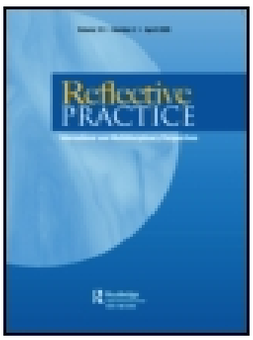

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Margaretha Ekebergh & Elisabeth Lindberg

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The interaction between learning and caring - the patient's narrative as a foundation for lifeworld-led reflection in learning and caring

Margaretha Ekebergh and Elisabeth Lindberg

Faculty of Caring Science, Work Life and Social Welfare, University of Borås, Borås, Sweden

ABSTRACT

In this article, we present a knowledge approach to the interaction between learning and caring, which should play a significant role in the challenge of promoting sustainable healthcare. This knowledge approach requires awareness of the interactions between learning and caring in caring contexts. The intention is to present an exploration of knowledge and theory development based on research with a lifeworld perspective within caring science didactics. We are illuminating issues concerning reflection and learning encounters in a caring context, which include key concepts such as the patient's narrative. A strategy for reflective learning and caring based on the lifeworld concept is presented. This strategy includes four main components: the encounter between general knowledge and the patient's lived world, the patient's narrative, caring relationship creation through interaction with the patient and reflection through supervision. All of these components are permeated by a reflective approach. We are also clarifying what it means to intertwine learning and caring in addition to how this process can be strengthened in caring practices to optimise patient care. Three components are particularly important in facilitating the intertwining of learning and caring in clinical practice, namely genuine meetings, sensitivity towards the patient's narrative and reflection during interactions.

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Reflective approach; learning and caring encounters; patient narrative; caring relationship; reflective supervision

Introduction

One of the most important and challenging issue for professionals in healthcare is to deliver sustainable care, health and well-being to people. Today's healthcare also faces great demands to create a sustainable work environment for healthcare professionals. To handle this challenge, one important strategy is to attain knowledge about the learning process and the interactions between learning and caring in the caring context. There is a wide range of research on learning and supervision in healthcare practice (e.g. Driscoll et al., 2019; Hilli et al., 2014; Manninen et al., 2013; O'Brien et al., 2019; Russel, 2019; Sandvik et al., 2014). However, research during previous decades within caring science didactics with a focus on lifeworld didactics has explored the connection between

CONTACT Elisabeth Lindberg elisabeth.lindberg@hb.se Faculty of Caring Science, Work Life and Social Welfare, University of Borås, Borås SE-501 90, Sweden

learning and caring in a deeper sense. Caring science didactics focuses on knowledge development of the art of supportive learning, within caring science. Innovative research within this discipline has shown how an awareness of reflection and the interaction between caring and learning can improve both caring and learning in caring contextsAndersson et al., 2020, ; Ekebergh, 2007; 2009, 2011; Eskilsson et al., 2014; Eskilsson et al., 2015a, 2015b; Eskilsson et al., 2017; Hörberg et al., 2011; Knutsson et al., 2015; Lindberg et al., 2018; Lindberg, 2018). Through a holistic perspective on the connection between learning and caring and based on a lifeworld perspective, new dimensions in both the learning and caring processes become visible. Knowledge development from this perspective with theoretical tools strengthens the learning process in nursing education as well as in the caring context. The intention of this article is to present an exploration of knowledge and theory development based on research that is carried out with a lifeworld perspective and within caring science didactics.

We wish to illuminate issues concerning reflection and learning encounters (Ekebergh, 2007, 2011) in the caring context, including key concepts that relate to the learning process (e.g. the patient's narrative) of nursing students, nurses and supervisors. We also wish to clarify what it means to intertwine learning and caring and how this process can be strengthened in caring practices to optimise the care of patients and provide opportunities for sustainable caring.

Understanding the interaction between learning and caring involves certain challenges to handle and possibilities to devote attention towards. Knowledge of the meaning of this interaction in the caring context is required to overcome these challenges. An epistemological foundation is needed to facilitate this. Therefore, we wish to begin to illuminate learning based on the lifeworld philosophical concept.

The lifeworld concept as a foundation for learning

'Lifeworld' is a philosophical concept that was developed by philosopher Edmund Husserl (1970, 1973). It pertains to the personal experiences that humans undergo in specific situations and through meetings with other people. We share the same world or context – for example, a certain situation – but we have different ways of approaching and understanding it, depending on our personal experiences. We take for granted what is happening in our daily life, with our different actions. We do not need to think about things or events in everyday life, because we already know what they are. This attitude of taking things for granted, which Husserl referred to as the 'natural attitude,' is based on the premise that events and actions in everyday life already possess meaning for each of us. In the words of philosophers Heidegger (1926) and Gadamer (1989), a 'pre-structure' or 'pre-justice' exists. Thus, we proceed with a unique way of understanding situations, ourselves and other people as well as the world in general and our relationships with others. The lifeworld concept always involves an existential context, which means that it is always shared with others, but at the same time, it is experienced individually through our personal experiences.

Lifeworld is not a world unto itself, which can be distinguished from a person, but rather the human being that it denotes. In other words, it is a world of experiences that can be shared with others, but it is especially unique and subjective to each individual.

According to the lifeworld concept, our learning is dependent on our experiences, understanding and approaches. In other words, it is the basis for all learning, which means that learning is dependent on personal experience (Ekebergh, 2007). Thus, it is subjective and individual in nature. The different phenomena in our existence originate in the lifeworld. Here, learning takes its point of departure. To facilitate successful learning, we need to raise awareness of our lifeworld by defining and describing our understanding and experiences in relation to encounters with new knowledge and new experiences. This can be achieved through reflection.

Reflection: an act of consciousness

In general, reflection means consideration, introspection or contemplation. Reflection refers to carefully considering one's thoughts in order to create meaning in one's world of thoughts, openly considering thoughts and identifying new alternatives, paying close attention and being open to new experiences (Hellqvist, 1980; Ekebergh, 2007).

How reflection develops and what occurs during the reflection process can be explained by the theory of intentionality of consciousness as described by philosopher Edmund Husserl (1970). According to the theory of intentionality, human consciousness is always directed at something other than itself. It is directed towards concrete objects (physical things) or abstract objects (dreams and memories). Objects are always experienced as something. We do not experience things simply and plainly, but we experience them as something specific with a definite meaning. When we experience specific objects, we do so according to the qualities and meanings that they have for each of us. This means that we actually experience more than what we can directly see in the moment in which we observe the object. Meanings are simultaneously present in what is immediately given. How we attribute meaning to objects and phenomena depends on our understanding and knowledge, which are based on past experiences. Therefore, it is subjective to each individual.

However, our consciousness can take two different directions: partly against objects (i.e. the natural attitude) and partly directed towards itself (i.e. distancing itself from the natural attitude). When consciousness is directed towards itself, it is actively made aware of what is being experienced rather than being passive or taking things for granted. This active thought process, which is initiated by issues that arise, is the beginning of reflection. During reflection, distance is taken from the natural attitude, which is essentially the normal human condition. To do this, conscious and active work is required, which is achieved through the adoption of a questioning attitude. In this way, we become open to what we experience, and we do not directly attribute a meaning to it. Consequently, reflection is a conscious and active thought process. It constitutes the mental work of what we experience, which takes place in relation to our previous experiences and all the special thoughts, memories, feelings and expectations that our new experiences evoke in us. Consequently, reflection is not merely a mental process. As per Merleau Pony's philosophy (1945), it is also a holistic act that involves an entire human being's lived existence. In other words, it is something that a person lives (Ekebergh, 2007; Dahlbergh & Ekebergh, 2008).

Self-reflection is an ongoing self-interpretative process through which we develop an awareness of ourselves (Bengtsson, 1995; Molander, 1996). In this way, reflection differs

from discussion, which is characterised by the exchange of opinions and experiences without analysis or penetration. In a discussion, the persons involved draw on their natural attitudes and use the approach of taking things for granted that this entails. A discussion involves ready-made and definite opinions, and it does not address questions and reflections on current issues. Thus, a discussion rarely leads to new or in-depth understanding, which means that the horizon of understanding does not widen, and therefore learning does not occur.

Learning-based reflection

Reflection is important for learning. It is a process of understanding learning or development in the sense that it leads to a new understanding, or in the words of philosopher Hans-George Gadamer (1989), a 'horizon fusion,' which expands the horizon of our understanding. Gadamer addresses the importance of an open mind in the quest for greater understanding, which, in relation to reflection, refers to dwelling on or thinking carefully about something and reminding oneself to remain open to *otherness* by asking questions. For example, 'Could this be about something else that I didn't initially think of?' and 'What is this really about?'

This means allowing what is experienced to remain indefinite for a while and not immediately interpreting it as something concrete. For example, instead of determining what a patient needs in a situation based on the typical approach used for a specific disease, it is important to refrain from making quick deductions. By actively listening to the patient and remaining contemplative, a caregiver may find that the patient's precise need is to learn about the mechanisms of the disease in order to better adapt to and manage his or her daily life. By prolonging the thought process, it is possible to work through past experiences, which constitute the meanings, values and views of the phenomena that people experience, and to apply these past experiences to their new experiences. Thus, through these methods, our understanding and experiences are reviewed.

Eventually, through this process, the old and the new merge, and a new horizon of understanding takes shape (Gadamer, 1989). The extent of the new understanding and the extent to which the new experience is structured in consciousness depend on our previous experiences (Alexandersson, 1994). There is always a subjective dimension to our understanding. It is in this way, for example, that nursing students acquire knowledge, understanding and competence. They are constantly engaged in an understanding-related development process, which leads to new understandings based on new encounters with patients, new care practices and remaining informed from new literature. Each meeting is a moment of learning where past experiences and knowledge are intertwined with new experiences. This process requires an open mind and the ability to see, and it also involves the interweaving of theoretical knowledge and clinical practice-based knowledge (Ekebergh, 2007).

It is important to emphasise that the reflection process is not related to time and that being reflective is not always time consuming. An epistemological foundation brings awareness of the importance of reflection to avoid prejudices towards the patient's situation and instead directs attention towards the patient as a unique individual. This foundation grants the carer the prerequisites for a reflective approach. This approach is

not merely employed to prolong the thinking process or to make quick decisions. On the contrary, it can help the carer to make quick decisions that are based on the patient's unique situation. The most important factor is being aware of one's own preunderstanding and not letting it act in a dominant way when with one's patient but as a support that gives ideas to handle the new situation with its new contexts and experiences. Openness is therefore the basic starting point.

Learning encounters

With the lifeworld perspective as a foundation of the research on learning, the concept of learning encounter in healthcare has evolved (Andersson et al, 2020 ; Ekebergh, 2007; 2009, 2011; Ekebergh et al., 2018; Eskilsson et al, 2014;Hörberg et al., 2014; Lindberg et al., 2018;Lindberg , 2018). This encounter is thought to occur between theoretical knowledge (i.e. general knowledge) and practical knowledge (i.e. lived experience). Reflection is the core of this encounter. A learning encounter that results in the fusion of knowledge and understanding cannot be accomplished without reflection. Consequently, reflection constitutes the core of all learning in healthcare. It is necessary for carers to develop a reflective approach. They must learn about and understand reflection and train themselves to practice reflection. Students in nursing education learn to be reflective in caring by constantly using reflection in their learning processes. What learning and caring have in common is that both are based on reflection (Ekebergh, 2007, 2009, 2011). Furthermore, learning and caring cannot be separated in clinical practice; they are meshed in such a way that in every care situation or meeting with a patient, there is a learning opportunity for both the patient and the carer (Andersson et al., 2020 ;Eskilsson et al., 2015a).

Strategy for the implementation of reflective learning and caring based on the lifeworld theory

A didactic *strategy* has been developed through innovative research to implement reflective learning and caring in practice. This *strategy* is built on the theory of the learning encounter by using the lifeworld theory and reflection as the key founding principles. A definition of didactic in this context is to support learning with a reflective approach (Ekebergh, 2007, 2009, 2011). For example, support comes about when supervisors or teachers facilitates a reflective approach in clinical praxis and theory (Eskilsson et al., 2015b; Lindberg, 2018) and when the nursing student is encouraged to engage in the patient's lifeworld (Removed for blinded reviewAndersson et al., 2020; Eskilsson et al., 2014). This didactic strategy has certain features, such as *the encounter between general knowledge and the patient's lived world, the patient's narrative, caring relationship creation through interaction with the patient* and *reflection through supervision*.

The encounter between general knowledge and the patient's lived world

To understand the patient and develop knowledge in care practice, carers need insights into the relationship between general knowledge and the patient's lived world. When nursing students enter care practice, they have a general knowledge of diseases, medical

treatments and what is generally important when performing care and treating different diseases and illnesses. In his or her encounter with the patient, the nursing student gains access to the patient's lifeworld when he or she is told how it feels to be affected by the patient's current disease. The lived knowledge must be intertwined with the nursing student's general knowledge in order to acquire complete knowledge and understanding of the disease or illness. This knowledge is required to develop the ability to care. By asking questions such as 'What is the patient expressing?' and 'What is this really about in relation to my previous knowledge?', the nursing student's knowledge and understanding is widened through the process of reflection.

Knowledge of the patient's experience of his or her illness is vital towards being able to offer high-quality care. The theoretical knowledge of nursing students is limited unless it is combined with *living* knowledge of what it means to live with a specific disease. Attention must be focused on existential issues. By reflecting on and analysing the patient's experiences in a particular situation, the nursing students develop knowledge that can be applied to new situations. Therefore, the patient's story is central to the learning process and is also the starting point of care. Accordingly, treatment and care are developed based on the patient's narrative, meaning that the patient's narrative is the core of learning and caring and represents the absolute starting point for understanding the patient's world.

The patient's narrative

The narrative creates the entirety of our existence through its meaning (Ekman & Skott, 2005). Through our narratives, we formulate experiences, thoughts and feelings in words, which initiates a thinking activity, thereby raising awareness of our own inner worlds. In other words, reflection is set. The patient needs to attribute words to his or her situation, anxieties and questions about the disease and everyday life difficulties. Through the narrative, the wholeness of the patient is presented, and the carer needs to try to understand this wholeness in order to provide professional care.

However, the patient's narrative may not always be presented only in words. Depending on different factors, the patient may not have the ability to express his or her thoughts, feelings and experiences in words. The narrative is then shown in bodily movements, facial expressions and silent and unspoken feelings. The spoken narrative can also be supplemented with bodily expressions. In both situations, when the patient lacks the ability to express himself or herself in words or when the bodily expressions supplement the narrative, it requires an extreme sensitivity for signs from the patient's body language. Therefore, it is significantly more difficult to grasp the patient's lifeworld in these situations. However, as described by for example, Galvin and Todres (2010) it is possible to do so through openness, sensitivity and sharp attention when meeting with the patient.

Caring relationship creation through interaction with the patient

A very important aspect of nurse education is learning how to create a positive interpersonal relationship. Nursing students need to be trained in the theoretical application of reflection and in interpreting and understanding their interactions with patients. They

also need to train their ability to encourage their patients to reflect upon and develop an understanding of their own experiences (Andersson et al., 2020 ; Bullington et al., 2019). This involves, among other things, practicing sensitivity, which means taking cognisance of and responding to verbal and non-verbal bodily expressions during interactions with the patient. When the patient is unable to communicate verbally, it is especially important to be sensitive to body expressions (e.g. facial expressions, gestures, breath, facial colour, mood). In other words, the carer needs to be open to expressions of the patient's whole body and situation and to be able to listen to unspoken communication.

It is a difficult task to even come close to understanding the patient's lifeworld. However, by taking the time to ask questions and listen (i.e. 'What's it like for you?' and 'Tell me more about how you feel'), the carer can better understand the patient's perspective. Patients have different abilities and levels of willingness to recount their experiences. Therefore, carers must support patients in their efforts to attribute words to their experiences. Carers also need to utilise the narrative of the body. How is the patient moving? What do the movements and the different forms of walking express? How does the patient take his or her seat on a chair? How are his or her facial expressions? There are comprehensive nonverbal expressions to consider in these situations. To foster this approach in the relationship with the patient demands a sense of awareness with focused and directed attention and reflective openness, which means an active directed consciousness, according to the epistemological foundation. Reaching this competence requires conscious and continual training for both carers and nursing students. Successively developing this approach is an ongoing process that needs to be maintained.

Reflection on the patient's narrative during supervisory sessions

Reflection on the patient's narrative can be carried out during group or individual supervision. It can also be performed during nurse education clinical training or by a practising healthcare team. All these situations involve the same kind of reflective work.

The reflection or learning process always begins with a comprehensive view (i.e. the patient's narrative, which includes both verbal and nonverbal narratives). This means that one group member initially retells the narrative of the patient under his or her care to the others participating in the supervision session. The development and the foundational basis of the patient's narrative depend on interaction and dialogue, which can be verbal or nonverbal. Resultantly, this aspect is emphasised in the narrative. The participants are given the opportunity to ask questions about the narrative, the interaction and the dialogue so that everyone can gain an idea of what the patient has been saying or expressing, how the patient has been coping and how the narrative has developed in that particular situation. The participants then begin to analyse and penetrate into the interaction, including the dialogue and the narrative, by asking questions with the aim of gaining an understanding of the patient's situation, needs, problems and health resources so that a suitable plan can be implemented regarding his or her care. It is significantly important to be close to the patient's expressions and maintain the individual and subjective dimensions. The patient´s perspective must enable his/her participation in the process and provide a subjective view of the patient. Throughout this process, theoretical and practical knowledge are applied.

With the assistance of caring science theory, theoretical concepts become tools and provide ideas for questions in the participants' reflection. For example, if the patient describes pain, difficulties, anxiety and resignation, the group members can apply a theory of suffering (Eriksson, 1992) to ascertain and understand the patient's feelings in greater detail in order to determine how to respond to these feelings. If the narrative indicates that the patient is experiencing difficulties in managing everyday life activities because his or her disease creates obstacles, they can apply the subjective lived body theory (Dahlberg et al., 2009; Merleau-Ponty, 1945) to help understand what it means when a disease impedes the patient's ability to live an ordinary life. These are examples of theoretical tools that can be used in the analytical process. Accordingly, the patient's genuine needs and obstacles to well-being are exposed and understood, as well as his or her access to resources that can be used to support the healthcare process. By accessing various aspects of the narrative, the nursing students can obtain an explanation and understanding of the patient's experiences and circumstances, which forms the basis for the creation of a new understanding of the patient's situation from a holistic perspective. Aided by that understanding, they can then plan how to ideally care for the patient. However, it is important to gain the patient's perception of the care plan in order to ensure the patient's participation in the caring process. Thus, the interaction with the patient in relation to this aspect of the process is very important.

This is a learning process in which scientific concepts obtain meaning through concrete experiences based on the patient's narrative, while the concrete experiences are conferred deeper meaning and significance through the theoretical concepts. Through this process of reflection, various types of knowledge such as theoretical and concrete lived knowledge are interwoven, thereby providing an extended understanding of the patient's world and the most appropriate care approach. Knowledge developed through reflection not only relates to a specific situation, but it also involves collective knowledge that is carried through to new situations. Thus, the process of understanding the importance of theoretical knowledge in a practical context is facilitated.

The challenge for supervisors during their supervision sessions is to meet and try to understand the individual participant's experiences and feelings in order to obtain a picture of his or her ways of thinking, feeling and learning, thereby informing the supervisor as to which guidance strategies can best support the reflective process. Sound supervision is characterised by adherence, sensitivity, respect and creativity. Symbolically, the supervisor walks with the person being supervised and directs him or her through sensitive dialogue.

The connection between learning and caring

Similarities between learning and caring become visualised through the presented didactic strategy. To summarise, for a learning process to be supported, the supervisor must display openness towards the student's lifeworld. In the same way, openness is needed regarding the patient's lifeworld if the patient's well-being is to be supported. These two phenomena constitute the same approach to understanding the patient's lifeworld through a reflective attitude. The supervisor must be sensitive to the student's experiences and understanding, thus showing that the student is recognised as an active, interested and knowledge-seeking person. The same phenomenon occurs when meeting

a patient. The patient must be acknowledged as a person and asked about his or her experiences with illness, treatment and life in general.

Against this background, we have studied the connection between learning and caring in a deeper sense. The purpose of these studies was to create awareness of when and how learning and caring converge in meetings between student nurses and patients (Andersson et al., 2020 ; Ekebergh et al., 2018;Eskilsson et al., 2014; Eskilsson et al., 2015a, 2015b, Eskilsson et al., 2017).

The result of these studies shows an interaction between caring and learning that affects and unites students and patients. Nevertheless, encounters between nursing students and patients need to contain greater trust if caring and learning are to enrich each other. These encounters are characterised by an active interaction, in which the patient talks about his or her illness and the student listens attentively and asks questions. In this way, the patient and student become involved in each other's worlds. The patient's world is characterised by vulnerability and a sense of homelessness owing to illness, while the student's world consists of a longing for learning and understanding in order to offer care and attain self-sufficiency. The patient's voice is heard, and through joint reflection with the nursing student regarding illness and health development, mutual learning can occur. The student and the patient have a common desire to understand how health can best be achieved, and in optimal encounters, both show responsibility and care for each other. This requires security, solidarity and a sense of companionship. In order to create encounters of a genuine nature, a mutual invitation needs to be issued by both parties, according to which they make themselves available to each other. In genuine encounters, which can be understood as genuine interpersonal meetings with professional overtones, it is possible for caring and learning to converge and for intertwining to occur. A unit is formed that constitutes more than separate caring and learning. When they converge and interlink, they are strengthened and developed by each other and cannot be distinguished as separate components. Nursing students play an active role in the process of developing the patient's health and in the expansion of their own understanding. Thus, the patient actively participates in both his or her own health process and in the student's learning process. An intertwined caring and learning process strengthens both the patient's health and well-being and the student's ability to understand the caring context, which are the optimal goals for both of them.

The supervisor's experiences and education as well as his or her ability to adopt a reflective approach are pivotal to whether meetings between patients and nursing students occur. The supervisor can create opportunities for these meetings and guide their interactions, thus paving the way for convergence. The challenge is to guide the process so that genuine meetings between patients and nursing students result. Among other things, this should encompass the student caring for the patient at a distance and laying the foundation for a companionship based around caring and learning. If these conditions exist, the student happily assumes the challenge of caring. When caring and learning are separated and polarised, disorientation and loneliness occur for both students and patients. Supervisors should counteract this separation and instead strengthen their interconnectedness.

An important prerequisite to the convergence of caring and learning is that healthcare managers should assume the responsibility for creating the necessary environment to facilitate this process. The emphasis on taking up responsibilities rather than merely

having responsibilities is fundamental. To fulfil these responsibilities, managers are dependent on qualified supervisors and on close and effective cooperation with the university faculty.

Well-developed cooperation between the faculty and the healthcare organisation is therefore required to strengthen and promote the interlinking of caring and learning. A consensus regarding both the educational mission and the meaning of caring and learning is necessary. Both the faculty and the healthcare organisation need to take responsibility for conscious strategies that will enable the convergence of caring and learning.

A knowledge approach to the interaction between learning and caring to promote sustainable healthcare

In this article, we have presented a knowledge approach to the interaction between learning and caring, which should play a significant role in the challenge to promote sustainable healthcare. We argue that knowledge development based within caring science didactics and lifeworld theory provides a new perspective on the interaction between caring and learning, which has the potential to improve both processes. This perspective enables the transformation of caring and learning into an intertwined phenomenon. The key in this process is reflection. Through the development of knowledge, we can see three components that are particularly important towards facilitating the convergence and intertwining of learning and caring in clinical practice. These are *genuine meetings, sensitivity towards the patient's narrative* and *reflection during interactions*.

Genuine meetings

The main objective is to accomplish genuine meetings that are characterised by trust and consideration as well as protection and compassion for all involved. Supervisors and healthcare teams need to create the conditions for these meetings. Presumably, they can approach the lifeworld of patients and nursing students in a tactful way and thereby get to know them. They can then make plans to facilitate meetings that will enable the convergence of caring and learning. A common supervisory theme is matching the student's caring abilities and learning needs with the patient's healthcare needs. This is an ongoing process in clinical studies.

Sensitivity towards the patient's narrative

It is important to stimulate focused listening in relation to the patient's narrative. This involves sparking a sense of curiosity, gaining a desire to learn more about the patient's illness and obtaining his or her perspective and developing a genuine willingness to listen to the patient's narrative. In interactions, the patients' experiences with their illnesses are confirmed, which strengthens their health processes. Through each interaction with patients, the nursing student applies theoretical knowledge of the disease to the patient's lived experience. Subsequent reflection is particularly

important, as it provides the student with the opportunity to clarify ambiguities and consider all aspects of the patient's story in relation to the student's theoretical knowledge. This reflection includes evaluating the caring activities and planning new activities.

Reflection during interactions

Reflection is the hub of interaction between the patient, nursing student and supervisor. These interactions are characterised by a reflective approach and an inquiring attitude, which should be gradually developed by asking questions and seeking answers through focused listening and through directing sharp attention to the patient's different expressions.

Thoughtfulness and conscious reflection are required if caring and learning are to converge and become intertwined. A prerequisite to achieving this is that nursing students must have acquired knowledge on what is involved in the reflection process and must have received training to use it in the learning process.

We consider these components to be crucial towards implementing strategies in practice that support the intertwining process of caring and learning. In this way, they are key to the strengthening of both reflective learning and reflective caring. With this in mind, we can maintain a favourable, sustainable and highly qualified caring and learning process, which also has the potential to create a sustainable work environment for healthcare professionals.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributors

Margaretha Ekebergh has as professor extensive experience in teaching in nurse and specialist nurse education as well as in masters' programmes and doctoral studies. Her research concerns learning in an educational and caring context, with its primary focus on how reflection impacts the intertwining of healthcare theory with best practice, which includes to study how caring and learning is an intertwined phenomenon. Based on two theoretical perspectives – lifeworld theory and caring science – her overall research purpose is to develop forms of didactics which, from a lifeworld perspective, seek to optimise learning in the healthcare sector with the aim of reaching a deeper understanding for the patient's needs and situation.

Elisabeth Lindberg RN, PhD, Associate Professor at Faculty of Caring Science, Work Life and Social Welfare, University of Borås, Sweden. Elisabeth has many years of experience teaching caring science at all educational levels. Her research explores lifeworld led caring and learning in educational and health care contexts, and existential dimensions in relation to human life.

ORCID

Elisabeth Lindberg http://orcid.org/0000-0001-7488-4038

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