

ORIGINAL RESEARCH

“Seeing the patient as a human is their priority” – Patients’ experiences of being cared for by pairs of student nurses

Annette Strömwall¹, Lise-Lotte Ozolins², Ulrica Hörberg^{*2}

¹Region Kronoberg, Växjö, Sweden

²Department of Health and Caring Sciences, Faculty of Health and Life Sciences, Linnaeus University, Växjö, Sweden

Received: January 10, 2018

Accepted: February 22, 2018

Online Published: March 14, 2018

DOI: 10.5430/jnep.v8n7p97

URL: <https://doi.org/10.5430/jnep.v8n7p97>

ABSTRACT

Background: A Developing and Learning Care Unit (DLCU) is a model used in the clinical practice of student nurses that aims at bridging the gap between theory and praxis, by supporting nursing students’ learning through supervision in pairs. The aim of this study is to describe how patients experience being cared for by pairs of student nurses.

Methods: The study is based on a reflective lifeworld research (RLR) approach founded on phenomenological traditions. Data was collected in lifeworld interviews of 17 patients cared for by pairs of student nurses. The data was explored and analysed for meaning.

Results: To be cared for by student nurses, supervised in pairs entails being involved in the students’ learning and being met with responsibility and a willingness to care and learn. This means being made the centre of attention, being seen, taken seriously and being listened to as a valuable human being. The students’ care is shown to be more flexible and has a more open approach, in comparison to that of the ordinary staff, and they ‘do something extraordinary’ and give of their time.

Conclusions: Pairs of students, who are supervised within a learning model that support students’ learning through reflection, can contribute to patient experiences of being given good care.

Key Words: Clinical practice, Developing and Learning Care Unit, Nursing students, Patient perspective, Reflective lifeworld research

1. BACKGROUND

A Developing and Learning Care Unit (DLCU) is a model used in the clinical practice of student nurses that aims at bridging the gap between theory and praxis, by supporting nursing students’ learning through supervision in pairs.^[1] The present study focuses on the patients’ perspectives on being cared for in a DLCU.

Training wards labelled Dedicated Education Units (DEU),

with the purpose of integrating theory with practice in a clinical setting, were established in the 1990s.^[2] DEUs and similar learning environments are structured to allow time for instruction, and for students to be responsible for patient care, as well as providing possibilities for the students to learn from each other.^[3–8] Moreover, the environment of a DEU stimulates partnerships between academic and clinical organizations.^[9,10] DEUs based on a lifeworld theoretical

*Correspondence: Ulrica Hörberg; Email: ulrica.horberg@lnu.se; Address: Faculty of Health and Life Sciences, Linnaeus University, Växjö, Sweden.

ground have also been developed^[11] and in these the patients' unique perspective and narrative is taken as the fundament for caring.^[1,12] A parallel development is the Developing and Learning Care Unit (DLCU), which is characterized by the student nurses being supervised in pairs.^[13-16] The DEUs based on Ekebergh's framework and the DLCUs share the same didactic foundation. The aim is to integrate theory with praxis with the help of reflection in order to develop a caring approach, which supports the students' learning to care based on a lifeworld perspective.^[12,17,18]

Only a few studies have been found that focus on the patients' perspectives of receiving care from student nurses. Suikkala and Leino-Kilpi^[19] show that the patients were satisfied with the students' genuine presence and care, and that the patients were helped when needed. In a study by Stockhausen^[20] it is shown how patients can contribute to the students' learning process and that the patients experienced being a part of the students' learning. Furthermore, Mossop and Wilkinson^[21] maintained that the patients thrived with the extra attention they received from the students. This concurs with the findings of Eskilsson, Carlsson, Ekebergh et al.,^[8] who concluded that patients on a DEU are often sympathetic to and appreciative of the care from the students. The patients experienced that the students really took time to listen to them. In addition, the patients felt secure with the supervisor's backup. On the other hand, patients have also expressed feelings of insecurity when students have too much responsibility. Mukumbang and Adejumo^[22] reveal both positive and negative aspects of being cared for by student nurses. The positive aspects included the student nurses being supportive, helpful and willing to be of service, while the negative aspects were that they lacked competence and had a poor professional behaviour and low level of skills.

One study, which presented the patient perspective from a DEU in a psychiatric clinic, showed that encounters with students entailed both giving and receiving. This meant opportunities but also potential risks for being hurt. Nevertheless, the possibilities often outweighed the potential risks. Furthermore, the patients described that they felt a responsibility for the students' learning to care, and that they found it interesting to see the students' development. The patients also noticed that the students wanted to learn and were more willing to listen and to try to understand the patient's situation, compared with the ordinary staff.^[23] Another study from psychiatric care shows that a majority of patients (76%) were comfortable with the students' involvement in their care.^[24]

In a review of earlier research in the field, only two studies were found that focused on patients being cared for by

a pair of student nurses. Austria et al.^[25] studied the collaborative learning between students and showed that the patients were generally positive to being cared for by pairs of students. The patients experienced that the student pairs were thorough, attentive, approachable and caring. Some aspects, however, were perceived negatively, for example, some tasks were duplicated and took more of the patient's time. Holst et al.^[16] have studied the learning space that occurs in the interaction between patient, pairs of nursing students, and supervisors. The result shows the patients' vulnerability and dependency when being cared for by pairs of students, but also the genuine care given by the students by spending their time and showing respect to the patients in the nursing situation. Considering the scarcity of knowledge in the research field of how patients experience to be cared for by students, it is important to explore the field in general and more specifically how patients experience being cared for by pairs of student nurses. The aim of this study is thus to describe how patients experience being cared for by pairs of student nurses.

2. METHODS

This study is based on a reflective lifeworld research (RLR) approach.^[26] RLR is founded on phenomenology and continental philosophy, where the prominent sources are Husserl's lifeworld theory,^[27] the theory of intentionality^[28] together with Merleau-Ponty's theory of the lived body,^[29] reversibility and the ontology of the 'flesh of the world'.^[30]

Based on the informants' lived experiences, the methodological principles in RLR of openness, flexibility and bridling were applied throughout the whole research process in order to describe the phenomenon in focus,^[26] which in this study was 'to be cared for by pairs of student nurses'.

2.1 Setting

A DLCU is a caring and learning environment in clinical practice that was first developed by Professor Ekebergh in 2007^[12,17,18] in collaboration with clinical settings in the south of Sweden. The DLCUs are based on caring science and have an epistemological foundation in lifeworld theory. The main focus in these units is to support nursing students' learning process, and to transform caring science knowledge to become a tool in order to deepen the understanding for the patient's situation and to support health and wellbeing in caring contexts, with the purpose of providing an excellent and evidence-based health care.

Four of the seven units in a general hospital where student nurses are supervised in accordance with the model "Developing and Learning Care Units" were selected for the study.^[1,18] A team of three supervisors, guided by a re-

flective approach, support the pairs of students. The team consists of one base supervisor who supervises students in the bedside area, one main supervisor with an overall responsibility for the students' clinical studies together and one lecturer from the nursing education who contributes with the theoretical caring science perspective. In this model, a pair of students consists of one student from the second year, and one student from the third year of the three-year nursing programme. The students collaborate during a five-week period of clinical practice.^[1]

2.2 Sample/informants

The patients were invited to participate in the study by head supervisors, who were not directly involved in the care of the patients. A total of 17 patients, 11 women and 6 men, were included in the study with a mean age of 74 years, with a range of 33-93 years. The mean length of the patients' stay on the wards was 9 days, ranging between three and 21 days. The diagnoses were hip fracture, chronic pain, urine infection, renal disease, pneumonia and diabetes mellitus. Seven of the informants were admitted to medicine units, six to an orthopaedic unit and four to an infection unit. The inclusion criteria for the patients were: treated for at least three days, Swedish speaking, in a stable condition with the strength to participate and being cared for by pairs of students.

2.3 Data collection

Data was collected in lifeworld interviews following the principles of the RLR approach with open-ended questions directed towards the phenomenon in the form of a reflective dialogue.^[26] The interviews were conducted in a separate room close to the ward or in the informants' hospital room. In the latter cases, the carers were asked not to disturb the interview. The opening questions were: How do you experience being cared for by students, and how do you experience to be cared for by pairs of students? Follow-up questions were asked to gain a greater understanding of the phenomenon, such as; can you please give an example of... can you tell me a bit more about this, how do you mean?

The interviews lasted for 30 to 60 minutes and all were audio-recorded except one, which was written down, making sure to catch everything the informant said. The audio-recorded interviews were transcribed verbatim.

2.4 Data analysis

The data was explored and analysed for meaning in order to allow the phenomenon to emerge. The analysis is characterised by a movement between the whole, the parts and towards a new whole, in order to describe the phenomenon's essential meaning structures.^[26]

The text was first read several times and then the data was searched for meaning, and meanings related to each other were grouped in clusters. The meanings and clusters were compared to the original text throughout the analysis. This was done in order to be open to the phenomenon, whilst maintaining a bridled attitude and not allowing the pre-understanding to overshadow the phenomenon. Another important element in the analysis process was to keep the clusters flexible to avoid understanding the meanings and meaning structures too quickly. This is of core importance in allowing the phenomenon to emerge.^[26,31] The meanings were grouped in 24 flexible clusters, and the next phase was to look for how the clusters were interrelated in order to search for patterns of meanings. Questions were asked such as: What makes it this specific phenomenon, what are the characteristics? What does it mean to be cared for by pairs of students? A movement between the parts and the whole was performed, in order to gain a greater understanding and to be able to describe the essential meaning structure of the phenomenon. Then the analysis continued with the process of identifying variations and nuances of the phenomenon, which are described as constituents of the essential meaning structure, i.e. a description closer to the context than the essential structure of meanings.

The essential structure of meanings is initially presented in the findings, and is then followed by a description of meanings that further constitute the phenomenon with its variations and individual nuances of the phenomenon under study.

2.5 Ethical aspects/considerations

The study was approved (reg. number EPK 181-2013) by the Ethical Advisory Board in South East Sweden.^[32] The study was performed in accordance with the Declaration of Helsinki.^[33] Written permission to conduct the study was provided by the department heads of each participating DLCU. The patients were initially informed by the head supervisor at the current ward about the project. Informed consent was obtained from all participants, both orally and in writing. They had also received an information letter about the study prior to the interview taking place. The participation was voluntary, and the participants were informed about their right to decline further participation at any time without having to provide any motivation and that participating or not in the study would not affect the care given.

3. RESULTS

The essence of the phenomenon "to be cared for by student nurses, supervised in pairs", entails being involved in the students' learning and being met with responsibility and a

willingness to care and learn. This means being made the centre of attention, being seen, taken seriously and being listened to as a valuable human being, which is shown in respectful encounters characterized by, thoughtfulness, commitment and presence, and where needs are met. The caring by pairs of students is perceived in a positive way, which gives a sense of security when they help and support each other. It also means gaining insight into the student pair's cooperation, which takes place in for the presence of the patient. A sense of security emerges when the students' care is of good quality. The students' care is shown to be more flexible and has a more open approach, in comparison to that of the ordinary staff, and they 'do something extraordinary' and give of their time.

There is an understanding that the students need to learn and there is a trust for students' knowledge and a belief that they do not carry out caring acts if they are lacking the necessary knowledge. This is connected to the students openly sharing their knowledge, information and communication with each other, and with the patient, in a way that can be easily understood. The students' openness and patients' confidence in the care being provided under supervision contributes to the patients feeling secure and satisfied in the caring situation.

The phenomenon is further described with support of four constituents: Being involved in learning and caring, Being in the focus of care, Confidence and trust in the quality of the care and Receiving something out of the "ordinary".

3.1 Being involved in learning and caring

Being cared for by students who are supervised in pairs entails an involvement in the students' learning and the care they provide. The students explain what they are going to do and why they are going to do this, which helps the patient feel well-informed and confident about the caring situation, thus creating a sense of security. *"I feel very secure when students take care of me, it shows that they have the knowledge. They seem very well-informed, and they explained to me"* (Man, 80 years). The students' cooperation takes place in full view of the patient, where they help and support each other. The students talk with each other while they tell the patient about what they do. In that way the students' learning is linked with the care of the patient. *"They supplement each other so well, they do. I can see that when one of them needs help the other comes to help and support."* (Woman, 93 years)

Patients are confident in the students when the latter clearly show what they can do, and that they will find out what they cannot do. The supervisor is a prerequisite for the patients' sense of safety when they are cared for by a student pair. Patients are confident in the care given by the students super-

vised in pairs and in that they will not carry out anything that they are not really prepared or trained to do.

The students call for their nurse (supervisor), who comes and does the things they can't do themselves. I've nothing negative to say about the students, they're good. They always ask their supervisor if there's something they don't know. (Man, 80 years)

Students are perceived as interested in learning new things, which manifests itself in them attempting to apply new skills in the care of the patients. There is an understanding that students need to learn, and patients believe that it is important that students have the opportunity to practice and thus allow the students to practice nursing actions on them.

If there are no students who are taught then there'll be none that can take care of us in the future...//a new generation has to come, and they must gain the knowledge. //Without the students one would in the end have to be at home and be in pain without getting help...//If they make mistakes sometimes it doesn't matter as long as they learn. (Man, 33 years)

Being cared for most of the time by the same pair of students stood out as something positive in relation to the possibility of getting to know the students and following their development. The patients also gained insight into the students' cooperation.

Students learn from each other, they ask each other about what they can't do. They discussed how they would take the blood test and took turns. They can even hold my hand if I ask them when they're going to put the needle in. (Man, 78 years)

3.2 Being in the focus of care

To be a patient cared for by students who are supervised in pairs means being seen as a person and listened to as a unique person. It also means to be met with respect, kindness and commitment, which the patients describe as the students' genuine willingness to provide good care. *"They want to do much, they want to help. I think the students really want to help and support, to participate and they want to help so that you enjoy your stay."* (Woman, 62 years)

Patients describe how the pair treats them calmly and with compassion, and how they try to understand the patient's situation by taking the time to talk and listen to them, which

helps the patients feel acknowledged and seen as human beings. The patients compare the students' care with that of the ordinary nurses. *"The nurses are very busy, so basically the students have more time for the person...//... And they (the students) came in tonight and said that they wouldn't come tomorrow as it was their day off. The ordinary staff wouldn't say that."* (Woman, 73 years)

Being in the centre of the students' caring means to be listened to patiently and that what they say is taken seriously. *"It felt good that there was someone who believed in me... the students believed in me"* (Woman, 63 years). Furthermore, the patients say that it is important that the students use simple language when explaining different things, which also includes daring to ask the students things they (the patients) think about. *"It feels good that the students tell me about everything that's going to happen and what's decided, and they take the time to tell me. My wife thinks the students give her good information, so it's good to be a student patient."* (Man, 80 years)

3.3 Confidence and trust in the quality of the care

The patients' narratives show that they are confident in the feeling that the care given by the students is of good quality and that the students have a genuine willingness to learn. Although students do not have as much knowledge as the experienced staff there is an understanding that students need to practice and learn.

Well, it's true that the students may not be as knowledgeable as a fully trained nurse, who is more experienced. Of course, they can't, but on the other hand, they're keen in the situation and really want to learn and get to know a lot. (Woman, 89 years)

The patients' descriptions show how they feel safe when the students are supervised openly in their presence. Even if the supervisor is not always present in the care situation, there is a belief in and a confidence in the care being provided is under supervision. *"I see when they receive instructions from the nurse, they listen to what the nurse says, they're very interested in learning, and I think they understand that they don't know everything, and they really try to grasp it."* (Woman, 70 years)

The patients speak of the students being more careful when performing different tasks in comparison with the ordinary nurses. The patients perceive that the students examine them more carefully and ask more in detail about different matters, *"The more qualified nurses, they are more experienced, I think"* (Woman, 82 years), and they are more careful, for

example, when touching the patients. Healthcare work seems to be more of an everyday routine for the ordinary staff, unlike the students who were described as being genuinely interested in caring for the patients. *"They're very positive, they don't contradict what I say, but help me, the ordinary staff are not that helpful."* (Woman, 82 years) Nevertheless, the patients could initially have a sense of insecurity when being cared for by the students because they were in training. This feeling disappeared when they got to know the students and discovered that they were able to perform their duties.

It took a little time before I felt safe, because I thought that they aren't fully qualified. That feeling has gone now. They've shown that with their manner and their knowledge, they've really done so. (Woman, 93 years)

The patients experience that the pair of students enjoy working together as a team and understand that students need practice to learn. As the students have reached different levels in their education, the more experienced student can demonstrate skills to the less experienced student.

I don't think there's anything negative in them working in pairs, for those who've studied a bit longer know how it felt, and I think they'll be better educated this way. (Woman, 82 years)

The patients' narratives show that there can even be an advantage to be cared for by a pair of students as they remind each other about important things, which contributes to the safety of patients.

When it comes to medicines, I think they're more careful, the students, they're so meticulous. (Woman, 72 years)

3.4 Receiving something 'out of the ordinary'

Being cared for by students in pairs means to receive something in the caring that the patients have not anticipated. One aspect of the 'out of the ordinary' is receiving more attention from the students, for example, checking how they are more frequently. Patients describe how students give of themselves in the encounter with the patients by showing respect and an openness and attending to the patients' needs.

At first, I didn't feel safe with the students, but I do now. It's their manner that's got me to change my mind. They're really nice and very kind and supportive. You can ask them anything and for example they take me out for a walk. (Woman, 93 years)

The students' caring is characterized by closeness and friendship and they are described as being available, committed,

understanding and generous with their time. “*And most importantly, I can see that they make the patient the centre of attention, and they’re calm when they talk to you and have more time than the ordinary nurses have.*” (Woman, 82 years)

The patients report that the students spread joy and that they are invigorating, and the patients are happy to compliment the students when they have managed to do something in a good way. They talk of how the students can cheer them up, which is described as stimulating.

I feel very positive indeed, they’re like a breath of fresh air and they really want to do their very best. They’re very keen on gaining new influences and they want to know. I think that the students add something to the health service. (Woman, 89 years)

Receiving something out of the ordinary can occur when the students show compassion and are aware of the patients’ needs, which the students can anticipate sometimes. A patient says: *I’ve not had to call and ask for anything, instead they’ve come to me and asked* (Woman, 72 years). Furthermore, the patients describe how students do over and above what is the ordinary and that this is seen in the students caring about them and wanting the best for them: *The students have never ever said; no, I don’t have time right now, I’m late, I’ll come later, they’ve always been supportive, and you notice that they have a very positive attitude to the patients* (Woman, 89 years). The patients’ narratives reveal that they do not perceive themselves to be in the way or that they ask for unnecessary things in their encounters with the students, and that it is easy to ask the students for help as they show that they want to be helpful.

4. DISCUSSION

4.1 Methodological considerations

The predominantly positive results in the study may be influenced by the fact that the patients were hospitalized when the interviews were conducted. This could pose a risk that they did not dare to express anything negative due to their possible dependence in the care situation. However, the patients described some criticism of the ordinary nursing staff, who did not have the same time for them as the students. Both Eskilsson et al.^[8] and Andersson^[23] interviewed patients about their experiences of being cared for by students and received similarly positive results and comparisons with the ordinary staff, which can strengthen the trustworthiness of the results of this study. According to Winjgaarden et al.,^[34] one of the strengths of RLR is that the analysis is aimed at the phenomenon and the result is on an essential level and shows that the phenomenon as an essential structure of meanings,

which generates possibilities for greater transferability than, for example, fragmented categories or themes that do not clarify what they are parts of.

4.2 Discussion of the results

In general, the results show that the patients have positive experiences of being cared for by pairs of students and this can be related to the patients being seen as valuable people and get the time and attention as they are in the focus of the students care and are involved in the students’ learning.

Dahlberg^[35] emphasizes the importance of the encounter and interplay in which both the caregiver’s and the patient’s knowledge are respected. This is thus also important for the interaction between student pairs and patients. According to Todres et al.,^[36] the patient should be in the focus of the caring process and our study shows that patients feel that they are seen and they experience that students spend much of their time together with them. Mossop and Wilkinson^[21] also maintained that the patients are satisfied with the extra attention they get from the students. Our findings show the importance for the patients of really being listened to and that they are really important for the students. An earlier study by Holst and Hörberg,^[14] demonstrated the importance of everyday meetings with patients for the pairs of students, and their learning process, to enable the development of a caring attitude. We maintain that it is important for student nurses to be exposed to the patients’ ‘real emotions’, which can stimulate to try to meet the patients’ needs adequately. Being close to the patients may be felt as somewhat of a challenge because the students do not have sufficient experience due to them being in clinical practice. Suikkala and Leino-Kilpi^[37] point out that the relationship with the patients is crucial in the student nurses’ clinical practice as is an understanding that each patient is unique, even if they are suffering from the same disease. Furthermore, Holst and Hörberg^[13] emphasize the importance of creating emotional bonds between the students and the patients, which enables the students to care for the unique patients.

The results show that it is positive for the patients when the pair of students reflect together, as part of their learning process, in the presence of the patient. This is experienced as learning, even for the patients, as they get a greater understanding of their own situation. This can be understood in relation to Ekebergh’s^[12] description of how reflection creates an understanding of the patient’s situation and his or her needs, suggesting that both the students and the patients can learn through this kind of reflection. Manninen et al.^[38] maintained that when students manage to provide good care in a good atmosphere the patients can be active participants in the students’ learning. On the other hand, when these pre-

requisites are not provided the patients become more passive participants, allowing the students to practice on their bodies without engaging in a dialogue with them. This concurs with Holst et al.,^[16] who have described the importance of mutual and supportive interactions between pairs of students, patients and supervisors in order to create respect and a deeper relationship in the nursing situation.

According to Suikkala and Leino Kilpi^[19] and Stockhausen,^[20] patients are placed in a unique learning relationship as they both mediate and observe teaching and learning to care, and we maintain that reflection is needed so as not to objectify the patient as a mere teaching object. However, Suikkala and Leino Kilpi^[19] found that, from both the patient and student perspectives, the relationship established during the caring and learning comprises positive consequences that outweigh possible negative aspects. Moreover, the present study reveals that patients feel secure when they know that the students are supported by their supervisors, and that the students ask their supervisors for advice when needed. This is consistent with the findings of Eskilsson et al.,^[8] who show that the patients rely on the students that they would not do anything wrong as they have their supervisors' support. This helped the patients to feel confident about the care received.

Our study shows that patients feel secure when being cared for by students in relation to the latter having updated knowledge. It appears that it is satisfactory to play a part in the development of the students' nursing skills. This concurs with Suikkala and Leino-Kilpi,^[37] who also show that the patients believe that they receive some of the latest advances in health care.

The student's genuine interest in the patient is of great value and much appreciated as they are receiving more time and attention. They receive something more in the care from the students in comparison to the ordinary staff, which has also been found in the studies by Eskilsson et al.^[8] and Andersson.^[23] Another aspect of time is that the students take more time caring for the patients, than in the case for the ordinary staff, but this does not seem to concern the patients. On the contrary, as students do things slower than the ordinary staff they are perceived as being careful and cautious. This might, however, be related to a stressful working environment at the clinical wards.

Ekebergh^[12] states that the relationship between students and patients must proceed from a genuine encounter that is obtained through respect. A prominent feature in patients' descriptions of being cared for by students is that the latter give more of themselves in comparison to the ordinary staff. Our results show that the ordinary staff are not perceived as being as helpful as the students, and this might be ex-

plained in terms of their heavy workload and professional demands. Our study indicates, however, that the students are experienced as being closer and more helpful, with a more caring approach, and that this is important for the patients' rehabilitation and general wellbeing. This is in line with Austria et al.,^[25] who describe pairs of students as thorough, attentive, caring and approachable. It is, however, important to reflect on the potential risk of helping too much so that the patients' own strengths are not sufficiently taken into consideration. Nevertheless, the patients talk of the students as being cheerful souls, and that this gives them energy to recover. This might be understood as the students in this study being able to come close enough to the patients, but not too close, in order to be able to grasp the patients' unique lifeworld, thus intertwining caring science theory with clinical practice, which is in line with Hörberg et al.^[39] The DLCU and similar models, such as DEUs,^[1,11] which have an integral theoretical base together with well-developed partnerships with the clinics, are able to develop and maintain well-functioning learning environments. In this study, the patients' positive responses to the pairs of students and their learning might be a consequence of the well-established co-operation between the university and the clinical settings. The great value of this kind of partnership is further confirmed by Henderson et al.^[40] and Eskilsson et al.^[10] Further exploration of the patients' experiences of being cared for by students in this type of learning model and in comparison with other forms of clinical practice in future research could prove valuable for informing the development of clinical studies for nurses.

5. CONCLUSIONS

In conclusion, patients who are cared for by pairs of students who are supervised within a learning model, such as DLCU, that supports students' learning through reflection can contribute to patient experiences of being given good care. The fact that the students collaborate in the presence of the patient helps him/her to understand the care they receive. Furthermore, student nurses' caring is also characterized by the patients receiving more time and attention and their feelings of being in the focus for the students' care.

Lifeworld-led education and practice must be characterized by the supervisors being open and sensitive for the learner's view and experiences in order to help them develop a caring attitude that enables valuable connections to the patients. In order to achieve such development the following is needed:

- A well-developed collaboration between academic and clinical organizations on different levels
- Fora for education and discussions for lecturers and supervising nurses to gain a mutual understanding for

supporting students learning in relation to theory and good praxis

- A clarification of the benefits for the patients to be a part of the pairs of students learning in clinical practice, to gain a greater understanding of his/her situation in a safe relationship. This gives possibilities for patients

to experience themselves as valuable resources and not passive receivers.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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