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ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

The perceived learning experiences of undergraduate nursing students during a one-semester course on person-centred care

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Abstract

Background: One approach to nursing is to value person-centred care as the preferred way of caring. Undergraduate nursing education may include specific courses that facilitate the development of person-centred care in students but it is not known which learning experiences students report as influential in this respect or which components of the courses contribute.

Aim: The aims of this empirical study is to describe the perceived learning experiences gained during a one-semester course and their impact on the development of person-centred care in undergraduate nursing students, and to gain insight into which course components contributed to this development.

Setting: The context of this study was a one-semester elective course for undergraduate nursing students, encompassing classroom and clinical teaching. The participants were 14 undergraduate nursing students, who enrolled in the course during the third year of their four-year programme.

Methods: Portfolios including 70 reflective reports were collected. These reports were made available for the purpose of this study. Data were qualitatively analysed by means of content analysis.

Findings: This study provides insight into the students' learning experiences during the development of their person-centred care, with respect to four themes: awareness; understanding; applicability of person-centred care models; and the educational components that may be influential.

Conclusions: These findings support the theory that focused educational approaches can be used to meaningfully enhance the development of person-centred care in undergraduate nursing students. It remains unclear, however, to what extent these students are able to apply person-centred care in practice. This means further work needs to be done to develop courses with a high and predictable impact on undergraduate students' development in person-centred care.

Implications for practice:

- Clinical teaching, including feedback from a skilled supervisor, may contribute to nursing students' ability to apply person-centred care in practice
- Undergraduate nursing courses aimed at supporting professional development in areas involving person-centred care should include a mixture of pedagogical strategies
- The education of undergraduate nurses in person-centred care seems to require a profound knowledge and insight among lecturers and clinical supervisors of this approach of nursing care

Keywords: Person-centred care, professional development, pre-registration nursing education

Introduction

An important goal of undergraduate nursing education is to train individuals to meet the standards required by the profession. These standards include the planning, implementation and evaluation of person-centred nursing care. This widely accepted approach to healthcare in general (Health Foundation, n.d.) and nursing practice in particular (Bartz, 2010) acknowledges the core importance of the preferences, experiences and knowledge of the person being cared for. In addition, this approach to nursing foregrounds the environmental and social context of the patient as a person.

Across the globe, a number of nursing theories and models have contributed to the development of person-centred care, including those from the US (Paterson and Zderad, 1976/1988; Benner and Gordon, 1996; Watson, 2008; Neuman and Fawcett, 2011), Sweden (Eriksson, 2006), Denmark (Martinsen, 2006) and the UK (McCormack and McCance, 2010; 2017; McCance et al., 2011). In Belgium and the Netherlands, partly influenced by the rise of ethics of care (Tronto, 1993), nurses such as Grypdonck (1999), Cusveller (2004), Jukema (2011), and van der Cingel (2012), along with care ethicists Gastmans and Vanlaere (2010) and Van Heijst (2011) have contributed through theory and empirical research to the further development of person-centred care in the various contexts of healthcare. Their works share an understanding and description of care in general and nursing specifically as a relational, contextual and embodied practice. One goal shared by these authors is to contribute to a definition and an understanding of morally good nursing care that may underpin, guide and support nurses in their daily work. Among such factors as research and practice-based innovations, an understanding of the background, core, relevance and practical application of person-centred care calls for professional education at undergraduate level. Notwithstanding a plea for the use of conceptual nursing models in nursing curricula (Newman, 2008), it remains a challenge to implement nursing models in education (Donohue-Porter et al., 2011), although there are documented examples of the application of a particular model of person-centred care in undergraduate nursing programmes (Karnick, 2012; Deane and Fain, 2015; Lesser and Paleo, 2016). Kleinman (2007) developed an educational framework to accommodate person-to-person, human-centred nursing care alongside scientific and technological competence, including pedagogical strategies.

However, a recent review by O'Donnell et al. (2017) shows how little evidence there is regarding how person-centredness has been made operational within the development of curricula or how nursing frameworks and models have informed design or development. Cook et al. (2018) state that, although many studies have researched caring and its attributes in student nurses and their journey to registration, there is still no clear, cohesive educational philosophy for preregistration nursing standards that focuses on personhood. Cook and colleagues refer to the use of the person-centred nursing framework, developed by McCormack and McCance (2010) as a possible way to ensure the core components that lead to person-centred outcomes are addressed within the nursing curriculum. Education that is based on this framework enables students to develop their own person-centred role in nursing, based on the integration of the following core learning perspectives: development of critical thinking; use of reflective skills; cognitive processes in classroom settings; and experience of person-centred care in practical settings. In pedagogical terms, the framework is in accordance with the principles of social learning, that is, classroom sessions, self-construction of knowledge (Laurillard, 2009) and reflection on action (Verpoorten, 2012). Through these elements of education, students reflect on theoretical concepts in relation to their practical experiences, are expected to develop self-constructed knowledge about person-centred care, and can adapt and discover new ways to focus on this type of care.

Although the use of a particular nursing model is expected to support and guide personal and professional growth (Lowe and Nichols, 2013), this expectation has scarcely been studied empirically. A reflective account by Grave (2014) shows the potential for professional growth during education on person-centred care. A small reflective case study indicates how a particular framework of person-centred care supports undergraduate nursing students in actually carrying out person-centred care

(Jukema et al., 2015). The aim of the present study is to describe the perceived learning experiences gained during a one-semester course and their impact on the development of person-centred care in undergraduate nursing students, and to gain an insight into which components of the course contributed to this development.

Methods

Setting

This qualitative descriptive study was conducted at a Dutch university of applied sciences. Its context was an elective course for undergraduate nursing students – a single, full-time semester (20 weeks) encompassing classroom and clinical teaching, on the rationale for and use of different Dutch models of person-centred care. Jukema's (2011) framework of preservative care, as one such example, was a key reference. This framework focuses on how nursing care can preserve dependent and vulnerable nursing home residents as unique persons when they have become members, often reluctantly, of a new community. Preservative care implies a specific manner in which nurses carry out their responsibilities in tending to persons who are in need of care. It answers the question of how attuned and responsible nurses are in valuing someone's personhood. The moral test of preservative care is 'recognising the uniqueness of the other in this particular community' (Jukema, 2011, p 96). Core elements of this framework of person-centred care are:

- Relationships
- Identity
- Context of care
- Conflicts in care and the complexity of care
- Nurses' moral qualities (attentiveness, responsibility, competence and responsiveness)
- Phases of care (caring about others, taking care of others, care giving and care receiving)

In addition to this key reference, students studied other examples of Dutch approaches to person-centred care, including a study on compassion (van der Cingel, 2012), professional loving care (van Heijst, 2011) and Baart's (2011) theory of presence.

The course was part of a competency-based nursing curriculum in which the integration of knowledge, skills and attitudes is the central focus (van Kralingen, 2005). Students develop their person-centred role in nursing in a context of situational, cooperative and reflective learning (Laurillard, 2009). Here, this was done via the following elements:

- Knowledge: lectures on person-centred care and a classroom session, held by a lecturer
- Skills: reflection skills were applied to allow reflection on the theoretical and practical elements of person-centred care according to the concept of situational learning. This was presented by a lecturer
- Attitudes: a critical and reflective attitude regarding person-centred care was achieved through the practical application of theory and personal interaction with fellow students, practitioners and lecturers, according to the concept of cooperative learning

The majority of learning activities (480 hours) took place in the clinical setting, in addition to 48 hours of classroom teaching. The aim of this course was to study concepts of person-centred care and to develop a personal view (see Figure 1). The development of competencies that enhance the practical application of the components of person-centred nursing models requires an in-depth study of the models as well as reflection on their use in nursing practice. Therefore, this course was mainly based on the principles of reflective learning (Johns, 2004).

Figure 1: Outline of the course

| Objectives of the course (duration: one academic semester lasting 20 weeks) | | |
|--|---|---|
| 1. The student clarifies key concepts of person-centred caring models and can relate them to a patient case, nursing practice and the caring policy during his/her internship 2. The student reflects on principles of person-centred care and describes his/her own view of person-centred care based on obtained theoretical and core insights | | |
| Course content | | |
| Classes | Assignments | Reflection assignments |
| 1. General introduction to person-centred care 2. Introduction to the model of preservative care 3. Introduction to the model of compassionate care 4. Introduction to the model of human-loving care 5. Introduction to faith-based care 6. Presentations by subgroups of students on elements of person-centred care: integration of theory and practice into a personal view | 1. Description of students' personal views on person-centred care 2. Clarifying and discussing theoretical principles of person-centred care in general and of preservative care in particular 3. Attendance at a conference about aspects of person-centred care 4. Description of a patient case and actual nursing care, based on students' caring experiences 5. Reflection on this case study of person-centred care based on theoretical and practical principles 6. Description of the organisational view/policy for patient care in practice 7. Reflection on this view/policy based on theoretical and practical principles | 1. Reflection on the introduction to principles of person-centred care in general and specifically on the model of preservative care 2. Reflection on the theoretical principles of preservative care and additional lectures about person-centred caring modes, such as compassionate care and human-loving care 3. Reflection on the principles of preservative care based on observation of nursing practice and interviews with nursing professionals 4. Reflection on a case study of preservative care in which the student describes her/his own application of the principles of the model to patient care 5. Reflection on the application of person-centred nursing models in the student's own professional development as a nurse |

Sample

A total of 17 undergraduate nursing students enrolled in this course in the third year of their four-year education programme. Students received information, written and verbal, about the purpose and design of the study. Based on this information, 14 of the students (13 female, one male) gave their written consent to participate in this study. Most had an internship in hospital (six), while three others were in a mental health care setting and two in community care. One student was an intern in a rehabilitation unit and one in a nursing home. The remaining student did not have an internship.

Data collection

As part of the requirements of the course, participating students worked on their portfolios, which included a total of 70 reflective reports for the purpose of this study. Students used structured guidelines in writing their reflections. The reflective reports were digitally collected after the students finished the course and were anonymised by an independent research assistant.

Data analysis

Data were qualitatively analysed by means of content analysis (Elo and Kyngäs, 2008). Reports were fragmented and open, and axial coding was applied by the principal investigators. This process was done by the two investigators separately. Key themes were generated by means of constant comparison. Peer debriefing was applied to enhance the reliability of the results of this analysis. All data from this research were digitally archived.

Ethical issues

Students were asked for their consent to participate in this study by handing over their portfolio. They were specifically informed that they could either participate or withdraw. The information was given in verbal form (provided by JSJ) and written form. Students who gave their permission signed a permission form. RvL was the course coordinator, while JSJ was one of the contributing lecturers. According to Dutch legislation, no formal ethical approval was necessary. Three out of 17 students enrolled on the course chose not to participate in this study, which suggests the students felt no pressure to take part.

Findings

The findings of this study offer insights into the impact of this educational course on the nursing students' development in person-centred care, with respect to the following themes:

1. Awareness, including change of perspective, value for quality of care, empathy, holistic view, and personal transparency
2. Understanding of person-centred care, including knowledge of models and uniqueness of the patient
3. Applicability of person-centred care models, including context, ethics, time and team
4. Consideration of educational factors that may influence students' development of person-centred care, including integration of theory and practice, reflection, and continuous learning

Theme 1: Awareness

Change of perspective

The course made students more conscious and aware of the central place and meaning of patients' perspectives in person-centred care models and therefore the nursing process. This made them aware of the assumption that assessment of patients' needs that is driven by their perspectives will lead to a better quality of care. The caregiver as a person with their personal needs was seen as another central notion. Students mentioned that this course helped them to shape their view on person-centred care and what is necessary to deliver it:

'In my future profession I will apply that person-centred approach, because the patients' frame of reference leads to other care needs than when I see it only from my point of view' (data fragment 2.23).

Value for quality of care

In general, students mentioned that the integration of nursing models in care improved its quality. Students did not adopt all elements of specific models in their practice, but concluded that every model has a core 'truth'. The models helped them to become more conscious of the care they deliver in practice and functioned as a reflective frame of reference for them:

'There are many models and they all have some good qualities. The most important thing is it makes me conscious about how I (have to) act as a nurse' (fragment 10.29).

Empathy

Empathy was seen as an important feature of person-centred care. Realising that each person is an individual and treating them as such has great influence on the wellbeing of the patient, students said:

'I found this was an eye-opener, that as a nurse I unknowingly exert a great influence on the wellbeing of the patient by what I am saying or doing' (fragment 7.7).

'It is important to put yourself in the place of the patient by asking yourself the question: What would I do/need in this situation?' (fragment 3.18).

Holistic view

Throughout this course, students were stimulated to see the patient from a broad (holistic) perspective. Some of them stated that the first priority for a nurse is the patient as a person and second his or her medical condition:

'I do not say that the sickness should be set aside, but you have to put the person first' (fragment 12/17).

'It was very stimulating to see the patient in a broad perspective. There is much more than only the body. That is an important starting point for care' (fragment 1.10).

Personal transparency

Students found that showing yourself is an important condition for having real personal contact with the patient, that person-centred care starts with the person of the nurse. It seems some students found that one of the features of person-centred care was that it made them consider the effect of their values on the patient:

'The nurse also talks about herself, there is more mutual contact, which makes the patient feel that he is seen and taken seriously. Knowing each other and making yourself known is an important feature of preservative care' (fragment 4.29).

'The most difficult thing to me is that you have to put your own values aside to put the other in the first place. That is especially difficult when my own thoughts are well meant' (fragment 6.26).

Theme 2: Understanding person-centred care

Knowledge of models

In their reflections, students demonstrated the knowledge they gained about person-centred care, especially based on elements from two person-centred care models: preservative care (Jukema, 2011) and compassionate care (van der Cingel, 2012). The students referred most often to the model of preservative care, but their reflections also showed they were touched by the model of compassionate care because of the attention shown to the concept of 'suffering':

'It is important to see the person who is suffering and show your compassion' (fragment 10.21).

'I became aware that I unconsciously show more compassion with a young person who is sick and who is going to die than with an elderly person who is chronically ill' (fragment 13.8).

According to the model of preservative care, students reflected on the patient's needs as a central point of attention in relation to planned care, and on the importance of evaluation of care in drawing attention to any changes in those needs:

'Preservative care is saying that a person can experience changes and that these changes should be considered in the care that you deliver' (fragment 11.39).

Students also learned from preservative care that any conflicts and dilemmas that occur in the nurse-patient relationship should be given attention. Doing this can bring the patient and nurse closer to each other, as they discuss together the steps that need to be taken. Diverting from protocols was also mentioned by students as an important aspect of preservative care. Some students explicitly mentioned the effects on the patient of applying the principles of preservative care in practice:

'Preservative care is not only about being kind and nice to patients. Conflicts and dilemmas can occur. Choices have to be made in interest of the patient' (fragment 4.17).

'I observe that the preservative care I deliver gives rest to the patient. She likes it when I follow her wishes. I also experience that I build a bond of trust with her, because I discuss the care I deliver with her' (fragment 5.1).

One student explicitly mentioned differences between the model of preservative care and other models:

'Some models are linked to specific patient groups (eg, older adults), which makes you lose sight of the uniqueness of the individual. The model of preservative care forces me to look at the individual – not only at how he is experiencing something, but also what his actual needs are and what were they in the past' (fragment 11.38).

Uniqueness of the patient

Students found seeing the patient as a unique person to be a central notion for nursing, acknowledging that priorities in care should be based on the patients' perspective first, not on the prejudices and priorities of the caregiver:

'The human being facing you is the priority' (fragment 7.15).

'As caregiver you should put the patient first, not your perspective. Things that might be important to you as a nurse should be moved to the background. I try to deliver daily care with this principle in mind' (fragment 3.24).

Students felt using the preservative care model to deliver person-centred care could help move suffering to the background:

'To preserve persons as unique persons, you must attune your care to the needs of the individual. This will move suffering to the background' (fragment 3.5).

Some students noticed the importance of spirituality as an aspect of the unique person that might need the attention of the nurse.

'The patient flourished during the talk, especially when we talked about his faith and how it influenced his process of illness. The patient stated that he missed this attention in the nursing care on the ward: being recognised in his faith. That also influences him and how he is acting on the ward' (fragment 8.10) .

Theme 3: Applicability of person-centred care models

During the course, the students demonstrated a critical attitude regarding the applicability of models. They described different learning experiences, which are identified in this section.

Context

Students felt that applicability depended on the care setting. Some found the model of preservative care to be applicable in a hospital setting or in mental health care, others did not:

'In my opinion, it is easier to apply it in mental health care than in a hospital setting. During my internship in mental health care, I experienced that there was much time to talk with a patient' (fragment 6.11).

Ethics

It also seems that person-centred care raised ethical questions among students. One stated that applicability also depended on the patient's ability to communicate:

'I think that principles of preservative care are applicable in other target groups, but I wonder where we will face boundaries. How can we do right to the uniqueness of a patient with dementia and how far can we go in respecting one's uniqueness?' (fragment 4.44).

Time

A number of students implicitly reported that it was difficult to find the time to apply models as a whole, saying it was more attainable to deliver person-centred care in small things:

'You do not always have the time to explore the patient's needs, but preservative care can occur in small things' (fragment 9.10).

They saw the models as useful for their patient-centred orientation but didn't apply them in all aspects of care. One student demonstrated insight in organisational aspects by mentioning the excuses made by staff for the lack of integration of person-centred care in practice:

'There are a lot of excuses you could mention for not wanting to change, eg, too expensive, too busy, too difficult, not attainable, fear, inconvenience, etc.' (fragment 14.17).

Team

The adoption of person-centred care in the nursing team was seen by students as a necessary condition for the realisation and continuation of person-centred care in practice. The fragment below shows the real scope of the learning experience of one particular student:

'What I learned from this course is that it is an absolute condition to make colleagues motivated and enthusiastic to continue person-centred care in practice. My positive experience alone is not enough for that' (fragment 11.21).

Theme 4: Educational components

The students reflected on a number of components that influenced the learning process of the course, especially the didactics and competencies.

Integration of theory and practice

The students showed different learning experiences regarding the didactic process of the course. In essence, they mentioned that the interaction between theory and practice stimulated them to reflect on person-centred care. The theoretical approach in itself was not enough to consider the impact of a person-centred approach on nursing practice and on the students' personal views on that approach. The case studies (assignments) from their own practice (internships) helped them to understand the essence of person-centred care. Students also emphasised the importance of interaction and reflection in their classes to develop their insight into and views on person-centred care. Others mentioned this interactive and reflective element as being conditional to their learning process:

'The way the course was designed was very useful, because by looking at different case studies and assignments my view on person-centred care was broadened' (fragment 8.14).

'At the start of the course, I thought that person-centred care meant that I only had to follow the wishes of the patient. By discussing the case studies with other students and the teacher, I learned that is not the case' (fragment 3.23).

Reflection

Several students showed a development in insight regarding the applicability of person-centred care models. It seems that the possibilities for applicability improved during the course. Students showed a positive attitude and saw possibilities to apply the models in all kinds of settings. It seems that reflection on experiences in nursing practice (internship) during this course contributed to that development:

'The more I was involved in the model of preservative care, the more it came to life for me. At the start of the course, I found it difficult to apply it in a hospital setting, but during the course it became clear to me that by applying the principles of person-centred care, a lot of benefits can be realised even in a hospital setting' (fragment 14.6).

Continuous learning

Several students mentioned that they sometimes put features of person-centred care into practice unconsciously. They anticipated these would become explicit at a later stage of the nursing process. They stated that becoming more aware of this impact can lead to a state of conscious learning:

'In many situations, I realised afterwards that I applied aspects of preservative care. It might happen more often than we think. It can be improved, but we just started' (fragment 6.26).

Discussion

This qualitative descriptive study provides some understanding of the impact on the professional development of students of perceived learning experiences gained during an undergraduate nursing course that aims to teach students about person-centred care. Moreover, it sheds light on an understanding of the educational components that may possibly influence this development. Based on the reflective accounts of 14 undergraduate students, we can distinguish between three dimensions in a student's development of person-centred care, namely awareness (including a change of perspective, value of the quality of care, empathy, a holistic view, and personal transparency), an understanding of person-centred care (including a knowledge of models and the uniqueness of the patient) and the applicability of person-centred care models in daily practice (including context, ethics, time and team). Educational components that were found to have an influence on the students' development included integration of theory and practice, reflection, and continuous learning. It seems that this one-semester course contributed to the students' general awareness evolving into a personal sense of awareness of the content and meaning of person-centred care, which they were able to articulate on the basis of relevant Dutch frameworks.

Students' development in person-centred care

The dimension of awareness shows that students are able to adopt central elements of person-centred care in their practice. An important condition for this adoption is 'change of perspective', which enables students to see and acknowledge a patient as a person and not merely as a diagnosis, disorder or handicap.

The dimension of understanding relates to knowledge about person-centred care. This goal of the course was met; students reported how they 'saw' and became fully aware of the uniqueness of each patient they care for. This adds to the findings of Jinks et al. (2013), which showed a positive attitude of nursing students toward patient-centred care. The dimension of applicability consists of how students' performance in person-centred care relates to aspects such as context, time and team. Regarding the concept of 'context', a framework analysis of person-centred care in practice also includes this variable (van der Cingel et al., 2016). Both (lack of) time and the influence of known experts in the field of person-centred care have previously been identified as important (Moore et al., 2017). Students offered a critical appraisal of the applicability of person-centred models in practice. They experienced some difficulties as well as opportunities. These findings are in line with a review by Nadelson and colleagues (2016) that suggests instructional teaching approaches are essential to enhancing nursing students' levels of caring. For students, it is important to observe appropriate person-centred care and person-centred approaches (Skaalvik et al., 2010).

The applicability of a model also seemed to depend on organisational factors, which may relate particularly to culture.

Educational components

Although the author of the key part of this course's structure, the preservative care framework, was also actively involved in the reflective sessions in school, students did not reflect on the educator's role. Neither did they reflect on the role of the clinical supervisors and the support they provided, although research shows the key role of the clinical supervisor in students' development (Severinsson and Sand, 2010; Boyd-Turner et al., 2016). The outline of this course, both classroom teaching and internships with a focus on reflection, seems to have had an impact on undergraduate nursing students' professional development in person-centred nursing. According to the educational framework that is based on the person-centred nursing framework (Cook et al., 2018), it may be concluded that core elements of the person-centred learning process did emerge during the course investigated by this study, namely critical thinking, reflective skills, cognitive classroom processes and practical experience. The question that may be asked is: to what extent did the students who followed this course develop their own person-centred role and attitude? The results show considerable development of so-called reflection on action (Verpoorten, 2012) and that students gained an awareness of person-centred care and an insight into its importance and content of its provision. The results also suggested that while the students' own role in PCC did undergo some development, it is questionable how sustainable this learning process is and in what way it contributes to the extent of the students' provision of person-centred care in daily caring in a structured way. Hatlevik (2011) shows that reflective skills have mediating effects, and that practical skills have a fully mediated influence and theoretical knowledge a partially mediated influence on students' perception of coherence between theory and practice. The results of this research question the design of this course. It seems that clinical teaching, including feedback from a skilled supervisor, will enhance or improve the application of the diverse components of person-centred care. In its current state, the course might be a helpful as first step in a long-term learning process with regard to person-centred care and it should be taught at an earlier stage of the students' education (ideally in the first year). Cook et al. (2018) state that the development of the person-centred role in the patient-nurse relationship may be enhanced when the entire curriculum of the students' education programme involves a longitudinal learning process.

Strengths and limitations

The strength of this study lies in both the richness and the amount of data. The 70 reflective reports from 14 students cover a broad spectrum of experiences and diversity in learning contexts. Moreover, students were asked to present five reflections during the course of 20 weeks, which allowed them to take into account experiences of development over time. Analysis of the data was performed in three rounds by experienced qualitative researchers. There are a number of limitations as well. The insights are based on reflective accounts of a small group of students. Although the reflections were on the doing, feeling and thinking dimensions of students' learning, no data were included based on observations of student nurses' actual caring. More importantly, there was no collection of data that pertained to the care recipients' experience of the care provided by the students. The students' written reflections are based on self-appraisal and are therefore subject to the overvaluation or undervaluation of their own performances, especially since these reflections were part of a portfolio for the purpose of assessment. In addition, students' reflections were guided by a structured guide, so the available data were limited by that. A further limitation is the absence of data pertaining to the clinical supervisors' evaluation of the way in which the students provided their patients with person-centred care and the quality of that care.

Conclusions

This undergraduate one-semester course seems to succeed in its aim to support a group of undergraduate nursing students' development in person-centred care in a meaningful way. It remains unclear, however, to what extent these students are able to apply person-centred care in practice. Moreover, its design merely supports the cognitive aspects of care and does not facilitate students in developing and evaluating specific clinical skills or attitudes. This means that further work will need

to be done in order to design and develop a course, or even an entire curriculum, that has a higher and more predictable impact on the development of person-centred care in undergraduate students.

Implications for practice

Based on our findings, we suggest there is a need for development of undergraduate nursing courses aimed at supporting professional development in areas like person-centred care that include pedagogical strategies, with a focus on clinical teaching by doing and attitude, in addition to cognitive teaching and reflection (Hatlevik, 2011). From a research perspective, there is a need for longitudinal, mixed-method studies that provide an insight into the actual caring performance by students from different perspectives, including those of clinical supervisors and patients. Research offers a promising approach based on the actual conversations between student nurses and patients (Aled, 2007). Moreover, educational studies on components that may explain the impact that students experience should include variables related to the lecturer, co-students, clinical supervisors, culture and the like.

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