Fighting for the otherness
To my beloved parents,
Lars and Birgitta
Fighting for the otherness
Student nurses' lived experiences of growing in caring
Abstract


In Swedish nursing education, student nurses should gain a bachelor degree in the main field of study. However, five designations of the main field of study exist among the higher education institutions and the present thesis focuses on the main field of study caring science. Former studies show that the acquisition of knowledge in caring by student nurses is characterized by troubles, uncertainty and confusion. The aim was to describe how growing in caring is experienced by student nurses during education.

The theoretical perspective was caring science with focus on caring science didactics, while the epistemological frame constituted of a phenomenological lifeworld approach. Data was gathered with interviews and written narratives at different occasions during the education in order to grasp the general structure of growing in caring.

The findings illuminated that growing in caring means a struggle for one’s own caring beliefs to exist and survive in a world filled with diverse expectations of caring. Through recognizing expectations of caring, student nurses discover the complexity of caring. In this complexity, they understand themselves as being different and the otherness appears. The otherness consists of unique beliefs about caring based on former experiences. In order to give evidence for the otherness, concepts from caring theories that agree with one’s own caring beliefs are found, which transform the concepts from being meaningless to being essential in caring. The concepts strengthen the student nurses’ growth in caring and constitute a support in their discussions about caring. In this struggle for gaining access with their otherness, they become convinced that they can make changes for the patient and strength arises to fight for their otherness.

The study showed that the otherness appears as the hub in the student nurse’s world, which gains nourishment to discover paths to think, feel and act in a caring manner. This gives an incentive that innovative learning strategies that both grasp the student nurses’ lifeworld as well as bring knowledge in caring into awareness for them are needed to be developed.

Keywords: caring, caring science, growth, otherness, phenomenological lifeworld approach, Swedish student nurses.

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PREFACE

At the end of this thesis, I recall the education with deep appreciation for all the knowledge, experiences and possibilities I received over the years. It has been a privilege to be a part of this exciting research world and my sincere thanks go to the following.

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Towards new challenges...

Eskilstuna, August 2010
Cecilia Rydlo
INTRODUCTION

During my years as a nurse and also as a leader I have supervised a number of student nurses within clinical settings. In recent years I have realized that they are learning caring science as the main field of study in their education, with the aim of gaining a deeper understanding of caring. However, what is the meaning of student nurses’ learning in caring and what does it mean to care on the basis of a caring perspective? When I ask the student nurses, they also respond that they are uncertain as to how to describe, explain and utilize caring. This is complicated because they should learn caring as the foundation of their education, but they do not really know how and neither do we... (Nurse leader within clinical settings).

The above quotation is an extract from a statement given by a nurse leader when the content of the main field of study was discussed. The nurse leader highlighted a complexity about understanding and knowing how to support student nurses during clinical rotations. However, this statement does not just characterize opinions existing in clinical settings, within the Swedish educational context these discussions are currently under debate. This is concerned with the designations of and variations in the main field of study within higher education institutions (Östlinder, Söderberg, & Öhlén, 2009). The lack of consensus constitutes a complexity since student nurses should be prepared and at the end of education should have gained a foundation as well as a bachelor degree in the main field of study. This leads to considerations about student nurses acquiring knowledge and understanding in this particular area in their education. Thus, focus is turned to illuminate how knowledge in the main field of study is founded in Swedish student nurses during education.

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1 Clinical settings refer to settings where student nurses perform their clinical rotations during nursing education.
2 The main field of study is further described in the paragraph: The main field of study within Swedish nursing educational context.
BACKGROUND

Swedish nursing education is undergoing constant development in order to meet and satisfy new external prerequisites to present patients with a good standard of care. This involves preparing student nurses for their future role as nurses by offering possibilities to gain knowledge and skills in different subjects during education. Within one of these subjects, the student nurses deepen their knowledge in order to gain a foundation and a bachelor degree. This subject is entitled the main field of study which constitutes the focus in the present thesis.

The main field of study within Swedish nursing educational context

Swedish nursing education has gone through several changes during recent decades regarding the content of the education as well as how the main field of study has developed. This paragraph takes a point of departure from when the Vård 77 (SOU 1978:50) reform was introduced and the break-points related to the main field of study in the education are described until the present day based on information in public documents and reviews of the development of Swedish nursing education.

The change in nursing education from a vocational training to an academic education has been influenced through educational reforms with their origin in political, ideological and professional interests (Erlöw & Petersson, 1998; Furåker, 2001; Eriksson, 2002a). In 1982, the Vård 77 (SOU 1978:50) reform was introduced with the aim of liberating nursing education from the dominant medical technological focus that existed in earlier education. At this point, focus was turned towards focusing on health and a holistic view of humans with nursing containing 20 credit points as a specific subject in a professional qualification (one credit point was equal to one week of full time study). This change in focus also implied that the student nurses should be stimulated to enhance empathy and understanding of the patients. Besides the subject nursing, the two years education (80 credit points) involved subjects to fulfil the obligation to gain a Higher Education Diploma in Nursing (Kapborg, 1998; Pilhammar Andersson, 1999). However, with nursing as a specific subject in a professional qualification, nurses were moving towards gaining a professional occupational role after education. This implied a demand that the knowledge learned in education should be based on research and connected internationally (Öhlén, Furåker, Jakobsson, Idéhn, & Hermansson, 2009). Before 1982, nursing education was centrally regulated by the Swedish government, meaning a designated programme syllabus that each univer-
sity and university college had to follow. With the Vård 77 (SOU 1978:50) reform it was transferred to the higher education institutions to decisions and descriptions of the content of the subject specific in a professional qualification in the syllabus as was the implementation in the education (Erlöw & Petersson, 1998; Kapborg, 1998).

In 1993 (SFS 1993:100), a new reform took place in higher education. A three year education (120 credit points) replaced the earlier two year education and was considered as more academic as well as consistent with other academic educations (Pilhammar Andersson, 1999). The specific subject in a professional qualification was redefined as the main subject. This meant that the new education offered both a profession based education and an academic education in a bachelor degree (60 credit points) within the main subject (Pilhammar Andersson, 1999; Furåker, 2001). The requirement stated that the knowledge should be based in science, proven experiences (SFS 1998:531), research and internationalisation (Bentling, 1995; Furåker, 2001). The design of the education involving the designation of the main subject was transferred to the higher education institutions to develop in accordance with the Higher Education Ordinance (SFS 1993:100).

The latest reform was introduced in 2007, originating from the Bologna Process. The main subject, at this point, turned into being described as the main field of study which constituted the foundation within nursing education. During this development the earlier credit system was changed, which led to student nurses gaining 90 credits instead of 60 credit points in the main field of study after the same three years of education (Proposal 2004/05:162). The change of the credit system implied no change in the total number of study weeks (instead of 1 credit point, 1, 5 credits were now equal to one week full time study). This reform was the result of facilitating the collaboration, exchange and compatibility between the European countries in order to increase the internationalisation of education. Focus was turned towards student nurses’ learning instead of the earlier teaching strategies (The official Bologna Process, 2007-2010). Today, nursing education is developed in accordance with the directions originated in the Bologna process.

A consequence of the development of the main field of study in Swedish nursing education has given variations and local solutions regarding its designation (e.g. Furåker, 2001; Öhlén et al., 2009). This came about because the authority to decide on the content of the main field of study was, and still is, transferred to each higher education institution. This points to a complex situation, since one of the aims of the Bologna process was to achieve compatibility in European higher education. In Sweden there exists
a vast range of designations of the main field of study, which was highlighted in a report by the Swedish Society of Nursing (Östlinder et al., 2009). Öhlén and colleagues (2009) identified five designations (Swedish designations in parentheses) of the main field of study such as:

- Nursing (*omvårdnad*)
- Nursing (*omvårdnadsvetenskap*)
- Nursing (*omvårdnad/omvårdnadsvetenskap*)
- Caring science, Caring science with focus on nursing (*vårdvetenskap*)
- Caring science nursing, Caring science with specialization in nursing (*vårdvetenskap med inriktning mot omvårdnad*).

However, on the basis of these designations two main alignments are pointed out among higher education institutions such as nursing and caring science. It is noteworthy that these designations are used synonymously on occasion, and on the other hand, they constitute a view from different perspectives.

The multitude of the designations of the main field of study within higher education institutions is further discussed by Asplund (2009). Asplund has examined if the solution to the designations problem is to replace them with health sciences (*hälsovetenskap*). Nowadays, health sciences do not exist as a main field of study in any Swedish nursing education. Through examinations of health sciences this seemed to be a general concept including several sciences where its core values are linked together. However, Asplund was doubtful whether a new designation would clarify the complexity of the main field of study, instead it may prove to be even more complex and confusing to understand. In a recent proposal by the Swedish Society of Nursing (2010), the designation of the main field of study is recommended to be nursing (*omvårdnad*). This recommendation is an attempt to unify higher education institutions when describing the main field of study. However, the different designations as well as the attempts to agree on designations of the main field of study reveal an understanding of the present discussion in Sweden. These discussions point to the lack of consensus among the higher education institutions and also the endeavour for making agreements about the main field of study.

The main field of study in relation to the discipline and the profession

In the review of the main field of study, it shows that not only the designation but also its content is a subject for debate in Sweden (Östlinder et al., 2009). Öhlén and co-workers (2009) identified that the main field of study is considered different according to the discipline and the profession among
higher education institutions. At certain higher education institutions the main field of study constituted the basis of developing knowledge to a specific profession, while others considered the main field of study as a theoretical discipline. This is concerned with, according to Östlinder and colleagues (2009), how the distinction is drawn between the main field of study in relation to professional based or discipline based knowledge.

The connection the discipline has to the profession is often compared and valued on the basis of its specific focus and goal. A discipline is described as: “a unique perspective, a distinct way of viewing phenomena, which ultimately defines the limits and nature of its inquiry” (Donaldsson & Crowley, 1978, p. 113). The discipline thus has a distinct ontology, meaning a way of viewing the world based on substance and structure (Meleis, 2007). This involves perspectives such as fundamental concepts originated from theories and research. However, the discipline also includes processes that the members of the discipline are involved in, meaning how to encounter, view and handle situations (Meleis, 2007; Jakobsson & Lützen, 2009). Parker (2006) claimed that the discipline’s fundamental concepts, approaches and networks of facts form the basis for a commitment between values and goals by professionals. The discipline is addressed in a nursing coherence, on the one hand, as the discipline of nursing (e.g. Chen, 2000; Boykin & Schoenhofer, 2001; Watson & Smith, 2002; Meleis, 2007; Newman, Smith, Dexheimer Pharris, & Jones, 2008; Jakobsson & Lützen, 2009) and on the other hand, as the discipline of caring science (e.g. Dahlberg, Segesten, Nyström, Suserud, & Fagerberg, 2003; Ekebergh, 2009a; Eriksson & Lindström, 2009).

The discipline of nursing is described in various ways with variations in its content and directions. Meleis (2007) claimed that the discipline of nursing is considered as a human science, which covers all processes that nurses are involved in such as supervision, administration and research. This is grounded, according to Meleis, in the fact that the discipline of nursing is considered as a practice-oriented discipline. The primary mission is to enhance the knowledge needed for supporting humans in relation to health and illness as well as finding knowledge related to the practical aspects of care. With a point of departure in the practice, theories and sciences such as nursing, philosophy, related research areas as well as common sense are used. Among Swedish higher education institutions, Östlinder and co-workers (2009) identified that nursing/nursing science had its foundation in numerous sciences. Nursing is considered as having a patient

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3 In Sweden, nursing and nursing science occasionally are used synonymous (Östlinder et al., 2009).
perspective with the goal of developing knowledge and understanding about the unique human in the life processes towards health (Axelsson, 2009; Norberg & Ternestedt, 2009). Norberg and Ternestedt asserted that nursing is divided into two aspects, which are characterized by performing nursing (caring for) and developing a relationship with the patient (caring about). Axelsson (2009) expanded the description of nursing and argued that nursing involves creating preconditions for encounters for the person receiving nursing on the basis of being present in the situation.

In the writings of Boykin and Schoenhofer (2001), it can be shown that the discipline of nursing and the profession are described as interwoven aspects of nursing. They addressed the profession as a covenantal relationship between the nurse and the person being nursed. This implies that the discipline and the profession share common values, which involves focus on the understanding of the fullness of the person on the basis of all ways of knowing. However, to understand the person’s fullness and to be able to respond to the unique needs, Boykin and Schoenhofer described nursing as caring. This means that the discipline of nursing is considered as a human science with a foundation in caring, which involves structuring, testing and discovering new knowledge needed for practice. Newman and colleagues (2008) discussed the discipline of nursing and the profession in relation to meeting global and moral needs. The focus of the discipline directs nurses in their profession to be focused on a caring presence in encounters with humans. Caring is thus considered as the art that forms the basis for nurses in their work with patients and caring should be understood as the foundation for practice. Watson (2008) argued further that caring science should be the foundation in the discipline of nursing and lead nurses in their profession. In this way, the caring-healing core within nursing becomes visible. Caring science serves thus as a model for nursing in the discipline of nursing as well as being transdisciplinary, meaning available for other disciplines. However, knowledge in caring generates and develops within the discipline of nursing, according to Smith (1999), and she stated that caring may be essential for other disciplines in which caring relationships are the foundation of their practice. Chen (2000) pointed out that the unique knowledge in caring distinguishes the discipline of nursing from other disciplines. From another point of view, Roach (2002) argued that caring is unique in nursing but not to nursing. This indicates that caring is used by other helping professions as a way of being.

The discipline of caring science is considered by Eriksson (2001) as an autonomous academic discipline with its own theories and concepts. This implies that the discipline consists of caring science as a foundation with fundamental assumptions that express its ontology. These fundamental
assumptions involve the human being, health, suffering, caring and world. Eriksson claimed further that the academic discipline with its clear core in caring science constitutes an ideal model which serves all professions in caring. This explains that a specific profession should not direct the discipline. Thus, the point of departure in the discipline of caring science and the nursing profession are considered as having different foci, which should not be mixed (Eriksson, 2001; Eriksson & Lindström, 2009). This discrepancy between the discipline and the profession becomes visible through the perspective of nursing science and caring science. Nursing science characterizes a profession directed view, based on several sciences. In contrast, caring science involves exploring caring and developing knowledge about human beings in diverse environments, based on basic research (Eriksson, 2001) and draws on questions with focus on content and understanding of the patient’s world (Dahlberg et al., 2003; Ekebergh, 2009a).

The content of the discipline of nursing versus the discipline of caring science can thus be considered as taking different points of departure. According to international discussions, the present review shows that these variations do not solely characterize Swedish nursing education. Among international scholars, it appears that the relation the discipline and the profession have to each other is considered and described differently. However, as a result of the ongoing debate about the discipline numerous studies have been conducted in order to clarify its content (e.g. Cowling, Smith, & Watson, 2008; Newman et al., 2008). Concepts such as human being, health, suffering, caring and world have been identified as problematic to translate and understand within clinical settings and Cowling and co-workers (2008) described that the discipline is in a new era. The concepts need to be clarified and developed in order to support nurses to develop a foundation in their own discipline before incorporating knowledge from other disciplines (Newman et al., 2008) and also to distinguish nursing from other disciplines (Cowling et al., 2008). Otherwise nurses may fall into the trap of being discipline lost and as Newman and colleagues (2008) stated: "Without a clear sense of our nursing identity and the meaning of our mission to society, we have no value or purpose other than to support and promote the practice of medicine" (p. 125). The latest proposal from the Swedish Society of Nursing (2010) about coming to an agreement on the designation of nursing within higher education institutions identified the need of clarifying the content of nursing. This implies creating a working group in order to clarifying and developing the fundamental concepts.

This paragraph reveals an understanding that it is not only the designation of the main field of study that lacks consensus, but also the main field of study in relation to the discipline and the profession which is character-
ized by variations among Swedish higher education institutions. It can be assumed that these variations affect how the connection is drawn between the main field of study and the discipline as well as the profession of nursing within nursing education. This illuminates a complexity since the student nurses during education study the discipline and the profession from different perspectives and in the end should gain a foundation in the main field of study. However, as a consequence of this identified complexity, a challenge emerges focusing on student nurses in relation to one of the main field of studies which in the present thesis is caring science. On the basis of the above discussion about the differences in describing the main field of study, it clearly shows the need for taking a standpoint as to how the main field of study is considered. Therefore, in the present thesis a difference is drawn between caring science and nursing/nursing science, where caring science is considered as an autonomous discipline with the aim to explore and develop knowledge in caring. On the other hand, nursing/nursing science focuses on developing knowledge based on a multitude of sciences needed for the nursing profession.

**Perspectives on caring**

When the concept caring is discussed in the literature, a vast range of perspectives on caring appears. Caring is often described in relation to nursing (e.g. Leininger, 1988; Meleis, 2007; Newman et al., 2008). A well-known perspective of caring, stated by Leininger (1988), is that caring is the essence of nursing. This implies that caring is expressed both on a theoretical and a practical level, indicating that caring is considered as a unifying domain of nursing knowledge. The importance and the value of caring in nursing is also addressed by scholars such as Gaut (1983), Benner and Wrubel (1989), Newman, Sime, and Corcoran-Perry (1991), Smith (1999), Boykin and Schoenhofer (2001), Roach (2002), Watson (2002), Eriksson and Lindström (2009) and the philosopher Mayeroff (1971). They argued that caring is necessary within nursing practice to facilitate the maintenance of health and preserve the human dignity of the patients.

Caring is described as a core activity in nursing (Benner & Wrubel, 1989). Newman and colleagues (1991) went further and asserted that: “nursing is the study of caring in the human health experiences” (p. 3). They explained further that the concepts caring and human health experiences need to be included in nursing’s body of knowledge. Without these concepts, the body of knowledge cannot be considered as nursing. Meleis (2007) claimed that caring has the point of departure in nursing and caring is considered as an aspect of nursing in nurses’ work with patients. How-
ever, this implies that caring should not be considered as isolated, instead caring needs to be complemented with other characteristics within nursing.

Newman and colleagues (1991) pointed out three separate perspectives relevant to caring in nursing knowledge, which are defined as particulate-deterministic perspective, interactive–integrative perspective and unitary-transformative perspective. In short, particulate-deterministic perspective involves focus on behaviours that characterize caring as well as physiological and psychological aspects of human health. Knowledge from the interactive–integrative perspective means interactions between nurse and client, culture-specific caring responses related to life processes and health. The unitary-transformative perspective includes knowledge and understanding of the mutuality in the nurse-patient encounters and a holistic thinking. These three perspectives thus take different points of departure when considering caring. In the first two perspectives the concept caring can be study isolated. This implies that focus is turned to illuminate e.g. aspects, behaviours and relationships solely in order to gain knowledge. The unitary-transformative focuses on the whole situation with the consequence that the parts are not considered as sufficient to gain knowledge in caring. However, Newman and co-workers (2008) discussed further in their article that these perspectives should not be considered as separate; instead they are transcending each other. They claimed that a nurse with a unitary-transformative perspective has a holistic thinking and observes the whole patient before seeing the parts. This implies that the point of departure is the patient in all his/her fullness.

However, statements such as the relevance of caring in nursing and caring as the essence of nursing have revealed an ongoing debate (e.g. Morse, Solberg, Neander, Bottorff, & Johnson, 1990; Sherwood, 1997; Swanson, 1999; Paley, 2001). This originates in the fact that caring, on the one hand, lacks definition, and on the other hand, is considered as complex and confusing, as well as an invisible phenomenon (Morse et al., 1990; Paley, 2001). Barker, Reynolds, and Ward (1995) went further and asserted that caring should be considered as an ideology of caring, meaning a body of ideas and not a body of science. They claimed further that caring is the wrong focus for the development of the nursing profession. Thorne, Canam, Dahinten, Hall, Hendersen, and Kirkham (1998) highlighted three issues with caring in relation to nursing, involving the nature of caring, caring terminology and caring in the profession. Sherwood (1997) explained that the lack of definitions has its foundation in the fact that caring involves attitudes, behaviours, processes and environment. Since caring is addressed in various ways, it leads to confusion. Caring needs to be clarified in order to serve as a framework in clinical settings as well as in nurs-
ing education (Scotto, 2003; MacNeil & Evans, 2005). Paley (2001) expanded the critique on caring and stated that the definitions of caring are solely based on what is said about caring. Empirical tests of caring in order to identify its core are missing (Paley), caring efficiency as well as the effects of caring in relation to patients’ morbidity and mortality need to be explored (Morse et al., 1990). This kind of critique on caring was judged by Watson and Smith (2002) as a-contextual and a-paradigmatic. They explained that caring is undertaken in different categories, which explains that knowledge in caring has a foundation and should not be considered as just usual manners or as being nice. Caring appears thus on the basis of how it is described on ontological and ethical perspectives. These connections need to be considered in order to understand the meaning of caring. This explains that caring cannot be described as an isolated feeling rather that, as Mayeroff (1971) claimed, caring consists of a deeper and more substantial knowledge.

However, in the critique of caring, several attempts have been made in order to clarify the core of caring. On the basis of the multi-faceted concept of caring, a comparative analysis of conceptualizations and theories of caring was conducted by Morse and her colleagues (Morse et al., 1990; Morse, Bottorff, Neander, & Solberg, 1991). They identified five major concepts of caring: human trait, moral imperative, affect, interpersonal interaction, and intervention. From their analysis they concluded that caring is not clearly explicated because caring is an undeveloped concept and caring lacks relevance connected to nursing practice. In a review of 130 publications between 1980-1996, Swanson (1999) found five hierarchical levels of caring named as the capacity for caring, concerns/commitments, conditions, caring actions and caring consequences. Swanson argued that much is known about caring but there still remains further discussions and studies that have to take place to identify the meaning of caring, which can be done on the basis of the identified five levels. In a similar study conducted by Sherwood (1997), a progressive synthesis of 16 qualitative studies on caring resulted in four essential patterns of defining caring. These are addressed as healing interaction, nurses’ knowledge, intentional response and therapeutic outcomes. Sherwood asserted that these patterns are constantly overlapped and the findings showed that caring cannot be split into just being and doing, instead caring is an integrative mode of human interaction. This study developed a therapeutic model, involving the themes context, content and process. These themes should be seen as an attempt to clarify human responses related to nursing practice. In both Swanson’s (1999) and Sherwood’s (1997) study, caring knowledge was acknowledged and these studies contributed with knowledge on ways of being in relation
to humans. However, in a meta-synthesis of 49 qualitative studies and six concept analysis on caring, Finfgeld-Connett (2007) identified caring as a context-specific interpersonal process. This process is characterized by expert nursing practice, interpersonal sensitivity and intimate relationships. The study highlighted caring as necessary in the work with patients, improving mental well-being among patients as well as nurses. Finfgeld-Connett concluded her study by demanding that the next stage in research needs to focus on clarifying selected elements of the caring process.

One further attempt to clarify caring was made by Rolfe (2009). Rolfe reviewed nursing literature and found four distinct ways of describing caring. Caring was a term for nursing practice such as nursing care, while other authors expressed caring as a particular aspect of practice such as a technical medical term and palliative care. Caring was further described as an ineffable art of caring about as well as the complete package, involving caring for and caring about. The conclusion of the study was that caring involves a number of implicit concepts in the single word caring. This gives implications for more and deeper studies regarding caring in order to clarify its meaning. Corbin (2008) expanded the importance of clarifying caring by pointing out that caring need to be translated into practice in order to reveal an understanding of caring in all its complexity.

As the review points out, there are diverse perspectives of caring in nursing as well as an existing critique of the meaning of caring. Several attempts have been made to support the process of exploring caring. This involves finding new concepts and models to increase the understanding of caring. However, this critique asks for in-depth and expanded descriptions of caring in order to know, understand and utilize caring within clinical settings.

**Evolution of caring**

In spite of the existing critique of the meaning of caring, it has been shown during the last decades that caring develops as an essential concept within nursing (Watson & Smith, 2002). Caring is considered as necessary to secure humanity involving focusing on questions such as human experiences of the meaning of being human through using diverse sources (Watson, 2008) in order to be able to develop the capacity to care (Roach, 2002). In a study conducted by Smith (1999) consistent ontological perspectives on caring were identified through a wide range of caring theories. By using one conceptual system, the unitary field of science, the following five constitutive themes were found: caring as a way of manifesting intentions, appreciating patterns, experiencing the infinite, attuning the flow and inviting creative emergence. These themes can be considered as promi-
nent features that transcend caring literature, which form the basis in describing caring.

Numerous publications identified caring as a human mode of being, an entity and caring on the basis of a lifeworld\(^4\) approach. Furthermore it is revealed that caring is considered as caring for and caring about as well as caring in relation to growth. Caring as the human mode of being, Roach (1997, 2002) claimed as a way of being, acting and relating to other humans. This can be understood as caring is an expression of being human and involves thinking, feeling and acting together with others in a relationship. Roach (2002) identified attributes of caring, the six C’s, which are compassion, competence, confidence, conscience, commitment and comportment. These attributes support professional caregivers when caring behaviours are expressed in the unique nursing situation. When discussing relationship in relation to caring, Roach highlighted that caring needs to be understood as benefiting both the professional caregivers and the patients. With this understanding the possibilities to establish a caring relationship in the nursing situation are increased. In contrast, Eriksson (2002b) argued that a caring relationship is unselfish. The ethical motive in caring is to encounter the unique human being with respect and dignity in order to alleviate suffering. This implies that the unique human being is considered as an entity of body, soul and spirit (Kasén, 2002; Eriksson, 2007). This entity is connected in the specific caring moment and includes all human values, wishes and needs (Eriksson, Nordman, & Myllymäki, 1999) in order to preserve life and health (Eriksson, 2002b).

To be able to grasp the unique human, Dahlberg and co-workers (2003) highlighted the lifeworld as a point of departure in caring. This involves turning to the patients’ lifeworlds in order to grasp their experiences of health, suffering and well-being. Caring means taking an ethical perspective of patients, involving professional caregivers basing their attitudes in the dignity for the unique patient. This implies that professional caregivers need to consciously go beyond their own ideas and be as unbiased as possible in order to grasp the situation. It is from the patient’s view that the professional caregivers should gain an understanding for the patient. Besides this, the professional caregiver has an ethical demand to offer patients caring based on professional knowledge and competence. Thus, the professional caregiver’s perspective involves not solely being led by the patient; it implies a sensitive movement between the patients’ needs and the professional caregivers’ knowledge in order to support the patient.

\(^4\) The concept lifeworld is further described in the paragraph: Phenomenological lifeworld approach.
Watson (2008) described caring as a being-in-relation to someone with the intention of knowing the person, which explains that the action itself is not caring. Instead, being-in-relation involves grasping and gaining access to each human in order to understand their specific values. Caring as having the best intention for the uniqueness of each human is further described by Smith (1999). She claimed that caring involves protecting, feeling and communicating with humans in supporting life choices. Five types of relationship: life-destroying, life-restraining, life-neutral, life-sustaining and life-giving based on patients’ experiences of caring and uncaring encounters were identified by Halldorsdottir (1991). These relationships are placed on a continuum, where the life-destroying (aggression, threatening and manipulation) are the most inhumane mode. On the other side of the continuum, the life-giving (mercy, compassion and healing) are characterized as the truly human mode. This involves being present with the patient, offers love and a spiritual freedom in order to restore the patient’s well-being and human dignity.

Caring emerges when the nurse is authentically present in the moment with the patient and participates in the dance of caring (Boykin & Schoenhofer, 1997). The dance is characterized, according to Boykin and Schoenhofer (2001), as reflecting the importance of all actors in the nursing situation and not only focusing on the encounter between patients and nurses. All actors are thus valued as necessary and contribute with unique knowledge to the patient being cared for. This involves an understanding of both self and others; the impression is that humans are caring by virtue. Tschudin (2007) expanded the value of knowing and being aware of both oneself and others when attempting to be with and understand the patients’ experiences of life. Furthermore, Tschudin argued that to offer caring, professional caregivers need to be heard by someone else in order to understand themselves. Roach (2002) claimed that the professional caregiver’s own capacity needs to be confirmed in order to respond to the patient in the specific nursing situation.

Caring is also discussed in relation to caring for and caring about (Gaut, 1983; Berterö, 1999). Gaut (1983) explained that caring has two directions, meaning that caring for is a one-way relationship in order to show concern and responsibility for the other, while caring about involves valuing the other through a relationship between two persons. Berterö (1999) expanded the meaning of caring about and asserted that this involves two forms; caring about oneself and caring about others. In daily conversations the term care for is often used instead of caring. Karlsson, Sivonen, and von Post (2007) conducted a concept analysis of care for in order to identify its meaning in the view of caring science. Three meaning contents were
identified: to listen to the voice of heart, to be responsible and provide care for the human being and to behave as nothing had happened. They concluded that care agreed with Eriksson’s (1987) views on caritative care, meaning that caring involves love, compassion and responsibility for one’s human creature. Eriksson (2002b) described the caritative motive as the basic motive of caring, involving the ethical inducement and the value of caring science.

Caring and growth have been described and discussed by several scholars. The direction nurses have to take when making decisions with the person in the encounter is, according to Boykin and Schoenhofer (2001), based on the assumption that humans are, live and grow in caring. This is expressed through: “nurturing persons from the understanding that they are living caring in the moment and growing in caring from moment to moment” (Schoenhofer & Boykin, 1999, p. 10). The process of living grounded in caring is described as personhood (Boykin & Schoenhofer, 2001). This involves having congruence of caring in beliefs and actions, which is expressed in the nursing situation. This implies affirming and supporting persons in their uniqueness. Since all persons are, live and grow in caring, Boykin and Schoenhofer asserted further that persons cannot be considered as non-caring persons. On the contrary, they claimed that this does not imply that acts are always caring. Mayeroff (1971) described actions as non-caring when persons had not been supported to grow in caring. This means that the person has not been experienced as an individual in his own right in the unique situation. Therefore it is necessary that the growth in caring is continually nurtured (Roach, 2002). The growth in caring develops in a process, which occurs through support of both self and others in the specific nursing situation. This is described in terms of being with the patient in the shared relationship (Boykin & Schoenhofer, 1997). Watson (2003) highlighted that caring is expressed through the mutual human love and beliefs of each other, which develops a power that can be shared and used together in the process of growing. The power in caring is a strength, which contributes to discovering and guiding how to be and act in relation to others.

The above descriptions of caring, reveal an understanding that caring means taking a point of departure in the unique human being. This means encountering the patient’s unique world towards gaining feelings of health and well-being. However, these descriptions also give an understanding of views based on the importance of professional caregivers’ participation and contribution with professional knowledge as well as caring knowledge. This is concerned with the fact that the growth of caring involves the assumption that human beings are, live and grow in caring and have the
capacity to develop in caring. All humans thus need to be supported and nurtured in their growth in order to develop their capacity of caring.

Caring from the student nurses’ perspective

In the evolution of caring within nursing as well as student nurses’ focus on the main field of study caring science during nursing education, studies of caring concerning student nurses’ perspective from both qualitative and quantitative studies have been examined. Some of these studies have concentrated on the meaning of caring on just one occasion, while others were conducted on different occasions in order to identify the development of caring knowledge during education.

The meaning of caring

In a meta-synthesis of 14 qualitative research studies on the meaning of caring among student nurses, Beck (2001) identified five themes that characterized caring in nursing education. The themes were presencing, sharing, supporting, competence, and uplifting effects. These were further grouped into two major categories, which were components of caring and effects of caring. According to Sadler (2003), American student nurses’ personal experiences before the education had an impact on how caring was perceived. In this study of 193 student nurses, the findings showed that a predominant factor of knowing caring in education was the family. These findings also pointed out that student nurses in their final semester described caring relationship as an attribute for caring. In contrast, Lee-Hsieh, Kuo, and Tsai (2004) found that student nurses in Taiwan did not have any caring experiences before education. They were dependent on various teaching strategies in the education in order to identify and grasp the meaning of caring.

The meaning of caring was studied on novice student nurses on the basis of Paterson and Zderad’s concepts being and doing as a theoretical framework (Kapborg & Berterö, 2003). In their study of 127 novice student nurses, three categories that characterized caring were illuminated. These were doing (hand), being (heart) and professionalism (brain). Caring as doing was identified as activities involving skills such as having the capacity of knowing the patients’ disease, assisting personal care, and satisfying medical tasks. Caring as being involved being with the patient in form of being kind and showing concern, while being for characterized protecting the patients. The third category professionalism was identified as competence, which was concerned with knowledge, rules/regulations, ethics and prevention. Being caring, according to Corbin (2008), was the basic reason why student nurses applied to nursing education. At the same time, being
caring was not considered as sufficient and caring needed to also be in a practical context.

In the study by Vanhanen and Janhonen (2000), student nurses at the end of education discussed caring in the form of a caring relationship. Caring relationship was considered as a method to come closer to the individual patient in order to receive more and deeper information. Turkish student nurses in the last year of education perceived caring as a professional/helping relationship according to Karaöz (2005). This involved elements such as respect, compassion, concern and communication. Besides this, student nurses defined caring as having technological knowledge. In a study of 12 third year student nurses, Holmström and Larsson (2005) found that caring involved relational aspects while tasks such as drug administration and the handling of technical equipment were not considered as caring. Allcock and Standen (2001) interviewed student nurses on caring for patients with pain. They identified emotional aspects of caring, which were concerned with dealing with feelings on their own. They also found that it was an emotional labour for the student nurses in caring for patients without support from the professional caregivers. In caring for infectious patients, Cassidy (2006) discovered that student nurses in the second year chose between, on the one hand, adjusting to ward routines based on business, and on the other hand, following their own beliefs of the meaning of caring. Caring was thus considered as a balance of routines and own beliefs in striving to offer the best for patients.

Caring theories learned in education were in Ekebergh’s (2001) study identified as a lump of knowledge. The theories were considered as abstract and the student nurses had problems in understanding and relating this knowledge in clinical settings. When student nurses during clinical rotations also noticed the professional caregivers’ uncertainty and questioning about the meaning of caring they were uncertain, which was also found in the study by Karaöz (2005). In contrast, Kapborg and Berterö (2003) asserted that student nurses evaluated their actions in relation to theoretical knowledge learned in didactic studies. In this process, reflections were started and theoretical knowledge was integrated with practical actions in order to provide caring for patients. Ethical values in caring were studied by Joudrey and Gough (1999). Their study involved ethics in relation to caring and curing. The findings showed that student nurses used the term caring ethics to distinguish nurses from physicians. Caring ethics involved having a holistic view of human beings and a willingness to understand patients’ thoughts and feelings. In contrast, curing ethics was concerned with medical issues related to diseases.
In addition, former studies show that caring expressed by student nurses is characterized by diverse meanings. Caring was described in terms of having a holistic view of human beings, being and doing aspects such as showing compassion and technological tasks, relationship as well as emotional aspects. The meaning of caring is further described as a result from balancing one’s own ideas of caring and ward routines, while other student nurses value their actions with theoretical knowledge in order to take a stance in caring.

**The development of caring knowledge**

Former research show further that the meaning of caring by student nurses’ was changing in different directions during education. The development of caring attributes by student nurses has been studied on the basis of Roach attributes of caring: compassion, competence, confidence, conscience and commitment (Wilkes & Wallis, 1993, 1998; Lundberg & Boonprasabhai, 2001). The main caring attribute that was found was compassion at the beginning of education. During the years in education the student nurses developed attributes such as competence and confidence. This indicated that student nurses develop their caring attributes through learning by experiences (Wilkes & Wallis, 1993). In a later study conducted by Wilkes and Wallis (1998) compassion was considered as the core of caring, meaning to be concerned about others through love, feelings and friendship. It was found that student nurses already had compassion that emerged from relations with relatives and friends when they entered their education. Compassion as the main attribute tied together other caring attributes as being competent, having courage, providing comfort and communicating to a whole. Compassion as the core in caring has also been identified by Lundberg and Boonprasabhai (2001) in a study of female student nurses in Thailand. On the basis of interviews, the study showed that caring shapes and takes form when there exists a compassion for the patients. When the patients were confirmed through following their personal needs, caring was expressed. However, caring for others required further aspects such as integrating theoretical knowledge and giving emotional support in the specific nursing situation.

Mackintosh (2006) discovered that the student nurses had idealistic views of caring in the beginning, which turned negative during the years in education. They adopted a cynical attitude to caring and a willingness to cope more effectively with the pressures of daily work. Caring was considered as independent and distinguished from nursing in the beginning of education according to Watson, Deary, and Lea (1999a). Using a Caring Dimensions Inventory (CDI) instrument, it was shown that caring was
concerned with taking care of patients at physical, emotional and spiritual levels during their clinical rotations. However, 12 months later in the education caring was considered as synonymous with nursing with activities such as psychosocial and technical aspects. In a follow up study of these student nurses, Watson, Deary, and Lea (1999b) pointed out differences among younger and older student nurses related to the development of caring. After 24 months in the education, older student nurses describe caring in terms such as technological and professional aspects to a higher degree than younger ones. These findings show that perceptions of the meaning of caring increase during education on the basis of their age.

The development towards a nursing perspective was also found in Linder’s (1999) study of student nurses at the end of education. The student nurses highlighted the importance of a caring relationship involving medical, psychological and social aspects. Khademian and Vizeshfar (2007) reported that student nurses in later years in education in Iran perceived caring in similar ways as student nurses in earlier years. On the basis of a questionnaire of 55 caring behaviours, the findings showed no development in caring during the years of education. They also found that cultural aspects among countries in relation to caring could affect the expressions of caring. A study conducted in Australia by Murphy, Jones, Edwards, James, and Mayer (2009) illuminated that the education seemed to reduce the student nurses’ ability in caring. They suggested an expanded support for student nurses so that they, could at least, sustain the positive attitude of caring that they had when they entered the education. In contrast, Eklund-Myrskog (2000) interviewed 60 Swedish student nurses on caring science at the beginning and at the end of the clinical rotations. These findings showed that most of the student nurses developed a deeper knowledge of caring science at a theoretical level. However, it was also found that caring theory was considered as something apart from practice and they felt no support in order to use theories during the clinical rotations. Similar findings were found in Robinson and Cubit’s (2007) study of student nurses in the second year. These student nurses felt uncertain about how to express caring in the care of patients with dementia. This implied that the student nurses developed feelings such as sadness, fear and confusion as to how to handle the nursing situation. The lack of support and understanding from the professional caregivers made them cope with the existing routine tasks in the care of patients.

Within the care of older people, Fagerberg (1998) identified that student nurses characterized caring in the four themes: respect for the unique patient, responsibilities for patients’ well-being, sympathy for patients and empathy with patients. This involved student nurses having a naive caring
perspective after one year’s education and developing further towards an organizational perspective when the education was completed after three years.

The above review of student nurses’ experiences and expressions of the meaning of caring at different points during education show variations in how caring was experienced. Caring knowledge seemed to be integrated in some student nurses before entering the education, while other studies identified that caring knowledge needs to be encountered in student nurses through the education. These studies also reveal an understanding that student nurses’ caring knowledge was developed in some courses and was reduced in others. These descriptions, characterized by troubles, uncertainty and confusion in gaining knowledge in caring, are complicated and require further consideration related to student nurses’ learning of caring during their education.

**Caring science didactics**

The theoretical perspective in the present thesis is constituted of caring science with focus on caring science didactics⁵. Caring science didactics is considered as a branch within caring science (Eriksson, Lindström, & Matilainen, 2004), which means taking a point of departure in caring science. This implies that caring science didactic shares the same ontological and epistemological assumptions as caring science (Ekebergh, 2004a; Matilainen, 2004). These assumptions characterized by the fundamental concepts human being, health, suffering, caring, and world (Eriksson, 1988; Eriksson & Nordman, 2004) thus constitute the basis from which caring science didactics should be understood.

In order to understand learning in the view of caring science didactics, Kroksmark’s (1998) descriptions of didactics are used. Kroksmark claimed that didactics has two directions such as general didactic and content specific didactic. The general didactic focuses on learning, while the content specific didactic is concerned with learning in relation to a specific content. Kroksmark argued that it is through taking the point of departure in the humans who are to learn, that learning can take place. However, Bengtsson (2005a) argued that learning involves not only reaching the individual world; it is also about considering the human’s lifeworld in its

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⁵ In Sweden, caring science didactics is occasionally used synonymously with health care education (Eriksson & Lindström, 2004). However, a distinction between these two perspectives is made in the present thesis. Caring science didactics has its interest in didactic questions in relation to caring science, while health care education is considered as not requiring a connection to caring science.
own condition. This is concerned with encountering humans in their way of being and perceiving situations in order to gain an understanding and facilitating the human to grow in learning. Considering the human in its coherence involves, according to Eriksson (1988), a belief that each human has possibilities as well as abilities to grow and develop in life. In this view humans are considered to be in a constant movement through their individual resources. This involves considering humans as living, meaning living their lives including all feelings, dreams and thoughts that exist in the unique humans.

From a philosophical point of view, humans in relation to existence are described. Heidegger (1998) claimed that existence involves the possibilities to change, move and develop in accordance with one’s own life choices in relation to the existing world. This implies openness for circumstances that constantly turn us towards different directions depending on the specific moment (Todres, Galvin, & Dahlberg, 2007) and is concerned with how the world is perceived (Merleau-Ponty, 2002). Merleau-Ponty asserted further that humans cannot be separated from the world; humans are a part of it through their bodies. Dahlberg, Todres, and Galvin (2008) discussed health and well-being as a movement. In this movement, humans rhythmically balance their own needs in relation to their body, space, time and other humans. Eriksson (1987, 1988) claimed that the own driving force as a human is to be confirmed in the way of being, creating and growing. This involves being reached and valued in one’s own capacity and ability in life.

The importance of understanding the individual student’s experiences of the world in a learning situation is further discussed by Kroksmark (1998). He claimed that didactic aspects need to be considered as an entity in learning, where how and what questions are integrated. In relation to caring science didactics, Ekebergh (2009b) argued that learning (how) and the substance of caring science (what) are considered as dependent on each other. Thus, the substance constitutes the frame in order to not reduce the learning into being merely empty techniques (Ekebergh, 2004a). Ekebergh (2009b) highlighted the need to be immediate and sensitive to the human in relation to the specific knowledge in the learning situation. Didactic aspects in relation to caring science didactics can be understood as striving towards wholeness, understanding and meaning (Matilainen, 2004), involving focusing on the student’s unique experiences within a coherence of caring science. These unique experiences can be grasped through the sources of thought, feeling and action (Högström & Tolonen, 2004), which is experienced as fruitful sources to gain understanding (Ekebergh, 2004b). Thus, Matilainen (2004) claimed that within caring science didac-
tics, the uniqueness of humans is maintained but always in a coherence of meaning.

**Rationale**

In Swedish nursing education, student nurses should gain a foundation and a bachelor degree in a main field of study after three years education. However, this is complex since five designations of the main field of study are identified among the higher education institutions. These designations are, on the one hand, considered as different, and on the other hand, considered as similar. This complexity has its foundation in how the main field of study is related to the discipline and the profession of nursing. It is further discovered in the international review that the discipline and the profession of nursing is characterized by variations regarding content and designations. Since the higher education institutions mission is to support and offer student nurses possibilities and preconditions to gain knowledge in the main field of study during education, this needs further consideration.

With a point of departure in the main field of study caring science, a review of national and international publications pointed out variations regarding the meaning of caring from student nurses’ perspectives. These findings, taken from one specific and different occasions during education, show that caring was not merely described differently, but also show the impact earlier caring experiences had on knowing caring. Some student nurses expressed the value of using earlier caring experiences, while others experienced the need to encounter the meaning of caring for the first time in education. Furthermore, the studies point out that student nurses developed caring knowledge in different directions. It was through support by professional caregivers, although at the same time, other studies identified that student nurses reduced their caring knowledge during the years in education. In addition, although the student nurses should gain a foundation in caring, former studies illuminate another direction characterized by troubles, uncertainty and confusion in gaining knowledge in caring which is complicated in relation to student nurses during education. It is noteworthy that despite the numerous studies concerning student nurses’ descriptions of caring, no study was found with the focus on illuminating how caring is founded in student nurses during education. In order to reveal an understanding of acquiring caring, the challenge is to reach the student nurses’ lived experiences. Focus needs to be turned towards how caring takes form and grows within student nurses during education. This is crucial knowledge to be able to support student nurses in gaining knowledge and skills in the main field of study in order to prepare them in caring.
Thus, the research was focused on how growing in caring is experienced by student nurses during education.

**Aim**

The aim of this thesis was to describe how growing in caring is experienced by student nurses during education.
PHENOMENOLOGICAL LIFEWORLD APPROACH

The epistemological frame in this study is constituted of a phenomenological lifeworld approach. The choice of using a phenomenological lifeworld approach was founded in the open-minded opportunity to grasp the meaning of growing in caring as a phenomenon in the lifeworld of student nurses. This approach has permeated the entire process of planning, gathering and analyzing data from student nurses’ lived experiences during nursing education. In order to illustrate how the phenomenological lifeworld approach was used, the phenomenological epistemology will first be described. The paragraph ends with a description of the phenomenological attitude used in this study.

The phenomenological epistemology

Modern phenomenology has its roots in Edmund Husserl’s thoughts and work at the beginning of the 20th century and his thoughts were further developed by Martin Heidegger, Maurice Merleau-Ponty, and Hans-Georg Gadamer (Bengtsson, 1998). Husserl (1992) stated early on in his work the phrase: “zu den sachen selbst” (p. 13), meaning turning to the thing in the lifeworld and grasping how things are presented for human consciousness as a phenomena. Husserl explains that by returning to the thing is to: “grasp the phenomenon in its original meaning, in other words to investigate the whole significance of something for the consciousness” (p. 13). This quotation illustrates the bonds between humans and the world and its

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6 Phenomenological lifeworld approach refers in this thesis to an open-minded approach developed within the lifeworld philosophical theory by Edmund Husserl (1859-1938), Martin Heidegger (1889-1976), Maurice Merleau-Ponty (1908-1961), and Hans-Georg Gadamer (1900-2002). On the basis of works by these philosophers, Dahlberg has developed an approach of gathering and analyzing data (Dahlberg, Drew, & Nyström, 2001; Dahlberg, 2006a; Dahlberg, Dahlberg, & Nyström, 2008), which is used in this thesis.

7 Phenomenon stems from the Greek word phenomena and means the things as it is shown. That means that things do not just exist, instead things are always showed as something for humans (Bengtsson, 2005a).

8 Data gathering is a concept used within this type of research and is described by Dahlberg and colleagues (2008) as an active process of searching, characterization and expressions of the phenomenon. These expressions are gained through both verbal and written descriptions.

9 According to Bengtsson (1998), phenomenology was described before Husserl, by philosophers such as Hegel and Lambert. However, with Husserl a new era within phenomenology was introduced. This involved grasping things on their own condition in all its complexity and multitude.
importance in gaining an understanding of meanings of the phenomenon, which is thus a precondition in making the phenomenon appear and become visible (Husserl, 1995; Dahlberg et al., 2003). Bengtsson (2001) describes this relationship in form of experiences, which involves: “grasping things as they appear in experience, comprehend them, but without using force” (p. 26). This means that through lived experiences phenomena can be illuminated, and the experiences need to be grasped in order to reach meanings.

The connection between meanings of the phenomenon in the world and humans are described in the theories of lifeworld, intentionality and the lived and subjective body. The theories are presented in relation to the present study.

**The theory of lifeworld**

The lifeworld is the concrete reality, the world, which humans are always present in; living their lives through work, leisure and together with other humans (Bengtsson, 1998). The lifeworld is a world full of phenomena, which appear when being and participating in the world together with others (Husserl, 1992, 1995). Gadamer (2004) explains further that the life-world is described as: “the whole in which we live as historical creatures” (p. 239). This quotation shows that how a phenomenon is presented depends on the relationship humans have to the world. A phenomenon is always related to former experiences, to tradition, and thus influences how they appear and become visible to humans.

In this study, when the phenomenon growing in caring was studied, the focus was turned to the student nurses’ lifeworld during their education. Knowledge of the phenomenon was reached and expanded on the basis of their lived experiences. In order to gain access to the student nurses’ experiences, each of the student nurses had to be understood as an entity with all their ideas and experiences included. Human entity is discussed further by Heidegger’s (1998) concept being–in–the-world, meaning that humans cannot be separated from the existing world. From another point of view, Merleau-Ponty (2002) talks in terms of humans belonging to the flesh of the world. The flesh is described as humans being tied to a common and shared world, which illustrates a human connection to everything in the world. Thus, human participation with others influences how meanings of a phenomenon are presented.

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10 Gadamer (2004) uses the term life-world instead of Husserl’s lifeworld (e.g. 1992).
A sensitiveness and willingness to follow a phenomenon within the lifeworld means that it is necessary to grasp and illuminate meanings of the phenomenon without classifying them through prejudices, opinions and theories (Bengtsson, 1998). In this study, student nurses are participating in the same world as other humans and have, thus, various experiences of the phenomenon growing in caring. In these experiences, according to Dahlberg and co-workers (2008), the natural attitude is turned visible. The natural attitude means that humans take things for granted without reflecting and analyzing the meaning of their experiences. This attitude interacts and affects how phenomena are perceived (Bengtsson, 2001), since humans by nature relate to former experiences in a specific moment. A consequence of this might lead to the risk of receiving an insufficient or an entirely new meaning that does not illuminate the actual phenomenon. In the present study, the natural attitude’s interaction when illuminating phenomena was considered when grasping the meaning of growing in caring. That was done in accordance with Husserl (1995) and his opinion that the natural attitude has to continually be exposed for evaluation in every moment, in order to grasp the essential meaning of a phenomenon.

The theory of intentionality
The theories of lifeworld and intentionality are connected and dependent on each other, since all humans participate in a world surrounded by things (Dahlberg et al., 2008). Merleau-Ponty (2004) explains that intentionality is characterized by the directions human consciousness has in the world. This can be described in terms of the fact that humans use intentional relationships and threads to grasp meanings of things, phenomena or events in the world. These threads are based on former experiences and constitute pictures or illustrations to gain understanding. In that way, a phenomenon is sometimes experienced and described in different ways by humans. Thus, humans are always in the world and are always able to experience phenomena, but there are moments that the consciousness is unaware of:

There is a centre in consciousness through which ‘we are not in the world’, but this absolutely empty space can only be observed in that moment when experience fills it. We never see it more than marginally. It can only be noticed with the world as background (p. 101)

The quotation describes the sensitiveness when grasping the meaning of a phenomenon, since the bond between the conscious and the unconscious is often hard to expose. When the phenomenon growing in caring was studied, the threads I had to the phenomenon may have influenced how the
presentations appeared in my thoughts. Husserl (1992) describes this as like unaware transformations of human experiences into understandable meanings for the consciousness. The transformation act of understanding is based on meanings of a phenomenon, which is influenced by appresentations. Appresentations are described as meanings of the phenomenon that are connected with former experiences and have an impact on how the phenomenon is presented. Husserl explains the relationship between experiences and appresentations as the following:

Every experience aims towards new experience which fills and confirms the appresented horizons; these experiences enclose potential verifiable syntheses of a coherent continuous experience in the form of unclear anticipations. With consideration for the experience of the alien it is clear that this experience can only be expanded and confirmed through synthetic coherent continuous appresentations (p. 120)

When focused on the present study, the student nurses as well as I had various experiences of growing in caring. During the study, the threads that we all had to the phenomenon needed to slacken, meaning that our relationship to growing in caring had to be exposed. This meant that I critically examined the student nurses’ descriptions during the study in order to ask new questions so that the phenomenon could be illuminated.

The theory of the lived and subjective body
The lifeworld, the world that humans are connected to, is expressed through the lived and subjective body. It is in and through the lived bodies humans can participate, understand and perceive the world. The body is always present and cannot be reduced or stand aside for an objective view of experiences (Merleau-Ponty, 1968). Merleau-Ponty (2002) describes the body in relation to the world:

The theory of the body scheme is, implicitly, a theory of perception. We have relearned to feel our body; we have found underneath the objective and detached knowledge of the body that other knowledge which we have of it in virtue of its always being with us and of the fact that we are our body (p. 239)

Thus, the body gives access to understanding things in the world and gives the experiences meaning. Merleau-Ponty (2004) explains further that: “to notice, that means to do something present with the body: a thing which has its place on the world horizon the whole time” (p. 104). The world is embodied by humans with memories, feelings and experiences, which explains that humans and their bodies are living wholes with all aspects included (Dahlberg et al., 2003). The body is an individual and unique part
of the shared world with others and the body influences how experiences in the world are perceived and performed (Merleau-Ponty, 1968). In this study, the student nurses as well as I experienced the phenomenon through our lived and subjective bodies in the world. This can be considered as both a resource and a limitation, since it interacts with how the meaning of growing in caring occurs and will be grasped.

Merleau-Ponty (2002) describes the fact that humans in their lived and subjective bodies belong to time and space in the world. Merleau-Ponty argues that: “our own body is in the world as the heart is in the organism, it keeps the visible spectacle constantly alive, it breathes life into it and sustains it inwardly, and with it forms a system” (p. 235). Since humans are always present here and now, Merleau-Ponty describes the body as central and the surroundings all around as how the body is to the world. With the body humans have a home in the world and together with others meanings appear and can be described as shared between the human and the world.

Thus, the phenomenological epistemology with the theories of lifeworld, intentionality and the lived and subjective body shows how meanings of a phenomenon occur and become visible in relation to humans and the world. This signified demands to adopt a specific phenomenological attitude when the phenomenon growing in caring was grasped during the study.

**Phenomenological attitude**

Meanings of phenomena occur in the relationship and the mutuality between humans and the world. Through my experiences as a clinical lecturer within a nursing programme as well as nurse for 18 years, I was aware that meanings of the phenomenon in this study could be taken for granted during the study. Therefore, attempts to deal with my pre-understanding of caring were used. One way recommended by Dahlberg and Dahlberg (2004), is to adopt a phenomenological attitude during the studies. The attitude is characterized by actively problematizing and reflecting on the natural attitude in order to grasp the phenomenon. This implied in the present study that I tried to change the natural attitude to be sensitive and surprised at new unexpected meanings of the phenomenon. I used follow-up questions and asked the student nurses to give examples in order to avoid being lead by my own ideas of the phenomenon.

In this study, methodological principles have been used as guiding stars in the phenomenological attitude. The principles, according to Dahlberg and colleagues (2001), are openness, immediacy, meaning, intersubjectivity and uniqueness. These principles were used to support the study of the
phenomenon growing in caring and bridling\textsuperscript{11} my pre-understanding. Dahlberg and Dahlberg (2004) argue that through continually bridling one’s pre-understanding, the process of understanding: “is ruled by the phenomenon” (p. 48). When focus is sustained on the phenomenon and keeping us directed to it, without rushing to understand too soon, the phenomenon can appear on its own condition. In other words, it is important: “to not make definitive what is indefinite” (p. 35) in a phenomenon. The use of the methodological principles in the study is further described in the paragraph data gathering.

\textsuperscript{11} Bridling is a term, developed within Dahlberg and colleagues (2008) phenomenological lifeworld approach. Bridling is characterized of: “to slow the natural process of conscious understanding, so that we find the actual presentation as well as appearance” (Dahlberg & Dahlberg, 2004, p. 48).
EMPIRICAL STUDY

With the foundation in the phenomenological lifeworld approach, the phenomenon growing in caring has been studied in the present empirical study.

Settings

This study was conducted in a nursing programme at a university in a medium sized municipality in Sweden 2005 to 2008. The selection of this particular university has its foundation in an intention to grasp the phenomenon in a nursing programme with caring science as the main field of study. The nursing programme at the university has been carried out for the last 12 years and 360 student nurses were approved each year. The programme consisted of 180 credits and the student nurses studied four subjects such as caring science, medical science, health care education and public health science. The student nurses studied these subjects through theoretical studies on campus and during the clinical rotations in different settings (table 1).

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring science 30 credits</td>
<td>Caring science 30 credits</td>
<td>Caring science 30 credits</td>
</tr>
<tr>
<td>Medical science 22,5</td>
<td>Medical science 15</td>
<td>Medical science 15</td>
</tr>
<tr>
<td>Health care education 7,5</td>
<td>Health care education 7,5</td>
<td>Health care education 7,5</td>
</tr>
<tr>
<td>Public health science 7,5</td>
<td>Eligible course 7,5</td>
<td></td>
</tr>
<tr>
<td>Clinical rotations, 10 weeks</td>
<td>Clinical rotations, 15 weeks</td>
<td>Clinical rotations, 15 weeks</td>
</tr>
</tbody>
</table>

During the first year in nursing education, the student nurses started their development towards gaining a professional competence. This involved the student nurses focusing on general nursing (allmän omvårdnad) in order to develop an understanding for the unique patient in their specific situations. General nursing involved studies in caring science, medical science and health care education. Clinical rotations consisted of hospital- and municipal care of older people (10 weeks). The focus in the second year of education consisted of learning specific nursing (specifikt omvårdnad), implying that the knowledge was directed to preserve health and alleviate suffering. The student nurses studied caring science, medical science, health care education and public health science, which implied studies at campus as well as during clinical rotations. The clinical rotations were placed within hos-
hospital care (15 weeks), involving medicine, surgical and emergency foci. During the third and last year of education, student nurses focused on nursing in order to preserve dignity, integrity and autonomy in complex life situations. The studies were concerned with caring science, medical science, health care education and the student nurses chose an eligible course. During this time, student nurses also wrote a bachelor thesis in caring science, comprehending 15 credits. The student nurses had their clinical rotations in clinical settings such as hospital-, primary-, psychiatric- and municipal care of older people (15 weeks). As previously described, the clinical rotations were not considered as separate parts in the programme. Instead, the theoretical studies of caring science, medical science, health care education and public health science were studied through reflections and examinations at campus as well as in clinical settings.

The overview also indicates that the main field of study caring science consists of 90 credits of the programme. Caring science was introduced in the first semester with a historical review of caring, learning fundamental concepts such as the human being in relation to health, suffering, caring and world. The studies continued further with deeper knowledge of these concepts from diverse perspectives of scholars such as Dahlberg and colleagues (2003), Eriksson (e.g. 2002a), Halldorsdottir (e.g. 1996), Tomey and Alligood (2006), Martinsen (2005), and Roach (2002). Within the nursing programme, caring science was considered as having a foundation in a holistic view of humans. Focus was concerned with how humans sustained health and well-being, managing suffering and experiencing well-being during illness, disabilities and age-related inability.

At several of the education’s clinical rotations, the student nurses participated in a patient focused supervisor model based on a model derived from Umeå University (Edström, Gunnarsson, Jonsson, & Engström, 2001). This model has been further developed involving clinical lecturers, head supervisors, assistant supervisors and a limited number of selected patients. Pairs of student nurses had the caring responsibility for these patients with support from the supervisors. In clinical settings that did not have this type of supervisor model, each student nurse had one personal supervisor. All the student nurses had support from clinical lecturers during the clinical rotations, which implied planned appointments and forums for reflections and examinations.

**Participants**

The selection of the student nurses optimized variations in the criteria age, gender, ethnicity, education and earlier works experiences within care settings. The selection criteria are, according to Dahlberg and colleagues...
(2008), a method to gain variations of experiences, which is recommended for phenomenological lifeworld studies. Twenty student nurses were chosen to participate in this study since data was gathered during a period of three years. The number was a conscious choice when assuming that not all student nurses could participate in all data gathering. The assumption was based on earlier experiences both from the actual university and universities in Sweden in relation to student attrition during the education.

On the basis of the criteria, the selection was made through three steps. First, the roll call lists and profiles of student nurses formed the basis for the selection. The roll call lists contained information regarding the selection criteria age, gender and ethnicity and the profiles the criteria education and earlier work experience. The profiles were distributed to all new student nurses at one campus of the university (n=83) by a lecturer in the nursing programme. The lecturer verbally informed the student nurses of the planned study and gave instructions as to how to fill in the profiles. Ten student nurses said at once that they were not interested in participating and did not fill out the profile. The other student nurses (n=73) returned their profiles to the lecturer for further delivery to me.

The second step in the selection continued with a critical examination and reflection of the roll call lists and the profiles of the 73 student nurses. During this phase, several thoughts directed the path for selection. Regarding the criteria age, the idea was to offer the whole age span of student nurses the opportunity to participate. In order to gain variations in gender, both men and women were invited to participate. Ethnicity was used to gain a spread regarding cultural origin and to include student nurses that were born and raised in different countries. They should also have another language other than Swedish as their mother tongue. The student nurses were identified through their first and last name in the roll call list. When examining the profiles, the goal with the selection criteria education and earlier work experience within care settings was to find a variation of earlier theoretical and practical education as well as the numbers of caring experiences. On the basis of all selection criteria twenty prospective student nurses were selected for the study.

When the third step of the selection was reached, information of the study was sent by mail to the selected student nurses (appendix 1). Seven days later, each student nurse was contacted by telephone for an oral description of the study and they were asked for their ethnicity in order to confirm the assumed cultural origin. The student nurses were at this time asked if they wanted to participate. Interested student nurses were told to send a written consent to participate in the study. Five student nurses de-
clined to participate and new student nurses were selected on the basis of the selection criteria.

At the end of the selection, twenty student nurses accepted to participate and of these thirteen were women and seven men. The age varied from 19 to 53 years. Some of the student nurses were born and raised in different countries and did not have Swedish as their mother tongue. Former education represented in the group was assistant nurse education, other theoretical and practical educations with different specialities such as economics and technology. The student nurses’ experiences of earlier work experiences within care settings varied from no experience to twenty years.

Data gathering

Data was gathered with interviews and written narratives at four occasions during the nursing programme (table 2).

Table 2: Periods of data gathering

<table>
<thead>
<tr>
<th>Data gathering period</th>
<th>Data gathering</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 1, 2005</td>
<td>Interviews</td>
<td>20 student nurses</td>
</tr>
<tr>
<td>August-September</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester 2, 2006</td>
<td>Written narratives</td>
<td>14 student nurses</td>
</tr>
<tr>
<td>April-June</td>
<td>Interviews</td>
<td></td>
</tr>
<tr>
<td>Semester 4, 2007</td>
<td>Interviews</td>
<td>8 student nurses</td>
</tr>
<tr>
<td>April-June</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester 6, 2008</td>
<td>Written narratives</td>
<td>8 student nurses</td>
</tr>
<tr>
<td>April-July</td>
<td>Interviews</td>
<td>(of which 3 new)</td>
</tr>
</tbody>
</table>

As the table points out, the assumed student attrition of student nurses during the education was confirmed, which had an impact on the numbers of participants in each data gathering. However, since the study focused on the meaning of growing in caring, the numbers of student nurses was not considered as crucial. Instead the intention was to gain access to a variety of experiences and descriptions of the phenomenon. Dahlberg and colleagues (2008) explain that data within phenomenological lifeworld research is more dependent on rich descriptions than the numbers of participants.

The number of student nurses participating in the study was as follows. During the initial data gathering period of the first semester, twenty student nurses participated. When the second data gathering period was

12 Since the distribution of student nurses at the university was predominant women, the main part in the study was offered to women.
planned, six student nurses left the study due to changes in their place of study, taking a study break or because they had left the course. Fourteen student nurses participated at that time. When the third data gathering was conducted in the fourth semester eight student nurses participated. Student attrition between the second and third data gathering periods was caused by parental leave and personal reasons such as illness. When the last data gathering period was planned, three student nurses indicated that they did not have the possibility of continuing as part of the study. The reasons for two student nurses were personal and for one student nurse it was due to parental leave.

As previously noted, the phenomenological lifeworld approach used in this study demands rich descriptions of the phenomenon growing in caring. Thus, a new sample was made before the last data gathering period. Through examinations of the student attrition in relation to the original selection criteria, three new student nurses were found to join the study. They were identified from the roll call list in consultation with a lecturer at the university and they were invited by telephone to join. All of them indicated their interest and accepted participation. Eight student nurses in total participated in the last data gathering period in semester six. Regarding the written narratives, one student nurse did not have the possibility to send in the last narrative in semester six related to illness.

The structure and process of data gathering
The phenomenon growing in caring was studied through student nurses’ descriptions. Before the first data gathering period, the performance of the data gathering was tested on student nurses not involved in the study. During these tests, I realized the importance of creating the preconditions to allow the phenomenon to appear on its own condition. This implied that the procedure of the data gathering was carefully planned and organized. The questions were adjusted so that they did not merely require an answer rather that they should open up for more reflections in order to gain rich descriptions of the phenomenon.

In order to grasp the student nurses’ movements in caring during education, the questions were focused on the meaning of caring with a complement of three question areas focusing on caring as thought, caring as feeling and caring as action. Thus, the questions with belonging question areas aimed at grasping the phenomenon growing in caring with an open attitude on the basis of the student nurse’s lived experiences throughout the

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13 Thoughts, feelings and actions are considered as rich sources of experiences (Ekebergh, 2004b).
whole study. The structure of data gathering would be presented in relation to each data gathering period. This paragraph continues then with a description of how methodological principals were used in the gathering of the data.

**Written narratives**
Each student nurse wrote two narratives, one in the second and one in the sixth semester, in the nursing programme. The written narratives were used as an opportunity to grasp the phenomenon as the student nurses were given the means to reflect and describe in their own words in a stress free manner.

The student nurses were asked by e-mail to describe a caring situation in their own words. At the same time it was recommended that they should be detailed in their descriptions to facilitate nuances to appear in the specific caring situation. By offering the student nurses time to describe their experiences, possibilities were gained to grasp nuances of the phenomenon in a deeper way. According to Frid, Öhlén, and Bergbom (2000), written narratives give possibilities to gain access to the lived experiences of the reality. The written narratives were sent by mail or e-mail to me.

**Interviews**
The student nurses were interviewed individually on four occasions during the nursing programme. Interviews, as a form of data gathering, give opportunities to listen to the voice of the human lifeworld. The interview is characterized by an encounter human to human (Kvale, 1997) or as Drew (1993) describes in more detail, the interview is a relationship between humans in the world to gain rich and meaningful descriptions of a phenomenon.

The interviews lasted 45-80 minutes and were audio taped. The interviews took place in consultation with the student nurses, either in a room at the university or at the student nurses’ clinical rotations. The rooms were small and quiet with the precondition that interviews would be conducted without interruptions. One of the audio taped interviews was performed by telephone due to a student nurse’s illness. During all interview situations, the student nurses and I did not sit straight in front of each other so the student nurses had the possibility to concentrate on describing the phenomenon (Asp, 2002), rather than feeling they had to focus on me. This was a conscious choice, since I assumed that my body language could affect the student nurses’ descriptions if they observed how I reacted. In order to be immediate to the phenomenon there was a different point of
departure in the interviews, which is further described in each interview period.

The first interview period was carried out 2-4 weeks after the start of the nursing programme. The research interview is, according to Kvale (1997) distinguished from daily conversations as the interview gives directions on the topic and is carefully planned. Thus, the responsibility for gaining fruitful meanings of the phenomenon relies on the researcher’s ability to create an open atmosphere. In order to grasp rich descriptions of the phenomenon in this study and give the student nurses possibilities to describe freely their experiences, the interviews started with the general question: “You have just started a nursing programme: can you describe what a nurse is to you”? This question was aimed at creating a safe environment in which student nurses could further describe their experiences of growing in caring without feeling the demand of having to give the right answer. Shortly after this opening question, the interview was directed towards the phenomenon in the study. This question was: “Can you describe what caring means to you?”. The interviews were then developed to focus on student nurses’ descriptions supported by the question areas: caring as thought, caring as feeling and caring as action.

The second interview period was conducted at the student nurses’ clinical rotations during the second semester. Before each interview, the student nurse was observed for 2.5-3.5 hours during a morning duty. I followed each student nurse and did not participate in the practical work of the day. Handwritten field notes were made continually with focus on the phenomenon in its real context. This implied that I was like a shadow behind the student nurses. I tried to note everything that they did, such as talking to the patients and professional caregivers, giving and handling personal care of patients as well as medical tasks. In order to grasp the meaning of the phenomenon in its own condition, I was aware that the observations presented certain problems. These were characterized by the number of phenomena that existed within the clinical settings and that the way they were viewed depended on the perspective of the researcher (Dahlberg, 2006a). Thus, the field notes were followed by interviews in order to listen to the student nurses’ lived experiences of the phenomenon. The follow-up

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14 The question is needed to be directed, according to Dahlberg and co-workers (2001), to guide the informants that the focus for the interview is on the phenomenon. The directed question reduces the risk for the interview to be therapeutic rather than to be focused on the phenomenon.

15 Observations give access to events where implicit meanings of the phenomenon can turn visible, since meanings sometimes are hard to verbalize (Dahlberg, 2006a).
interview with each student nurse started with a brief description of one caring situation during the observation. With the support of the field notes and the question areas, I tried to be immediate to their lived experiences and asked more questions in order to gain deeper descriptions of the phenomenon.

In the third interview period, in the fourth semester, case documentations were used as a point of departure in the interviews. Each student nurse was instructed by e-mail to write a document of a patient with focus on caring. The documentation should agree with the recommendations described by the Swedish National Board of Health and Welfare (SOSFS 1993:17). This meant that the goal for the specific patient was defined together with descriptions of assessment, plans, implementation of interventions and evaluations during the patient’s stay in hospital. The individual interview started with an oral description of the case by the student nurse and continued with focus on the phenomenon.

The last and fourth interview period, in the sixth semester, was done on the basis of the written narratives. The written narrative was at first described orally by the student nurse at the beginning of the individual interview and continued with descriptions with focus on the phenomenon supported by the question areas.

**Methodological principles implemented in the data gathering**

The data gathering was guided by the methodological principles of openness, immediacy, meaning, intersubjectivity and uniqueness (Dahlberg et al., 2001). This paragraph continues with a description of how these principles were implemented in the data gathering and examples will be presented.

Openness for the phenomenon growing in caring was the foundation when data was gathered. As previously described, each interview period was organized on the basis of different points of departure in order to illuminate the phenomenon. Independent of the starting point, all interviews continued with a question to give directions to the focus of the phenomenon. Since the phenomenon was growing in caring, the question was concerned with focusing on caring with support from the question areas. The interviews were thus adjusted so the student nurses could speak freely without closed questions requiring a yes or no answer. Instead, the aim with the interviews were to encourage the student nurses to describe more

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16 Openness is described, according to Bengtsson (1991), as being surprised for the unexpected and a willingness to discover something new and different of the phenomenon.
about their experiences and they were guided with probing follow-up questions such as: “Can you give an example?”, “What do you mean about this?” and “Can you describe more about what you mean?”. The question areas were used as a support to facilitate the student nurses in their descriptions. In the interview situations, I avoided describing my own thoughts about the phenomenon and when student nurses asked for my opinion, I described my interest and willingness to listen to their experiences.

Openness was a support to find new dimensions and views of the phenomenon which were not influenced by my own pre-understanding. During the interview process, figure and background was used as a support to illuminate the phenomenon (Dahlberg, 2006a, 2006b). At first, I had my focus directed towards the figure, the phenomenon. Next I changed focus and studied the background, the context, where the phenomenon was experienced. This moving between the phenomenon and the context supported me in my illumination of both the unique and the general nature of the phenomenon. The written narratives, the case descriptions and the field notes were read carefully with the ambition of having an open and flexible mind in order to grasp the nursing situation before the interviews began, and the principle of openness supported me to stay focused on the phenomenon.

Openness for the meaning of the phenomenon was a requirement to use the other four methodological principals: immediacy, meaning, intersubjectivity and uniqueness in the data gatherings. These principles were used alternately and supported the process in the interview situations and in the readings of the written narratives. Immediacy was used to come closer to the phenomenon and is described by Dahlberg and colleagues (2001) as a principle to protect the phenomenon so that meanings will not be lost. In the interviews, when the student nurses described their experiences, I listened intensively and then I distanced myself in order to reflect on their descriptions in order to find new follow-up questions to better understand the phenomenon. Sometimes the student nurses were silent and instead of rushing them with descriptions, I waited a while with more questions. That gave the student nurses more time to reflect and to provide deeper descriptions of their experiences. At other times, the student nurses started to describe the phenomenon, but did not continue or began to describe another situation. Through the question areas I lead them back so the phenomenon could become visible in that light. When reading the written narratives from the second and the sixth semester, I noted some questions and comments beside the text. This was a way of being aware of my own
thoughts, which could be used by me as a reminder in the interview periods.

During all data gatherings, I tried to bridle my personal prejudice or opinions of the phenomenon. That was characterized by continually problematizing with questions in order to be immediate to the student nurses’ descriptions. An example was as follows:

**Student nurse:** You can still feel what is caring when you are out and when you have not been caring...yes, you understand what I mean...

**Myself:**...what is it you can feel...

**Student nurse:**...well...yes, when it is wrong...like when I was on my way to leave that man oh he really needed to talk with me and I sat and thought of something else and then afterwards I really...felt stupid and that I had done something wrong and he must have experienced the situation as strenuous...

This example shows how my own pre-understanding of the phenomenon tried to be bridled through asking questions in order to discover new and different views of the phenomenon. This student nurse compared caring with uncaring, to discern the meaning of caring. Merleau-Ponty (1999) argues that the meaning of a phenomenon is infinite, but can be limited by one’s pre-understanding. With this in mind, I understood the relationship, the intersubjectivity, between myself and the student nurses during the study.

Intersubjectivity is characterized by meanings gained between humans in the world, which describe relations between humans and how they influence each other (Todres et al., 2007). As Merleau-Ponty (2002) describes, it is through humans’ bodies that self and others can be reached. In the shared world, humans are in the world with their own cultures, histories and traditions. The awareness that the history and culture of the student nurses could not be seen separately directed me to examine continually and critically the student nurses’ descriptions. This examination helped me to reflect on whether I was too eager to find the meaning of the phenomenon. Ekebergh (2009b) discusses this in terms of conscious reflections. This kind of reflection meant in this study to listen to the student nurses and frequently put questions to myself as well as the student nurses to try to illuminate the nature of the phenomenon. However, as Drew (2001) argues, meanings can never be seen as static since meanings always appear in the lifeworld and are changed depending on the context in which the phenomenon exists.
The multitude and variety of meanings evolve mutuality between humans when participating, experiencing and acting together (Drew, 2001; Dahlberg & Dahlberg, 2004; Dahlberg et al., 2008). Hence, as meanings create and arise in self and others, the impact from experiences produces former memories and experiences within humans (Drew, 2001; Dahlberg & Dahlberg, 2004). Thus, by observation and communication with others, the composition of meanings develops. It is through the language that lived experiences can become visible (Dahlberg et al., 2001). This knowledge was an important support during the interviews, which guided me in being immediate to the student nurses descriptions and in being aware of my own pre-understanding.

The uniqueness was gained through different attempts to find the unique nature within the descriptions of the phenomenon. The focus in all written narratives and interviews was to study the phenomenon from the lived experiences of student nurses. When the phenomenon was described from different views and variations, new aspects could appear. Thus, the experiences of student nurses of growing in caring were seen as unique, and an effort was made to bridle the former experiences from other student nurses’ experiences.

Data analysis
Analysis within a phenomenological lifeworld approach is illustrated as a process including reading the data, marking meaning units, identifying transformed meanings and clusters in order to find the general structure. The process in this analysis involves a movement from the whole of the text to the parts and back to the whole again. Thus, the data as a whole is understood through the parts and the parts through the whole (Gadamer,

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17 Dahlberg and co-workers (2001) describe that through listening to the humans lived experiences, the unique in the phenomenon can appear.

18 The analysis in this study was done on the basis of Dahlberg’s phenomenological lifeworld approach (Dahlberg et al., 2001; Dahlberg, 2006a; Dahlberg et al., 2008).

19 The general structure is considered as a synthesis of the essence and the constituents. The essence, according to Giorgi (1997), is meanings that are constant and constitute an abstract description of the phenomenon. The essence is described also by Dahlberg (2006b) as following: “an essence is, simply, a phenomenon’s style, its way of being, and thus the essence cannot be separated from the phenomenon that it is the essence of” (p. 247). In the general structure the findings are lifted above the concrete level according to Dahlberg and colleagues (2008). This involves that data from each individual’s lived experiences being synthesized and abstracted into a structure in order to illuminate the phenomenon.
Since data has been gathered during a period of three years, the process of analysis began with a preparation of data.

**Preparing data**
The data gathered from the interviews and the written narratives were prepared for the analysis separately. All the audio taped interviews after each data gathering were transcribed verbatim by myself. Both verbal and non-verbal information such as silence, crying and hesitation were noted. These nuances of the interview need to be included in the transcription, to avoid missing experiences of the phenomenon (Dahlberg *et al.*, 2001). Each written narrative was used in the analysis as they arrived through mail or e-mail from the student nurses. The data consisted of 520 pages one spaced interview text and 40 pages of one spaced text derived from the written narratives.

**Structure of the analysis**
Data from the yearly interviews and the written narratives from the second and sixth semester have been analyzed individually in order to grasp the phenomenon growing in caring. This was done, first, through focusing and identifying meanings of caring in each data gathering period until the meanings had reached a cluster level. Next, with a point of departure in the cluster level, all clusters from every data gathering period were analyzed together with the support of the raw data in order to grasp the general structure of the phenomenon growing in caring. During the analysis, the findings were reflected upon and discussed with my supervisors. This implied that all transcribed data were read and discussed before, during and after identifying meanings until the general structure was reached.

The methodological principles: openness, immediacy, meaning, intersubjectivity and uniqueness (Dahlberg *et al.*, 2001) were used as a guiding frame during the analysis. These principles supported me when bridling my pre-understanding to avoid making preconceived conclusions. In the following paragraph, the procedure of the analysis is described.

**Data turns into meanings and clusters**
Each of the written narratives and the interviews, transformed into text files, were initially read several times to grasp a first impression of the data. My intention was to be close to the data and try to discover the uniqueness of the student nurse experiences. This was done through attempting to be

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20 I chose to do all transcriptions by myself in order to be familiar with the text before the analysis began.
open and actively discuss the data, at the same time continually comparing it with my own pre-understanding. The initial reading is an important step to gain an overall theme or an orientation of the whole data (Dahlberg & Drew, 1997; Giorgi, 1997). After this first orientation of the data, the analysis was taken further into the next stage, which was to identify meaning units. Each interview and written narrative was placed in a column on one side of a piece of paper to facilitate this process. Meanings of the phenomenon that appeared in the data were carefully considered in order to identify meaning units, which were divided with the sign /. With a foundation in the phenomenological attitude, I examined data several times in order to grasp the descriptions. This process continued until meaning units were marked in all data. This way of dividing data into smaller parts or segments of meanings was a support (Dahlberg et al., 2001) in order to grasp meanings of the phenomenon.

When meaning units were identified in each data gathering, attention was turned to consider and identify transformed meanings. In this phase of the analysis, the other column of the paper was used in order to describe the emerging meanings. An example of how meaning units were analyzed and transformed into meanings on the basis of one interview in the fourth semester is illustrated in table 3.

Table 3: Meaning units turns to transformed meanings

<table>
<thead>
<tr>
<th>Meaning units</th>
<th>Transformed meanings</th>
</tr>
</thead>
<tbody>
<tr>
<td>/It is the same thing if you should touch a patient or not... you must sense it/, /because I do not like it myself when I am touched. Therefore I do it if I think it is suitable/ (I, 4)</td>
<td>To perceive how the patient would like it to be</td>
</tr>
<tr>
<td></td>
<td>To understand from your own experience how close the patient would like you to get</td>
</tr>
</tbody>
</table>

As the example illustrates, the text on the basis of the student nurse experiences of the phenomenon were marked with the sign / in the data in order to identify meaning units. Next, the meaning unit was analyzed and transformed into meanings. This phase was an active process with openness, reflections and a willingness to find new, unexpected and different descriptions of the phenomenon. The meaning units were not separated from its context during the analysis, instead these meaning units were considered in relation to the event that the student nurses had described. Dahlberg (2006a) claims that it is crucial to observe and understand the phenomenon together with its context in order to open up one’s mind and allow meanings of the phenomenon to appear. The relation between phenomenon and context was considered in this study through using figure and
background as a support in the analysis. With this support I created pre-
conditions to view the phenomenon from different points and was also
able to bridle my pre-understanding. This movement of viewing the phe-
nomenon is what Giorgi (1997) describes as being discovery-oriented. This
involves being open and letting unexpected meanings emerge.

The analysis continued through observing and reflecting on hesitations,
silences and feelings such as crying and laughing that appeared in the inter-
views. The reflections concerned what these expressions actually meant.
Were these expressions signs for something that the student nurses did not
want to say verbally? In some situations this was difficult and to avoid
misunderstandings I returned to the audio taped interviews. Through ex-
amining these expressions I questioned the meanings that I had identified.
There was a conscious consideration of the phenomenon during listening
and reading the data in the interviews and reading data in the written na-
ratives. To gain a deeper understanding and to let the phenomenon become
visible, an intensive, careful and critical reading was performed. I tried to
be open during the readings in order not to take the description for granted
since I knew that meanings could be influenced by being too fast and not
waiting until the phenomenon itself appeared. I was supported in bridling
my pre-understanding by the phenomenological attitude, which implied
slowing down and considering similarities or differences and to doubt if
this really was the meaning. This process continued until all meaning units
were translated to transformed meanings.

When transformed meanings were identified in each interview period
and written narrative period, the data was then organized into clusters. A
cluster is a way of linking transformed meanings to a larger area in order
to grasp the wholeness of meanings (Dahlberg et al., 2001). The transfor-
mation towards clusters was a sensitive consideration during the analysis.
To facilitate my reflections, all transformed meanings were written down
by hand in a notebook as well as in the computer. By using these two
methods, I obtained an overview of the transformed meanings. I could
move back and forth between my handwritten notes and the text in the
computer, comparing the transformed meanings with each other and con-
sidering how these were related. The transformation into clusters is an
important part of the analysis in order to structure the transformed mean-
ings (Dahlberg et al., 2001). By moving between the written transformed
meanings and the phenomenon, a temporary pattern of transformed mean-
ings began to be identified. This pattern was reflected upon by myself as
well as by my supervisors. During these reflections and comparisons with
the transformed meanings, clusters were discovered. The process from
transformed meanings towards clusters is illustrated in table 4.
Table 4: Transformed meaning turn to cluster

<table>
<thead>
<tr>
<th>Transformed meaning</th>
<th>Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>To use your own experience when deciding how close a patient would like to be (I, 4). To learn caring through reflection over your own needs and experience (I, 4). To imagine yourself what you would think if you had the same problem (I, 4)</td>
<td>Use yourself as point of reference when deciding on caring behaviour.</td>
</tr>
</tbody>
</table>

Examples of the clusters revealed in the analysis were also; moving between the patient’s visible and invisible signs, using former experiences of common situations, taking a point of departure in personal opinions, standing up for the patients in order to protect, linking patient needs with their own needs, adjusting the environment, inviting encounters, and making space for others. As previously discussed, it is important to note that these clusters should only be considered as a temporary pattern, meaning a tool to support the analysis towards the general structure (Dahlberg et al., 2001).

**Clusters turn into the general structure**

The identified clusters thus constituted a temporary pattern in order to grasp the general structure. At this time, all clusters from interviews and written narratives were analyzed together as a whole to illuminate patterns of meanings. During the analysis of the clusters, figure and background once again were used as a complement to my phenomenological attitude. Through this support from different points, patterns of meanings which did not vary were searched for. Considerations such as focusing on the meaning, the common, new and unexpected ways of growing in caring supported this phase. The clusters were, thus, turned back and forth, being continually questioned in order to understand and illuminate the phenomenon. I went back to the original data several times to understand more and to avoid the risk of being too fast in illuminating meanings in the analysis. I reflected continuously and discussed my thoughts with my supervisors. These ways of support were considered as necessary to observe how clusters of meanings appeared and could be described as the essence. This process was done until the essence emerged through essential characteristics.

The essence was then further described through variations, which are named as constituents (Dahlberg et al., 2001). In order to find the constituents, the essence was examined to discover and illuminate what the phenomenon constituted of. To be able to do that, I went back to the clus-
ters and to the original data to identify the meanings once again. Giorgi (1997) explains that it is not sufficient to just examine the essence, it is also necessary to go back to the raw data to be able to identify variations. When the essence with belonging constituents was reached, the general structure was illuminated.

**Ethical considerations**

The study was conducted in accordance with the ethical principles described by the Northern Nurses’ Federation (NNF, 2003) and Swedish Research Council (Gustafsson, Hermerén, & Petersson, 2006). The NNF (2003) principles: beneficence, autonomy, justice, and non-maleficence constituted the frame for ethical considerations during all phases in the study. The study was approved by the Regional Research Ethics Committee in Uppsala (D. No. 2005:206).

The principle of beneficence, according to NNF (2003), means doing well both to individuals and society in order to perform relevant research to develop knowledge in missing areas. This study, with a focus on the phenomenon growing in caring was planned and conducted by way of careful consideration to former research about student nurses in relation to caring. Through these considerations, one missing point was identified, which involves grasping how caring is founded in student nurses during education. Gustafsson and co-workers (2006) argue that humans ask for meanings and connections in order to receive more understanding and explanations of the area being researched. This concerns the achievement of a broader perspective, which in this study involves understanding the phenomenon growing in caring on the basis of the student nurses’ lived experiences.

The principle of autonomy entails that humans have to be treated with respect for their dignity, integrity and vulnerability (NNF, 2003). In this study, autonomy was considered in three steps. First, before the data gathering all student nurses were informed and asked to participate by an information letter (appendix 1), stating the aim and design of the study as well as the fact that participation was voluntary. The student nurses were also informed that they were able to withdraw their participation whenever they wanted without further explanation and consequences for their education. The student nurses signed a written consent form, which was sent by mail to me at the university. Secondly, on the basis of the participating student nurses’ clinical rotations, an information letter about the aim and design of the study was sent to each of the department heads in order to have their permission to observe the student nurses during their clinical rotations (appendix 2). Their signed permission was sent to me at the uni-
versity. When the permission arrived, the third step began. The head of the specific unit was informed by telephone about the study. Besides this information we discussed the consequences for both patients and professional caregivers during the planned observations. Even if the student nurses were in focus during the observations, the patients and the professional caregivers were indirectly involved. Thus, the patients were informed by an information letter about the aim of the study and the fact that the focus was on the student nurses (appendix 3). The information letter was distributed by the head of the units or by nurses the day before the observation. The patients who accepted signed the information letter, which was delivered to me on the day of observation. The professional caregivers were informed orally by the head of the specific unit at one of their meetings on the ward. During all data gathering, the student nurses were exhorted to respect the law of secrecy when referring to patients. All interviews, written narratives and the permissions were kept in a locked room at the university in line with Gustafsson and co-workers’ (2006) recommendations. This room was also available to my supervisors involved in this study during the years.

The principle of justice, according to NNF (2003), implies to protect vulnerable groups during the research. In this study, the student nurses may have felt vulnerable since I am a lecturer in a nursing programme. However, I was never a lecturer for these student nurses during their education and the student nurses had never met me in any circumstances other than in the present study. They were all informed that my intention was to listen to their voice of the phenomenon and my intention was not at all to value their descriptions.

During the study, it was important not to cause harm to the participants. The NNFs (2003) principle of non-maleficence implies that the researcher needs to predict any negative consequences. During the years of data gathering, I reflected continually on how the student nurses might have felt so I offered them time to discuss with me after each data gathering. However, none of the student nurses asked for any support and as far as I know the student nurses did not experience any harm during the study.
FINDINGS

This chapter presents the general structure of the phenomenon growing in caring which the student nurses experienced during their education. The general structure involves the essence with belonging constituents. In the presentation, the constituents are supported by quotations and each quotation refers to student nurse’s experiences grasped from interviews (I) and written narratives (N). The description of the phenomenon growing in caring in the findings should not be seen as a linear process, which implies that the quotations are not presented in chronological order from first to sixth semester.

The general structure of growing in caring

Growing in caring means a struggle for one’s own caring beliefs to exist and survive in a world filled with diverse expectations of caring. Through recognizing expectations of caring from professional caregivers and caring theories during education, student nurses discover the complexity of caring. In this complexity, the student nurses’ understand themselves as being different and the otherness appears. The otherness consists of unique and self-evident beliefs about caring based on former experiences, which are unlike the caring beliefs of others. The otherness is experienced as an own unique source of knowledge, where knowledge and power are grasped in order to think, feel and act caring in nursing situations.

The expectations and demands on how caring ought to be from professional caregivers and caring theories are wrestled and turned over by the student nurses to consider how to be true to their otherness. Through valuing the best way to offer caring they vacillate between the explicit caring demands and their own rich and fruitful beliefs of caring. In this process, experiences of not being good enough either in the eyes of the professional caregivers or in relation to the caring theories emerge. This means being an outsider and their foothold in their own personal beliefs of caring, the otherness, is their only reliable source. Their otherness is considered as safe and secure, which student nurses constantly return to in order to consider how to make the best caring decisions.

Growing in caring is also experienced as a refusal to abandon one’s own beliefs of caring in relation to the demands from the surroundings. This is described as student nurses being lead by their impressions of the patients.

21 The interviews are described in the findings at I, 1 (first semester), I, 2 (second semester), I, 4 (fourth semester), and I, 6 (sixth semester). The written narratives are described as N, 2 (second semester), and N, 6 (sixth semester).
and standing up for the patients to give a voice to caring if uncaring expressions are made by others. The voice of caring involves being directed by their otherness and having the courage to step forward from a hidden position despite knowing their place as student nurses. In their struggle to do their best for the patients, a golden mean is found. This means to adjust actions to be accepted by professional caregivers without giving up their otherness. In order to show and give evidence for the otherness, concepts from caring theories that agree with one’s own caring beliefs are found, which transform the concepts from being experienced as meaningless to being essential in caring. This is experienced as the selected concepts strengthen the student nurses’ growth in caring and constitutes a support in their discussions about caring. In this struggle of gaining access with their otherness, they become convinced that they can make changes for the patients. Through agreements with allies, such as like-minded student nurses, strength arises to fight for their otherness and to be valued on the same level within a clinical setting as the professional caregivers.

The phenomenon growing in caring can further be described through the constituents: Identifying the essential in caring; Adjusting caring without abandoning one’s own caring beliefs; Moving between impressions and knowledge towards coherence; Gaining courage to obstruct uncaring with a voice of caring; Becoming the other; and Transforming caring theories to strengthen own caring beliefs.

Identifying the essential in caring
Growing in caring means identifying the essential in caring during education. This implies a vacillation between supposing, understanding and knowing caring. It involves a struggle with demands from professional caregivers, caring theories and one’s own personal caring beliefs as the essential is searched for. This is experienced as being directed by different paths in a movement of testing and frequently comparing the paths with one’s own beliefs of caring to be surprised and wondered how caring becomes visible. In this process, evidence for the own unique and rich caring beliefs appears and grows into a foundation to support patients towards health and well-being.

Caring is experienced when the student nurses try to be close to the patients and to gaze behind the visible medical signs. These attempts are described as placing the patients in the centre and striving from different perspectives to get ideas as to how to receive more information and insights in the patient’s world. Student nurses ask questions, listen to and consider the patients’ expressions in relation to their body signs. One student nurse said: “one has to look for signs... whimpering or screaming the
patients, yes they do not need to scream only frown or look concerned” (I, 1). These signs constitute a foundation in the student nurses’ striving to figure out the patients’ needs. However, visible signs, such as crying, are just one way to get ideas and clues about the patient needs. Non verbal signs also guide the student nurses further in caring. This means to capture the patients’ behaviours:

One sees straight away if the patient is completely perplexed and would prefer going on to the next and/or change the subject of the conversation even if they do not come straight out with it... this one has learnt after meeting many people (I, 1)

The movement of interpretation of the patients’ signs together with the student nurses’ experiences from similar situations are described as a spiral, which first begins with searching ways to understand the patients’ needs. Then the student nurses take a stance of what all this is about and then turn towards their own lived experiences of similar situations. Experiences of the past are the key to understanding the patient. This experience is described as a safe place and is significant for student nurses in finding ways to handle an encounter. One student nurse explains:

The simplest way is actually that one who has one’s own life experience can connect a little to what another feels... otherwise it is difficult to understand what is happening with another person if you have not experienced pain yourself or what it can now be... the best way I can do that is to gather my own experience (I, 1)

In fulfilling the ambition to make the best and most suitable conditions for patients, the student nurses return to their lived experiences. Experiences are sources of knowledge which the student nurses rely on and are illustrated as a personal theory of how to think, feel and act in caring. These experiences of caring facilitate and support the student nurses in their struggle to find the best caring for patients. When patients act in the opposite way as to what is good for them, the student nurses react and direct them in the right position: “when she does not really know what is for her best... then I do what is best for her” (I, 1). Caring is experienced as taking over the patients’ decisions to prevent mistakes in nursing situations. When a patient’s behaviour does not agree with the student nurses’ thoughts, they support them with the best way to handle it. This is illustrated when personal care is discussed: “yes, even when the patient at the beginning is not so positive to washing, then I know from my own experience that it is important and will help the patient in the long run” (N, 6). Former knowledge together with how student nurses would like to have it in the same situation forms the essential in caring. They describe this as using them-
selves as frames and tools to understand the patients’ needs and to be able to identify the essential element in caring for each patient.

The caring theories introduced at the start of the education are experienced as meaningless. The student nurses do not really know how theories can guide them to reach the essential element of caring for patients. Caring expressed in theories is not new for the student nurses and is experienced as bare descriptions of common manners such as being nice and being able to communicate with the patients. One student nurse recalls: “one uses a kind of common sense starting point… that this is what you do, yes one is pleasant and so on” (I, 6). Learning caring theories is something that has its focus on behaviours that humans do in every day encounter with others. Theories are experienced as just empty words, that do not contribute to a deeper knowledge about the meaning of caring. The student nurse explains further: “yes it was just thrown at me and it was just a case of accepting it if you could” (I, 6). The theories with belonging concepts are experienced as coming from nowhere and without explanations, reflections or support as to how to transform and use these in nursing situations. The theories are viewed without understanding the benefits of learning caring theories during education. The lack of understanding makes the student nurses question why their own caring beliefs are not enough, although they continue studying theories anyway because they are forced to.

Meanwhile, the student nurses change over to study medical science and during the clinical rotations, they start to consider if caring is about something more than only relating to their own experiences. Student nurses describe this in terms of considering if caring needs to be expanded to focus on the patient’s medical disease by observing patients through their disease. Caring may be about knowing what and how the patients may recover from their disease. The clinical settings, with demands placed on patients’ medical diseases, guide student nurses to observe and handle situations in the required way:

Then it is a little bit like that it must be done because they want to keep an eye on it... because the patient is lying in a hospital for some reason and as a result it is important that he should feel better again... thus, one has to check blood pressure (I, 2).

It is during the clinical rotations that student nurses discover what the different foci are when caring is within primary-, rehabilitation- or emergency care. When caring is within primary and rehabilitation care, it is experienced as having more time to sit down and talk with the patients compared with caring within emergency care. In emergency care, focus is instead on taking care of the disease, which becomes visible through expressions such...
as: “the bile in room 2... bile reigns here” (I, 2). The differences within these clinical settings are described in terms that caring in emergency care is to represent a disease oriented view of knowledge that the medical tasks rule the meaning of caring. The other clinical settings are experienced as having more space to observe and encounter the patients behind the disease.

Thus, the meaning of caring depends on the specific clinical settings and the student nurses’ experience of professional caregivers in each clinical setting giving directions and influencing how to define the meaning of caring: “when one says something wrong in this department then you get a mediocre answer... then I think that it is not so interesting here” (I, 4). The student nurses experience that caring is about flexibility. It is to know where you are and what the demands are. As a student nurse you have to be docile in each clinical setting and make sure that you understand the right focus. When the student nurses are on the right track when discussing patients, the professional caregivers pursue and support the thoughts and ideas: “when they go on and ask more questions then you know that they are interested and that it is right” (I, 4). On the contrary, when caring is discussed in terms that are not congruent with the demands in the specific clinical settings, the professional caregivers respond with silence. Through reflecting and comparing the responses from professional caregivers in relation to personal caring beliefs the student nurses have to take a stance in caring to be able to reach what they consider is the essential element of caring.

In the clinical settings, the student nurses observe visible medical signs and symptoms when caring for patients. Student nurses carefully consider the symptoms and compare with former experiences and describe this as going back and forth between the signs given by patients and the student nurses’ own experiences. This movement of considerations creates caring and gains a secure stance for student nurses when information is due to be reported to the professional caregivers in the clinical settings. Beside this, the student nurses move towards an awareness of the risk of not seeing the whole picture if caring is solely based on their own opinions: “people focus differently depending on their knowledge and experience... then you put it together and from that you see the patient” (I, 4). The risk of staying focused on one’s own experiences is described as problematic and leads to reflections as to how it may influence the caring for patients. One’s own experiences are powerful and when turning the experiences and the risk of a personal colouring against each other, the student nurses describe that experiences are actually the source of what is needed when caring for patients.
Through common situations in a specific clinical setting, the student nurses learn from professional caregivers what the meaning of caring for patients should consist of, and what knowledge they need to obtain. They learn to be focused on right things such as blood pressures, blood counts and objective signs of the disease. These disease oriented facts are described as important and essential to deliver to other professional caregivers. The student nurses describe this as having a clinical eye: "yes, that you can see when the patient feels unwell... that one has been there and seen similar situations" (I, 6). The clinical eye means the ability to identify crucial medical signs and is developed through experiences with patients with the same disease. By using former experiences of patients as a point of departure, the student nurses gain support as to how to interpret the signs that they observe. That helps to give information and to find solutions as to how to provide caring.

The student nurses describe that they try to interpret the patients’ feelings to gain knowledge of the situation. When patients show signs such as fear and loneliness, student nurses consider how to modify their caring in the best way. One student nurse gives an example when caring for the patient:

Residing there was a woman who was very seriously ill... she was old and thin and did not have much time left. I thought that to tuck in and cuddle that person was caring at the highest level. Then the professional caregiver gave something which no other had given the patient. She gave warmth and security and a presence and the patient did not need to feel scared and that was something that only a human being could give. She gave the patient security (I, 2)

This way of protecting the patient is experienced as creating an environment where the patient has possibilities to rest, feel safe and secure. However, the student nurse experiences this as going over the top. The balance of knowing what and how to utilize caring is considered in relation to the terms accepted or not accepted: “one can do a lot for the patients, but it is a balancing act. Because you should not do too much either” (I, 6). The limits are hard to identify but after experiences with patients and by returning to their own beliefs in caring, the boundaries for caring become visible. One student nurse explains: "one has to set limits... one cannot just give and give and give and give... no one can do this” (I, 2). This is concerned with valuing the meaning of caring and in this process of: “finding oneself” (N, 2), a stance in caring appears. When the stance in caring is discovered, the student nurses experience a power to show what is ac-
cepted in caring and what is not, which becomes visible through distinct body movements in encounters with patients.

After a number of nursing situations, the student nurses experience that caring consists of more than just treating the medical disease. The pendulum has turned back again and the student nurses describe that they are back in the same beliefs in caring as when they entered the education. The medical disease is experienced as just one part when caring for patients. The other part is to be at the bedside and talk with the patients or just to check in to observe that everything is going well with the patient: “he did not ring the bell so I regularly opened the door slightly to check that all was OK” (N, 6). Caring is experienced through being present in time and space with the patients. This is described as showing concern for the patient and is expressed through various ways depending on the specific patient in the actual nursing situation. The clue as to how to handle a situation is directed by personal beliefs in caring.

**Adjusting caring without abandoning one’s own caring beliefs**

Growing in caring is experienced as adjusting caring without abandoning one’s own caring beliefs. This means to wrestle and turn the own caring conscience of what I ought to do and what I really do when observing and participating in the clinical settings. A collision between the ideal and reality appears when the student nurses experience the focus on efficiency and medical knowledge in the clinical settings. This is experienced as being resigned for a while and then being strengthened to move on and struggle further with the personal beliefs in caring. This means to stay focused on one’s own caring beliefs and at the same time satisfy the demands in the clinical settings. To handle this, a golden mean is grasped. This means being true both to one’s own caring beliefs as well as the demands of professional caregivers when caring for patients.

During the clinical rotations, when the student nurses are prepared to use their own beliefs in caring, they begin to realize that caring has a limited understanding by professional caregivers in clinical settings. One student nurse describes:

> Yes, the situation is that you could not find a more organized scientific way of thinking in the clinical setting… eh… I think that is because very few can… that there is a lack of knowledge about what it actually comprises of and many still think that it is muddled (I, 6)

The lack of understanding in caring by professional caregivers’ makes the student nurses become surprised and thoughtful as to how to utilize caring. The student nurses soon notice that no one is asking, requiring or examin-
ing their caring beliefs. The student nurses experience that caring is silent in the clinical settings and that focus is described as: “the conveyor belt rule. The time the patients should return home is already planned on arrival so that another can be admitted” (I, 2). The focus on treating the diseases in order to correspond to and satisfy the numbers of patients instead of the individual patient surprises the student nurses. The meaning of caring by professional caregivers and themselves is discovered as not being on the same level, which leads to a question as to how to handle this.

In the meantime, the student nurses begin to understand that knowledge in caring is not silent. Instead, caring has different meanings within clinical settings. Caring is experienced as an endeavour to satisfy the demands on efficiency, economy and medical knowledge when caring for patients. These demands are explicitly spoken by the professional caregivers and are experienced by the student nurses as directions to be followed. One student nurse reflects on the future role as a nurse:

At the moment nurses work in two areas... you have one area where you must be independent and take responsibility for certain things and you have the area where you are delegated prescriptions to deal with by a physician and then I stand on my own two feet... that encourages me to stand on my own two feet (I, 4)

Through understanding that the responsibility as a nurse is turned towards satisfying different areas, meaning one area is concerned with oneself and another area decided by others. When considering these areas, one more area becomes visible. That means in what way caring theories will have their place, which is experienced as difficult to solve. Caring theories are experienced as hard to fit in because of the lack of understanding both within clinical settings and by student nurses themselves:

There are folders everywhere as well as manuals; all about how this and that should be performed. If I were to care according to how I was educated, the geriatric care way and how I would like to myself, it is so different... so many demands as well as routines... and how can theory be used here? (I, 6)

The incongruence between the three areas: own caring beliefs, learned caring theories and the demands from professional caregivers in clinical settings turn caring into an issue and causes confusion among student nurses as to how to express caring. In a movement between these three areas, the student nurses struggle with different perspectives when caring for patients. Through trying, comparing and reflecting upon the areas in altering nursing situations, the student nurses find solutions as to how to handle a specific patient situation. When their solutions do not agree with the demands from professional caregivers, the student nurse starts to reflect: “actually
one knows how one should care but the care and the organization looks the way it does” (I, 2). The awareness of the demands on caring constitutes directions that have to be followed when caring for patients. The student nurse experiences that the demands mean and require adjustment of caring towards the values that are expressed within clinical settings.

The student nurses relate that the demands on them are formed by the requirements that exist in the clinical settings. The demands are strongly incorporated in the professional caregivers and are expressed through attempts to foster the student nurses. One student nurse gives an example when one professional caregiver within municipal care discusses a patient in relation to how caring should be performed: "now it is this way... the patient has only bought 15 minutes so we do not have time for that... and now we must move on” (N, 2). The quotation illustrates that caring in this situation is compared and valued on the basis of economics. The amount of time the patients receive is dependent upon how much they have paid for their care. The student nurse reacts with confusion and in many cases with resignation by stating: “it is like it is” (N, 2). The student nurses understand that to be a part of the organization community they are forced to change or at least adjust their caring beliefs.

The endeavour to become the perfect nurse forces the student nurses to choose between their personal beliefs of caring, learned caring theories and the demands from professional caregivers. This is described as an inner struggle to find solutions as to how to fit in and gain access to the professional caregiver’s community. The struggle involves reflections as to how to be true to one’s own beliefs and parts of caring theories or what they in fact must do in order to satisfy the demands: “it depends on of course on how much you have to do... sometimes you wish you could sit for half an hour but that does not always fit in” (I, 6). Caring is experienced as being open and adjust to caring on the basis of the routines. The student nurses make different choices in order to be true to their own caring beliefs dependent on the time available.

The student nurses describe the fact that they constantly have to prioritize and assess what is most important in each nursing situation. A time pressure is always present and this is described as a barrier. Knowing what I should do is guilty, but because of the time pressure, the student nurses experience that they are forced to stay focused on tasks to facilitate the clinical set routines. However, the time for caring also involves a personal responsibility to take the time that is needed: “but even if one does not have time to be there for 20 minutes one can maybe be there for 10... one has to set priorities and take the required time before one continues” (I, 6). The quotation shows an example of how caring is adjusted as striking a
golden mean when caring for patients. This means to adjust to the basis of the routines but at the same time finding time to encounter the patients. In the encounter, caring is expressed in focusing on the patient, independent of ward priorities: “one has to try not to be stressed… one has to give each patient their own time” (I, 6). The importance of being present here and now is a precondition of supporting patients to begin to describe their situation. By returning to oneself and pondering how to come closer to the patients despite the time pressure, student nurses describe that they find out how to handle situations. One student nurse describes:

You need to be calm, even if you know what is going on out there, because if you show your stress the patients will never open up… perhaps you can take a chair and sit down, ‘yes, how is it, how’s your day been’? (I, 6)

By being immediate to the patient and by prioritizing the moment, the student nurses want to show that there is time for the patients to open up and talk. Being with the patient is described as valuable time, since taking the time for caring in stressful situations moderates the guilty feeling when student nurses consider how they want caring to be performed.

Growing in caring means finding ways to adjust and incorporate the knowledge that is required in the specific clinical settings to be able to give the right information to the professional caregivers. However, growing in caring involves satisfying the demands of the professional caregivers and at the same time struggling to be true to themselves. The student nurses talk of this as a learning process of how to be right and that they want to show to professional caregivers that they know how to handle medical tasks and satisfy expressed demands without abandoning their own caring beliefs.

**Moving between impression and knowledge towards coherence**
Growing in caring is experienced as moving between impression and knowledge towards coherence when caring for patients. This is described as being present with the patient when everyone else is leaving and abandoning them. It means staying focused on sustaining well-being for the patients, involving grasping both the medical symptoms, signs and the patient’s request. This is experienced as turning to the patients, reflecting and finding ways to encounter and offer caring. Growing in caring is to grow towards a stance of acting as an intermediary between patients and professional caregivers without taking their place in the caring relationship. It means struggling to structure caring from parts towards a coherence for the patients and at the same time protect and advocate the patients on the basis of one’s own personal lived experiences of caring.
When participating in the clinical settings, professional caregivers’ specific areas of knowledge and interest emerge. This is experienced as part thinking, where focus is turned towards the physical problems, which implies forgetting the humans behind the parts:

We had a patient who was dying and something had happened to her legs, they were starting to rot away in principle and thus everyone ran and looked... you do not understand how in health care you can be so fascinated in that way and believe that she does not notice... that people run there who also talk over her head (I, 4)

The focus on parts, such as symptoms, signs and treatment of diseases, in caring for patients is not congruent with the student nurses’ own beliefs in caring. By returning to oneself, student nurses understand the feeling of being treated as a disease or just being a technological challenge. The need to tone down the technological things appears:

I am not in there only to issue this medicine, I am here because I care about patients, I see patients as people, I do not see the patients as parts, I have a holistic view, I take care of the whole patient who lies in bed and all their needs (I, 6)

Through showing that performing tasks is just one aspect of the wider patient situation, the student nurses want to create an environment where the patient is considered as a human with different needs. Being a carrier of caring is to be a vital coordinator, meaning the intention is to wipe out the limits of dealing in parts until a holistic approach is obtained. This involves an understanding of the importance of connecting all parts in the patients’ world into a coherent whole despite the behaviour of professional caregivers: “the attitude is difficult, it seems as if they do not really have the ability to care for the whole person, they were more focused on the injury” (I, 6). Moving towards a coherent approach for the patients implies an intention to observe and consider these attitudes and then take a decision as to how to find their own ways to grasp the patient in the nursing situation.

Discovering a patient’s needs in a nursing situation requires careful consideration: “you must be able to see all parts of the patient... both physical, psychological, emotional, ethical and moral etc.” (I, 4). Considering the patient’s different needs is the first step in getting an impression of how to express caring, but this also involves considerations as to how the best support for a patient can be offered. By reflections on the patient’s needs in relation to the professional caregiver’s knowledge they continue to search for the right person to help the patients, which is experienced as being hard to identify in the beginning: “different physicians take part in the rounds, he who operated and administrative physicians, yes I did not really under-
stand who was responsible and who could help the patient” (I, 4). Through experiences of the structure, focus and the professional caregivers’ responsibility in each clinical setting, the student nurses experience that they learn the different areas. By knowing these areas together with similar situations and experiences from the past, the student nurses find clues as to how to transform parts of patients towards a coherent approach.

Caring is experienced as considering the whole patient’s situation in order to get an understanding of how the situation is experienced by the patients. The student nurses describe that at the beginning of their clinical rotations they just acted out of physicians’ prescriptions in order to satisfy them. Meanwhile, the student nurses start to realize their responsibility to gain information through, for example, talking with the patients and their relatives before the patients go home: “before I just looked at the clinical side but then I saw that I must also ensure that he is satisfied when he goes home” (I, 6). Checking the patient’s situation at home means being clear not to abandon the patient and to continuously strive towards an understanding of the patient as a whole.

With the patient in mind, the student nurses realize that their role in caring is to facilitate care. That is to say, to try to understand how the situation is experienced by the patients: “yes, ‘what do you think about going home’, just say it with care and then they will say and that is caring... that you reach out where the physician failed” (I, 4). By returning to the patients after a decision is made by physicians is experienced as caring. This is experienced as a responsibility in all nursing situations, implying knowing the patient’s reactions to the situation and being able to respond to questions. On the other hand, the responsibility of bringing patients into a coherent situation is also considered as identifying medical signs and symptoms, performing medical tasks and planning for the moment as well as for the future. This is experienced as complex, which is concerned with a capacity to observe, get an impression and to use one’s own knowledge. One student nurse explains: “one must think as well as have a heart... and all this must take place with a feeling of dignity and respect for the individual patient” (I, 2). On the basis of personal caring beliefs, the student nurses understand that the patients need to be understood in a broader perspective. One student nurse describes how caring is carried out for a patient in a stressful situation: “through bringing the patient away from the department the patient’s stress disappeared, because he was then the only patient present. He needed to know that he did not take up anyone else’s time” (N, 2). When changing the environment, moments of rest for the patient can be created without demands coming from the surroundings. The patient is able to stroll in freedom with only themselves and the student nurse
for company. These moments are experienced as a release from reality for the patients and the student nurses describe that there is a possibility to be focused in peace on the patient’s concerns.

Changing the environment is experienced as a way to grasp the whole patient, but, on the other hand, the environment can be used as an excuse to start conversations: ”his bedside table was full of things, so I was left in the room I started to tidy up and at the same time I could talk about anything” (N, 6). The quotation shows how the student nurse strives towards a valid reason to talk and to come closer to the patients without being too direct in the conversation. The student nurses describe this as opening up and permitting the patient to discuss on his own condition when caring for patients.

The student nurses are discovering that there is a movement between themselves and the patients in caring. They experience this as being sensitive to the needs in the specific nursing situation: ”you have to be able to change gear in just two seconds... when you start with one aim and then see resistance, an answer which does not lead forward, then you must think again... have some sort of flexibility” (I, 2). Through being sensitive and open in the present situation, the student nurses reflect on the patient’s way of being. They are reflecting on how to talk with the patient: ”yes, I communicate as my own person... first through listening and seeing and from there I hear the patients then first I pose a few questions and then a dialogue is created” (I, 1). Through considering the patient’s reactions and body language the student nurses experience that they are adjusting their way of offering caring. The impressions made of the patients direct and support as to how to grasp the needs of the patients in a holistic way. This implies moving parts towards coherence.

**Gaining courage to obstruct uncaring with a voice of caring**
Growing in caring is experienced as gaining courage to obstruct uncaring with a voice of caring in nursing situations. This means a mission to be an inspector in the duty of patients in the clinical settings. The student nurses describe this in terms of controlling the security and level of humanity in treatment as well as the medical areas when caring for patients. Growing in caring means growing towards a power to respond when caring for patients is not done in the right fashion.

On the basis of their own beliefs of caring, the student nurses reflect on the encounters with the patients. This is described as wrestling and turning the situations in different views, to observe, understand and consider if this is the right way to do it. Their own experiences support them in deciding how to handle situations and when professional caregivers behave in an
uncaring manner, the student nurses are both surprised and perplexed: "a few spoke and made the sounds you make when you speak to a baby... yes... funny sounds and I said just ‘hey... what is she doing to you...’" (I, 6). In situations like this, student nurses want to show the patients that they hear, see and understand what is happening. When observing uncaring acts, they describe how something happens within them; a frustration, anger or some kind of undefined feeling, concerning how the patients are encountered. This leads to considerations about, how they are addressed and how the reality has turned out. With themselves as a frame of reference, the student nurses try to figure out how they want to be encountered in situations:

OK, how did it feel for me when I was ill and in hospital? Yes, it was really uncomfortable... then I found the solution... and I said to the professional caregivers ’we will take a couple of hours today and train to turn the patient by turning each other’, yes hope for a couple of hours... ‘yes but you cannot do that... why do you do that... that causes pain... how jerky you are’. Then I could just let them reflect and work it out for themselves... then they turned Agda in a better way (I, 6)

Obstructing uncaring behaviour, as in this situation about lifting the patient, means constructing a defence for patients on the basis of experiences from the past. With these experiences in mind, actions to support the patients are searched for. This is concerned with opening up and finding new ways in handling situations and not just staying focused on one way: “because it is not always like that... that two brown eyed parents have a brown eyed child... there are other ways” (I, 6). Through considering ways of turning uncaring acts towards caring, the voice of caring is visible without verbally criticising the actions performed by professional caregivers.

However, sometimes caring is valued on the basis of financial aspects and in these situations student nurses feel that they need to defend the patients by verbally saying something. One student nurse gives the following example when professional caregivers within municipal care discuss choice of actions in relation to economy: ”first I became surprised, then cross and said I do not leave home before cleaning the bathroom” (N, 2). The quotation shows that caring means taking part and indicates that it is not acceptable to treat patients like objects. When these situations appear, the student nurses step forward and give voice to their opinions. This way is experienced by the student nurses as one solution when they have to defend the patients. However, the student nurses describe that it is not always easy to get heard in clinical settings: ”one has to be quiet and look and think, but hey, I would not have done that to the patient... and then you
cry... that has happened many times... (crying)” (I, 4). The student nurses experience that they in their capacity as only student nurses they do not have the mandate to question actions that they observe, instead they have to find their place in the clinical settings and adjust. When the student nurses realize patients are being treated badly, they feel a deep and inner resignation. This entails that the student nurses suffer in silence with the patients. In the suffering, the student nurses reflect and compare how caring is expressed by the professional caregivers and recognize how easy violations in caring can be an issue:

That is insulting... violation... as a patient, you do not have to be here so long just to ensure you leave as quickly as possible... that is how the physician thinks... he thinks for the economy he thinks that the patients are well enough to go (I, 4)

In these situations, the student nurses describe their struggle for advocacy regarding the patients. By being informed about the patients’ feelings about going home and identifying the home situation with relatives, the student nurses facilitate possibilities to support the patients. With this information, the student nurses experience that they have evidence for the existing situation and are able to argue and discuss with other professional caregivers in another way. One student nurse describes: ”one has to put it to the physician who is not aware of the problem or to the authorities or other departments. The more you can argue the better the care for patients” (I, 6).

The notion of being a good speaker when caring for patients emerges. The student nurses experience that there is a connection between rhetorical skills in advocating the patient and how caring for the patients will be performed. When failing to advocate the patient, the routines of efficiency in the clinical settings are prioritized. This means that when the disease is treated, the patient has to return home with or without support from the municipal care:

Yes sometimes it is horrible, that you do not see the person, just the clinical side, you do not have a holistic perspective, that it is perhaps not sufficient to treat a disease but rather see that as a part of much more (I, 2)

The student nurses are in doubt about how this disease thinking is comparable with the focus on the entire human being that they experience as caring. The importance of understanding the whole situation, supports student nurses in their thoughts to make a difference: “you are spokesperson for the patients and that means that you present all of the patients’ problems and needs, not only disease or illness” (I, 4). Advocating patients also involve checking how caring is carried out: “because I was able to see directly that their bed cover was too tight over their feet I loosened it... I
am able to secretly check some things” (I, 4). A quick glance, even if the
time is lacking, is an attempt to identify and evaluate caring. Focusing on
what is best for the patients, the student nurses try to care for the patient’s
body and at the same time control the performance of caring by the profes-
sional caregiver. Besides this, the checking also involves medical document-
ation: “I glance at the journal to check that the patient has not forgotten
something, so that I can see what the physician has written” (I, 4).
Through viewing the patient from different viewpoints, a picture can be
formed about nursing situations. This picture supports control in caring in
order to advocate in the best way in order to obstruct uncaring.

The impact of being a spokesman for patients includes also caring for
patients during treatment in the clinical settings. The patients seem to have
a strong respect for authorities such as physicians and the student nurses
recognize that the patients do not always ask questions:

The patients also react differently when the physician comes in the room so
it is difficult... then comes the white coat effect and I think that they are not
really themselves... so if the patient does not take up their problems then I
do (I, 4)

The student nurses describe that they observe the patients’ uncertainty
through their body language and how the patients react when the physician
enters the room. This is experienced as the white coat effect that has
reached the patients, meaning there is a respect as to how to encounter
authorities such as physicians. In these situations, the student nurses de-
scribe that they step forward and try to involve and remind the patients
with questions in the discussion: “I usually remind them ‘you said you had
a problem with that and that’ “ (I, 4). When the patients are still silent, the
student nurses take over and talk for the patients on the basis of the pa-
tients’ earlier descriptions.

In some nursing situations, the student nurses recognize that patients are
left alone without caring. Student nurses describe feelings of desperation
when they observe how caring for patients is performed and the following
quotation shows an example of this:

Why is it not done? When I stood and took the massage cream and everyone
just stood and watched... I just looked at one and then I was forced to ask
why (laughing). ’No nothing’ they said, ’but I thought you looked so
strange’ I said... ‘ah you are massaging, but that is very good’ she only said.
Then she said no more but I thought... yes because you do not seem to
check because I have not seen one single person do it... then I thought that I
can bear this (I, 2)
When observing nursing situations when there is a risk for uncaring acts, the student nurses perceive that they have to react and take responsibility. The student nurses describe that they act as a controller for the patients’ safety and try to do their best. They describe that in terms of when others abandon they must be there, take a stance and advocate for the patients and give a voice to caring. The student nurses describe that they return to their personal caring beliefs to find answers and to become convinced as to how to figure out the issues that they observe.

**Becoming the other**

Growing in caring is experienced as an understanding of becoming the other in caring for patients. That means being a carrier of a knowledge that is continually judged and valued by professional caregivers. It is experienced as being a symbol for an unconcerned and confusing knowledge that does not fit in and belongs to the real world. This is described as becoming the other in a technological culture in the clinical setting. Growing in caring involves learning how to stand up for caring and finding solutions as to how to be accepted with one’s own caring beliefs.

When the student nurses try to discuss caring in terms of being focused on the person behind the disease and involve the patients in the nursing situation, the student nurses are encountered by the professional caregivers with scepticism. These different ways of thinking are interpreted by the student nurses as a resistance against new thoughts challenging a long tradition of medical thinking. The student nurses describe the fact that it seems acceptable to tease about other sciences other than medicine. One student nurse gives an example:

> I spoke a lot with a physician… a junior physician and he did not understand that we could study so much caring science because that was completely without use because of time he said… he was completely fascinated that we read 90 credits of that and it was completely unnecessary… that is no use at all… he wanted medical knowledge instead he said (I, 4)

To be a carrier of caring knowledge is experienced as being reduced by professional caregivers. The student nurses describe this as knowing their place in the hierarchy. When the student nurses are encountered by these attitudes about caring they experience uncertainty and dejection. Many questions are raised and the student nurses consider how to handle the criticism: “how can you change attitudes, meetings, way of working and meeting people? That question is and will be unanswered” (N, 6). Besides these considerations, they begin to discover and understand that caring
knowledge is not valued in the same ways as other knowledge used in clinical settings.

Being a carrier of caring knowledge is experienced as being the other. It is experienced as being a face for a different and unconcerned knowledge, which is difficult to understand for professional caregivers. The student nurses express this as being an outsider, which gains feelings of uncertainly and loneliness. In different ways, the student nurses are trying to discuss and obtain support in caring from professional caregivers, but this is experienced as problematic. The student nurses describe that they are left alone with their questions in the endeavour to find solutions and new knowledge in caring. Instead, the student nurses turn to other student nurses with the same beliefs as themselves: “you can discuss these things with them... otherwise it is words such as feel well and feel better you cannot get away from it... it is hard to let go of those words” (I, 6). Together with other student nurses, they experience a safe and secure space where they can exchange knowledge and experiences of caring. Discussions with like-minded persons on the same line give evidence and support when developing beliefs of caring into a deeper level. This is unlike the discussions that are held with the professional caregivers and also when considering the caring theories. The student nurses experience that a limited space for discussions of caring entail consequences that caring is silent in the clinical settings.

When relating caring beliefs with others, the student nurses experience it as a strength to find out ideas such as how to make changes in the clinical settings. Together they grow in self-confidence and find out ways of handling questions about caring and how to respond with a direct answer:

I said to him that even physicians perhaps need a 7,5 credit course... (laughing)... yes he himself did not perhaps have the most caring attitude when he was with patients... he did not say anything against it but I saw that he did not agree (I, 4)

In order to make caring visible in the discussions, the student nurses learn from each other such as how to respond to professional caregivers who are questioning caring. Together they develop willingness and a passion to fight for caring, and they experience strength to continue to move forward in caring. The student nurses experience that the hierarchy between professional caregivers is still so conspicuous in clinical settings:

All patients are equal and I see myself that the hierarchy in-between is shocking... now I use an everyday word like shocking but I think that it is deplorable in health care because one part of the profession cannot survive
without the other... they need each other and the patients need them and when there is a hierarchy the patients suffer and I have seen that a lot (I, 4).

The student nurses describe that all professional caregivers are crucial to satisfy the patients’ needs and are surprised that time and energy are focused on struggling with these issues. Instead of fighting against each other in a hierarchy, the professional caregivers should cooperate and strive towards the best and evident knowledge from all perspectives in care for patients. To be a carrier of the knowledge of caring is also experienced as being encountered with statements about the value of caring research:

I was on infection and worked and there was a young physician who knew everything... he was so cross with me because I liked research... 'you nurses should not get involved in research because it has nothing to do with you... we do clinical research... it is that which breaks through and focuses on different target groups (I, 6)

The resistance to caring research from physicians is experienced as discouraging. Statements regarding the fact that research should only be focused on medicine are hard to understand and the student nurses wonder why all areas cannot be researched. The feeling of being the other is once again made visible and one student nurse describes that it is not easy to explain and defend caring knowledge: “you are yourself scared of physicians when you are in a clinical setting... you are influenced when a senior physician comes” (I, 4). The respect for physicians influences how to express and stand up for their own caring beliefs. This makes the student nurse feel dejected and lonely with thoughts of injustice. Meanwhile, the student nurses experience an inner strength to view the situation from the outside:

The thing that occurs in me at my age is... 'you poor thing have you not come further in life?'. I cannot be cross and argue against him because I am not going to disturb him. However, I can think one thought which is close to the truth. What sort of problem does he have that he cannot share with me? It is a shame for him instead (I, 6)

With experiences both from life and work, the student nurses reflect on the specific person and the individual problem that causes these statements. They experienced that the statements of others are based on uncertainty, fear and immaturity. Instead of being angry, the student nurses start feeling sorry for the physician and the student nurses struggle further to be accepted and get access for caring in the clinical settings. In these experiences the feeling of becoming the other appears.
Transforming caring theories to strengthen own caring beliefs

Growing in caring is described as transforming caring theories to strengthen own caring beliefs when discussing caring with professional caregivers in the clinical settings. The caring theories are experienced first in the education as something invisible out in the air, but through reflection the theories become visible by giving words for personal beliefs of caring. When the student nurses are able to express their beliefs in other words, they experience that they can show that they have a valuable knowledge:

> You gain access to a complete new world, you gain a broader range of movement... if they do not understand then you can use synonyms from theory and put your feelings into words... then perhaps he says 'ah is that so' (I, 6)

Being able to describe own words with concepts from theory is expressed by the student nurses as they are starting to grow towards their own position in the clinical settings. This own position involves having a unique knowledge in caring which is comparable to other knowledge such as medical knowledge and empowering knowledge in caring to an equal position as everything else in the organization: “I think that my knowledge of caring complements medical knowledge very well, no one could cope without the other professions and obtain good health care” (I, 4).

During the clinical rotations and in the encounters with patients, student nurses begin to recognize concepts from caring theories. The student nurses start to reflect, compare and value the concepts with their own beliefs on caring in nursing situations. An example when the concepts and beliefs correspond is when the concept caring relationship is discussed. This is described in terms that they start to understand and translate concepts into caring actions. When the connection is identified, the student nurses realize that the concepts may be useful. One student nurse describes:

> It is not so advanced and abstract as you think at the start... but it is, yes they bring it down to earth actually and it occurs that it is actually nearly everywhere... except you did not have the terms before (I, 4)

Caring concepts, which gain access to the student nurses’ world, have gone through a process of validation. On the basis of their own personal beliefs in caring, the concepts are judged. When the concepts fit the student nurses’ own caring beliefs, the concepts are experienced as useful in caring actions. In this process the concepts become real and become trustworthy.

Meanwhile, the student nurses use the concepts as a support in their reflections about patients. The caring concepts are experienced as tools allowing verbalization of knowledge they already have, which is explained as
the following: ”when I can put into words practical knowledge I feel as if I explode... I bloom... but the thing that is important is that I need that backbone” (I, 4). Through the concepts, the student nurses experience strength and a backbone when discussing patients with professional caregivers. With new and other words to describe their caring for patients, the student nurses experience confirmation. They describe this in terms of gaining evidence that their caring beliefs are right.

When using common words as feeling good and better, the student nurses experience that the concepts support them to express words in ways such as health and healthier:

Yes at the start one said that people should feel well and feel better and then it is how you judge that people should feel better... but to see it as health instead and that they should gain health instead... and that is the goal that they should gain better health (I, 6)

Caring is about considering the situation from the patients’ perspective and not about judging or classifying. Through the caring concepts, the student nurses experience that they have reached new ways of expressing their caring. When the professional caregivers use common words, the student nurses translate and connect these words into concepts of caring. The earlier disconnected pieces of caring concepts are turned into clusters.

On the other hand, the student nurses express a hesitance regarding the impact of caring theories in their own growing in understanding of the meaning of caring. Caring theories may be a support to view situations from different view points, but this does not need to imply deeper personal knowledge of caring. One student nurse explains:

Everyone who wants to work with people has their own ideas about caring. But then you can get other angles of approach if you read theory and the like. But that is not of importance for the senses although obviously you have learned of theorists because you have grown in your own ideas of caring (I, 6)

The caring theories are used to find words to express caring in another way and at the same time to allow confirmation and validation of earlier thoughts, feelings and actions of caring. The caring theories form a valuable backbone in the student nurses struggling towards being in an equal position with other professional caregivers in the clinical hierarchy. With the theories in mind, the student nurses are able to discuss patients with words and nuances to the professional caregivers, so that their own personal caring beliefs can be understood in a deeper way.
DISCUSSION

The aim of this thesis was to describe how growing in caring is experienced by student nurses during education. With a point of departure in the general structure of the phenomenon, the findings are discussed and end up with conclusions and implications. In addition the approach and further research are discussed.

The complexity of caring

Student nurses’ experiences of the phenomenon growing in caring means a struggle for one’s own caring beliefs to exist and survive in a world filled with diverse expectations of caring. The findings point out that student nurses enter the education with, for them, unique and self-evident beliefs in caring, which involve knowing the meaning of caring. Beliefs in caring can be understood as basic values (Tschudin, 2007) founded in former experiences of similar situations with oneself and others. With these self-evident caring beliefs in mind, the student nurses become aware of the ongoing discussion and evaluation of caring by professional caregivers. They begin to understand that they are participating in a world unlike their own, where caring is complex with different foci, views and opinions depend on in which context caring is discussed. It was found in this study that the complexity of caring becomes visible through, on the one hand, student nurses meeting with concepts from caring theories. On the other hand, during clinical rotations when professional caregivers express their confusing ideas of caring and assert that knowledge from caring theories is unnecessary to use in clinical settings. In between these standpoints, the student nurses stand with their beliefs in caring, which give feelings of not belonging to any of these areas.

The problems for student nurses in transforming caring knowledge within clinical settings and education towards a caring unit has also been identified by Mitchell (1997) and Ekebergh (2009c). Ekebergh (2009b) claims that in theory based supervision caring theories often have priority with focus on concepts with minor connection to nursing situations. This seems to contribute in causing problems for student nurses to relate, connect and understand the meaning of caring when caring for patients. On the contrary, within clinical settings another focus in caring appears. This involves demands by professional caregivers that student nurses should have the right knowledge, which is described and verified during a period of almost 20 years of national research (e.g. Pilhammar Andersson, 1991; Schuster, 2006; Ohlsson, 2009) as well as international (e.g. Gramling & Nugent, 1998; Manninen, 1999; Foong, 2006). In the present study, it was
found that there still exists incongruence when caring is discussed, and demands on having the right knowledge become visible in a number of ways. This right knowledge is concerned with knowing what and how to assist medical tasks in order to satisfy the routines in the clinical settings. However, this knowledge discussion appears also in the perspectives of education (Ohlsson, 2009), and student nurses in the present study experience demands to learn caring theories in education. They describe this in the terms that the concepts from the theories were thrown at them without any explanation in the beginning of the education. When the meaning of caring is described from these two perspectives, the student nurses become aware of the demands of learning the right knowledge as it is considered from the professional caregivers and caring theories.

It is noteworthy that this right knowledge has been discussed over a period of at least 20 years. This has created considerations in the development of caring within clinical settings as well as in education during those years. Eriksson (2001, 2002a) lays a historical perspective on caring and describes how caring is formed from external and internal aspects. The external aspect is characterized by requirements on the nurses’ role from, for example the society, organizations and professions, while the internal aspects involve views and ideas about caring. Student nurses in this study seem to be caught in an involuntarily struggle between representatives from organizations (external) and ideas about caring (internal), where the external aspects have priority in relation to internal aspects when knowledge is discussed within clinical settings. Hewison and Wildman (1996) explain the existing incongruence as a conflict between theories learned in education and theories in clinical practice. This conflict is termed a gap between theory and practice, which is considered as in need of being closed (Upton, 1999, Watson, 2006). On the other hand, Cook (1991) and Mikkelsen Kyrkjebo, Mekki, and Rokne Hanestad (2002) assert that there will always be a gap between theory and practice and, the focus should instead be turned towards preparing student nurses for the gap. However, Ekebergh (2009b) argues that focusing on the gap should be of minor importance and, instead, the attention should be focused on how clinical settings and caring theories can be compatible in caring. The incongruence, conflict and/or gap, dependent on which concept is used, between clinical settings and caring theories were encountered by student nurses in this study during their clinical rotations.

However, this study illuminates that the incongruence between clinical settings and caring theories is just one aspect of how caring is experienced. Growing in caring means that a third area in caring becomes visible for student nurses. This area involves beliefs of caring that grow within the
student nurses’ lifeworlds, which are based on former experiences in caring. This can be compared with being a natural caregiver, which is described by Eriksson (1987, 1988). All humans are assumed to be natural caregivers and are characterized by having a basic ability to show caring in relation to others (Eriksson, 1987). With a point of departure in their own caring beliefs, student nurses in the present study observe caring situations performed by professional caregivers. By returning to their own lived experiences in a comparing process of diverse meanings of caring, the student nurses discover that meanings of caring do not always agree with their own caring beliefs. Besides this, caring theories are experienced as just common sense at a high level of abstraction with sparse relation to the actual work with patients. This kind of caring is hard to understand and transform into nursing situations, which does not contribute to a deeper knowledge when caring for patients. The student nurses in Ekebergh’s (2001) study are experiencing the theoretical knowledge in caring as fragments or pieces. In the present study, caring theories are experienced as living their own lives beside the nursing situations. This illuminates and highlights the importance of being focused on the process of actively linking perspectives of caring together in both theory and practice, instead of being caught in just discussions of differences and valuing knowledge with each other.

In considering caring, a picture is created by the student nurses, where knowledge in caring is described by professional caregivers, caring theories and by student nurses themselves. In discovering by consideration, the complexity of caring expands. By using arenas as metaphors to understand the complexity of caring, three arenas of caring are described: clinical setting, caring theories and student nurses. These arenas stand beside each other, exist with different rules and compete against each other to be the best arena to play in. Caring means, thus, three arenas that strive towards different goals in order to satisfy beliefs and demands on caring in each arena. The tension between these arenas can be understood by Ohlsson’s (2009) discussion about student nurses’ learning situation. She identified that student nurses’ own knowledge is not used or even asked for by educators and professional caregivers. Neither is the knowledge from education or clinical setting of interest to transform each other, with the consequence that the student nurses in the present study become uncertain as to how to consider caring. It has to be considered, what the hub in caring within the identified arenas of caring consists of? It seems like the hub means that caring exists on the basis of the specific focus on the clinical setting, caring theories and each student nurse.

This study highlights the fact that the discipline as a point of departure in discussions seems to be invisible. Instead, the specific focus in each or-
ganization seems to be the path to direct professional caregivers and educators in their work with patients and student nurses. If the foundation in the discipline is missing, the question arises on which basis nurses and educators work from? The present study indicates that the connection to the discipline does not seem to appear in the student nurse’s world. These discussions reveal an understanding of the importance to reflect when considering education for student nurses in their future role as nurses. It yet has to be considered whether student nurses are educated towards an autonomous discipline with unique knowledge in caring or whether they are to be promoters of the practice of medicine, as Newman and co-workers (2008) warns. Without a stance in the discipline, the mission to the discipline can be difficult or even impossible to respond to. In order to secure the patient perspective, the challenge is to place the discipline as the foundation when the main field of study is discussed. In these discussions the profession also needs to be considered in order to bring the value and importance of learning caring. What, when and why student nurses are learning with regards to caring needs thus to be highlighted directly at the beginning as well as during education.

The present study illuminates that student nurses’ conceptualization of caring is made even more complex through visiting clinical settings in the education. The student nurses discover that caring cannot just be described as the meaning of caring that exists within clinical settings. Rather, caring is valued in levels of importance depending on where the voices from professional caregivers are given. These findings are in line with Rehn’s (2008) study. She identified that meanings of caring within hospital care cannot just be transformed into another clinical setting. The perspective of how caring is described is related to how the patients are viewed in the specific clinical setting (Turkel, 2007; Rehn, 2008). This can be understood by considering that focus on emergency- or older care, short stay or long term (Pearcey & Elliott, 2004), the caring standard (Lundberg & Boonprasaibhai, 2001) and ontological assumptions about humans (Bengtsson, 2005b) in each clinical setting influence how caring is expressed and performed. When student nurses understand the variety of caring they become aware of and feel the demands to be open and flexible in utilizing caring within clinical settings. On the other hand, through identifying the diverse demands student nurses could demarcate the arenas of caring in relation to themselves. This can be understood as the territory of the professions to mark the limits for one’s own knowledge, which gains an understanding of the possibilities of the space for one’s own knowledge (Molander, 1996; Lidskog, 2008). Through participation in caring discussions within clinical settings and in relation to caring theories, the student nurses discover that
their self-evident caring is unlike and not congruent with the expressions of caring they are encountering.

In addition, growing in caring involves discovering the complexity of caring through illuminating a number of arenas in caring. In relation to these arenas the student nurses begin to understand that they are carriers of an otherness which is not in line with expressions of caring that exist within clinical settings and education. The student nurses in their own arena of caring beliefs view the other arenas with doubt. This indicates that there are levels of importance to these arenas in the student nurse’s world, where their own arena is valued as the highest and constitutes a foundation in caring.

**The otherness: an expression for student nurses’ lifeworld**

Growing in caring means conscious consideration in caring based on student nurses’ own caring beliefs. In considering caring, the otherness appears and becomes visible. The otherness consisting of unique and self-evident caring based on their own beliefs originating from former experiences. This otherness with the endeavour of doing the best for the patients towards health and well-being implies the use of themselves as interpretation frames. This entails gaining understanding through reflections of former caring situations as well as comparing with personal caring beliefs to gain solutions as to how to express caring in nursing situations.

The present findings point out that the otherness is the guiding star in leading the student nurses in caring during their education. In contrast, Lundberg and Boonprasabhai (2001) and Lee-Hsieh and colleagues (2004) argue that student nurses enter the education with no experience of caring and need to be taught using different teaching strategies. A contributing factor as to how caring is performed has its origins in culture (Lundberg & Boonprasabhai, 2001; Khademian & Vizeshfar, 2007) and age (Watson et al., 1999b). Since this study indicates that growing in caring involves the student nurses’ otherness as the guiding star in caring, clearly cultural and age factors and their impact on the individual student nurse can be discussed. However, how can student nurses’ otherness be understood? What does it mean to be guided through an otherness in the encounters with patients? The student nurses’ own arena of caring seems to try a secure space with well-known and evident beliefs, which is experienced as fruitful sources to find paths when caring for patients. In the own arena, there is a scope for the otherness to flow. The otherness is not valued and judged by others, instead, the beliefs in caring are confirmed and understood, which grows towards meaningful knowledge. These findings can be understood by using Boykin and Schoenhofer’s (2001) description about persons and
caring. They assert that persons by virtue are caring and caring should be seen as a process where persons grow in their ability to express caring. Applications of this description to the present study can be understood as student nurses using their caring beliefs to grow in caring within their arena. The demands of caring from professional caregivers and learned caring theories are considered to view nursing situations in a different light. With the patients in mind, the student nurses compare and value the requirements with their own caring experiences to get a background in order to gain a better understanding of how to encounter the specific patient.

By growing in caring through the otherness means, phenomenologically speaking, that the student nurses in their lifeworld stay in the natural attitude on caring during education. Bengtsson (1998) explains that the lifeworld is there before all reflection and takes a point of departure in former experiences. Ekebergh (2001) addresses this as lifeworld knowledge, which is characterized by unreflected and unconscious knowledge. At the same time, Ekebergh argues that the knowledge is not just unreflected, rather that this kind of knowledge lacks conscious reflection. By supporting lifeworld knowledge with concepts from caring theories, this knowledge can be described with nuances in a broader way. However, in relation to the present findings, it seems that the limit between unreflected versus reflected knowledge is hard to draw and deserves further consideration. These findings show that student nurses on the basis of their knowledge move back and forth between the requirements and their otherness towards what they consider to be the best for the patients. This movement of caring by student nurses does not seem to be just usual considerations. Rather, this seems to be made up of conscious reflections, where advantages and disadvantages are compared and valued. However, when discussing reflection in the present study, the level of conscious reflection could be understood depending on the existing demands in the different arenas. Within the arena based on caring theories, the lack of relation to caring concepts becomes visible and from the arena by clinical settings, the lack of understanding of the existing demands appears. Thus, the question whereby the student nurses’ reflections are conscious or unconscious seems to be answered depending on the judging arena used. This study indicates that there exist conscious reflections of caring within student nurses’ lifeworlds.

However, conscious reflections are discussed in relation to self-reflections by Ekebergh (2009b) and the question is if the participating student nurses’ reflections can be considered as self-reflected? Self-reflection is characterized by viewing the situation afterwards, meaning taking a step back in order to examine the performance of caring on the basis of thoughts, feelings and actions. This self-reflection needs thus a
distance to the situation, while conscious reflections are used during the situation in order to consider alternative solutions (Ekebergh, 2009b). These findings illuminate that student nurses reflect on the expressed demands both in and after the specific caring situation on the basis of their otherness. This implies that they struggle to find solutions as to how to act the next time and at the same time be true to their otherness. This can be understood as their conscious reflection can also be considered as self-reflect on the basis of their own thoughts, feelings and actions. Using own experiences as a point of departure in reflections should not be understood in this study as an isolated moment. This needs to be seen as a process between past and future with the intention to view the future (Molander, 1996; Johns, 2002). Reflections on one’s own values and experiences gain understanding of the reality, according to Johns (2005), which influences and brings words to describe one’s own visions. On the other hand, since the student nurses’ reflections are on the basis of their otherness it can be discussed if the patient perspective is being considered. In order to find out the otherness in relation to the patient perspective, a comparison of how the otherness agrees with caring science, the main field of study in education at present, is required.

Caring science emphasizes a patient perspective (Eriksson, 1987; Dahlberg et al., 2003), which should direct and support professional caregivers in caring within nursing situations. Within caring science, the patients are considered as the main experts on themselves, implying that the views of patients constitute the base in the encounter (Dahlberg et al., 2003, Watson, 2008). In the present study, the student nurses describe caring as having the patients at the forefront and the patients verbal and nonverbal expressions are used to understand what they are concerned about. The meaning of caring becomes visible when the student nurses return to themselves to find answers concerning how to encounter patients. Through comparing patients with their own otherness they find out how to move forward and handle any specific situation. However, does this imply that the patient perspective is not considered? By drawing a line with municipal night nurses, Gustafsson, Asp, and Fagerberg (2008) describe that nurses turn towards themselves to consider caring. Turning to oneself is an expression of allowing and having courage to be emotionally touched in the nursing situation. This means to return to lived experiences in considering the best caring for patients. When comparing their study with the present one, it indicates that the patients’ well-being is in the forefront, although in order to offer caring they feel with the patients on the basis of their own personal views. This lays the foundation that it seems that the expressed
patient perspective is actually hidden by the student nurses’ otherness from which they take a point of departure.

A relevant question in these considerations is if the student nurses’ act of experiencing the otherness may constitute a problem to offer caring? When relating to Gadamer’s (2004) conception of otherness, this means to consider and find out the true meaning of the expressed word. He discusses otherness in relation to understanding a text within a hermeneutic coherence and states: “the important thing is to be aware of one’s own bias, so that the text can present itself in all its otherness and thus assert its own truth against one’s own fore-meanings” (p. 271). This highlights the requirement to be aware of one’s former experiences, while humans always take a point of departure in the history. To reach the otherness: “the indissoluble individuality of the other person” (p. 304) implies thus the need for looking beyond the former, in order to more fully understand the views of the other. This can be understood as student nurses’ own experiences need to be considered carefully so that the otherness of the other can appear. On the other hand, by using oneself in the encounter is to bring two perspectives into the situation. Toombs (1992) claims that this may be a limitation to grasp the other on his/her own condition. The risk of only staying focused on oneself in caring is that the unique patient can be changed into the perspective of the professional caregivers (Lilja & Hellzén, 2007). Snellman (2001) argues that it is necessary that: “every patient is considered as the otherness and that this otherness sustains in the relation between the patient and the professional caregiver” (p. 18). On the other hand, Snellman (2009) in a recent report claims that it is a limitation to consider humans only in their otherness, since it depends on what this otherness consists of. This means that in situations, for example hurting oneself or another human, the humans’ otherness instead should be counteracted. When returning to the student nurses’ otherness, the above discussions clarify the importance of realizing one’s otherness to be able to reach the otherness of patients. This also gives an insight into the importance of gaining an ability of knowing how to handle the otherness. More clearly, through being focused, reflecting and having a stance in caring on the basis of their own otherness may be a source but also a limitation in grasping the patient perspective.

Thus, the priority of being guided through one’s otherness can be considered as complex in several ways. The precondition of grasping the views of patients may be restricted and a consideration that emerges is what caring will be constituted of when the beliefs of patients and student nurses do not agree. On the other hand, it is of value to understand and reach oneself (Mayeroff, 1971; Roach, 2002) in order to create caring situations and
support others to grow in caring (Leininger, 1988). This implies that caring is a process that involves both the patients and, in this study, student nurses that strive towards satisfying their individual needs. These discussions reveal an understanding of the complexity of the otherness when caring for patients. The otherness needs thus careful consideration and attention when caring in nursing situations. However, in the student nurses struggling with their otherness during the years of education, they become convinced that they can make a difference for patients. The student nurses gain an understanding that the otherness is worth fighting for and it makes them move forward to confirm their caring beliefs. This entails a consideration of what the growth in caring is supported by. Since the content in caring seems to be based on the otherness, it can be assumed that personal abilities influence the growth of caring in student nurses’ lifeworlds. Thus, meanings of caring are described in various ways depending on the position of each individual student nurse. These findings give an indication for a mission to educators, which involve supporting student nurses in their otherness in relation to the focus in caring science, the discipline and the profession. By doing that, the student nurses’ resource of caring beliefs may be further reflected on and discussed.

Thus, growing in caring means having a point of departure within the otherness, from where the student nurses continue to advance in caring. They grow in a separate arena of caring between the other arenas. Their own otherness is considered as the source, the foundation, in making choices and adjustments in order to make the best for the patients. In realizing the benefits with the otherness in nursing situations, the student nurses grow towards a power to fight for their own otherness in order to make changes in caring for patients. In this fight, they search for paths in order to think, feel and act caring.

Finding paths towards thinking, feeling and acting caring
Growing in caring means finding paths with one’s own otherness in relation to the arenas of clinical settings and learned caring theories. Through understanding that these arenas have diverse foci in caring, the student nurses experience that they are the failing link. The student nurses express this as being an outsider and a struggle to know what caring is and how caring can be utilized with patients. Student nurses do not want to stick out during clinical rotations (Cassidy, 2006; Ousey & Johnson, 2007), rather just fit in, understand and follow the ordinary routines and skills in the clinical ward. They want to muck in, according to Gray and Smith (1999), meaning just being accepted by professional caregivers. The demands on expanded and deeper medical knowledge by student nurses dur-
ing education are described as a way of being legitimate and accepted by professional caregivers (Manninen, 1999; Ohlsson, 2009). However, the present study also illuminates another direction, which means that student nurses return to themselves, to their otherness, to find out how ideas can be accepted. They wrestle, turn, and value the experienced demands they are encountered with and try to find the best path to turn the feeling of being an outsider towards being one of the community. This study shows that student nurses’ otherness supports them as to how to consider the demands in order to adjust without abandoning their own caring beliefs.

Growing in caring means to discover and also being a part of the ongoing discussion of caring with professional caregivers. This can be related to Mogensen’s study (1994), who identified that a social message was given to the student nurses in order to show them the content of caring. Within clinical settings, student nurses were fostered into the traditional medical perspective, with focus and beliefs on disease and medical tasks. Schuster (2006) argues that the medical focus may contribute to the fact that patients are seen as passive objects. The present study identifies not just the focus on medical knowledge, factors such as economy and efficiency also appear in the demands from professional caregivers. Since the student nurses seemed to be surprised by the demands of economy and efficiency within clinical settings, a question arises as to how they are prepared by the educators for these requirements? Advanced treatments given over a shorter period in order to meet economic shortcuts are changes that professional caregivers are faced with. In order to facilitate student nurses understanding of caring, the educators need to be updated with the ever-changing clinical settings and introduce, discuss, and support student nurses in how to utilize caring. Demands on effective and economic aspects do not mean that the care of patients is just based on tasks and routines. Instead, the value to implement a foundation in caring in the work with patients is even more important to consider in order to protect the patient perspective.

However, the discussion about supporting student nurses towards an understanding of the changes within different clinical settings may facilitate student nurses during their clinical rotations. The participating student nurses experienced that the meaning of caring appears different depending on each individual clinical setting and that they feel the pressure to be immediate to existing circumstances. This means being sensitive through identifying and considering professional caregivers’ reactions to examine whether they are on the right track or not when caring is discussed. Pearcey and Elliott (2004) assert that attitudes towards student nurses during clinical rotations impact how caring develops and is described in the future. By balancing positive and negative encounters from professional care-
givers, student nurses realize their own stance and how to act in a caring manner. Through considerations about the meaning and relevance of caring just here in this certain context, student nurses in the present study consider reactions as silence, negative comments, and questions on caring by professional caregivers. This indicates obstacles for caring knowledge to find space within clinical settings, but at the same time shows student nurses’ capacity to manage the situation.

Numerous studies (e.g. Tennant, 1999; Croona, 2003; Pearcey & Elliott, 2004; Watson 2006; Bisholt, 2009; Carlson, 2010) have identified evaluations of knowledge within clinical settings. Evaluations of knowledge have been addressed by Lindberg-Sand (1996) and Ohlsson (2009) in terms of a hierarchy of knowledge, where the medical knowledge is valued as the highest level of competence. However, the term hierarchy is discussed by Gadamer (2004). Gadamer claims that a hierarchy arises when persons are ascribed authority, which is described as authority is earned and not bestowed. Thus, when a person has authority, it is connected with thoughts that this certain person has more knowledge, experiences, and broader views than others. It is noteworthy that the attention on the authorities of knowledge is discussed both in former research as well as in the present study. This gives momentum to the view that focus on levels of knowledge seems to exist and is expressed within clinical settings. The question is how student nurses discover these authorities of knowledge? Is it through the reactions from professional caregivers that ascribe medical knowledge as the truth or is it the student nurses’ own thoughts about medical knowledge, which make them thoughtful? These considerations need to be studied more, since it is an aspect that appears in growing in caring. Independent of the answer, these findings illuminate that caring is still a highly discussed subject that encounters student nurses within clinical settings.

However, what influence do discussions of knowledge have on student nurses growing in caring during education? In the present study, the student nurses struggle with caring during the clinical rotations and in relation to caring theories, which becomes visible through valuing knowledge from others. They understand that the path to gain access and a mandate within clinical settings seems to be through listening to and adjusting to formal and informal demands from professional caregivers and existing circumstances. The impact the organization has on the student nurses’ development of caring attitudes is described by Mackintosh (2006) as well as Holmström and Larsson (2005). Student nurses go through forms of socialisation within their encounters with professional caregivers, which is considered as a contributing factor as to how caring attitudes are adopted (Mackintosh, 2006). The obstacles in the organization are concerned with
the lack of resources in caring (Holmström & Larsson, 2005). The focus on diseases, medical tasks, economic aspects and efficiency requirements faced by the participating student nurses make them thoughtful. A question that arises is how student nurses handle these demands? Nolan (1998) claims that student nurses do not want to be experienced as a threat to the professional caregivers, which makes them avoid discussing caring. Rather, ways are searched to acknowledge existing knowledge (Foong, 2006). In contrast, the student nurses in this study value congruence with their own caring beliefs. This means that they return to their otherness, which directs the focus on how to encounter patients without abandoning their own caring beliefs. This otherness is the key to knowing caring and constitutes the foundation of thinking, feeling and acting caring, forming a strong and safe base that student nurses can rely on. These findings are in line with Lilja Andersson (2007) who found that student nurses develop their own meaning of caring during experiences within clinical rotations. However, a difference emerges since participating student nurses in this study already know the meaning of caring before education and continue to grow in their otherness during education.

Growing in caring appears as a struggle in solitude for an existence with one’s own caring beliefs. When student nurses’ otherness is discovered both by themselves and professional caregivers in the clinical settings, the feeling of solitude becomes even greater. In this loneliness, they struggle to belong and be considered as one of the professional caregivers. The need to belong to others appears during education (Nolan, 1998; Brown, Nolan, & Davis, 2008) and is sustained post graduation (Bisholt, 2009; Ohlsson, 2009), where the novice nurse strives to be one of the team. In the present study, student nurses struggle to discuss and show their otherness in order to be valued to the same degree as the professional caregivers within clinical settings. When the student nurses fail, they try to find new clues and paths as to how to gain success with their otherness next time. In this struggle, the student nurses understand that they need tools to be able to speak and discuss their otherness with others, which should be considered in education. Lilja Andersson (2007) argues that using theoretical concepts and relating them to one’s own experiences may act as a support in the development of caring knowledge. By turning to learned caring theories, student nurses in this study begin with a purposeful attention collecting concepts that suit their own caring beliefs in order to turn the otherness understandable with new concepts and terms. In this phase concepts of caring are carefully judged and concepts that agree with their otherness are included. On the other hand, those concepts that disagree are removed. In this struggle student nurses strive to get access with the otherness. Besides this, they
discover that they are considered as being the other within clinical settings. The other is experienced as being a face for an unnecessary knowledge that seems to be hard to grasp, understand and form by the professional caregivers.

**Framing caring knowledge: a solution of being the other in caring**

Growing in caring means framing caring knowledge through experiences of being the other in relation to professional caregivers and caring theories. Student nurses seem to make a clear distinction between themselves and others when expressing and discussing caring. Through using Gadamer’s (2000) description of the other, this can be understood as the encounter with the other, one’s own knowledge and understanding becomes visible. The knowledge by others helps to identify resources and limits in the knowledge in order to understand and take a stance, which in the present study is related to the meaning of caring.

The student nurses experience that nobody is interested in their own caring beliefs. This is supported by Eklund-Myrskog’s (2000) study, who discovered that there are no expectations on student nurses to relate caring theory to nursing situations. In this study, student nurses’ own caring knowledge is experienced as less valued both in relation to the focus in the specific clinical settings and caring theories in the education. Being the other is an understanding of the need for taking one’s own responsibility for caring since nobody knows and understands their descriptions of caring. Brown and colleagues (2008) assert this as taking a self as focus, meaning concerning how to survive during clinical rotations. Growing in caring implies a framing of caring knowledge without support. The impact student nurses’ lifeworlds have on caring, contributes to an understanding that student nurses’ otherness is embodied knowledge. This implies that caring beliefs are integrated in thoughts, feelings and actions, which give directions that the lifeworld of student nurses are in focus. However, the relevance of encountering student nurses in their lifeworlds is discussed in research worldwide (e.g. Chow & Suen, 2001; Gramling & Smith, 2001; Hartrick Doane, 2002; Ekebergh, 2007; Hovland Aasen & Nåden, 2008; Touhy & Boykin, 2008). Hovland Aasen and Nåden’s (2008) focus was on guiding student nurses in their lifeworlds based on caring science in order to facilitate student nurses in relating and connecting caring concepts to understandable meanings. The educator’s role as the one who creates a learning environment on the basis of lived experiences is addressed by Hartrick Doane (2002) and Gramling and Smith (2001) who state that: “the teacher is a model, guide, facilitator, and designer of the learning environment” (p. 7). In this environment, student nurses can be aware of them-
selves and feel free to use imagination to understand caring. In the present study, student nurses frame caring knowledge through their own reflections on gaining knowledge in caring. It is noteworthy that none of the student nurses during the three year education talk about or even comment on support from professional caregivers in the clinical settings. They did not either mention any support in caring from lecturers in the education, instead the education is described in terms of caring theories. Student nurses seem to grow in caring alone in their arena of caring. In this arena the student nurses are confirmed for their otherness. These findings give indications that the responsibility for caring seems to be passed over to the student nurses, with the consequence that they grow in caring in silence. In order to solve the lack of support in caring, student nurses turn towards like-minded student nurses. With the like-minded, they feel secure, gain understanding and strength to transform their caring beliefs to others. Feelings of security during the education, according to Papp, Markkanen, and von Bonßдорфф (2003) as well as Barry and Purnell (2008), is a precondition to empathize learning. They claim that it is necessary to create secure environments, where the student nurses dare to step forward for discussions and reflections.

The present study indicates thus that support regarding student nurses and caring seems to be insufficient or even invisible from professional caregivers and educators, which needs further considerations. The importance of providing support for student nurses already in the beginning of the education is highlighted by Beck (2001) and during clinical rotations by Murphy and co-workers (2009). Beck (2001) identified that caring needs to be personally experienced to gain a desire to care for patients. The lecturers’ encounters based on caring, support student nurses to learn how to develop a way of being, which can further be translated in nursing situations. In a caring learning environment, student nurses could be prepared to be, act and use caring in situations with patients. During the clinical rotations, Murphy and co-workers (2009) speak of mentorships, which can be a valuable support in caring during education. In order to maintain a caring perspective in clinical settings, it is suggested that support should be offered to nurses (Allcock & Standen, 2001; Bassett, 2001; Holmström & Larsson, 2005; Enns & Gregory, 2007). A caring perspective thus needs to be integrated in the whole organization, involving professional caregivers’ understanding of concepts based on caring science, to make changes in the care of patients (Judkins & Eldridge, 2001; Gustafsson, 2008). Academically highly qualified nurses are needed as resources within clinical settings. These nurses can support professional caregivers to integrate caring from theory and practice (Björkström, 2005) towards a foundation based on
caring research (Judkins & Eldridge, 2001; Holmström & Larsson, 2005) and to secure caring quality (Gustafsson, 2008). These discussions highlight the importance of actively supporting professional caregivers to be educated in caring science. This is needed in order to; on the one hand, secure caring in the care of patients and, on the other hand, to support student nurses in learning caring. An organization founded in caring science may give the preconditions to facilitate growth in caring for the student nurses in a safe environment.

However, it is interesting that despite the involvement of supervision models or personal supervisors, the guiding star is the otherness, which is the source the student nurses trust and feel secure with. By considering the review of scholars’ descriptions regarding the meaning of caring in the background paragraph, variations of the core of caring were identified. May the lack of common standpoints in caring influence how student nurses grow in caring during the education? Since these findings clearly indicate that caring is introduced and continually moved further without grasping the student nurses’ lifeworlds, the learning strategies can be discussed. A consideration is if the variations of the meaning of caring by scholars also contribute to student nurses having difficulties in understanding caring and transforming them into essential knowing. Marton and Booth (2000) argue for grasping the perspective of the learning person by using the two principles: the principle of variations and the principle of relevance. This means, on the one hand, focusing on the person’s abilities of learning (variations), on the other hand, using content (relevance) in learning situations. This involves creating a balance between being immediate and supportive for the individual person and bringing in knowledge such as scientific concepts. Through actively using these two principles new and unaware knowledge can be brought into the person’s world, who can further learn how to experience. Translating these descriptions to the present study, gives directions as to the importance of adjusting the learning situation in order to reach the student nurses’ lifeworlds. Ekebergh, Lepp, and Dahlberg (2004) claim the necessity of finding strategies to facilitate the student nurses’ understanding of caring science. Through drama sessions, the student nurses were able to encounter caring in different ways such as basic drama, storytelling and role-play. Further, Gramling and Smith (2001) highlight that student nurses need to be invited to understand caring. This involves using learning strategies such as poetry, art and music, which can facilitate the process of knowing caring through their own senses. Additionally, this shed light on the importance of finding innovative strategies that both grasp the student nurses’ lifeworlds as well as bring the concept of caring into an awareness for them during education.
Growing in caring means the paradox of an understanding of the lack of understanding for student nurses of their own caring beliefs by professional caregivers. Student nurses give examples of condescending comments on caring by professional caregivers, which is experienced as a resistance to introduce knowledge in caring that is not compatible within the specific clinical setting. This can be understood through identified expectations of the nursing profession. In the perspective of medical students (Marcinowicz, Foley, Zarzyrcka, Chlabicz, Windak, & Buczkowski, 2009), nurses are described mainly as performing diagnostic, therapeutic and auxiliary procedures that are ordered by physicians. On the contrary, student nurses themselves have expectations on their profession in the form of performing medical tasks and having knowledge in technology when they begin education (Lilja Andersson, 2007; Ohlsson, 2009). Besides this, there are physicians and nurses that empathize and express their gratitude at having a foundation in caring in nursing situations (Snelgrove & Hughes, 2000; Pullon, 2008). However, these different expectations on nurses’ roles are interesting to note and compare with the findings found in the present study, since medical students and student nurses as well as physicians and nurses are the future colleagues in caring. These diverse views of the nurses’ role indicate, with a point of departure in this study, that caring needs to be highlighted and supported within clinical settings as well as between clinical settings and education. The challenge for nursing education is to turn the nurses’ role from focusing on the sick patients towards focusing on the patients in a health perspective despite all of the demands within clinical settings (Asp & Fagerberg, 2002).

However, to advocate and expand the space of caring in the light of growing technological requirements, Watson (2006) argues that strong leadership is also required within clinical settings. Leadership is always, according to Eriksson and Nordman (2004), united with power on the use of accepted knowledge. With strong leadership the mistrust between clinical settings and education can be minimized, which can also facilitate the process of linking theoretical and practical knowledge together (Wallin, 2003; Yam, 2005). By putting caring in the forefront through leaders with knowledge in caring science who actively work with the implementation of caring, student nurses may gain enhanced support in caring during education. Growing in caring thus implies finding ways of framing caring knowledge when an understanding of being the other appears. This entails a struggle to bore deeper in caring through their otherness with support from like-minded student nurses. The experienced lack of understanding in caring from professional caregivers seems to force student nurses to find
solutions by themselves. In this struggle they maintain the strength and courage to turn from being hidden towards a visible position in caring.

**Having courage to step forward - from hidden towards a visible position in caring**

The present findings show that growing in caring means to turn from a hidden position towards a visible position in caring during education. The support student nurses gain from their otherness and like-minded student nurses make the voice of caring grow. This implies a movement from feelings of uncertainly towards being certain how to think, feel and act in a caring manner in nursing situations. Student nurses within the present study experience a growth in self-confidence through their otherness, which gives them the courage to step forward in order to make changes for the patients.

By observing the performance of caring with patients, the student nurses consider and evaluate in relation to their otherness. When patients are encountered without dignity, student nurses become rejected and at first suffer in silence with the patients. However, in this suffering, the student nurses achieve strength and courage to advocate for the patients. These findings can be understood through Kasén’s (2002) descriptions of the concept caring relationship. Kasén has identified that the caring relationship, from the professional caregivers’ perspective, forms through empathy for the individual patient and with a stance of love used to protect the patient’s dignity. The present study illuminates that student nurses are immediate to the patient’s signs of suffering and through feeling with and getting emotionally touched by the patient, they want to protect the patient with a voice of caring. To be in the moment with the patient implies that there are no standard responses or calls in the nursing situation, according to Touhy and Boykin (2008), rather focus is on knowing the unique patient. This can be understood as student nurses in this study invite their patients into a caring relationship in order to know, support and protect the patients in often stressful situations. On the other hand, Duffy (2003) argues further that caring relationship is two-fold, meaning that a caring relationship always benefits all humans participating in the relationship. Since a relationship is a way of interacting, knowing and coming together based on caring manners, this implies that personal boundaries are honoured and shared. Relating to the present study, the student nurses feel and consider the patient’s situation in relation to their own otherness. By participating in the caring relationship, the student nurses seemed to make progress in their striving to live up to their own conscience of caring. Is this conscience an
expression for the student nurses’ moral side, the meaning of what is right and wrong in a situation? Caring and moral boundaries in relation to patients with learning disabilities are discussed from the perspectives of nurses (Hellzén, Asplund, Sandman, & Norberg, 2004). They assert that how caring is performed is on the basis of how the nurses consider the situation in relation to themselves. The heart rules the head is another way to describe how situations are handled (Tschudin, 2007). This can be understood as student nurses in their otherness lay the foundation of how to solve the situation, which involves both offering the best care for the patients as well as being true to their own personal beliefs. Another way of viewing the otherness is to consider this as an inner mission. Since these findings show the student nurses’ struggle, which turns into a fight to obtain access with their otherness, seemed to be connected to an inner mission. The inner mission involves fulfilling their own conscience in order to gain feelings of satisfaction.

Growing in caring involves accepting that demands on efficiency in the form of the number of patients and economic shortcuts are always present in clinical settings, which is supported by Turkel’s (2007) findings. Turkel argues that health care organizations are traditionally bureaucratic, meaning being directed by economic, political, technical and legal systems. This requires the ability to simultaneously perform tasks and be in the moment with the patients. From the student nurses’ perspective, Löfmark and Wikblad (2001) identified that stress and lack of time seem to decrease possibilities of learning during clinical rotations. In the present study, student nurses seem to strike a golden mean. Growing in caring means to learn how to find and also take time, even if it is just a couple of minutes, to show that they are not abandoning the patient. The student nurses talk in terms of just checking how everything is before continuing with ordinary routine tasks. This is in contrast to Foong’s (2006) findings about acknowledging and adjusting in relation to existing knowledge in the clinical settings. Foong describes that nurses within clinical settings focus on medical diagnosis and curing. The present study illuminates that growing in caring implies gaining courage to stand up for the patient with a voice of caring despite the medical routines. A consciousness and a knowledge grows about their possibilities to influence and make changes, which they can use as a capacity to fight for the patients’ right for caring even though time is lacking. In situations when the patients seem to be uncertain and anxious in encounters with professional caregivers, student nurses act as inspectors in the duty of patients in order to speak and advocate.

Thus, growing in caring means gaining the courage to step forward with their otherness despite the professional caregivers’ reactions. The student
nurses entered the education with for them unique and self-evident beliefs in caring, which is considered as strange and confusing by others involved in education. During the nursing education they become convinced that the otherness is an important, valuable and reliable source that they can trust and use to create changes for the patients. They live, grow and place caring at the forefront, based on a willingness to stand up and fight for their otherness to offer patients the best caring they have the capacity for.

Conclusions and implications
Conclusions to be drawn from this study are that student nurses undergo a struggle in solitude to exist and survive with an otherness in education. During the education the student nurses with their own caring beliefs identify a complex world with arenas of caring such as caring theories and a number of clinical settings based on diverse ontological assumptions about humans. In this complexity, the student nurses understand themselves as being different and the otherness appears. The otherness, consisting of self-evident and unique beliefs of caring, appears as an own unique source of knowledge through which the student nurses gain nourishment to discover paths to think, feel and act in a caring manner. In order to offer the best caring, they reflect before, during and after the nursing situation in relation to the otherness. The otherness is thus considered as the only reliable source when trying to understand and interpret patients’ needs of caring. These findings indicate that the often discussed gap between caring theory and practice is too narrow to be drawn. Rather, the gap is expanded to involve a number of caring arenas where the student nurse's own arena, the otherness, constitutes the hub in the student nurse’s world.

The present study sheds light on student nurses’ capacity, willingness and courage to protect the patients with a voice of caring on the basis of their own otherness. Despite the experienced pressure to adjust in line with the expressed demands from different arenas of caring, they do not seem to go in line. Rather, they discover the need to find words to explain and give evidence for their otherness to other professional caregivers. The caring theories are experienced as the solution, which is carefully considered and judged. When theories agree with themselves, the theories are transformed from being meaningless to being essentials in the student nurses’ world. In the struggle to get access with their otherness, student nurses become convinced that they can make a difference for patients. The student nurses’ caring beliefs take root and they reverse the struggle to fight for the otherness. Thus, student nurses grow and sustain in their own arena in caring, their otherness, during education.
The future challenge for nursing education is to honour and take care of the student nurses’ capacity to fight for making differences for the patients. This involves understanding and permitting the student nurses’ otherness to appear and also support them in being aware of this ability already at the beginning as well as during the education. However, since these findings clearly indicate that the otherness directs how caring is expressed, a further challenge is to bring the patient perspective into the otherness. This is concerned with bringing caring science to the fore in education, meaning to expand the descriptions of isolated concepts towards seeing caring science in coherence with its relation to the discipline and the profession. With a clear stance in caring science, the discipline and the profession, innovative learning strategies that both grasp the student nurses’ lifeworld as well as bring knowledge in caring into awareness for them requires development. With immediacy to the student nurses otherness, learning strategies such as music, drama, poetry, aesthetics and stories may facilitate and invite student nurses to live caring. Living caring means that caring is made coherent and can be further incorporated into the student nurses’ otherness. By using different strategies on the basis of caring science, the patient perspective can be actively considered in relation to the student nurses’ otherness.

However, in order to make changes in learning strategies, resources and collaboration in the view of caring science need to be implemented. This involves bringing leaders with a foundation in caring science in positions in the organization of clinical settings and education. These leaders need to discuss, identify and evaluate existing ontological assumptions in each organization. Together they can make agreements towards a clear and common goal based on caring science. Since these findings show the student nurses struggle in solitude, there is an incentive for lecturers and supervisors to gain the preconditions concerning time, space, further education as well as support to work with the student nurses in order to develop learning situations. An organization with a clear stance in caring may give possibilities for student nurses growing towards an embodied knowledge based on caring science in a safe caring learning environment.

Approach and empirical study
A phenomenological lifeworld approach (Dahlberg et al., 2001; Dahlberg, 2006a; Dahlberg et al., 2008) was used during the entire process of planning the study as well as gathering and analyzing data during the years. However, at the end of this study, considerations have emerged about how the study was conducted. These considerations will be discussed in the following paragraphs: The choice of a phenomenological lifeworld ap-
The choice of a phenomenological lifeworld approach

The study of the phenomenon growing in caring has its foundation in the interest to grasp and describe the general structure on the basis of student nurses’ lived experiences during education. The choice of using a phenomenological lifeworld approach in the study was to grasp the phenomenon growing in caring with an open and immediate mind. However, even if the focus was to illuminate the phenomenon, the question still remains of how different approaches influenced the findings in this study. When comparing approaches with each other, there are a number of approaches that could have been considered for this study such as phenomenography, hermeneutic or grounded theory.

When reflecting on phenomenography, this method aims to gain conceptions of a particular phenomenon (Marton & Booth, 2000). Phenomenography is thus not striving towards grasping the essence of a phenomenon. Rather, it shows conceptions of humans’ lived experiences. In relation to this study where the aim was to describe and reach the general structure of growing in caring, the phenomenological lifeworld approach offered the best opportunity to illuminate the phenomenon in that way. This implied staying focused on the phenomenon and, by using different views, trying to understand, question, and problematize in order to gain a deeper understanding until the essence appeared. The difference between phenomenography and phenomenology regarding the search for essence was the determining factor when choosing the approach for this study. On the other hand, phenomenography may have viewed the phenomenon in another way through illuminating conceptions of student nurses’ experiences of the phenomenon during education. It can be assumed that these conceptions could generate knowledge of student nurses’ opinions of growing in caring. However, by using phenomenography the essence would have been missed and the aim for this study would not have been reached. Through the phenomenological lifeworld approach I moved a step further and could grasp the essence of growing in caring.

Another approach that could have been chosen was hermeneutic. This approach has, as phenomenology, also its foundation in the lifeworld perspective (Gadamer, 2004). This implies that the study takes a point of departure within the humans’ lifeworld and data is gathered through various methods. The difference between hermeneutic and phenomenology is the aim for the analysis, meaning how the data is analyzed. Dahlberg and colleagues (2008) explain that: “many hermeneutics not only search for mean-
ing, they also ask why this meaning transpires. Thus, interpretive analysis includes intentional explanations” (p. 280). With a hermeneutic approach, the analysis strives towards understanding the data through an inter-play between pre-understanding, understanding and intentionality (Ödman, 1979). This inter-play lays the foundation to know more, to go deeper and in different directions. These attempts include, according to Dahlberg and colleagues (2008), sometimes using theories to be able to interpret. However, when reflecting on hermeneutic in relation to the phenomenological lifeworld approach used in this study, some differences appear. My intention was to be close to the data in order to give preconditions for the meanings of the phenomenon to appear. The phenomenological approach gave the opportunity to reach meanings from the student nurses’ lifeworlds without interactions of theories. This might have been a limitation, as I could, by a hermeneutic approach, have reached meanings that were hidden behind the student nurses’ descriptions of the phenomenon. This could have been valuable knowledge when searching for meanings of growing in caring. However, if using interpretation I would not have been able to illuminate the phenomenon on its own condition.

The third approach that I want to discuss in relation to how the present study was conducted is grounded theory. Grounded theory, according to Glaser and Strauss (1967), is described as a method, with the aim to generate theories on the basis of data. The emerging theory is, thus, in focus and data is collected, coded and analyzed systematically. Glaser and Strauss describe this further in terms that: “the process of data collection is controlled by the emerging theory, whether substantive or formal” (p. 45). When comparing these descriptions with the aim of this study a number of differences appear as to how to grasp meanings. The most apparent difference that can be discovered is the diversity in the epistemological frame for studies. In this study, the lifeworld perspective was the foundation and the intention was to place the phenomenon growing in caring in focus. This means to be immediate to the phenomenon and the process of understanding is, as Dahlberg and Dahlberg (2004) state: “ruled by the phenomenon” (p. 48). Since grounded theory and phenomenology do not share the same epistemological ideology, it affects how meanings of the phenomenon are grasped. Grounded theory was therefore not considered as suitable to this study.

When discussing considerable research approaches, it is also interesting to reflect how the contribution to this study would have been if a quantitative method had also been used. Patton (2002) describes that combining qualitative and quantitative studies is often considered as a strength in studies. By using these types of studies, the research area can be captured
and viewed both in more detail and in depth both with few and many participants. When I reflect on the data gatherings used in this study, I realize that a quantitative method could have enriched the findings as a larger number of student nurses could have participated. However, a quantitative method (LoBiondo-Wood, 2006), presupposes direct methodological stages to reach an answer to the aim for the study. A quantitative method offers various instruments to measure and quantify data, which were not considered as valuable for this study. The striving for openness and sensitiveness for the phenomenon growing in caring from the student nurses’ lived experiences obtained an approach that offered ways to be immediate. Patton (2002) describes that the study’s epistemology, aim and questions are the guiding stars that direct the research process. This shows that if a quantitative method has been used, it would have changed both the foundation and the aim in the study. Further to this, Kvale (1997) problematizes the distinction between qualitative and quantitative methods. This means that it is a problem to make clear distinctions from each, since qualitative and quantitative methods are only tools used to answer the research questions. When making a distinction, polarization is caused.

In summary, through reflections of the phenomenological lifeworld approach and the data gatherings used in this thesis, I have realized that there are a number of approaches that could have been adopted in this study. However, the point of departure in this study was the rationale and the aim. The aim was the guiding star and directed the path as to how to reach and answer this research area. The phenomenological lifeworld approach with its clear requirements to be open, immediate and stay focused on the phenomenon, was suitable to grasp the phenomenon. Through the focus on the phenomenon and by using various data gatherings the general structure could be illuminated. These reflections provide an awareness that in further studies, it is of value to combine approaches with different qualitative studies as well as quantitative methods. This could gain knowledge of growing in caring in different levels as well as in context.

**Grasping the phenomenon**

The phenomenological lifeworld approach is distinct, as in order to stay focused on the phenomenon during the study and to be able to grasp meanings of a phenomenon there is a need to gain various experiences (Dahlberg et al., 2008). In this study where the phenomenon growing in caring was studied in the student nurses’ lifeworld, the selection of the student nurses had to be carefully accomplished. The selection of student nurses was at a university in a medium sized municipality in Sweden. In order to gain a number of experiences and give justice to the phenomenon,
I used the selection criteria, age, gender, ethnicity, education and earlier work experiences within care settings in the study. This choice of criteria can be reflected upon and it can be discussed if the selection was necessary. When Dahlberg and colleagues (2008) discuss the selection of participants, they drift in terms of: “the phenomenon should direct the data gathering but in general it is important to include informants of different ages and generations and different genders” (p. 175). As the quotation indicates, variations of experiences of the phenomenon are crucial for phenomenological lifeworld studies.

When comparing the student nurses participating in this study it is obvious that the used selection criteria were motivated by a number of reasons. At the present university the majority of the student nurses were women and they were between the ages of 22-30. This implied that it can be assumed that the student nurses’ education levels as well as earlier work experiences were similar. By using selection criteria, the selection of student nurses was guided towards gaining variations in their background and experiences and choosing just one specific group of student nurse was avoided. Every human lives in their own lifeworlds and Bengtsson (1998) describes that there are differences between humans as they have: “a multitude of differences, variable and changeable qualities, worlds, uses and dimensions” (p. 18). This implies that in every moment the way meanings of characteristics show is dependent on each human’s own unique experiences and how these appear in the lifeworld. This description led me to further understand that, theoretically, variations of the phenomenon would have been reached even without the selection criteria. However, the criteria facilitated the selection of student nurses to grasp variations of the phenomenon growing in caring. When examining the selection criteria a consideration about the criteria regarding ethnical background emerged. The selection could have been facilitated through asking for the ethnic origin at the point when the student nurses wrote their experiences of education and work. That would have given me information directly allowing possible deselection of individual student nurses early on in the study. Furthermore, spending time discussing this part with the student nurses could instead have been spent discussing the aim of the study.

The fact that the participants were student nurses solely from one university in Sweden has both its advantages and disadvantages. The idea to recruit student nurses from one university was to get access to student nurses during their entire education. As previously discussed, the selection of this university was that they had caring science as the main field of study in the nursing programme. This was considered as crucial, since Swedish higher education institutions define the main field of study in different
ways (Östlinder et al., 2009), which results in the fact that caring may be more or less obvious in the education. Further, the idea was to be realistic regarding time and the possibilities for the student nurses to participate throughout the whole study. Since the phenomenon leads the path as to how data should be gathered, that implied using different data gathering points several times during the education. This presumed the ability for student nurses to get time to participate. The question that could be posed is if the phenomenon could be grasped in another way if student nurses had been recruited from various higher education institutions? On the basis of the discussion above regarding that every student nurse lives in their own lifeworld, it can be assumed that the phenomenon can be illuminated from experiences from one university. Through using the selection criteria, the phenomenon could be viewed with a number of experiences included. However, the culture at the specific university may have influenced the student nurses descriptions. On the other hand, by using a phenomenological lifeworld approach, the intention was to grasp the phenomenon on the basis of the lived experiences. Through using a phenomenological attitude during all the data gatherings there should be a limited risk to just end up with opinions. Instead, the intention was to grasp the phenomenon as it appears in the student nurses’ lifeworld.

It was a responsibility of mine to be open and immediate to the phenomenon during the study through posing questions and allowing the student nurses to think, reflect and describe their experiences. This was sometimes difficult, but an awareness as to the direction of the phenomenon together with a curiosity to find new and unexpected perspectives meant that new paths were illuminated to reach meanings of the phenomenon. Dahlberg and co-workers (2008) assert that a phenomenon needs to be understood on its own condition, which implies being immediate to the phenomenon without the direction of theories. This involves that the phenomenon is in focus and directs the path of how meanings should be illuminated. Through being immediate to the phenomenon growing in caring in this study a number of data gatherings, such as interviews and written narratives were used over the years. The questions in the data gathering focused on the meaning of caring with support of the question areas caring as thought, caring as feeling and caring as action. By using these areas, the intention was to reach the student nurses’ movements in caring. A consideration is if the phenomenon could have been grasped in another way if the questions had focused on: “can you describe how you grow in caring”? A limitation of this kind of question is that the student nurses may have been limited in their answers because they may have assumed that I supposed that they should describe how they develop in caring. Since the aim with
this study was to illuminate how growing in caring was experienced and not to judge the development of caring, this could have given a false impression of the study focus.

The interviews and the written narratives were all analyzed, while the field notes from the observations and the case descriptions were used as a preparation before the interviews with the student nurses. The choice of not analyzing all text in the data gatherings requires further consideration. The aim of using the field notes and case descriptions before the interviews was considered as a strength regarding the illumination of the phenomenon under study. These facilitated opportunities to reach and grasp meanings of the phenomenon in its natural context, that according to Dahlberg (2006a) are often taken for granted. With a point of departure in the field notes when the interviews were conducted in semester two and with the case descriptions during semester four, the student nurses began to describe the phenomenon. These interviews continued with their descriptions with support of the question areas: caring as thought, caring as feeling and caring as action in order to give opportunities to gain deeper descriptions. By using this data as a preparation for the interviews opportunities were encouraged to pose new and other questions of the phenomenon. This was a way of supporting the student nurses in obtaining new ideas as to how to describe and explain their experiences of the phenomenon in a deeper way. The student nurses responded during the interviews with statements such as: “I have never thought about that situation” and “this is something I do every day when caring for patients and never talk about it”. These expressions show that the field notes and case descriptions proved fruitful sources in order to obtain more input and expand the student nurses’ descriptions. These helped me obtain access to the student nurses’ lived experiences and moved me closer to the phenomenon, which could have been difficult without them. However, not using the field notes and case descriptions in the analysis may be considered as a weakness. These transcriptions could have contributed to further insights and nuances of growing in caring. Out of a research ethics perspective (Gustafsson et al., 2005) the moral aspect of not using all of the data in the analysis can be discussed. In this study, the student nurses were informed before the data gathering which data would be used for preparation. This treatment of data was accepted by the student nurses.

The number of student nurses during the study was reduced from twenty in the first semester to eight when the last data gathering was conducted. Of these eight student nurses three new ones were recruited and participated in the study. The question that could be posed is if and how the student nurses attrition influenced the findings? Dahlberg and colleagues
(2008) explain: “when the analysis of the first portion of data is completed, new and maybe different informants can be invited” (p. 175). This explanation shows that the number of participants in the data gatherings is of minor importance and focus is instead turned to gain variations of experiences to get the phenomenon to appear. The positive element in recruiting new student nurses was that the phenomenon was reached with experiences from student nurses that had new eyes and ideas and without the limitations of former participation. This laid the foundation that it may be assumed that they contributed with more nuances and inputs of phenomenon than had emerged before. On the other hand, it can be assumed that the new student nurses could have issues in describing the phenomenon at just one time. The other student nurses had the possibilities to reflect and describe both verbally and in written form during the years of data gatherings. However, to conclude these reflections about the numbers of participating student nurses, I return to the phenomenological lifeworld approach used in this study. This approach clearly states the importance of letting the phenomenon direct the path of how to study from different views, the numbers of student nurses can be considered as sufficient.

**Trustworthiness and generalization**

The path to understanding the level of trustworthiness in studies is to return to examine how the study was conducted. Kvale (1997) describes the importance of describing the different stages in the study to facilitate the reader in understanding the research findings. This can be defined as an audit trail (Streubert Speziale, 2006), which means to guide how the research has been conducted. In this study, I have tried to describe the process carefully, which can perhaps be considered as too detailed, above all, in the data gatherings and analysis. Since a number of data gatherings have been used at different times during the student nurses’ education, I decided that these descriptions were necessary to support the reader to grasp all the stages in the study. However, these stages in the description of working with data should not be understood as a linear process. Instead, as described in the paragraph of data analysis, the work should be considered as a back and forth work between the emerged data. This implied that the phenomenon directed the path for grasping the general structure. Another aspect of audit trail was to present the course literature of caring science in order to facilitate the reader’s considerations of trustworthiness.

In order to discuss the present findings and the level of scientific value these findings have, the discussion moves on to Dahlberg and colleagues (2008) description of the terms objectivity and validity. Objectivity and validity is used within phenomenological studies when the scientific value...
is judged. Objectivity and validity can be considered as interwoven aspects, since they are dependent on each other when research findings are examined. These terms state that the research findings are based on knowledge that can be used, both in general and individual terms, by the humans who are concerned with the research (validity). This is achieved through studying and understanding the phenomenon in its own condition (objectivity), which is done by using a scientific attitude during the study in order to bridle one’s pre-understanding. When reflecting on objectivity and validity in the present study, the epistemological framework with the theories of lifeworld, intentionality and the lived and subjective body were described, studied and learned by myself at the beginning of the study. Giorgi (1999) asserts the importance situating oneself and becoming familiar with the concepts within the framework before the study starts. The framework constituted the foundation during the whole study and directions were continually gained as to how to plan and accomplish the data gatherings as well as the analysis of data. By consciously returning to the framework to examine my choice, I had support and could value how to move further to grasp the phenomenon with an open mind. This movement during the study is in line with Morse, Barrett, Mayan, Olson, and Spiers’ (2002) term verification strategies. These strategies imply: “checking, confirming, making sure, and being certain” (p. 17), which act as a support to critically examine how the study is conducted. The authors argue for using these strategies during the whole research to ensure trustworthiness in the findings. This movement between the framework and the study continued during the work with the search for the general structure in this study. At several times, I discovered that I was taking descriptions for granted and by the support of the framework I was able to make new choices to understand the phenomenon in a better way.

In these discussions about trustworthiness in the present findings, my pre-understanding needs to be highlighted and reflected upon. As noted in the earlier paragraph, I have experience of being a clinical lecturer within a nursing programme as well as a nurse in clinical settings for the last 18 years. During the entire study, I was aware that my pre-understanding could influence how meanings of the phenomenon appeared. By the support of the epistemological frame, I learned to adopt a phenomenological attitude, which helped me to slow down, reflect and pose more questions both during the data gatherings and the analysis. This was not always so easy and sometimes I discovered that I was being too fast in knowing what the student nurses meant. That forced me to question my pre-understanding and again return to the descriptions to find out and receive more information. This movement led to the discovery of new meanings.
and the phenomenon appeared in another light. On the other hand, at some situations I realized that meanings were not taken for granted and the analysis could move further. During this time, I continually discussed, reflected and worked with my plans for data gatherings as well as the analysis together with my supervisors. My supervisors were from different professions and had experiences from various research projects. This gave opportunities to discuss critically, value and reconsider decisions that were made. Thus, the epistemological framework and the supervisors in combination with my own knowledge were valuable tools in striving to grasp the general structure of growing in caring. As the reflections above show, the phenomenon has been worked and examined with support from different points in order to obtain the essence and belonging constituents. That was a conscious move, in different directions, to increase how trustworthy the essence could be considered. Giorgi (1988) explains that when the essence can truly be described and used consistently, then trustworthiness in a phenomenological sense has been reached.

In order to give the phenomenon justice when the findings were presented, I decided to use a lot of quotations to show and allow the student nurses’ voices to be heard. In that way, opportunities for the readers were created to value the emerged findings from this study (Kvale, 1997). These findings are permeated by the student nurses fighting for their otherness and some of the findings can be considered as surprising and, maybe, provocative for persons working within nursing educations as well as in the clinical settings. Through the quotations, the aim was to show meanings and variations of the phenomenon as it appeared in the student nurses’ lifeworlds. In this way the findings can give an understanding of their experiences. The use of quotations in research presentations is discussed by Sandelowski (1994). She asserts that the selection process needs to be considered in empirical, ethical and aesthetical aspects in order to ensure a validation of the findings. In relation to the present study, the quotations have been carefully selected to show the most rich meanings and widest variations in the data. However, in the data there were a number of rich meanings, but in accordance with the limitation of space in the thesis, all quotations could not be included.

Generalization within phenomenological studies implies that research findings should be generalized to other persons outside the specific study. Although the goal with research is to go beyond the concrete individuals and their personal experiences, the findings are still connected to a context (Dahlberg et al., 2008). This implies that this study gives an understanding of growing in caring as it is experienced by student nurses within a nursing education with the main field of study caring science. However, these find-
ings illuminated the general structure, meaning that individual experiences were synthesized and abstracted into a higher level. In this way the findings were lifted above solely an individual experience, which explains that the findings may be generalized to student nurses at other Swedish higher education institutions. However, consideration is required as to how the education is organized regarding the main field of study. In an international perspective, these findings may be difficult to transfer into their education depending on the organization. On the other hand, these findings may reveal an understanding of caring from the student nurses’ experiences which can be used in discussions within an educational context.

**Future research**

The present study raises new questions with focus on student nurses’ otherness, which need further research. Since the findings clearly indicate that student nurses grow and sustain in their otherness during education, considerations emerge as to what happens after graduation? How do student nurses continue to grow in caring? In what way does caring appear in thoughts, feelings and actions one year after education by the participating student nurses? These questions are of importance in an educational context in order to illuminate the otherness in connection to themselves, clinical settings, the discipline, the profession and the education. In what way are the otherness related to the discipline that empathizes caring and to the education with its mission to prepare student nurses with a foundation in caring?

These findings also point out the need to further study the student nurses’ otherness through a concept analysis in order to identify attributes that distinguish the concept otherness from others. Another way to grasp the otherness is to direct the focus towards the meaning of the otherness from a philosophical view. Through critically examining the otherness in relation to philosophers’ thoughts, an understanding can be revealed in a deeper level in order to create support for student nurses in their otherness during education. With a point of departure in the student nurses’ otherness it might be interesting to introduce learning strategies in caring from the beginning and during all years in education. Through following how student nurses grow in caring during these strategies an understanding can be revealed of how the otherness appears and develops.
Kampen för annanheten
Sjuksköterskestudenters levda erfarenheter av att växa i vårdande

Bakgrund

Nationella och internationella studier har påvisat att studenter beskriver vårdande på olika sätt. Vårdande beskrivs som ett förhållningssätt som att visa medlidande, ha omsorg och värna om patienter men också som praktiska moment som att utföra medicintekniska sysslor, vara teknisk kompetent och ha kunskaper om medicinska sjukdomar (Kapborg & Berterö, 2003; Karaöz, 2005). Studenter beskriver vårdande (caring) som något unikt och skilt från omvårdnad (nursing) vid utbildningens början, vilket förändras till att beskrivas som synonyma begrepp under studietiden (Linder, 1999; Watson, Deary, & Lea, 1999a). Efter tolv månader i utbildningen förändrades beskrivningen av vårdande till att inkludera alla aktiviteter som rör patienten som psykosociala och tekniska uppgifter (Watson m fl., 1999a). Andra studier har visat att några studenter har kunskaper i vår-

22 I föreliggande avhandling görs en skillnad mellan vårdvetenskap och omvårdnadsvetenskap. Vårdvetenskap beskrivs som en autonom vetenskap med syfte att utforska och utveckla kunskap om vårdande. Omvårdnadsvetenskap innebär att utveckla kunskap för sjuksköterskeprofessionen, vilket är baserat på olika vetenskaper.

Vårdvetenskapens didaktik
Det teoretiska perspektivet för avhandlingen är vårdvetenskap med inriktning mot vårdvetenskapens didaktik23. Denna didaktik utgör en vetenskapsgren inom vårdvetenskap och delar samma ontologiska och kunskapsteoriska grundantaganden om människa, hälsa, lidande, vårdande och värld (Eriksson, 1988; Ekebergh, 2004a; Eriksson & Nordman, 2004; Matilainen 2004;).


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Med utgångspunkt i det teoretiska perspektivet valdes en fenomenologisk livsvärldsansats (Dahlberg, Drew, & Nyström, 2001; Dahlberg, 2006a; Dahlberg, Dahlberg, & Nyström, 2008) som kunskapsteoretiskt perspektiv. Denna ansats användes för att studera att växa i vårdande som

**Empirisk studie**


**Tabell 1: Deltagarantal och datainsamlingsperiod**

<table>
<thead>
<tr>
<th>Datainsamlingsperiod</th>
<th>Datainsamling</th>
<th>Deltagare</th>
</tr>
</thead>
</table>
| Termin 1, 2005
Augusti-September | Intervjuer    | 20 studenter |
| Termin 2, 2006
April-Juni          | Skrivna berättelser, Intervjuer | 14 studenter |
| Termin 4, 2007
April-Juni          | Intervjuer    | 8 studenter |
| Termin 6, 2008
April-Juli           | Skrivna berättelser, Intervjuer | 8 studenter (varav 3 nya) |

24 Fenomen härstammar från det grekiska ordet phenomena och betyder saker som det visar sig. Det innebär att saker inte bara visar sig utan sakerna visar sig alltid som något för människan (Bengtsson, 2005a).


I CECILIA RYDLO Fighting for the otherness


En generell struktur av att växa i vårdande
Studenternas levda erfarenheter av fenomenet växa i vårdande utmynnade i följande generella struktur.

Att växa i vårdande innebär en kamp att existera och överleva med sina egna tankar om vårdande i en värld fylld av förväntningar på vårdande. Studenterna uppmärksammar vårdandets komplexitet i mötet med vårdarens och vårdteoriers olika perspektiv på vårdande. I denna komplexitet förstår studenterna att de är annorlunda och deras annanhet framträder. Annanheten består av självklara och unika tankar om vårdande som baseras på tidigare erfarenheter, vilka är olik de vårdande tankarna som beskrivs av andra. Annanheten erfars som en egen unik kunskapskälla, där kunskap och kraft inhämtas för att tänka, känna och handla vårdande i vårsituationer.


Att växa i vårdande erfars också som en vägran att överge sina egna tankar om vårdande i förhållande till omgivningens krav. Detta beskrivs som att följa sina intyck av patienters behov och använda en röst av vårdande om vårdande inte utförs rätt av andra. En röst av vårdande innebär att bli vägledd av sin annanhet och ha mod att träda fram trots sin ställning som student. I kampen att göra det bästa för patienterna antas en

Fenomenet att växa i vårdande kan ytterligare beskrivas genom följande konstituenter: Identifiera det väsentliga i vårdande; Anpassa vårdande utan att överge sina egna vårdande tankar; Röra sig mellan intryck och kunskap till ett sammanhang; Erövra mod att förhindra icke-vårdande med en röst av vårdande; Bli den andra; och Omvandla vårdteorier för att stärka sina egna tankar om vårdande.

Slutsatser och implikationer
Slutsatser som kan dras från denna studie är att studenter genomgår en kamp i ensamhet för att kunna existera och överleva med en annanhet under utbildningen. Annanheten, de självklara och unika tankarna om vårdade, uppkommer när studenter möter en komplex värld med arenor som vårdteorier och flera kliniska verksamheter med skilda ontologiska antaganden om människor. Det är i denna komplexitet som studenterna förstår att de är annorlunda och annanheten uppstår. Annanheten framträder som en egen unik kunskapskälla, vilken ger näring för att finna vägar att tänka, känna och handla vårdande. För att kunna erbjuda patienterna det bästa vårdandet reflekterar studenterna före, under och efter vårdsituationer i relation till sin annanhet. Annanheten erfars vara den enda pålitliga källan för att kunna förstå och tolka patients behov av vårdande. Resultatet indikerar att det ofta diskuterade gapet mellan vårdteori och praktik är en för enkel slutsats att dra. Istället består gapet av en mängd arenor av vårdande, där studentens egen arena, annanheten, bildar navel i studenternas värld.

Föreliggande studie påvisar studenternas kapacitet, vilja och mod att skydda patienter med en röst av vårdande baserat på sin egen annanhet. Trots den upplevda pressen att anpassa sig efter arenornas olika krav verkar studenterna inte anpassa sig. Istället försöker de finna begrepp som kan förklara vad deras annanhet innebär för att på så vis rättfärdiga sin kunskap. Nyckeln är att använda begrepp från vårdteorier, vilka noggrant


Resurser och samarbeten i en anda av vårdvetenskap behöver utvecklas för att kunna göra förändringar i lärandestrategier. Ledare förankrade i vårdvetenskap behövs i ledande positioner såväl inom klinisk verksamhet som inom utbildning. Dessa ledare behöver tillsammans diskutera, identifiera och utvärdera hur ontologiska antaganden om människor betraktas i varje organisation för att sträva mot ett tydlig och gemensamt mål. Då denna studie visar studenternas kamp i ensamhet ges incitament till att lärare och handledare behöver få förutsättningar avseende tid, utrymme, vidareutbildning och stöd för att utveckla lärandemiljöer med studenterna. En organisation med tydliga ledare, lärare och handledare förankrade i vårdvetenskap kan ge möjligheter för studenters växande i vårdande baserat på vårdvetenskap i en trygg lärandemiljö.
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APPENDIX 1

Request for participation in research project
You are asked to participate in a research project designed to describe your experiences of learning in nursing education over three years. The research principal is xxx University. Project selection has taken place with consideration to obtaining a variation of gender, age, ethnicity, education, and earlier work experience in the study group. The research project is restricted to include the learning in your clinical rotations, the project focus is theoretical and practical knowledge as well as caring knowledge in health care.

The research project means that you are involved throughout the three year education period by way of three written narratives, four interviews, three observations and a case description during clinical studies. You will receive verbal and written information before each data collection period.

Your participation is voluntary and you may discontinue participation at any time during the project. If you choose not to participate, or if you cancel your participation, then this will not affect your studies. Information submitted will be treated confidentially, which means that no data will be traced back to you as an individual when reporting the results. The data is stored during work and kept in a locked room to which no one has unauthorized access.

You will be invited to a meeting for a mid-term report of the project during the last semester of education. The project will be presented in a thesis which is expected to be completed in 2010.

A few days after you have received this information letter you will be contacted by telephone by Cecilia Rydlo. The phone call offers the opportunity for you to ask further questions and you are also welcome to contact the main supervisor, see the information below.

Cecilia Rydlo
Registered Nurse
Doctoral student
Tel: xxx xx xx xx
cecilia.rydlo@xxx.xx

Gerd Ahlström
Professor nursing/caring science
Main supervisor
Tel: xxx xx xx xx
gerd.ahlstrom@xxx.xx
APPENDIX 2

Request for implementation of research project

Xxx University has an ongoing research project that aims to describe student nurses’ learning experiences in caring. The results of the project are expected to generate new knowledge about how theoretical and practical knowledge as well as caring science are experienced from a student nurse perspective. When the relationship between these forms of knowledge is made clear then support to student nurses can be developed during education so that skills can be attained before the coming profession as a nurse. The project is longitudinal and the informants are student nurses during the annual studies conducted in clinical settings. Data collection methods used are interviews, observations, case descriptions and written narratives.

Some of these respondents will conduct their studies within your organization and I would like your permission to interview and observe the student nurses during their time at the department/area. Student nurses are thus the focus of research, but patients are involved in that the students are followed in their studies. Patients will not be interviewed though, and it will not be possible to trace any descriptions of the patients to those individuals. Patients are informed in writing about the project's significance by the ward office nurse the night before the observation time and have the opportunity to decline participation. The Head of Department has previously been informed verbally about the project’s significance.

The project is conducted by Cecilia Rydlo and research findings will be presented in a monograph which is expected to be completed by 2010.

Please contact the following if additional information is required:

Cecilia Rydlo
Registered Nurse
Doctoral student
Tel: xxx xx xx xx
cecilia.rydlo@xxx.xx

Gerd Ahlström
Professor nursing/caring science
Main supervisor
Tel: xxx xx xx xx
gerd.ahlstrom@xxx.xx
APPENDIX 3

Research project information
Xxx University has an ongoing research project that aims to describe student nurses’ learning experiences in caring. The results of the project are expected to be of significance for the development of support to student nurses during education so that skills for the upcoming profession as a nurse are attained.

This project means that student nurses are followed during their studies in the department. The project is conducted by Cecilia Rydlo who will be present in order to observe when student nurses perform caring of patients over a half a day, but will not participate in care routines herself.

The focus of the project is therefore student nurses. Any descriptions of student nurses’ learning, which includes situations involving patients, will not be traced back to you as an individual. No information that can identify any patient will be collected in this project. My question is if I have your permission to monitor the student nurses during their studies. Your participation is voluntary and you can always speak up or interrupt my observations at any time.

If you have further questions, please feel free to question the nurse in the ward office or contact the following persons:

Cecilia Rydlo  Gerd Ahlström
Registered Nurse  Professor nursing/caring science
Doctoral student  Main supervisor
Tel: xxx xx xx xx  Tel: xxx xx xx xx
cecilia.rydlo@xxx.xx  gerd.ahlstrom@xxx.xx
Publications in the series
Örebro Studies in Care Sciences*


* Seriens namn var tidigare (nr 1–24) ”Örebro Studies in Caring Sciences”.


