attributes of the good doctor. Professionalism denotes a way of behaving in accordance with certain normative values, whereas humanism denotes an intrinsic set of deep-seated convictions about one's obligations toward others. Viewed in this way, humanism is seen as the passion that animates professionalism. Nurturing the humanistic predispositions of entering medical students is key to ensuring that future physicians manifest the attributes of professionalism. Medical educators are encouraged to recognize the role of humanism in professional development and to incorporate into their curricula and learning environments explicit means to reinforce whatever inclinations their students have to be caring human beings. Chief among those means are respected role models who unfailingly provide humanistic care, ceremonies that celebrate the attributes of humanism, awards that honor exemplars of the caring physician, and serious engagement with the medical humanities to provide vivid insights into what a humanistic professional is.
17. **Coulehan J, Williams PC. Conflicting professional values in medical education. Camb Q Healthc Ethics 2003; 12(1):7-20.**

**Core ethical values: EuropaBio. Journal of Biolaw and Business 2002; 5(2):63.**

18. **Cross LA. Value-based leadership. Med Group Manage J 1920 Sep;44(3):14-8.**  
 Sammendrag: Many reforms have been suggested for health care in the last 30 years yet they are mainly treating symptoms rather than getting at the root cause of the problems. The underlying problem is a lack of vision for the health care system. There is no comprehensive, uniform vision of American medicine rooted in the needs of our society. This vision should be based on the values that significantly challenge physicians: patient satisfaction, patient empowerment, cost effectiveness and the appropriate use of resources, patient access, and continuous quality improvement based on appropriate data techniques.
19. **Curtin LL. The impact of market-based 'reform' on cultural values in health care. Semin Nurse Manag 1999 Dec;7(4):198-202.**  
 Sammendrag: The many issues managed care poses for providers and health networks are crystallized in the moral problems occasioned by its shifting of the financial risks of care from insurer to provider. The issues occasioned by market-based reform include: the problems presented by clashes between public expectations and payer restrictions; the corporatization of health service delivery and the cultural shift from humanitarian endeavor to business enterprise the depersonalization of treatment as time and money constraints stretch resources, and the culture rewards efficient "business-like" behavior the underfunding of care for the poor and uninsured, even as these populations grow the restructuring of care and reengineering of healthcare roles as the emphasis shifts from quality of care to conservation of resources rapid mergers of both health plans and institutional providers with all the inherent turmoil as rules change, services are eliminated, and support services are minimized to save money the unhealthy competition inherent in market-based reform that posits profit taking and market share as the measures of successful performance the undermining of the professional ethic of advocacy the use of incentives that pander to greed and self-interest. The costs of sophisticated technologies and the ongoing care of increasingly fragile patients have pulled many other elements into what previously were considered "privileged" professional interactions. The fact that very few citizens indeed could pay out-of-pocket for the treatment and ongoing care they might need led to social involvement (few people remember that both widespread health insurance and public programs are relatively recent phenomena--only about 30 years old). However, whether in tax dollars or insurance premiums, other people's money is being spent on the patient's care. Clearly, those "other people" never intended to give either the patient or the professional open-ended access to their collective pocketbooks. Just what form their involvement ought to take is being tested as "managed care" attempts to control the costs. What limits are acceptable to providers?: lower profit margins? quality controls? acceptable risk levels? To patients?: restricted choice? restricted mobility? restricted access to high tech? And to the general public?: decreased access to high tech? higher taxes? underserved populations? Abandonment of the sick or poor? Which "techniques" are acceptable, and which are not?: risk-sharing with providers? financial incentives for decision makers? rationing access? imposing behavioral parameters? The issues posed by market-based managed care cannot be adequately addressed merely in terms of social resources, nor will answers be found in subordinating human rights to practical materialism. Negotiating ethical guidelines for the "safe" handling of such problems to the good of individuals and of society requires a revitalization of the "old" values: the old commitment to master craftsmanship and altruism, the old emphasis on patient advocacy and human rights. However, these old values must be applied with the "new" knowledge of lifestyle choices (and thus personal responsibility), likely outcomes (and thus reasonable options), and the limits of success (and thus fair redeployment of health resources).
20. **Dahlsgaard K, Peterson C, Seligman MEP. Shared virtue: The convergence of valued human strengths across culture and history. Review of General Psychology 2005; 9(3):203-213.**  
 Sammendrag: Positive psychology needs an agreed-upon way of classifying positive traits as a backbone for research, diagnosis, and intervention. As a 1st step toward classification, the authors examined philosophical and religious traditions in China (Confucianism and Taoism), South Asia (Buddhism and Hinduism), and the West (Athenian philosophy, Judaism, Christianity, and Islam) for the answers each provided to questions of moral behavior and the good life. The authors found that 6 core virtues recurred in these writings: courage, justice, humanity, temperance, wisdom, and transcendence. This convergence suggests a nonarbitrary foundation for the classification of human strengths and virtues
21. **DeRosa GP. Professionalism and virtues. Clin Orthop 2006 Aug;449:28-33.**  
 Sammendrag: Professionalism is one of the six core competencies of both the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS). It is being taught and discussed at the medical school level as well as throughout residency and continues during the

lifetime of an orthopaedic surgeon. This paper will review its definition as well as the virtues that are necessary to sustain medical professionalism.

22. **Dose JJ, Klimoski RJ. The diversity of diversity: Work values effects on formative team processes. Human Resource Management Review 1999;9(1):83-108.**  
Sammendrag: The benefits and drawbacks of homogeneity and heterogeneity for staffing work teams have been debated at length. The relevance of work values and work values similarity for effective team processes has been largely ignored, however. This article discusses the conditions under which work values and different work values types will impact early team processes and the implications of these relationships for staffing. Ways that work values similarity can mitigate against the negative effects of demographic diversity are discussed.
23. **Drysdale J. The Paradoxical Relation of Knowledge and Values: On Schluchter's Analysis of the Value Theme in the Work of Max Weber. International Journal of Politics 1996;10(2):391-402.**  
Sammendrag: A review essay on a book by Wolfgang Schluchter, *Paradoxes of Modernity: Culture and Conduct in the Theory of Max Weber* (Solomon, N. [Tr], Stanford, CA: Stanford U Press, 1996). Schluchter searches for inner continuity in Weber's work through review & extension of writings focused on occidental rationalism from a developmental perspective. Schluchter constructs a Weberian view of Christianity & Islam in relation to the cultures in which these religions developed, grew, & faded. In terms of the theory of value, it is argued that Weber's work evidenced a paradox between the requirement of value points of reference in the creation of knowledge & the potential for value judgments to bias &/or undermine cognitive knowledge. Schluchter attempts to overcome this paradox through a conceptual scheme of values based on distinctions between types of values associated with different orientations to action. It is concluded that future applications of Weberian value theory demand recognition of the distinctions & overlap between action & knowledge.
24. **Durgee JF, OConnor GC, Veryzer RW. Observations: Translating values into product wants. Journal of Advertising Research 1996; 36(6):90-100.**  
Sammendrag: There are currently two ways to assess target value systems. One is to apply a standard value inventory such as the Rokeach inventory or the L.O.V. The other is to ask consumers to describe their feelings about products in such a way that ultimate values come out (laddering, motivation research). While both approaches have facilitated some highly successful marketing programs, they also have weaknesses. We recommend that researchers first ask target consumers about core values and then ask them to describe these values in terms of selected products. The goal is a "means-ends" product-value chain which begins with core target values and causally relates them to actual product use.
25. **Evans IM. The effect of values on scientific and clinical judgment in behavior therapy. Behavior Therapy 1997;28(4):483-97.**  
Sammendrag: Although a strong scientific orientation continues to be a hallmark of behavior therapy, clinicians and researchers have discovered that they cannot simply rely on traditional experimental paradigms to answer policy questions, solve individual problems, or directly produce clinical judgement. Over the years, both practical and ethical dilemmas have arisen that reflect complex social and professional values. The explicit statement of these values, far from something to be avoided, actually enhances the integrity of behavior therapy. Many social concerns have become reflected in the decision making processes that underlie clinical judgment. By understanding the nature of such judgment, an expanded model of applied science emerges that is more reflective and less rule-bound than some of the earlier insistence on empirical data as the only foundation for practice. These arguments are illustrated by a personal selection of issues arising in the past 30 years of behavior therapy
26. **Fasting U. Value based management. Nurs Ethics 2004 Jan;11(1):3-4.**
27. **Fry LW. Toward a theory of spiritual leadership. Leadership Quarterly 2003;14(6):693-727.**  
Sammendrag: A causal theory of spiritual leadership is developed within an intrinsic motivation model that incorporates vision, hope/faith, and altruistic love, theories of workplace spirituality, and spiritual survival. The purpose of spiritual leadership is to create vision and value congruence across the strategic, empowered team, and individual levels and, ultimately, to foster higher levels of organizational commitment and productivity. I first examine leadership as motivation to change and review motivation-

based leadership theories. Second, I note the accelerating call for spirituality in the workplace, describe the universal human need for spiritual survival through calling and membership, and distinguish between religion and spirituality. Next, I introduce a generic definition of God as a higher power with a continuum upon which humanistic, theistic, and pantheistic definitions of God can be placed. I also review religious and ethics-and-values-based leadership theories and conclude that, to motivate followers, leaders must get in touch with their core values and communicate them to followers through vision and personal actions to create a sense of spiritual survival through calling and membership. I then argue that spiritual leadership theory is not only inclusive of other major extant motivation-based theories of leadership, but that it is also more conceptually distinct, parsimonious, and less conceptually confounded. And, by incorporating calling and membership as two key follower needs for spiritual survival, spiritual leadership theory is inclusive of the religious- and ethics and values-based approaches to leadership. Finally, the process of organizational development and transformation through spiritual leadership is discussed. Suggestions for future research are offered. (C) 2003 Elsevier Inc. All rights reserved

28. **Gianola FJ. The physician assistant's professional obligations and the values of faith. JAAPA 1954 Oct 20;21(10):52.**

29. **Graber DR, Kilpatrick AO. Establishing values-based leadership and value systems in healthcare organizations. J Health Hum Serv Adm 2008;31(2):179-97.**

Sammendrag: The importance of values in organizations is often discussed in management literature. Possessing strong or inspiring values is increasingly considered to be a key quality of successful leaders. Another common theme is that organizational values contribute to the culture and ultimate success of organizations. These conceptions or expectations are clearly applicable to healthcare organizations in the United States. However, healthcare organizations have unique structures and are subject to societal expectations that must be accommodated within an organizational values system. This article describes theoretical literature on organizational values. Cultural and religious influences on Americans and how they may influence expectations from healthcare providers are discussed. Organizational cultures and the training and socialization of the numerous professional groups in healthcare also add to the considerable heterogeneity of value systems within healthcare organizations. These contribute to another challenge confronting healthcare managers--competing or conflicting values within a unit or the entire organization. Organizations often fail to reward members who uphold or enact the organization's values, which can lead to lack of motivation and commitment to the organization. Four key elements of values-based leadership are presented for healthcare managers who seek to develop as values-based leaders. 1) Recognize your personal and professional values, 2) Determine what you expect from the larger organization and what you can implement within your sphere of influence, 3) Understand and incorporate the values of internal stakeholders, and 4) Commit to values-based leadership

30. **Green GD. Philosophy for managers? An exploration of what the great philosophers can do to assist ethical decision making. J Manag Med 2001;15(6):488-98.**

Sammendrag: Ethics is attracting increasing attention in management of both public- and private-sector organisations. For managers within health-care systems, ethical issues can be most acute, especially given the human rights issues involved in new legislation. This paper explores some of the ways in which philosophy may potentially offer guidelines to managers faced with the need to make decisions ethically. It draws on a small number of philosophical perspectives to demonstrate how they can assist in informing ethical decision making, and illustrates its arguments through one topic, suicide prevention, an area of relevance to health managers but one that is beset by some of the most profound ethical dilemmas. The ways in which philosophy may assist in decision making in this one example are, it is argued, generalisable to many other health issues where complicated decisions have to be made. The paper develops a philosophical framework consisting of the ethical considerations of "self-love", "humanity", "the value of human life" and "duty to others" and demonstrates, through the use of two hypothetical case studies, how these can be applied to a decision-making process so as to reduce inconsistencies in attitudes and practice

31. **Grojean M, Resick C, Dickson M, Smith D. Leaders, values, and organizational climate: Examining leadership strategies for establishing an organizational climate regarding ethics. Journal of Business Ethics 2004;55(3):223-41.**

Sammendrag: This paper examines the critical role that organizational leaders play in establishing a values based climate. We discuss seven mechanisms by which leaders convey the importance of ethical values to members, and establish the expectations regarding ethical conduct that become engrained in the



organization's climate. We also suggest that leaders at different organizational levels rely on different mechanisms to transmit values and expectations. These mechanisms then influence members' practices and expectations, further increase the salience of ethical values and result in the shared perceptions that form the organization's climate. The paper is organized in three parts. Part one begins with a brief discussion of climates regarding ethics and the critical role of values. Part two provides discussion on the mechanisms by which leaders and members transmit values and create climates related to ethics. Part three provides a discussion of these concepts with implications for theory, research, and practice

32. **Heintzman R. Public-service values and ethics: Dead end or strong foundation? Canadian Public Administration-Administration Publique du Canada 2007;50(4):573-602.**  
Sammendrag: In the Winter 2004 issue of this journal, John Langford pronounced a negative verdict on the concern for public-service values, which has been a feature of public-service reform over the past decade. This article reconsiders Langford's arguments. It suggests that public-service renewal requires ongoing attention to public-service values but also a widening of perspectives. It is now necessary to give more attention to the organizational, professional and institutional conditions for sound individual behaviour. Renewed attention to public-service values did not seek to supplant traditional approaches to individual decision-making but rather to re-frame them, grounded in the principles without which they cannot make sense of the world. The research literature on values and ethics contradicts the critique's main contentions. The critique is also based on a mistaken premise, false dichotomies, and inadequate and contradictory assumptions about the nature of individual decision-making. Three points that are useful contributions to the ongoing dialogue on public-service values and ethics are noted. But an individual perspective must now be augmented by a focus on organizational performance. Far from being a "dead end," public-service values remain the strong foundation - the only possible foundation - for the public service of the future
33. **Hewlin PF. And the award for best actor goes to ... : Facades of conformity in organizational settings. Academy of Management Review 2003; 28(4):633-642.**  
Sammendrag: Facades of conformity are false representations created by employees to appear as if they embrace organizational values. I present a conceptualization of the facades of conformity construct and propose that organizational reward systems, minority status, and self-monitoring are examples of variables likely to serve as antecedents to creating facades of conformity. I also propose that psychological and emotional distress are potential outcomes to facade creation. I conclude with a discussion of theoretical and practical implications for continued research on facade creation
34. **Horning SJ. ASCO core values: Essential to progress in innovative, quality cancer care. J Clin Oncol 2006;24(36):5629.**
35. **Howie JGR, Heaney D, Maxwell M. Quality, core values and the general practice consultation: Issues of definition, measurement and delivery. Fam Pract 2004;21(4):458-68.**  
Sammendrag: Our essay starts by tracing the early history of general practice under the NHS, and identifies patient-centredness and holism as the two concepts which appear to best represent the 'core values' of the discipline of general practice. The difficulties of defining and measuring them are discussed, and in particular the presence of three potentially different components of patient-centredness is recognized. In the second half of the essay, the history of a series of researches carried out in Edinburgh into the definition and delivery of quality at general practice consultations is described, and a new measure of quality called the Consultation Quality Index (CQI) is presented. This measure combines two process measures (consultation length and 'how well the patient knows the doctor') with one outcome measure (patient enablement). Information is presented to show how the CQI can contribute to clinical governance (at practice and at doctor level) and how its use as a research tool offers insights into issues including the influence of ethnicity on patients' evaluation of care, and debate over the optimum size of practices. 'Good' quality in general practice is both hard to define and hard to measure. One reason for this is because effectiveness, a principal component of quality, divides into clinical/technical effectiveness and interpersonal effectiveness. This essay has argued that interpersonal effectiveness - the more difficult component of quality at consultations to define and measure - is, because of the difficulty in operationalizing it, in danger of being lost under the weight of material on the more biomedical domain of clinical effectiveness. copyright Oxford University Press 2004, all rights reserved

36. **Ittis AS. Values based decision making: organizational mission and integrity. HEC Forum 2005 Mar;17(1):6-17.**

**Jacob JM. DOCTORS AND RULES: A SOCIOLOGY OF PROFESSIONAL VALUES (expanded 2nd edition). New Brunswick 1999.**

Sammendrag: A new edition of a 1988 text explores the ethical & legal aspects of the practice of medicine from a dual sociology of law & of medicine perspective. Contemporary debates about the law, medicine, & health are addressed, & the current relevance of the Hippocratic tradition is assessed in terms of the individual practitioner & the group, as well as the relationship between rules & those subjected to them. Reciprocal, clinical, scientific, participatory, & classical models of practice are examined, differences between these models & health-based theories are considered, & a framework for future professional practice is offered. The history of medical practice, science, & technology is traced to shed light on the shift to impersonal medicine, consumer claims to self-determination, & the importance of the participatory & classical models of medicine for understanding the regulation of practice. A theory based on the "ideal-typical gentleman" is proposed to explain the relevance of regulation. Systems of rules include professional ethics, the law as developed in the courts, & state-ordained administrative structures. It is argued that the study of regulation aids in understanding the relationship of groups to society, & individualism, although valuable, can be destructive to the self without recognizing common humanity. The book contains a new Introduction & Afterword, as well as a Foreword, Preface, 7 Chpts, & Notes. J. Lindroth.

37. **Jansen LA. The virtues in their place: virtue ethics in medicine. Theor Med Bioeth 2000;21(3):261-76.**

Sammendrag: We are currently in the midst of a revival of interest in the virtues. A number of contemporary moral philosophers have defended a virtue-based approach to ethics. But does this renewal of interest in the virtues have much to contribute to medical ethics and medical practice? This paper critically discusses this question. It considers and rejects a number of important arguments that purport to establish the significance of the virtues for medical practice. Against these arguments, the paper seeks to show that while the virtues have a genuine role to play in medical ethics, it is a limited role, one that is subordinate to the role that other moral concepts such as rules and principles play.

38. **Justo L, Villarreal J. Autonomy as a universal expectation: a review and a research proposal. Eubios J Asian Int Bioeth 2003; 13(2):53-57.**

Sammendrag: In the World Health Report 2000 WHO introduces ethical issues in the elevation of health systems responsiveness performance. Although we consider this a positive step, the parameters considered in the Report are in some cases unsustainable by extensive research. This is the case of autonomy, which is postulated as a "universal expectation". As we think that this is culture-linked issue we argue that such kind of universal categorizations lacks substantive empirical evidence. We undertook a short review of a small intentional sample of international literature, in order to demonstrate that regardless of the philosophical status of autonomy as a principle or category there is not background enough to postulate it as a universal expectation. We propose international collaborative research to define the issue, using qualitative research methodology.

39. **Kaptein M, Schwartz MS. The effectiveness of business codes: A critical examination of existing studies and the development of an integrated research model. Journal of Business Ethics 2008; 77(2):111-127.**

Sammendrag: Business codes are a widely used management instrument. Research into the effectiveness of business codes has, however, produced conflicting results. The main reasons for the divergent findings are: varying definitions of key terms; deficiencies in the empirical data and methodologies used; and a lack of theory. In this paper, we propose an integrated research model and suggest directions for future research.

40. **Karel MJ. The Assessment of Values in Medical Decision Making. J Aging Stud 2000 Dec;14(4):403-22.**

Sammendrag: Individuals, families, & health care providers consider medical treatment decisions in light of their respective values about life in varying states of health. The clarification of health care values is important not only in the context of everyday clinical decision making, but also for advance care planning & the resolution of ethical dilemmas. This article argues that objective assessment tools may facilitate the process of clarifying & communicating health care values in these contexts. The article reviews arguments for the importance of values assessment in health care planning, methods used to date for health care

values assessment, conceptual & methodological challenges for the measurement of health care values, & lessons learned through the process of developing & piloting a Health Care Values Survey. Objective values assessment tools appear useful for eliciting health care values, although multiple challenges for reliable, valid, & clinically useful measurement of values are identified. [Copyright 2005 Elsevier Inc.]

41. **Kawall J. Virtue theory and ideal observers. *Philosophical Studies* 2002;109(3):197-222.**  
Sammendrag: Virtue theorists in ethics often embrace the following characterization of right action: An action is right if a virtuous agent would perform that action in like circumstance. Zagrebski offers a parallel virtue-based account of epistemically justified belief. Such proposals are severely flawed because virtuous agents in adverse circumstances, or through lack of knowledge can perform poorly. I propose an alternative virtue-based account according to which an action is right (a belief is justified) for an agent in a given situation iff an unimpaired, fully-informed virtuous observer would deem the action to be right (the belief to be justified)
42. **Kenagy JW, McCarthy SM, Young DW, Barrett D, Pinakiewicz DC. Toward a value-based health care system. *Am J Med* 2001 Feb 1;110(2):158-63.**
43. **Kerfoot KM. Leadership: Social identity and guiding from within. *Nurs Econ* 2007;25(5):296-8.**  
Sammendrag: An important field in leadership research is that of the social identity of the group and what that means for leadership. In health care, there are many different types of social identities that vary by hospital, geography, and profession. Leaders often sabotage their effectiveness when they do not consider the social values of the group. The work of leaders is to help move units and organizations to a higher level of performance. Identifying the social identity of the group is the first step. The most successful have expertise in assessing the social identity of groups and developing a commonality of a shared vision that represents the best work of the group and of the leader.
- Kluge EH. Comparing healthcare systems: outcomes, ethical principles, and social values. *MedGenMed* 2007; 9(4):29.**  
Sammendrag: The question of how healthcare should be structured has been at the forefront of public debate for quite some time. In particular, debate has raged over the acceptability of socialized and rights-oriented approaches to healthcare as opposed to privatized and commodity-oriented approaches. The present discussion looks at the underlying logic of the debate and at the use of outcome measures as a primary determinant. It suggests that outcome measures are of limited use in deciding the issue because they ignore important variables and further suggests that outcome measures are inappropriate tools when comparing distinct healthcare systems because they ignore valuational components that are integral to deciding whether a healthcare system is consistent with a society's principles and values.
44. **Kolcaba K, Tilton C, Drouin C. Comfort theory: A unifying framework to enhance the practice environment. *J Nurs Adm* 2006;36(11):538-44.**  
Sammendrag: The application of theory to practice is multifaceted. It requires a nursing theory that is compatible with an institution's values and mission and that is easily understood and simple enough to guide practice. Comfort Theory was chosen because of its universality. The authors describe how Kolcaba's Comfort Theory was used by a not-for-profit New England hospital to provide a coherent and consistent pattern for enhancing care and promoting professional practice, as well as to serve as a unifying framework for applying for Magnet Recognition Status. copyright 2006 Lippincott Williams & Wilkins, Inc
45. **Kumar NS, Rao US. Guidelines for value based management in Kautilya's Arthashastra. *Journal of Business Ethics* 1996;15(4):415-23.**  
Sammendrag: The paper develops value based management guidelines from the famous Indian treatise on management, Kautilya's Arthashastra. Guidelines are given for individual components of a total framework in detail, which include guidelines for organizational philosophy, value based leadership, internal corporate culture, accomplishment of corporate purpose and feedback from stakeholders
46. **Lockie R. Problems for virtue theories in epistemology. *Philosophical Studies* 2008;138(2):169-91.**  
Sammendrag: This paper identifies and criticizes certain fundamental commitments of virtue theories in epistemology. A basic question for virtues approaches is whether they represent a 'third force' - a different

source of normativity to internalism and externalism. Virtues approaches so-conceived are opposed. It is argued that virtues theories offer us nothing that can unify the internalist and externalist sub-components of their preferred success-state. Claims that character can unify a virtues-based axiology are overturned. Problems with the pluralism of virtues theories are identified-problems with pluralism and the nature of the self; and problems with pluralism and the goals of epistemology. Moral objections to virtue theory are identified-specifically, both the idea that there can be a radical axiological priority to character and the anti-enlightenment tendencies in virtues approaches. Finally, some strengths to virtue theory are conceded, while the role of epistemic luck is identified as an important topic for future work

47. **Lozano JM, Sauquet A. Integrating business and ethical values through practitioner dialogue. Journal of Business Ethics 1999;22(3):203-17.**

Sammendrag: In practice, the relationship between business and ethics is not well-settled. In the past, organisations have developed an interest in setting value charts but this has been approached from a purely managerial perspective following the momentum and interest aroused by research on organisational cultures. Although interest in managing organisational cultures has slowly died down, for both theoretical and practical reasons we argue that there are feasible ways to explore values as part of an organisational culture. Indeed it is our claim that it is feasible and productive to discuss values within organisations. However, rather than developing sophisticated theoretical frameworks, more efforts should be put into thinking about the conditions under which participants can enter into productive dialogue. It is our claim that if processes are carefully examined people within organisations can make better sense of their work and discover their own perspective to account for what they actually do and to project themselves into what they think they should be doing. Thus, values identified within the organisation can eventually reach a point where they become an expression of a shared commitment. The experience we describe aims to illustrate only one example of a concrete application of this approach

48. **McBeath G, Webb SA. Virtue Ethics and Social Work: Being Lucky, Realistic, and Not Doing Ones Duty. The British Journal of Social Work 2002 Dec;32(8):1015-36.**

Sammendrag: This article argues that in a complex sociopolitical world, social work ethics needs to recast the moral identity of the social worker in terms of virtue ethics. We review virtue theory's Aristotelian foundations & criticisms of Kantian & utilitarian theory & show how they apply to social work. Subsequently we offer an account of a virtue-based social work that questions the validity of several models of practice currently fashionable. Virtue theory emphasizes the priority of the individual moral agent who has acquired virtues commensurate with the pursuit of a revisable conception of the good life -- the well-being of all in a defined community. The virtues are the acquired inner qualities of humans -- character -- the possession of which, if applied in due measure, will typically contribute to the realization of the good life or "eudaimonia." The role of the virtuous social worker is shown to be one that necessitates appropriate application of intellectual & practical virtues such as justice, reflection, perception, judgement, bravery, prudence, liberality, & temperance. This "self-flourishing" worker, in bringing together the capacity for theoretical & practical action makes possible a hermeneutic or interpretive praxis best appraised in dialogue with fellow-practitioners & clients. With a social work remit increasingly routinized by accountability, quality control, & risk management there is an emphasis on regulation & duties. This has produced a culture of following approved or typical processes resulting in defensive forms of social work wholly uncongenial to the development of human qualities likely to promote social workers' engagement in critique & revision of what counts as best practice. In sum, our core proposition is that social work practice & education, to fit an unpredictable, nonlinear world, should develop means by which professionals nurture the virtues. This would reflexively enhance social work itself. 53 References. Adapted from the source document.

49. **McCartney JJ. Values based decision making in healthcare: introduction. HEC Forum 2005 Mar;17(1):1-5.**

50. **McCubbin M, Cohen D. A systemic and value-based approach to strategic reform of the mental health system. Health Care Anal 1999;7(1):57-77.**

Sammendrag: Most writers now recognize that mental health policy and the mental health system are extremely resistant to real changes that reflect genuine biopsychosocial paradigms of mental disorder. Writers bemoaning the intransigence of the mental health system tend to focus on a small analytical level, only to find themselves mired in the rationalities of the existing system. Problems are acknowledged to be system-wide, yet few writers have used a method of analysis appropriate for systemic problems. Drawing

upon the General System Theory (GST) analytical perspective, this article advances a systematic approach to understand the mental health system and to facilitate the development of reform strategies that recognize the system's complexity and changing nature. The article first discusses the failure of major reform efforts in the mental health system and the limitations of mainstream analysis of mental health politics and policies with respect to the objectives of analysis and reform. This article describes how systems thinking has thus far influenced the study of the mental health policy and politics system, and argues that a systemic perspective is profitable for reconceiving the mental health system, enabling a fresh basis for the development of reform strategies. The mental health system should be seen as a social system influenced by larger political and economic dimensions, not just as a 'delivery system' scientifically constructed by neutral experts. Furthermore, the policy planning process should be viewed as part and parcel of a mental health system modeled as complex and dynamic. The systemic perspective outlined here should help both to clarify the value-based objectives that we hold for the system and, consequently, to plan for the strategic reforms that have so far eluded us.

51. **McCullough PM, Faught S. Rational moralists and moral rationalists value-based management: Model, criterion and validation. *Journal of Business Ethics* 2005;60(2):195-205.**  
 Sammendrag: This paper considers ethical decision making by blending three streams of related research: cognitive moral development of the decision maker, rational choice theory and a subjective expected utility model. Ethical dilemmas can be defined as situations where moral certainty is compromised by rational cognition. In this paper, the authors assume that some people use a morality-first perspective and others a rationality-first perspective. Ethical scenarios were written and used to test hypotheses derived from this perspective. The instrument developed was shown to be in need of further refinement. Results are discussed in terms of relationships between participant-characteristics variables overall and subscale responses to the ethical scenarios.
  
52. **McKie A, Swinton J. Community, culture and character: the place of the virtues in psychiatric nursing practice. *J Psychiatr Ment Health Nurs* 2000; 7(1):35-42.**  
 Sammendrag: In this paper, the authors address the serious neglect of the 'classical' virtues in ethical reflection upon mental health nursing. The virtues are offered as a possible alternative paradigm for mental health nursing in its search for new models and approaches. Embodied in the notion of a moral community, the virtues have important implications in addressing problems inherent in various 'dualisms' so described. By invoking the concepts of practical wisdom and praxis, the interrelationship between theory and practice, action and reflection and self and community, is shown. The contextual nature of the virtues is shown in a number of examples and their potential for the transformation of practice is shown. The opportunity is now present for mental health nursing to strengthen its basis for practice by distancing itself from scientific models. In so doing, it can embrace an approach which is consensual and contextual and which places ethical reflection at the centre of practice.
  
53. **Milton CL. Professional values in nursing ethics: essential or optional in the global universe?[see comment]. *Nurs Sci Q* 2007 Jul;20(3):212-5.**  
 Sammendrag: For any discipline with a practice component, value priorities are a reflection of choices on what it means to be a member of the discipline. For the recipients of professional nursing services, values reflect owning individual priorities for what is most important in living health and quality of life. In the context of global healthcare, priority has been afforded to disciplinary practices whose values are consistent with those of normative, empirical science. This column begins a discussion of what values guide and ought to guide the discipline and practice of nursing from a nursing theoretical perspective. [References: 13]
  
54. **Mohr WK, Deatrick J, Richmond T, Mahon MM. A reflection on values in turbulent times. *Nurs Outlook* 2001 Jan;49(1):30-6.**  
 Sammendrag: We discuss how organizations, as cultures, react to times of turbulence, stress, and the importance of their foundational values during those times. By adapting the framework pioneered by the organizational analyst Manfred Kets de Vries, we use psychodynamic concepts to discuss a descriptive typology of behavior in which persons and organizations engage under stress. We also discuss the hazards inherent in losing sight of common core values, the dangers in the disconnects between stated values and behaviors, and how those disconnects can be destructive to organizations and to persons. We conclude with a plan that involves achieving insight, trust, and open communication on which members of organizations can base discussion and find common ground in articulating common core values. Throughout the article,

we make applications to nursing organizations to focus attention on the currency of this topic for the profession.

55. **Morris RW. The mythic horizon of the university: Problems and possibilities for value-based leadership. Canadian Journal of Administrative Sciences-Revue Canadienne des Sciences de l'Administration 2001;18(4):277-90.**

Sammendrag: There is presently a growing malaise in the university where more and more faculty are feeling disillusioned and increasingly disconnected from the institution. At one level the malaise is rooted in the university's financial crisis. Repeated budget cuts, downsizing, and restructuring exercises are leaving faculty tired, cynical, and fragmented. This paper examines how the dominant myths of the university further exacerbates the malaise. It first considers why value-based leadership must focus on the myths we work by if an organization is to become truly visionary. It then suggests that the dominant utilitarian-instrumental myth contributes to the malaise by undermining the university's communal, educational, and ethical integrity. The final section proposes concrete avenues that could lead beyond the myth.

56. **Munro D. Work Motivation and Values: Problems and Possibilities in and out of Africa. Australian Journal of Psychology 1986 Dec;38(3):285-95.**

Sammendrag: A number of conceptual & methodological questions arising from work motivation research in Africa are discussed. A principal assumption is that cross-cultural psychologists should be able to provide practical advice to social planners. It is argued that a theory of values based on a cognitive social learning perspective provides a basis on which a search for cross-cultural universals could be pursued alongside a clearer delineation of factors influencing work motivation in particular cultures. As much of the research in work motivation continues to utilize instruments that replicate factors found in Western countries, alternatives that reveal indigenous value constructs are discussed. It is concluded that further significant advances depend on a greater degree of cooperation among researchers to carry out large-scale validation studies, & the involvement of local psychologists.

57. **Nelson G, Prilleltensky I, MacGillivray H. Building value-based partnerships: toward solidarity with oppressed groups. Am J Community Psychol 2001 Oct;29(5):649-77.**

Sammendrag: We propose a value-based conceptualization of partnership, defining partnership as relationships between community psychologists, oppressed groups, and other stakeholders, which strive to achieve key community psychology values (caring, compassion, community, health, self-determination, participation, power-sharing, human diversity, and social justice). These values guide partnership work related to the development of services or supports, coalitions and social action, and community research and program evaluation. We prescribe guidelines for building such partnerships and conclude by considering some of the challenges in implementing value-based partnerships.

58. **Pant PN, Lachman R. Value incongruity and strategic choice. Journal of Management Studies 1998;35(2):195-212.**

Sammendrag: Research addressing how values held by individuals in organizations influence strategy choice and implementation is as yet fragmented. Different strands of this research have yielded contradictory prescriptions for strategy. This paper examines how values affect strategy, by focusing on the social control they exert. Social control manifests itself through the behaviours permitted and proscribed by given values. We call a value a core value when the social control it exerts supersedes that of most other values in a value system. When the social control a value exerts is itself superseded by that exerted by most other values in a system, we call the value a peripheral value in that system. Strategies could be depicted as containing implicit values, in that they too entail prescriptions for behaviour. Thus, core values implicit to strategies enable behaviour essential for the success of strategies. Values seemingly peripheral to strategies enable behaviour peripheral or even tangential to their success. This paper discusses several contingencies - clashes between core values of decision makers and values implicitly at the core of strategies, core and peripheral values, as well as clashes between peripheral values - in the context of both corporate and competitive strategies. Finally, some factors that might mitigate these clashes, are also discussed.

59. **Pellegrino ED. Toward A Virtue-Based Normative Ethics for the Health-Professions. Kennedy Inst Ethics J 1995;5(3):253-77.**

Sammendrag: Virtue is the most perdurable concept in the history of ethics, which is understandable given the ineradicability of the moral agent in the events of the moral life. Historically, virtue enjoyed normative

force as long as the philosophical anthropology and the metaphysics of the good that grounded virtue were viable. That grounding has eroded in both general and medical ethics. If virtue is to be restored to a normative status, its philosophical underpinnings must be reconstructed. Such reconstruction seems unlikely in general ethics, where the possibility of agreement on the good for humans is remote. However, it is a realistic possibility in the professional ethics of the health professions where agreement on the telos of the healing relationship is more likely to arise. Nevertheless, virtue-based ethics must be related conceptually and normatively to other ethical theories in a comprehensive moral philosophy of the health professions.

60. **Pentz RD, Joffe S, Emanuel EJ, Schnipper LE, Haskell CM, Tannock IF. ASCO core values. *J Clin Oncol* 2006;24(36):5780-2.**

61. **Petrova M, Dale J, Fulford KWM. Values-based practice in primary care: easing the tensions between individual values, ethical principles and best evidence. *Br J Gen Pract* 2006;56(530):703-9.**

Sammendrag: Background The provision of health care is inseparable from universal values such as caring, helping and compassion. Consideration for individual values, particularly those of the patient, has also been increasing. However, such consideration is difficult within the context of modern health care, where complex and conflicting values are often in play. This is particularly so when a patient's values seem to be at odds with evidence-based practice or widely shared ethical principles, or when a health professional's personal values may compromise the care provided. Suggested new framework Values-based practice, a framework developed originally in the domain of mental health, maintains that values are pervasive and powerful parameters influencing decisions about health, clinical practice and research, and that their impact is often underestimated. Although it shares starting points with other approaches to values, it suggests that our current approaches lead us to ignore some important manifestations of values at both the general level, as relevant in legal, policy and research contexts, as well as at the individual level, as relevant in clinical practice. Drawing on ideas from philosophy, values-based practice significantly extends the range of phenomena that may be regarded as value-laden. It suggests that one of the reasons for overlooking values is that they are presumed to be shared when not apparently conflicting. Values-based practice is an approach to supporting clinical decision-making, which provides practical skills and tools for eliciting individual values and negotiating these with respect to best available evidence.

62. **Prilleltensky I. Value-based praxis in community psychology: moving toward social justice and social action. *Am J Community Psychol* 2001 Oct;29(5):747-78.**

Sammendrag: The purpose of this paper is to articulate a rationale for value-based praxis in community psychology. Although values need to promote personal, collective, and relational wellness at the same time, it is argued that community psychologists pay more attention to personal and relational wellness than to collective wellness. In order to address this imbalance it is important to promote the value of social justice. While praxis requires that we engage in a cycle of reflection, research, and social action, community psychologists devote more resources to the first two phases of praxis than to the last one. This paper offers a framework for deciding what values and what praxis considerations we should attend to and how we may advance social justice and social action in community psychology.

63. **Pritchard D. Virtue epistemology and epistemic luck. *Metaphilosophy* 2003;34(1-2):106-30.**

Sammendrag: The recent movement towards virtue-theoretic treatments of epistemological concepts can be understood in terms of the desire to eliminate epistemic luck. Significantly, however, it is argued that the two main varieties of virtue epistemology are responding to different types of epistemic luck. In particular, whilst proponents of reliabilism-based virtue theories have been focusing on the problem of what I call "veritic" epistemic luck, non-reliabilism-based virtue theories have instead been concerned with a very different type of epistemic luck, what I call "reflective" epistemic luck. It is argued that, prima facie at least, both forms of epistemic luck need to be responded to by adequate epistemological theory. The problem, however, is that one can best eliminate veritic epistemic luck by adducing a so-called safety-based epistemological theory that need not be allied to a virtue-based account, and there is no fully adequate way of eliminating reflective epistemic luck. I thus conclude that this raises a fundamental difficulty for virtue-based epistemological theories, on either construal.

64. **Pruzan P. The question of organizational consciousness: Can organizations have values, virtues and visions? *Journal of Business Ethics* 2001 Feb;29(3):271-84.**

- Sammendrag: It is common for organizational theorists as well as business practitioners to speak of an organization's visions, strategies, goals and responsibilities. This implies that collectivities have competencies normally attributed to individuals, i.e. to reflect, evaluate, learn and make considered choices. The article provides a series of reflections on the concept of consciousness in an organizational context. It is argued that, under certain conditions, it is both meaningful and efficacious to ascribe the competency for conscious and intentional behavior to organizations. The arguments provided are based on empirical observations, common sense and deductive reasoning.
65. **Radden J, Sadler JZ. Character Virtues in Psychiatric Practice. Harvard Review of Psychiatry 2008;16(6):373-80.**  
 Sammendrag: The character-focused approach known as virtue ethics is especially well suited to understanding and promoting ethical psychiatric practice. Virtues are stable dispositions and responses attributed to character, and a virtue-based ethics is one in which people's selves or characters are at the center of moral assessment. In this discussion by a clinician and a philosopher, clinical scenarios using exchanges and inner monologue illustrate key aspects of virtues. Virtues are acquired through habituation; they are habits of mind as much as behavior; they are as a group heterogeneous, and individually composite; they involve affective responses; they are not impartial; they are compatible with the "role morality" required of professionals; they are responses to particular temptations and weaknesses; and they include, in the capacity for practical judgment known as phronesis, a way of resolving many of the conflicts and dilemmas that arise in practice. The virtue approach to ethics will likely be most useful in the educational setting where practitioners are learning clinical skills and socialized into the broad ethos of professional practice. Aspects of this educational effort are briefly reviewed, including whether it ought to be undertaken at all, whether the effort to teach virtues is possible, and, if so, how it can be achieved.
66. **Riad S. Of mergers and cultures: "What happened to shared values and joint assumptions?". Journal of Organizational Change Management 2007;20(1):26-43.**  
 Sammendrag: Purpose - This paper signals departure from a theoretical perspective on organizational culture in mergers and acquisitions based on a binary opposition between coherence and pluralism. The paper aims to outline another, dialogic perspective on cultural transformations in mergers and acquisitions, based on an assumption that individuals occupy temporary positions in dynamic dialogue, negotiating equally transitory, but temporarily cohesive allegiances. Design/methodology/approach - The dialogic perspective derives from a constructionist approach and involves ethnographic research methodology. It is developed to track the complex contests of interests in post-merger pluralist cultures and to reconstruct their dynamics. While some events in the merger process contribute to cultural pluralism and contest of interest, others appear to render allegiance to cohesive cultural elements seductively appropriable. Findings - Two situations are presented. The first poses a view of culture during mergers in which contest over meaning is central and whereby the representation of a cohesive organizational culture is appropriated for political purposes. The second situation illustrates cross-cutting cultures in action, presenting the development of a "working culture" a notion based on flitting cross-organizational allegiances in the interest of confronting a central team. Originality/value - The paper contributes to critical work on organizational culture in merger integration. It points to the inseparability of binaries, the limits of cultural attribution and the tension instigated by the conflation of culture's "differences". In closing, it points to a future direction with a relational emphasis to merger integration.
67. **Rodney P, Doane G, Storch J. Toward a safer moral climate. Can Nurse 2006;102:(8):24-7.**  
 Sammendrag: Discussion of the moral climate of nursing and its impact upon care. The implicit and explicit values that drive health care delivery and shape workplaces are discussed with reference to research into difficulties faced by nurses in practising ethically.
68. **Schnebel E, Bienert MA. Implementing ethics in business organizations. Journal of Business Ethics 2004;53(1-2):203-11.**  
 Sammendrag: In view of the scope and scale of the latest scandals, e.g. Enron's maximum breaking bankruptcy, the re-discovery of ethics in business has received an impressive boost. By now even car salesmen have written ethics, "a Code of Conduct", e.g. in the USA or Poland. But there is no clear aim of the role ethics obtains in organizational settings as we may show in some small cases of practical approaches to deal with ethics in organizations. We discuss how ethics is the prerequisite to conduct any business and what advantages may be realized if a clear set of ethics is followed. We will discuss three practical examples. In cases of ethics-based values-added management of Siemens (Germany), Boeing



(U.S.) and SAP (Germany) we explain the mechanisms of ethics in management to strengthen organizational success. We emphasize the importance of clear ethics-related communication processes in organizations. We explain the use of communication theories inside organizational processes to clarify communication about such an abstract topic as ethics. Finally, we point out how a management of ethical ideas and cultural values should be designed in business enterprises.

69. **Scott ED. Organizational moral values. Business Ethics Quarterly 2002; 12(1):33-55.**  
Sammendrag: This article argues that the important organizational values to study are organizational moral values. It identifies five moral values (honest communication, respect for property, respect for life, respect for religion, and justice), which allow parallel constructs at individual and organizational levels of analysis. It also identifies dimensions used in differentiating organizations' moral values. These are the act, actor, person affected, intention, and expected result. Finally, the article addresses measurement issues associated with organizational moral values, proposing that content analysis is the appropriate measurement technique to be used for an organization-level conception of moral values.
70. **Sears HJ. Values-based leadership and organizational development during restructuring. Semin Nurse Manag 1998 Jun;6(2):89-95.**  
Sammendrag: This article highlights the importance of value-based leadership and cultural change, and illustrates how organizational development strategies can facilitate positive learning environments. This is essential during periods of rapid change, restructuring, and downsizing, when the quality of patient care can be at risk. By ensuring a values focus, and a systematic approach to the development of a "learning organization", nurses can be empowered to develop their clinical practice and to lead the redesign of healthcare systems in a more creative and patient-centered way.
71. **Sister ED. Sister Elizabeth Davis: values-based leadership. Hosp Q 2002;6(1):88-91.**
72. **Svensson G, Wood G. A model of business ethics. Journal of Business Ethics 2008;77(3):303-22.**  
Sammendrag: It appears that in the 30 years that business ethics has been a discipline in its own right a model of business ethics has not been proffered. No one appears to have tried to explain the phenomenon known as 'business ethics' and the ways that we as a society interact with the concept, therefore, the authors have addressed this gap in the literature by proposing a model of business ethics that the authors hope will stimulate debate. The business ethics model consists of three principal components (i.e. expectations, perceptions and evaluations) that are interconnected by five sub-components (i.e. society expects; organizational values, norms and beliefs; outcomes; society evaluates; and reconnection). The introduced model makes a contribution to the creation of a conceptual framework for business ethics. A few tentative conclusions may be drawn from the introduced model of business ethics. The model aspires to be highly dynamic. The ultimate outcome is dependent upon the evolution of time and contexts. It is also dependent upon and provides reference to the behaviours and perceptions of people. The model proposes business ethics to be a continuous and an iterative process. There is no actual end of the process, but a constant reconnection to the initiation of successive process iterations of the business ethics model. The principals and sub-components of the model construct the dynamics of this continuous process. They provide guidance on what and how to explore our common efforts to understand the phenomenon known as business ethics. The model provides opportunities for further research in the field of business ethics.
73. **Sverko B, Babarovic T, Sverko I. Values and life roles in the context of career choice and career development. Suvremena Psihologija 2007;10(2):295-320.**  
Sammendrag: This article examines the concepts of values and life roles in the context of career development. First, the concepts of values and life roles are explained. The methodological issues of their measurement are discussed next, followed by an overview of the main instruments used in their assessment. Finally, the approaches and trends of the usage of values and roles in career guidance are discussed. It is noted that, the traditional focus on values as a person variable, has been recently shifted to assessment of "cultural" values, which are typical of certain groups of vocational-guidance users.
74. **Toon P. Defining and cultivating the virtues. Br J Gen Pract 2002; 52(482):782-783.**
75. **Trofino AJ. Transformational leadership: moving total quality management to world-class organizations. Int Nurs Rev 2000 Dec;47(4):232-42.**

Sammendrag: Transformational values and competencies will become critically important by the year 2001 if we are to achieve a health system that fosters community well-being and basic care for all, financed through a combined public-private partnership that is cost effective and uses treatments that unite body, mind and spirit. This article will focus on the use of transformational leadership as a strategy to move health-care organizations beyond traditional values and approaches by building upon the core values of total quality management (TQM). Learning organizations will emerge and finally world-class organizations will evolve, combining the characteristics of total quality and learning organizations, and more. A world-class organization can be described as being the best in its class or better than its competitors in the community, state, nation or world.

76. **Urbany JE, Reynolds TJ, Phillips JM. How to make values count in everyday decisions. *Mit Sloan Management Review* 2008;49(4):75.**

Sammendrag: Much lip service is given today to "values-based decision making," with the implication that the underlying values are "good" values, occupying high moral ground. But the fact is that all decisions - whether highly ethical, grossly unethical or anywhere in between - are values-based. That is, a decision necessarily involves an implicit or explicit trade-off of values. The values represented in a particular decision are not always easy to identify and evaluate, however, and the shortcuts that people often take in decision making can make deeper analysis of values all the more difficult. This article presents a framework designed to explore the values implicit in decisions. Moving systematically from concrete consequences to higher-ordered values, the framework, embodied in a decision-mapping technique, helps the decision maker think through what is gained and what is given up as a result of a decision. It also encourages an expansion of choice options, motivates a more balanced view of positive and negative consequences, and provides insight into the dynamics of decision making. When good people at times say yes to bad unethical or illegal - actions, there are four possible reasons: (a) the organization's values are fuzzy to them, leading them to resort to undeveloped intuition and expedient criteria, (b) they may not be clear on their own values, (c) their interpretation of probability conveniently favors their a priori preferred option, or (d) they see no other options (they believe their hands are tied). Each of these possibilities reflects issues that senior managers need to account for directly in addressing ethical decision making in their organizations. Illustrating the framework through a case study based on actual events, the article aims to help managers build a culture that better integrates the organization's values into staff members' decisions.

77. **Vezeau TM. Teaching professional values in a BSN program. *Int* 2006;3(1).**

Sammendrag: Values are core to the practice of nursing, determining priorities in healthcare and forming the foundation of relationships with clients. Specific values have been recognized as essential to professional nursing practice and are considered central content within a baccalaureate nursing program. While these professional values are identified and defined, there is little guidance in nursing pedagogical literature as to teaching approaches, range and depth of content, and evaluative methods in this area. Clear discussion of an effective educational approach to professional values would be a significant contribution to the discipline of nursing. The paper expands on the brief summary of the five professional values identified by AACN as essential to professional nursing practice. It is easy to understand these values on a superficial level, but these values have many layers and are very difficult to live out in nursing practice. The discussion moves beyond definition and gives specific examples to lend clarity and depth to the topic. The discussion includes common areas in which students have difficulty, noting the inherent challenges for each of the values.

78. **Whetstone JT. How virtue fits within business ethics. *Journal of Business Ethics* 2001;33(2):101-14.**

Sammendrag: This paper proposes that managers add an attention to virtues and vices of human character as a full complement to moral reasoning according to a deontological focus on obligations to act and a teleological focus on consequences (a balanced tripartite approach). Even if the criticisms of virtue ethics cloud its use as a monomeric normative theory of justification, they do not refute the substantial benefits of applying a human character perspective - when done so in conjunction with also-imperfect act-oriented perspectives. An interactive tripartite approach is superior for meeting the complex requirements of an applied ethic. To illustrate how deficiencies of a "strong" virtue ethics formulation can be overcome by a balanced tripartite approach, this paper compares normative leadership paradigms (each based on a combination of virtue, deontology, or consequentialist perspectives) and the dangers inherent in each. The preferred paradigm is servant leadership, grounded in a tripartite ethic. Effective application of such an ethics approach in contemporary organizations requires further empirical research to develop a greater

understanding of the moral language actually used. Meeting this challenge will allow academics better to assist practicing managers lead moral development and moral reasoning efforts.

79. **Widlok T. Sharing by Default? Outline of an Anthropology of Virtue. Anthropological Theory 2004 Mar;4(1):53-70.**

Sammendrag: The establishment of moral relativism does not exhaust anthropological comparisons of how people strive for a good life. In this article I suggest that comparative research into ethical systems & moralities can be productively complemented by an anthropology of virtue. Experiences from post-Cold War settings & ethnographic examples from Australia & Namibia illustrate my attempt to outline such an anthropological theory of virtue based on recent anthropological work on art & on skill. The anthropological approach to virtue envisaged here is both nonconsequentialist & realist in orientation. It is non-consequentialist in that it accounts for the moral dimension of practices such as 'sharing' & 'reciprocal exchange' without relying on problematic presumptions about net results or ultimate consequences. It is realist in so far as it is based not on rationalist categories but on situated social practices, which entail reference to basic human goods such as sustenance & mutual engagement.

80. **Williams R, Fulford KWM. Evidence-based and values-based policy, management and practice in child and adolescent mental health services. Clin 2007 Apr;12(2):223-42.**

Sammendrag: Values-based practice is a new approach to working with complex and conflicting values. It is based, primarily, on learnable skills and is being applied across a range of policy, training and service development initiatives in mental health and social care. This article outlines some of the key features of values-based practice including its complementary relationships to both regulatory ethics and evidence-based practice. We describe the systemic links between values-based approaches at the three key levels of policy, service development, prioritization and commissioning, and clinical practice and managing delivery of services, particularly as they are being developed in child and adolescent mental health services. Our article concludes by indicating some of the areas for further development of values-based practice.

81. **Woodbridge K, Fulford B. Right, wrong and respect. Mental Health Today 2004.**

Sammendrag: Values-based practice in mental health services. The model and application of values-based practice are described and the development of a workbook to train teams in this approach is described.

82. **Zarkovich E, Upshur REG. The virtues of evidence. Theor Med Bioeth 2002;23(4-5):403-12.**

Sammendrag: Evidence-based medicine has been defined as the conscientious and judicious use of current best evidence in making clinical decisions. This paper will attempt to explicate the terms "conscientious" and "judicious" within the evidence-based medicine definition. It will be argued that "conscientious" and "judicious" represent virtue terms derived from virtue ethics and virtue epistemology. The identification of explicit virtue components in the definition and therefore conception of evidence-based medicine presents an important starting point in the connection between virtue theories and medicine itself. In addition, a unification of virtue theories and evidence-based medicine will illustrate the need for future research in order to combine the fields of virtue-based approaches and clinical practice.