
Letters to the editor

Letters received from readers in response to articles and ideas published in ANS are regularly featured, providing an opportunity for constructive critique, discussion, disagreements, and comment intended to stimulate the development of nursing science. Unless otherwise stated, we assume that letters addressed to the editor are intended for publication with your name and affiliation. As many letters as possible are published. When space is limited and we cannot publish all letters received, we select letters reflecting the range of opinions and ideas received. If a letter merits a response from an ANS author or Open Forum participant, we will obtain a reply and publish both letters.

To the editor:

Nancy Sayner's investigation of the decision-making process used by clients considering surgery for stroke prevention (*ANS* 4:2, January, 1982) is a good example of the type of research that has the potential to make a substantial contribution to the improvement of nursing services. Understanding the phases in decision making through which most people pass will lay the foundation for evaluating the usefulness of various nursing interventions during the different phases.

Since I hope Dr. Sayner will continue her work in this area, I would like to offer two suggestions that might strengthen or expand her conclusions. Subjects in the reported study were limited to those clients who chose to have surgery. Nurses, however, do not know ahead of time whether their clients will, in fact, make that choice. In order for Dr. Sayner's model to be useful, she needs to verify that the same phases of decision making exist when the end result is a client's decision not to have surgery. I think it is important, then, to replicate the study with this second population before testing or recommending specific nursing interventions.

I would also urge Dr. Sayner, and other nurses as well, to give serious consideration to

the implications of using the word "compliance." The spirit of Dr. Sayner's article conveys the notion that the best decisions clients can make are ones they reach for themselves with information and support from professionals and families. The term compliance, however, connotes the idea that providers already know the "best" decision and are waiting for or assisting the client to reach that goal. Nurses (and other professionals) need to examine each client situation and decide, preferably with the client's knowledge, who is taking responsibility for deciding upon the solutions to whatever problem is being addressed. If this were done, I think we would be clearer in both our practice and our writing as to whether our responsibility is to be a resource person to a client making a difficult decision or to make sure that a certain decision gets made. If Dr. Sayner's model includes a compliance phase, it says to me that the model only applies to clients who decide to have surgery and that my function as a nurse is to help clients reach that decision. Is this what is intended? Let us keep the dialogue going concerning this issue in all areas of practice.

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Author's response:

Ms. Cronenwett's first recommendation suggests the reported study was limited because the clients interviewed were those only who decided to have surgery. She is correct in her opinion if she is seeking to organize her thinking processes toward a deductive approach, however, this research study was not intended as a deductive study comparing those who decided to have surgery and those who did not. The research was an exploratory field study utilizing an inductive approach consistent with "grounded theory." The re-

search question or problem dictated the methodology used and was developed through the realities of the clinical practice setting.

Ms. Cronenwett's second suggestion relates to the use of the word "compliance," which was used to connote one of the phases of the decision-making process. The word compliance was identified through lengthy interviews utilizing the sociological perspective of symbolic interactionism with the potential candidates for surgical intervention. The word compliance was coined to describe what the respondents revealed in the interview data that was retrieved. The data suggesting the word compliance was in fact the patients' perspective of the process.

In conclusion, I believe the concerns expressed by Ms. Cronenwett are reflective of both beginning and advanced nurse researchers whose orientation to research has been focused toward deductive, quantitative modes rather than the inductive, qualitative approaches to research. Perhaps, a review of a letter to the editor, *Image*, October 1980, "The Value of Qualitative Research Methods," might be of further value for clarification of the aforementioned concerns.

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